

'PPP IS THE ONLY WAY FORWARD FOR INDIA TO DEVELOP A PAN-INDIA, INTEGRATED HEALTHCARE SYSTEM'

Dr Ajay Gupta, Group MD and CEO, Indo UK Institute of Health (IUIH) speaks on the 11 med-cities project and how it would instil the UK paradigm of effective and affordable healthcare in India, in an interaction with **Prathiba Raju**



How did you come up with the idea of 11 med-cities, why did IUIH chose India to develop these med-cities?

My endeavour is to bring in the UK way of healthcare, one of the best integrated, affordable, world class healthcare service which can be provided to the local community. I met Prime Minister Narendra Modi in 2015 and proposed the concept of one med-city, but he was the one who suggested to go for a pan India initiative. So, 11 med-cities will be built in Punjab, Gujarat, Andhra Pradesh, Rajasthan, Karnataka, Uttar Pradesh, West Bengal, Maharashtra, Madhya Pradesh, Haryana and Telangana. Also, healthcare is one of the priority areas in the

bilateral relationship between India and the UK. My aim is to be a catalyst and provide Indo-UK Institute of Health (IUIH) programme, one of the world's largest healthcare initiatives, and ensure provision of quality healthcare and medical education services across India.

What kind of difference will the 11 med-cities bring in to the Indian healthcare system, particularly the PHC, CHC and DH levels?

In India, the healthcare system lacks trust, transparency and there is no accountability. As for National Health Services (NHS), UK, it is a trustworthy organisation. They believe and value in working for patients

and they focus on providing ethical and affordable healthcare to all. NHS UK will definitely transform the quality of healthcare and medical education services across India. Each med-city will be developed in partnership with a leading NHS Trust under a commercial contract. The project will enable smart digital hospital solutions and services in a big way, including remote monitoring. We have already partnered with IBM and they would be opening 5000 centres across India which will provide telemedicine. For example; before setting up a centre, a disease profile of the vicinity is done. In Nagpur (Maharashtra) we found that many suffer from haemophilia. So, the centre will



My aim is to be a catalyst and provide IUIH programme, one of the world's largest healthcare initiatives

be inclined more towards catering to such diseases and we plan to develop a stem cell research centre. The disease profile survey is done by PricewaterhouseCoopers (PwC), our partner in this endeavour.

Another unique and first-of-its-kind initiative, which is part of the IUIH project is the establishment of 5000 mobile relocatable units (MRU) pan-India, nearly 500 units will be functioning in primary and secondary catchment areas of the 11 med-cities. The MRUs, which are designed in Japan, are GPS-enabled. In Maharashtra, the 500 MRUs will serve the population from South Madhya Pradesh right till Mumbai for five years.

MRUs will provide facilities like X-rays, blood tests. The samples of the test done in MRUs are sent to Nagpur using automated artificial intelligence (AI). By June, we will have the MRUs around Nagpur operational and the Nagpur hospital will be functional by December 2019. Primary healthcare centres, operational by the Government of India, is only one for three lakh population. Instead, 10 MRUs will serve every three lakh population.

Can you give us details on the med-cities?

Each med-city project will be put up at a cost of ₹1000 crores, but the Amravati centre in Andhra Pradesh will be a Rs 1600 crores project, as Chief Minister of Andhra Pradesh (AP), Chandrababu Naidu wanted the IUIH headquarters in Andhra Pradesh. So, the investments will be more with additional facilities like an exclusive data centre by IBM and 10 other med-cities will be maintained from Amravati. It is a 13-years project, every year two med-cities will be constructed and the project will be completed by 2022. Initially, hospitals in the 11 med-cities will be functional with 250 beds and later it will scale upto 500 and 1000 beds. The Prime Minister's Office (PMO) has placed a task force, which is headed by Secretary, Health Ministry of Health and Family Welfare (MoH&FW). The task force has 13 bureaucrats as representatives from Ministry of Railways, Ministry of Finance, Chief Secretary of states where the med-cities are built and a representative of Niti Aayog. The task force meets every six months. Mostly, the challenges, which the projects encounter, such as land, finance etc. are tackled in the meetings.

What would be the cost pattern of med-cities, are any medtech companies involved?

Our aim is to make med-cities affordable, the costs in these med-cities hospitals would be below the corporate hospitals. For example, a total knee

CANDID MOMENTS



replacement in a private hospital would be charged at Rs four lakhs, but we would charge about ₹2 lakhs. We are partnering with 40 NASDAQ-listed medical technology companies like Medtronics, Zimmer, Biomet, Stryker for 20 years. They will be manufacturing in our sites, for example; a CT machine will be manufactured in Nagpur; in Amravati there will be a SEZ set up to manufacture medical equipment, this will also enhance the Make in India programme. Apart from hospitals the med-city would also have college in which NHS, UK will train 5000 doctors and 25,000 nurses. Later, each med-city will have a specialised training academy in Nagpur; the Zimmer will start the first training academy for knee replacement, while in Hyderabad, Stryker will open its academy for hip replacement and Medtronics in Amravati will have a training academy for cardiac related issues. The reason for imparting one excellence in one centre is that we don't want to have competition within the medtech companies. Also, it helps each medcity to become a centre of excellence

Every year, two med-cities will be constructed. The project will be completed by 2022. Initially, hospitals in med-cities will function with 250 beds. It will be scaled to 500 and 1000 beds



in each expertise. All the 40 NASDAQ companies will contribute 0.5 per cent of their CSR funds to IUIH, which will be a total of 20 per cent, this would be reserved for BPL.

What are the research programs to be launched in the IUIH centres?

We are focusing on three types of research programmes, first is the transnational, research - designing new implants, medicines for Asians, by the UK universities. Second is stem cell research, which is currently not done in India, while the third is clinical research, which will start only in the third phase, when India develops its clinical research policies.

What is the way forward for a robust healthcare segment in India?

Public Private Partnership (PPP) is the only way forward

for India to develop a pan-India, integrated healthcare system. The new National Health Policy (NHP) talks about PPP to ensure affordable price. As for the UK government, with Brexit coming, they want to have a tie up with India, as it is a very big market for them with 1.2 billion people. With growing middle class in the country, they foresee more trade options.

What is the investment made on the IUIH project?

The total investment is over a billion dollars, of which approximately \$300 million funds are being raised through equity. We are also in discussion with the UK Export Finance, accredited agency of UK government, which supports such projects for about approximately \$600 million.

prathiba.raju@expressindia.com