



VIA MEDIA
HEALTH COLLOQUIUM



INDIAN PUBLIC
HEALTH ASSOCIATION

An International Symposium *on* **Access @ Base of Pyramid**

Tuesday, 28 February, 2012
Jacaranda Hall, India Habitat Center, New Delhi

A REPORT

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Indian Medical
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Indian Dietetic Association
Delhi Chapter



Nutritionists Republic

Chairperson's remarks



Dr. Chandrakant S Pandav

National President, Indian Public Health Foundation
and Professor and Head of Centre for Community Medicine, AIIMS

Improve nutrition scenario through sustainable strategies

It is singularly unfortunate that the scales are tilted heavily against people at the bottom of the pyramid. Widespread socio-economic disparity has led to a situation where people actually die for want of access to healthcare. In countries like India, which are registering nearly double-digit GDP growth, this can only be described as tragic.

India's primary focus should be to improve its nutrition scenario. Only then can it claim to have put efforts to achieve millennium development goals. Nutrition level has much to do with life expectancy of people which is low in India. In Japan or Sweden people can expect to live for more than 80 years; in Brazil for 72 years; and in India for 64 years.

It is absolutely vital for us as a country to address this issue. We really need to put our heads together and think how we can improve access for people at the lowest strata. This seminar is an attempt in that direction.

The idea behind this extremely important symposium is fostering partnerships. To make Public-Private-Partnership (PPP) model successful, we need to create sustainable and environment-friendly strategies. Whether the role of private sector is being given due acknowledgement by the government remains a concern. If corporations can come up with innovations which allow these suggestions to come to fruition, the quality of life for BoP consumers can improve.

As I see it, we proceed from the basic understanding that introduction of socio-economic parameters in healthcare access programmes cannot happen sporadically. We have to systematically embed these indicators in programmes to reduce inequalities insofar as access to healthcare is concerned.

Also, we have to figure out ways to so empower people at the bottom of the pyramid that health inequalities are markedly reduced. This has to happen very quickly because we cannot progress in the real sense of the word unless we ensure that the poorest of the poor have complete access to healthcare.

WELCOME MESSAGE





Mr. Swadeep Srivastava

Managing Director and CEO, Via Media Group
Consulting Editor, HEAL India

First-ever exploration of PPP route to access BoP

Improving access for people at the Bottom of Pyramid has to be one of the top priorities for a country like India where phenomenal wealth rubs shoulders with grinding poverty. But the real question is ---What can be done?

For starters, there is a need to develop a comprehensive understanding of the nature and extent of India's problems. It is equally important to understand the context in which we are operating. All this necessitates that we use the right tools to arrive at the correct answers. That answers continue to elude us may simply be put down to our inability to employ vital tools like social determinants in our pursuit for solutions.

With this symposium on access at base of pyramid, we seek to bring out the link between social determinants and public welfare. Focussed as we are on healthcare, we also seek to explore a unique Private-Private Partnership route to address the issue of healthcare at the bottom of the pyramid.

It is probably for the first time that representatives from the corporate sector, government institutions and other agencies have come together to deliberate on the social determinants of health. The idea overall is to understand social determinants as also their connection with health inequities so as to discuss implementable plans to enhance access at base of pyramid.

With this symposium Via Media Health Colloquium seeks to put the spotlight firmly on social determinants of health. Our understanding is that we promptly need to identify pockets of best practice within the country. Once we have done this we can replicate and scale up. In doing this the role of partnerships, we reckon, will prove crucial.

It is our desire that more and more individuals and organizations step forward to attend and support this unique initiative of improving access at the Base of Pyramid. The objective is to motivate non competi-tive players and to optimally uti-lize their network, expertise and overall resources. We do hope that today's seminar will go a long way in helping us achieve this.

THE SYMPOSIUM



Accessing the base

Via Media Health Colloquium's Access @ Base of the Pyramid symposium was a genuine effort to understand the requirements at the base of the pyramid and rethink the current paradigm to meet the gap between demand and supply.

The symposium was organized as a congregation to share success stories about business strategies; to reach out to the most important segment of the society, to explore evolution of Private-Private Partnership and to discover efficient solutions for doing more with less for base of the pyramid (BoP) population.

Why the symposium

The prime objective of the international symposium was to find ways to serve the poor and to arrive at answers for some of the oft-repeated questions and 'popular' paradigms like:

- » Is it enough to just make the products cheaper?
- » Are the current business strategies of corporate giants for the BoP market profitable?
- » Where are the maximum opportunities in the current trend of growing consumerism?

Distinguished speakers discussed at length on the need to broaden business approach and attitude towards this section of the society and thus, not only improve profit margins but also contribute towards the achievement and the subsequent sustenance of Millennium Development Goals.

The one-day meet provided an excellent opportunity to engage with global public health thought leaders; network with industry decision makers and policy makers and look for effective solutions to tap the BoP market.

Objectives

The stated objectives of the symposium were to:

- » Convert challenges into opportunities at the base of the Indian pyramid
- » Understand the role of social determinants to develop effective, innovative and sustainable solutions
- » Discuss Private – Private Partnerships (PPP) as an effective module

The Indian Base of Pyramid: Problems and Opportunities

- » Over 200 million Indians who constitute the base of India's socio – economic pyramid live on much less than Rs. 1,50,000 p.a. Absence of proper sanitation, hygiene, nutrition and healthcare are just a few of the problems they face.
- » But their need and number makes them a prospective gold mine with tremendous market potential. This fast growing market with untapped buying potential presents companies with enormous opportunities.
- » What's more, exploring this exciting market doesn't only guarantee profits but also helps serve several million of India's poorest. The key to a sustainable solution is innovative and out of the box modules.

Social Determinants and BoP

Social determinants include the social and economic environment, the physical environment, and a person's individual characteristic and behaviour.

- » These factors produce stratification in society, especially health inequities.
- » Hence, interventions that address social determinants have the greatest potential of public health benefit and increased sustainability.



Sir Michael G. Marmot

Ex Chair, WHO Committee on Social Determinants

MRC Research Professor of Epidemiology and Public Health, University College, London

Demystifying Social Determinants in Health and Nutrition

Sir Michael began by expounding on the fundamentals of social determinants, highlighting the significant role of nutrition in the overall well being of people living at the base. Quality life of the masses presupposes a qualitative society. And, this spans a host of critical issues. We need a fair society to tackle most of the problems people at the base are faced with.

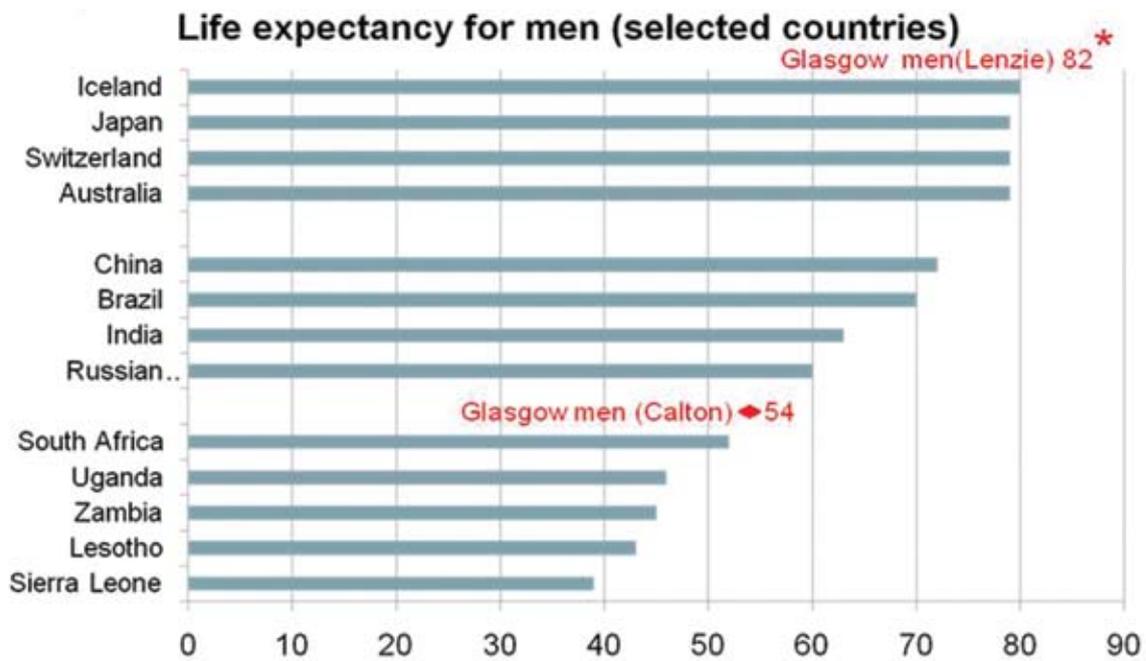
Speaking on social determinants, he said, “The economic and social conditions that shape the health of individuals and communities are termed social determinants of health. The structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities. India needs to work on them by improving access to the poorest of the poor.” And “This unequal distribution is the result of a combination of unfair socio-economic policies and sometimes, bad politics,” he added.

Closing the gap in a generation was the vital point of his deliberations; he discussed at length the essence of social justice, material, psychological and political empowerment of the people

The Marmot Mantra

- » India needs to improve the living conditions at BoP for realizing the dream of “fair society-healthy lives” for its 800 million people (about 75% of the population) who are living at BoP
- » ‘Political will’ and fair policies are required for such improvement
- » ‘Proportionate Universalism’ should be applied for social justice and empowerment of people;
- » Disempowerment is a ‘fatal disorder’
- » Inequalities in health must be removed; all ministries should be concerned about health policies meant for the population
- » To live the life of dignity with easy access to minimum standard of healthy living is the target
- » Social determinants of health important for all countries, rich or poor
- » System for poor is poor; poor health system, poor education system
- » Complete fairness needs to be at the heart of policy-making .

Inequalities between countries



National data WHO 2009, Glasgow data: Hanlon et al. 2006

and creating the conditions for people to have control over their lives. He also threw light on inequalities in health within and between countries through statistical data:

Deliberating on the need for a fair society, he projected health as a parameter to assess how well we are doing as a society emphasising on the distribution of health across different sections of the society. He said: 'A healthy society is a fair society.'

Pointing at the European Review of Social Determinants and the Health Divide 2010-2012, he examined very closely the health divide between different sections. He presented data to clarify how the burgeoning gap of healthcare delivery affects the life of the people at the base. He laid particular emphasis on nutrition, which he said, plays a pivotal role in ensuring a fair and healthy society. He presented data on moderate and severe stunting rates for children under five. The statistics show that the problem of stunting needs to be addressed at a war footing.

Citing statistics on reading levels in grade 3 children, he pointed at the regional variation in India that exemplifies the gap at the base. The vulnerable employment base in the selected countries of South Asia also represents deplorable situation of the people at the base. He also spoke about work done by SEWA—an NGO—for empowering communities.

“By improving living conditions, health inequities can be checked. Slum upgrading in Ahmadabad is one example. Here small investments improved living conditions drastically due to which there was a decline in water-borne diseases and malnutrition,” said Sir Michael.

He shared his review on “Closing the gap in a generation,” and suggested some measures that can be followed if we really want to access the people at the base.

Another most important aspect, he said, is tackling the inequitable distribution of power, money, and resources. And improving the conditions in which people are born, grow, live, work and age. He said, ‘Proportionate Universalism’ should be applied for social justice and empowerment of people; disempowerment is a ‘fatal disorder’

Improving the overall conditions at the base needs a step by step approach. Efforts should be focused on improving conditions at every stage of human development. One needs good diet and clean environment to live, grow and work efficiently. People age and need many things such as medicine, proper diet, sanitation and proper care, which seem to be lacking at the base.

Sir Michael’s ‘Six Policy Objectives’ for tackling the entire gamut of problems at the base seems practicable if it is taken in tandem with a firm resolution to really keeping the problems of the people living at the base at bay, and to close the gap among the existing communities.

Chief guest:



Dr Murli Manohar Joshi

Chairman, Public Account Committee
Ex-Union Minister of HRD

Look for indigenous solutions

Dr Murli Manohar Joshi, in his speech, emphasized on the need for harnessing traditional and time-tested knowledge of the country to find solutions to indigenous issues. Before resorting to remedies to address the indigenous problems, we should first try to understand how our society withstood all the challenges and survived so far.

India is a highly diverse nation and 'the one-fit-for-all' proposition may not provide the answer for complex issues like accessing the bottom of the pyramid. We should look at the problem through the prism of the country. If you search the rich tapestry of India looking for ways to access India's bottom of the pyramid, you will soon find that India has already accessed the bottom of the pyramid. There exists a strong indigenous system of medicine, food, healthcare etc in India.

The Indian Systems of Medicine have the potential to provide affordability to the people at the base of pyramid, if proper modules are developed. Keeping the affordability factor vis-a-vis people at the base of pyramid in mind, we need to analyze, study and develop certain modules based on our traditional systems of medicine. It can provide cost-effective drugs to this section if exploited in the right earnest.

Hence, it is important to look beyond the conventional systems and to try to combine it with indigenous knowledge. These systems are cheaper and locally available. In India the pyramid is growing and problems are many. The population level has not come down and the income levels have not gone up.

We require a multi-pronged strategy to address India's problems. So, let's think of something that is indigenously feasible and affordable to reach out to the bottom of the pyramid. The solutions should be aligned with the social, economic and cultural conditions of the country.

Try to understand the system in all its complexities before devising strategies to address the country's problems.

INAUGURAL SESSION



The one-day international symposium on Access @Base of Pyramid was officially inaugurated at 10 am on 28th February, 2012 at Jacaranda Hall, India Habitat Centre, New Delhi with Mr Swadeep Srivastava, MD&CEO, Via Media Group, Dr Chandrakant S Pandav, National President, The Indian Public Health Association (IPHA), Sir Michael Marmot, Ex Chair, WHO Committee on Social Determinants, Dr Ajay Kumar, Former President, IMA and Mr R Shankar, President, HEAL Foundation on the dais.

Mr Swadeep Srivastava, in his welcome speech, underscored the urgency to reach out to the widening base of the Indian pyramid. He pointed out that it was for the first time that Via Media Health Colloquium has explored a unique Private-Private Partnership route to address the issue of healthcare at BoP. The idea was to invite corporate sector, government institutions and other agencies to a common platform so that social determinants and their connection with health inequities could be understood and implementable plans to enhance access at base of pyramid discussed.

The welcome speech was followed by a 2-minute video on India's bottom of pyramid problem (The video was produced by Via Media Health Productions).

Soon after the video presentation **Mr R Shankar** made a brief introduction to the symposium highlighting problems and possibilities in accessing the BoP. He noted that currently India is having a crucial debate on whether to include healthcare in the list of public entitlements such as food and education. The Planning Commission favours a dominant role for private healthcare sector with the government limiting its operational field to primary care.

Special guest, **Sir Michael Marmot** said he always wondered why India's wonderful growth story had not helped in alleviating the country's poverty. Stressing on the need of understanding the social determinants, he noted that there were more mobile phones at base of pyramid than toilets the basic sanitation necessity. Indian needs to improve conditions in which the less-privileged are born, grow, live, work and age, and this can be done by improving access at base of pyramid, averred Sir Marmot, who is known as the 'Father of Social Determinants in Health'.

Citing the slum upgrading in Ahmedabad as an example, he said health inequities could be checked by improving living conditions. Here, investment of only \$500 per household and community contribution of \$50 per household improved living conditions drastically due to which there was a noticeable decline in waterborne diseases and malnutrition.

The chairperson of the symposium **Dr Chandrakant S Pandav**, in his introductory remarks said that India's primary focus should be to improve its nutrition scenario. Only then can it claim that it is making efforts to achieve millennium development goals. Nutrition level has much to do with life expectancy of people which is low in India. In Japan or Sweden people can expect to live for more than 80 years; in Brazil for 72 years; and in India for 64 years. Dr Pandav, who also heads the centre for community medicine, AIIMS, said the sole idea behind this extremely important symposium was forging partnerships.

Dr. Ajay Kumar, Co-Chairperson of the symposium opined that improving access at the bottom of pyramid can play a significant role in curbing malnutrition in India as surveys indicate that the prevalence is unacceptably high among children of low-income families with poor access to nutrition and health facilities. Every citizen has a role to play in improving the overall scenario at the bottom of the pyramid. This symposium marks the beginning of a massive effort directed at improving the situation at BoP, he added.

Dr Murli Manohar Joshi, the Chief Guest of the BoP symposium joined afterwards and delivered his lecture.

SESSION I



Deciphering the BoP-- Problems and Challenges



Alok Mukhopadhyay

CEO

Voluntary Health Association of India (VHAI)

Visualising the BoP: Problems and Challenges

Mr. Mukhopadhyaya started by pointing out that the people at the foundation of the pyramid are figures rather than faces. He was referring to the migrant population in urban areas like Delhi and the NCR that falls below the poverty line and is just about able to subsist on the very basic things it can provide for itself.

"These are people who have been forced out of their habitat for some reason or the other; hence they are forced to come to Delhi to live out their remaining years in great poverty," he said.

Take, for example, the situation in Balaghat district of Madhya Pradesh. This is a belt prone to Maoist violence, and many have chosen to flee to urban areas just to survive. The daily life of a family of four members is quite unimaginable to others, because the whole family works for \$2 or less in the local market. Under these circumstances, such families are bound to be relegated to the lowest rung of the social ladder. If this is the situation of the poor in urban areas, it is so much the worse in rural areas.

There are people in rural India who still do not have basic amenities like electricity and clean water. "This proves how the communication is less and less effective at the base of the pyramid. The political and administrative leadership's efforts to connect with the grass-root people are getting frayed.

There is no mutually beneficial discourse among the scientific community that is aimed at effectively addressing this particular issue. In this context, the initiatives taken by the government and other concerned bodies are bound to fail because these people are perceived as completely helpless; so there is a mismatch of schemes. Take for instance how the polio programme is in focus but not malnutrition. This is a huge issue.



Mr. Ayan Biswas

Water Quality Expert
Arghyam

Key Accessibility Challenges: Water Supply & Sanitation

In its own capacity, Arghyam has successfully implemented service delivery models that work at the grass-root level.

Arghyam trained locals in hydro-geology and water resource engineering in one exercise. These people were put into groups called 'parabs', which function as groups of 'barefoot engineers' and provide tech support for pani samitis, a community-led sanitation programme set in motion through initiatives like Gramalaya – Tiruchirappalli.

Since its establishment in 1987, Gramalya has been operating in Thottiyam, Thathaiengarpet and Thuraiyur blocks in the rural areas and in the slums of Tiruchirappalli City Corporation in Tiruchirappalli District.

The primary objective was threefold: (i) to increase the number of families to 5,00,000 with access to adequate water and sanitation facilities in the rural and urban slums by the end of 2012; (ii) to act as a catalyst in highlighting water and sanitation issues and (iii) to establish an International Resource Centre for Water and Sanitation.

That achieved, the remaining four goals were to initiate role model projects in rural and urban areas and in coastal regions for replication and expansion.

With financial assistance from Arghyam, AWASH committees were formed in 186 slums in Tiruchirappalli City of Tamil Nadu to motivate other community based organizations like women self-help groups and SHE-Teams to engage in community managed pay-and-use toilets. This was done with support from Tiruchirappalli City Corporation and WaterAid, UK.

The session

The session was chaired by **Mr. Raj Kamal Mukherjee**, *Deputy Director – Training, Micro Insurance Academy*.

Mr. Mukherjee started the discussion by pointing out that “the subject we are discussing is actually not about the base of the pyramid but rather about the middle of the pyramid,” since the base implies the portion of the social pyramid that cannot be reached.

“The people in this stratum of the pyramid understand life in a very different context,” he said, implying that economic and financial constraints compounded by rampant illiteracy and other factors like belief in superstitions and not being open to even simple lifestyle changes make it all the more difficult to bridge the gap.

According to Mr. Mukherjee, people at the base or bottom of the pyramid do not realise that they can take small steps themselves to alleviate their situation since they are so bogged down with the miseries that poverty entails, thus getting caught in a vicious cycle. The government and other bodies have done little since Independence to really and effectively address their (people at BoP) problems, although a lot of time, effort and resources are employed in attempts to do just that.

“Participation is important to initiate a dialogue, and today is the day we can kick-start the process,” he said. “The aim is the formulation of a collective strategy.”

His speech was followed by Mr Mukhopadhyay’s and Mr Biswas’ presentations.

The next presentation was made by **Bappa Majumdar** of **Via Media Health** and focussed on the broad challenges at the BoP.

“The key challenges are education or the lack of it, lack of awareness, unwillingness to try out new ideas, conservative and superstitious mindset, rigid lifestyle, poor awareness levels, and caste sentiments among others,” Mr Majumdar said, adding: “While these are major hurdles to accessing the BoP, they can be successfully surmounted with the right approach using the right tools.”

This was done successfully by Via Media in Rajasthan through India’s biggest food fortification programme which peaked with and was showcased in the Pushkar Fair. The strategic use of social media communication tools in the form of conducting media workshops aimed at raising awareness proved to be extremely useful in touching base with the grassroots. Special radio jingles were composed and broadcast, thereby reaching out directly to the masses. Participation in local fairs and rallies provided the human touch while at the same time helping expand its reach. And finally there was the massive platform of the Pushkar Fair in itself.

Fortified food products like soya dal analogue, fortified wheat flour and edible oil were launched and were gradually accepted by the masses. Not that it was smooth sailing all the way. Since the targeted people at the BoP were initially prone to reject the idea of switching to fortified supplements and food, but valuable lessons were learned with each passing day and insights were gained that helped Via Media bridge the communication gap effectively and successfully.

“The concept of a mascot, Bhaiyya Ji, became immensely popular, but not before we learnt a valuable lesson from the previous version which was called Bhawani Singh,” Mr. Majumdar elaborated. “Bhawani Singh was rejected primarily because of the caste system, something we had not taken into account before. But it did not take long for us to zero in on what had gone wrong with Bhawani Singh and we quickly changed the name so that the concept would appeal to the masses, particularly to the economically weaker sections of the society.”

Also, as a part of the same endeavour, advisory boards were set up to get feedback from the ground level which was then compiled and resulted in information being disseminated to the masses by the news media in the form of news reports and features. Widespread coverage of the programme was an indication of its tremendous success.

“Enumerating our successes and achievements, we received over three million hits on the website while the doctor management programme effectively engaged 75,000 doctors and a further 750,000 students were reached. So the bottom line is-innovation in communication pays,” he concluded.

SESSION II



HEAL Annual Lecture

Social Determinants: Fair Society; Healthy Lives

Chairperson:



Mr. Pankaj Vora,

Political Editor,
Hindustan Times

Mr. Pankaj Vora stressed on the role that media can play as far enhancing access at BoP is concerned. He said that there is no doubt that social determinants will play a huge role if India wants to create fair society and healthy lives and media must play an active role in this direction.

"It is disheartening to know that around 200 million Indians are facing problems related to healthcare, nutrition and hygiene on a daily basis. It is important that policymakers and other stakeholders take due not. Media has to play a role here."

He further deliberated on how media creates social awareness on bad effects of malnutrition and how it questions political stakeholders on the menace.

Co-chairperson:



Dilip Rajan

General Manager
Abbott Diabetes Care

In his brief speech Mr Dilip Rajan turned the spotlight on public private partnership in healthcare. The public private partnership (PPP) model can be effectively harnessed to figure out solutions to tackle several issues that pose hurdles in the way of ensuring access at the bottom of the pyramid. But many people cherish strange notions about PPP strategies, he observed.

SESSION III



Panel discussion

Scope of Public Private Partnership

Co-chairperson:



Mr Asim Chaudhary

Director-Administration,
Food Safety & Standards Authority of India (FSSAI)

Participants



Ms Anuradha Narasimhan

Category Director,
Health & Wellness,
Britannia Industries Ltd,



Dr Ashi Kathuria

Sr Nutrition Specialist,
World Bank



Dr AK Susheela

Executive Director,
Fluorosis Research & Rural Development
Foundation (FRnRDF), New Delhi.

Dr A K Susheela kick-started the discussion. She said while almost everybody talks about nutrition deficiency, drinking water and sanitation issues at the bottom of the pyramid, nobody discusses serious and unaddressed issues like chemical contaminants like fluoride. Reports suggest that nearly 33% of groundwater is undrinkable in India as it contains trace elements like fluorine, arsenic etc beyond the safe levels. We can't engage in meaningful public private partnerships if we are not ready to learn lessons from what private sector has done and what they can do.

Ms Anuradha Narasimhan, Category Director, Health & Wellness, Britannia Industries Ltd, said that the corporate sector is basically looking forward to inclusion. She said that the private sector's expertise has so far been largely under-utilised. This needs to change because involving the private sector can go a long way in ensuring the successful execution of so many of the programmes meant for people at the bottom of the pyramid.

Ms Ashi Kathuria pointed out that information asymmetry acts as a major impediment in reaching out to people at the bottom of the pyramid. Obviously, information holds the key to change. Hence any partnership focused on the overall perspective of symmetrical information dissemination can really make things happen. A PPP model based on this can be the real game-changer.

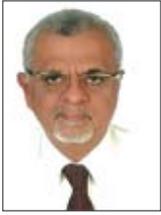
Winding up the discussion, Mr. Asim Chaudhary averred that PPP in healthcare sector is a real challenge. Collection of data, dissemination of data etc. all raise manifest challenges. So, the policymakers should take adequate steps to address these challenges while formulating strategies for people at the bottom of the pyramid.

SESSION IV



Business Models @ BoP: Value Creation in Challenging Situation

Case studies



Dr. Sanjiv Malik

Chairman & MD
Spero Group

Touching Lives at “The Bottom of the Pyramid”

In his presentation Dr Sanjiv Malik said Spero looks to eliminate the gap in healthcare services in tier II & III cities & rural areas by creating a “Hub & Spokes” network of hospitals and clinics /diagnostic centres while systemically providing comprehensive, standardized, quality, affordable and timely healthcare services to those who need it the most.

Dr. Sanjiv Malik leads the effort with Dr. Pradeep Chowdhry, a serial entrepreneur and angel investor in the US.

The goals are: Increasing health awareness, emphasizing on the importance of preventive measures, basic hygiene and cleanliness; Partnering with health insurance providers to provide effective, affordable coverage for the needy; Use of technology as an enabler to develop efficient healthcare management and information systems; Garnering active support and commitment of different stakeholders, particularly healthcare professionals to actively engage in this project by sharing their expertise, time and financial resources to bring quality, affordable healthcare within the reach of and at the doorstep of all people especially those below poverty line.

Spero launched its first pilot, a 120-bed hospital at Palwal, Haryana on April 2010.

In Phase II, Spero targets adding 3 more hospitals in 2012-2013 and adding 15 to 20 more hospitals in Phase III (2014-2018).

Spero's model involves a process driven approach. It enables delivery of standardized services which are easily replicable at newer locations, attracting quality medical professionals by offering job opportunities in their home towns and in-house accommodation with good facilities.

Broadly, the model encompasses the following;

- » State of the art hospital management system to support growth and scale.
- » Northern India region to have the first cluster of hospitals to enable leverage of resources thereby taking advantage of economies of scale.
- » Medical resources such as blood bank, ambulance services, etc. to be shared among hospitals, thus reducing infrastructure costs.
- » Support services of procurement, HR, IT, accounting finance, etc. to be operated out of a centralized location, common to all hospitals.
- » Each clinic to cater to over 20,000 patient visits a year.



Dr C Dayakar Reddy,

Chief Mentor,
Dr C, Hyderabad.

A social enterprise to cut down on the cost of healthcare delivery

Dr. C, a direct-to-people, purpose-driven, social enterprise, has drastically lowered the cost of production and delivery of healthcare services.

Through a radical redesign of services, Dr. C has created a new market space, making the competition irrelevant, Dr Reddy said while making the presentation. The service strategy of Dr. C - a right combination of superior technology- real price- memorable experience, has the potential to viral the word of mouth strategy at a comparably lower marketing cost, thus making Dr. C a profitable enterprise.

What sets Dr C apart is a unique configuration of its vision to be socially profitable and profitably social. Its core strength is a matchless price advantage. 'Real Price' is the benchmark of what the actual price should be. It is a measure of what the customer should be paying vis-a-vis what he is actually paying. Real Price bridges this gap by ensuring the best value for money.



Hitesh Gupta

CEO,
Vatsalya

Working for Children

In his presentation, Hitesh Gupta said the vision of Vatsalya is to provide a caring environment by direct action and intervention; an environment where our disadvantaged and vulnerable people can develop their capabilities with dignity.

Vatsalya's target group includes street children, orphans, the abandoned and the destitute with special focus on the girl child; it works especially with young people who wish to be empowered through skill development and want to be economically independent at an early stage in life, with poor rural women and with those involved in sex trade.

- » The various activities of Vatsalya are:
- » Protection of children and help for leading a dignified life through rehabilitation
- » Help in child survival by treating children suffering from TB, Cancer and other life threatening diseases
- » School Education and Vocational trainings for children and young people
- » Running Centres and clinics for the young
- » Organising health and hygiene camps in the slums of urban areas of Jaipur
- » Empowering rural women and those involved in sex trade by forming SHGs
- » Imparting skills and rehabilitating children of sex workers
- » Advocacy for child health
- » Partnering with 20 NGOs of Rajasthan
- » Training the staff of government run residential care institutions

CONCLUDING SESSION



Panel discussion

**Taking Initiatives for
Change @BoP**

Chaired by:



Sir Michael Marmot

Ex-Chair,
WHO Committee on
Social Determinants

Co-chairpersons:



Dr. Chandrakant S Pandav

National President, Indian Public Health
Foundation and
Professor and Head of Centre for
Community Medicine, AIIMS



Dr. Ajay Kumar

Former President,
Indian Medical Association &
Urological Society of India

Participants



Raj Kamal Mukherjee

Deputy Director – Training,
Micro Insurance Academy.



Mr. Rahul Dev

Editor-in-Chief,
Aaj Samaj



R. Shankar

President,
HEAL Foundation

Dr. Ajay Kumar started the discussion talking about the problems faced by people who are living at the base of pyramid. He specifically discussed government policies in place to counter the problems. Pointing out that corruption is widespread, he emphasized on the need of tackling red-tapism in public sector. He appealed to the non-governmental partners to join hands with the government in providing healthcare to all.

Dr. C. S. Pandav, second in the series of speakers, spoke about discrepancies in the implementation of government policies designed to access people at the base of pyramid. Emphasizing on the need to make Public-Private-Partnership (PPP) model successful, he spoke about creating sustainable and environment-friendly strategies. Dr Pandav wondered whether the role of private sector is being given due acknowledgement by the government. If corporations can achieve innovations, which allow these suggestions to come to fruition, quality of life for BoP consumers can improve, he said.

Raj Kamal Mukherjee underlined the importance of 'out of the box' thinking to streamline things for people at the base because the ongoing stereotyped model has failed to provide satisfactory healthcare services to them. Elaborating on the intervention of the private sector such as the MNCs, he said that corporates should look beyond making profit; they should also look into making people feel good by providing the basic amenities of life. In so far as profit making is concerned, it will come by itself if healthcare accessibility is ensured.

Sir Michael Marmot, the father figure on social determinants, critically analysed the problem of corruption India faces, pointing out that corruption doesn't mean you give up on the efforts you are making. He advocated a transparent and fair system of laws in developing economies. He pointed out that developing economies facing a plethora of problems need to create a market-oriented ecosystem; a symbolic growth of extralegal non-governmental enterprise. He said that a PPP model will certainly work with smart coordination.

Rahul Dev pointed out that a majority of Indians are don't have proper access to healthcare. But the larger question is, who is willing to shoulder the burden. Are our doctors studying in metros ready to go to the villages and work for the poor? Are non-governmental organizations and corporates ready to work there? Who is concerned about the plight of these people and who is ready to venture out for them? Critically analysing the failure of government policies regarding healthcare meant for the people at the base, he pinned hopes on the PPP model saying that although sensitization on this issue has begun through this symposium, we need to make strenuous efforts to make it successful.

The symposium ended with a vote of thanks by **Mr. R. Shankar**.

CONCLUSION



The international symposium on Access @ Base of Pyramid highlighted the reality of the appalling social and economic conditions of the underprivileged in the country. All not because of the fault of the people at the base of the social pyramid. Social tinkering and economic uplift addressed towards this section of the society are not tasks that are impossible; not a favour either, it is a need. As Sir Michael Marmot put it succinctly: Fair society leads to healthy and better lives; healthy societies and better lives make nations prosperous.

VIA Media Health Colloquium's efforts were not just targeted at painting a dismal and bleak picture of the underprivileged. The aim was also to find solutions to the multi-pronged problems and facilitate a dignified lifestyle for the have-nots.

The symposium provided a platform for social workers with years of experience in working for the population at the base of the social pyramid with aim to providing social justice, material, psychosocial, political empowerment and creating the conditions for people to have control of their lives. And it does not need a fortune or government help to make this transformation. Sir Michael cited the society-triggered Parivarthan Programme in Meladi, a small village near Ahmedabad in Gujarat, where people volunteered to contribute a small sum towards better hygiene and living conditions. This led to a dramatic upward shift in the social and economic conditions of the people in that village.

The solutions are simple and all experts felt that there is a need to indigenise the problem-solving mechanisms. One size fits all principle may be a solution at the macro level, not at the micro level where factors influencing social, economic and environmental changes would vary.

Some to the universal solutions are:

Give every child the best start in life

Enable all children, young people and adults to maximise their capabilities and have control over their lives

Create fair employment and good work for all

Ensure healthy standard of living for all

Create and develop healthy and sustainable places and communities

Strengthen the role and impact of ill health prevention

And the starting points:

Improve the basic physical infrastructure within the slums and in the homes;

Community development;

City-level organisation for environmental upgrading of the slums

Tackling the inequitable distribution of power, money, and resources

Improving the conditions in which people are born, grow, live, work and age;

Monitoring, measuring and research

Under each of these solutions, there is a need for indigenous solutions, sustainable strategies and role of social determinants of health, the unique concept of private – private and private-public partnerships.

The private sector's expertise has been largely under-explored and under-utilized and their potential untapped. With the private sector realizing the power of the big market at the base of India's socio – economic pyramid, they are willing to venture in this space. But the impediment is that many do not know what and which road to take.

With partnerships between non- competing private sector entities, the scope of intervention can be vast and comprehensive resulting in effective modules which deliver desired results.

Experts, institutions, policy makers, development organizations, private sector and other relevant bodies and associations need to come together at city levels to study the situation, spread awareness, develop modules and initiate their implementation to kick start the process of change.

Intervention should begin from the lowest level and spread in a sustainable manner throughout the society.

With this symposium on Access @ Base of Pyramid, VIA Media Health Colloquium has set a unique and desirable change in motion. Involvement of all sectors of the society can ensure that the momentum is triggered and sustained on a long-term basis.





Via Media Health Colloquium

Via Media Health Colloquium has been set up as a knowledge platform to devise and provide meaningful solutions in healthcare communication in India.

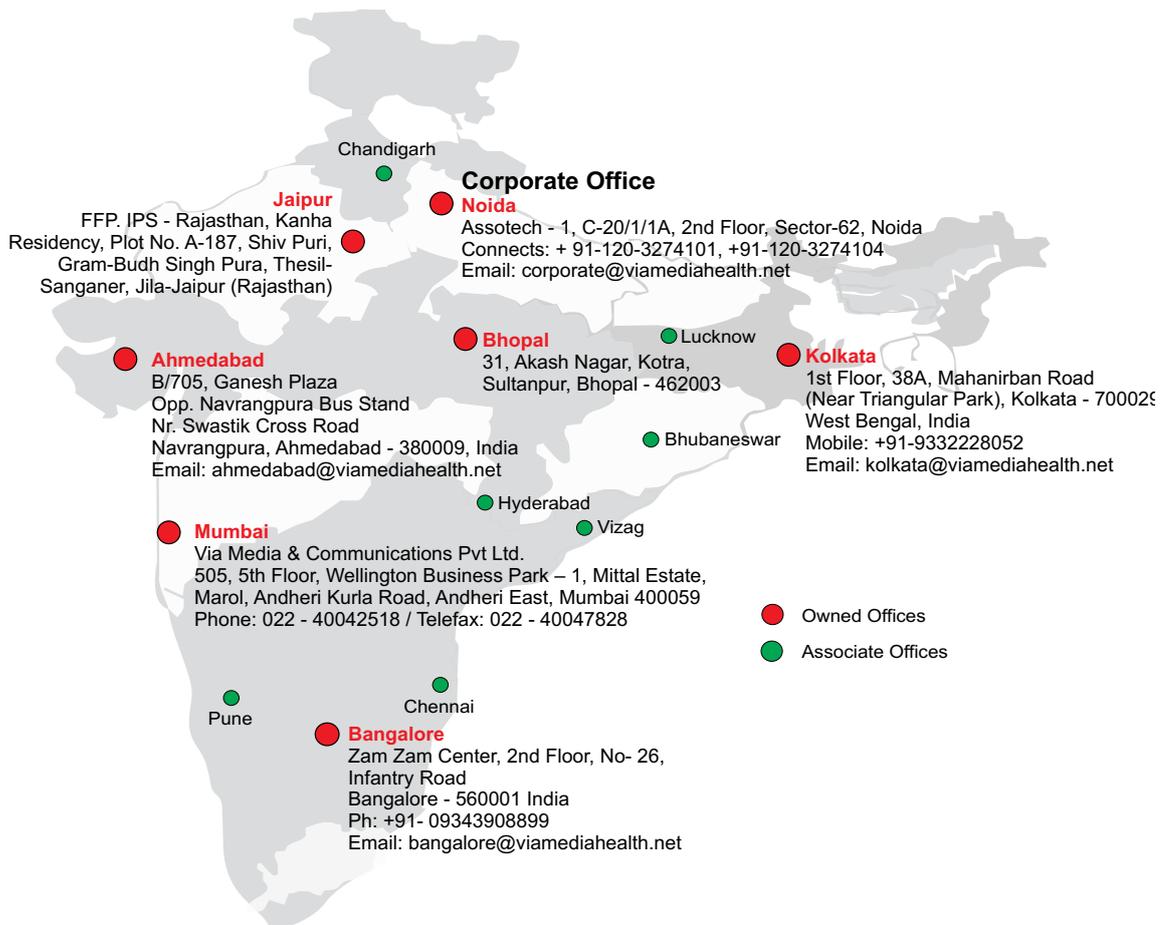
Bringing together all stakeholders - governments, NGOs, corporate and economic think tanks- the health colloquium has taken the first step of addressing the problems of nearly 800 million Indians living at the base of pyramid (BOP) with a first-ever symposium on Access @ Base of Pyramid.

It now strives to carry out a series of BOP symposiums in states of India to arrive at possible solutions in healthcare access through collaborations and partnerships either through private-public or private-private initiatives.

Issues like transparency in healthcare delivery and medical ethics and making continuous medical education mandatory for the medical fraternity in India are other key issues which Via Media Health Colloquium has been engaged with.

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