



Report on Meeting with Hon'ble Attorney General on 05.09.2025 at New Delhi

Agenda

The meeting was convened to present the views of the Indian Medical Association – Hospital Board of India (IMA HBI) along with other hospitals associations regarding the proposed move for standardisation of procedure rates across the country.

Key Discussion Points

1. Presentation of IMA HBI Standpoint

- The delegation firmly conveyed that uniform standardisation of rates for medical and surgical procedures is not feasible across a country as diverse as India.
- Factors such as local infrastructure costs, city-based variations, manpower expenses, and resource availability significantly affect costing.

2. Legal Perspective

- Our legal counsel highlighted the constitutional and legal implications of enforcing a single rate structure nationwide.
- It was emphasised that any such move would compromise quality of care and sustainability of small and medium healthcare establishments.

3. Patient-Centric Argument

- The delegation assured that IMA HBI remains committed to patient welfare, affordability, and transparency.
- However, it was reiterated that arbitrary standardisation will ultimately harm patients by forcing hospitals to compromise on quality or shut down services.

Outcome of the Meeting

- The Hon'ble Attorney General carefully listened to the concerns raised.



- Our stand of “No to standardisation of rates for procedures across the country” was strongly reemphasised.
- The Attorney General assured that the matter would be considered with due seriousness and balanced in line with constitutional provisions and healthcare realities.

Next Steps

- IMA HBI will continue to engage with policymakers and legal authorities on this issue.
- A follow-up consultation is expected after further review at the Government level.
- Members will be kept updated on all further developments.

Conclusion: The meeting reinforced IMA HBI's commitment to safeguarding the professional, financial, and ethical interests of healthcare providers while ensuring that patient care remains accessible and of high quality.

National Insurance Summit

National Insurance Summit was successfully organised on 17th August 2025 at the IMA Tamil Nadu State Branch Headquarters, Tambaram, Chennai, under the joint initiative of IMA Hospital Board of India and IMA Nursing Home Board – Tamil Nadu State.

The summit was inaugurated by IMA National President Dr. Dilip Bhanushali, along with Immediate Past National President Dr. R.V. Asokan. The event was also graced by the presence of several national and state office bearers of IMA, representing various wings of the organisation.

In his inaugural address, Dr. Bhanushali stressed the importance of collective action and dialogue with insurance stakeholders to resolve pressing issues faced by hospitals across the country. He highlighted IMA's proactive role in bridging gaps between the healthcare provider community and the insurance sector.

Dr. R.V. Asokan, in his address, appreciated the efforts of IMA HBI and NHB Tamil Nadu for organising the summit and emphasized that fair and transparent insurance practices are vital for sustaining private healthcare institutions, particularly small and medium hospitals.



Topic Covered:

Common Empanelment talk moderated by Dr Sanjay Patel, Dr Nirmal Fredrick, Mr Ram Natesan

Cashless everywhere and Costing talk moderated by Dr AK Ravikumar, Dr KM Abul Hasan, Mr Sekar Sampathkumar, Director -Health, General Insurance Council

Escalation Insurance forum talks moderated by Dr Anil Kumar Patel, Dr R Rengaraj, Dr. S Asokan. Mr. Sashi Nair, Consultant & Technical Advisor (Health & Other Lobs) General Insurance Council, Mr Srinath (Medi Assist)

Insurance Way Forward talk moderated by Dr RV Asokan, Dr Prakash, Dr S Karthick Prabhu, Mr Srinivasan Gopalan, Member General Insurance Council.

Minimum Wages, Fire Safety talk moderated by Dr S Karthick Prabhu, Dr KM Abul Hasan, Dr R Anburajan

Common Problems faced by Hospitals talk moderated by Dr Thirumavalavan, Dr R Rengaraj, Dr B Sridhar

The National Insurance Summit 2025 marked a significant step forward in strengthening the dialogue between hospitals and insurance providers. It reiterated IMA's commitment to protect the interests of hospitals, ensure fair insurance practices, and safeguard the delivery of quality healthcare to the people.

IMA HBI Membership Fee

Affiliation Fee (One Time):- Please ADD the GST amount (as applicable as per Govt. rule) in the 'Total Fee'.

No. of Beds	HBI HQs. Share	State Chapter Share	Local Sub chapter Share	Total Fee
0-25	₹ 2500	₹ 1000	₹ 1000	₹ 5000
26-50	₹ 3750	₹ 2250	₹ 1500	₹ 7500
51-100	₹ 5000	₹ 3000	₹ 2000	₹ 10000
101-200	₹ 7500	₹ 4500	₹ 3000	₹ 15000
> 200 Beds	₹ 17500	₹ 10500	₹ 7000	₹ 35000

Please Note: - 1) Please add in 'Total Fee', collect & pay the GST amount (as applicable as per Govt. rule) & send the GST challan along with this application form. 2) Affiliation application form must be sent through IMA local branch only. 3) Please attach true copies of i) Regi. Certificate Under State Nursing Home Act, ii) IMA Life Membership Certificates of Doctors Who Are IMA Members & iii) State Medical Council Regi. Certificates of All Doctors. 4) In case the local branch HBI subchapter or state chapter does not exist, the clinical establishment should pay through the local IMA branch and state IMA branch. Affiliation of minimum 15 hospitals to form a local subchapter and 50 hospitals to form a state chapter is necessary. 5) Please attach an additional sheet, if necessary.

[CLICK HERE TO DOWNLOAD LIFE AFFILIATION FORM](#)



Representation of IMA & IMA Hospital Board of India in Health Insurance Policy Dialogue and Reforms

**INDIAN MEDICAL ASSOCIATION
HOSPITAL BOARD OF INDIA HQs.**
 Secretariat - Dr. Sanjay Patil, 201, Panna Chander, Near Nika Sood, 7th Floor, Swarajya Corner Park, Neharulla, Delhi
 IMA HQs Address - IMA House, Indraprastha Marg, New Delhi - 110 002
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Dr. Dilip Bhanushali National President 9848041802 dilipbhanushali@gmail.com	Dr. Sarbani Dasg Hon. Secretary General 9825051353 sarbani4@gmail.com	Dr. Piyush Jain Hon. Finance Secretary 9810316769 dr.piyushjain@yahoo.com
Dr. K.M. Abul Hasan Chairman, IMA HBI 98430 25300 kamilabulhasan@yahoo.com	Dr. Sanjay Patil Hon. Secretary, IMA HBI 98225 20257 sanjaypatil14@gmail.com	Dr. Anilkumar Patil Treasurer, IMA HBI 93245 47676 anilkumarpatil@gmail.com

IMA/HBI/007/2025 Date: 09.09.2025

To
Smt Nirmala Sitharaman
 Hon'ble Finance Minister
 Government of India

Subject: Representation of IMA & IMA Hospital Board of India in Health Insurance Policy Dialogue and Reforms

Respected Madam,

The Indian Medical Association (IMA) is the largest representative body of modern medicine healthcare providers in the country, with over 4 lakh members across all specialties and 1,800 branches nationwide. The IMA Hospital Board of India (HBI), a wing of IMA, represents 90,000 hospitals ranging from single-doctor facilities to 1,000+ bedded multispecialty hospitals, day care centers, diagnostic centers, and medical college hospitals. IMA / HBI plays a pivotal role in India's healthcare delivery ecosystem, ensuring Accessibility, Affordability, and Quality for all sections of society. As healthcare providers, we are also the largest stakeholders in the health insurance sector, delivering two-thirds of healthcare spending (WHO 2022 analysis).

We appreciate the Government of India's initiatives to expand health insurance penetration and move towards Universal Health Coverage (UHC). In this transformative journey, representation of providers in policy committees and dialogue platforms is essential to ensure that the voice of frontline care providers is heard alongside insurers and regulators.

We wish to highlight our key concerns and suggestions:

- Regulation of Health Insurance Industry**
 - Current regulation fosters cartelization of insurers under GIC, leading to unilateral, payor-centric decisions.
 - Nearly 40% of collected premiums are consumed by commissions, administration, and profit, leaving only ~60% for actual care delivery.
 - Sustainability of both providers and insurers must be balanced.

Request: A transparent regulatory framework ensuring equitable distribution of funds, protecting providers' viability, and guaranteeing affordability for citizens.

- Escalating Healthcare Costs**
 - Drivers include infrastructure, drug prices, advanced equipment, manpower, and professional competency costs.
 - Providers receive no financial support despite these uncontrollable escalations.

Request: Structured dialogue on cost-containment strategies, tax rebates, equipment subsidies, and rational drug pricing mechanisms.

- Citizens' Right to Accessibility & Choice**
 - Current selective empanelment policies limit patients' freedom to choose hospitals/doctors.
 - MOUs enforced by insurers often prioritize their interests over patients' and providers'.

Request: Enforce universal patient access to their preferred hospitals/doctors under insurance, upholding Article 21 (Right to Health) and Article 19(1)(g) (Right to Practice Profession).

Representation of IMA & IMA Hospital Board of India in Health Insurance Policy Dialogue and Reforms

Me
 Date: 09.09.2025 To Smt Nirmala
 Sitharaman Hon'ble Finance Minister Go...

FF Finance Minister Office fmo
 To: Me

Sir / Madam,
 Thank you for your email dated 9th September, 2025. Your email has been forwarded to the concerned for appropriate action.
 Regards,
 Office of Minister of Finance & Corporate Affairs
 North Block
 New Delhi

**INDIAN MEDICAL ASSOCIATION
HOSPITAL BOARD OF INDIA HQs.**
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Respected Madam,

- Package-based Pricing & Quality Concerns**
 - Human bodies and disease responses vary greatly; "one-size-fits-all" packages restrict quality treatment.
 - Mandatory packages risk compromising patient care and infringe on medical autonomy.

Request: Flexible, condition-based pricing models with scope for clinical discretion.

- Direct Beneficiary Transfer (DBT) in Health Insurance**
 - Overreliance on third-party payors creates systemic distortions (price controls, payor dominance, declining accountability).
 - Lessons from the US healthcare market caution against unchecked third-party control.

Request: Explore DBT models in PMJAY, NHX, and insurance schemes to empower citizens, reduce payor dominance, and create a sustainable financing ecosystem.

- Hospital Infrastructure Promotion & Funding**
 - India requires 2.4 million new beds to meet WHO standards (bed-to-population ratio: 1.3/1000).

Recommendations:

- Recognize hospital capital stock under infrastructure lending (30-year loans, interest subsidy).
- Reform and expand DEA's Viability Gap Funding scheme for private hospitals.
- Provide capital equity financing via SIDBI, National Infrastructure Fund, MSME grants.
- Offer income tax benefits for new hospital projects, particularly in tier-2/3 cities.

Conclusion & Request

The provider community is the backbone of healthcare delivery and health insurance success. Without provider sustainability, universal coverage goals cannot be achieved.

We respectfully request:

Representation of IMA/HBI in all health insurance regulatory and policy-making committees. An appointment with your good self at the earliest to present these concerns and collaborate towards a sustainable, equitable healthcare system.

Copy to
 Shri Pankaj Chaudhary, Hon'ble Minister of State for Finance

INDIAN MEDICAL ASSOCIATION

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DR. JOSEPH BENAVENTE CHAIRMAN, IMA ECFB 944712041, 9407948975 (whatsapp) benaventese@ymail.com	DR. SHITIJ BALLI HONY SECRETARY, IMA ECFB 9910753660 shitij.balli@yahoo.com	DR. MUNISH PRABHAKAR HONY, FINANCE SECRETARY, IMA ECFB 9810309329 munishmona@gmail.com	DR. ABUL HASAN MEMBER, IMA ECFB 9843025300 erodecthphotos@gmail.com		

www.imacareers4doctors.com Email : info@imacareers4doctors.com



Private Equity Investments in the Healthcare Sector

Gist of our online webinar on 25.09.2025

Private Equity in Healthcare Delivery

Dr. Mandar Naik presented on private equity in healthcare, outlining its evolution in India from 2000 to 2019, particularly focusing on mid-sized multi-specialty hospitals. He discussed how private equity has transformed healthcare delivery through capital investment and management practices, while emphasizing the need to balance profitability with patient-centric care and ethical values. The presentation aimed to explore both opportunities and challenges in private equity healthcare investments, with Mandar planning to cover metrics, data analysis, and preparation strategies for healthcare setups dealing with private equity.

Healthcare Sector Growth and Investments

Mandar discussed the growth of the healthcare sector, highlighting the rise of super specialty hospitals and the significant private equity investments in India between 2024 and 2025.

Average Revenue Per Occupied Bed (ARPOB)

The average revenue per operating bed (ARPOB) is a key performance metric in the hospital industry that measures the average income generated from each occupied bed on a per day basis.

For major Indian hospital chains in FY24, ARPOB is around Rs 50,000 per bed per day, up from Rs 45,800 the previous year, with an estimated growth of 8-10% year-on-year.

-Max Healthcare reported an ARPOB of Rs 74,500 per bed per day in 9MFY24, showing a 14% increase year-over-year.

Apollo Hospitals had an ARPOB of Rs 56,823 per bed per day in the same period, growing by 11% year-over-year.

Fortis Healthcare showed ARPOB of Rs 59,870 per bed per day, up 10.7% year-over-year.

Narayana Hrudayalaya, known for affordable care, reported a slightly lower but comparable ARPOB at around Rs 50,000 per bed per day.

Explanation

ARPOB is calculated by dividing the total revenue generated from inpatient services by the number of occupied beds over a specific period.

This metric helps evaluate hospital financial performance, resource utilization, pricing strategies, and profitability.

Hospitals with premium services (like Apollo) tend to have higher ARPOB due to higher pricing per treatment while high-volume, cost-efficient models

(like Narayana Health) can achieve similar ARPOB through patient volume and operational efficiency.

ARPOB growth is aided by specialty and case mix improvements, better payor mix, and price revisions.

He explained the concept of Average Revenue Per Occupied Bed (ARPOB) and its increase from 50,000 to 1 lakh rupees, which led to a re-rating of the healthcare sector from neutral to super positive. Mandar also described how private equity funds contribute capital for expansion, bring in best practices, and provide liquidity events for promoters, while aggregating hospitals through EBITDA and bed counts.

He discussed creating a national healthcare fund and insurance system, estimating a 10-15 billion dollar opportunity in old-age and ambulatory services over the next 2-3 decades. Mandar concluded by proposing to leverage synergies across hospitals and doctors to create clusters of excellence, with the Hospital Board of India playing a central role in implementing these initiatives.

Private Equity in Healthcare Expansion

Dr. KM Abul Hasan discussed the structure and objectives of private equity funds, emphasizing their focus on profitability and return on investment within a typical 7-10 year fund cycle. He explained that private equity funds, ranging from 500 crores to several billion dollars, are increasingly interested in smaller hospitals and Tier 2 cities, where the current bed-to-population ratio is lower than global standards. Dr. KM Abul Hasan highlighted the importance of maintaining ethical standards and clinical decision-making autonomy in healthcare, while also leveraging data analytics to enhance patient engagement and retention.

Private Equity in Healthcare Investment

Mandar discussed the importance of presenting clean, metricized data and robust accounting systems for hospitals to attract private equity investment. He emphasized creating an expansion plan and a doctor-generated P&L to bridge the gap between hospital owners and private equity funds. Mandar also proposed the creation of a national healthcare fund, similar to NEF, with a potential seed funding of \$2 billion, to be managed by stakeholders who understand health care needs.

Indian Healthcare Investment Vision

Mandar presented a vision for Indian healthcare ownership, highlighting a 2 billion dollar initiative with government or LIC as anchor investors, and emphasized the importance of medical incubators and at-home care monitoring.



Hospital Operations Management

What is operations management in the hospital?

Operations management in hospitals refers to the varied administrative functions that keep hospital operations running. It includes managing budgets, staffing, employee concerns, available services, quality of care and hospital policies. Operations management professionals are essential to keeping a hospital functioning, ensuring that it provides the care that its patients need. They often work as a team to perform the different administrative tasks required to keep the hospital running.

What do operations management departments do in hospitals?

The operations management department of a hospital performs many tasks related to overseeing the day-to-day functioning of the hospital. Some of their responsibilities include:

- Optimizing budgets, applying for grants and other funding, establishing financial goals and implementing strategies to reach them
- Creating policies that support operations and the provision of excellent care
- Ensuring the hospital operates according to all legal standards, such as ensuring all medical providers regularly update their licensing and participate in continued education and professional development
- Form partnerships with other local healthcare facilities to provide care for the community
- Overseeing the hospital's staffing needs and performing tasks like recruiting, training and onboarding for new employees
- Analyzing workflow and updating strategies to improve the efficiency of services.

Why is operations management important?

Operations management is essential for coordinating the functions of hospital facilities. Hospitals provide intensive and emergency care for their patients, and they need to run efficiently so they can respond to their patient's medical needs. Hospital operations management ensures that hospitals meet their budgetary needs to provide services to patients. It also helps them meet their staffing needs, organize their operations and comply with legal regulations. The structures and organization that good administration provides help medical professionals perform their responsibilities and provide excellent care.

What are the benefits of operations management?

Good operations management benefits hospitals in

several keyways. Some benefits of operations management include

- **Improved patient experience:** Patients may receive a better healthcare experience when the hospital they visit has an effective operations management team. The primary goal of operations management is to create internal structures that ultimately benefit patients, ensuring medical personnel care for their needs.
- **Increased employee productivity:** When a hospital manages its operations efficiently, it can improve the productivity of its employees. Administrators ensure that they train new employees thoroughly, that employees understand their role as part of the medical team and that they complete all the required paperwork to meet legal regulations.
- **Efficient budgeting and competitive advantages:** Good operations management helps hospitals manage their budgets so they can continue to grow and expand their services. Operations managers analyze financial information to identify opportunities to reduce costs, increase revenue and invest in expansion opportunities.



All India Medical Conference IMA NATCON 2025

27th & 28th December 2025
HOSTED BY
IMA Gujarat State Branch & Ahmedabad Medical Association








GUJARAT ATTRACTIONS








DELEGATE FEES (Inclusive of G.S.T. 18%)		01/07/2025- 31/08/2025	01/09/2025- 31/10/2025	01/11/2025 ONWARDS
Reception Committee		₹ 29,500	₹ 29,500	₹ 29,500
Delegate IMA Member	Individual	₹ 5,900	₹ 8,260	₹ 11,800
	Couple	₹ 9,440	₹ 14,160	₹ 21,240
Corporate		₹ 21,240	₹ 24,780	₹ 29,500
Foreign Delegates		\$ 250	\$ 300	\$ 350
IMA, MSN		₹ 3,540	₹ 5,900	₹ 8,260
IMA, JDN		₹ 4,720	₹ 7,080	₹ 10,620
Accompanying Person* (Non IMA Member)		₹ 5,310	₹ 7,670	₹ 11,210
Pre Conference (26-12-25)**		₹ 1,770	₹ 2,950	₹ 2,950

* Children above 10 years of age should be registered as accompanying persons.
** Only registered conference delegate can register for pre Conference Date 26-12-2025 Friday

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CONFERENCE SECRETARIAT

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Dietary Counselling

Counselling about the diet is an important ingredient of pediatric practice. Counselling mothers on the importance of exclusive breast feeding for the first 6 months followed by home cooked food along continuing breast milk for 2 years and beyond is the best advice you can deliver. Need for homebased diet rather than processed ones. Use breast feeding Tamil videos of global health media for helping mothers who have issues on breast feeding, inadequacy of milk and feeding the baby of a working mother. IIT Mumbai health spoken tutorial videos focus on complimentary feeding, infant, child, maternal diet and treatment of hypoproteinemia, anemia and the problem of junks.

Introducing vegetables, greens, dhals in the home diet rather than the month based stepped diet is successful. It helps the baby learn complementary feeding by themselves. Avoid adding spices and sugars to the complementary diet till 2 years. Adding salt to taste will make the child to like home food better. The advice of no salt till 2 years is misplaced in the Indian context. It is for the developed countries where processed complementary foods supply more than 70-80% of daily required sodium. Sodium from food and added salt while cooking amounts to only 15 to 20% of the daily sodium needed in the Indian diet. When complementary diet is introduced start with homemade hand mashed normal diet. No need to start them on puree, liquid without nutrients, milk-soaked diets adding Ghee, sugar to all foods.

The child's diet should have one dhal, pulse or protein source, one egg (if vegetarian Soya mushroom or paneer), 1 millet and the multigrain mix preparation everyday apart from mother's milk. For making multigrain mix follow the IIT Mumbai spoken health tutorial or get it @ ICDS center or make at home. give it in between the meals once. Food must be given four to five times which will supply the necessary proteins and calories for the age of the child.

Good snacks can be prepared by using videos from IIT Mumbai (both vegetarian and non-vegetarian). If you are comfortable, you can make your own health education videos and post them on YouTube your patients can view them and share with their friends. Your health education website is another powerful tool if you have time and energy. The same can be shared as audio and video podcasts. Have your waiting hall with health messages displayed.

This will help the parents in waiting to read and change their unhealthy behaviors. Assessing a child's growth and development by using the height, weight, head circumference chart of WHO or IAP either manually or by using computer will help them to find out the nutritional status of the child.

IAP Growth chart app from Android Play Store can help you to find out the nutritional status of the child and inform the parents about it. Refer the needy children to the ICDS center for supplementary mix or you can use your hospital nutrition services to provide appropriate guidance. Check whether the child has achieved the necessary developmental milestones when they come for vaccination or any acute infections.

The smart book of IAP and Vilayatu Moolam Kalvi are good sources for helping parents in bringing up the children healthy when you spend extra few seconds always ask whether the child has any issues regarding his academic status and whether his development is like his peers. Ask for any issues in learning and about school marks. You maybe diagnosing the learning-disabled child at the earliest. Ask for Visual and auditory problems. Refer them for appropriate remedial education or development assessment physiotherapy, speech therapy or occupational therapy. Physical exercise has become scanty. PET periods are only twice per week.

Adequate sleep is another important concept many parents and schools do not understand. everyone should have restful sleep according to the age. in a young preschooler it is 12 hours, primary student-10 hours and secondary school student 9 hours. It is essential to always prioritize adequate sleep, as it is necessary for learning and long-term memory. We are witnessing the epidemic of obesity, insulin resistance and early metabolic syndrome.

Time will not be long before we will be treating children at the age of 10 years for diabetes, hypertension, and fatty liver. Always spend few moment asking about that play time, sleeping time and physical activity. Make sure to inform parents that children need at least one hour of physical activity and only less than 1 hour screen time per day.

- Dr. Selvan, Paediatrician, Erode

FDI in Healthcare

Foreign Direct Investment (FDI) in Healthcare: an overview

Foreign Direct Investment (FDI) plays a crucial role in shaping and transforming the healthcare industry across the globe, especially in developing economies like India. FDI involves investors from one country establishing or acquiring business interests in the healthcare sector of another country, either by setting up new facilities (greenfield projects) or investing in existing ones (brownfield projects).

Here's a closer look at FDI in healthcare, its benefits, challenges, and recent trends, particularly in India:

Benefits of FDI in healthcare

- **Financial Resources:** FDI brings in capital for infrastructure development, including constructing new hospitals and clinics, upgrading existing facilities, and procuring advanced medical equipment.
- **Technological Advancements:** FDI facilitates the introduction of cutting-edge medical technologies and treatments, such as robotic surgery systems, advanced imaging equipment, telemedicine, and electronic medical records systems.
- **Improved Healthcare Services:** Better funding and technology lead to enhanced healthcare services, including shorter wait times, more accurate diagnoses, and a wider range of treatment options, ultimately improving patient outcomes.
- **Knowledge and Expertise Transfer:** FDI fosters collaborations with international healthcare professionals and experts, leading to knowledge sharing, skill development for local staff, and the adoption of best practices in healthcare management and operations.
- **Increased Competition and Efficiency:** The entry of foreign players can stimulate competition within the domestic healthcare sector, driving innovation and efficiency in service delivery.
- **Employment Generation:** FDI contributes to job creation within the healthcare sector and associated industries.

Challenges and concerns

- **Inequality in Access:** FDI may lead to the concentration of healthcare facilities and resources in urban areas, leaving rural and underserved regions with limited access to quality healthcare.
- **Affordability:** While competition can potentially drive down costs, FDI, particularly in the private sector, can also contribute to the commercialization of

healthcare, making certain services more expensive and potentially less affordable for some individuals.

- **Sustainability:** Ensuring the long-term sustainability of foreign investments and their benefits requires careful planning and management, along with ongoing support from both investors and the host country.
- **Regulatory Hurdles:** Navigating varying regulations and policies regarding foreign investments can be complex and challenging for investors.
- **Political Instability:** Political instability and bureaucratic hurdles in some regions can deter foreign investors. Trends and regulations in India
- **Liberalized FDI Regime:** India has a relatively liberal FDI regime in the healthcare sector, allowing up to 100% FDI under the automatic route for the construction and development of hospitals and manufacturing medical devices.
- **Pharmaceuticals:** In the pharmaceutical sector, 100% FDI is permitted in greenfield projects, while brownfield projects are allowed up to 74% under the automatic route, with government approval required for investments exceeding this limit.
- **Growing Investment:** India has experienced a significant increase in FDI inflows in the healthcare sector, according to NITI Aayog.
- **Government Initiatives:** The Indian government has implemented initiatives like the National Health Policy (2017) and Ayushman Bharat to strengthen the healthcare sector and encourage private sector participation, including through FDI.



The graphic features two logos at the top: the Government of India logo on the left and the IMA Hospital Board of India logo on the right. Below the logos, the text 'COMING SOON' is written in a bold, yellow, sans-serif font with a black outline, set against a dark blue background with a yellow megaphone icon. To the right, the text 'TURNING POINTS' is written in a bold, white, sans-serif font, followed by '100 YEARS HISTORY OF INDIAN HEALTHCARE INDUSTRY' in a smaller, white, sans-serif font. At the bottom, the text 'FROM IMA HOSPITAL BOARD OF INDIA' is written in a white, sans-serif font.