Tyson, Jo HLTH:EX

From: Michael Loseth [loseth@bcfii.ca]
Sent: Tuesday, October 25, 2011 8:58 AM
To: Menzies, Brian HLTH:EX
Subject: Indian Round Table discussion
Attachments: India round table - SCENARIO NOTE.docx; India roundtable MEETING-EVENT NOTE - FINAL.docx

Follow Up Flag: Follow up
Flag Status: Completed

Hi Brian,

Glad to hear you'll be making the big trip.

Attached you will find a backgrounder and event scenario prepared for the Premier's briefing book on the forestry roundtable in Mumbai the morning of Monday November 14th.

We will start with a private breakfast at 8am for the BC delegation (myself and 9 executives from virtually all the majors and a few wholesalers). The consulting company that did a recent study on India for us (to follow under separate email) will be doing a 30 minute overview of the Indian market for wood products over a continental breakfast followed by Qs and As. We will break at 8h45 so the room refreshments can be refreshed and we can invite another 8-10 indian companies to join in for the official round table.

At 9 am the Premier is booked to come and offer opening remarks for 5-10 minutes to kick off the round table discussion. She will then depart for other events, and the round table will run from 9 - 11 am. After that our group heads off for a side program for the next 3 days.

Given your Ministers strong and ongoing support for our efforts and the wood file, I wanted to make sure he was extended a warm welcome to join in. It would be great if he was able to join the BC companies for the 8am breakfast and presentation - as it will give a good overview of the research completed. I'm assuming he will have to leave with the Premier after the opening of the full roundtable - but he would be welcome to stay around longer if he so desired.

Thanks Brian - talk soon

Michael

SCENARIO NOTE

FOREST SECTOR ROUNDTABLE DISCUSSION

WHERE

DATE/TIME: **Monday November 14th, 9:00 – 9:10 am** (Premier's participation -- *full event will run from 9:00 – 11:00am)*

PLACE: **Four Seasons Hotel, Room TBD**

LOCAL CONTACT: **Harish Kumar, BC Trade Office Bangalore**

S22

WHO

HOST

Rick Jeffery, CEO, Coast Forest Products Association

Michael Loseth, VP Operations, FII

ACCOMPANIED BY/ NUMBER OF GUESTS

8 Forest Industry Executives from BC

8-10 industry executives from India (wood product importers, architects/designers, users of wood imports)

MEDIA

N/A

WHY

PURPOSE

The Premier will provide opening comments and words of encouragement to a forest sector roundtable discussion.

The roundtable will discuss opportunities and challenges associated with wood product imports to India, help educate forest executives on the India market, and inform FII's strategy development process for India

SCENARIO NOTE

WHAT

GIFT	N/A
COMMUNICATION PRODUCTS	Speaking notes

SEQUENCE:

9:00	Premier arrives at session and one on one introduction to each participant
9:05	Premier offers brief remarks
9:10	Premier thanks Indian and BC companies for their efforts to build new trade relationships and encourages success
	Premier leaves session for next event.

The two hour roundtable is the first of a series of forest sector activities for Forest Industry Executives in India. FII has arranged a 3 day "side program" focused on introducing BC companies to opportunities in India.

PARTICIPANT LIST AND SEATING (as required):

There is no special protocol for seating.

The room will be set up as board room style
8 BC Forest Company Executives
8-10 Indian companies with an interest in wood product imports/use

Minister de Jong is invited to accompany the Premier, but a formal role (aside from introduction by the Premier) is not anticipated.

NEXT STOP: British Columbia Trade and Investment Announcement in Mumbai

WOOD PRODUCTS ROUNDTABLE – Mumbai, India

CONNECTIONS TO BC / ICE BREAKER:

- BC is very pleased that India has recently recognized (for plant health regulations) all key BC commercial wood species.
- This has opened the door for BC exporters to increase shipments to India.
- While our current volumes are still small, the trend is for strong future growth.
- In 2010, BC sold $2.5 million in lumber to India; in the first 6 months of 2011 sales have increased to $6.5 million

DESIRED OUTCOME FOR ROUNDTABLE:

- Improve understanding of BC products and species by key Indian importers.
- Discuss opportunities for BC wood products, and identify issues or challenges that exist.
- Inform BC's strategy for wood product exports to India.
- Develop new business relationships to encourage future business with India.

THEIR INTEREST:

- Indian representatives will include large importers / wholesalers, large industrial users of wood products, and designers/architects/ construction companies that use wood products.
- Indian companies are generally aware that trade issues have been overcome to permit BC species access to India.
- Softwoods are fairly new to India, and there is limited understanding of what BC has to offer.
- As the supply of teak and other hardwood products becomes increasingly tight, Indian companies are increasingly open to new species and products.

KEY POINTS:

- BC is a global leader in the supply of softwood lumber products. All of BC's products come from legally harvested and sustainably managed forests, ensuring continuing supply for future generations
- Wood products are the best choice for the environment – they are produced naturally, re-grow using energy from the sun, and store carbon in the wood for the life of the products that are produced. They require considerably less energy to produce and manufacture than other products like steel or concrete.
- BC produces some of the highest quality softwood products in the world – and we have the ability to service a fast growing market like India.

- We have a number of BC companies here – they are eager to learn more about this market and to develop successful new business relationships.

BACKGROUND:

- Forestry Innovation Investment (FII) has been monitoring India since 2003.
- Market research suggests that India holds medium to long term market potential for the BC forest sector.
- Given a number of challenges in India, FII focused first on the China market – but is now revisiting India as a priority.
- India has been traditionally a teak and hardwood market, however supply challenges for teak are creating an appetite for alternatives.
- India has traditionally imported logs and had high import tariffs on lumber and manufactured products; although this is changing over time.
- Plant health restrictions were resolved for BC species in late 2010, which now allows easy access for BC's key commercial species.
- FII has provided modest funding to the BC Trade Office in Bangalore for the past two years to initiate wood promotional activities and provide FII and the BC industry with market intelligence.
- FII updated its comprehensive market assessment of the wood sector in India this spring, providing updated information to inform a wood products strategy.
- BC companies are increasing business to India, and a number of forest products companies are showing greater interested in the market; however, there appears to be a continuing lack of understanding about the market.
- A number of BC forest companies are expected to join the mission to India to participate in the round table session and learn more about the opportunities and challenges to doing business in India.
- FII is organizing a three-day "side program" for these forest companies, to meet with additional Indian companies and expand their market knowledge.
- FII is working with Industry and the Canada Wood Group (industry trade association) to prepare a market development strategy and implementation plan for India.
- Market development efforts in India are being coordinated with the BC Trade and Investment Office and with JTI staff in Vancouver

PREPARED BY:

Michael Loseth
VP Operations, FII
(604) 685-7507
(604) 649-4637

REVIEWED AND APPROVED BY:

ADM name / date
ADM Office and Cell Phone Number
DM name / date

APPENDIX 1:

Overview – Indian Market for Wood Products:

- Total wood consumption in India for solid wood (09-10) is estimated at 73 million m3
- This is estimated to grow to 107 million m3 by 2020
- In addition, India consumes about 22 million m3 in pulp and paper (09-10)

For comparison: BC harvests on average 75 million m3 per year, about half of which ends up as lumber

- Wood consumption in India is focused on:
  - *30% for construction (concrete form work, interior finishing)*
  - *26% plywood and panel production*
  - *8.8% packaging and pallets*
  - *6.3% furniture*
  - *The balance goes into a wide range of applications*

- India is an established market for Canadian exports of pulp and paper products, but a small market for solid wood products
- Solid wood exports from BC for 2010 totaled $2.5 M; increasing to $6.5 M for the first 6 months of 2011.
- India is increasing its reliance on wood imports (currently 6 million m3)
- There are domestic restrictions on harvesting (outside of plantations), but estimates show illegal harvesting in India of about 11 million m3
- India imports predominantly logs, given higher tariffs for sawn lumber and manufactured products, although tariff rates have fallen
- India imports considerable amounts of wood from "questionable" sources, such as Burma and West Africa, where long term supply reliability is uncertain
- As demand continues to grow in India, opportunities are expected to grow for regions that can offer a reliable supply of product in increasing volumes
- While India has a traditional preference for hardwoods such as teak, both tightening supply and increasing prices, as well as changing tastes from the emerging middle class for new, western designs and products are expected to influence consumption
- Currently, 49% of India's population is less than 24 years of age – offering an attractive demographic profile
- GDP forecasts for 2011-15 show a consistent 8 % growth
- Annual household consumption in India is likely to quadruple from USD $1822 in 2005 to $5,511 in 2025, making India the 5th largest consumer market by 2025

However:

- Canada (and BC) are new players in the solid wood business, so must invest time and resources to develop market acceptance
- There is a need to correct market prejudices against softwoods (based on negative experience with New Zealand Radiata Pine) and properly introduce BC species
- Freight costs from Canada are high compared to other regions, creating a cost and time disadvantage
- Other supplying areas (ie American Hardwood Council) are already active in India promoting alternative products and species

Information drawn from "Opportunities for Canadian Forest Products in India, August 2011, Ace Global Consulting LLP for Forestry Innovation Investment

Tyson, Jo HLTH:EX

From: Murray, Wendy HLTH:EX
Sent: Wednesday, October 12, 2011 9:08 AM
To: hlth Ministerial and Executive Assistants
Cc: Jukes, Shaina HLTH:EX; Andrachuk, Andrea HLTH:EX; Casanova, Tamara HLTH:EX; Docs Processing HLTH:EX; Turner, Julie HLTH:EX
Subject: India BN

Importance: High

Good Morning All, as per our T/C yesterday, attached this the briefing note Health Authority Division prepared in June for the Minister's information.
Also, attached is the referenced BN prepared for our pervious Minister.

885430 India's Health Care Sys...

885430, chment 827465 BN

Please advise if the Minister would like to pursue any on these issues for his trip in November.

Thanks so much and enjoy your day....W

Wendy Murray ~ Executive Coordinator ~ Deputy Minister's Office ~ Ministry of Health ~ 1515 Blanshard Street, Victoria, BC, V8W 3C8 ~ 250-952-1908 ~ Fax: 250-952-1909 ~ mailto:wendy.murray@gov.bc.ca ~ **Please consider the environment before printing**

MINISTRY OF HEALTH
INFORMATION BRIEFING DOCUMENT

Cliff # 885430 (xref: 852382, 827465)

PREPARED FOR: Honourable Michael de Jong, Minister of Health
- FOR INFORMATION

TITLE: India's Healthcare System: Successes, Challenges and Opportunities for British Columbia

PURPOSE: Background for Minister Michael de Jong's Potential Visit to India in 2011.

BACKGROUND:

- The previous Minister of Health, the Honourable Kevin Falcon, met with Dr. Arun Garg (Medical Director, Medicine and Pathology Program, Fraser Health Authority) on October 22, 2010, to discuss a delegation from British Columbia travelling to India to observe key aspects of their health care system. This builds on a previous discussion when they both attended the Canada-India Cardiovascular Health Conference held in BC in June 2010. For additional information on the June 2010 meeting, see Briefing Note #827465.

India's Healthcare System: Overview

- India has a universal health care system run by the central government and its constituent states and territories. The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002. The National Commission on Macroeconomics and Health sets broad health policy while the Ministry of Health and Family Welfare has operational responsibility for major national programs such as family planning.
- The Ministry of Health and Family is composed of three departments: the Department of Health, the Department of Family Welfare and the Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH).
- Primary health care is provided by city and district hospitals and rural primary health centres (PHCs). These facilities provide treatment free of cost. Primary care is focused on immunization, prevention of malnutrition, pregnancy, child birth, postnatal care, and treatment of common illnesses. Patients who require specialized care or have complicated illnesses are referred to secondary and tertiary care hospitals.
- Private healthcare exists alongside the public system, predominantly in the urban centres. However, the majority of the Indian population is unable to access the private system as a result of high costs. For additional information, see Appendix A.

India's Healthcare System: Challenges

- India suffers from high levels of malnutrition and disease, especially in rural areas. Water supply and sanitation is a major issue in the country. While India's healthcare system includes facilities that meet or exceed international quality standards, inequities in health services (rural/urban, poor/rich) appear in birth service utilization rates and infant mortality. Preventable communicable diseases such as malaria and tuberculosis continue to be major causes of years of life lost which average around 6 percent in Canada and over 50 percent in India.[i] For World Health Organization (WHO) comparisons with Canada, see Appendix B.
- Other challenges for the public health sector include under staffing and under financing. Poor services at small state hospitals result in higher visits to private medical practitioners. Rising income levels, a growing elderly population and the shift from chronic to lifestyle diseases are also factors driving costs.

India's Healthcare System: Successes and Learning Opportunities for BC

- **Primary Healthcare:** Due to the historical delivery of health services, rural areas have an organized three tier health delivery structure. As early as 1946, the Indian Government resolved to concentrate services on rural people and soon created programs such as the national family planning program, launched in 1952, and the policy of one community health worker per 1,000 people in the 1970's.[ii]
- This period saw the effective containment of malaria, the eradication of smallpox and plague, the halving of maternal mortality, reduction in infant mortality, containment of cholera, and an increase in longevity to 54 years. Progress in the primary care system is notable in several areas: lower disease rates due to better sanitation, including waste disposal and treatment of drinking water; improved hygiene as a result of increased awareness and health education; and, reductions in dental problems, skin diseases and parasitic infections.[iii]
- **Migration of Healthcare Professionals:** There is a substantial global movement of workers at present. For example around 30 percent of United Kingdom physicians and 20 percent of Canadian, Australian and United States (US) physicians are of foreign origin, primarily from India, Philippines and Pakistan.[iv] According to WHO statistics, there are over 250 medical colleges in the modern system of medicine and over 400 in the Indian system of medicine and homeopathy (ISM&H). India produces over 250,000 doctors annually in the modern system of medicine and a similar number of ISM&H practitioners, nurses and para professionals. India also benefits from numerous foreign trained medical professionals returning to practice in India.
- **Homeopathic Medicine:** In Asia, the use of homeopathic treatment, including Ayurvedic medicine is increasing, especially in India. India has the largest homeopathic infrastructure in the world, with estimates ranging from 64,000 to 300,000 practicing homeopaths. In addition, there are 180 colleges teaching courses, and 7,500 government clinics and 307 hospitals which dispense homeopathic remedies.[v]
- **Medical Tourism:** In 2004, 1.18 million patients from all over the world traveled to India for healthcare.[vi] The worldwide market is about $20-40 billion annually, and India's medical tourism sector is expected to experience an annual growth rate of 30 percent with estimated revenues of $2.2 billion by 2012. Reduced costs, access to the latest medical technology, growing compliance to international quality standards, and ease of communication all contribute to India's competitive advantage. The south Indian city of Chennai (formerly known as Madras) is the centre of India's medical tourism industry as it nets 45 percent of health tourists from abroad and 30-40 percent of domestic health tourists.[vii]
- **Remote Diagnostic Services and Telemedicine:** Bengaluru (formerly known as Bangalore), is a global centre for telemedicine thanks to a pool of western educated doctors, extensive outsourcing infrastructure, lower costs, and a convenient time zone for diagnostics during the United States night. Teleradiologists in India read x-rays, computed tomography (CT) scans, magnetic resonance imaging (MRI) and other medical images of patients in the US, Singapore and a host of other countries around the world. The future may also bring telecardiology, telepathology, teledermatology, and robotic telesurgery.

Program ADM/ Division: Heather Davidson, Health Authorities Division
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Drafter: Margi Bhalla, Director and Sean Gannon, Manager

Date: June 13, 2011
File Name with Path: S:\Deputy Minister\Briefing Documents\2011\Approved June 2011\885430 India's Health Care System Successes Challenges and Opportunities for BC.docx

Appendix A – Background on India Healthcare[viii]

Sustainability of India Healthcare System

- The Indian healthcare industry is growing at a rapid pace and is expected to become a US$280 *billion* industry by 2020. The Indian healthcare market was estimated at US$35 *billion* in 2007 and is expected to reach over US$70 *billion* by 2012 and US$145 *billion* by 2017. The Investment Commission of India indicates the healthcare sector has experienced growth of 12 percent per annum in the last 4 years.
- In-hospital treatment costs depend on the financial condition of the patient and facilities utilized, but are usually much less than the private sector. A patient is waived treatment costs if he is below the poverty line.
- Government hospitals, some of which are among the best hospitals in India, provide treatment at taxpayer expense. Most essential drugs are offered free of charge in these hospitals. Government hospitals provide treatment, either free or at minimal charges. For example, an outpatient card at the All India Institute of Medical Sciences (AIIMS), one of the best hospitals in India, costs a one-time fee of 10 rupees (around 20 cents US) and thereafter outpatient medical advice is free.
- In order to meet manpower shortages and reach world standards, India would require investments of up to $20 *billion* over the next 5 years. Forty percent of primary health centers in India are understaffed. Better policy regulations and the establishment of public private partnerships are possible solutions to the problem of manpower shortage.
- India faces a huge need gap in terms of availability of number of hospital beds per 1,000 population. With a world average of 3.96 hospital beds per 1,000 individuals, India stands just a little over 0.7 hospital beds per 1,000 individuals. By comparison, in 2006, BC had 1.8 acute/rehab beds per 1,000 population and Canada had 3.0 beds per 1,000 people, ranking 26th out of 30 Organisation for Economic Co-operation and Development countries.[ix]
- Moreover, India faces a shortage of doctors, nurses and paramedics that are needed to propel the growing healthcare industry. India is now looking at establishing academic medical centers (AMCs) for the delivery of higher quality care with leading examples of The Manipal Group and the AIIMS already in place.

Central Government Role

- Critics say that the national policy lacks specific measures to achieve broad stated goals. Particular problems include the failure to integrate health services with wider economic and social development, the lack of nutritional support and sanitation, and the poor participatory involvement at the local level.
- Canada ranked 15th (9.6 percent) in total expenditure on health as percent of GDP (2002), compared to India which ranked 85th (6.1 percent).[x]
- In 2007, per capital total expenditure on health in Canada was over US$4,000, compared to US$40 in India.[xi]
- According to a 1995 World Bank study, the major healthcare spending input in India was from private households (75 percent). State governments contribute 15.2 percent, the central government contributes 5.2 percent, and the remainder is from third-party insurance, employers, municipal government, and foreign donors. Of these proportions, 58.7 percent goes toward primary healthcare (curative, preventive and promotion) and 38.8 percent is spent on secondary and tertiary inpatient care. The rest goes to non-service costs.

- India is undertaking efforts to improve wide regional imbalances in the distribution of healthcare resources. The geographical distribution of hospitals varies according to local socio-economic conditions. Although central government set a goal of healthcare for all by 2000, hospitals are distributed unevenly.

Homeopathic/Ayurvedic Medicine:

- The two main forms of traditional medicine practiced are the ayurvedic system, which deals with mental and spiritual as well as physical well-being, and the unani (or Galenic) herbal medical practice. A vaidya is a practitioner of the ayurvedic tradition, and a hakim is a practitioner of the unani or Greek tradition. These professions are frequently hereditary. A variety of institutions offer training in indigenous medical practice. In the late 1970s, official health policy began to refer to integration between European-trained medical personnel and indigenous medical practitioners. In the early 1990s, there were 98 ayurvedic colleges and 17 unani colleges operating in both the governmental and non-governmental sectors.

Health Insurance

- The opportunity remains huge for insurance providers entering into the Indian healthcare market since 75 percent of expenditure on healthcare in India is still being met by 'out-of-pocket' consumers. Even though only 10 percent of the Indian population today has health insurance coverage, this industry is expected to face tremendous growth over the next few years as a result of several private players that have entered into the market. Health insurance coverage among urban, middle- and upper-class Indians is significantly higher than average (approximately 50 percent).

HIV/AIDS

- Ongoing Government of India education about Human immunodeficiency virus (HIV) has led to decreases in the spread of HIV in recent years. The number of people living with acquired immune deficiency syndrome in India is estimated to be approximately 2-3 *million*.

Malnutrition

- Half of children in India are underweight, one of the highest rates in the world and nearly the same as Sub-Saharan Africa. India suffers about 5.6 *million* child deaths every year, more than half the world's total.

Water and Sanitation

- Water supply and sanitation in India is a matter of concern. As of 2003, it was estimated that only 30 percent of India's wastewater was being treated, with the remainder flowing into rivers or groundwater. The lack of toilet facilities in many areas also presents a major health risk; open defecation is widespread even in urban areas of India, and it was estimated in 2002 by the WHO that around 700,000 Indians die each year from diarrhoea. No city in India has full-day water supply. Most cities supply water only a few hours a day. In towns and rural areas the situation is even worse.

Medical Tourism

- India is quickly becoming a hub for medical tourists seeking quality healthcare at an affordable cost. As the Indian healthcare delivery system strives to match international standards, the Indian healthcare industry will be able to tap into a substantial portion of the medical tourism market.
- Americans, Canadians and Europeans compose the bulk of all medical tourists, likely due to the costs of surgery in these countries. Thousands of Americans travel abroad each year for medical procedures. The main destinations for Americans are India, Mexico, Thailand, Singapore, and Costa Rica. Most medical tourists from Asia come from Japan and the Middle East.[xii]

- Already, 13 Indian hospitals have been accredited by the Joint Commission International (JCI). Accreditation and compliance with quality expectations are important since they provide tourists with confidence that the services are meeting international standards.
- Bengaluru (formerly known as Bangalore), a global leader in outsourcing, is becoming a centre for telemedicine due to having western educated doctors, extensive outsourcing infrastructure, lower costs, and a convenient time zone to diagnose medical conditions during the US night. Teleradiologists in India read x-rays, CT scans, MRIs and other medical images of patients in the United States, Singapore and a host of other countries around the world.
- In the past, the growth potential of the medical travel industry in India has been hindered by capacity and infrastructure constraints; but that situation is now changing with strong economic progress in India as well as in other developing nations. With more and more hospitals receiving JCI accreditations outside the US, concerns on safety and quality of care are becoming less of an issue. The combined cost of travel and treatment in India is still a fraction of the amount spent on just medical treatment alone in western countries.
- The Indian pharmaceutical industry has grown and evolved over the past three decades, and was expected to reach $25 *billion* in 2010. This growth was a result of *India's Patents Act* (1970), which shortened process patents and removed composition patents from food and drugs making the Indian market less attractive to multinationals, thus allowing Indian companies more room to expand.[xiii]

Appendix B – World Health Organization Country Profiles – Canada and India

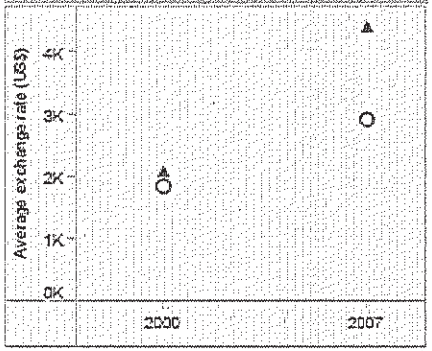
Canada: health profile

World Health Organization

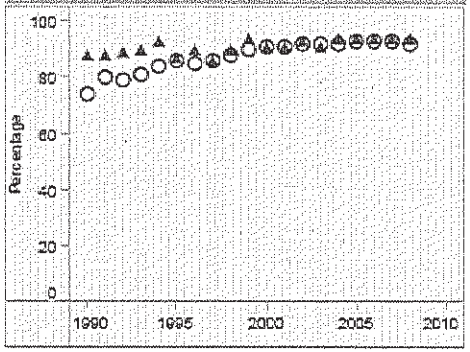
Selected indicators (2008)

			Country	Regional average	Global average
General	Total population (thousands)		33 253	...	...
	Population living in urban areas (%)		80	80	50
	Gross national income per capita (PPP int. $)		38 710	24 294	10 307
Mortality and burden of disease	Life expectancy at birth (years)	Male	79	73	66
		Female	83	79	72
		Both sexes	81	76	68
	Healthy life expectancy at birth* (years)	Both sexes	73	67	59
	Adult mortality rate (per 1000 adults 15-59 years)	Both sexes	70	126	180
	Under-5 mortality rate (per 1000 live births)	Both sexes	6	16	65
	Prevalence of HIV** (per 1000 adults 15-49 years)		4	5	8
	Prevalence of tuberculosis (per 100 000 population)		3	25	170

Per capita total expenditure on health



DTP3 immunization among 1-year-olds



Canada is located in the WHO Region of the Americas.

▲ Country

○ Regional average

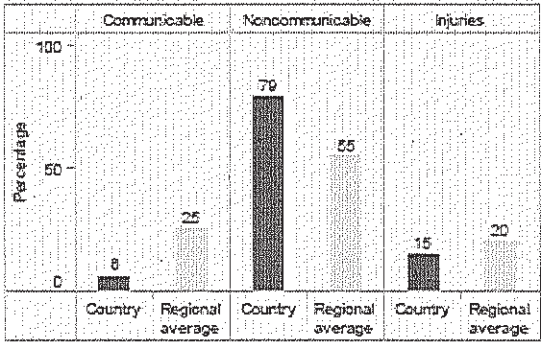
* Data refers to 2007.

** Country data refer to 2007.

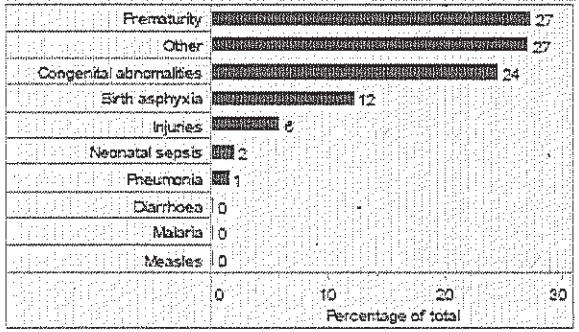
Last update: 13 August, 2010.

Children aged under-5 stunted

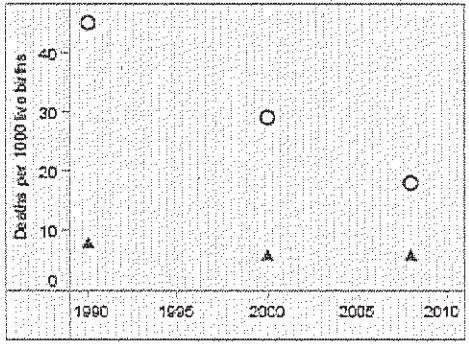
Distribution of years of life lost by causes (2004)



Distribution of causes of deaths in children under-5 (2008)



Under-5 mortality rate

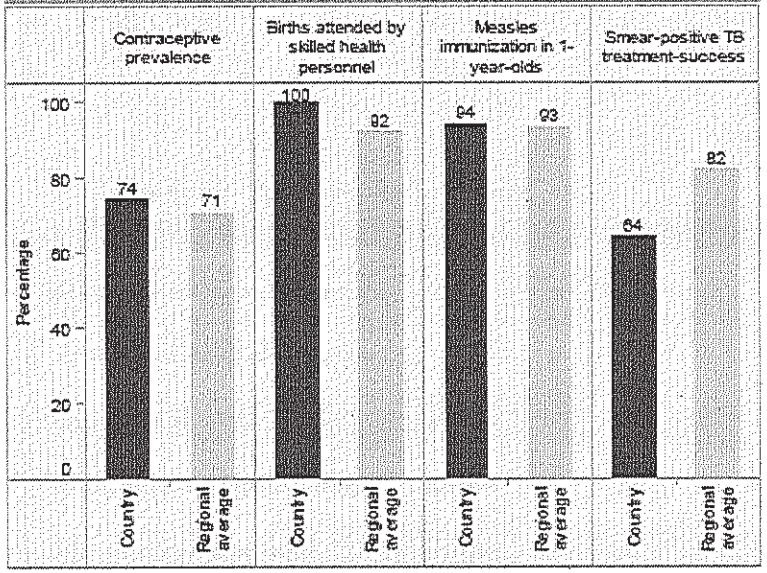


Canada: health profile

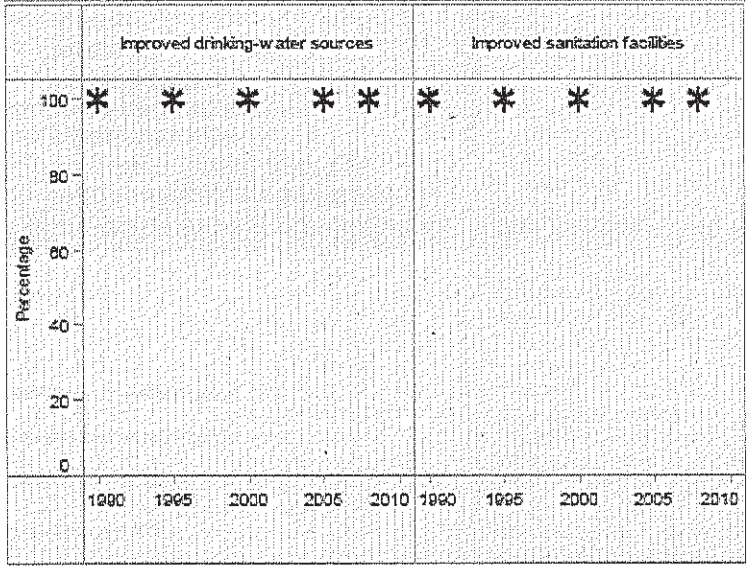
World Health Organization

Canada is located in the WHO Region of the Americas.

Utilisation of health services*



Population using improved water and sanitation



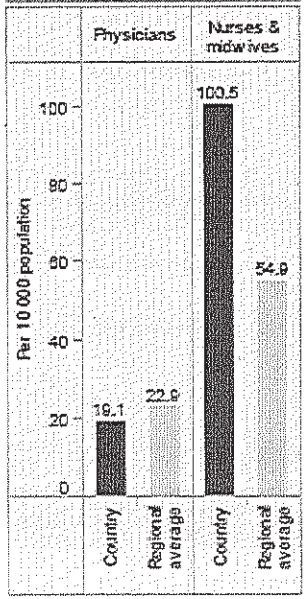
Place of residence
× Urban
✱ Total
+ Rural

* Data refer to latest year available from 2000. For specific years and references, visit the Global Health Observatory at www.who.int/gho.

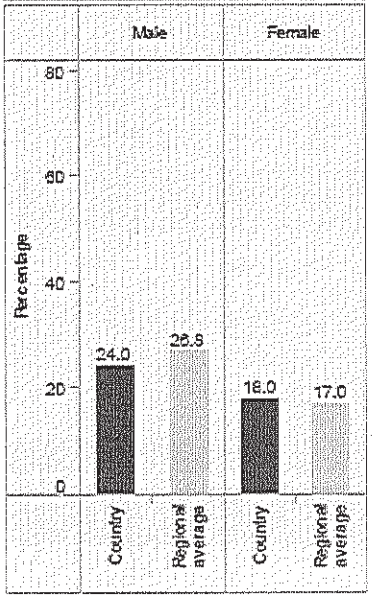
** For data sources and years, see the World Health Statistics 2010.

Last update: 13 August, 2010.

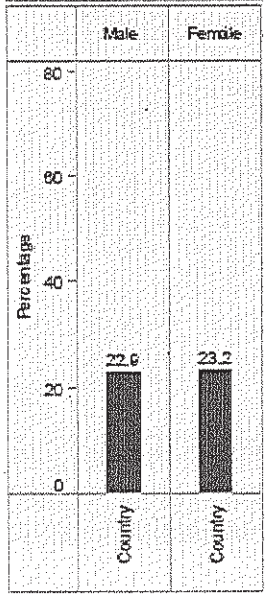
Health workforce*



Tobacco smoking (adults 15+) (2006)



Obesity (adults 15+)*



Inequities in health service utilization**

Inequities in mortality**

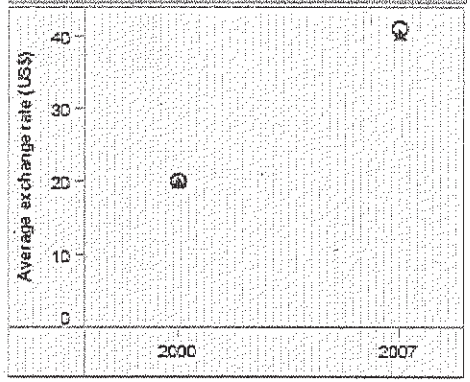
India: health profile

World Health Organization

Selected indicators (2008)

			Country	Regional average	Global average
General	Total population (thousands)		1 181 412	...	...
	Population living in urban areas (%)		29	32	50
	Gross national income per capita (PPP Int. $)		2 530	3 052	10 207
Mortality and burden of disease	Life expectancy at birth (years)	Male	63	63	65
		Female	65	66	70
		Both sexes	64	65	68
	Healthy life expectancy at birth* (years)	Both sexes	55	57	59
	Adult mortality rate (per 1000 adults 15-59 years)	Both sexes	213	218	180
	Under-5 mortality rate (per 1000 live births)	Both sexes	69	63	65
	Prevalence of HIV** (per 1000 adults 15-49 years)		3	3	8
	Prevalence of tuberculosis (per 100 000 population)		190	220	170

Per capita total expenditure on health



India is located in the WHO South-East Asia Region.

▲ Country

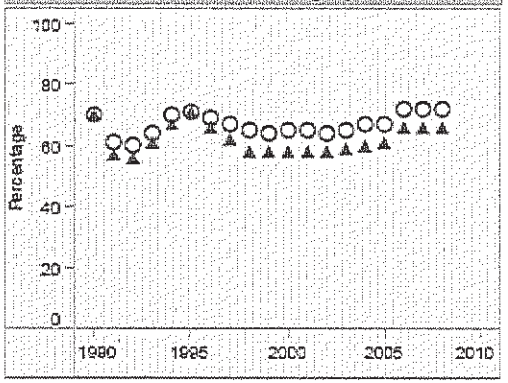
○ Regional average

* Data refers to 2007.

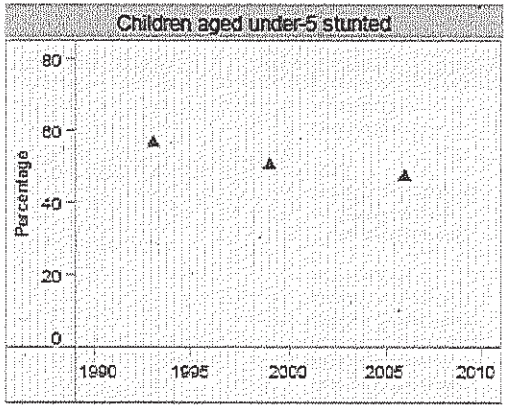
** Country data refer to 2007.

Last update: 13 August, 2010.

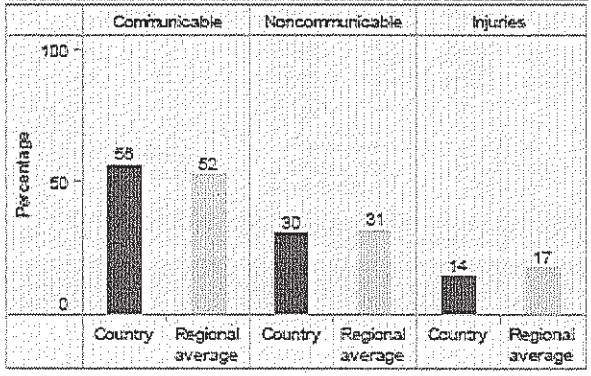
DTP3 immunization among 1-year-olds



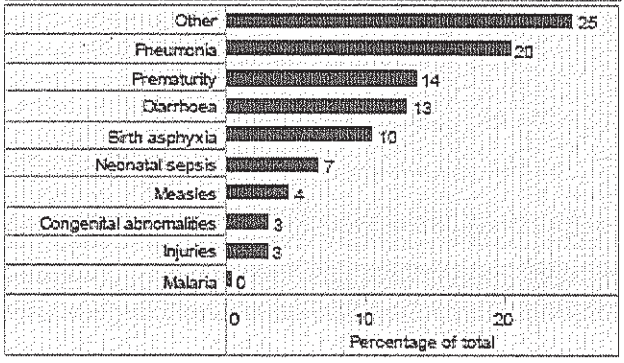
Children aged under-5 stunted



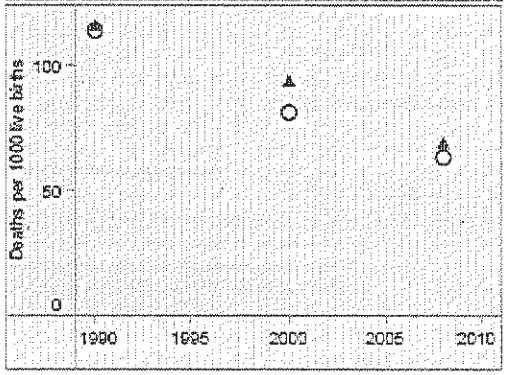
Distribution of years of life lost by causes (2004)



Distribution of causes of deaths in children under-5 (2008)



Under-5 mortality rate

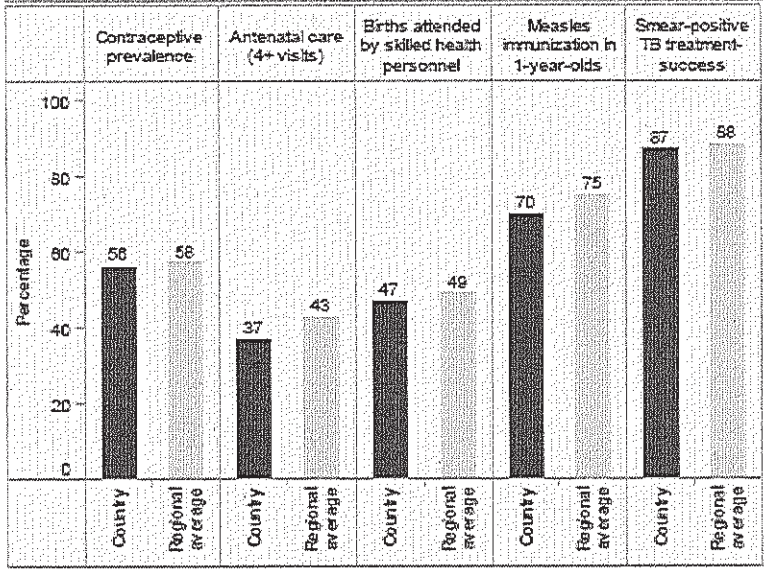


India: health profile

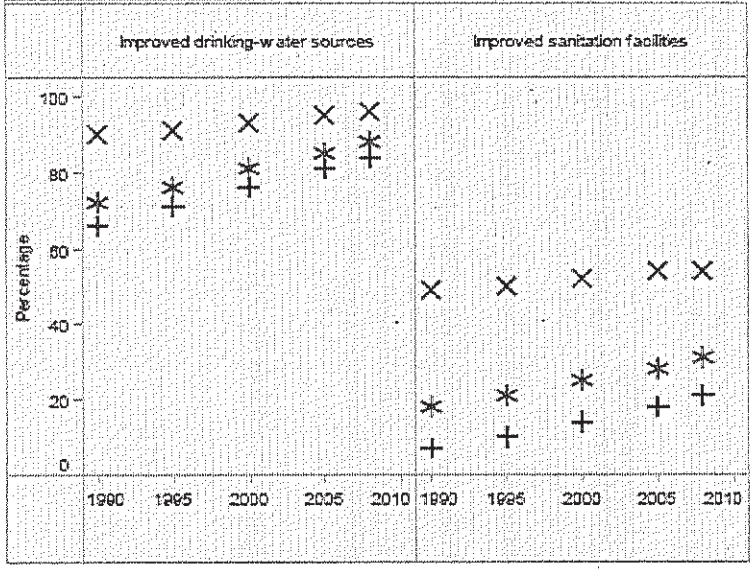
World Health Organization

India is located in the WHO South-East Asia Region.

Utilisation of health services*



Population using improved water and sanitation



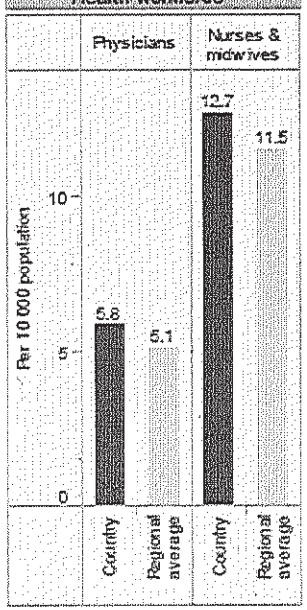
Place of residence
× Urban
* Total
+ Rural

* Data refer to latest year available from 2000. For specific years and references, visit the Global Health Observatory at www.who.int/gho.

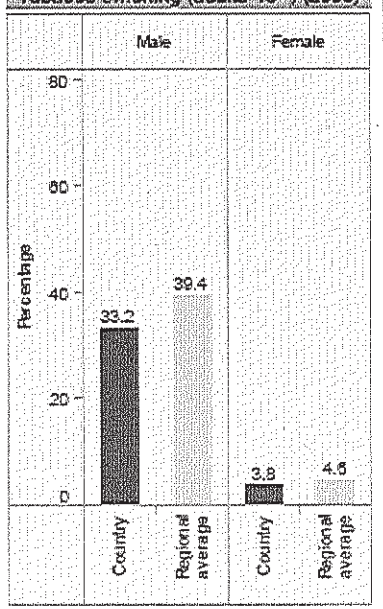
** For data sources and years, see the World Health Statistics 2010.

Last update: 13 August, 2010.

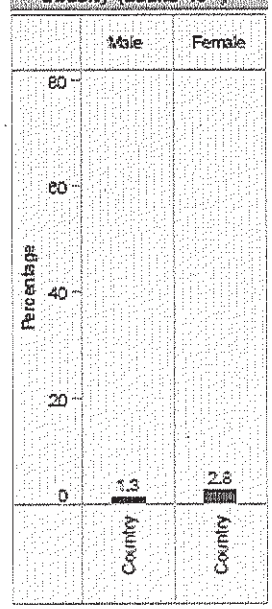
Health workforce*



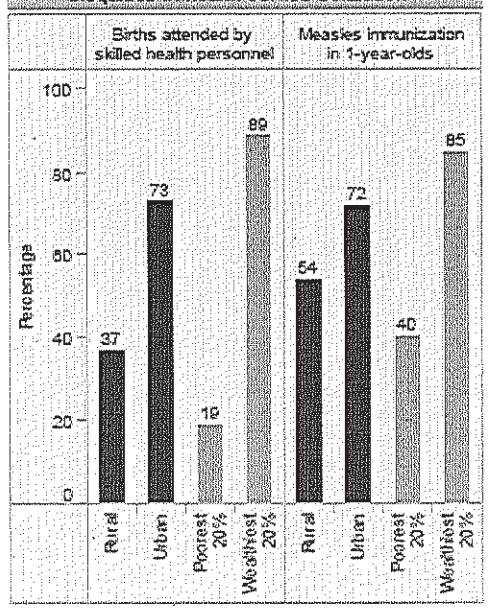
Tobacco smoking (adults 15+) (2006)



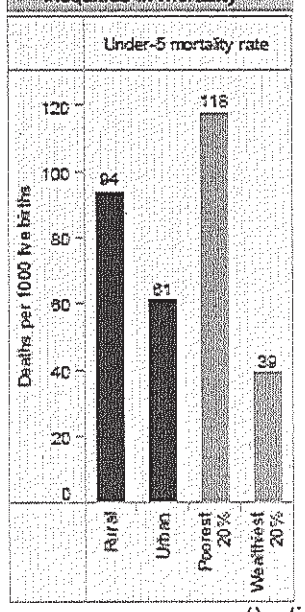
Obesity (adults 15+)*



Inequities in health service utilization**



Inequities in mortality**



ENDNOTES:

[i] World Health Organization Country Profiles – Selected Indicators, Canada and India.
[ii] Report of the National Commission on Macroeconomics and Health, Ministry of Health and Family Welfare Government of India, 2005, page 43.
[iii] Vlassoff C, Tanner M, Weiss M, Rao S. Putting people first: A primary health care success in rural India. Indian J Community Med [serial online] 2010 [cited 2010 Oct 14]; 35:326-30. Available from: http://www.ijcm.org.in/text.asp?2010/35/2/326/66896.
[iv] Trade in Health-related Services, The Lancet, Richard D. Smith, Rupa Chanda, Viroj Tangcharoensathien, http://www.thelancetglobalhealthnetwork.com/wp-content/uploads/Trade-and-Health-4.pdf, Volume 373, February 14, 2009, pg. 597.
[v] http://en.wikipedia.org/wiki/Regulation_and_prevalence_of_homeopathy.
[vi] Medical Tourism--Health Care in the Global Economy (Trends), Horowitz, Michael D.; Rosensweig, Jeffrey A., Physician Executive, November 1, 2007.
[vii] http://en.wikipedia.org/wiki/Medical_tourism_in_India.
[viii] Except as where noted, information in Appendix A is from http://en.wikipedia.org/wiki/Healthcare_in_India and may require secondary source confirmation.
[ix] BCMA Policy Backgrounder, Emergency Department Overcrowding, November 2006, http://www.sem-bc.com/joomla/component/option,com_docman/task,doc_view/gid,11/Itemid,77/.
[x] http://www.nationmaster.com/graph/hea_tot_exp_on_hea_as_of_gdp-health-total-expenditure-gdp.
[xi] World Health Organization Country Profiles, 2007, http://www.who.int/gho/countries/can.pdf and http://www.who.int/gho/countries/ind.pdf.
[xii] http://www.discovermedicaltourism.com/statistics/.
[xiii] http://www.amritt.com/Drug-Manufacturers-in-India.html accessed June 13, 2011.

Tyson, Jo HLTH:EX

From: Gill, Amardeep JTI:EX
Sent: Friday, November 4, 2011 5:28 PM
To: Menzies, Brian HLTH:EX
Subject: FW: LifeSciences Cluster - additional comments
Attachments: BC's History of Scientific Excellence.doc

This is good too..

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LifeSciences British Columbia

Suite 900 - 1188 West Georgia St.
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www.lifesciencesbc.ca

British Columbia's History of Scientific Excellence and Commercial Success

Our province has a rich and diverse history of scientific excellence, and continues to chart a new course driven by knowledge-based industries. Local success stories and opportunities in all of our technology sectors are supported by a strong foundation of world-class research, a track record of commercial success, and an ever more favorable business climate.

Following are just a few examples of this rich scientific history....

Health:

- ***The BC Cancer Agency was the first in the world to introduce widespread pap testing which is the most successful cancer screening technique in medical history.*** Its introduction has reduced cervical cancer death rates by 74% between 1955 and 1992.

- ***The late Dr. Michael Smith of UBC won the Nobel Prize for Chemistry in 1993, and was a bona fide scientific superstar.*** His formal contributions were in the area of gene research, but as a teacher, ethicist, philanthropist, advocate for research funding and humanitarian causes, Dr. Smith rose above the ivory tower of science. He donated his Nobel Prize winnings to schizophrenia research and to help promote the advancement of Canadian women in science

- **QLT's Visudyne** was the first treatment of age-related macular degeneration, the leading cause of blindness. It was one of the most successful ophthalmology products ever, with annual worldwide sales topping a half a billion dollars. ***Visudyne has now saved the sight of millions of patients worldwide.***

- **Angiotech's coated coronary stent, TAXUS®** represented the most successfully launched product in medical history. ***Now implanted in millions of patients worldwide, annual sales have topped over $2.5 billion US.***

- As the President of the International AIDS Society (IAS), **Dr. Julio Montaner**, the Director of the BC Centre for Excellence in HIV/AIDS is ardent about bringing healing to those who suffer at the hands of this world epidemic. ***The passionate physician was one of the lead researchers who developed the "cocktail" that has helped HIV patients in North America live a long life.*** Because of his work, AIDS is no longer an immediate "death sentence", and is a manageable condition for a large portion of patients worldwide.

- Built on Rick Hansen's dream of having a world-leading spinal cord injury Centre of Excellence in Canada, The Blusson Spinal Cord Centre, opened last year. ***Blusson is the largest, most advanced and most comprehensive facility devoted to spinal cord injury research and patient care in the world.***

LifeSciences British Columbia

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BioEnergy/Clean Technology

- ***British Columbia is home to the third largest renewable energy sector in the world, behind only California and Germany.***

- **Nexterra Energy Corp.** ***has developed a system to convert waste biomass fuels into clean substitutes for natural gas and other fossil fuels in the production of heat, steam or power, significantly lowering greenhouse gas and other harmful air emissions.***

  Nexterra's technology is having a direct impact on BC communities. For example, it was selected by the University of Northern British Columbia to supply and install a turnkey biomass gasification system to heat UNBC's Prince George campus and anchor its new Northern Bioenergy Innovation Centre.

  Nexterra's system is part of a $14.8 million bioenergy program that includes upgraded road and utility infrastructure, a new building and a "living laboratory" for bioenergy research and development. The Nexterra gasification system will convert locally sourced wood residue into clean-burning syngas that will displace up to 85 percent of the natural gas currently used to heat the campus. The project, which is jointly funded by the federal and provincial governments will be complete by mid-2010 and construction will support approximately 150 jobs.

  By using wood residue to displace natural gas, the new system will reduce the university's carbon footprint by approximately 3,500 metric tons annually, the equivalent of taking 1,000 cars off the road.

- **Lignol Energy Corp.** recently announced that it successfully completed the first end-to-end production of cellulosic ethanol from its fully integrated industrial-scale biorefinery pilot plant in Burnaby. ***Lignol is undertaking to construct biorefineries for the production of fuel-grade ethanol and biochemicals from BC forests and vast supplies of biomass feedstocks such s the Mountain Pine Beetle wood. This has positioned Lignol as one of the most promising*** **cellulose to ethanol** ***companies in the world.***

- **Westport Innovations** was founded on research conducted in the early 1980's at UBC's Mechanical Engineering Department by Professor Philip Hill who first began seeking improvements to natural gas combustion in engines in order to reduce emissions gases that are harmful to human health and the environment. ***This research formed the basis for the establishment of Westport Innovations Inc. which is working towards the global deployment of natural gas vehicles*** with Westport technologies in order to:
  - reduce dependence on oil, allowing many countries to use abundant, indigenous natural gas,
  - mitigate the effects of air pollution in cities, and
  - provide the bridge towards hydrogen-based transportation.

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- **Dynamotive Energy Systems** is turning dry, waste cellulosic biomass into BioOil® for power and heat generation. BioOil® can be further converted into vehicle fuels and chemicals. ***Dynamotive is one of only two companies with the demonstrated capacity to build multi-hundred ton/day biomass fast pyrolysis plants, and is the only company that had operational commercial plants of this size.***

Oceans

- ***British Columbia is home to VENUS and NEPTUNE, the world's largest underwater ocean observatories.*** NEPTUNE is the world's first ocean observatory that plugs directly into the Internet so that people everywhere will be able to 'surf the seafloor,' and ocean scientists will be able to run deep-water experiments from labs and universities anywhere around the world. VENUS AND NEPTUNE are expanding the boundaries of ocean science, and creating a new online commons where scientists, students, educators, policy makers and ocean enthusiasts can explore, learn, share insights and tackle new questions. The development of VENUS and NEPTUNE is to oceans research what was landing on the moon was to space exploration.

New Media/Wireless

- Burnaby is home to the **Electronic Arts Inc.'s** largest development studio. ***EA is one of the world's leading global interactive entertainment software companies that develops, publishes, and distributes interactive software worldwide for video game systems, personal computers, wireless devices and the Internet.*** In fiscal 2009, EA had 31 titles that sold more than one million copies, and three titles that each sold more than five million copies.

- ***Next February, when Vancouver hosts the Olympic and Paralympic Winter Games, WINBC will host a Technology Showcase that highlights the talents and expertise of wireless/new media companies across British Columbia to more than 30,000 visitors at the 2010 Commerce Centre.*** The Technology Showcase will feature a Digital Video Showcase, a Web-Based Industry Asset Browser, a Mobile and Digital Service Showcase, and a Physical Showcase. At least 100 BC wireless and digital media companies will be included in the Web-Based Browser and some 40 companies will be featured in the Video Showcase. A Service Showcase will also provide advanced communication services to some 1,500 non-accredited media who will be hosted at the 2010 Commerce Centre.

- Earlier this year, BC's Sierra Wireless Inc. a leading provider for wireless modems for mobile computing, acquired French Company Wavecom for close to $300 million. ***This transaction has created a business combination that will bring together these two industry innovators to form a global leader in wireless data, and has poised Sierra Wireless to become BC's first billion dollar wireless company.***

Tyson, Jo HLTH:EX

From: Murray, Wendy HLTH:EX
Sent: Thursday, November 3, 2011 4:29 PM
To: Menzies, Brian HLTH:EX
Cc: Jukes, Shaina HLTH:EX; Turner, Julie HLTH:EX; Casanova, Tamara HLTH:EX; Docs Processing HLTH:EX
Subject: India Presentation Revised (2).ppt

Importance: High

Hi Brian...updated documents as requested. They are also posted on the SharePoint


India Presentation Revised (2)...


Profile of India_V3.doc

Wendy Murray ~ Executive Coordinator ~ Deputy Minister's Office ~ Ministry of Health ~ 1515 Blanshard Street, Victoria, BC, V8W 3C8 ~ 250-952-1908 ~ Fax: 250-952-1909 ~ mailto:wendy.murray@gov.bc.ca ~ **Please consider the environment before printing**

BRITISH COLUMBIA

Ministry of Health

BC Delegation

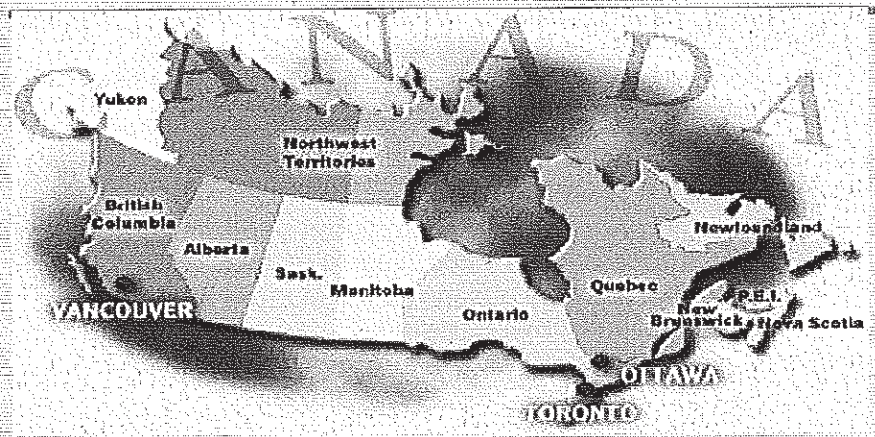
Overview of the British Columbia Health Care System

November 2011

BRITISH COLUMBIA

Ministry of Health

Canada



2

Presentation Outline

- Levels of Government
- Health Care in British Columbia
- Public vs. Private Health Care

3

BRITISH COLUMBIA
Ministry of Health

Financing The Health Care System

- **Federal Government**
  - Finances services covered by the *Canada Health Act* – Physician and Hospital Services
  - Single payer - Canada Health Transfer
- **Provincial Government**
  - Finances services for - prescription drug plans, home care, continuing care and long-term care
  - Provincial insurance plans supplemented by private insurance and private payment
- **Private Sector**
  - Paid directly by citizens or covered through private insurance plans or employee benefit plans – dental plans

4

Federal Government's Role

- *Canada Health Act*
- Help fund provincial health care
- Research
- Regulation
- Health promotion
- Funds services to some groups e.g.:
  - Aboriginal people
  - Canadian armed forces

5

BRITISH COLUMBIA
Ministry of Health

Federal Health Policy - Objectives

- To ensure that all Canadians have timely access to medically necessary health services regardless of their ability to pay for these services.
- To ensure that no Canadian suffers undue financial hardship as a result of having to pay health care bills.

6

Canada Health Act

Principles:

- Universality
- Comprehensiveness
- Accessibility
- Portability
- Public Administration

7

Federal Role in Public Administration

- Canadians support national principles in health care
  - federal funding is critical for reform and renewal
  - federal government ensures that provinces have financial resources to meet needs of citizens
- Fundamental changes need a national approach
  - inter-provincial harmonization
- Principle of accountability to the taxpayers
  - requires the federal government to have a say in how that money is spent

8

BRITISH COLUMBIA

Ministry of Health

Health Care in British Columbia

- Public Health & Health Promotion
- Medical Services Plan
- Hospital Care
- Continuing Care
- Pharmacare

9

BRITISH COLUMBIA

Ministry of Health

Pressures in the Health System

- Shifting demographics
- Increase in the incidence of chronic disease
- Rising costs of hospital and physician services
- Retention and recruitment in health human resources
- Cost of technological innovation
- Growing use and cost of pharmaceuticals

10

BRITISH COLUMBIA

Ministry of Health

Population and Public Health

- **Health Promotion, Chronic Disease & Injury Prevention**
  - Healthy Families BC (healthy eating, physical activity, targeted home visitation, school & community healthy living programs)
  - Core Public Health Services
  - Mental Health – Healthy Minds, Healthy People
  - Tripartite First Nations Health Plan & First Nations Governance

11

BRITISH COLUMBIA

Ministry of Health

Population and Public Health

- **Health Promotion, Chronic Disease & Injury Prevention (cont.)**
  - Seniors Healthy Living Framework
  - Tobacco Reduction & Control
  - Immunization
- **Health Protection**
  - Meat Inspection Regulations
  - Drinking Water Protection
- **Health Emergency Management**

12

BRITISH COLUMBIA

Ministry of Health

Medical Services Plan Eligibility & Premiums

- BC residents that meet eligibility requirements
- 99% of BC residents covered
- Monthly premiums:
  - $60.50 single
  - $109 couple
  - $121 family
- 20-100% subsidy for low income groups.

13

BRITISH COLUMBIA

Ministry of Health

Medical Services Plan

- All medically required services of a physician
- Services of a specialist
- X-ray, ultrasound & laboratory
- Oral surgery medically required to be performed in hospital
- For those receiving income assistance, supplementary benefits including acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry

14

Residential Care Services

- Family care homes
- Group homes
- Intermediate care facilities
- Extended care facilities
- Special care units
- Multi-level care

15

BRITISH COLUMBIA
Ministry of Health

Home Care Services

- Home nursing care
- Home-maker services
- Physiotherapy and Occupational Therapy
- Meals on Wheels
- Adult Day Care Programs

16

Continuing Care Accessing Services

- Single point of entry via local Continuing Care Office
- Clients assessed by Case Manager
  - eligibility
  - health care needs
  - health services best suited to meet needs
  - financial status to determine subsidy level.

17

Pharmacare

- Assistance for prescription drugs & other medically necessary supplies
- Fair Pharmacare introduced in 2003
- Pharmacare covers 70% of eligible expenditures between a deductible (0%-3%) and maximum proportion of net family income (2%-4%).
- Enhanced coverage for persons born in 1939 and earlier.

18

Public vs. Private Health Care System

- Benefits of Public System
  - Health Services are available to everyone, everywhere
  - No one is discriminated against in terms of:
    - Age
    - Income
    - Health Status

Advantages of Public Administration

- Supported by Canadian citizens
- Efficient administration of health care insurance
- Eliminates costs associated with:
  - marketing of competitive health care insurance policies
  - billing for and collecting premiums
  - evaluating insurance risks.

Advantages for Employers

- Health System Contributes to Business Competitiveness:
  - Lower Benefit Plan Costs
  - Labour Mobility
  - Employers have a pool of healthy workers to draw on
- Relatively low portion of GDP Spent on Health Care
  - More funding for economic development

21

Sustainability of Health Care System

The pace of growth in health care spending is increasing:

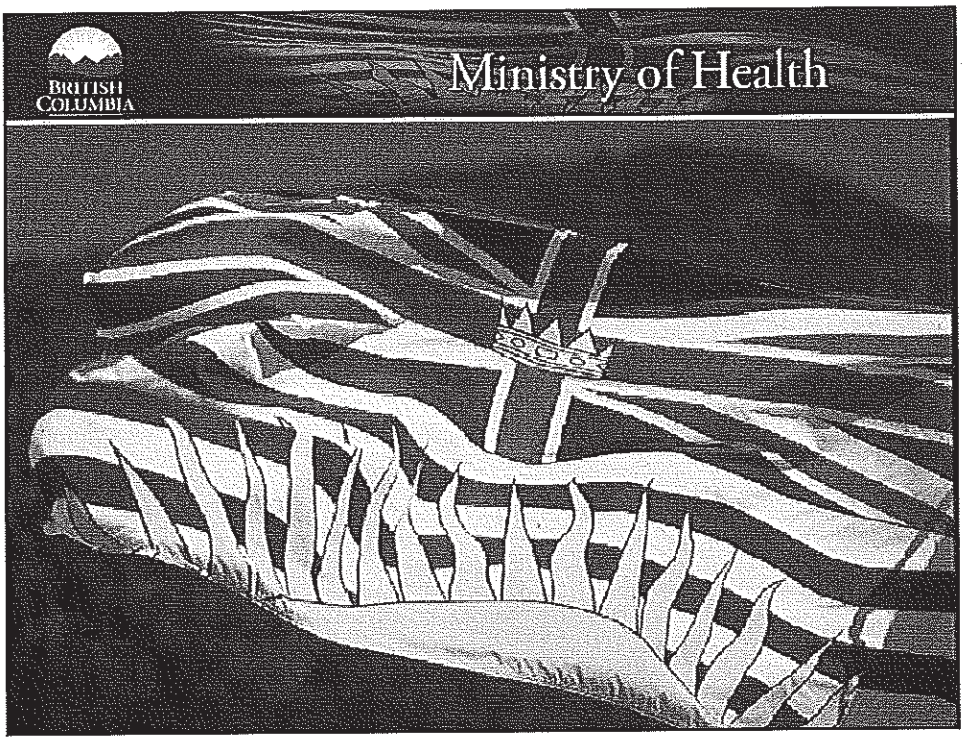
- Drug Costs
- New Technology
- Aging Population
- Cost of Health Care Human Resources
- Health Research
- Growing Public Expectations

22

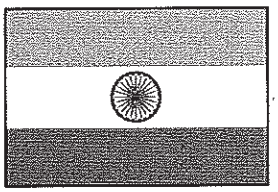
Overlap: Public and Private Services

- Services provided under workers' compensation programs; and
- Tax subsidies for private sector: supplementary insurance - for prescription drugs and dental services not covered in provincial and territorial plans

Questions and Answers



Profile of India



Overview of India[1]

India is located between Nepal, China, and Pakistan, and borders the Arabian Sea and the Bay of Bengal. India became independent from the United Kingdom on August 15, 1947 and its common law and parliamentary system are based on the English model.

The Government of India, also known as the central government, was established by the Constitution of India and is the governing authority of 28 states and 7 territories. Its capital is New Delhi. Dr. Manmohan Singh became Prime Minister on May 22, 2004 when the Indian National Congress party was elected. The Prime Minister of India is the Head of the union (federal) government, and is distinct from the President of India (Smt. Pratibha Devisingh Patil), who is the Head of State. The As per the Westminster model, the Prime Minister oversees the day-to-day functioning of the federal government.

As of July 2011, India's population is estimated at 1,189,172,906. Nearly 30% (29.7%) of the population is aged 0-14 years; 64.9% is 15-64 years; and 5.5% is 65 years and over. Life expectancy is 66.8 years old.

India has a labour force of 478.3 million and its unemployment rate is 10.8% (2010 estimates). Its labour force by occupation is 34% for services; 14% for industry; and 52% for agriculture. Its main industries are textiles, chemicals, food processing, steel, transportation equipment, cement, mining, petroleum, machinery, software, and pharmaceuticals. India has a fast-growing economy and a large, skilled workforce. Unfortunately, it continues to experience widespread poverty and inequities in health.

Health System

India has a universal health care system run by states and territories. The National Health Policy was endorsed by Parliament in 1983 and updated in 2002. Its objective is to achieve an acceptable standard of good health among the general population of the country based on goals to be achieved by 2015.

The provision of health care by the public sector is a responsibility shared by the central government, states and territories, and local governments. General health services are the primary responsibility of the states with the central government focusing on areas such as medical education, drugs, population health, and disease control. India's Constitution outlines that each state has a primary duty to raise the level of nutrition and the standard of living of its population, and improve overall public health. The central government's

[1] The information in this profile comes from a variety of sources, including India's Ministry of Health and Family Welfare (the Ministry) website, United Nations websites, and the CIA World Factbook website. Due to broken links and missing/out-dated information on the Ministry's website, data should be read as close estimates.

national health programs, such as reproductive and child health and communicable disease, contribute significantly to state health programs. Governments have a mandate to shape, strengthen, support, and sustain a health system where every citizen has access to readily available, qualitatively appropriate, and adequately wide ranging health services at affordable costs.

While India has a publically financed health system, the private sector has a dominant presence in health, including medical education and training, medical technology and diagnostics, pharmaceutical manufacture and sale, hospital construction and ancillary services, and the provision of health care. For example, the private sector provides approximately 80% of all outpatient care and 60% of all in-patient care. Over 68% of hospitals are in the private sector- the majority located in urban areas- and 70% of health workers are employed by the private sector. The number of health workers in urban areas is nearly four times that of rural areas, and 72% of the population resides in rural areas.

The Ministry of Health and Family Welfare

The Ministry of Health and Family Welfare (the Ministry) is mandated to oversee health services and public/population health, and government programs relating to family planning and maternal health. Ghulam Nabi Azad is India's Minister of Health and Family Welfare[2], and is assisted by a Minister of State for Health and Family Welfare.

According to the Ministry's website, the Ministry is comprised of the following departments, each headed by a secretary to the government:

- Department of Health and Family Welfare;
- Department of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy);
- Department of Health Research; and
- Department of AIDS Control.

The Directorate General of Health Services (DGHS) is attached to the Department of Health and Family Welfare and has offices throughout India. The DGHS provides technical advice on medical and public health and is involved in the implementation of various health services.

The Department of Health and Family Welfare is responsible for health services and population/public health, and family welfare including reproductive health, maternal health, pediatrics, and work with NGOs and international aid groups. The Department of AYUSH develops educational standards, promotes the cultivation of medicinal plants, facilitates research, and raises awareness as it relates to traditional Indian medicine (Ayurveda) and alternative medicines. The Department of Health Research promotes and

[2] In July 2011, a meeting took place between the Ministry of Health and Family Welfare and Indian policy makers and elected representatives for HIV-AIDS. Minister Ghulam Nabi Azad was quoted as saying intimate relations by men with men is unnatural. He noted it is important to reach out to this population to prevent the spread of HIV. The Minister received strong criticism from the media and health organizations for what were recorded as being his remarks.

coordinates basic, applied, and clinical research; provides guidance on ethical issues in research; facilitates international cooperation in research; and provides technical support for epidemics and outbreaks. The Department of AIDS Control focuses on data collection, policies, and services and outreach programs for HIV/AIDS.

According to the Ministry of Health and Family Welfare's *2010 Annual Report to the People on Health*, given the high cost of treatment for non-communicable diseases and the continued work needed to mitigate communicable diseases, the most cost-effective option to address health is to invest in health promotion, including the promotion of healthy lifestyles and behavioural changes.

Healthcare issues

Malnutrition: Approximately 47% of India's children below the age of three are malnourished, almost twice the statistics of the sub-Saharan African region. The World Bank estimates this figure (conservatively) to be 60 million children. Approximately 36% of adult women are classified as being undernourished.

Maternal and infant mortality: Maternal mortality rates are approximately 230 deaths/100,000 live births, and infant mortality rates are 47.57 deaths/1,000 births. An estimated 1.72 million children die each year before turning one. Shortages of healthcare providers, poor intra-partum and newborn care, and high levels of diarrheal diseases and acute respiratory infections contribute to a high infant mortality rate. Infrastructures like hospitals and roads, and safe water and sanitation are lacking in many rural areas which contribute to mortality and illness.

Disease and infection: There is a high degree of risk for contracting infectious diseases, including from contaminated food and water and contact with animals. Dengue fever, hepatitis, tuberculosis, malaria, and pneumonia continue to plague India due to increased resistance to drugs. Roughly 2.4 million people are living with HIV/AIDS and it is estimated that in 2009, 170,000 deaths were related to HIV/AIDs.

More than 122 million households have no toilets and 33% of the population lacks access to latrines. According to 2008 data, approximately 88% of the population has access to safe/protected drinking water. Of this population, 26% of India's "slum population" has access to safe drinking water. The lack of safe drinking water contributes to the spread of disease and infection.

Healthcare expenditures

India's healthcare industry is growing at a rapid pace and is expected to become a US$280 billion industry by 2020. Rising income levels and a growing elderly population are factors driving this growth. In addition, changing demographics and disease profiles and the shift from chronic to 'lifestyle based' diseases in the country have led to increased spending on healthcare delivery.

India's health expenditures are 2.4% of its GDP. There are 0.599 physicians and 0.9 hospital beds per 1,000 population.

In order to meet human resource shortages and reach world standards, it is estimated that India will require investments of up to $20 billion over the next five years.

Recent achievements/good news in health

The Ministry of Health and Family Welfare's *2010 Annual Report to the People on Health* highlights the following achievements:

- Increased the number of medical and paramedical staff. During the year 2009-10, 2,475 MMBS doctors (entry-level doctors), 160 medical specialists, 7,136 auxiliary nurse midwives, 2,847 staff nurses, and 2,368 AYUSH doctors and 2,184 AYUSH paramedics were appointed/hired.
- Increased the Mobile Medical Units to 363 districts in 2009-10, up from 310 in 2008-09. The units primarily serve remote areas and provide diagnostic and outpatient care close to small towns and villages.
- Set up approximately 50,000 Village Health and Sanitation Committees.
- Increased the number of cataract operations from 22 lakh in 2007-08 to 59 lakh in 2009-10. (*'Lakh' is equal to one hundred thousand.)*
- Established an additional 4 blood banks and 28 blood component separation units in 2009-10. In addition, over 60,000 donation blood camps were organized.
- Reduced the total fertility rate (the average number of children that a woman would bear over her lifetime) from 5.2 in 1971 to 2.6 in 2008. A target is 2.1, the replacement level, which is when a population is considered to be stabilized.
- Continued to implement a broad-based family planning approach, with comprehensive policies containing a range of reproductive health services and services for children. Since 1995, this holistic approach has replaced the previous unitary sterilization-centered approach.
- To increase the number of doctors across the country and medical colleges, regulations for land and infrastructure were rationalized in order to attract more entrepreneurs, particularly in under-served and difficult to reach areas.
- For the first time, in 2009/10, India permitted registered companies to set up medical colleges.
- Launched an Annual Health Survey in 9 states/284 districts, to provide data on key health indicators, such as the total fertility rate and infant mortality rate. A proposal has also been approved for surveying anemia, malnutrition, hypertension, diabetes, and iodine in salt used by households.
- Set up a national tracking system of individual pregnant women and infants with a focus on antenatal care and immunization in order to monitor the health status of each pregnant woman and infant across the country.
- The National Rural Health Mission was launched in 2005 and continues to address structural issues in the health system, promote policies that strengthen public health management and service delivery, and provide basic access to health services rural areas.
- Initiated a major effort in tobacco control in the form of a national program.
- Planned short-term courses on health promotion to be implemented through the National Institute of Health and Family Welfare.

The Ministry of Health and Family Welfare maintains a "Healthy India" website alongside the Public Health Foundation of India (www.healthy-india.org/). The website, similar to content on the ActNowBC website, endeavours to help prevent disease through encouraging earlier detection and treatment of chronic diseases, and fostering healthy living through the provision of information and resources on maintaining a healthy lifestyle. This includes information and resources on implementing a healthy diet and physical activity, and reducing tobacco and alcohol use.

Due to the acute care human resource shortage particularly in rural areas, on October 19, 2011, Minister Ghulam Nabi Azad gave the Medical Council of India a three-week deadline to endorse the implementation of a 3.5 year medical degree (the Bachelor of Rural Medicine degree). This degree will train new health workers to serve exclusively in rural and difficult to reach areas. Courses have already been developed and the goal of the degree is to equip rural public health officers in the areas of primary and preventative health care. If the Medical Council of India does not endorse the degree in the three week timeline, the government will send a directive that it needs to.

Tyson, Jo HLTH:EX

From: Murray, Wendy HLTH:EX
Sent: Thursday, November 3, 2011 8:41 AM
To: hlth Ministerial and Executive Assistants
Cc: Turner, Julie HLTH:EX; Jukes, Shaina HLTH:EX; Casanova, Tamara HLTH:EX; Docs Processing HLTH:EX
Subject: Presentation and Profile for India

Importance: High

Good Morning:

As requested attached is the presentation from IGR for the Minister's trip to India:

India Presentation Revised.ppt...

Also attached is the profile of India:

Profile of India.doc

Docs Processing will also post these documents on the Minister's Office SharePoint.

Thanks...enjoy your day....W

Wendy Murray ~ Executive Coordinator ~ Deputy Minister's Office ~ Ministry of Health ~ 1515 Blanshard Street, Victoria, BC, V8W 3C8 ~ 250-952-1908 ~ Fax: 250-952-1909 ~ mailto:wendy.murray@gov.bc.ca ~ **Please consider the environment before printing**

BRITISH COLUMBIA

Ministry of Health

BC Delegation

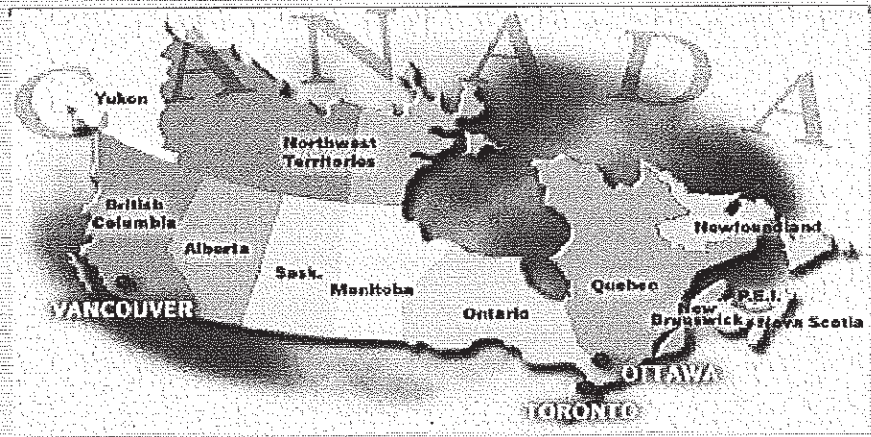
Overview of the British Columbia Health Care System

November 2011

BRITISH COLUMBIA

Ministry of Health

Canada



2

Presentation Outline

- Levels of Government
- Health care in British Columbia
- Public vs. Private health care

Financing The Health Care System

- **Federal Government**
  - Finances services covered by the *Canada Health Act* – Physician and Hospital Services
  - Single payer - Canada Health Transfer
- **Provincial Government**
  - Services covered by provinces - prescription drug plans, home care, continuing care and long-term care
  - Provincial insurance plans supplemented by private insurance and private payment
- **Services provided through the private sector**
  - Paid directly by citizens or covered through private insurance plans or employee benefit plans – dental plans

Federal Government's Role

- *Canada Health Act*
- Help fund provincial health care
- Research
- Regulation
- Health promotion
- Funds services to some groups e.g.:
  - Aboriginal people
  - Canadian armed forces

5

BRITISH COLUMBIA
Ministry of Health

Federal Health Policy- Objectives

- To ensure that all Canadians have timely access to medically necessary health services regardless of their ability to pay for these services.
- To ensure that no Canadian suffers undue financial hardship as a result of having to pay health care bills.

6

BRITISH COLUMBIA

Ministry of Health

Canada Health Act

Principles:

- Universality
- Comprehensiveness
- Accessibility
- Portability
- Public Administration

7

BRITISH COLUMBIA

Ministry of Health

Federal Role in Public Administration

- Canadians support national principles in health care
  - federal funding is critical for reform and renewal
  - federal government ensures that provinces and territories have financial resources to meet needs of citizens
- Fundamental changes should occur at national level
  - inter-provincial harmonization
- Principle of accountability to the taxpayers
  - requires the federal government to have a say in how that money is spent

8

Health Care in British Columbia

- Public Health & Health Promotion
- Medical Services Plan
- Hospital Care
- Continuing Care
- Pharmacare

Population and Public Health

- Health Promotion, Chronic Disease & Injury Prevention
  - Healthy Families BC *(healthy eating, physical activity, targeted home visitation, school & community healthy living programs)*
  - Core Public Health Services
  - Mental Health – *Healthy Minds, Healthy People*
  - Tripartite First Nations Health Plan & First Nations Governance
  - Seniors Healthy Living Framework
  - Tobacco Reduction & Control
  - Immunization
- Health Protection
  - Meat Inspection Regulations
  - Drinking Water Protection
- Health Emergency Management

BRITISH COLUMBIA

Ministry of Health

Medical Services Plan
Eligibility & Premiums

- BC residents that meet eligibility requirements
- 99% of BC residents covered
- Monthly premiums:
  - $60.50 single
  - $109 couple
  - $121 family
- 20-100% subsidy for low income groups.

11

BRITISH COLUMBIA

Ministry of Health

Medical Services Plan
Services

- All medically required services of a physician
- Services of a specialist
- X-ray, ultrasound & laboratory
- Oral surgery medically required to be performed in hospital
- For those receiving income assistance, supplementary benefits including acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry

12

Residential Care Services

- Family care homes
- Group homes
- Intermediate care facilities
- Extended care facilities
- Special care units
- Multi-level care

13

Home Care Services

- Home nursing care
- Home-maker services
- Physiotherapy and Occupational Therapy
- Meals on Wheels
- Adult Day Care Programs

14

Continuing Care Accessing Services

- Single point of entry via local Continuing Care Office
- Clients assessed by Case Manager
  - eligibility
  - health care needs
  - health services best suited to meet needs
  - financial status to determine subsidy level.

15

Pharmacare

- Assistance for prescription drugs & other medically necessary supplies
- Fair Pharmacare introduced in 2003
- Pharmacare covers 70% of eligible expenditures between a deductible (0%-3%) and maximum proportion of net family income (2%-4%).
- Enhanced coverage for persons born in 1939 and earlier.

16

Public vs. Private Health Care System

- **Benefits of Public System**
  - **Health Services are available to everyone, everywhere**
  - **No one is discriminated against in terms of:**
    - **Age**
    - **Income**
    - **Health Status**

17

Advantages of Public Administration

- Supported by Canadian citizens
- Efficient administration of health care insurance

  Eliminates costs associated with:
  - marketing of competitive health care insurance policies
  - billing for and collecting premiums
  - evaluating insurance risks.

18

Advantages for Employers

- Health System Contributes to Business Competitiveness:
  - Lower Benefit Plan Costs
  - Labour Mobility
  - Employers have a pool of healthy workers to draw on
- Relatively low portion of GDP Spent on Health Care
  - More funding for economic development

19

Sustainability of Health Care System

The pace of growth in health care spending is increasing:

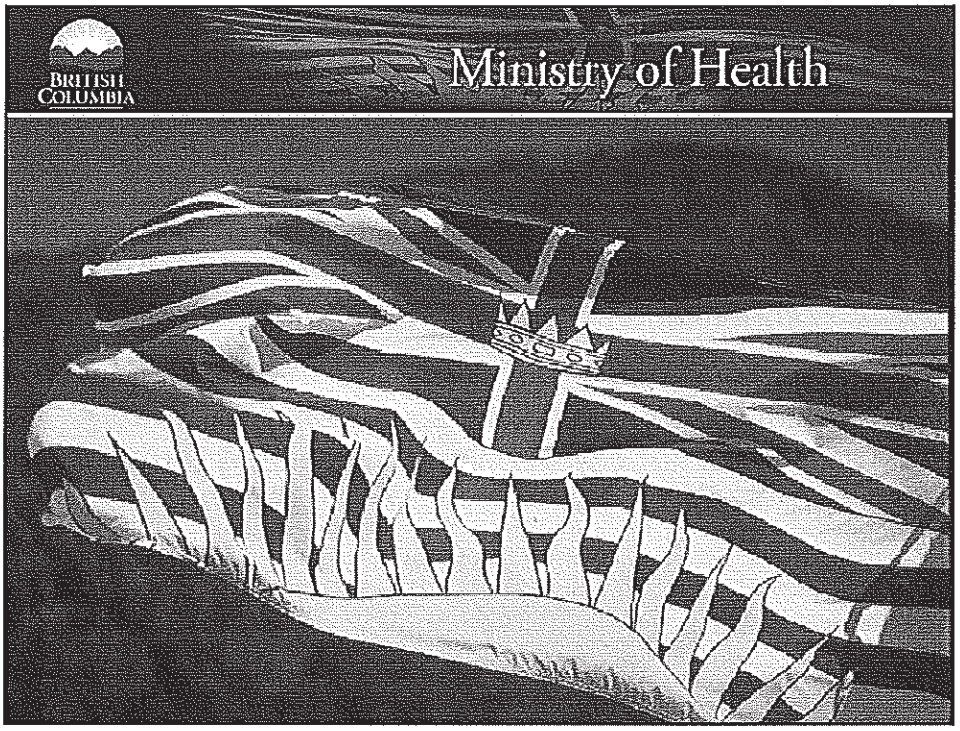
- Drug Costs
- New Technology
- Aging Population
- Cost of Health Care Human Resources
- Health Research
- Growing Public Expectations

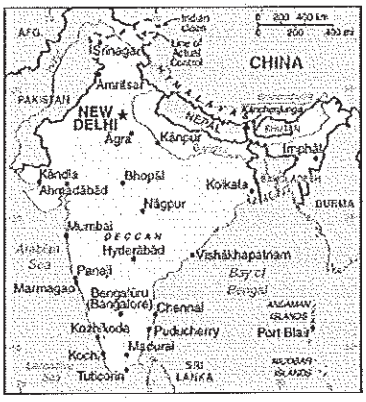
20

Overlap: public and private services

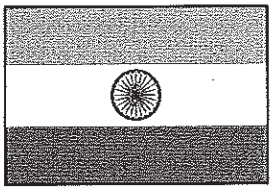
- Services provided under workers' compensation programs; and
- Tax subsidies for private sector: supplementary insurance - for prescription drugs and dental services not covered in provincial and territorial plans

Questions and Answers





Profile of India



Overview of India[1]

India is located between Nepal, China, and Pakistan, and borders the Arabian Sea and the Bay of Bengal. India became independent from the United Kingdom on August 15, 1947 and its common law and parliamentary system are based on the English model.

The Government of India, also known as the central government, was established by the Constitution of India and is the governing authority of 28 states and 7 territories. Its capital is New Delhi. Dr. Manmohan Singh became Prime Minister on May 22, 2004 when the Indian National Congress party was elected.

As of July 2011, India's population is estimated at 1,189,172,906. Nearly 30% (29.7%) of the population is aged 0-14 years; 64.9% is 15-64 years; and 5.5% is 65 years and over. Life expectancy is 66.8 years old.

India has a labour force of 478.3 million and its unemployment rate is 10.8% (2010 estimates). Its labour force by occupation is 34% for services; 14% for industry; and 52% for agriculture. Its main industries are textiles, chemicals, food processing, steel, transportation equipment, cement, mining, petroleum, machinery, software, and pharmaceuticals. India has a fast-growing economy and a large, skilled workforce. Unfortunately, it continues to experience widespread poverty and inequities in health.

Health System

India has a universal health care system run by states and territories. The National Health Policy was endorsed by Parliament in 1983 and updated in 2002. Its objective is to achieve an acceptable standard of good health among the general population of the country based on goals to be achieved by 2015.

The provision of health care by the public sector is a responsibility shared by the central government, states and territories, and local governments. General health services are the primary responsibility of the states with the central government focusing on areas such as medical education, drugs, population health, and disease control. India's Constitution outlines that each state has a primary duty to raise the level of nutrition and the standard of living of its population, and improve overall public health. The central government's national health programs, such as reproductive and child health and communicable disease, contribute significantly to state health programs.

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[1] The information in this profile comes from a variety of sources, including India's Ministry of Health and Family Welfare (the Ministry) website, United Nations websites, and the CIA World Factbook website. Due to broken links and missing/out-dated information on the Ministry's website, data should be read as close estimates.

The number of health workers in urban areas is nearly four times that of rural areas. The National Rural Health Mission (NRHM) was launched in 2005 and seeks to address structural issues in the health system and promote policies that strengthen public health management and service delivery in rural areas.

While India has a publically financed health care system, the private sector has a dominant presence in health, including medical education and training, medical technology and diagnostics, pharmaceutical manufacture and sale, hospital construction and ancillary services, and the provision of health care. For example, the private sector provides approximately 80% of all outpatient care and 60% of all in-patient care. Over 68% of hospitals are in the private sector- the majority located in urban areas- and 70% of health workers are employed by the private sector.

The Ministry of Health and Family Welfare

The Ministry of Health and Family Welfare (the Ministry) is mandated to oversee health services and public/population health, and government programs relating to family planning and maternal health. Ghulam Nabi Azad is India's Minister of Health and Family Welfare, and is assisted by a Minister of State for Health and Family Welfare.

The Ministry is comprised of the following departments, each headed by a secretary to the government:

- Department of Health and Family Welfare;
- Department of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy);
- Department of Health Research; and
- Department of AIDS Control.

The Directorate General of Health Services (DGHS) is attached to the Department of Health and Family Welfare and has offices throughout India. The DGHS provides technical advice on medical and public health and is involved in the implementation of various health services.

The Department of Health and Family Welfare is responsible for health services and population/public health, and family welfare including reproductive health, maternal health, pediatrics, and work with NGOs and international aid groups. The Department of AYUSH develops educational standards, promotes the cultivation of medicinal plants, facilitates research, and raises awareness as it relates to traditional Indian medicine (Ayurveda) and alternative medicines. The Department of Health Research promotes and coordinates basic, applied, and clinical research; provides guidance on ethical issues in research; facilitates international cooperation in research; and provides technical support for epidemics and outbreaks. The Department of AIDS Control focuses on data collection, policies, and services and outreach programs for HIV/AIDS.

According to the Ministry of Health and Family Welfare's *2010 Annual Report to the People on Health*, given the high cost of treatment for non-communicable diseases and the continued work needed to mitigate communicable diseases, the most cost-effective

option to address health is to invest in health promotion, including the promotion of healthy lifestyles and behavioural changes. It is for this reason that a major effort in tobacco control in the form of a national program has been initiated. Short-term courses on health promotion are also being planned through the National Institute of Health and Family Welfare.

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India's healthcare industry is growing at a rapid pace and is expected to become a US$280 billion industry by 2020. Rising income levels and a growing elderly population are factors driving this growth. In addition, changing demographics and disease profiles and the shift from chronic to 'lifestyle based' diseases in the country have led to increased spending on healthcare delivery.

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In order to meet human resource shortages and reach world standards, it is estimated that India will require investments of up to $20 billion over the next five years.

Tyson, Jo HLTH:EX

From: Gill, Amardeep JTI:EX
Sent: Wednesday, November 2, 2011 4:24 PM
To: Menzies, Brian HLTH:EX
Subject: FW: My trip to India and LSBC Info
Attachments: Life_Sciences_in_BC_Oct 2010.ppt

FYI Brian – information can be taken from this file to prepare a presentation on the Life Sciences expertise of the Province.

- BC is now home to approximately 250 life sciences companies – up from just under 100 in 2003
- These companies employ just over 5,000 people in the province
- They contribute close to $300 million to the provincial economy annually
- These figures represent only private sector activity – does not include the additional high level of activity at public research institutions
- The province invests approximately $2 billion in R&D each year

Amardeep K. Gill, MBA CMA
Manager, India
International Relations and Business Development Branch
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T: +1 (604) 775-2133 S22
F:+1 (604) 775-2197
Amardeep.Gill@gov.bc.ca

Tyson, Jo HLTH:EX

From: Anne-Catherine.Gay-des-Combes@weforum.org
Sent: Thursday, November 10, 2011 4:48 AM
To: Garfinkel, Gabe PREM:EX; Menzies, Brian HLTH:EX
Cc: Ramirez, Edwina D. JTI:EX; Nicholas, Michael JTI:EX
Subject: Re: India Economic Summit - Meeting to hand over badges and latest details
Attachments: Agenda Clark Christy - Copy.doc; Agenda Jong Michael de - Copy.doc; SUB clark christy.doc; SUB de jong michael.doc; IES11 Public Figures list.doc; IES11 programme as of 10 November.doc

Dear Gabe, dear Brian

Sharing to you as well

With kind regards,

Anne-Catherine Gay des Combes
Senior Associate, Asia

World Economic Forum
91-93 route de la Capite
CH-1223 Cologny/Geneva
Tel.: +41 (0)22 869 1417
Fax: +41 (0)22 786 2744
E-mail: anne-catherine.gay-des-combes@weforum.org
Visit our website at http://www.weforum.org

From 7 November to 14 November, I will be in Mumbai for the India Economic Summit and can be reached at S22
S22

From: Anne-Catherine Gay-des-Combes/World Economic Forum
To: Edwina.Ramirez@gov.bc.ca
Cc: "Nicholas, Michael JTI:EX" <Michael.Nicholas@gov.bc.ca>
Date: 10/11/2011 18:06
Subject: India Economic Summit - Meeting to hand over badges and latest details

---

Dear Edwina,

I hope you arrived safely in Mumbai.

I would like to resume some points:

Badges: somebody should come on Saturday 12 morning or later to get the badges and bags of the delegation. For your information, as I have to stay at the Grand Hyatt, I won't accompany Minister de Jong at the Trident. However as no badges are needed to access Trident, somebody of the delegation can accompany him to the door of the private session. Maybe you can give me the phone number of the person who will be with him.

However when Premier will arrive at 10.30 for the preparatory discussion for the plenary on Monday 14, I will welcome her and lead the delegation to Khandala Room.

programme: session structures and agendas attached

Bilateral meetings opportunities: I am attaching a list of other public figures. In case you would like me to arrange bilateral meeting (30mn) with another Public Figures, please let me know and I can facilitate it.

Media programme. Should Premier Clark like to meet some media, I can ask our media team if there is any possibilities and coordinate with them.

Sunday dinner: Our Chairman is arriving only tomorrow, thus I may have more information on how we will arrange the meet and greet later on.

By the way I am not sure if I have to add +1 before the mobile phone number you gave me + 1 S22 or not

We can go over additional questions when we meet. Let me know what is your preferred time.

Looking forward to meeting you.

With kind regards,

Anne-Catherine

Anne-Catherine Gay des Combes
Senior Associate, Asia

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E-mail: anne-catherine.gay-des-combes@weforum.org
Visit our website at http://www.weforum.org

From 7 November to 14 November, I will be in Mumbai for the India Economic Summit and can be reached at S22

S22

WORLD ECONOMIC FORUM

COMMITTED TO IMPROVING THE STATE OF THE WORLD

Personal Agenda for

Christy Clark

Premier of British Columbia, Canada

Monday 14 November

10.45 - 12.00	**Please arrive at 10:30** for a preparatory discussion for your next session.	Panellists	*Confirmed*
	Your Plenary Session entitled **The New Role of the States: Catalysts for Growth** *(Grand Hyatt Mumbai, Khandala Room / Plenary Hall)*		

Arrival Date and Time : -
Departure Date and Time : -
Issue date : 10/11/2011 01:30

WORLD ECONOMIC FORUM

COMMITTED TO IMPROVING THE STATE OF THE WORLD

SESSION STRUCTURE

International Partnership for Innovative Healthcare Delivery: Role of India

(HE IP Meeting, India)

Saturday 12 November 14:30 - 16:30

S22

Innovative Delivery Models

Health systems face the challenge of delivering better quality care with scarce resources. In India, 75% of healthcare spending is out-of-pocket, which has provided the opportunity for healthcare innovators to find ways to improve affordable access to quality care, especially in remote areas where infrastructures and workforce are insufficient. For example, LifeSpring Hospitals in Andhra Pradesh can deliver babies at a fraction of the cost of comparable clinics by right-skilling the workforce and providing a standardized, no-frills service. The International Partnership for Innovative Healthcare Delivery (IPIHD), launched through a project at the World Economic Forum, aims to support healthcare innovators by connecting stakeholders to share knowledge, supporting via mentoring and creating a positive impact on healthcare systems by diffusing innovation globally.

This session will focus on the role of India in the IPIHD. It will hear from innovators that are receiving support from the IPIHD and its supporters including the early lessons, the road to impact and what healthcare systems around the world can learn from innovators in India.

Participants will address the following questions:

- How can these innovative delivery models in healthcare be supported to achieve scale?
- What are the key lessons that can be taken from looking at Indian innovations in healthcare that could further transform healthcare delivery in India?
- What would it take for innovation from India to be replicated to other countries around the world? What must change to make this happen?

The session will include:
Seat Reserved

S22

- **Michael de Jong**, Minister of Health of British Columbia, Canada

S22

WORLD ECONOMIC FORUM

COMMITTED TO IMPROVING THE STATE OF THE WORLD

S22

Moderated by

- **Olivier Raynaud**, Senior Director, Head of Healthcare Initiatives and Healthcare, World Economic Forum

****

14:30 Welcome and Introduction (Olivier Raynaud)

The Moderator will welcome participants and set the context for the discussion, then introduce the first speaker to make opening remarks.

14:40 Opening remarks from speakers on 'International Partnership for Innovative Healthcare Delivery (IPIHD)' (7 minutes max per speaker)

Need for reforming healthcare delivery in India and the opportunity that innovative business models can create S22

- *What are the broad challenges that health systems face around the world and what is the situation in India?*
- *How is innovation proving to be successful in India?*
- *What is hindering the scale-up of innovation in healthcare delivery?*

Introduction to the International Partnership for Innovative Healthcare Delivery S22

- *What is the vision and role of the IPIHD?*
- *What is the value that the organization creates for all stakeholders?*
- *How is the organization relevant for a company like Aetna?*

LifeSpring Hospitals and how IPIHD is supporting the scale-up S22

- *What does LifeSpring aim to achieve and what impact has been seen?*
- *What challenges exist for LifeSpring in scaling up?*
- *How is the IPIHD supporting?*

Vaatsalya Healthcare and the role that IPIHD could play S22

- *What does Vaatsalya aim to achieve and what impact has been seen?*
- *What challenges exist for Vaatsalya in scaling up?*
- *How could the IPIHD support?*

15:15 Discussion (Moderated by Olivier Raynaud)

The moderator will lead a discussion around the main questions of the session:

- How can these innovative delivery models in healthcare be supported to achieve scale?
- What are the key lessons that can be taken from looking at Indian innovations in healthcare that could further reform healthcare delivery in India?
- What would it take for innovation from India to be replicated to other countries around the world?

What must change to make this happen?

16:20 Summary of session and key learnings S22

The main presenter will summarize some of the key themes and learnings from the session and discuss the implications for the role of the IPIHD in India.

16:30 The Moderator adjourns the meeting (Olivier Raynaud)

Contact Information

International Partnership for Innovative Healthcare Delivery: Role of India

(HE IP Meeting, India)

Saturday 12 November 14:30 - 16:30

S22

Michael de Jong
Minister of Health of British Columbia, Canada
Phone: +1 250/953 3547
Fax: +1 250/356 9587
E-mail: hlth.minister@gov.bc.ca

S22

S22

S22

Olivier Raynaud
Senior Director, Head of Healthcare Initiatives and Healthcare, World Economic Forum
Phone: +41 22/869 3701
Mobile: +41 79/621 4707

Fax: +41 22/786 2744
E-mail: olivier.raynaud@weforum.org

WORLD ECONOMIC FORUM

COMMITTED TO IMPROVING THE STATE OF THE WORLD

Personal Agenda for

Michael de Jong

Minister of Health of British Columbia, Canada

Saturday 12 November

14.30 - 16.30	Your Private Session entitled **International Partnership for Innovative Healthcare Delivery: Role of India** (HE IP Meeting, India)	*Participant*	*Confirmed*

S22

Arrival Date and Time : -
Departure Date and Time : -
Issue date : 10/11/2011 01:32

S22

WORLD ECONOMIC FORUM

COMMITTED TO IMPROVING THE STATE OF THE WORLD

India Economic Summit

List of Public Figures

As of 26 January 2012

Mumbai, India, 12-14 November 2011

S22

Christy Clark	Premier of British Columbia, Canada	Canada
Michael de Jong	Minister of Health of British Columbia, Canada	Canada

S22

A/B

It is the policy of the World Economic Forum to safeguard the privacy of its Members and participants by preventing any misuse of personal information provided to us for the purpose of facilitating contact and dialogue in furtherance of the Forum's mission.

- All participants in any World Economic Forum activity agree to treat any information related to the list of participants and participant contact information as strictly confidential and to use it solely to facilitate personal communication among participants of World Economic Forum activities.
- They agree that this information shall not be used for any other purpose, including solicitation for commercial endeavours.

In case of violation of this rule, the World Economic Forum reserves the right to take any action it deems appropriate and necessary to protect the nature and the confidentiality of its activities.

WORLD ECONOMIC FORUM

COMMITTED TO IMPROVING THE STATE OF THE WORLD

SESSION STRUCTURE

The New Role of the States: Catalysts for Growth
(India Economic Summit)

Monday 14 November 10:45 - 12:00
Grand Hyatt Mumbai, Khandala Room / Plenary Hall
Preparatory discussion: 10:30 - 10:45
How will Indian states define new frontiers of competitiveness and opportunity?

The following dimensions will be addressed
- Central and state policy implementation
- Best practices between states
- State leadership

This session is on the record and webcast live.

The session will include:

Panellists	**Oommen Chandy ,** Chief Minister of Kerala, Government of Kerala, India	Hassimi Maryam	
Panellists	**Prithviraj Chavan ,** Chief Minister of Maharashtra, India	Hassimi Maryam	
Panellists	**Shivraj Singh Chouhan ,** Chief Minister of Madhya Pradesh, India	Hassimi Maryam	
Panellists	**Christy Clark ,** Premier of British Columbia, Canada	Milberg Tanya	
Panellists	**Nallari Kiran Kumar Reddy ,** Chief Minister of Andhra Pradesh, India	Hassimi Maryam	
Chaired by	**Shekhar Gupta ,** Editor-in-Chief, The Indian Express, India	Mohindra Desirée	

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Plenary sessions are designed to address key issues on the agenda in a traditional and interactive setting. There are no prepared remarks, with the session conducted as a lively discussion among the panellists and featuring in a Q&A format.

Reporting Press: Allowed
Time Allotted: 75 minutes

Created on 10/11/2011 04:31:00

OBJECTIVE:

To answer the following core question: "How will Indian states define new frontiers of competitiveness and opportunity?" as stated in the programme

ROLES:

Chair
* During the preparation phase, contact each panellist as soon as possible to preview thoughts and gather session input.
* As the session begins, introduce the topic and engage panellists in a group conversation
* Engage the audience early on with questions or comments from the floor
* Ensure the panellists keep to the dimensions outlined under the session
* As the session closes, synthesize key insights and summarize core findings
* Be mindful of starting and ending the session on time

Panellists
* During the preparation phase, respond to the chair's requests for input in a timely manner, ideally by providing short bullet points or background reports of interest
* Follow the direction of the chair in terms of session format, speaking order and time management
* Approach the topic in an informal, conversational style (no prepared presentations)
* Keep to the dimensions outlined under the session
* Keep comments concise (3-4 minutes)

KEY DISCUSSION POINTS

A) How is the relationship between center and state evolving?
B) How are states addressing obstacles linked to implementation?
C) What is the optimal role of a Chief Minister in India today? In the future?

SESSION FLOW:

1. Please come to the session room 15 minutes in advance for a preparatory briefing with the chair.

2. At 10:45, the chair will open the session by welcoming participants, framing the topic, briefly introducing panellists and mentioning their commitment to answer the core question.

3. At 10:48, the chair will ask a targeted question to each of the panellists in a pre-set order and invite their comments (no more than 3-4 minutes each).

4. At 11:10, the chair will draw out the main points from the introductory remarks and facilitate interactive debate among them.

5. At 11:30, the chair will invite brief questions from the floor, asking audience members to identify themselves.

6. The chair will then take the final 2 minutes of the session to conclude by drawing out the key takeaways and responses to the core question, bringing the session to a close no later than 12:00.

The chair's final questions to the panel and to the audience should focus on:
- What were the key outcomes of today's discussion?
- What are the next steps to move forward with solutions?

7. The chair will be escorted to the Social Media corner by the Forum session responsible in order to give a 1 minute video report out of the session's findings.

Contact Information
The New Role of the States: Catalysts for Growth
(India Economic Summit)

Monday 14 November 10:45 - 12:00
Grand Hyatt Mumbai, Khandala Room / Plenary Hall
Preparatory discussion: 10:30 - 10:45

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India Economic Summit

Linking Leadership with Livelihood

Mumbai, India, 12-14 November 2011

Programme

Co-Chair :

- **Natarajan Chandrasekaran,** Chief Executive Officer and Managing Director, Tata Consultancy Services, India
- **Adi B. Godrej,** Chairman, The Godrej Group, Godrej Industries; President Designate, Confederation of Indian Industry (CII), India
- **Jeffrey Joerres,** Chairman and Chief Executive Officer, ManpowerGroup, USA
- **Huguette Labelle,** Chair, Transparency International, Germany; Global Agenda Council on Mining & Metals
- **Tulsi R. Tanti,** Chairman and Managing Director, Suzlon Energy, India
- **Ben J. Verwaayen,** Chief Executive Officer, Alcatel-Lucent, France; Member of the Foundation Board of the World Economic Forum

Saturday 12 November

17.00 - 20.30

registration

Grand Hyatt Mumbai
Registration at the Grand Hyatt Mumbai

Sunday 13 November

08.00 - 08.45

forum's vision

Grand Hyatt Mumbai - Elephanta Room

The World Economic Forum's Vision and Mission

The Founder and Executive Chairman of the World Economic Forum, Professor Klaus Schwab, invites all newcomers and long-standing collaborators to a briefing on the institution's strategic vision and latest initiatives.

Briefing by

- **Klaus Schwab**, Founder and Executive Chairman, World Economic Forum

09.00 - 10.15

special conversation

Grand Hyatt Mumbai - Tadoba Room

Special Conversation with Sam Pitroda and Aneesh Paul Chopra

Special Conversation with Sam Pitroda and Aneesh Paul Chopra

This session is on the record.

- **Aneesh Chopra**, Chief Technology Officer, Office of Science and Technology Policy, USA
- **Sam G. Pitroda**, Adviser to the Prime Minister on Public Information Infrastructure and Innovations of India

Moderated by

- **Navi Radjou**, Strategy Consultant and Thought Leader, University of Cambridge, United Kingdom

09.00 - 10.15

cultural economics

Grand Hyatt Mumbai - Ajanta

Cultural Economics in India

How will Indian values continue to shape and be shaped by the country's distinct growth story?

The following dimensions will be addressed:
- Consumption
- Societal norms
- Philanthropic patterns

- The role of women and youth

This session is on the record.

- **Bhagyashri Dengle**, Executive Director, Plan India, India
- **Mario Marconi**, Managing Director, Head of Family Services, UBS, Switzerland
- **Barry O'Farrell**, Premier of New South Wales and Minister for Western Sydney, Australia
- **Shantanu Prakash**, Managing Director, Educomp Solutions, India; Global Agenda Council on Emerging Multinationals
- **Nikhilananda Saraswati**, Spiritual Head, Chinmaya Mission New Delhi, Noida and Gurgaon, India

Moderated by
- **Rajni Bakshi**, Fellow, Gateway House, India

09.00 - 10.15

market watch

Grand Hyatt Mumbai - Ellora
India Market Watch 2012
Where are the most promising growth prospects in Indian markets for global and domestic investors?

The following dimensions will be addressed:
- Slow growth in developed economies and competition from emerging markets
- High-growth industries
- Investor confidence
- Stock market performance and returns on equity
- FDI flows

This session is on the record.

- **V. K. Bansal**, Chairman, India IBD, Morgan Stanley, India
- **Rahul Guptan**, Head of Global India Capital Markets Group, Clifford Chance, Singapore
- **Anil K. Kakani**, Senior Adviser, US Department of the Treasury, USA
- **Manish Kejriwal**, Managing Partner, Kedaara Capital Advisors, India; Young Global Leader; Global Agenda Council on Long-term Investing
- **Sandeep A. Naik**, Co-Head, Apax Partners India Advisers, India; Young Global Leader
- **Udayan Sen**, Chief Executive Officer and Managing Partner, Deloitte, India

Moderated by
- **Tamal Bandyopadhyay**, Deputy Managing Editor, Mint, India

10.15 - 10.30

community break

Grand Hyatt Mumbai - Courtyard
Community Break

10.30 - 11.45

new reality

Grand Hyatt Mumbai - Khandala Room / Plenary Hall

India in the New Global Reality

How will India shape its global leadership role in a world faced with new realities?

The following dimensions will be addressed:
- G20
- Economic outlook
- International trade
- Social disruptions/youth bulge

This session is on the record and webcast live.

- **Mukesh D. Ambani**, Chairman and Managing Director, Reliance Industries, India; Member of the Foundation Board of the World Economic Forum
- **Prithviraj Chavan**, Chief Minister of Maharashtra, India
- **Chanda Kochhar**, Managing Director and Chief Executive Officer, ICICI Bank, India
- **Sudha Pillai**, Member Secretary, Planning Commission, India
- **Anand Sharma**, Minister of Commerce and Industry, Textiles of India
- **Ben J. Verwaayen**, Chief Executive Officer, Alcatel-Lucent, France; Member of the Foundation Board of the World Economic Forum; Co-Chair of the India Economic Summit

Opening Remarks and Chaired by
- **Klaus Schwab**, Founder and Executive Chairman, World Economic Forum

Closing Remarks by
- **B. Muthuraman**, Vice-Chairman, Tata Steel; President, Confederation of Indian Industry (CII), India

11.45 - 13.30

community lunch

Grand Hyatt Mumbai - Courtyard

Community Lunch

12.00 - 13.15

trade

Grand Hyatt Mumbai - Khandala Room / Plenary Hall

Trading for Aiding the Global Economy

How can India's increasing South-South trade relations support future global economic growth?

The following dimensions will be addressed:
- Current financial crises and India's role in international trade
- Intra-regional trade and South-South trade
- Effects on domestic economic growth and development

This session is on the record and webcast live.

- **Cyril Chami**, Minister of Industry and Trade of Tanzania
- **Anil Gupta**, Michael Dingman Chair in Global Strategy and Entrepreneurship, University of Maryland, USA
- **B. Muthuraman**, Vice-Chairman, Tata Steel; President, Confederation of Indian Industry (CII), India
- **Anand Sharma**, Minister of Commerce and Industry, Textiles of India
- **Anoop Singh**, Director, Asia and Pacific Department, International Monetary Fund (IMF), Washington DC

Chaired by
- **William J. Powell Jr**, China Bureau Chief and Editor, Asia, Fortune Magazine, People's Republic of China

13.30 - 14.45

infrastructure imperative

Grand Hyatt Mumbai - Elephanta Room

India's Infrastructure Imperative: Increasing the Pace of Implementation

How can India overcome bottlenecks to infrastructure development across the country?

The following dimensions will be addressed:
- New forms of public-private partnerships
- Financing mechanisms
- Impact on competitiveness

This session is on the record.

- **Ankur Bhatia**, Executive Director, Bird Group, India
- **Rajiv Lall**, Managing Director and Chief Executive Officer, Infrastructure Development Finance Company (IDFC), India
- **Sudesh Menon**, Managing Director, Waterlife India Private Ltd, India
- **Harpinder Singh Narula**, Chairman, DSC, India
- **Ravi Sharma**, Chief Executive Officer, Adani Power, India

Moderated by
- **James Stewart**, Chairman, Global Infrastructure, KPMG, United Kingdom

13.30 - 14.45

nexus

Grand Hyatt Mumbai - Ellora

The Water-Food-Energy Nexus

What innovative solutions can India implement to address the water-energy-food nexus?

The following dimensions will be addressed:
- New technologies
- Policies and reforms
- Public-private partnerships

This session is on the record.

This session is linked to initiatives and communities of the Forum. Lisa Dreier is available to brief participants.

- **Vivian Balakrishnan**, Minister for the Environment and Water Resources of Singapore
- **Harish Hande**, Managing Director, SELCO Solar Light, India; Social Entrepreneur
- **Michel M. Liès**, Chairman, Global Partnerships, Swiss Re, Switzerland
- **Nitin Paranjpe**, Chief Executive Officer and Managing Director, Hindustan Unilever Limited, Executive Vice-President, South-East Asia, Unilever, Hindustan Unilever, India
- **Suresh Prabhakar Prabhu**, Chairperson, Council on Energy, Environment and Water (CEEW), India
- **Chengal Reddy**, Co-Chairman, Indian Farmers & Industry Alliance (IFIA), India

Moderated by
- **Malini Mehra**, Founder and Chief Executive Officer, Centre for Social Markets (CSM), India; Young Global Leader; Global Agenda Council on Sustainable Consumption

13.30 - 14.45

bbc/corruption

Grand Hyatt Mumbai - Tadoba Room

The Indian Spring: Seeking Independence from Corruption

How will India's 2011 anti-corruption movement shape the country's future?

The following dimensions will be addressed:
- Role of civil society
- Role of corporate sector
- Implementation of policy reforms

The World Economic Forum hosts this debate in partnership with BBC.

As this is a televised debate, please arrive 15 minutes before the start of the session. The door will be closed at the scheduled time. This session is on the record and will be broadcast on television.

- **Kiran Bedi**, Founder and Secretary-General, Navjyoti India Foundation, India
- **Adi B. Godrej**, Chairman, The Godrej Group, Godrej Industries; President Designate, Confederation of Indian Industry (CII), India; Co-Chair of the India Economic Summit
- **Ashwani Kumar**, Minister of State for Planning, Science and Technology and Earth Sciences of India
- **Huguette Labelle**, Chair, Transparency International, Germany; Co-Chair of the India Economic Summit; Global Agenda Council on Mining & Metals

Moderated by
- **Nik Gowing**, Main Presenter, BBC World News, United Kingdom

15.00 - 16.15

policy outlook

Grand Hyatt Mumbai - Elephanta Room

India's Policy Outlook

What should domestic and international audiences expect from the forthcoming national elections?

The following dimensions will be addressed:
- Role of regional parties and coalitions
- Leadership succession
- Centre vs state politics

This session is on the record and webcast live.

- **Rahul Bajaj**, Chairman, Bajaj Auto, India
- **Nitin Gadkari**, President, Bharatiya Janata Party (BJP), India
- **C. V. Madhukar**, Director, PRS Legislative Research, India; Young Global Leader; Global Agenda Council on India
- **Ashutosh Varshney**, Sol Goldman Professor of International Studies and the Social Sciences, Brown University, USA

Moderated by
- **John Chalmers**, Bureau Chief, South Asia, Thomson Reuters, India

15.00 - 16.15

new manufacturing

Grand Hyatt Mumbai - Khandala Room / Plenary Hall

Manufacturing for Livelihood

How will India's commitment to boost manufacturing from 16% to 25% of GDP accelerate quality growth?

The following dimensions will be addressed:
- The new National Manufacturing Policy
- Moving up the manufacturing value chain
- Labour reform
- Aligning the educational system and skills-building
- Addressing obstacles to infrastructure

This session is on the record and webcast live.

- **Rudolf W. Hug**, Chairman of the Board of Directors, Panalpina World Transport Holding, Switzerland
- **Baba N. Kalyani**, Chairman and Managing Director, Bharat Forge, India
- **Arun Maira**, Member, Planning Commission, India; Global Agenda Council on Advanced Manufacturing
- **B. Muthuraman**, Vice-Chairman, Tata Steel; President, Confederation of Indian Industry (CII), India
- **Rajat M. Nag**, Managing Director-General, Asian Development Bank, Manila
- **Sander van 't Noordende**, Group Chief Executive, Management Consulting, Accenture, USA

Chaired by

- **Manvi Sinha**, Managing Editor, New Delhi Television (NDTV), India

16.15 - 16.30

community break

Grand Hyatt Mumbai - Courtyard
Community Break

16.30 - 17.45

mumbai urbanization

Grand Hyatt Mumbai - Elephanta Room
Spotlight on Mumbai: Getting Urbanization Right
How will Mumbai set an example for other Indian urban centres in terms of pioneering new models of growth and sustainability?

The following dimensions will be addressed:
- Role of the private sector
- Infrastructure and energy needs
- Governance

This session is on the record.

- **Ajit Gulabchand**, Chairman and Managing Director, Hindustan Construction Company, India
- **Subodh Kumar**, Municipal Commissioner, Brihanmumbai Municipal Corporation, India
- **Sheela Patel**, Director, Society for the Promotion of Area Resource Centres (SPARC), India; Social Entrepreneur
- **Balaji Prabhakar**, Professor, Departments of Electrical Engineering and Computer Science, Stanford University, USA
- **Ravi Raheja**, Group President, K Raheja Corporation, India
- **Shah Hakim Zain**, Group Chief Executive Officer, SCOMI Group, Malaysia

Moderated by
- **Pranjal Sharma**, Senior Executive Editor, Bloomberg UTV, India; Global Agenda Council on India

16.30 - 17.45

next generation leadership

Grand Hyatt Mumbai - Ajanta
The Next Generation: Leadership in South Asia
How will the up-and-coming generation of political and industry leaders design a better future for their constituents and stakeholders?

The following dimensions will be addressed:
- Emerging trends and challenges
- Leadership at the regional and local levels
- Influence of social media
- New models of governance

This session is on the record.

- **Arif Dowla**, Managing Director, Advanced Chemical Industries, Bangladesh; Young Global Leader
- **Tanya Dubash**, Executive Director and Chief Brand Officer, Godrej Industries, India; Young Global Leader; Global Agenda Council on India
- **Munizae Jahangir**, Special Correspondent and Associate Executive Producer, Express TV, Pakistan; Young Global Leader
- **Nikhil Meswani**, Executive Director, Reliance Industries, India; Young Global Leader
- **Ashutosh Tiwari**, Country Representative, WaterAid Nepal, Nepal; Young Global Leader

Moderated by
- **Simon Denyer**, Bureau Chief, Washington Post, India

16.30 - 17.45

ndtv/talent pool

Grand Hyatt Mumbai - Tadoba Room

India's Future Talent Pool

How will India create the necessary talent pool to accelerate economic growth?

The following dimensions will be addressed:
- Employer needs vs skills/talent pool
- Demographic dividend
- Return migration

The World Economic Forum hosts this debate in partnership with NDTV.

As this is a televised debate, please arrive 15 minutes before the start of the session. The door will be closed at the scheduled time. This session is on the record and will be broadcast on television.

- **Natarajan Chandrasekaran**, Chief Executive Officer and Managing Director, Tata Consultancy Services, India; Co-Chair of the India Economic Summit
- **Jeffrey Joerres**, Chairman and Chief Executive Officer, ManpowerGroup, USA; Co-Chair of the India Economic Summit
- **Rajiv Khandelwal**, Co-Founder and Executive Director, Aajeevika, India; Social Entrepreneur of the Year India 2010; Social Entrepreneur
- **Rajendra S. Pawar**, Chairman, NIIT Group, India
- **Kapil Sibal**, Minister of Human Resource Development and Communications and Information Technology of India

Moderated by
- **Vikram Chandra**, Presenter and Editor, NDTV, India

18.00 - 18.35

inaugural session

Grand Hyatt Mumbai - Khandala Room / Plenary Hall
Special Address

This session is on the record and webcast live.

- **Prithviraj Chavan**, Chief Minister of Maharashtra, India

Welcoming Remarks by
- **Klaus Schwab**, Founder and Executive Chairman, World Economic Forum

18.35 - 19.00

global shapers

Grand Hyatt Mumbai - Khandala Room / Plenary Hall
Introducing the Global Shapers

Presented by
- **Klaus Schwab**, Founder and Executive Chairman, World Economic Forum

With
- **Ankit Fadia**, Author and Ethical Hacker, eSecure, India; Global Shaper, Delhi Hub
- **Manju George**, Co-Founder and Vice-President, Intellecap, India; Global Shaper, Mumbai Hub
- **Sandeep Parekh**, Founder, Finsec Law Advisors, India; Young Global Leader
- **Yashveer Singh**, Founder and Director, National Social Entrepreneurship Forum, India; Global Shaper, Bangalore Hub

Chaired by
- **Børge Brende**, Managing Director, Government Relations and Constituents Engagement, World Economic Forum

19.30 - 20.00

transfer

Grand Hyatt Mumbai
Transfer to Reception and Dinner

20.00 - 22.00

reception and dinner

Taj Lands End Mumbai
Reception and Dinner
Join Prithviraj Chavan, Chief Minister of the State of Maharshtra, for a taste of culture and cuisine from Maharashtra.

Hosted by the Confederation of Indian Industry (CII) and the Indian Member companies of the World Economic Forum at the Taj Lands End, Mumbai

22.00 - 22.30

transfer

Taj Lands End Mumbai
Transfer to Hotels

Monday 14 November

09.00 - 10.15

indian ceo

Grand Hyatt Mumbai - Elephanta Room
The Rise of the Indian CEO
How is India's dynamic environment contributing to the rise and success of Indian CEOs globally?

The following dimensions will be addressed:
- Multiculturalism
- Competitive environment
- Values

This session is on the record.

- **Vineet Agarwal**, Joint Managing Director, Transport Corporation of India, India; Global Agenda Council on Logistics & Supply Chain
- **Alok Kshirsagar**, Director, McKinsey & Company, India
- **Joseph Massey**, Managing Director and Chief Executive Officer, MCX Stock Exchange Limited, India
- **Phanindra Sama**, Chief Executive Officer, Pilani Soft Labs (www.redBus.in), India
- **Venkatesh Valluri**, Chairman and President, Ingersoll Rand, India

Moderated by
- **Shaili Chopra**, Senior Editor and Lead Anchor, ET NOW, India

09.00 - 10.15

media power pitfalls?

Grand Hyatt Mumbai - Ajanta
The Power and Pitfalls of Popular Media?
What should the media's role and responsibilities be in a democratic society?

The following dimensions will be addressed:
- Informing vs influencing
- Ethics and potential bias
- Digital media changing the playing field

This session is on the record.

- **Shoma Chaudhury**, Managing Editor, Tehelka, India
- **James Fontanella-Khan**, India Correspondent, Financial Times, India
- **Nik Gowing**, Main Presenter, BBC World News, United Kingdom
- **Colvyn Harris**, Chief Executive Officer, JWT, India; Global Agenda Council on India

- **Navdeep Suri**, Joint Secretary, Public Diplomacy, Ministry of External Affairs, India

Moderated by
- **Chrystia Freeland**, Digital Editor, Thomson Reuters, USA; Global Agenda Council on the United States

09.00 - 10.15

bloomberg/financial innovation

Grand Hyatt Mumbai - Tadoba Room
Financial Innovation: A Double-edged Sword?
How should financial innovation be promoted to ensure sustainable economic activities and the common social good without resulting in excessive and individualistic behaviours?

The following dimensions will be addressed:
- Banking the unbanked
- Improving the policy and regulatory framework
- New products and services

The World Economic Forum hosts this debate in partnership with Bloomberg Television.

As this is a televised debate, please arrive 15 minutes before the start of the session. The door will be closed at the scheduled time. This session is on the record and will be broadcast on television.

- **Rana Kapoor**, Founder, Managing Director and Chief Executive Officer, YES BANK, India
- **Ramesh Ramanathan**, Chairman, Janalakshmi Financial Services (JFS), India
- **Rich Ricci**, Co-Chief Executive, Barclays Capital, United Kingdom

Moderated by
- **Harsha Subramaniam**, Executive Producer, Bloomberg Television, India

10.15 - 10.45

community break

Grand Hyatt Mumbai - Courtyard
Community Break

10.45 - 12.00

states

Grand Hyatt Mumbai - Khandala Room / Plenary Hall
The New Role of the States: Catalysts for Growth
How will Indian states define new frontiers of competitiveness and opportunity?

The following dimensions will be addressed
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- **Prithviraj Chavan**, Chief Minister of Maharashtra, India
- **Shivraj Singh Chouhan**, Chief Minister of Madhya Pradesh, India
- **Christy Clark**, Premier of British Columbia, Canada
- **Nallari Kiran Kumar Reddy**, Chief Minister of Andhra Pradesh, India

Chaired by
- **Shekhar Gupta**, Editor-in-Chief, The Indian Express, India

12.15 - 13.30

community lunch

Grand Hyatt Mumbai - Courtyard
Community Lunch

12.15 - 13.30

digital economy

Grand Hyatt Mumbai - Ajanta
Building a Digital Economy
How will new technologies enable India to modernize its economy and drive new models of growth?

The following dimensions will be addressed:
- Sustainability
- Local innovation

This session is on the record.

Discussion Leaders
- **H. S. Bedi**, Chairman and Managing Director, Tulip Telecom, India
- **James Bujold**, President, Honeywell International, India
- **Tarkan Maner**, President and Chief Executive Officer, Wyse Technology, USA
- **Kaku Nakhate**, President and India Country Head, Bank of America Merrill Lynch, India
- **Anand Sankaran**, Senior Vice-President and Business Head, India and ME, Wipro Infotech, India

Moderated by
- **Tarun Anand**, Managing Director and Senior Company Officer, South Asia, Thomson Reuters, India

12.15 - 13.30

skills

Grand Hyatt Mumbai - Tadoba Room

Skills for the Future

How can India harness its potential through skill development?

The following dimensions will be addressed:
- Vocational training
- Employability
- Job shortage

This session is on the record.

Discussion Leaders

- **Reuben Abraham**, Executive Director, Centre for Emerging Markets Solutions, Indian School of Business, India; Young Global Leader; Global Agenda Council on the Role of Business
- **Dilip Chenoy**, Chief Executive Officer and Managing Director, National Skill Development Corporation (NSDC), India
- **Simon F. Cooper**, President and Managing Director, Asia Pacific, Marriott International, Hong Kong SAR
- **John Hewko**, General Secretary and Chief Executive Officer, Rotary International, USA
- **Rajendra Joshi**, Chief Executive Officer and Director, Empower Pragati Vocational and Staffing, India; Social Entrepreneur
- **Lucy Neville-Rolfe**, Executive Director, Corporate and Legal Affairs, Member of the Board, Tesco, United Kingdom
- **Anand Sudarshan**, Managing Director and Chief Executive Officer, Manipal Education, India; Global Agenda Council on Benchmarking Progress

Moderated by

- **Kevin Kelly**, Chief Executive Officer, Heidrick & Struggles, USA

13.45 - 15.00

health discoveries

Grand Hyatt Mumbai - Ellora

India at the Forefront of Global Health

How will India pioneer new discoveries in the global health landscape?

The following dimensions will be addressed:
- Moving from a generics industry to an innovation hub
- Novel solutions to healthcare delivery
- New policies governing the industry

This session is on the record.

This session is linked to initiatives and communities of the Forum. Olivier Raynaud is available to brief participants.

- **Sandip Patel**, President, Aetna International, Aetna, USA
- **Raja Rajamannar**, Chief Executive, International, Humana, USA; Global Agenda Council on Health & Well-being
- **Ranjit Shahani**, Vice-Chairman and Managing Director, Novartis India, India
- **Daljit Singh**, President, Fortis Healthcare (India), India

Moderated by
- **Asher Hasan**, Founder and Chief Executive Officer, Naya Jeevan, Pakistan; Social Entrepreneur

13.45 - 15.00

green growth action

Grand Hyatt Mumbai - Khandala Room / Plenary Hall
Green Growth in India: From Agenda to Action
How will India make its mark globally in driving stronger environmental and sustainable practices?

The following dimensions will be addressed:
- New technologies and models
- Changing consumer behaviours
- Managing population growth

This session is on the record and webcast live.

- **Gregory Barker**, Minister of State for Climate Change of the United Kingdom; Global Agenda Council on Climate Change
- **Jamshyd N. Godrej**, Chairman and Managing Director, Godrej & Boyce, India; Global Agenda Council on Anti-Corruption
- **Kris Gopalakrishnan**, Executive Co-Chairman, Infosys; Vice-President, Confederation of Indian Industry (CII), India; Global Agenda Council on Skills & Talent Mobility
- **Tulsi R. Tanti**, Chairman and Managing Director, Suzlon Energy, India; Co-Chair of the India Economic Summit

Chaired by
- **Sagarika Ghose**, Deputy Editor, CNN-IBN:IBN18 Broadcast, India

15.00 - 15.15

community break

Grand Hyatt Mumbai - Courtyard
Community Break

15.15 - 16.30

future innovation

Grand Hyatt Mumbai - Ellora

Innovation: "Made in India"

How should India become a model of innovation for the emerging world?

The following dimensions will be addressed:
- New technologies and business models
- Intellectual property rights
- Promoting an ecosystem for innovation
- Entrepreneurship in the public interest

This session is on the record.

- **Prakash Apte**, Chairman, Syngenta India, India
- **Shamnad Basheer**, Chair Professor, Intellectual Property Law, National University of Juridical Sciences of Kolkata (NUJS), India; Global Agenda Council on the Intellectual Property System
- **Arun Chandavarkar**, Chief Operating Officer, Biocon India, India
- **V. R. Ferose**, Managing Director, SAP Labs India, India
- **P. H. Kurian**, Controller General of Patents, Designs & Trade Marks, Department of Industrial Policy & Promotion, India
- **Jacob Mathew**, Co-Founder, Idiom Design and Consulting, India

Moderated by
- **Navi Radjou**, Strategy Consultant and Thought Leader, University of Cambridge, United Kingdom

15.15 - 16.30

global livelihood

Grand Hyatt Mumbai - Elephanta Room

India Inc.: Creating Global Livelihoods

How will the globalization of Indian companies support job and wealth creation in overseas markets?

The following dimensions will be addressed:
- Indian vs other Asian companies in their expansion
- Multinational corporations in India vs those in other Asian markets
- Domestic constraints for business operations

This session is on the record.

- **Manu Anand**, Chairman and Chief Executive Officer, PepsiCo India Holdings, India
- **Adi B. Godrej**, Chairman, The Godrej Group, Godrej Industries; President Designate, Confederation of Indian Industry (CII), India; Co-Chair of the India Economic Summit
- **Narendra Murkumbi**, Vice-Chairman and Managing Director, Shree Renuka Sugars Limited, India; Young Global Leader
- **Mary Michael Nagu**, Minister of State for Investment and Empowerment of Tanzania
- **Prashant Ruia**, Group Chief Executive, Essar Group, India
- **Jaidev R. Shroff**, Chief Executive Officer, United Phosphorus, India

Moderated by
- **Sarita Nayyar**, Managing Director, Head of Consumer Industries, World Economic Forum USA

15.15 - 16.30

land acquisition

Grand Hyatt Mumbai - Tadoba Room

Moving to Better Ground

How can land reform in India be tied to a better balance between developing rural livelihood and equitable and sustainable economic growth?

- Fostering employment creation in rural India
- Improving the investment climate
- Minimizing impact on the environment and rural communities

This session is on the record and webcast live.

- **Nisha Agrawal**, Chief Executive Officer, Oxfam India, India
- **Prashant Bangur**, Executive President, Shree Cement, India
- **Ratnakar Yashwant Gaikwad**, Chief Secretary, Government of Maharashtra, India
- **Priya Hiranandani-Vandrevala**, Founder and Chairman, Hirco Group, India; Young Global Leader
- **Jairam Ramesh**, Minister of Rural Development of India

Chaired by

- **Senthil Chengalvarayan**, President and Editorial Director, TV18 Business Media, CNBC-TV18, India

16.45 - 18.00

mumbai davos models

Grand Hyatt Mumbai - Khandala Room / Plenary Hall

From Mumbai to Davos: Shaping New Models for Livelihood

India will soon overtake Japan to become the third largest economy in the world and has growing responsibilities towards its 1.2 billion people, of which more than half are below the age of 25.

The co-chairs of the India Economic Summit will outline the challenges for India's implementation agenda and suggest actions for industry, government and civil society leaders to improve livelihoods across the country.

This session is on the record and webcast live.

- **Natarajan Chandrasekaran**, Chief Executive Officer and Managing Director, Tata Consultancy Services, India; Co-Chair of the India Economic Summit
- **Adi B. Godrej**, Chairman, The Godrej Group, Godrej Industries; President Designate, Confederation of Indian Industry (CII), India; Co-Chair of the India Economic Summit
- **Jeffrey Joerres**, Chairman and Chief Executive Officer, ManpowerGroup, USA; Co-Chair of the India Economic Summit
- **Huguette Labelle**, Chair, Transparency International, Germany; Co-Chair of the India Economic Summit; Global Agenda Council on Mining & Metals
- **Tulsi R. Tanti**, Chairman and Managing Director, Suzlon Energy, India; Co-Chair of the India Economic Summit
- **Ben J. Verwaayen**, Chief Executive Officer, Alcatel-Lucent, France; Member of the Foundation Board of the World Economic Forum; Co-Chair of the India Economic Summit

Special Guest
- **Montek Singh Ahluwalia**, Deputy Chairman, Planning Commission, India

Closing Remarks by
- **Chandrajit Banerjee**, Director-General, Confederation of Indian Industry (CII), India

Chaired by
- **Sushant Palakurthi Rao**, Senior Director, Head of Asia, World Economic Forum

18.00 - 19.00

farewell reception

Grand Hyatt Mumbai - Courtyard

Farewell Reception

Join Oomen Chandy, Chief Minister of the State of Kerala, for a taste of culture and cuisine from Kerala.

Tyson, Jo HLTH:EX

C

From: Nicholas, Michael JTI:EX
Sent: Tuesday, November 1, 2011 8:49 AM
To: Menzies, Brian HLTH:EX
Subject: Fw: Minister de Jong - Meeting tomorrow
Attachments: Master Program - Nov 1 - revisions on October 31 V33 version.docx; All Del Program - INDIA Oct 31.docx; MMDJ - Mumbai and Bangalore Programs.docx

Hi Brian,

Attached are the most recent versions of the itineraries if you could please print a few copies for our 11:30 meeting, that would be great.

Thanks,

Michael

From: Wada, Leslie M JTI:EX
Sent: Tuesday, November 01, 2011 12:20 AM
To: Nicholas, Michael JTI:EX
Cc: Gill, Amardeep JTI:EX; Ramirez, Edwina D. JTI:EX; Sandhar, Amrinder JTI:EX
Subject: Minister de Jong - Meeting tomorrow

Hi,

Have updated all docs you require.

- Master program (more updates included on the version Annette sent you late this afternoon)
- All Delegations Program – updated
- Master program sheets – specifically for Mumbai and Bangalore MMDJ programs

Hopefully this is everything.

Let us know if you want us to dial in – and if so, when and where.

<<Master Program - Nov 1 - revisions on October 31 V33 version.docx>> <<All Del Program - INDIA Oct 31.docx>> <<MMDJ - Mumbai and Bangalore Programs.docx>>

Thanks,

Leslie

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Tyson, Jo HLTH:EX

From: Jordan, Annette JTI:EX
Sent: Thursday, October 27, 2011 3:04 PM
To: Menzies, Brian HLTH:EX
Cc: Nicholas, Michael JTI:EX
Subject: RE: India Program Update
Attachments: All Del Program - INDIA Oct 27.docx; Master Program - October 27 V32.docx; image001.png; image002.png; image003.png; image004.png

Hello Brian,

Please find attached the most current versions of the program. The master program contains the China program as well.

Sincerely,

Annette Jordan
Events and Logistics Officer
International Operations Branch
Ministry of Jobs, Tourism & Innovation
Suite 301- 865 Hornby Street
Vancouver, British Columbia V6Z 3B7
Canada
Tel: +1.604.660.6816 Facsimile: +1.604.660.2520
S22
Email: Annette.Jordan@gov.bc.ca
Website: www.gov.bc.ca

From: Menzies, Brian HLTH:EX
Sent: Wednesday, October 26, 2011 4:02 PM
To: Jordan, Annette JTI:EX
Cc: Nicholas, Michael JTI:EX
Subject: India Program Update

Hi Annette, do you have an up to date program for the India mission that I can share with the Minister.

Thank you,

Brian Menzies, MA | Ministerial Assistant
Office of the Honourable Michael de Jong, QC
Minister of Health
T: 250.953-3547 | **F:** 250.356.9587

Join the Healthy Families BC community...

Healthy FamiliesBC

Tyson, Jo HLTH:EX

D

From: Nicholas, Michael JTI:EX
Sent: Friday, October 21, 2011 1:34 PM
To: Menzies, Brian HLTH:EX
Subject: FW: Master Program for China/India Mission
Attachments: All Del Program - CHINA Oct 20th V9.docx; All Del Program - INDIA Oct 20th V10.docx; Master Program - October 20 V28.1.docx

Follow Up Flag: Follow up
Flag Status: Completed

From: Nicholas, Michael JTI:EX
Sent: Friday, October 21, 2011 1:08 PM
To: Menzies, Brian HLTH:EX
Subject: FW: Master Program for China/India Mission

Michael

From: Jordan, Annette JTI:EX
Sent: Thursday, October 20, 2011 5:46 PM
To: Ewert-Johns, Marcus JTI:EX; Han, Henry JTI:EX; Si, Jianye JTI:EX; Cho, Janet Y JTI:EX; Shi, Joy JTI:EX; Nicholas, Michael JTI:EX; Gill, Amardeep JTI:EX; Sandhar, Amrinder JTI:EX; Ito, Akiko JTI:EX; Eidsness, Greg JTI:EX; Gossen, Kelly L JTI:EX; Haney, Donald IGRS:EX; Portal, Vincent AVED:EX; Beaton, Heather A EDUC:EX; Madu, Bruce MEM:EX; Lennox, Brenda AGRI:EX; MacRaild, Fiona AGRI:EX; Koncohrada, Karen MEM:EX; Adair, Marisa GCPE:EX; Chiarelli, Nina GCPE:EX; Moxham, Gillian TRAN:EX; Gibson, Arlene EDUC:EX; 'kevin.regan@bcfii.ca'; Young, Martin S AVED:EX; McConnan, Kelly AVED:EX; Chow, David K AVED:EX; Blair, Tammy AVED:EX; MacRaild, Fiona AGRI:EX; Carswell, Barron AGRI:EX; James, Ben GCPE:EX; Heiman, Carolyn GCPE:EX; Ryan, Fergus GCPE:EX; Robertson, Glenda J IGRS:EX; Ouellette, Marc-Andre IGRS:EX; Periwal, Sukumar IGRS:EX
Cc: Sen, Shom JTI:EX; Ramirez, Edwina D. JTI:EX; Irwin, Paul JTI:EX; Sawchuk, Richard JTI:EX; Ewan, Ken JTI:EX; Larson, Janice TRAN:EX; Hayden, Dana JTI:EX
Subject: Master Program for China/India Mission

Hello,

Please find attached the most up to date versions of the Master Program and All Del Programs for China and India for tomorrow's conference call.

Sincerely,

Annette Jordan
Events and Logistics Officer
International Operations Branch
Ministry of Jobs, Tourism & Innovation
Suite 301- 865 Hornby Street
Vancouver, British Columbia V6Z 3B7
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Tel: +1.604.660.6816 Facsimile: +1.604.660.2520
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Email: Annette.Jordan@gov.bc.ca
Website: www.gov.bc.ca

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