GOVERNMENT INDUSTRY DIALOGUE
BRIDGING THE DIVIDE

EASE OF DOING BUSINESS
&
MAKE IN INDIA

6th Government Industry Dialogue

REPORT
2019

NITI Aayog

अतुल्य !भारत
Incredible !India

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TABLE OF CONTENTS

SUMMARY
6th Government Industry Dialogue

Hotel Le Meridien,
February 2nd, 2019

The 6th Government Industry Dialogue was held on 2nd February 2019, in Delhi. The idea behind this dialogue was to bridge the gap between government and industry. The theme for this year's dialogue was "Ease of doing business and Make in India."

The Government Industry Dialogue was hosted by the Disease Management Association of India, the Global Advisory & Associated Services Pvt. Ltd. in association with NITI Aayog, the federal think tank, headed by our Prime Minister, Shri Narendra Modi and the Ministry of Tourism, Government of India.

The speakers included senior most decision makers from the government, industry CEOs, Chairmen and Managing Directors from various sectors. In this dialogue the participants mainly focused on the issues they encountered with their enterprises in real-time. The first half included talks from both government and private sectors. The second half comprised of the brainstorming session. Several recommendations were provided for the betterment of processes and overall improvement.

MESSAGE
FROM UNION MINISTER

के. जे. अल्फोंस
K. J. ALPHONS

MESSAGE

It was indeed a privilege to be invited to the 6th Government Industry Dialogue held on 2nd February, 2019 on the theme "Ease of Doing Business & Make in India'. This theme is very close to our Hon'ble Prime Minister. The Union Ministry of Tourism has made tremendous progress on the same.

This dialogue was an interesting experience with decision makers from across 27 sectors participating, and this gave me an opportunity to discuss key issues one on one.

I look forward to seeing the report based on the deliberations. I congratulate the Founder, Prof Rajendra Pratap Gupta for initiating this important forum, which will help in bridging the divide among the Government and the industry. Such dialogues must happen more frequently and across states as well.

Once again, I would like to thank for giving me this opportunity to participate in this impactful forum and I look forward to reading the report.

(K.J. Alphons)
March, 2019

MESSAGE
FROM THE FOUNDER

GOVERNMENT INDUSTRY DIALOGUE
BRIDGING THE DIVIDE

It all started in 2012. Being a part of various forums across the globe, I had felt that, in India, we lacked a credible platform where all the stakeholders could meet and discuss opportunities, challenges and solutions - as 'one team' - without any discrimination like; MNCs Vs Indian companies, Small Vs Giant corporations etc. With this in mind, the http:// governmentindustrydialogue.org/ was born. Time flies fast, and now we are in the 7th year. We have been immensely successful with participation from the highest levels i.e.; the Prime Minister's office, various ministries, and Niti Aayog, besides leaders from across sectors, and stake-holders.

For every dialogue, we compile the deliberations in the form of a report, which is sent to respective ministries and to the PM / PMO. We are hoping that forum's like these - where frank, open and constructive discussions happens, will lead to ideas and proposals that will make a difference to the country's economy, and bridge the divide between various stakeholders.

This year, we have done the dialogue with 27 sectoral leaders e.g.; farmers, women entrepreneurs, decision makers from telecom, retail, market research, education, healthcare, tourism, organic farming, medical devices, mobile manufacturers, MSMEs, IT, Pharmaceuticals, agriculture, construction, Financial services, consumer electronics, food & beverages, skills development, apparel, insurance, media, and the government participation.

This report is a compilation of the key take-aways, and I am sure will be helpful to policy makers and administrators to ensure 'Ease of doing business', which will contribute to the success of 'Make in India'.

I wish to put on record our deep appreciation with thanks for the support extended by Mr. K.J. Alphons, Union Minister, Government of India; Prof. Vinod Paul, Member, NITI Aayog, Government of India & Mr. Alok Kumar, Advisor, NITI Aayog, Government of India.

'Coming together is a beginning, staying together is progress, and working together is success' – Henry Ford. We thank all our participants and hope that we not rest till we make India a developed country.

Please share your feed-back / suggestions.

Best wishes & with warm regards

Prof. Rajendra Pratap Gupta
Founder, Government Industry Dialogue

MESSAGE
FROM VICE PRESIDENT

GOVERNMENT INDUSTRY DIALOGUE

BRIDGING THE DIVIDE

Firstly, let me take this opportunity to thank you for being a part of this exciting journey for the past seven years. The Government Industry Dialogue is very unique and one of its kind. We have completed 6 dialogues on various themes, with fantastic support and contributions from the industry and the government. The Government Industry Dialogue has become one of the most impactful meetings, which has been attended/ addressed by the Prime Minister's office, Union Minister's, Ministry of Health & Family Welfare, Ministry of Communication & IT, Ministry of Women & Child Development, Ministry of Chemicals & Fertilisers, Embassy of the United States of America & Australia, and key industry leaders.

The format of the meeting is a closed-door roundtable discussion with about 75 Chairmen, Managing Directors & CEOs of the industry and senior government officials, and the participation is only through invitation.

I would like to thank Prof Rajendra Pratap Gupta, Founder and Chair of Government Industry Dialogue for initiating this platform and giving me an opportunity of being a part of this wonderful initiative. I would like to thank Shri K.J Alphons, Union Minister of State (I/c) for Tourism Government of India for gracing the audience and inspiring the participants with his journey and work. I would also like to thank Dr. Vinod Paul, Member, NITI Aayog, Government of India & Mr. Alok Kumar, Advisor, NITI Aayog, Government of India for all the support.

I can say with surety, this initiative has led to important changes on the issues and topics we have covered so far, and hope with your participation, we will continue the journey.

This report is based on the deliberation on the theme "Ease of Doing Business & Make In India". It will be shared with all the concerned stakeholders both in government and industry.

Once again, I would like to thank each one of you for joining us and being with us, let us work for breaking the silos and work together for a developed India.

Looking forward to your support and more such interactions in future.

With best regards,

Ms. Mevish P Vaishnav
Vice President
Government Industry Dialogue

MAKE
IN INDIA

Make in India Project is an initiative by Shri Narendra Modi, Prime Minister, Government of India to facilitate investment, foster innovation, enhance skill development, protect intellectual property and build best-in-class manufacturing infrastructure in the country.

The Make in India program is very important for the economic growth of India as it aims at utilising the existing Indian talent base, creating additional employment opportunities and empowering the secondary and tertiary sector. The program also aims at improving India's rank on the Ease of Doing Business index by eliminating the unnecessary laws and regulations, making bureaucratic processes easier, making the government more transparent, responsive and accountable.

Under Make in India initiative, the government has identified 25 sectors of various industries that show tremendous potential to grow. These include: automobiles, aviation, chemicals, IT & BPM, pharmaceuticals, construction, defence manufacturing, electrical machinery, food processing, textiles and garments, ports, leather, media and entertainment, wellness, mining, tourism and hospitality, railways, automobile components, renewable energy, biotechnology, space, thermal power, roads and highways and electronics systems.

India's major concern is the lack of financial resources available with the domestic manufacturers due to which the quality of the product is compromised. If they are supplied with enough financial resources, the quality and standard of the domestic products will improve. Make in India comes into play here. Ease of doing business is the cardinal aspect under the Make in India scheme which will motivate the companies to invest.

The Make in India website highlights each of the 25 sectors with statistics, reasons to invest, growth drivers, all policies relevant to investors and the individual sectors, government support and opportunities for investors apart from showcasing the live projects that have been undertaken and FAQs. The website also links to the campaigns, social media feeds on Twitter, Facebook, Google Plus and YouTube.

Make in India Website: http://www.makeinindia.com

EASE OF DOING BUSINESS IN INDIA

EODB rankings do serve as the most trusted ready-reckoner for foreign investors looking to set up shop in a country

The Ease of Doing Business (EODB) index is a ranking system established by the World Bank Group. In the EODB index, 'higher rankings' (a lower numerical value) indicate better, usually simpler, regulations for businesses and stronger protections of property rights. In the last five years, India has leaped from rank 142 to 77 - a climb in 65 places in a span of five years!

India ended 2018 on a high note in terms of the World Ranking of Ease of doing Business. According to the World Bank's Doing Business Report (DBR, 2019), India was ranked 77 among 190 countries. We have witnessed a leap of 23 ranks in the Ease of Business from 2017-18. In 2017, India leaped 30 ranks. It is a marvellous feat for a country of such vast size to consistently improve ranking year after year.

The leap to 77th position puts India in the top ranked country in South Asia for the first time. According to the World Bank, India is an easier place to do business in comparison to BRIC peers such as South Africa (82), Qatar (83), Saudi Arabia (92) and Brazil (109). India is at the third position among the BRICs countries.

What drove the metrics upward?

The projected rise in the ranking is attributed to two primary business indicators: trading across the borders and securing construction permits. The second indicator comes as no surprise given the hungry expansion of cities and urbanization. Other aspects which have seen a marginal rise is the ease of starting a business and receiving credit.

In top Indian cities, the number of days taken to receive a construction permit was reduced by 1.5-fold with a concomitant slash of pricing from 23% to 5% of building value. The magnanimous ranking was catalysed by the introduction of new online filing system in Mumbai and single window filing in Delhi.

In the realm of cross-border trade, India has climbed from 146 to 80. During 2017-18, the total number of hours spent at the border by importers to comply with formality requirement was 264 hours. In 2018-19, this time was shortened to 97 hours. A small but significant contribution made by the upgrades in port infrastructure which transitioned to online documentation. This facilitated the exporters to self seal the containers.

In the space of start-ups, the ranking has climbed from 156 to 137, thanks to the reduction of time requirement from 30 days to 17 days. This is a result of the accelerated GST registration and abolishment of site inspections.

DR. VINOD PAUL

Member
NITI Aayog
Government of India

Ayushman Bharat is a game-changer

We took on those who are in the lower quintiles and assured them services such as hospitalization for a cap which covers most diseases. The scale of operations is massive. Secondly, this scheme covered 40 percent of the population, each state is adding its own resource to include more people.

Now, if the initiative continues gaining traction, do we have the supplies to sustain it? The answer is no, but do we have the resources to harness this opportunity? Think medium sized hospitals and concentrate on basic facilities. We should concentrate on high volume demands, quality products. Do away with fringes. The solution is that lean models should emerge. Now, responding to several issues which were raised, here is what I'd like to say:

> We should concentrate on high volume demands, quality products

- Biometrics: There is an exciting example in Madhya Pradesh where we are working on an RFP to acquire 2–4 such metrics as a policy and see whether the state would like to establish such initiatives. The central ministry is open to collaborations with interested parties and will contribute a set amount

- Quality standards: An alternative option-should there be a separate regulatory environment enabling structure which is tuned to the whole dimension of engineering, biology, physics and safety issues of the devices? Currently we are in a dilemma whether each should have its own regulatory system? The public can respond to the same when the matter is put forth

- Women entrepreneurs: Come up with an executable concept

- Banking sector: How to convert it into a scheme? At the same time, we should formulate a safety mechanism to keep corruption at bay

- In "Ayushman Bharat and Primary health care sector", we need to learn how to execute, measure impact, infuse technology, and maintain the best practices

- Price control: A committee has now been established to hear out both sides, to promote a balanced approach for price regulation at the level of thought conceptualization and then exercise the option of price control

- Inclusion of Peritoneal Dialysis in Ayushman Bharat issue: Ensure that it comes under the standard treatment guidelines of the Nephrology Society of India

- API: What is being said about API is true. To rectify what is going wrong, there is one task force under the Minister of State under the Health Ministry which will be a better guide on how to go about this issue. Independently, we are also developing a policy which will be given to the same task force. Please share your suggestions in writing on this issue

- EHR: It has become a confusing issue with Aadhar. We are moving in the direction of introducing a National Digital Health Authority

In conclusion, while there are other solutions, I look forward to new ideas for the report: for expansion of medicare, shortage of specialists, increase quality of education especially to deliver specialized education through private entrepreneurial system.

We are moving in the direction of introducing a National Digital Health Authority

MR. NIKHIL TANEJA

Managing Director
India, SAARC
Middle East - Radware

Radware has been working with the Indian government for 17 years and has been protecting various government and public sector entities from the likes of NIC, Airforce, Army, Navy, DRDO, BEL, BSF, MHA, CERT-IN, RBI, SBI, BSE, NSE, PNB, LIC, Income tax department, Customs department, UID, ITI, IDRBT, CDSL, IITs and Smart City projects, to name a few.

Amazingly enough, attackers have reached a level of maturity and efficiency - taking advantage of the increased value and vulnerability of online targets, and resulting in the dramatic increase in attack frequency, complexity and size. Hackers are launching blended campaigns combining higher-volume network vectors alongside more sophisticated application vectors. Further complicating things, attackers are taking advantage of SSL encrypted traffic to camouflage their attacks making it hard to determine malicious versus legitimate traffic.

> Automation is the core of a successful attack mitigation solution

Relying on humans to block attacks is not scalable. Organizations dependent on manual-based protection are not fully protected from today's threats. Automation is the core of a successful attack mitigation solution. You need to make sure you have the right algorithm for faster, real-time response.

Various needs to defend the country from *Criminal, Hacktivism, Espionage, and War* (CHEW) have increased due to the ease of sophisticated tool acquisition for hacking groups. Today, we are faced with AI and Machine Learning weapons that are moving with speed and agility that we have never faced before. We must improve the security programs in the public sector and government in India to demonstrate gold standards in security.

The gold standard today is to build visibility into encrypted payloads

From our observations, many organizations have not yet adopted AI and Machine Learning defence systems. Radware has been implementing closed feedback loop machine learning systems around the globe that provide value to finding and stopping zero day and zero minute emerging threats.

The gold standard today is to build visibility into encrypted payloads for both internal and external users and use advanced tool sets and threat intelligence to analyze and react immediately to malware, web attacks, automated distributed botnets, and denial of service. ISP services for mitigation are not adequate and do not provide satisfactory protections for most of these threats.

We recommend a hybrid approach of both on premise and large scale defence from DDoS and advanced Application, API and Web protections with advanced next generation AI systems that defend against botnet attacks and DDoS. Internal networks must provide visibility into encryption and tie an auto hardening system into the firewalls to prevent zero day threats. Radware has many new systems to build these defences.

We will be happy to set a cloud security center in India to practice these capabilities and provide them to the Indian market. We believe, as it relates to Cyber security – Make in India – means setting up large cloud security nodes that can deliver and develop fitter security measures for the Indian government and private sectors.

About Radware: Radware's Attack Mitigation Solution combines all the necessary protections for making organizations resilient to cyber-attacks with a single-vendor, hybrid solution and service. It integrates real-time WAF, SSL and DDoS protection on-premise and in-the-cloud and offers fully managed services, including on-premise device management.

Radware provides organizations with:

- Real-time DDoS protection at the edge of the data center providing mitigation of any detected event in a centralized, automated fashion

- A Web Application Firewall located next to the applications to detect business and application attacks

- Patented SSL attack mitigation that provides the lowest latency, most efficient SSL attack protection

- A Cloud DDoS Protection Service needed in case floods are bigger than network or application capacity in the data center

- Radware's Emergency Response Team with battle-proven security experts

- Full automation of the attack lifecycle and synchronized messaging to improve protection response and accuracy

At the core of Radware's solution are patent-protected algorithms for behavioral-based detection, real-time signature creation and auto policy generation that automate the attack lifecycle process and deliver high degree of protection from the most dynamic, sophisticated attacks.

At the core of Radware's solution are patent protected algorithms

SHRI. HARKESH KUMAR MITTAL

Advisor & Member Secretary

National Science & Technology Entrepreneurship Development Board, Government of India

> Today, start-ups approach incubators because they seek mentorship, connectivity, and innovative finance

In the past 30 years I have been involved in almost every start up initiative. I am now part of a 10,000 crore fund, Income tax exemption committee for start-ups and head the Indo-US endowment pool, among others. Talking about what I am involved in: I have been promoting technology-based start-ups for the past three decades. We promote technology business incubators. Currently, we have over 140 businesses in the company. There are seed support programs and "NIDI Prayas". Four years ago, we faced a budget increase of 5X. We brainstormed and came up with eight programs under NIDI - National Initiative for Developing and Harnessing Innovations. In the system we have created, we give money to the organizations, which then allocates funds to individual entrepreneurs. Through this initiative, up to INR 25,00,000 as seed support is given as a loan or equity investment.

Earlier, start-ups and MSMEs approached incubators because they needed protection from license barge and to keep tax personnel at bay. Today, start-ups approach incubators because they seek mentorship, connectivity, and innovative finance. They also require support in product development and business development in sharpening their skills.

In another program called Inspire MANAK (Million Minds Augmenting National Aspirations and Knowledge), we award 1 million school children with INR 10,000 each to convert their ideas into products based on local profits. Several of these ideas reach the national level. Of these, 60 ideas will be presented to the President of India during the festival of Innovations. Around sixty of these students get the chance to visit Japan, courtesy of the Government of Japan, and they get an exposure to a multicultural environment. Although, these are small efforts, they mean a lot to people at the ground level.

Suggestions

In terms of suggestions, given my experience, the pain point I have is "how do we scale up?" We are the 3rd largest start-up ecosystem in terms of numbers in the world, but do we have those numbers of Unicorns? We need to build the trust between the public and private sector and we need measures and policies to address these issues.

I run a program called "India Innovation Growth Program" with Lockheed Martin. In our partnership of 12 years, an independent report by E&Y reported that there are 450 start-ups which have started a market value of billion dollars because of such type of programs. These are the results of public private partnership. Today I need a strong partnership with the private sector, where they can work with such start-ups to take to the level of becoming unicorns.

With regards to women entrepreneurs, I have personally been involved in 5–6 women entrepreneurship development programs with the first one in 1984. Delhi Financial Corporation used to support women entrepreneurs working from their homes. The only requirement was SSI registration. There were restrictions such as use of heavy machinery within the house among others. I believe that it is time to revive it and grow as a start-up nation.

> Today I need a strong partnership with the private sector where they can work with such start-ups to take to the level of becoming unicorns

MR. SHIREESH SAHAI

CEO, Wolters Kluwer India

Wolters Kluwer is a 180-year-old Dutch Multinational Company. We have over 19,000 employees and we operate in close to180 countries.

> During the devastating floods in Kerala in 2018, 'UpToDate' solution came in handy for doctors treating patients. It was used by over 300 doctors in over 10 districts. In the US, 70 percent of doctors use this solution

Why saving lives using digital technology is important?

We have to look at digital health tools to save lives using AI & Big Data.

According to a study conducted by Harvard University, half of the medical errors occur due to administration and medication. Research has proven, typically when the doctor is treating the patient, they face around 11 clinical questions every day. Unfortunately, 60 percent of these questions go unanswered.

An app called "UpToDate" is available on smart phones, which can answer the question doctors are facing at the point of care, with the help of 6000 experts around the world. The app is also available offline in a country like ours, especially in rural areas. Harvard did a study for three years in over 3000 hospitals and concluded that the hospitals using this particular solution, saved 11,500 more lives than the hospitals that did not use this solution.

This app can be used for 25 years and has proven efficacy of saving lives. In India only 50,000 doctors are using it, but in US 70 percent of their doctors use it. Few countries have taken it as a country licence, and it has been helpful in saving lives.

In terms of Kerala, when the floods hit, we worked with the Ministry of Health, Government of Kerala in providing UpToDate app to more than 300 doctors in over 10 districts. More than 400 topics spreading over 25 specialties was searched by these 300 doctors. It has not only helped in saving lives during a disaster but the satisfaction level we saw from some of the doctors helped us to extend our subscription for three months.

So, why do we have to wait for a disaster to use a solution like this? Can we have a multi sectoral approach and use this solution even at a non - disaster time? Even during a disaster, we can have a SOP which encompasses all areas and help to save lives.

MS. ALKA ARORA

Joint Secretary
Ministry of MSME
Government of India

MSME is one of the most critically important sectors in the economy. This sector is one of contributors to the GDP, exports and employment generation. As per the NSSO survey, there are nearly 6.34 crore MSMEs in the country.

The highlight of our ministry is employment generation and it has received a 50 percent hike in the budget of 2018-19. To ensure the seamless credit guarantee to the micro and small sector, 597 crores has been provided under the credit support program.

The major schemes of MSME include

- Prime Minister's Employment Generation Program (PMEGP): It is a credit linked capital subsidy scheme that has been implemented through KVIC for setting up of micro enterprises

- Credit Linked Capital Subsidy Scheme (CLCSS): It aims to facilitate technological upgradation

- Credit Guarantee Fund Trust for Micro and Small Enterprises (CGTMSE): It is a special corpus created to ensure credit flows to MSEs

- ASPIRE (A Scheme for Promoting Innovation and Rural Entrepreneurship): It is an important scheme comprising of Livelihood Business Incubators (LBIs), Technology Business Incubators (TBIs) and Fund of Funds

- SFURTI (Scheme of Fund for Regeneration of Traditional Industries): It provides funding support to traditional industries and artisan clusters to make them competitive

- National SC-ST hub (NSSH): It was launched in 2016 to achieve the target of four percent of procurement from SC/ST MSEs

> The MSME sector is one of the contributors to the GDP, exports and employment generation

- Micro and Small Enterprises - Cluster Development Program (MSE-CDP): It supports the growth of MSEs by addressing common issues by creating Common Facilities Centers (CFCs)

- Technology Centre Systems Program (TCSP): It provides technological support to MSMEs by creating access to state-of-the-art manufacturing technologies

The major challenges identified are

- Access to modern Technology

- Access to market

- Access to infrastructure

- Access to skilled manpower

- Awareness creation

Reaching out to the grassroots: In the last one year, we have tried most of the schemes. For now, 22 schemes are on-board. Adoption of cluster development approach for developing new and upgradation of existing clusters have been made. We are trying to bring state governments on board for scheme implementation. We have organized various exhibitions, trade fairs to try to meet the buyer-seller needs. We have also organized vendor and entrepreneurship development programs with different Central Public Sector Enterprises (CPSEs) across the country. We are inviting different CPSEs to come and show the products they are developing so that the MSMEs can approach banks for funding.

In the last one year, we have tried most of the schemes

Biosense™
health * technology * people

DR. ABHISHEK SEN

Co-founder
Biosense Technologies

> We need to use technology to deskill functions and get closer to the patients and optimise the healthcare spending

We have done over a crore tests in the last eight months or so, and our focus is on a platform for point of care diagnostics we call the ABCD of healthcare. *Affordable Basic Connected Diagnostics,* focused on chronic disease. So I'll split this up into two parts.

Why do you need point of care diagnostics?

There are two big factors that are at play:

Firstly, there is a skill gap in our health system that we can't wish away. We do not have enough specialists, we do not have enough doctors and we need to use technology to deskill functions so that it can go closer to the patients. Secondly, our public healthcare spending is still a fraction of what it should be. We cannot change that. But what we can do, is use technology and data to optimize that spending as much as possible. So that is where the connected part of our devices comes into play.

We are moving from infectious diseases to non-communicable diseases. The trick with chronic diseases is unlike acute infection, say if you have malaria, you have a clear incentive to go to the doctor, get tested and take the necessary medication, which is not true for diabetes. Even if you HbA1c is raised, you will probably not resist the desert which is waiting for you at the counter. So, we tried to bridge this using point of care diagnostics, and we have observed this as one of the keystones for Ayushman Bharat, specially at the health and wellness centers. We are no longer calling them subcenters, which itself comes with a negative annotation, but when you name them as health and wellness centers, you are starting to appreciate the preventive effect of NCDs.

The longer you wait to treat the NCDs, the cost and the complexity just goes up. That is why we think point of care diagnostics, which is sending data about a single patient or a taluka or a PHC to a central server, which the policy maker can use for better allocation of services, is invaluable. That is what we deliver.

Talking about the Med-Tech industry which I'm representing today, we have the shadow of the pharmaceutical industry. The Med-Tech industry in India is about six billion US dollars. Which is probably one fifth of the size of pharma. Although the disease fundamentals are the same, 70 percent of our medical devices are still imported. There are 800 medical device companies making gloves to CT scan machines, out of which, 70 percent have a turnover of less than 10 crores. So we are talking about a really small sector, with a huge domestic demand. There is a mismatch then and there. The government has invested a lot in seeding this sector since 2012, when the department of biotechnology started BIRAC. Until recently, 800 proposals have been funded and 350 start ups have come out from that scheme. Although the seed money has gone in, these companies are not scaling, so something is preventing the transition to scale, and that gets me to the call for action that I think is required.

Our friends in South Korea and Taiwan have shown us the way and the power of having specialized manufacturing zones for Med-Tech. The South Korean Med-Tech industry was much like India a couple of decades back, but they have made investments in creating an ecosystem of precision manufacturers. If we can make those investments, companies like ours will find it easier to design for manufacturing, and manufacturing for scale.

The second is the national health stack: if the hospital, the medical devices, and the healthcare providers are not talking in the same language there is no way that the data can be meaningfully compiled. It also has to ensure that the *DISHA* act, that was tabled recently where we are protecting patient privacy, is also considered.

We need to learn from Korea & Taiwan, and invest in creating an ecosystem for Med-Tech industry

> Government has done a fantastic job on initiating the start-up system; and now, we need appropriate changes in the procurement policies of the Government, so that the products of these start-ups can be tested and tried. This will help scale up the start-ups to the next level

A very specific suggestion for my subsector is that we need quality standards for point of care testing in the BIS along with an extension of the 21 notified devices. We need to build a strong domestic certification and regulatory policy.

A little bit of a paradox: the government has spent a lot of money and time in seeding start-ups, technologies, projects more than 800 under BIRAC and now we are talking about Ayushman Bharat and the health and wellness centers. These are technologies that are designed in India by the human capital that is in India, by people like us or either people from medical colleges or IITs and NIITs. We need some way to translate that innovation into action in the health and wellness centers under Ayushman Bharat. Here NHSRC is doing an amazing job, but we definitely need their efforts to be amplified. So that when the buying decision happens at the state, the innovative technologies out there are evaluated by the NHSRC or any other body and specific policy decisions are made for procurement from SMEs and start ups.

With that I look forward to the next five years with optimism and hope, and I think we can change this country.

SHRI. ALOK KUMAR

Advisor
NITI Aayog
Government of India

Building a 21st century Health System – What do we focus on and where to start?

Looking at the way the aspiration levels are rising in India, we need to find new ways of doing things.

Typically, when you look at any sector, it requires multiple actors to bring people together on a table. It requires coordination among the various Ministries of the Government of India, State Governments and Union Territory Governments. If you look at any ministry, they are bound by a set of rules. In a criterion like this, NITI Aayog looks at the integrated picture by leveraging the power of ideas.

> We need to find new ways of doing things

We spend five lakh crore rupees on an annual basis on health. Around 72 percent of it is spent on the private sector and about 20–30 percent is spent on the government sector. Largely if you see, Ministry of Health is emphasizing on the public institutions by expanding the network of AIIMS to every state, strengthening district hospitals and bringing hospitals under National Health Mission, and by converting district hospitals to medical colleges, but largely focused on government part. The private sector runs on its own scheme in order to fill in the spaces government is unable to occupy.

I think a 21st century health system cannot be built unless we start thinking about organising it. In doing that, one must get beyond his or her narrow concerns. We need to think in a much more systemic manner. Can we now start thinking about integrating the IT space in service health industry? By doing this, the providers and payers have freedom on selecting application they want to but adhering to certain minimum standards that allow to inter operating choices across the systems. On the IT front, NITI Aayog has published health stack concept document, and had some suggestions on the website and now we are in the process of finalising the implementation framework for the same.

How do we maintain quality price balance?

Pharma space is about 1,85,000 cr and we have almost seven lakh retailers now. There are 100,000 brands available in the market which leaves the public confused. Government is trying to bring a generic revolution by providing access to medicines through government channels, which can be done only for chronic diseases. Jan Aushadhi is another way government is trying to help, but it is not big enough to make any significant impact.

The issue we have in front of us is - how do we maintain quality price balance? Recently we had some studies were 2.5 percent of drugs were found to be of sub-standard quality, which is a matter of concern. In governments' own procurement, almost 10% drugs were found to be of sub-standard quality. As we do not have a framework to regulate medical devices, we try to do it through the same Drugs and Cosmetics Act by declaring that few drugs as essential. This is how the devices are brought under price control. CDSCO is largely geared to be a drug regulator and not a device regulator.

We have heard of a lone case where the industry has come forward, asking the government to regulate them. This is because, committing to an investment in medical devices has become difficult as we don't know what other standards might be set in the future.

What I see across the board is fragmented isolated efforts of excellence within our own respective domains of influence, which is likely to give us marginal returns to the effort we put. The sad part is that we don't see any stake holders pushing for a systemic view. We are preparing papers for this very subject. The idea now is that we must go beyond individual companies, hospitals, quality parameters and look at a more systemic perspective. At the NITI Aayog, we are soon going to publish a couple of papers on options that could be exercised. We would hope that this exercise is well received and brought to everyone's attention.

Building a 21st century health system is a decade to decade process. It requires an ideation and a combined ingenuity of private sectors and public sectors.

SAMSUNG

MR. ATANTRA DASGUPTA

Head of HME
Samsung
(Health)

Let me start with a meaningful innovation which Samsung is in; everybody knows we are the largest manufacturer of mobile phones. Samsung is also a leader in health and imaging solutions. If we are talking about healthcare today, we need to talk about Ayushman Bharat, the humongous initiative from the government of India. With Ayushman Bharat the government of India has taken a very ambitious project of upgrading 150,000 PHCs into wellness centers. So, when these PHCs are moving from ambulatory care for maternity to a wellness center, it includes the chronic diseases, mainly comprised of cardiac care and diabetes. So how will you bridge the gap between the doctors and the patients? It is technology that can help us bridge this gap.

> Government is implementing an ambitious plan for healthcare and technology will play a crucial role for its success

As Samsung what can we do? We can convert this mobile into a multiparameter device, capable of recording vital signs through a bluetooth, that can be sent to a cloud with an AI interpretation, which subsequently can be send to the experts for further diagnosis, thereby helping human lives at large.

Getting back to the ease of doing business and where we are affected as technology providers. In ultrasound for example, we face a very unique situation, across the industry, not only Samsung but all the medical devices who are dealing with ultrasound. There is a law called PCPNDT Act (Pre-Conception and Pre-Natal Diagnostic Techniques Act) and this law is very unique. It is meant to improve the fetal sex issue. This law has multiple interpretations across the states, across the districts. There are two aspects of this law.

The initial issue arises when a doctor or a radiologist comes to a practice, he needs a PCPNDT certificate to acquire an ultrasound equipment. Here start the problems. There are several

examples where reputed diagnostic centers and medical clinics, reputed doctors are struggling to get this certificate for the last two years. In states like Orissa, Rajasthan and Gujarat it is very difficult to get this certificate. So, what are we losing? We are losing on the front of serving the patient, wherein ultrasound is a poor man's MRI. Ultrasound doesn't deal with only maternal care or mother and child; it has several other applications. It can reach every strata of society and it has no radiation and is completely safe. Not only that, it can study the human body in real time.

The second issue is after getting the PCPDNT certificate, when the doctor goes to change the equipment. In some places the procedure will take a month, sometimes 15 days, and the protocol followed is variable. A standardized procedure, to obtain the certificate should be created to get further approval to procure new equipment. Our aim is to make the treatment available to the poorest of the poor. I have done some research on this law to see where it has come from, and I found out that this law was in South Korea in the 1970's. But then they have improved the social infrastructure of the community and they have provided social security for the people and framed suitable educational policies. Today, the same is happening in India. When we see the fetal sex ratio is improving, I can say it is because of the technology, and the efforts of the government. I request that the law should be implemented uniformly in the country. Technology and poor patients should not be affected.

> The law should be implemented uniformly in the country

DR. RAVI P SINGH

Secretary General - Quality Council of India

Government of India

- How can the government help Industry?
- What is the role of private participation?

There are two important issues which have been spoken here:

1. Quality of medical devices

There are many aspects in India where the government has invested heavily to improve quality. What we do is that we find that quality is easily improved by three defined processes which are accepted across the world:

1. Accreditation process
2. Certification process
3. Third party assessment

2. Third party accreditation

The QCI identified that there is a huge market for third party assessment. In 2015, we started off as a team of three and today we have more than 500 young people who are looking into assessments and over 10,000 field agents who do assessments. Where are these people coming from? They are the products of our own accreditation colleges. We created an ecosystem.

I have marked only 3–4 success stories which we have done being "Swachh Rail", rural electrification project pan India, Swachh Survekshan, Google Toilet locator.

> There are many aspects in India where the government has invested heavily to improve quality

Suggestions:

- Medical devices: notified agencies accrediting private agencies should exit CDSCO. BIS may take it up because they have an act which is pervasive and can be included

- According to WHO-GMP, only the CDSCO are the notified agency to issue the certificate. But for a private party, getting a WHO-GMP is a huge challenge because there are teams from state and central government which visit these agencies. Instead, there are accredited agencies trained on ISO standards with trained manpower which can do the work

- I request that cognizance is given to these reports so that your mind is only on defining the policy. Please create an ecosystem wherein, people are empowered, and these private agencies are trusted

- The time has come to move on from government inspectors to private accreditation agencies

The time has come to move on from Government inspectors to private accreditation agencies with inbuilt checks and balances

MR. ANNASWAMY VAIDHEESH

Vice President
South Asia & Managing Director,
GSK – India
(Pharmaceuticals)

Building a financial model for India in Healthcare: Looking at an integrated approach.

Due to the government's efforts, India has jumped more than 30 places in the World Bank's *Ease of Doing Business.* The crucial measure taken by the government is the launch of Ayushman Bharat, which will go a long way in improving and providing access to healthcare for majority of the population.

I had a chance to work in Japan,China and other advanced markets. In the public health space, one of the biggest differences is, we do not have an established patient care pathway. How can we participate in defining the 21st century integrated patient care pathway? Ayushman Bharat 2.0 is one of the suggestions we have, where we look at the middle-class population and integrate the demand of these people.

India imports 80 percent of the APIs that go into its generic drugs, from China. A study released in June 2018 by Union Commerce Minister, Suresh Prabhu (Enhancing Indian Exports of Pharmaceutical Products to China) pointed out that there is very little difference in manufacturing costs between the two countries. Yet API imports from China amount to 80 percent of our industry's needs. The chinese government strongly supports its API industry, from bank loans at low rates to a more industry-friendly regulatory regime. In India, government support is not as strong as it needs to be.

The Katoch committee has made several recommendations on how the government could lend India's API manufacturing industry a helping hand, which include the following:

> Due to the government's efforts, India has jumped more than 30 places in the World Bank's Ease of Doing Business

- Setting up special manufacturing zones for API manufacturing and infrastructure

- Around six large manufacturing clusters in 5–6 states

- Financing schemes to set up these clusters, like dedicated investment funds

- Fiscal incentives and tax concessions both in direct and indirect taxes

- Soft loans and capital expenditure loans

- Assured procurement of percentage of production, in line with WTO rules

The future of all drugs and molecules are not in chemistry, they are all in biologics. China is already putting up a huge investment behind biologics and seeking large investments in this area. Innovation is going to be crucial. I would strongly recommend that we need to put in some focus behind the innovation ecosystem, especially those in the genomics and molecular science domains.

I would strongly recommend that we need to put in some focus behind the innovation ecosystem

MR. SANJEEV SANYAL

Principal Economic Advisor
Ministry of Finance
Government of India

The fundamental idea behind what we are trying to do is to shift India to an economic system that is basically based on rule of law, on innovation and entrepreneurship. This is a very fundamentally different way of thinking of our economy. Now of course, it's been 25 years since we started the reform of our economy.

We have tried to create frameworks of rule-based governance. For example, monetary policy and the banking system. Of course, when you change from one system to another system, you have disruptions. Very often, if a large company is doing badly and going through a bankruptcy process, it's not just that company that is hit, it's the entire chain of smaller manufacturers that also get hit. We recognize that, but at some point, in our history we will have to make that transition. So why not now? The earlier we win, the better. We have seen that again with the GST. We had an extremely complex system of taxation across the country which was so complicated that nobody actually understood it. The previous tax regulations were incomprehensible. It was easier to trade with foreign entities than Indian states. We have attempted to change it...

When the subsidies are given to the farmers, they are forced to grow the crops in a certain way. If the money is given to the farmers directly, then he can decide what to grow. This is the reason we are experimenting with the direct transfer.

Government intervention should be in areas deemed absolutely necessary.

Our idea is to improve the system as we want to move forward.

> Our Idea is to improve the system as we move forward

GOPI RADHA — Primary School · Girls Inter College

MASTEL HEALTHCARE — *Medical Diagnostic Imaging*

MR. MANOJ SHAH

CEO & MD of Mastel Healthcare which runs a Medical Diagnostic Centre under Public Private Partnership with the IMS – BHU, Varanasi, since 2008.

Secretary / Manager of Gopi Radha Primary School & Girls Inter College established in 1962 which is an aided school of the government of Uttar Pradesh.

> Continuous monitoring and problem-solving attitude should be developed with the system, as nothing can happen without government support

My basic area of work is in healthcare and education. When people say that the system cannot change, I can safely say that it can, but it requires a lot of patience, persistence and perseverance.

A project we did with BHU, we put up one equipment, a 128 slice CT scanner. We started with a 64 slice CT scanner in 2008, the investment from the government side is the land. The building we have made is at the cost of two crores. World class services are provided to the patients here. We also created a 100 seat seminar and conference hall, even though it wasn't in the tender, because this is a medical college attached hospital and the primary function of a medical college attached hospital is to teach and train. This was an initiative from our side to enhance that.

Every year we collaborate with the department of community medicine or any other department and we do a healthcare check up program in some remote village with a primary health center. This serves as an advantage for patients as well as medical students.

So how can the government actually benefit apart from the service part? I have tried to make a model wherein, if the government invests in CT and MRI and runs it for ten years, what would be the cost difference for the same setup in a PPP arrangement? So CAPEX is there, apart from the equipment cost, CMC, films and contrast and overheads, everything in 10 years will amount to 130 crores. When compared to the revenue that they will generate in about 10 years, it is about 80 crores. Since figures are not put together, the government doesn't realize. So now; if for the same project a private company is brought in, the entire investment is from the private side and the revenue portion can be shared. Say we pay a revenue share of 30 percent to BHU amounting

to 25 crores of the 80 crores, I can vouch that the balance left with the private company, can run the whole show for 10 years including the investment.

I have some recommendations for PPP in healthcare

The first and foremost thing is that the government should support and give training to the policy makers, implementors and regulators at local levels. They think that the private companies put in ten crores and earn twenty crores, and they have a lot of money. But they don't understand the pains of paying back the funding with interest.

We have a family run institution, it's called Gopiradha Balika Vidhayala which was established by my grandmother. Now it has about 2000 girl students. I recently took over the management and felt I should do things differently. We transformed not only the infrastructure but the academic structure as well. The first thing which I did for 2000 students and the staff and teachers was to make 28 toilets from only eight and provide for continuous drinking water and power backup.

We made a proper modern kitchen for the midday meal to be cooked. The playground was cleared. Now you can see almost 50 percent of the classes are in different shape. The government had a scheme of ICT where they had given the computer center for the school. I thought computer education is one skill each girl should have, because it is this skill that will lead to maximum employment for the girls. So, I have made computer education compulsory. I have also obtained an affiliation from National Institute of Electronics and IT. They impart training of CCC, which is a basic requirement for any government job. CCC is a course in computer concepts.

We have started a career counseling division. In fact, I recommend that class eight onwards, career counseling should be done in government schools.

We started a green eco movement wherein our girls have done plantations in and out of the schools. We promote sports, yoga,

I recommend that class eight onwards in government schools there should be career counseling

photography, creative activities. We also conduct some programs every three months, with senior doctors from BHU. We have also started educational tours.

This is how my mini model school works. We have taken a sample of class 1–12 with 60 students each. So, on 1500 students, the government spends Rs. 5, 75,00,000 every year. In my model, it can be done in Rs. 2,75,000. All I ask for is the monthly fees of each student. With 1500 rupees per month per student, we will create an ecosystem where we can drive higher student enrollments. The private party will have a motivation to do good and higher number of children will join the schools.

Now coming to the recommendations: Public private partnership should be highlighted. Continuous monitoring and problem-solving attitude should be developed as nothing can happen without government support. Schools after 3.00 PM are a dead investment. We can open community colleges, evening colleges to educate the adult population of the village, and so many other activities.

All this can only happen with the refurbished attitude and mindset of the Government machinery, who start understanding the value of private investment and appreciates that profit is a good word for the country. Disrupt to surge.

Public private partnership should be highlighted

BRAINSTORMING SESSION

Punit Singh Thind
National Director
Vegetable Growers
Association of India
(Agriculture)

The difference between our farming and other countries is that, in foreign countries they teach you how to create value and capture value. In India, they teach you only how to produce. Now we have reached a position where we have excess of some crops. But, we do not have the infrastructure to handle it at cluster levels. There is still a very big gap between the policies that are existing and the actual needs of the farmers.

If all the schemes and departments are integrated, it would help farmers a lot. We need the government's help with the market because this is where the profit lies. Farmers should be thought about the market and the existing competition. Farmers need to be given a place to sell. Market resolution is completely missing, even in this budget.

We have made commendable progress in 'Ease of doing Business, but we have to do much more. On a positive note if i look at TEAM INDIA, there are 76 countries who are doing better than us. We can strive to be amongst the top places to do business but we have a long way to go to make that possible.

One of the biggest success factors that everyone has acknowledged is the GST. It has managed to consolidate around 13 taxes into a single tax. There are a lot of pros. Approximately, 90 percent of the issues have been addressed, the few remaining issues will get cleared over a period of time. One thing left out is that,in spite of there being a single tax, a company who is operating across the country has to get it registered across all the states. There may be reasons for this design but it is creating certain issues. I hope these get corrected with time. GST has helped to remove interstate transfers, the C forms and collection of C forms.

Challenges I see as far as business is concerned today is the availability of funds; the banks or the MBFCS are not willing to give loans. One of the major challenges have been, the payment from the government. This has ensured that atleast 3–4 companies close every year.

Krishan Girdhar
Managing Director
Presto Infosolutions Pvt. Ltd.
(Information Technology)

Prakash Bachani
Head of Medical Equipment and Hospital Planning department
Bureau of Indian Standards
(Government)

As far as healthcare is concerned, we are following several standards in medical equipment. This makes implementation difficult. Although CDSCO is the regulatory authority, people do not come forward for implementation. People must come forward to avail implementation in order to get their products certified. Everybody wants to practice business with ease. However, there are two parameters that we should bear in mind- quality and safety. It becomes important to invoke in children the importance of quality to do better business as adults. In order to do this, programs of education utilization standards are offered in different schools and colleges. For start-ups, more emphasis is placed on them so that they come to us with their innovations and we standardize their products to make them acceptable. Regarding EHR, there are over 35 standards which are already in place which is notified by the ministry of health and family welfare. There is a total of 50 standards and there are more in the pipeline.

One of the common challenges we face are identifying counterfeit medicines and ensuring that the medicines delivered to the consumer are safe. India being one of the largest drug exporters, is compliant to the track and trace mechanism following the international standard. However, in the domestic market, there are regulations for each ministry. A cohesive standard must be enforced to enable pharma companies to comply with a standardised regulation. Secondly, to monitor the medical recalls in the world, a standard path as dictated by the network of OACD is followed. The recall mechanism built in India must comply with the same regulations. These are the features we must keep in mind while building the system. Independent block chain must be connected to facilitate inter-operability. We need to keep up with new regulations.

S Swaminathan
Chief General Manager
GS1 India
(Healthcare)

Neha Agrawal
Founder
MensenTock Communication
(Media)

One of the challenges we have been discussing is payment issues. The other challenge I foresee is sales and marketing to the customers they wish to reach out to. I suggest that written workshop and skill development programs be conducted for entrepreneurs to plug this gap.

There are a few things which could really help. One is, rationalization of the GST rates to treat all consumer electronics and appliances at par under the same structure. Products need GST rationalization across entry level and not as luxury products. Secondly, benefits on certain tax structures and cost of finance needs to be relooked at. There are a few measures required because from the perspective of low penetration and improving income levels of people, there is a huge demand in the market. It requires a push in two ways- one is from the consumer side and second is through facilitating the manufacturing companies, both locally.

Nikhil Mathur
Managing Director
GFK India
(Market Research)

Bindiya Rawal
Owner
H M Enterprises (Herbal Me)
(Organic & Natural Beauty
Products Manufacturer

I am the manufacturer of 100 percent organic and natural herbal hair colour products. My experience in the past three years with MSME has been sad. I have faced many issues. We are sure that the government will not help us. It is sad because there are opportunities for growth, and I can't grow because I don't have the finance. There is high demand for indian products abroad.

In India, the healthcare infrastructure is under stress. Technology today helps deliver high quality healthcare at home. There are no regulations for healthcare at home, as a result of which CGHS, ECHS, PSUs which are insurance companies do not really talk to us. Under the insurance terminology DPAs are allowed to only register hospitals. As a result, we are not able to participate actively in delivery of healthcare. We want standards and regulations similar to NABH for hospitals, for homecare.

Ashish Kumar
SVP & Head Institutional
Business
Healthcare at Home
(Health)

I have three requests: First, government involvement must be minimal while including corporate inclusion. The government now buys from start-ups, but the corporates do not. This needs to change. I request the government to established some regulations like diversity and inclusion in job roles where there are some women entrepreneur representation. Secondly, more women will lose jobs to automation than men. What is India's plan to skill the workforce which gets replaced due to automation? My third recommendation is that women need a sustainable ecosystem, where we can work together to strengthen women entrepreneurship. Such an ecosystem will overcome problems of funding and selling.

Aparna Saroagi
Co Founder
WEE Foundation
(Women Entrepreneurship)

Rajanish Kumar Sharma
Managing Director
Sri Sri Creations J & H
(Food & Beverages)

We were told that the banking system would be revised, but at the last minute it was halted. I recommend that there should be provisions to conduct business as the entrepreneur deems fit. At the same time, the government can place penalties in case a business crosses any red lines. Coming to licenses, I understand that it is mandatory, but why should there be such a huge fee to get a license?

In our sector, India is already a global player. In terms of import lines: India is second for drugs and seventh for food. When it comes to competitive grant funding outside of North America, India has been receiving more and more especially for vaccines, and development of antibacterials. In terms of what would make the partnership easier? The first is, clear and consistent regulations in clinical trials or other areas of collaboration. Second, the focus on innovation and encouraging entrepreneurs should not be restricted to develop new ideas and move into new spaces in health. It should also mentor them on how to take these innovations into the market. Thirdly, building partnerships to bring in academic and private institutions.

Dr. Preetha Rajaraman
Health Attaché and Regional Representative
Office of Global Affairs, Office of the Secretary,
Department of Health and Human Services-US Embassy
(Health)

Jayaram H R
Founder & Promoter
The Green Path Organic State
(Organic Farming, Organic
Restaurant & Resorts,
Agriculture)

Firstly, we have come to a conclusion that agricultural practices should be made organic. Soil infertility, drop in crop production and water shortage will be solved by organic farming. Secondly, create a federation of farmers where they market themselves in their own brand name. Farmers should become entrepreneurs and not just be given subsidies. Also, the subsidy which is given to the chemical industry should be stopped.

Social start-ups are pitted against other start-ups which are purely for profit. There is no hand holding provided for social entrepreneurs. Problems which are insignificant such as trouble logging on to the Start-up India portal are significantly hampering growth of start-ups. The youth of today are socially aware and they require hand holding from the government to nurture the right spirit.

Deepa Pant
Founder & CEO
Svatanya
(Women & Child Welfare)

Gauri Sarin
Founder Director
Bhumijaa
(Agriculture)

The role of the government in terms of ease of doing business is extremely strategized. The government's role should be in the capacity of facilitating strategic thinking towards India's future in the agricultural sector through lesser interventions. There are multiple business models which are emerging. Where are these strategies leading, according to the government? India has a variety of traditional super foods which are indigenous. What is the strategy to mobilize the idea of taking up these super foods? Can technology be used to promote the same? In order to go forward, we should start to think collectively, transcending the local and regional levels. Marketing linkages must go beyond local states if we want to go international.

Sarabjit Singh
Managing Director
Travelite
(Tourism)

Make in India for the manufacturing sector is also applicable for the tourism services sector. When goods and merchandise are exported for a lower tax, why is tourism tax 23 percent? We are losing business mostly because of high taxes. Secondly, either these taxes must be exempted, or incentives must be provided for the service sector for exports. These incentives can be under SCIS or SFIS. Also, payments from the government to any service provider or goods supplier, must be made within the stipulated time frame, failing which they must pay an interest.

The media is talking about Make in India campaign and promoting the same. On one side we are taking about make in India and on the other side, facilities and investments provided for new projects are being withdrawn. This is a contradiction. I suggest that new manufacturing projects must be provided certain incentives for expansion.

Neeraj Goel
Chief Financial Officer
Jaquar & Company Pvt. Ltd.
(Building Material)

Sanjay Joshi
Director
Ambience Capital Avenues
(Financial Services)

Trivial issues are a problem. One example would be; Start up India. It started as an initiative and now angel tax is a burden. IT enabled services, GST department does not consider IT enabled services and now IGST issues are there. So now, what do the organizations do when they have already executed orders.

There are comments which highlight the lack of trust when it comes to dealing with government projects. This is very simply because the solution providers are referred to as suppliers and not as partners. The decision-making process is still slow and elongated, although it is reaching the right conclusions. The solution is to define standard protocols for the procurement activities which are mapped both on time lines and ownership. The process of buying today from the government ministries and departments is still misaligned with respect to risk reward. When it comes to the next step of executing the projects, be prepared for project delays. This could be due to something as simple as lack of ownership on the ground. There are so many financial instruments that as government you take from the technology provider in terms of EMB or BBG or ABG but when it comes to paying the industry, there is no reciprocation even after submitting the right set of documents as defined in the RFP and tenders.

In conclusion, we want the government to redefine the buying behaviour for

• Superior and competitive participation

• Optimal processes defined with timelines and ownership

• Create an environment for win-win of both parties

• Maximization of government and industry

Vikas Sehgal
Chief Operating Officer
Presto Infosolutions Pvt Ltd
(Information Technology)

Although start-ups enjoy a three year tax window, at the same time with every billing there is a 10 percent TDS deduction. This seems absurd. Secondly with relation to the pharma industry, for a long time there has been an ongoing discussion on the pharma industry pricing. Especially, the statement that, "Pharma industry pricing must be regulated further". I suggest the government starts a program wherein generics can be supplied through government outlets to people in the lower–income group. Wouldn't it be a good idea to move regulation from the branded sector? This way, those who want to buy generics can buy them and the government could procure them and shortlist suppliers of generics to government pharmacies. Pharmaceutical companies which want to market, could at a price. This will drive pharma companies to back research and development. There is no margin left for pharma companies to undertake research and development activities. This will bring back health security to the country in the near future. It will also bring back manufacturing of specialized products in the country.

Anil Motihar
Managing Director
Kee Pharma
(Pharmaceuticals)

I work for a company which manufactures peritoneal dialysis (PD) fluid used for patients with kidney failure. In India, on an average 2,50,000 patients get diagnosed with kidney failure, annually. Out of which, only 10–15 percent avail treatment; the remaining succumb to death. A positive initiative from the government has brought haemodialysis machines across the country, but there are limited consultants who can treat these patients: there are only 1200 trained consultants. The treatment requirement for haemodialysis is that the patient visits the hospital every alternate day, this becomes a problem. On the other hand, peritoneal dialysis is the treatment which can be offered at home. In countries where there is government support, PD is recommended as the first policy for kidney failure treatment. In India PD must first be recognized. Secondly, along the lines of Make in India, we are the only Indian manufacturing company but in the government tenders, there are over 10 clauses. These must be removed because a small and medium-sized enterprise cannot compete with these 10 clauses. Therefore, my requests are that first CAPD is included in patient therapy, secondly indian companies are given preference over foreign manufacturers and thirdly, the clauses in the tenders must be removed.

Atul Rishi
Country Manager
Mitra Industries
(Pharmaceuticals)

The defence industry has the potential to engage most of the MSME's through the Defence Procurement Policy (DPP), where selected entities will be provided with 80 percent government funding and 20 percent invested by the consortium or company. There are three programs; technical funds program, battlefield management system and featured infantry Bombay trigger, that have strategic importance for the nation, but haven't taken off. Each of these have the potential of employing over 6500–7000 MSME's with a turn over of nothing less than 20,000–25,000 crores annually. My specific recommendations are; first implement what you promise and second, stop negotiating on the 80 percent funding. Fundamentally, the government is obstructing companies from taking off. We need to specifically change our perspective on the Make programs or do away with them altogether. At the same time the government must ensure that the MSMEs and capacity building initiatives are focused upon.

Subimal Bhattacharjee
Director
Jookto
(Cyber Security, Defence)

Mohammad Ameel
Senior Consultant
NHSRC
(Government)

I work on the free diagnostic initiative policy, the "Pradhan Mantri National Dialysis Program", Biomedical equipment maintenance program. The only concern and suggestion we have is that; being a biomedical engineer from the medical device domain, all the agencies which are responsible in this domain, for example Central Drug Standard Control Organization, NPPA, Indian Pharmacopoeia Commission, Department of pharmaceuticals; none of these names reflect that they also work for the medical devices. Another concern is that the human resources employed in these institutes are from a pharmaceutical background. The government needs to leverage the biomedical engineers who are the trained professionals for medical devices. My suggestion is that biomedical engineers must be included in the national programs to ensure that medical devices are used as designed.

Through surveys, we have found that a primary concern faced by women while starting a business is stepping out of their homes. According to the current law, there is a need to have an office space to start any business. If women could receive the ease of working from home, it would be of great help. Another suggestion is that we should choose some leaders who would guide and mentor women by performing spot analysis, customer relationships and explain important policies. The frequency of these meet ups can be decided by the government.

Raizy Bedi
Founder Partner
Magicka
(Women MSME)

Neetika Chadha Sabhlok
Owner
Aumesha Lamps & Serenity
(Decor & Furnishings)

Many speakers here have already spoken about wellness, career counseling in schools, and adolescent health. Such programs including happiness programs have been covered by the government but there are no visible results. Holistic healers are not recognized. There is a defiant lack of values in children today. If value added programs are included in school; programs such as stress management, children can directly benefit from these. Stress free children can concentrate on studies better. Secondly, being a woman entrepreneur, I faced the basic problem of not having a start-up space. The banks turned me away because I wanted to work from home. My request to the government is that; it permits women to work from home during the initial stages of their entrepreneurial venture and there is a training sector established where women are introduced to the basics of entrepreneurship.

Mishi Khurana
Owner
Delicious & Delicacies
(Food Industry)

We deliver home made delicious food. In today's world, the taste of home-made food is missing. The whole concept of home-made food items is fizzling out. My recommendation is that at schools and hospitals, there is availability of home-made food. Also, traditional Indian food is fading out. My recommendation is that small outlets are established at public places like schools and hospitals where traditional and wholesome Indian food is served.

We have been a part of Make in India initiative and our theme is innovation for everyone at honest pricing. We have a great consumer base. We believe that "Consumer is God" which is why; we ensure that we take care of consumers across numerous service networks, so that the consumer receives the support they are looking for. We ensure that we address consumer woes on forums. Our concern is that when we, as a company, face a problem there is no one to hear us out. This happens because it is presumed that the consumer is right. Today, in the world of social media, we are in a sticky situation because a single person, can slander the brand name for their own agenda. My suggestion is that in addition to the consumer affairs, there must be a representative for the companies as well.

Arvind Gulati
Head - Sales & Services
Xiaomi
(Consumer Electronics)

Naresh Sirohi
Founder Advisor
DD Kisan Channel
(Agriculture)

I would like to talk about the green revolution that changed the face of agriculture in the country in 1965. Although, the policy we adopted led to increased food security and crop yield, (11 million tonnes of wheat production rose to 24–25 million tonnes in a decade), the adverse effects over a period were decreased soil fertility and water levels, also pollution of water. All the gains made were washed away. Now, farmers are asking for waiver of the loans. Giving farmer a credit is not the solution for every problem. There was also a discussion four years ago on breeding Gyr cows in the country. I am yet to see any output on that. There are several agriculture policies, but we need to discuss and evaluate to determine the correct path to proceed. I request Prof. Rajendra Pratap Gupta, Chairman of Government Industry Dialogue to hold a conversation with farmers on transforming agriculture. To organise a separate full day consultation with farmers across India.

My call to action is: first begin taking care of APIs: The draft policy issued by the government of India provides 4–5 measures which ought to be implemented as soon as possible. Second being the ease of doing business: the government could remove excessive regulations. For example, all API companies should have a directive which controls the effluent flow of factories. The regulation must place a cap on the effluent load and simultaneously indicate the product mix which goes against the ease of doing business. The purpose is to control effluent by adhering to the effluent treatment load. Secondly, close to 50 percent of the profits from pharmaceutical companies come from exports. Our call to action is India becomes a member and gains access to PIC/S and make export to other member countries easy. Thirdly, I specifically request that the NCE permits a similar strategy such as US 505-B2, which is value addition to current patented products by virtue of which we get 2–3 years of patent protection in the market at a price which is 60–70 percent of the patented products. This is a great opportunity for value addition where government support is needed. Alternatively, the government can create a facility like the US FDA wherein companies can access these as user fee to encourage R&D. Another call to action for ease of doing business is to take away the new drug approval from the state FDA to CDSCO. Lastly, a company has to reach out to 5–7 different ministries to receive an approval, be it CDSCO, state FDA or NPPA or Department of Pharmaceuticals. There has been a consistent, long drawn demand to create a single ministry or window where pharmaceutical industry can reach out to for pricing, new drug approval, or approval of the factories.

Yugal Sikri
Managing Director
RPG Life Sciences
(Pharmaceuticals)

Apart from funding, ease of doing business is affected. A company which has crossed the basic barrier, still invests a lot of time, energy, and bandwidth in managing some licensing issues. The question here is that, when you are in the infancy stage, is it right for the government to bog you down with these issues? Why not allow the entrepreneur to set his foundation first? While such policing may be necessary in other industries, for a new age industry where the man power is above a limit, it makes sense that the company is left alone. If the government wants to breed a culture of entrepreneurship and risk-taking abilities in an individual, I believe that these interferences will be a hindrance. A statistic that I want to share is that in China, a unicorn company is born every four days, whereas in India there are only 1000 companies which are doing over 100 crore business. There is a huge opportunity to create a conducive environment for an MSME or any company which has reached 150–200 crores to reach the next level.

Krishna Singh
Chairman & Managing Director
Global Space Technologies
(Information Technology)

Arti Girdhar
Vice President
DMAI
(Education & Health Awareness)

I work on preventive health care. We deal with topics such as anti-bullying, health and hygiene. A survey we conducted at schools revealed that most students are stressed. If I were to compare government schools with private schools, there are many changes in the former. At government schools, students are aware of the concepts of happiness and hygiene whereas at private schools, students are unaware of hygiene practices. Over the last nine months, I have trained over 60,000 students both from government and private schools, 60,700 children from the slums and organized health camps. I have found that when students are taught about the actual concept of happiness, we have a better future for the country. Such programs are effective in improving the mental health of students. It is important that the child is not bullied, they understand the reality of digital technology and remain happy.

We have conceptualized an electronic card called "Health Patri". This allows the patient to look after his/ her data. With this card we have approached government and have started building services around it. We offer telemedicine services in Nagaland where we have opened a live OPD for two hours everyday in one of the villages. Despite these success stories, foreign countries are more eager to collaborate with me and not my country. I have approached Jharkhand, MP, Uttarakhand and Nagaland and have been struggling to get a go ahead. When I started this program in 2017, "Ayushman Bharat" was introduced around the same time. As a team of 5–7 people, we are facing difficulties in convincing the authorities. Even if the authority identifies a lacuna or a gap, there is no feedback mechanism in place to aid in improvement. There is no guidance on how to sustain either. There is no staff training before introducing technology. Doctors in rural areas must be trained on using technology. This can be done by IT professionals as pro-bono work.

Dr. Radhika Shrivastava Adholeya
CEO & Founder
Uniworld Care
(Health Care)

Dr. Neha Rai
Founder & Director
Aspire Alpha Quality Solutions
(MSME)

We have applied for "Niti Aayog Defence India Start-up challenge" in October and we are yet to receive a response. It is important to have a communication channel where questions can be raised, there should be commitment and accountability. First part of the accountability is that when such policies are introduced in the traditional sector, there must be a 'deadline policy'. A tender should not prolong and there must be a timeline accountability system for the tender authority. The second part of accountability is in the quality and compliance for MSME's- we want an improvement in the quality in the traditional sector. In the general compliance aspect, although there is an improvement; in PF there is a cap which makes us ineligible to apply for ASIC even when we want to go in for voluntary registration. Can these benefits be passed on to our employees so that we can participate as well? Lastly, I'd like to share that the mechanism of GST in place is beautiful, can the online GST system be used to penalize delayed payment through input tax credit system for fast payments of MSMEs?

If the country wants to move from technology user to technology creator, global brand user to brand creator, we need a paradigm shift. The aspects which can change or facilitate the ecosystem of start-ups: the biggest issue is funding- this can be overcome by using private sectors to act as angel investors. Secondly, there should be an ecosystem of mentoring accelerated growth at the district level similar to an IT park policy wherein a group of local entrepreneurs are promoted through tax benefits. A trend in Indian start-ups is that they are being promoted to be sold to foreign companies. Rather we need Indian funding for early and late stage start-ups. In order to achieve this, there must be a risk capital created either through the government or institutional private-public participation. There is a fundamental difference between MSME and start-up: MSME is a small venture whereas a start-up works with a mind-set of becoming a global giant by taking public money and working on the basis of corporate governance. The mentoring should nurture the same mind set.

Swetank Gupta
CEO
Ezeelo
(Retail)

Stella Richard
CEO & Founder
Winstar
(Hygiene & Sanitation)

Recently, I faced an issue with the corporate sector wherein they were given a ministry project and had no idea on how to execute the project. The company approached me enquiring if I could take up training on their behalf to empower women. I provided them with the necessary training material and when it was about to begin, they backed off saying the ministry will not permit me to take up classes. They also said that they will retract the funds which was given to me. I want to take a stand here; government ministries should not give projects to corporates, till the time they are sure that the corporate can deliver the expected results. Rather, these projects must be given to start-ups which are hungry to prove their capabilities. Secondly, in the GEM portal, start-ups can't access any tenders because the requirement is 10 years of experience and annual turn over of 25 lakhs. These criteria must be revised to offer start-ups a chance to take up tenders. Thirdly, provision should be made to ensure that women entrepreneurs get bank loans easily.

Most of the issues are covered but there still remain certain difficulties. As discussed, we require a list of things which can be done in the space of home business, in manufacturing - to the level of machinery used and services. Currently, only doctors, lawyers and chartered accountants are permitted to practice from their homes. One suggestion to Ayushman Bharat is while there is already a center for Health Informatics which tracks the location of hospitals. I hope that there is no dichotomy of such a system through Ayushman. Everyone who registers on Ayushman should be automatically linked to center for Health Informatics. As time goes on, it will become challenging for single owner hospitals to operate owing to cost of technology. You must promote doctor owned group practices through financing mechanisms if you want to propel health care quality. Infrastructure status and promotion of doctor owned hospitals where there is group practice will fuel good coverage of quality medical services.

Dr. Harish Nadkarni
CEO
National Accreditation Board for Hospitals and Healthcare, QCI
(Government)

Here are our requests to the decision-making authorities:

- Telecom today is subjected to one of the highest levies of taxes around 31% : 18% GST+8% license fee and spectrum usage charges of 5%. We urge the government to review the levels of taxes on the telecom industry to make it work for the government towards the economic development of India

- Spectrum pricing should be priced similar to other countries in the world where it is affordable with an emphasis on the investment in networks. If the spectrum is given to us at a more reasonable price, we can invest money on infrastructure build up towards digital India

- 600 MHz spectrum which is a low-level spectrum should be made available for 5G. Allocation of e-band and b-band spectrum for connectivity for back calling and taking the data back

- More importantly from a common man perspective, I think there are two requirements for telecom to do well- first, is to put a cell site at every place, both at private building and complexes and on government land and buildings. I request the government, at both the central and the state level, to enable deployment of these cell sites. Therefore, we need the government to facilitate either through land, building, notification or enabling laws at an affordable price. Second major requirement of the telecom is data pipes (fibre pipes). Our request to the government is that at every level, be it municipality or state government, they should enable ROW (fibre laying policies). We have got 300,000 km of fibre at Airtel spread across the country. We would require 1000s more kms of fibre in the near future

- Telecom industry is a huge investor. With the introduction of any new technology, the industry invests a significantly large sum. When this is the case, the government should support by enabling regulations and environment to support our growth

Ajai Puri
COO
Bharati Airtel
(Telecom)

Dr. Antony L Basile
Medical Director
Star Hospitals, Hyderabad
(Hospital)

Firstly, there is an array of licenses for a hospital. There should be a single window instead which will process all the licensing requirements. Secondly, private sector and government sector must work closely with government sponsored health schemes. We are suspicious about this relationship because of the payment delays. Third, there should be supervisor who will monitor the achievement of all the promises made in the relationship. We can then consider moving to Tier 2 and Tier 3 cities where there is need and necessity for such a government-private health care collaboration.

We have ministry of skill development and entrepreneurship in charting events, DITT for policy making, SIPPY for finance ministry. Why not a Ministry of entrepreneurship development which has proven to be successful in Malaysia and Estonia? What if there were a single organization which would be dedicated to entrepreneurship in the countries. Secondly, there is a 'she-box' initiative for women to come forward with their harassment complaints. Why not a simple platform be established for businesses and entrepreneurs who want to reach out to the government?

Pratyush Prabhakar
Consultant
O/O Minister of
Skills Development &
Entrepreneurship,
(Skills Development &
Entrepreneurship)

Kanikka Tiwari
Founder & Managing Director
Amairaa
(Apparel)

Going forward, I feel women entrepreneurs must be taken more seriously. While I do not expect more funding from the government because we can work upon that ourselves. All I expect is to be taken more seriously.

RECOMMENDATIONS

Agriculture and Organic farming

- Agricultural practices should be made organic
- Integration of schemes and departments for the farmers
- Financing schemes should be created
- Government should solve the issue of delayed payment
- Availability of bank loans
- Marketing solution for farmers
- Subsidies should be given directly to the farmers
- Subsidies going to the chemical industries must be revoked
- Agri sector must convene to discuss the issues at the earliest

Education

- There should be a national Progress, Plan and Problems (PPP) methodology and framework
- Aggressive training to the policy makers, implementors and regulators at local level should be provided
- Continuous monitoring and problem-solving attitude should be developed
- Enterprise should be promoted & supported. This attitude in the ground level employees of the govt and the middle management must be developed
- Government should solve the issue of delayed payments
- Career counselling should be done from class eight onwards
- Post 3:00 PM school premises should be used for night colleges and other activities

Entrepreneurship

- Enterprise should be promoted & supported. This attitude in the lower level employees of the govt and the middle management must be developed
- Financing schemes should be created
- Government should solve the issue of delayed payment
- Availability of bank loans
- Banks should be supportive of industry and should be willing to give loans, as the availability of funds is always an issue. Also, the interest rates should be reduced

Woman entrepreneurs

- Work from home should be considered as an option instead of office spaces
- Training programs for women
- Government should solve the issue of delayed payment
- Availability of bank loans

Information technology

- Hybrid approach of both on premise and large-scale defence
- Adoption of AI and machine learning defence systems

- Government should solve the issue of delayed payment
- Availability of bank loans

MedTech
- Preferential procurement guidelines, issue of special manufacturing zones etc. for Make in India MedTech devices
- Guidelines on a digital health stack for India with a focus principle of interoperability and ownership of health data with patients
- A separate regulatory authority (beyond CDSCO, for the regulation of medical technology) will boost quality MedTech innovation in the country and enable exports
- Precision manufacturing ecosystems for medical technology will give a boost to the industry
- Government should solve the issue of delayed payment

Healthcare
- Peritoneal Dialysis (PD) therapy should be recognised in the National dialysis program
- Special manufacturing zones should be set up
- The Pre-Conception & Pre-Natal Diagnostic Techniques (PCPNDT) law should be implemented uniformly throughout the country
- Private sector and government sector must work closely with government sponsored health schemes
- Biomedical engineers must be included in the national programs to ensure that medical devices are used as designed
- Doctors in rural areas must be trained on using technology
- Government should solve the issue of delayed payment

Telecom industry
- Review levels of taxes on the telecom industry
- Permission to use government lands to lay fibres
- Representation of the companies, not only the consumers

Pharmaceuticals
- A cohesive standard must be enforced to enable pharma companies to comply with a standardised regulation within the country
- Government should solve the issue of delayed payment
- Setting up special manufacturing zones for API manufacturing and infrastructure
- Around six large manufacturing clusters in 5–6 states
- Financing schemes to set up these clusters, like dedicated investment funds
- Fiscal incentives and tax concessions both in direct and indirect taxes
- Soft loans and capital expenditure loans
- Assured procurement of percentage of production, in line with WTO rules

Tourism
- Tourism tax should be reduced
- Government should solve the issue of delayed payment
- Availability of bank loans

Food industry
- Make homemade food available in school and hospital premises

AGENDA
6th Government Industry Dialogue

Saturday, 2nd February, 2019 │ Hotel Le Meridien, New Delhi.

8.30 AM - 9.00 AM	:	Registration and Tea
9.00 AM – 9.05 AM	:	Introduction – Mevish. P. Vaishnav, VP, Government Industry Dialogue
9.05 AM – 9.15 AM	:	Opening Remarks - Prof. Rajendra Pratap Gupta, Chair
9.15 AM – 9.25 AM	:	Shri. Prakash Bachani, Head- MHD, Bureau of Indian Standards
9.25 AM – 9.35 AM	:	A. Vaidheesh, VP - South Asia & MD - India, GSK
9.35 AM – 9.50 AM	:	Smt. Alka Arora, Joint Secretary - Ministry of MSME, Government of India
9.50 AM – 10.00 AM	:	Vikas Sehgal, COO, Presto Infosolutions Pvt. Ltd.
10.00 AM - 10.30 AM	:	Shri. K.J. Alphons, Union Minister of State (Independent Charge), Government of India

10.30 AM - 11.00 AM : Tea Break

11.00 AM - 11.10 AM	:	Dr. Vinod K. Paul, Member – NITI Aayog, Government of India
11.10 AM – 11.20 AM	:	Shri. Alok Kumar, Advisor - NITI Aayog, Government of India
11.20 AM - 11.30 AM	:	Manoj Shah, Secretary- Gopi Radha Girls Inter College & MD – Mastel Healthcare
11.30 AM - 11.40 AM	:	Dr. Ravi P. Singh, Secretary General, Quality Council of India
11.40 AM - 11.50 AM	:	Shri. Puneet Singh Thind, National Director, Vegetable Growers Association of India
11.50 AM - 12.00 PM	:	Atantra Das Gupta, HME- Head, Samsung India
12.00 PM - 12.10 PM	:	Dr. Abhishek Sen, Founder, Biosense Technologies
12.10 PM - 12.20 PM	:	Krishna Singh, CEO & MD - GlobalSpace Technologies
12.20 PM - 12.30 PM	:	Swetank Gupta, CEO - Ezeelo
12.30 PM - 12.40 PM	:	Shireesh Sahai – Chief Executive Officer - India, Wolters Kluwer
12.40 PM - 12.50 PM	:	Ajai Puri, COO - India & South Asia, Bharti Airtel

1.00 PM – 2.00 PM : Lunch

2.00 PM - 2.10 PM	:	Shri. Sanjeev Sanyal – Principal Economic Advisor - Ministry of Finance, Government of India
2.10 PM - 3.30 PM	:	Brainstorming session / open discussion

3.30 PM - 4.00 PM : Tea Break

4.00 PM - 4.30 PM	:	Brainstorming session / open discussion
4.30 PM - 4.45 PM	:	Dr. Vinod Paul, Member – Niti Aayog, Government of India
04.45 PM - 5.00 PM	:	Valedictory Address by Shri. Harkesh Kumar Mittal – Advisor and Member Secretary - National Science & Technology Entrepreneurship Development Board, Government of India
5.00 PM	:	Close

Participants of the Dialogue held on 2nd February, 2019

Name	Organization	Sectors	Designation
Shri. K J Alphons	Ministry of Tourism	Government	Union Minister of State (Independent Charge)
Dr. Vinod K Paul	Niti Aayog	Government	Member
Shri. Harkesh Kumar Mittal	National Science & Technology Entrepreneurship Development Board	Government	Advisor & Member Secretary
Shri. Sanjeev Sanyal	Ministry of Finance	Government	Principal Economic Advisor
Ms. Alka Arora	Ministry of MSME	Government	Joint Secretary
Shri. Alok Kumar	Niti Aayog	Government	Advisor
Prof Rajendra Pratap Gupta	DMAI	Public Policy	President
Dr. Ravi P Singh	Quality Council of India	Government	Secretary General
Shri. Prakash Bachani	Bureau of India Standards	Government	Head - HMD
Banu Chandar Nagarajan	Ministry of HRD	Education	Advisor to HRD Minister
R. Varadarajan	Indo-U.S Science and Technology Forum (IUSSTF)	Bi-national Foundation supporting Science and Technology and Innovation cooperation	Controller
Krishan Girdhar	Presto Infosolutions Pvt. Ltd.	Information Technology	Managing Director
Manoj Kumar Shah	Mastel Healthcare	Education & Health	CEO & Managing Director
Ajai Puri	Bharti Airtel	Telecom	COO
Atantra Das Gupta	Samsung	Health	Head - HME
A. Vaidheesh	GSK	Pharmaceuticals	VP - South Asia & MD - India
Vikas Sehgal	Presto Infosolutions Pvt. Ltd.	Information Technology	COO
Dr. Abhishek Sen	Biosense Technologies	Medtech	Co-Founder & CEO
Ravi Gandhi	Bharti Airtel	Telecom	Chief Regulatory Officer
Nikhil Mathur	GFK India	Market Research	Managing Director
Shireesh Sahai	Wolters Kluwer	Health	CEO - India
Dr. Harish Nadkarni	National Accreditation Board for Hospitals and Healthcare, QCI	Government	CEO
Dr. Indrajit Bhattacharya	Quality Council of India	Government	Director
Swetank Gupta	Ezeelo	Retail	CEO
Puneet Singh Thind	Vegetable Growers Associatio of India	Agriculture	National Director
Neeraj Goel	Jaquar & Company Pvt. Ltd.	Building Material	Chief Financial Officer
Nikhil Taneja	Radware India	Information Technology	Managing Director - India, SAARC & Middle East
Nirbharant Agarwal	New E world Services	Hospitality F&B	Director
Sanjay Joshi	Ambience Capital Avenues	Financial Services	Director
Rajesh Kumar Singh	Wolters Kluwer	Health	Vice President - Sales
Arvind Gulati	Xiaomi	Consumer Electronics	Head - Sales & Services
Ransom D'Souza	GSK	Pharmaceuticals	VP - Communication & Government Affairs
Mukesh Sharma	Biosense Technologies	Medtech	Director
Raizy Bedi	Magicka	Women MSME	Founder Partner
Ashish Kumar	Healthcare at Home	Health	SVP & Head - Institutional Business
Naresh Sirohi	DD Kisan Channel	Agriculture	Founder Advisor

Subimal Bhattacharjee	Jookto	Cyber Security, Defence	Director
Dheeraj Mukherjee	GFK	Market Research	Senior Director
Mohammad Ameel	NHSRC	Government	Senior Consultant
Yugal Sikri	RPG Life Sciences	Pharmaceuticals	Managing Director
Dr. Preetha Rajaraman	Office of Global Affairs, Office of the Secretary, Dept of Health & Human Services, U.S Embassy	Health	Health Attache & Regional Representative
Sarabjit Singh	Travelite	Tourism	Managing Director
Rajanish Kumar Sharma	SriSri Creations J & H	Food & Beverages	Managing Director
Dr. Antony L Basile	Star Hospitals, Hyderabad	Hospital	Medical Director
Gauri Sarin	Bhumijaa	Agriculture	Founder Director
Atul Rishi	Mitra Industries	Pharmaceuticals	Country Manager
Pratyush Prabhakar	O/O Minister of Skills Development & Entrepreneurship	Skills Development & Entrepreneurship	Consultant
Jayaram H R	The Green Path Organic State	Agriculture, Organic Farming, Organic Restaurant & Resorts	Founder & Promoter
Javesh Jindal	Samsung	Health	Deputy General Manager
Rabbani Bedi	Magicka	Women MSME	Partner
Mishi Khurana	Delicious & Delicacies	Food Industry	Owner
Bindiya Rawal	H M Enterprises (Herbal Me)	Organic & Natural Beauty Products Manufacturer	Owner
S Swaminathan	GS1 India	Health care	Chief General Manager
Kanikka Tiwari	Amairaa	Apparel	Founder & Managing Director
Anil Motihar	Kee Pharma	Pharmaceuticals	Managing Director
Dr. Abhitabh Gupta	Paramount Health Services & Insurance TPA	Insurance	CEO
Neetika Chadha Sabhlok	Aumesha Lamps & Serenity	Decor & Furnishings	Owner
Varun Motihar	MOVA 1	Interior Architecture & Design	Proprieter
Pankaj Kumar	My Tour to India	Tourism	Founder Director
Jai Prakash	Policy Bazaar	Insurance & Financial Services	Head of the Public Policy
Arti Girdhar	DMAI	Education & Health Awareness	Vice President
Ritika Girdhar	Pom Pom Events	Event Management	CEO
Dr. Neha Rai	Aspire Alpha Quality Solutions	MSME	Founder & Director
Krishna Singh	GlobalSpace Technologies	Healthcare Technology	Chairman & Managing Director
Rishi Malik	Presto Infosolutions Pvt. Ltd.	Information Technology	General Manager
Aparna Saroagi	WEE Foundation	Women Entrepreneurship	Co Founder
Dr. Radhika Shrivastava Adholeya	Uniworld Care	Health Care	CEO & Founder
Stella Richard	Winstar	Hygiene & Sanitation	CEO & Founder
Neha Agrawal	MensenTock Communication	Media	Founder
Chandan Kumar	Bureau of Indian Standards	Government	Scientist - B
Deepa Pant	Svatanya	Women & Child Welfare	Founder & CEO
Mevish P Vaishnav	GID	Health	Vice President

DMAI - (Organization with a Special Consultative Status with United Nations - ECOSOC)

Disease Management Association of India (DMAI - The Population Health Improvement Alliance) was founded by Global Healthcare leaders from India, to bring all the stakeholders of healthcare on one platform. DMAI has been successful in establishing an intellectual pool of top healthcare leaders to become an enabler in building a robust healthcare system in India. In July 2015 , the United Nations (ECOSOC) granted a 'Special Consultative Status' to DMAI.

DMAI has today become the most influential Public Policy Organization in Indian Health Care. Healthcare policies of the Narendra Modi led BJP Government have incorporated the suggestions made by DMAI from time to time, like; formulation of the National Health Policy, reforming medical education, pre-emptive healthcare, child health, mobile health & telemedicine, occupation wellness, chronic disease management, etc.

India is on the verge of building its healthcare system, and it has a long way to go. DMAI is building the knowledge pool to contribute & convert 'Ideas' into 'Reality' for healthcare in India. DMAI is the only not-for-profit organization focussed on population health improvement in India.

NHAP : DMAI is running a 'National Health Awareness Program' for school children and has already imparted awareness to more than 68000 students across various schools.

Government Industry Dialogue (GID) : GID was initiated in 2012, and this dialogue is held on important issues with senior most leaders from the public and private sector. This is a high level forum aimed at bridging the divide between the public and private sector to take the nation towards a double digit growth. For details, please visit http://governmentindustrydialogue.org/

DMAI works with all stake-holders for ensuring Accountable, Affordable and Accessible healthcare in India.

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