

# Health



If only one area were to be mentioned where the Indian Diaspora has earned a name for itself, it would be in medicine and related fields of healthcare. Indian doctors are the backbone of the National Health Service in the United Kingdom. They have won laurels for their competence in advanced countries including the United States of America, the United Kingdom, Canada and Australia. Indian medical professionals occupy the highest positions in world-renowned clinics like the Mayo Clinic and a number of other prestigious institutions in the U.S. For instance, Dr. Ranawat who performed two knee surgeries on the Prime Minister has distinguished himself as one of the top knee surgeons in the world. There are many NRI doctors of such competence and standing in almost every branch of medicine. Indian doctors and nurses are an integral part of the healthcare delivery system in several Commonwealth countries. They also have a dominant presence in the Gulf region. In most of these countries, the percentage of Indian doctors far exceeds the percentage of the Indian population in those countries. A number of Indian doctors are also serving in the Armed Forces of the English-speaking countries.

- 31.2. The presence of Indian healthcare professionals, particularly nurses is, however, not only confined to the English-speaking world. They have registered their presence in a number of countries in other developed countries as well. In Austria, for instance, Indian nurses are like pioneers, whose sizeable number in that country has led to the migration of their families as well. In recent years, the number of Indian lab technicians is also on the increase. In English-speaking countries, virtually every hospital has Indian X-ray, Ultrasound, CT scan and MRI technicians. The Indian presence has also been on the increase in the field of pharmacy. It has been observed that many of the NRI/PIO doctors do everything possible to persuade their children also to follow the medical profession. It would be safe to assume that the number of Indian healthcare professionals will grow in future years.
- 31.3. Indian healthcare professionals, as well as other NRIs and PIOs, have already made a valuable contribution to their mother country by establishing dispensaries and/or some other similar facilities in their ancestral towns. Some of them have facilitated the holding of eye camps and have donated equipment, books and journals for use in India. In many cases, not only Indian doctors but their colleagues too have come here to volunteer their services for such philanthropic activities. It is, thus, obvious that the NRI/PIO medical and health-care professionals can play an

important role in the development of the health sector in India. Moreover, this would take the pressure off the government hospitals and also generate employment and expertise, because of the ripple effect all round.

- 31.4. Till the 1970s, the doctors who returned to India generally went into private practice or joined Government or private hospitals. Some of them established nursing homes and small hospitals. The establishment of Apollo Hospitals under Dr. Pratap C. Reddy and of Escorts Hospital under Dr. Naresh Trehan ushered in a new era in India of corporate and speciality hospitals of international standards. A number of other speciality hospitals of comparatively smaller size have also come up in various parts of the country with NRI/PIO participation. Hospitals run by religious/spiritual organisations like the Sathya Sai Baba Foundation and many others also attract NRI and PIO doctors. In recent years, some second generation younger members of the Diaspora from the developed world have started coming to India as volunteers in fields like public health and family planning. American foundations often provide funding for some of these activities. Yet another emerging trend is in the form of cooperation agreements between hospitals in the more advanced countries of the West and India. Generally, such cooperation agreements are the result of initiatives taken by the NRI/PIO members of the faculty. NRI academics in senior positions have also facilitated research fellowships for Indian doctors, particularly when they come from their own alma mater.
- 31.5. Another area in which linkages can be strengthened between India and the Indian Diaspora is through the provision of facilities for medical education in India. Ever since independence, many PIOs have been receiving education in the medical colleges in India. After completing their studies in this country, they have pursued their professions abroad, several of them rising to great heights, and still maintaining their links with the motherland. Many medical colleges in India have, for several years, allocated seats for the Indian Diaspora particularly for candidates from Southeast Asia. Responding to the increasing demands of the Indian Diaspora for medical education, Manipal Medical College has opened branches in Nepal and Malaysia. A Lucknow-based NRI has led the initiative of establishing a medical college in Mauritius. These medical colleges attract students from several constituents of our large Indian Diaspora, as well as from India, and are thus conducive to promoting Indian and intra-diasporic links.
- 31.6. Keeping in view the considerable potential contributions of the Indian Diaspora in the healthcare sector, the Committee requested the Ministry of Health and Family Welfare to prepare a report on the role of NRIs and PIOs in the sector of Health Care Development. The salient features of the Report prepared by the Ministry of Health & Family Welfare are summarised in the following section:

### **Summary of the Report on “Health Sector Development: The Role of NRIs and PIOs”**

- 31.7 The role of NRI/PIO doctors in the healthcare sector in India assumes importance since there are severe constraints on additional budgetary support forthcoming for the health sector in India.

Health is a state subject. Most state governments face a severe resource crunch. Also, the focus of state government spending is on primary and secondary healthcare. Tertiary care receives woefully inadequate attention. Tertiary healthcare is highly resource-intensive, requiring state-of-the-art equipment and diagnostic facilities. Neither the domestic private sector nor the public sector is in a position to address this deficiency entirely on its own. It is in this context that the NRIs and the PIOs could play a significant role in contributing not only to expansion and improvement in tertiary care facilities but also their dispersal across the country. State-of-the-art hospitals and diagnostic facilities have also the potential of attracting people from outside the country for treatment and diagnosis as well as reversing the trend of Indians going outside the country for treatment.

- 31.8. Concerted efforts are required to tap the potential of NRI/PIO investments in the healthcare sector, particularly in tertiary care. What has been achieved so far is, however, not quite satisfactory. It is seen that out of a total of 17,919 approvals by the Government for FDI and technical collaborations during the period 1991-2000, there were only 87 approvals (13 technical and 74 financial) for hospitals and diagnostic centres for a total sum of Rs. 6,518.80 million. This amount represented 0.28 % of the total amount of FDI approvals, which were of the order of Rs. 2,235,616.84 million!
- 31.9. The main players in the area of healthcare and the types of role they can play may be identified as follows:

#### **A. Physicians/Medical Professionals**

- 31.10. **Services component** Given the size of the NRI/PIO population their potential has not been fully harnessed. There have been suggestions to set up a Medical Corps of overseas Indians as an NGO or a non-Government agency. Specifically, the underlying idea is to develop a data bank of overseas physicians and other medical professionals, along with their speciality and interest in participating in projects in India. It would enable those physicians to be matched with specific projects in this country. Non-medical professional entrepreneurs who wish to set up and/or participate in health projects in India could also use the proposed NGO.
- 31.11. **Hospital-based projects** NRI/PIO physicians are highly trained in hospital-based practice. Their skills can be utilized in developing guidelines for hospital practice. Specialists belonging to various disciplines could be linked with different hospitals and with their corresponding specialists, particularly in district and sub-district hospitals, to improve the quality of care in specific areas.
- 31.12. **Academic medicine, research and education** A fairly large number of NRI physicians are in academic medicine. For example, out of an estimated 35,000 physicians of Indian origin in the USA, almost 10-15 % are in academic medicine. This group could be linked to various medical colleges, medical research and medical education in India. The proposed NGO of overseas Indian physicians could have an academic cell comprising of physicians in academic medicine who

could work with their counterparts in India and develop proposals in respect of medical education, faculty development, postgraduate training and medical research.

## **B. Role of Professional Medical Organisations**

- 31.13. A number of professional organisations in the medical field, for example, the American Association of Physicians from India (AAPI), the Association of Indian Neurologists, the Association of Asian Indians in Ophthalmology, etc. in the USA are playing an important role in the transfer of skills. There is a tremendous scope for collaboration between various medical associations in India and abroad. There is a need to promote the formation of similar associations of NRI/PIO professionals in other countries where they do not exist at present.
- 31.14. The NRI/PIO medical professional organisations could contribute significantly by organising workshops, training and medical research in India. Another important activity of NRIs/PIOs may relate to promoting the training of Indian doctors by sponsoring them to go abroad for receiving hands-on training and observing specialised procedures. These organisations can also provide necessary information about the opportunities and specific avenues available for such participation. These professional bodies should also assume the role of an information centre from where all such information, including reports on the financially feasible projects, could be accessed for consideration and implementation by the NRIs. A website may be set up for this purpose.

## **C. Corporate Sector**

- 31.15. The corporate sector has an important role in attracting the NRIs/PIOs to join them in the manufacture and fabrication of high-tech medical equipment and spare parts. Such collaboration is essential owing to the high-tech nature of modern diagnostic equipment. These equipments are largely based on foreign technology having a high obsolescence rate of around 5 years and thus have high replacement needs.
- 31.16. The other area in which the corporate sector, in collaboration with the NRIs/PIOs, can make considerable difference concerns the setting up of super speciality hospitals and diagnostic facilities. The corporate sector can certainly play a vital role in facilitating the participation of NRIs/PIOs in these projects. Corporatised hospitals and advanced diagnostic centres could be set up, not just in metropolitan cities but also in 'B' category cities.
- 31.17. The Indian Diaspora and the corporate sector can also collaborate in setting up small but modern medical care facilities in backward areas and districts from where the corporate sector can derive tax benefits.

## **D. Banks, Financial Institutions, Chambers of Commerce and Industry**

- 31.18. Representatives of various Indian banks, financial institutions and various chambers of commerce and industry can play an important role in apprising the NRIs/PIOs of the potential for investment in the health sector in India. These institutions could organise meets at regular intervals at various

locations with a concentration of NRI/PIO doctors, to acquaint them with monetary packages especially designed for them for investment in the healthcare sector in India.

### **E. The Government**

31.19. Procedural delays are perhaps the main factor responsible for inhibiting the entry into India of NRIs/PIOs. These are, of course, general problems associated with FDI in any sector of the economy. Specifically for the health sector, however, there are typical problems, which need to be identified and overcome for enhancing NRI/PIO participation in the health sector on any significant scale. The Government should create an investor-friendly environment and act as a facilitator for investments.

### **F. Voluntary Sector**

31.20. The voluntary sector has also a major role to play in the field of healthcare. A lot of medical professionals come to India purely out of emotional involvement for organising free eye-camps, and rendering other services including superspeciality surgeries. Nurses in the critical care sector could also volunteer their valuable time in corporatised hospitals. This kind of voluntary work could be looked after through prominent NGOs. Suitable NGOs could be created, where there are none.

### **G. Medical Tourism**

31.21. Like management institutions in India which are currently collaborating with other countries like USA, Australia and UK, there is also a possibility for private hospitals abroad, to set up similar clinics in India, maintaining the same high standards of service delivery. Since the brand name works, a reputed clinic abroad with collaboration in India would be able to attract potential clients from the Gulf countries, the Middle East and Central Asia and perhaps also from East Africa and some of the Western countries. There is thus a vast unexplored market, which can be exploited. One expects such brand equity hospitals to attract high-end clients for treatment who would need a decent place to live in during their treatment and recovery. A suitably priced package could be offered to them, which could take care of both treatment and residence for the attendants/family members.

31.22. Setting up of hospitals and diagnostic centres with the most modern facilities and technologies should be established in the Export Processing Zones. Physicians and surgeons from abroad could be recruited for attachment with these hospitals for brief periods to provide specialist services in them.

### **H. Role of Indian System of Medicine (ISM)**

31.23. All over the world, there is an increasing use of the traditional or indigenous systems of medicine. There is also a demand to add alternative therapies to the insurance products. In some states in the US, laws have been enacted requiring health insurers to include alternative treatments in the benefits covered by them.

- 31.24. The increased interest worldwide in complementary, alternative, indigenous/traditional medicine is a reflection of the changing attitudes and needs of the population. For example, in the US, around 60% of the medical schools are understood to have begun to teach alternative medical practices. Similar encouraging trends in respect of complementary medicine and homeopathy are in evidence in Belgium, France and a number of other European countries.
- 31.25. Traditional systems of medicine offer a vast market from which India can benefit immensely, given its long tradition of **Ayurveda, Siddha, Unani, Yoga** and Naturotherapy. In this task, NRIs/PIOs can play a very significant role using several well-designed measures including awareness creation and identification of potential markets for ISM products.
- 31.26. To begin with, ways and means could be designed to encourage the use of Ayurvedic/herbal products by people in countries outside India. Modules could be prepared for introducing Ayurveda to local populations abroad, particularly where Indian doctors have settled down. NRIs/PIOs could be encouraged not only to use ayurvedic/herbal products themselves but also encourage the local population to use these products. The Government of India could encourage and assist the NRIs/PIOs to set up ayurvedic clinics in their respective adopted countries and send qualified and committed *vaidyas* to man these dispensaries abroad. The Indian Diaspora, besides using these clinics, could encourage fellow foreigners to use these centres. Recognition should be sought for ayurvedic practitioners registered in India to practise in other countries where interest in traditional medicine is high. India should also be able to attract foreign students to study at various institutions in India offering courses in Indian systems of medicine.
- 31.27. There is widespread interest both among Indians and foreigners in Yoga. While there are a number of *Yoga* instructors practising abroad, many of them are non-Indians trained in India. Given the vast gap that currently exists between supply and demand for *Yoga* teachers, there is considerable scope for setting up *Yoga* centres with Indian *Yoga* teachers.
- 31.28. Yet another area where herbal products can be popularised, especially through the Indian Diaspora, is in the area of toiletries and beauty trade. The Shahnaz Hussain boutiques worldwide are a shining example of the vast potential that exists for herbal products all over the world. According to estimates of the WHO, the global market for medicinal herbs and herbal products would touch US \$ 5 trillion by 2050 AD. Indians residing abroad can play a very significant role in popularising not only herbal products, but also Indian traditional medicines. We can draw a lesson from China, which has promoted its traditional medicines extensively through its Diaspora.

## **I. Other Sectors**

- 31.29. The other areas where NRI and PIO healthcare professionals could play a role include tele-medicine, medical research and community network. Continuous Medical Education (CME) programmes and workshops could be conducted with the support of NRI/PIO professionals and specialist bodies. The libraries, medical journals and systems of keeping medical records, which are currently inadequate, could be strengthened by inputs from NRIs/PIOs. Indian medical professionals abroad

could donate medical journals, research papers and books to Indian medical colleges and also encourage their medical schools and libraries to do so. Collaboration between medical professionals in the Diaspora and the Indian Council of Medical Research could enhance the quality of research.

### **High Level Committee's Interaction with the Diaspora**

- 31.30. During its visit to USA in May-June, 2001 and its interaction with the representatives of the Indian Community, the Committee was informed that the American – India Foundation has a programme called '*Swasthya*' which had sent a group of doctors from Stanford Medical School to Gujarat for relief operations after the January, 2001 earthquake and that there may be a '*Swasthya II*'. A medical emergency planning seminar was also being planned. American – India Surgeons' Association was also interested in setting up mobile hospitals. A team was planning to go to Dehradun following the landslides there. The Committee was informed that Rajat Gupta, Chairman, McKinsey, was in touch with the Bill Gates Foundation, which had plans to assist the AIDS Programme in India. The Wheel Chair Foundation, which has already provided 40, 000 wheel chairs all over the world, would be interested in underwriting a similar project in India. The Committee learnt that there were many philanthropically inclined PIOs and NRIs who visit their hometowns at least once a year and do whatever they can to help.
- 31.31. The Committee was informed by the Association of Scientists of Indian Origin in America (ASIOA) that although many Indian scientists are actively engaged in various kinds of health-related research, more needs to be done in the cutting edge of research, specially in the areas of microbial infection; diabetes; cancer; cardiographic conditions and the mechanism of the ageing process. Research projects relating to women and children would also deserve special attention. ASIOA plans to prepare a roster of its members who are working in these fields and identify partners in India for joint work. It was suggested that the expertise of the 35,000 odd PIO doctors in the USA could be utilised by India to develop an institutional mechanism for interaction between scientists of Indian origin in that country and scientific organisations in India, and thus foster sustained linkages between them. It was suggested that the Government of India should encourage ASIOA members to come and work in India. ASIOA could also help in the prevention of AIDS, TB and other communicable diseases. Delivery of healthcare in India's rural areas was also identified as a priority field for voluntary assistance by the PIOs in the USA. They were keen to provide assistance on a totally cost-free basis but wanted freedom from bureaucratic obstacles. Many among them feel that it is now payback time and that they must do something for the country, which educated them at virtually no cost. Such a view has been communicated to the Committee in many other sectors as well.
- 31.32. The ASIOA recommended that an Advisory Committee be formed which should include NRI/PIO members for selected disciplines. The Committee could develop relationship with corresponding members in India and prepare short and long-term goals. It was suggested that after projects have been developed through consultations with the Advisory Committee, the Government of India should assure its full support. The Committee was informed that the University of Illinois

had successfully developed programmes with the J N Medical College in Belgaum and that there has been an exchange of forty doctors between them during the last two years.

## Recommendations

31.33. While the Committee is broadly in agreement with the suggestions made in the elaborate report prepared by the Ministry of Health, it makes the following recommendations relating to the healthcare sector for the consideration of the Government:

- (a) While the primary and to an extent, secondary health sectors have been largely with the Government, tertiary healthcare has not received the required attention owing to the constraints on Government resources. Since tertiary healthcare is highly resource-intensive requiring high-tech equipment and diagnostic facilities, the Indian Diaspora can contribute not only to its expansion and improvement but also to its dispersal across the country.
- (b) Hospitals etc, which are currently treated as industry, may be accorded the status of “infrastructure”. This is likely to give a boost to NRI/PIO investment in the health sector. A strong argument is that if hotels could be accorded the status of infrastructure, then why not hospitals? A number of specific measures which could be suggested to attract NRI/PIO investment in the health sector, include (i) allotment of land at a reasonably moderate or subsidised rate without conditionality, such as provision of free treatment, etc. (ii) charging of lower tariff rates for water, electricity etc; (iii) suitable Government mechanism for one-window clearance of medical projects proposed by NRIs/PIOs for creating an investor-friendly environment and acting as a facilitator for investment ; (iv) review of the existing structure of import duties on medical equipment with a view to reducing them to a flat rate of 5%; (v) joint consultations and collaboration between various stake-holders, namely, the NRIs/PIOs, the private sector and the Government in framing health policies; and (vi) encouragement of the activities of the alumni associations abroad with different health care institutions in India.
- (c) Provision of finances by the financial institutions for medical projects by NRIs/PIOs on preferential and concessional terms;
- (d) Setting up of corporatised hospitals and advanced diagnostic centres with the participation of NRIs/PIOs. These could be set up not just in metropolitan cities but also in category ‘B’ cities where they could be given tax benefits;
- (e) Facilitating the voluntary work of the NRI/PIO medical and paramedical professionals as well as volunteers through healthcare camps. Prominent NGOs could look after the organisation of such activities in the philanthropy sector;
- (f) Exploitation of the vast unexplored market of medical tourism through the collaboration of private clinics in India with reputed hospitals abroad. Physicians and surgeons from abroad could be attached to such clinics for provision of specialist services;

- (g) Encouragement of the use of ayurvedic/herbal products, not only among the NRIs/PIOs, but also among the local populations abroad. The Government of India should encourage and assist the NRIs/PIOs to set up ayurvedic clinics in their respective adopted countries and send qualified and committed *vaidyas* to man those dispensaries abroad. Recognition should be sought for ayurvedic practitioners registered in India to practise in countries where interest in traditional medicine is high ;
- (h) Setting up of *Yoga* centers abroad with Indian *Yoga* teachers;
- (i) Exploring the involvement of NRI/PIO medical professionals in the introduction of the tele-medicine concept in India, with webcast and virtual reality presentations of easy accessibility;
- (j) Enlisting the support of NRI/PIO medical professionals and specialist bodies in contributing professional journals, research papers, books etc. to medical libraries in India;
- (k) Development of a data bank of overseas Indian medical professionals along with their specialities and interests for participation in projects in India ;
- (l) Organisation of workshops, training and medical research, faculty development, etc. through collaboration between the NRI/PIO medical professionals and their counterparts in India. Indian doctors could be sponsored for receiving hands-on training and observation of specialised procedures abroad;
- (m) Utilisation of the expertise of Indian doctors abroad by developing an institutional mechanism for interaction between scientists of Indian origin and scientific organisations in India to develop sustained linkages. The areas for their involvement could be infant mortality; AIDS prevention and management; TB; microbial infection; burns management; improving trauma management, disaster management; diabetes; cancer; cardiographic conditions; mechanism of the ageing process etc. An International Advisory Committee may be formed which should include NRI/PIO members for selected disciplines. Such a Committee could develop a network in India and abroad and prepare a comprehensive plan to realise its objectives. The Government of India should extend its full support to such projects as are recommended by the International Advisory Committee.

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