

**ADDRESS BY THE PRESIDENT OF INDIA,
SHRI RAM NATH KOVIND
ON THE INAUGURATION OF THE 12TH GLOBAL HEALTHCARE SUMMIT**

Mumbai, December 28, 2018

1. I am glad to be here at the Global Health Summit being organised by the American Association of Physicians of Indian Origin, more commonly known as AAPI. Your Association is more than just a platform of doctors and medical practitioners. It is a link between two vibrant and democratic societies, both of which have addressed major public health challenges in their own way.
2. AAPI is only three-and-a-half decades old but has an impressive CV. I understand it is the largest non-profit ethnic medical institution in the United States. Your Association is a mini-India, comprising doctors with origins in all parts of our country.
3. AAPI and its members contribute to public health and to the discipline of medicine across the spectrum. You are consulted on legislative and policy issues and are involved in cutting-edge research. Most important, you are responsible for providing medical care and treatment to a wide variety of people, including, I am happy to note, communities living in underserved areas. It is a tribute to India's culture of knowledge and of service that one of every seven patient consultations in the US is with an Indian or Indian origin physician.
4. The professional-ism and goodwill of Indian doctors in America has won them – won you, I should say – a well-deserved reputation. In fact, it has occasionally led to diplomatic gains for India for which your Association must be appreciated.
5. The Indian diaspora is spread across the world. Yet, wherever it goes, it has some common characteristics. It carries the democratic values and pluralistic principles of society at home. It contributes to welfare and prosperity, innovation and value creation in the society where it lives and works. Finally, it serves as a living bridge between the country of its adoption and the country of its origin – such as between the US and India.

6. In this regard, I am happy to note that your Association has collaborated with the Ministry of Health, Government of India, with state governments and with several medical and academic institutions to take forward the agenda of public health. AAPI and its members have helped in addressing diabetes, taking on the challenge of TB, development of management guide-lines for brain injuries, and rural health-care, among other themes.
7. In these areas, as in others, there are templates from the US that can be adapted for the benefit of patients in India. For example, the system of first responders and paramedics is extremely well developed in America. It can help meet a medical situation at a very early stage – and save lives as well prevent the need for more complicated interventions. This is a mechanism the government has been working hard to put in place in India as well.
8. I have been told your Association and its partners have imparted first responder training in several states of the country, including here in Maharashtra. Such training can be of immense use after road accidents or when dealing with an emergency. I would urge you to take this process further and deeper, especially in rural areas, where there may be a considerable distance between the patient and a well-equipped multi-specialty hospital.
9. I often liken public health and its provision to a perfect triangle of quality, cost and access. It is critical to get all three in place – for all must work together. There is no point having quality medicines and state-of the-art medical innovation if these are not affordable and available to those who need them most. Similarly, lowering prices is important but not at the cost of quality. Disease does not discriminate, and the practice of medicine and health-care must not discriminate either.
10. How does one achieve that perfect triangle of quality, cost and access? One way is to build alliances – between doctors and patient groups, between civil society and industry, between researchers and practitioners and ultimately between countries. India and the US share complementarities in the pharmaceutical field – in clinical research, drug discovery and manufacture. India's experience with producing affordable but high quality drugs and medicines offers a

huge advantage as the world – and America itself – seeks to drive down the cost of health-care and health insurance.

11. Our countries can also work hand-in-hand in seeking answers to global pandemics and emerging zoonotic diseases. These are world-wide challenges and do not stop at national boundaries. Another shared challenge is that of life-style diseases – such as diabetes and obesity – being a serious public health issue both in India and the US. The prevention and management of life-style diseases offers scope for cooperation, including by bringing traditional Indian wellness practices to modern medical systems. Please see what your Association can do in this area.
12. The goal of ‘Health for All’ must be integral to our programmes and policies. I am very happy to note that the Government of India has been doing exactly that – it had made delivery of holistic healthcare to all citizens of India, one of its primary goals.
13. A series of initiatives by the Government of India aim to address the health-care issues in the country. New AIIMS are planned across the country and super specialty blocks are being established in several medical colleges. Further, to expand and reform medical education, several new medical colleges are being set up and the Medical Council of India has been superseded by new Board of Governors consisting of eminent doctors. Under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana, more than four thousand six hundred medical stores have been set up across the country to provide quality generic medicines at affordable prices to all, particularly the poor and disadvantaged. Further, the cost of medical implants and several life saving drugs has also been reduced.
14. Meanwhile stressing on preventive healthcare, the Government of India launched the Ujjawala Yojana in May 2016. By providing LPG connections to almost 6 crore households who were hitherto deprived of this clean fuel, the Ujjawala Yojana has ensured that crores of women and children no longer face adverse health effects caused by use of firewood, coal and dung-cakes as cooking fuel.
15. All these initiatives intend to make healthcare holistic and more affordable for all sections. However, the most far reaching initiative in health-care is the Ayushman Bharat Yojana, recently launched by

the Government of India. It has begun to provide comprehensive medical care to all our people, from little children to the elderly. It is particularly aimed at those at the bottom of the pyramid – the less-than-privileged 40 per cent of our fellow citizens.

16. Ayushman Bharat is of importance to more than just India. Its success will offer a blue-print to cost-effective universal health coverage in emerging economies and among vulnerable communities. I am happy to note that in just over three months of the launch of Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojna, over six and a half lakh patients belonging to deprived sections of the society have been admitted for treatment in hospitals across the country and an amount of over Rs. 850 crore has been authorised for their hospital admissions.
17. Ayushman Bharat emphasises a “continuum of care” approach that cannot be dependent on just the government. The role of the private sector, the role of individual physicians and the role of professional collectives such as yours are all vital. There are private hospitals which had availed land on concessional terms from governments. They had committed to reserve certain percentage of their beds for economically weak patients and provide them free treatment. All such hospitals must ensure that they fulfill their commitments and ensure that beds reserved for such patients do not remain vacant. This, not only is their legal obligation, but also is consistent with medical ethics.
18. Anybody with a stake in India or anybody with a stake in public health inevitably has a stake in Ayushman Bharat. That is why I would urge all of you to become part of this potentially game-changing initiative – by participating and supporting it as you can, or even by making suggestions in terms of its design and roll-out. I look forward to actionable ideas on Ayushman Bharat emerging from this Summit.
19. With those words, I wish your Association and all of you individually all the best for the Summit. And I also wish you all the best for the coming new year!
