

Regulatory Deficit in Access to Healthcare

Survey Report

Submitted to:



Submitted by:



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Abbreviation

ASHA	- Accredited Social Health Activist	FMCG	- Fast-moving consumer goods
ART	- Antiretroviral therapy	FDI	- Foreign Direct Investment
ADP	- Aspirational Districts Programme	NHM	- National Health Mission
ANM	- Auxiliary Nurse and Midwife	NMC	- National Medical Commission
BMW	- Bio-Medical Waste	NPPA	- National Pharmaceutical Pricing Authority
BMWM	- Bio-Medical Waste Management	NRHM	- National Rural Health Mission
CDSCO	- Central Drugs Standard Control Organisation	NUHM	- National Urban Health Mission
CEA	- Clinical Establishments Act	NMR	- Neonatal Mortality Rate
CCI	- Competition Commission of India	PLHIV	- Proportion of people Living with HIV
CUTS	- Consumer Unity & Trust Society	SRB	- Sex Ratio at Birth
CIRC	- CUTS Institute for Regulation & Competition	ICRR	- The Indian Competition and Regulation Report
DPCO	- Drugs Price Control Order	TB	- Tuberculosis
EOD	- End of the Day	U5MR	- Under 5 Mortality Rate

Executive Summary

Government of India is striving to achieve universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. Since 2005, National Health Mission (NHM), with its 2 sub-missions namely National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) is working towards strengthening the health system infrastructure in urban and rural segments of the country. NHM through its various initiatives have strengthened Indian health system from a holistic approach ensuring quality, affordability and accessibility to the target population. Due these, government has been able to stretch its reach to the deep rural corners of the country by providing infrastructural support through Sub-centres, Village Health Sanitation and Nutrition Committee, Primary Health Centre, Community Health Centre and human resource support through ASHA and ANM. In addition to this, Government has various healthcare programmes ongoing to fight against diseases.

Apart from the above regulation in place to safeguard public interest and ensure access to effective and affordable healthcare services, health Sector in India has undergone a series of economic reforms in the recent year to address the newly emerging issues in the growing era. This aims towards ensure effective functioning of different health service units with ease while ensuring ethical practices and high standards. As per Business Reforms Action Plan, 2022, government brought about 5 health sector specific reforms in the sub-sectors of Retail and Drug License (Pharmacy), Wholesale Drug License, Renewal of Wholesale Drug License, Granting of Drug Manufacturing License and Renewal of Drug Manufacturing License¹.

The perception and awareness among Indian Consumers and Business Sectors on competition and regulatory scenarios is conducted biennially by CUTS and captured in its publication titled '*The Indian Competition and Regulation Report (ICRR)*' published by CUTS and CIRC.

While India has embraced market-oriented economic reforms, there is no periodic review to assess the functioning of markets in the country. Considering the important role of market forces in a liberalised economic regime, there is a need to do a periodic assessment of competition and regulation scenarios in the country.

This report envisages to understand the perception and awareness among the key stakeholders in the healthcare sector as a part of the "*The Indian Competition and Regulation Report 2023*" that focuses on the **Regulatory Deficit in Access to Healthcare** in the country. The report measures the level of awareness on competition and regulations, more specifically in the line with the latest regulatory reforms at a national and state level.

This study represents perception of 1200 consumers/ beneficiaries and 310 businesses in the healthcare sector across 12 states in 6 regions of India on various rules and regulations and prevailing market practices regarding healthcare services. The study adopted a multistage sampling approach in selection of states, districts, blocks and respondents under the study keeping the large geographical spread into consideration.

The study provides us an overall perspective of the stakeholders involved in the healthcare industry. In can be derived that a gap in perception and awareness is there among various stakeholders related to different regulations in place for strengthening universal accessibility and affordability to quality health services at all levels. The issue needs to be addressed with enhanced communication strategies to reach the targeted population. Though the awareness is somewhat better among the higher economic groups in comparison with the majority of the country population that is low economic groups.

¹ <https://eodb.dpiit.gov.in/PublicDoc/Download/46007>

Despite of regulatory and economic revolution introduced in the recent times, people are largely unaware and unfamiliar on their entitlement resulting into them settling for less. A strong communication mechanism needs to be developed by the different regulatory bodies to address the knowledge gap among the stakeholders. Key steps for addressing the issues are:

1. Designing and implementing communication strategies to increase awareness among the target stakeholders
2. Utilisation of not only digital but also physical mode to reach out the stakeholders in every corner of the country
3. Communication of regulation in place for safeguarding public interest including roles and responsibilities of different regulatory bodies
4. Communication related to good practices vs. bad practices in health sector

Chapter 1: Overview

Introduction

Government of India is striving to achieve universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. Since 2005, National Health Mission, with its 2 sub-missions namely National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) is working towards strengthening the health system infrastructure in urban and rural segments of the country. NHM through its various initiatives have strengthened Indian health system from a holistic approach ensuring quality, affordability and accessibility to the target population. Due these, government has been able to stretch its reach to the deep rural corners of the country by providing infrastructural support through Sub-centres, Village Health Sanitation and Nutrition Committee, Primary Health Centre, Community Health Centre and human resource support through ASHA and ANM. In addition to this, Government has various healthcare programmes ongoing to fight against diseases.

Apart from the initiatives directly focused towards providing health services to the target population, Government of India has developed its regulatory mechanisms to steer and monitoring effortless functioning of different components under the health sector. Key focus of the regulatory institutions in the health sector are to maintain market confidence, ensure financial stability and secure consumer protection.

For the above reasons, government has India has strengthened its existing regulatory mechanisms/bodies to meet the market need in the growing age through a series of reforms. According to the Union Budget Summary 2022-23, Government of India is aiming towards developing our country as a global healthcare hub by increasing public health spending to 2.5% of the country's GDP by 2025². Some of the key regulatory bodies/ regulations functioning to standardizing the health services are as below:

Clinical Establishment (Registration and Regulation) Act, 2010 was enacted by the Indian Parliament for providing the registration and regulation of clinical establishments across country and for matters connected therewith or incidental thereto. The Act was enacted with the vision for prescribing minimum standards of facilities and services that are provided by them to achieve the mandate of article 47 of the Constitution for improvement in public health. The act assists in: (i) generating reliable and comprehensive database of all categorical clinical establishments (hospital, maternity home, nursing home, dispensary, clinic, sanatorium, or any other institution that offers services, facilities requiring diagnosis, treatment or care for illness, injury, deformity, abnormality or pregnancy), (ii) categorical determination of basic minimum standards of operations, as well as (iii) assist government in obtaining information and data required from clinical establishments for public health interventions including outbreak and disaster management³.

National Medical Commission is the successor of Medical Commission of India replaced upon the suggestion of NITI Aayog in 25th September 2020 through the act of Parliament known as National Medical Commission Act, 2019. Aim of the act was to reduce/ eliminate corruption in health sector. Role of the NMC is to looks after medical education, availability of healthcare persons like doctors, paramedics, accessibility to healthcare, medical research, medical college establishment & approval, records medical facility list, addresses public grievance, set ethical standards etc.

Competition Commission of India (CCI) established on 14th October 2003 eliminates practices having adverse effect on competition, promote and sustain competition, protect the interests of consumers and

² <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1794167>

³ <http://clinicalestablishments.gov.in/WriteReadData/847.pdf>

ensure freedom of trade in the markets of India⁴. CCI is established to application of competition Act 2007. It ensures competition in the market by ensuring freedom of trade and any anti-competitive practices in the market. It eliminates market monopoly and helps ensuring consumer interest.

National Pharmaceutical Pricing Authority (NPPA) was established in 1995 to keep close watch on the bulk drugs and formulations and revise to make it more affordable to the common citizens of the country. Purpose of NPPA is to (i) ensure proper implementation and enforcement of the provisions of the Drugs Price Control Order (DPCO), 1995/2013 in accordance with the powers delegated to it, (ii) conducting or sponsoring studies in respect of pricing of drugs/formulations, (iii) ensure availability of drugs by identifying shortages, if any, and to initiate remedial steps, (iv) keep records of production, exports and imports, market share of individual companies, profitability of companies etc. for bulk drugs and formulations and others⁵.

Central Drugs Standard Control Organisation (CDSCO) is established to enact Drugs and Cosmetics Act and this authority gives approval for drug launch, clinical trials e.g. testing of new medicines, quality of imported drugs etc.

Bio-Medical Waste Management Act was enacted on 1998 to provide a regulatory frame work for management of bio-medical waste generated in the country. This provides a prescribed comprehensive guidelines for the health service providers on proper management and safe disposal bio-medical wastes generated from the healthcare units.

Apart from the above regulation in place to safeguard public interest and ensure access to effective and affordable healthcare services, health Sector in India has undergone a series of economic reforms in the recent year to address the newly emerging issues in the growing era. This aims towards ensure effective functioning of different health service units with ease while ensuring ethical practices and high standards. As per Business Reforms Action Plan, 2022, government brought about 5 health sector specific reforms in the sub-sectors of Retail and Drug License (Pharmacy), Wholesale Drug License, Renewal of Wholesale Drug License, Granting of Drug Manufacturing License and Renewal of Drug Manufacturing License⁶.

The perception and awareness among Indian Consumers and Business Sectors on competition and regulatory scenarios is conducted biennially by CUTS and captured in its publication titled '*The Indian Competition and Regulation Report (ICRR)*' published by CUTS and CIRC.

While India has embraced market-oriented economic reforms, there is no periodic review to assess the functioning of markets in the country. Considering the important role of market forces in a liberalised economic regime, there is a need to do a periodic assessment of competition and regulation scenarios in the country.

Objective

This report envisages to understand the perception and awareness among the key stakeholders in the healthcare sector as a part of the "*The Indian Competition and Regulation Report 2023*" that focuses on the *Regulatory Deficit in Access to Healthcare* in the country. The report measures the level of awareness on competition and regulations, more specifically in the line with the latest regulatory reforms at a national and state level.

⁴ <https://www.cci.gov.in/>

⁵ [https://pharmaceuticals.gov.in/national-pharmaceutical-pricing-authority#:~:text=National%20Pharmaceutical%20Pricing%20Authority%20\(NPPA\)&text=To%20monitor%20the%20availability%20of,for%20bulk%20drugs%20and%20formulations.](https://pharmaceuticals.gov.in/national-pharmaceutical-pricing-authority#:~:text=National%20Pharmaceutical%20Pricing%20Authority%20(NPPA)&text=To%20monitor%20the%20availability%20of,for%20bulk%20drugs%20and%20formulations.)

⁶ <https://eodb.dpiit.gov.in/PublicDoc/Download/46007>

- The study aims in exploring the understanding on competition and regulations in India by the consumers as well as the business environment.
- The study focuses on the concurrent health accessibility and attempts to explore the regulatory deficit in the health sector focusing on the accessibility factor.
- Under the project, there is an activity component of action research. The purpose of the research is to collect evidence about ground realities on accessibility and experience of healthcare in the selected states and also to gauge the level of awareness among consumers and merchants on competition issues and services both physical and digital health available

The report presents the perception and awareness about competition and regulation among general masses, including consumers and businesses as two stakeholder categories. Additionally, the report also envisages to understand the perspectives of the stakeholders with respect to access to healthcare.

There lies several aspects of the current regulations and competition issues and related perception among the stakeholders e.g. consumers and small businesses in the health sector, which are captured in this ICRR report. In continuation with the above mentioned objective where the secondary data on stakeholders perception is grossly inadequate:

1. Healthcare Services
 - a. Availability of Healthcare Services
 - b. Quality and Satisfaction Related to Available Healthcare Services
 - c. Affordability of the Concurrent Healthcare Services
2. Awareness and Opinion on Healthcare schemes
3. Unethical Practices Prevailing in the Healthcare Sector
4. Telemedicine – Regulation and Promotion
5. Medical Insurance
6. Regulatory framework and Market Competition
 - a. Ease of Doing Business
 - b. Importance and adherence to Clinical Establishments (Registration and Regulation) Act, 2010
 - c. Awareness and Opinion on National Pharmaceutical Pricing Authority (NPPA)
 - d. Drug Standard Control and its impact
 - e. Competition issues
 - f. Competition and Opinion
7. Bio-medical waste management
 - a. Awareness on BMW
 - b. Opinion on BMW Practices in Healthcare Units
8. Medical Education

Study Methodology

Drafting of Study Tool

The tools drafted by Market Xcel in line with the shared tools had been shared with CUTS International for approval and finalisation. 2 tools were developed for targeting the 2 respondent groups in the survey. The tools used are as follows:

1. Consumer Tool (India Competition Perception Survey)
 - a. Background
 - b. Level of competition prevailing in healthcare and pharmaceutical sector economy
 - c. Nature of practices that prevail to access healthcare services
 - d. Awareness/Knowledge on Competition and Regulatory Issues

2. Business Tool (India Competition Perception Survey)
 - a. Nature of Practices that prevail in the marketplace particular to the type of healthcare unit
 - b. Awareness/Knowledge on Competition and Regulatory Issues

Pre-testing of Tools in CAPI Mode

Tool developed and finalised in consultation with CUTS International was field tested by the enumerators in non-sample districts.

Finalisation of Tools

CUTS International and Market Xcel jointly designed a set of questionnaires to obtain required information from each of the respondent categories. Data were recorded on a checklist covering various aspects of competition and regulations from primary sector to other sectors of economy.

Sampling Method

Market Xcel followed NITI Aayog's Health Index by regions for selection of states, as following:

- Region 1: North
- Region 2: West
- Region 3: Central
- Region 4: East
- Region 5: Northeast
- Region 6: South

The region-specific dispersion of states/UTs is done in line with the following classification already defined by NITI Aayog. MX propose to select the highest and lowest performing state from each of the category:

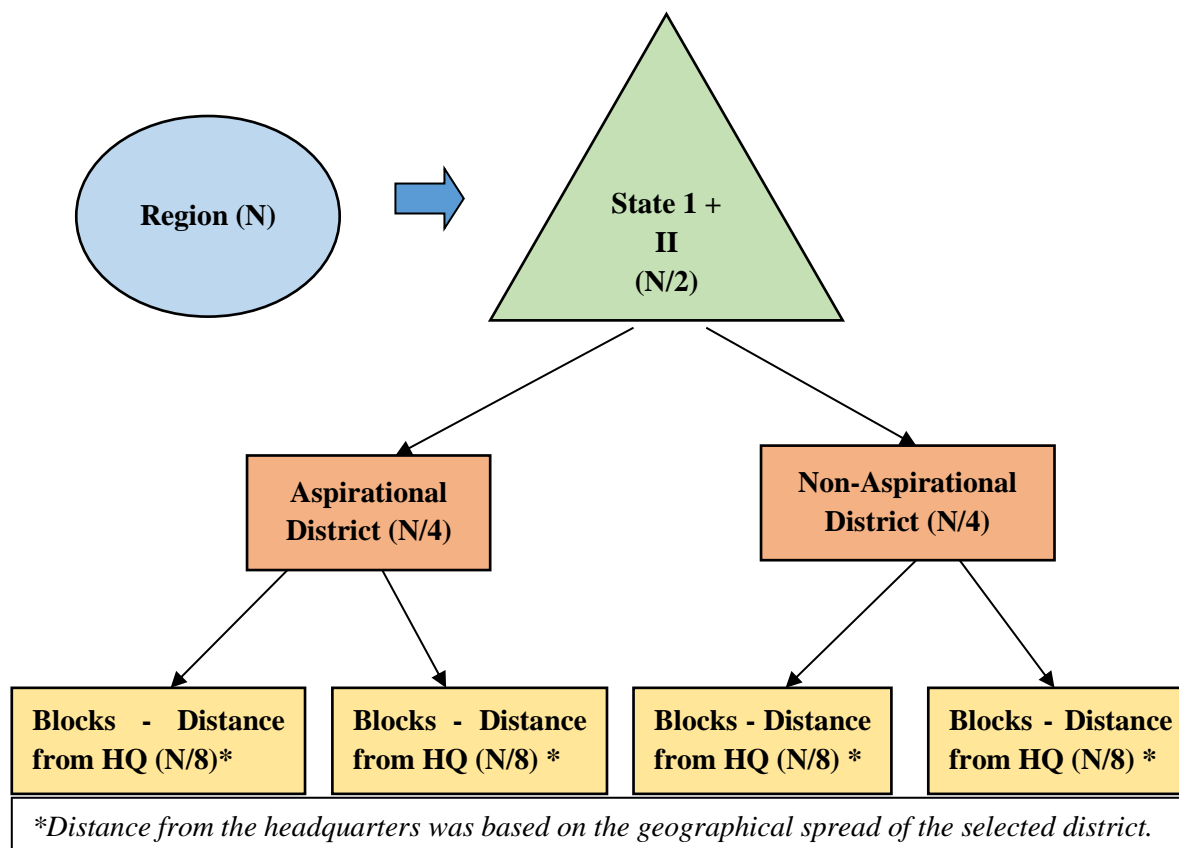
- Category 1: Highest Performing State
- Category 2: Lowest Performing State

The following indicators is assessed in a top-down approach (priority to be given in ascending order of provided list) to finalize the selection of states:

- Indicator 1: Overall performance Health Index
- Indicator 2: Incremental Performance Health Index
- Indicator 3: Sub-Indicator Wise Performance
 - Sub-Indicator 1: Neonatal Mortality Rate (NMR)
 - Sub-Indicator 2: Under 5 Mortality Rate (U5MR)
 - Sub-Indicator 3: Total Fertility Rate
 - Sub-Indicator 4: Proportion of Low Birth Weight among newborns (LBW among infants)
 - Sub-Indicators 5: Sex Ratio at Birth (SRB)
 - Sub-Indicator 6: Full Immunization Coverage (%)
 - Sub-Indicator 7: Proportion of Institutional Deliveries
 - Sub-Indicator 8: Total Case of Notification of TB
 - Sub-Indicator 9: Treatment Success Rate of New Micro Biologically Confirmed TB cases
 - Sub-Indicator 10: Proportion of people Living with HIV (PLHIV) on Antiretroviral therapy (ART)

The region-specific sample size is equally distributed among the two selected states. For each state, two districts are selected based on the list of Aspirational Districts Programme (ADP) where one Aspirational District and one Non-Aspirational District is selected.

Once the districts are finalized, two strata is created for blocks based on the distance from district HQ and one block is randomly selected from each. (One nearby block + one faraway block).



Launched by the Hon'ble PM in January 2018, the Aspirational Districts Programme (ADP) aims to transform 112 most under-developed districts quickly and effectively across the country. The broad contours of the programme are Convergence (of Central & State Schemes), Collaboration (of Central, State level Nodal Officers & District Collectors), and Competition among districts through monthly delta ranking; all driven by a mass movement.

Selection Of Districts

For selection of the districts, random sampling technique is adopted where one district from Aspirational and one district from Non-aspirational category is randomly selected from each state. List of aspirational districts in the selected states are mapped from the Niti Aayog's list of aspirational districts.

State	Aspirational Districts	Selected Aspirational District	Selected Non-Aspirational District
Assam	Goalpara	Darrang	Dhemaji
	Barpeta		
	Hailakandi		
	Baksa		
	Darrang		
	Udalguri		
	Dhubri		

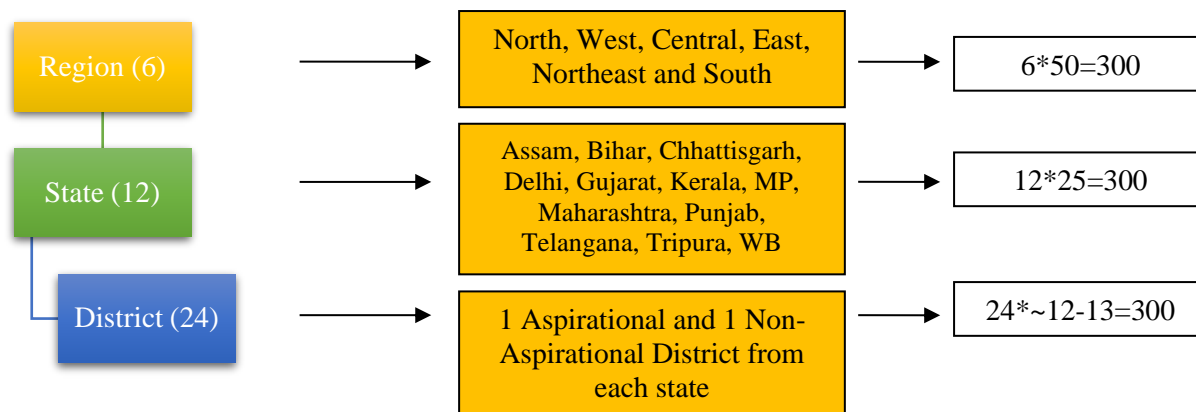
Bihar	Sitamarhi	Purnia	Jehanabad
	Araria		
	Purnia		
	Katihar		
	Muzaffarpur		
	Begusarai		
	Khagaria		
	Banka		
	Sheikhpura		
	Aurangabad		
	Gaya		
	Nawada		
	Jamui		
Chhattisgarh	Korba	Rajnandgaon	Raigarh
	Rajnandgaon		
	Mahasamund		
	Kanker		
	Narayanpur		
	Dantewada		
	Bijapur		
	Bastar		
	Kondagaon		
	Sukma		
Delhi	NA	NA	Northwest Delhi
			Southwest Delhi
Gujarat	Dahod	Narmada (Rajpipla)	Dang
	Narmada (Rajpipla)		
Kerala	Wayanad	Wayanad	Alappuzha (Alleppey)
Madhya Pradesh	Chhatarpur	Khandwa	Dewas
	Damoh		
	Barwani		
	Rajgarh		
	Vidisha		
	Guna		
	Singrauli		
	Khandwa		
Maharashtra	Nandurbar	Nandurbar	Akola
	Washim		
	Gadchiroli		
	Osmanabad		
Punjab	Firozpur	Moga	Gurdaspur
	Moga		
Telangana	Kumuram Bheem	Bhadradri Kothagudem	Suryapet
	Jayashankar Bhupalpally		
	Bhadradri Kothagudem		
Tripura	Dhalai	Dhalai	North Tripura
West Bengal	NA	NA	Purba Burdwan
			Malda

Selection blocks and sample size - Consumer:

State	District	Block Selection Criteria	Block	Consumer interview
Assam	Dhemaji	Nearby Blocks (<20km)	Machkhowa	25
		Faraway Blocks (>20km)	Sissiborgaon	25
	Darrang	Nearby Blocks (<15km)	Pub-Mangaldai	25
		Faraway Blocks (>15km)	Kalaigaon (Part)	25
Bihar	Purnia	Nearby Blocks (<30 KM)	kasba	25
		Faraway Blocks (>30 KM)	Dhamdaha	25
	Jehanabad	Nearby Blocks (<15km)	Ghosi	25
		Faraway Blocks (>15km)	Ratni Faridpur	25
Chhattisgarh	Rajnandgaon	Nearby Blocks (<30 KM)	Dongargaon	25
		Faraway Blocks (>30 KM)	Dongargarh	25
	Raigarh	Nearby Blocks (<40 KM)	Tamnara	25
		Faraway Blocks (>40 KM)	Dharamjaigarh	25
Delhi	Northwest Delhi	-	Narela	25
		-	Saraswati Vihar	25
	Southwest Delhi	-	Delhi Cantonment	25
		-	Vasant Vihar	25
Gujarat	Narmada (Rajpipla)	Nearby Blocks (<25 KM)	Garudeshwar	25
		Faraway Blocks (>25 KM)	Dediapada	25
	Dang	Nearby Blocks (<30 KM)	Ahwa	25
		Faraway Blocks (>30 KM)	Waghai	25
Kerala	Wayanad	Nearby Blocks (<20 KM)	Kalpetta	25
		Faraway Blocks (>20 KM)	Mananthavady	25
	Alappuzha	Nearby Blocks (<30 KM)	Veliyanad	25
		Faraway Blocks (>30 KM)	Muthukulam	25
Madhya Pradesh	Khandwa	Nearby Blocks (<50 KM)	Pandhana	25
		Faraway Blocks (>50 KM)	Punasa	25
	Dewas	Nearby Blocks (<50 KM)	Sonkatch	25
		Faraway Blocks (>50 KM)	Kannod	25
Maharashtra	Nandurbar	Nearby Blocks (<50 KM)	Nandurbar	25
		Nearby Blocks (<50 KM)	Shahada	25
	Akola	Nearby Blocks (<30 KM)	Barshitakli	25
		Faraway Blocks (<30 KM)	Telhara	25
Punjab	Moga	Nearby Blocks (<30 KM)	Moga	25
		Faraway Blocks (>30 KM)	Nihal Singhwala	25
	Gurdaspur	Nearby Blocks (<25 KM)	Kahnuwan	25
		Faraway Blocks (>25 KM)	Shri Hargobindpur	25
Telangana	Bhadradi Kothagudem	Nearby Blocks (<50 KM)	Bhadrachalam	25
		Faraway Blocks (> 50 KM)	Manuguru	25
	Suryapet	Nearby Blocks (<30 KM)	Mothey	25
		Faraway Blocks (>30 KM)	Nereducherla	25
Tripura	Dhalai	Nearby Blocks (<30 KM)	Manu	25
		Faraway Blocks (>30 KM)	Ganganagar	25
	North Tripura	Nearby Blocks <20 KM	Panisagar	25
		Faraway Blocks >20 KM	Damcherra	25
West Bengal	Purba Burdwan	Nearby Blocks (<30 KM)	Bhatar	25
		Faraway Blocks (>30 KM)	Kalna-II	25
	Malda	Nearby Blocks (<30 KM)	Habibpur	25
		Faraway Blocks (>30 KM)	Harishchandrapur II	25
12	24		48	1200

Selection blocks and sample size - Business:

A total of 300 sample for businesses was covered across 6 regions and 12 states. The sample was equally distributed across the target geography. Equal representation of the target population was ensured from each region. In addition to the above, a minimum of 10 drug manufacturers were covered under the study to provide us a holistic understanding of the awareness among all primary players in the market.



State	District	Business Interview
Assam	Dhemaji	~12-13
	Darrang	~12-13
Bihar	Purnia	~12-13
	Jehanabad	~12-13
Chhattisgarh	Rajnandgaon	~12-13
	Raigarh	~12-13
Delhi	Northwest Delhi	~12-13
	Southwest Delhi	~12-13
Gujarat	Narmada (Rajpipla)	~12-13
	Devbhoomi Dwarka	~12-13
Kerala	Wayanad	~12-13
	Alappuzha	~12-13
Madhya Pradesh	Khandwa	~12-13
	Dewas	~12-13
Maharashtra	Nandurbar	~12-13
	Akola	~12-13
Punjab	Moga	~12-13
	Gurdaspur	~12-13
Telangana	Bhadradi Kothagudem	~12-13
	Suryapet	~12-13
Tripura	Dhalai	~12-13
	North Tripura	~12-13
West Bengal	Purba Burdwan	~12-13
	Malda	~12-13
12	24	300

Ethical Considerations

We ensured that all the participation in the survey was voluntary, and consent was taken from each of the respondents before proceeding with the survey questionnaire. Confidentiality protocol for the survey is maintained throughout the study and all the direct or indirect information shared by respondents are kept confidential. We ensured that no time waste or undue loss occurred to the respondents for participating in the survey. The responsibility for due observance of all principles of ethics and

guidelines lies with Market Xcel Data Matrix Pvt. Ltd.

Training of Research Team

Research team deployed across 12 states went through rigorous training session conducted by the core team members of the project.

Field practice was conducted in non-sample districts to equip the enumerators and supervisors on the tools on the following day of classroom session in non-sampled districts. This was followed by analysis and feedback to each enumerator on the gaps noticed during field practice and provided guidance on overcoming the observed shortcomings.

Data Collection

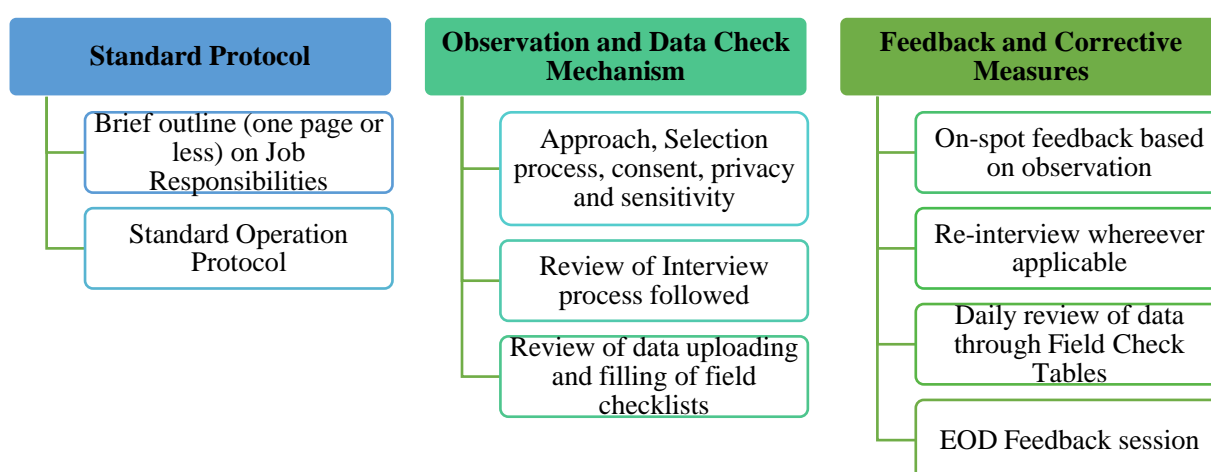
Data collection was carried out across 12 states simultaneously. Each field team comprised of 1 enumerator and 1 supervisor coordinated by state coordinators. Data collection was carried out over 21 days from 9th January to 29th January 2023.

The field movement plan was as follows:



Field Monitoring

Field monitoring approach was as follows:



Multiple debriefing sessions were conducted to strengthen the field team on training module to ensure data quality throughout the study.

Data Quality Validation

Regular quality checks were conducted and timely feedback was provided to the research teams wherever required. Phone calls were made randomly to respondents, using phone numbers recorded in the interview schedules, to cross check and validate key information as per standard quality check protocol. Discrepancies, if any were resolved concurrently through dialogue with concerned supervisors.

Chapter 2: Perception and Awareness Reporting

A. Consumers Segment

The survey was conducted across 12 states to assess the regulatory deficit in access to healthcare perceived by service recipients. The sample spread out across all the six regions of the country, which gives us a holistic understanding of the market situation on healthcare accessibility and experience or level of awareness among the stakeholders in terms of both physical and digital health services.

A.1. Background

The study aimed in capturing a holistic understanding of the market situation from all socio-economic perspectives. Contemplating the same, sample covered under the study ensured near equal representation of male (57.6%) and female (42.4%). Additionally, the study has a representation of all economic groups, majority falling between the monthly income of Rs. 5,000 to 30,000. This gives us an opportunity to understand the market condition from a perspective of the poor to middle class population, which are our target stakeholders under the regulatory enforcement.

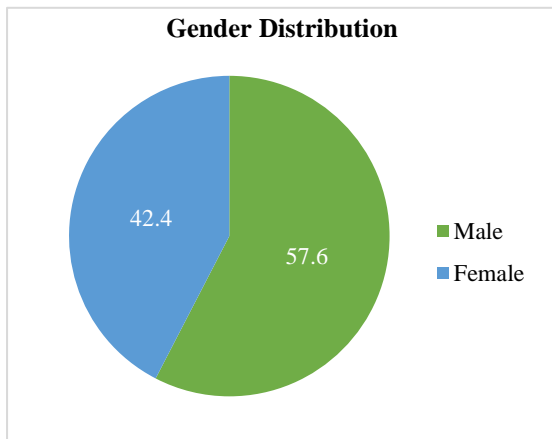


Figure 1 Gender Distribution

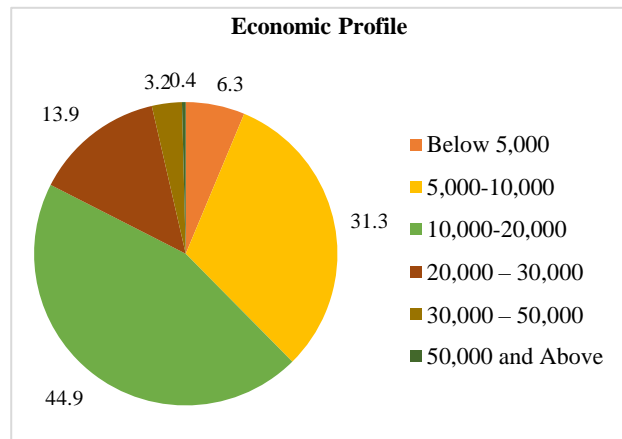


Figure 2 Economic Profile

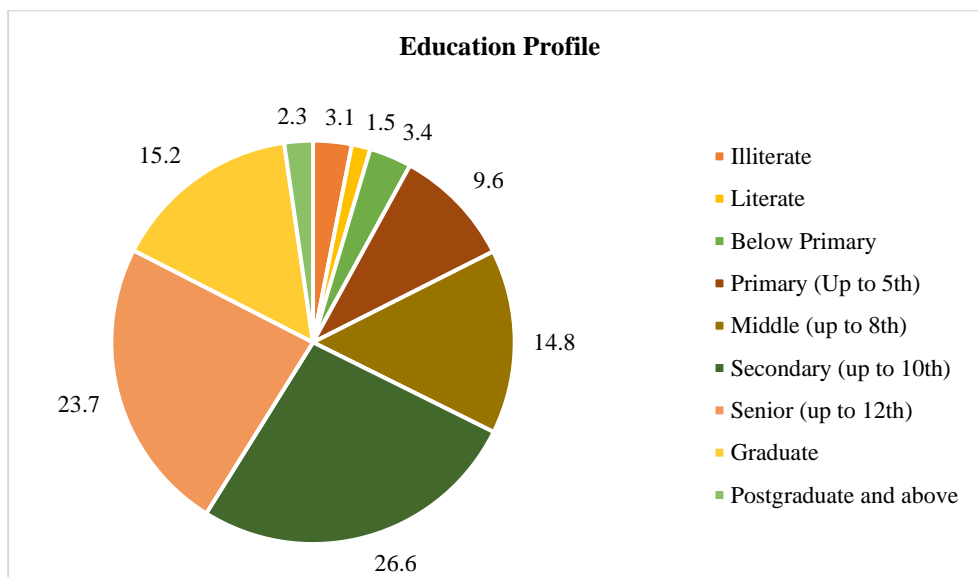


Figure 3 Education Profile

Lastly, the other relevant demographic parameters like education, age groups, caste, religion were also ensured to capture a representative data across different segments of the society.

A.2. Healthcare Services

A.2.1. Availability of Healthcare Services

Indian government is focused in strengthening its health system through various regulations, schemes and policies in place to increase accessibility to equitable, affordable and quality healthcare services at an universal level enabling its citizens across all demographic strata. Government of India has its flagship programme National Health Mission (NHM) in place that envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs across rural and urban sector of India.

When asked about the accessibility of different healthcare services like doctors/ clinics, hospitals, diagnostic centres, medical insurance etc. majority of the respondents found the accessibility of such services ranging between always to often except for medical insurances, where over 40% found it inaccessible. This can again be attributed due to the lack of awareness among the beneficiaries as well as the difficulty in understanding a complex product like health insurance that makes it exclusive.

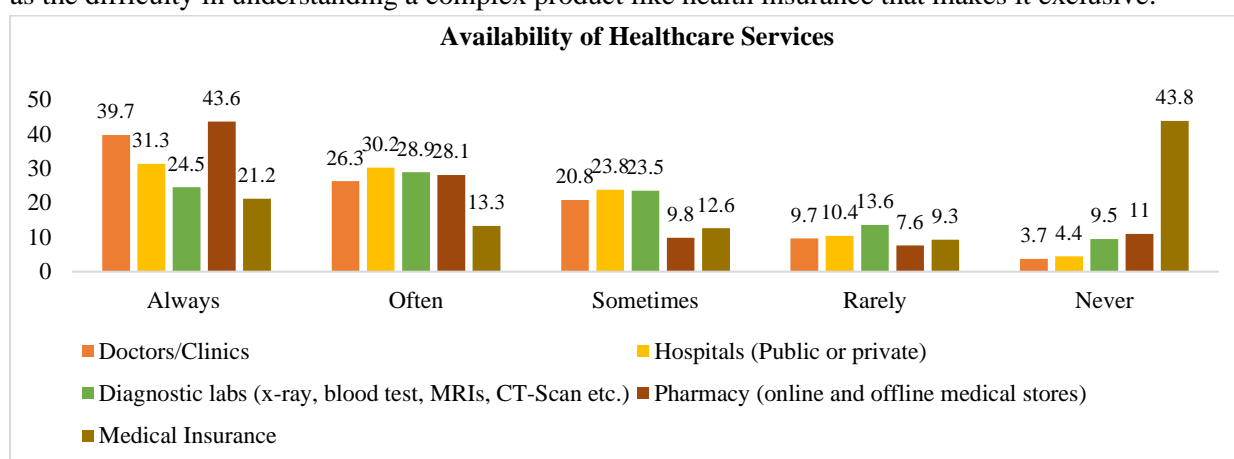


Figure 4 Availability of Healthcare Services

A.2.2. Quality and Satisfaction Related to Available Healthcare Services

Further, to know more about the healthcare services available to the stakeholders, the respondents were asked about the quality of the services available in the market. Responses related to the quality was found to be alike to the accessibility, where majority of the respondents found the doctors/ clinics, hospitals, diagnostic centres, etc. satisfactory or very satisfactory. While level of satisfaction related to the medical insurance services were found on the lower side.

This can indicate that the accessibility and quality of the health services prevailing across the states are as per the requirement of the target respondents meeting the satisfaction of the respondents.

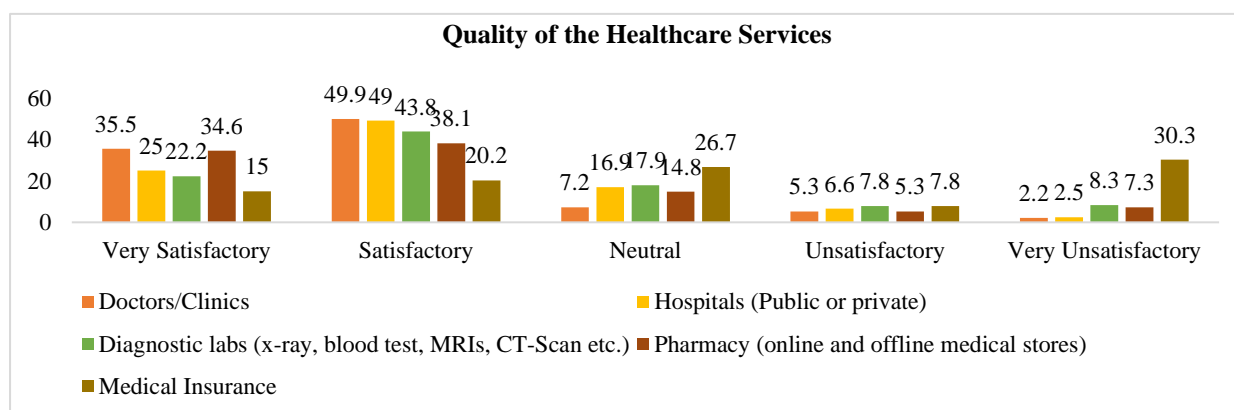


Figure 5 Quality of Healthcare Services

Satisfaction related to hygiene and cleanliness in the healthcare clinics and hospitals were also found satisfactory among the respondents.

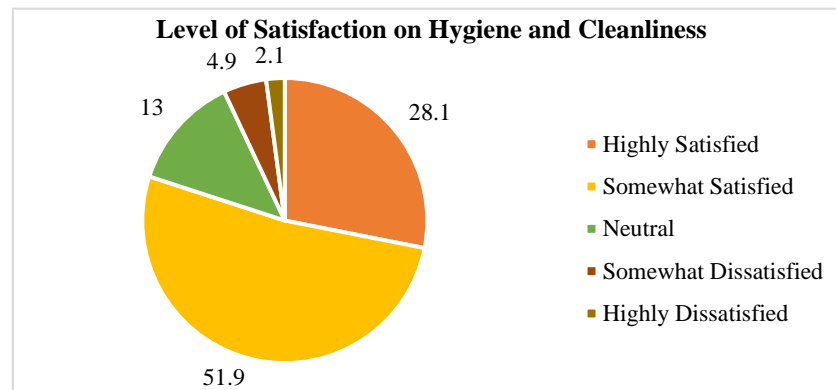


Figure 6 Satisfaction relate to Hygiene and Cleanliness

A.2.3. Affordability of the Concurrent Healthcare Services

When asked about the affordability of the healthcare services available in the market majority of the respondent mentioned that the services ranges from affordable to somewhat affordable. When looking at it through economical perspective, majority of the respondent belonging in an income group between Rs. 30,000-50,000 (47.4%) found it affordable followed by the families earning below 5,000 (40.8%). This can suggest the effectiveness of the healthcare regulation in providing affordable services to the target population in need of healthcare services to a subsidised price.

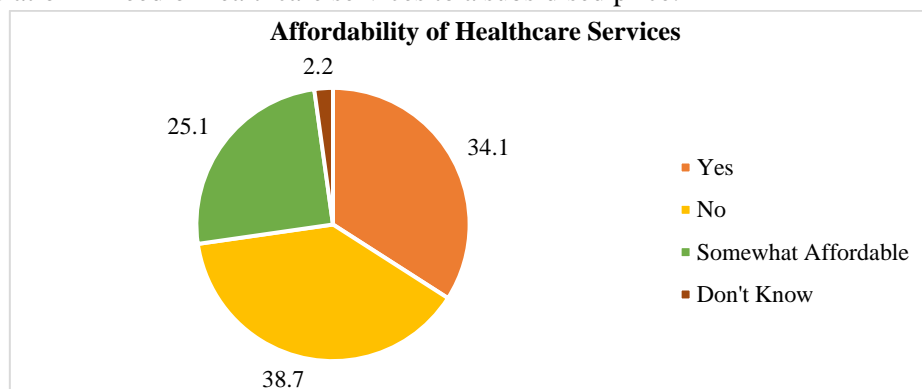


Figure 7 Affordability of Healthcare Services

A.3. Awareness and Opinion on Healthcare schemes

On the other hand, when asked about various promotional schemes provided by different health service providers, lack of awareness of such programme is evidenced throughout except for Delhi (76%).

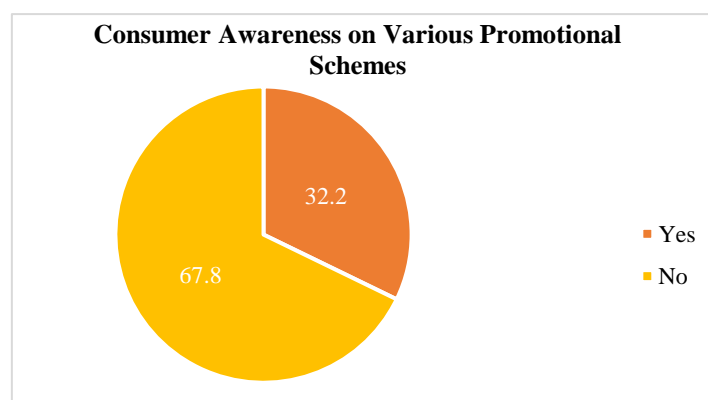


Figure 8 Consumer Awareness on Various Promotional Schemes

Respondents who were aware of healthcare schemes were followed up on the providers of such schemes to identify the sources of the same. Majority of the of the respondent identified pharmaceutical stores as the primary source of such schemes followed by the healthcare clinics/hospitals and pathological laboratories.

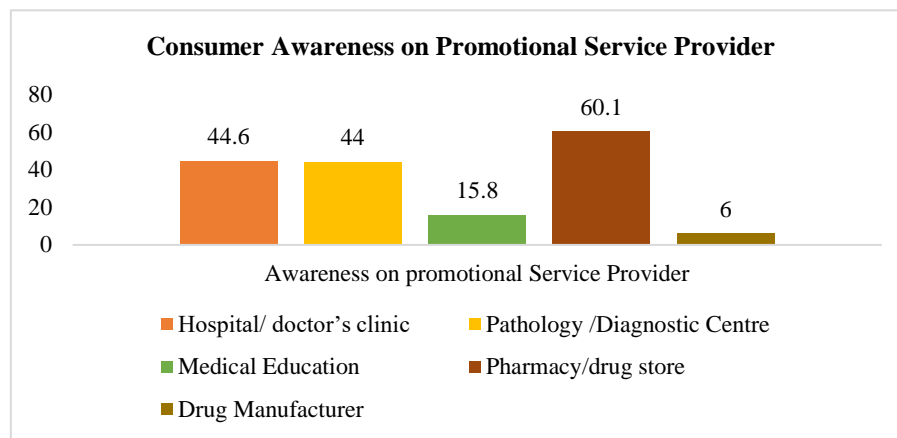


Figure 9 Consumer Awareness on Promotional Service Providers

Upon enquiring on the opinion of the consumers on promotional schemes prevailing in the market, majority were satisfied with the promotional schemes (highly satisfied – 20% and somewhat satisfied - 47.7%) with positive perception on consumer benefits, quality and price.

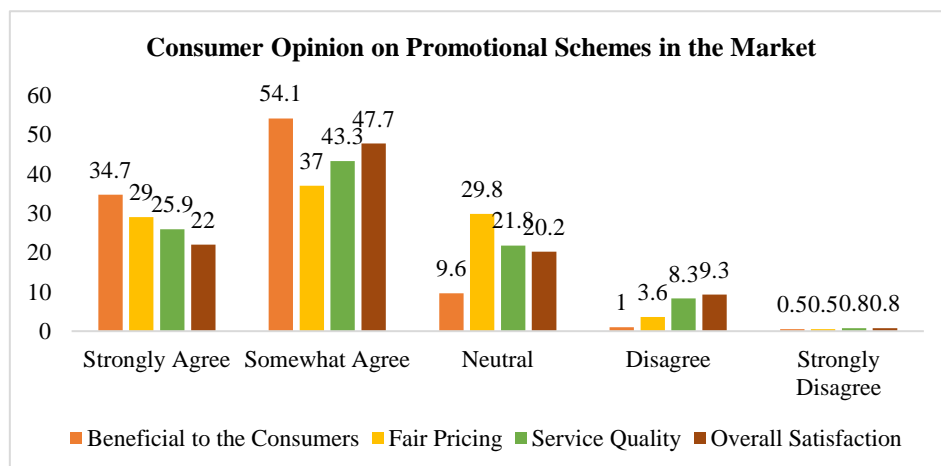


Figure 10 Consumer Opinion on Promotional Schemes in the Market

When looked into the same through educational and economical perspective, the satisfaction on the schemes is evidenced at an overall level throughout strata. Majority of the respondents across all literacy level and income groups supported the quality and price of these healthcare schemes in the market, which benefits the consumers to an overall satisfactory level. Over 66% of the illiterates reported the schemes to be beneficial for the consumers, whereas over 90% of the postgraduates reported similar.

Table 1 Consumer Opinion on Promotional Schemes in the Market by Education and Income												
	Do they benefit consumers?			Do they deliver services at advertised price?			Do the services advertised delivery quality services?			How would you rate the promotional scale at an overall level?		
	Strongly Agree/ Somewhat Agree	Neutral	Strongly Disagree/ Disagree	Strongly Agree/ Somewhat Agree	Neutral	Strongly Disagree/ Disagree	Strongly Agree/ Somewhat Agree	Neutral	Strongly Disagree/ Disagree	Strongly Agree/ Somewhat Agree	Neutral	Strongly Disagree/ Disagree
Literacy wise distribution												
Illiterate	66.7	33.3	0	0	77.8	22.2	55.6	44.4	0	55.6	33.3	11.1
Literate	83.3	16.7	0	50	33.3	16.7	83.3	0	16.7	66.7	33.3	0
Below Primary	93.3	6.7	0	26.7	26.7	46.7	73.3	26.7	0	60	26.7	13.3
Primary (Up to 5th)	85.4	9.8	4.9	26.8	31.7	41.5	63.4	26.8	9.8	65.9	19.5	14.6
Middle (up to 8th)	91.8	8.2	0	40.8	32.7	26.5	65.3	24.5	10.2	75.5	18.4	6.1
Secondary (up to 10th)	86.7	10.2	3.1	26.5	37.8	35.7	67.3	24.5	8.2	70.4	19.4	10.2
Senior (up to 12th)	87.6	11.2	1.1	31.5	37.1	29.2	65.2	22.5	12.4	69.7	22.5	7.9
Graduate	95.5	4.5	0	25.8	37.9	36.4	84.8	9.1	6.1	74.2	13.6	12.1
Postgraduate and above	92.3	7.7	0	23.1	46.2	30.8	61.5	23.1	15.4	53.8	30.8	15.4
Income wise distribution												
Below 5,000	86.8	5.3	7.9	47.4	44.7	7.9	47.4	23.7	28.9	50	26.3	23.7
5,000-10,000	95.1	4.1	0.8	23.6	38.2	38.2	73.2	19.5	7.3	80.5	11.4	8.1
10,000-20,000	85.9	13.5	0.6	30.1	31.3	37.4	71.8	22.1	6.1	71.2	22.1	6.7
20,000 – 30,000	84.9	13.2	1.9	22.6	47.2	30.2	67.9	22.6	9.4	54.7	32.1	13.2
30,000 – 50,000	85.7	14.3	0	42.9	28.6	28.6	71.4	28.6	0	57.1	14.3	28.6
50,000 and Above	100	0	0	50	50	0	50	50	0	100	0	0

A.4. Unethical Practices Prevailing in the Healthcare Sector

While enquired about the tied selling practices provided by various healthcare units, gap was evidenced among the respondents on awareness of such practices in the market. Only 47.9% reported that they are aware of tied selling across the targeted geography. Considering the widespread practice in the market, awareness identified was found to be on the lower side. This may be attributed due to limited options available nearby limiting choices for both the service providers as well as the consumers as well as trust of the general population on the health service providers.

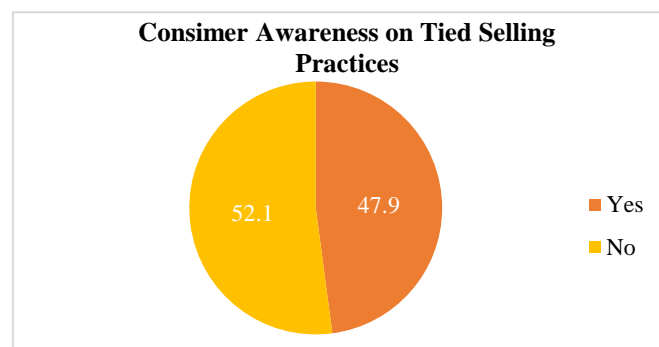


Figure 11 Consumer Awareness on Tied Selling Practices

In order to know more about people's perception on tied selling practices, people holding knowledge on the same were asked about their opinion on different aspects like appropriateness, quality, limitations on choices etc. Majority of the respondents firmly believe that the practice is appropriate as well as necessary for ensuring quality and no way a means for making money even though it limits the choices of the consumers. This only communicates the blind trust of the general population on the health service providers in the country.

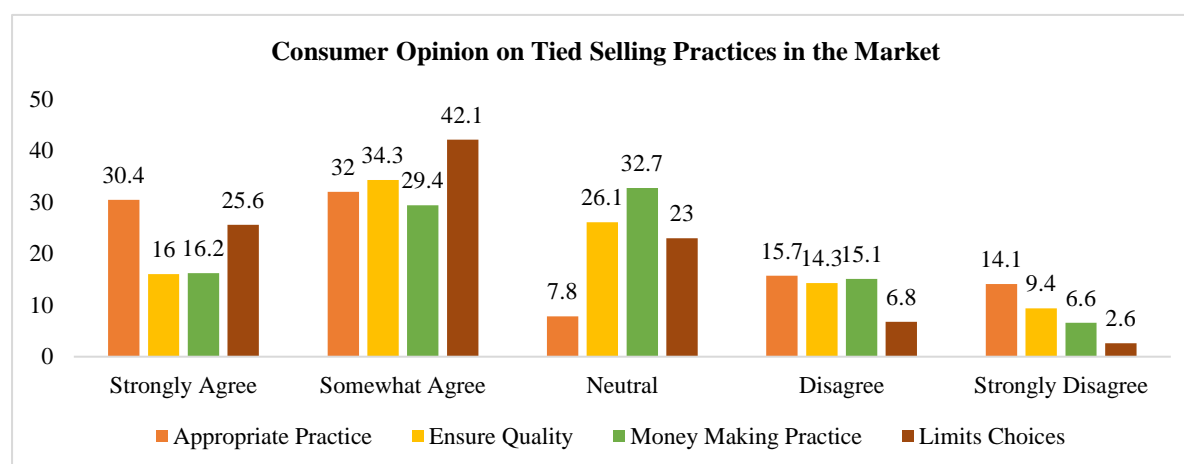


Figure 12 Consumer Opinion on Tied Selling Practices in the Market

When looked at the opinions on tied selling through literacy and income lens, clear demarcation was evidenced where the respondents up to graduate and earning up to Rs. 20,000 agreed with positive aspects, while the post majority of the post graduates and higher income group identified the practice as inappropriate.

Table 2 Consumer Opinion on Tied Selling Practices in the Market by Education and Income												
	Do you think that this practice is appropriate?			Does this helps ensuring quality?			This is just a means to make easy money			This limits choice for consumers		
	Strongly Agree/ Somewhat Agree	Neutral	Strongly Disagree/ Disagree	Strongly Agree/ Somewhat Agree	Neutral	Strongly Disagree/ Disagree	Strongly Agree/ Somewhat Agree	Neutral	Strongly Disagree/ Disagree	Strongly Agree/ Somewhat Agree	Neutral	Strongly Disagree/ Disagree
Literacy wise distribution												
Illiterate	100	0	0	16.7	66.7	16.7	16.7	50	33.3	33.3	33.3	33.3
Literate	50	0	50	25	25	50	50	25	25	75	25	0
Below Primary	70	5	25	25	35	35	25	30	45	60	25	15
Primary (Up to 5th)	54.2	10.2	35.6	13.6	25.4	47.5	42.4	28.8	28.8	59.3	20.3	20.3
Middle (up to 8th)	57.3	9.3	33.3	24	32	33.3	44	33.3	22.7	80	12	8
Secondary (up to 10th)	61.4	9.8	28.8	17	33.3	41.8	49	30.7	20.3	62.7	30.1	7.2
Senior (up to 12th)	63.9	8.2	27.9	14.3	38.8	38.8	44.9	33.3	21.8	70.1	23.1	6.8
Graduate	69.3	3	27.7	11.9	34.7	43.6	49.5	35.6	14.9	69.3	20.8	9.9
Postgraduate and above	40	10	50	0	30	40	50	40	10	80	20	0
Income wise distribution												
Below 5,000	76.7	3.3	20	46.7	40	6.7	16.7	46.7	36.7	56.7	20	23.3
5,000-10,000	75.8	7.4	16.8	15.8	41.1	37.4	38.9	33.7	27.4	65.3	24.7	10
10,000-20,000	61.7	7.7	30.6	14.5	27	49.2	51.6	29.8	18.5	67.3	24.6	8.1
20,000 – 30,000	36.4	12.5	51.1	10.2	39.8	35.2	50	31.8	18.2	73.9	17	9.1
30,000 – 50,000	37.5	0	62.5	18.8	25	31.3	56.3	43.8	0	81.3	18.8	0
50,000 and Above	33.3	0	66.7	0	33.3	33.3	66.7	33.3	0	100	0	0
Overall	62.4	7.8	29.7	16	34.3	40.3	45.6	32.7	21.7	67.7	23	9.4

Similarly, consumers were asked on their perception related to the brand selling practices in the market where doctors prescribe medicines on the brand name instead of generic names. A mixed response was received from the consumers, where majority agreed on the appropriateness, but the same also reported limitation in choices due to the practice. This only indicates the blind trust of the general population on the health service providers in the country, even though it puts limitations on their choices.

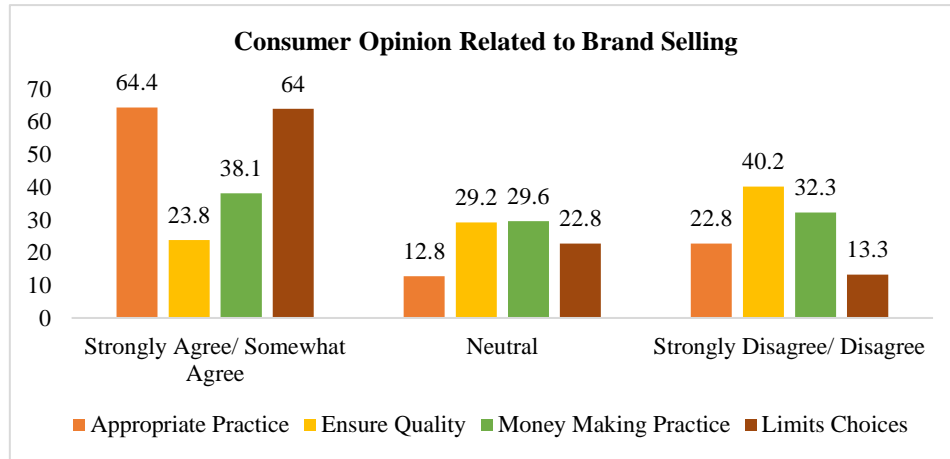


Figure 13 Consumer Opinion Related to Brand Selling

A.5. Telemedicine – Regulation and Promotion

Tele-medicine has been providing services for sometimes in India but received its popularity in recent years due to outbreak of COVID pandemic and nationwide lockdown. Despite of the fact, it was only popular and people were aware in major cities and selective states. When asked about the tele-medicine services, only about 34.8% of the respondents reported awareness with Delhi, Kerala and Bihar being the major contributors on the overall awareness received under the study. Awareness was evidenced as low as under 10% in some states like Telangana and Gujarat. Again, majority of the awareness was found among the higher income groups with income groups where about 60%, 41.9% and 37.8 of the respondents interviewed from income group 50,000 and above, and 10,000 to 30,000 respectively reported awareness on telemedicinal services.

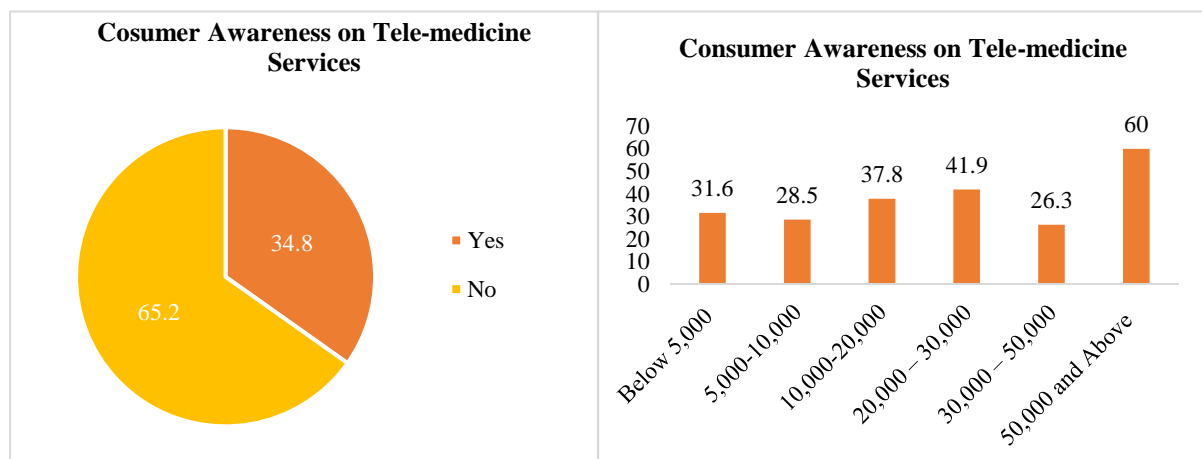


Figure 14 Consumer Awareness on Tele-medicine Services

The respondents reporting awareness on tele-medicine were further enquired on the use and increased reach of the same. Despite of knowledge and awareness on tele-medicinal services, only 28.7% reported availing of such services and only about 30% perceives that the tele-medicine has increased the reach of healthcare services. This can be interpreted as the limited accessibility of tele-medicine in market,

where the same is only available in the urban set up and rural sector still suffers from lack of accessibility of modern healthcare services.

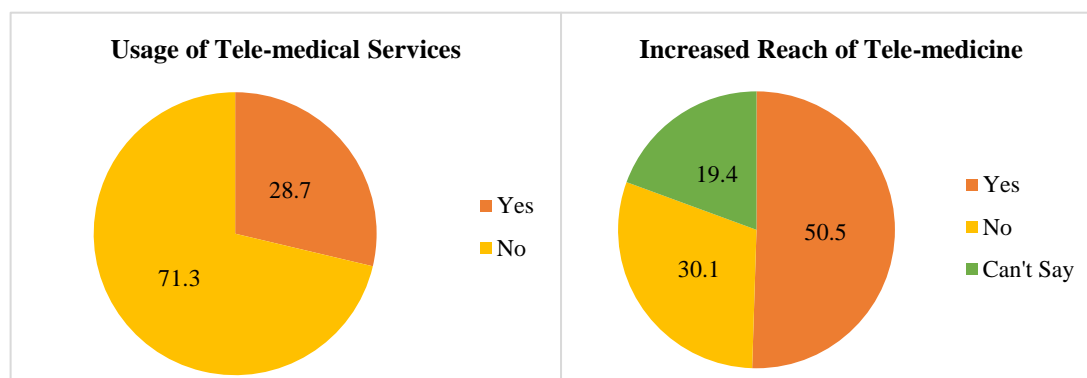


Figure 15 Use and Reach of Tele-Medicine

Further, in order to know more about the tele-medicine services in India, respondents were asked on the benefits and challenges related to use of tele-medicine. As for the benefits concerned, majority of the respondents reported the tele-medicine convenient (72%), cost savings (59.6%) and time savings (85.2%) in most of the cases. Common challenges on the other hand found to be lack of physical examination (57.9%), dependency on internet (79.2%) and laptop or smartphone (72.7%).

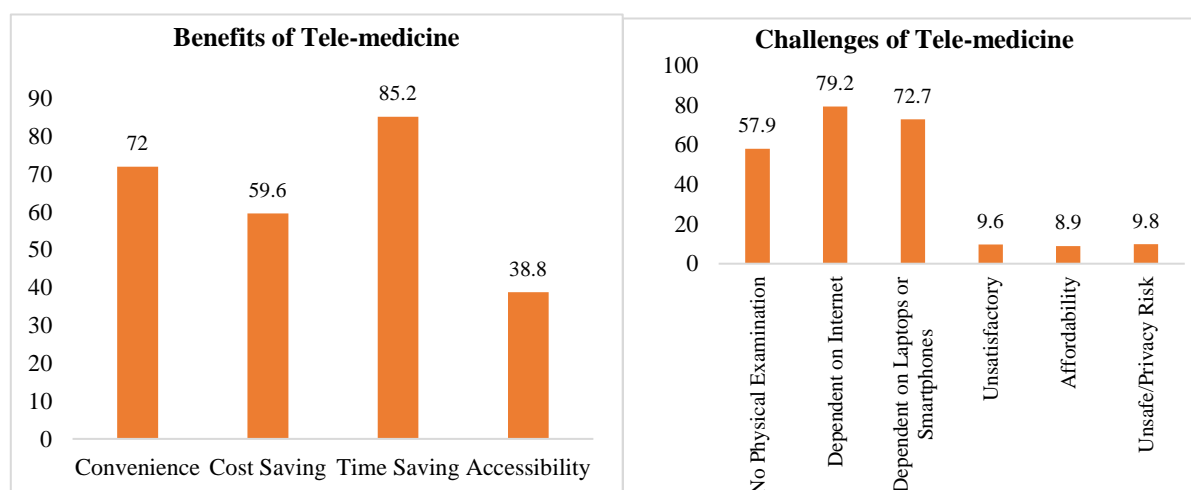


Figure 16 Benefits and Challenges of Tele-medicine

A.6. Medical Insurance

Awareness, access, and utilization of medical insurance was found to be a struggling factor for a very long time across rural and urban sector, regardless of socio-economic profile of the consumers⁷. Despite the need of increased coverage of health insurance to achieve Universal Health Coverage, Awareness and knowledge of health insurance lacks till time. As per NITI Aayog report published on 2021, lack of awareness, identification & outreach, adverse & preferred selection and affordability had been identified as the key challenges in the path of achieving increased awareness among the general population⁸.

Similar situation is captured in this study where availability of medical insurance was found to be minimal across the states regardless of socio-economic profile of the respondents.

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7325807/>

⁸ https://www.niti.gov.in/sites/default/files/2021-12/Health%20Insurance%20for%20India%E2%80%99s%20Missing%20Middle_08-12-2021.pdf

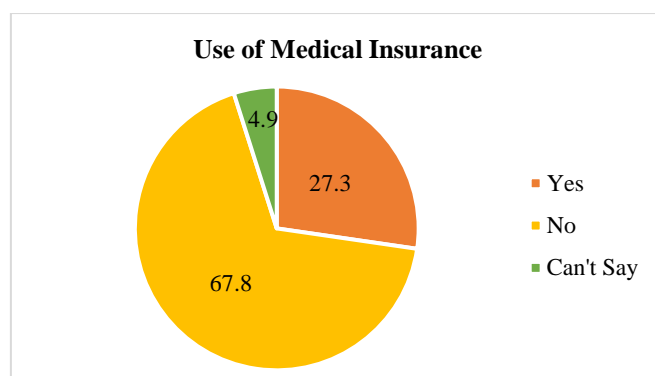


Figure 17 Use of Medical Insurance

Similarly, knowledge and awareness on accessibility of medical insurances were found minimal across states with majority of the respondents reporting never accessible (43.8%). Quality on the other hand was reported to be very unsatisfactory (30.3%) followed by neutral (26.7%). This may be attributed to the lack of awareness on medical insurance to the greater mass.

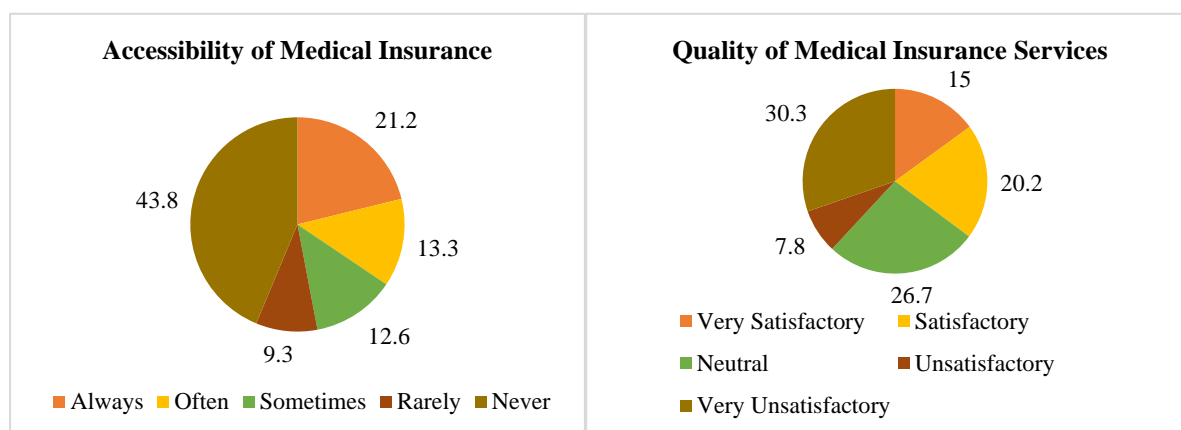


Figure 18 Accessibility and Quality of Medical Insurance Services

A.7. Awareness on Regulatory framework and Market Competition

Government of India has strengthen the regulatory actions through streamlining the consumer grievance mechanism across sectors. As per guideline for establishing grievance redressal and health helpline by Minsitry of Health and Family Welfare(MoHFW), Authorities/nodal officers at appropriate level (State/District/Block/Facility) has to resolve all the grievances generated in the facility within 7 days from the date of generation⁹. This has been put in place to ensure the quality of healthcare services made available to the general population of the country. However, the knwoeldge and awareness on such facility was found to be minimal among the targetted population. When asked about the public grievance redressal mechanism in the healthcare sector, only about 28% of the respondents expressed their awareness of such mechanisms. Only states like Bihar and Delhi expressed their knowledge of existance of mechanism. This indicates a huge setback in the communication mechanism of the MoHFW in generating public awareness on the said area.

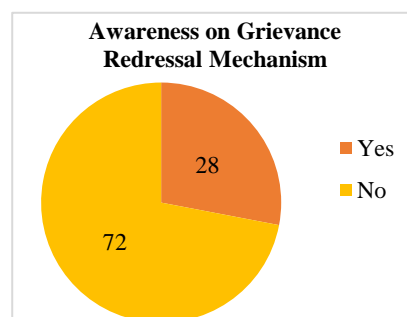


Figure 19 Consumer Awareness on Grievance Redressal Mechanism

⁹

https://nhm.gov.in/images/pdf/programmes/Grievance_Redressal_System/Guidelines_for_Establishing_Grievance_Redressal_and%20Health_Helpline.pdf

To understand further into the topic, respondents reporting awareness on the public grievance mechanisms in health sector were enquired on the usage and opinion on the existing mechanism in India. Use of services related public grievance found as low as 25.6%, while majority using public grievance portal falls under the income group below 5,000. Majority of the respondents reporting awareness on the matter on the other hand reported the mechanism to be better than before.

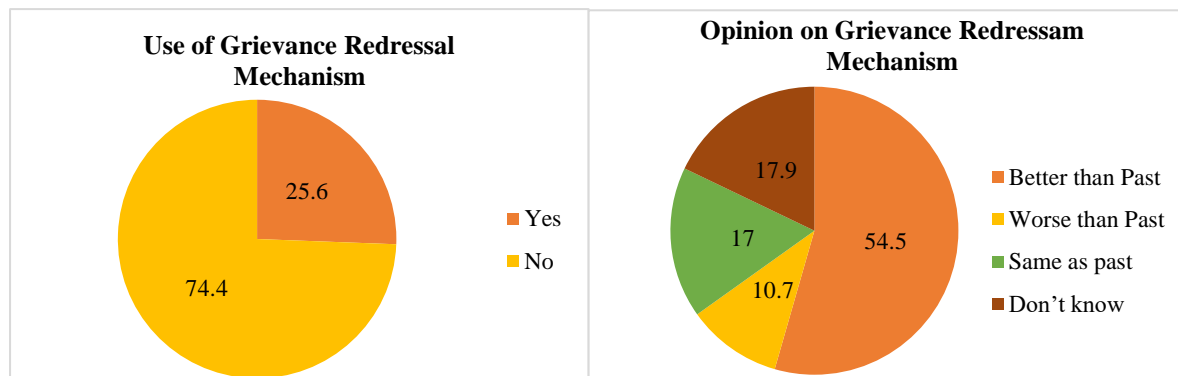


Figure 20 Use and Opinion on Grievance Redressal Mechanism

Government of India has further implemented various regulations to ensure fair practices in the healthcare sector in India safeguarding public interest and ensuring high quality healthcare services across the country. Competition Commission of India (CCI) established on 14th October 2003 eliminates practices having adverse effect on competition, promote and sustain competition, protect the interests of consumers and ensure freedom of trade in the markets of India¹⁰. Likewise, National Pharmaceutical Pricing Authority (NPPA) was established in 1995 to keep close watch on the bulk drugs and formulations and revise to make it more affordable to the common citizens of the country, while Central Drugs Standard Control Organisation (CDSCO) was entrusted to regulate the quality of medicine through approval of drugs laying down guidelines for conduct of clinical trials, standards for Drugs and many more.

This section of the report envisages to capture the knowledge and awareness of the general population on various regulatory guidelines that safeguards the quality and accessibility of healthcare system in India.

Upon enquiry, a very few of the respondents were found aware of the regulation in health industry. Only 11.9%,

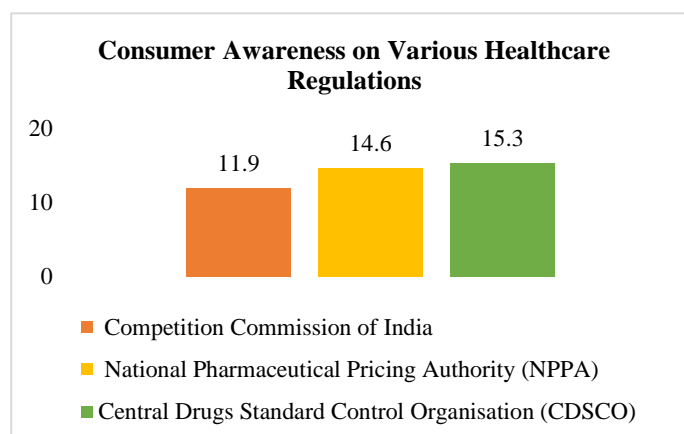


Figure 21 Consumer Awareness on various Healthcare Regulations

14.6% and 15.3% respondents expressed their awareness on Competition Commission of India, National Pharmaceutical Pricing Authority and Central Drug Standard Control Organisation.

To better understand the depth of the knowledge and awareness among the respondents who reported awareness on Competition Commission of India, respondents were asked on the purpose of CCI. Over 50% of the respondents identified monitoring competition of stock market, promotion of competition amongst manufacturers and retailers and restrict inflow of FDI (Foreign Direct Investment) as primary role of CCI, while respondents ranging between 30% to 46% reported investigation & adjudication of

¹⁰ <https://www.cci.gov.in/>

anti-competitive practices, monitoring competition in distribution of FMCG/non-FMCG products and combat against monopolistic trade practices as the key roles of the commission.

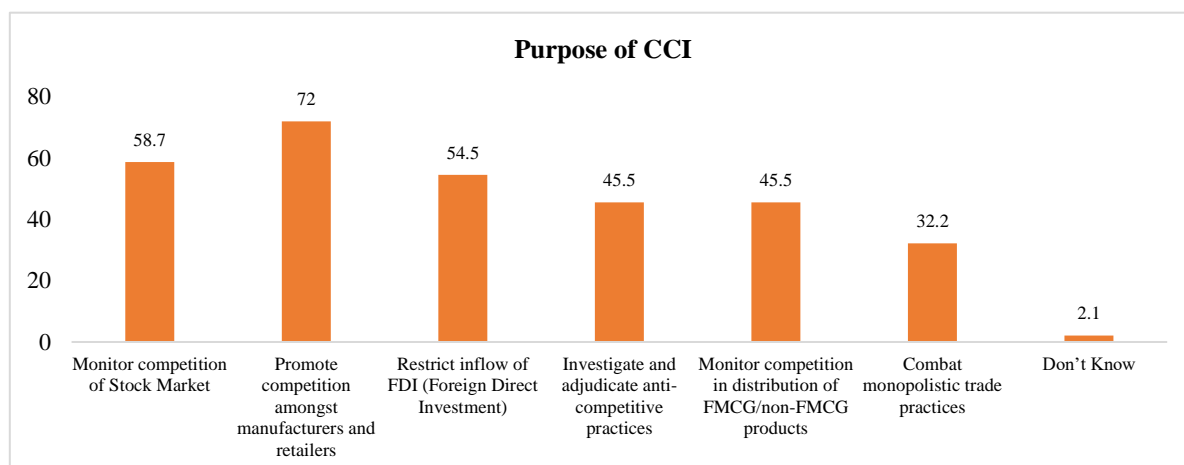


Figure 22 Awareness on Purpose of CCI

Similarly, respondents who were aware about CDSCO were asked on its purpose in India. Majority of the respondents reported approval of drugs (79.2%), followed by conduct of clinical trials (75.4%) and laying down the standards for drugs (68.9%) as the key purposes of CDSCO.

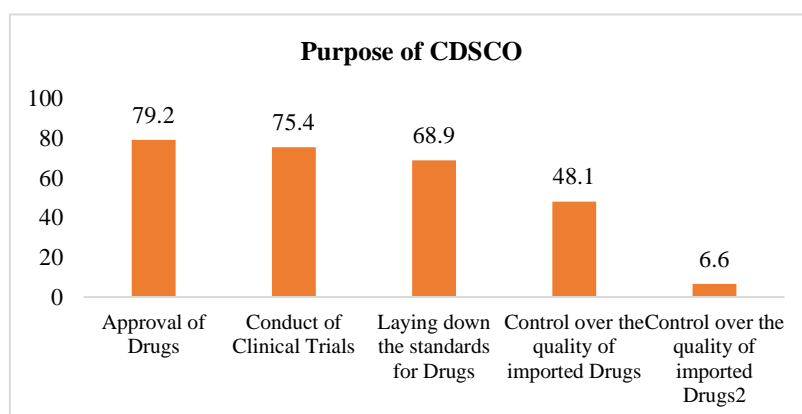


Figure 23 Purpose of CDSCO

On asking questions related to the purpose of NPPA, majority of the people having knowledge reported monitoring & ensuring the availability of drugs (77.7%), followed by control prices of essential drugs (72%), study pricing of drugs/formulations (65.7%) as the key purposes of NPPA.

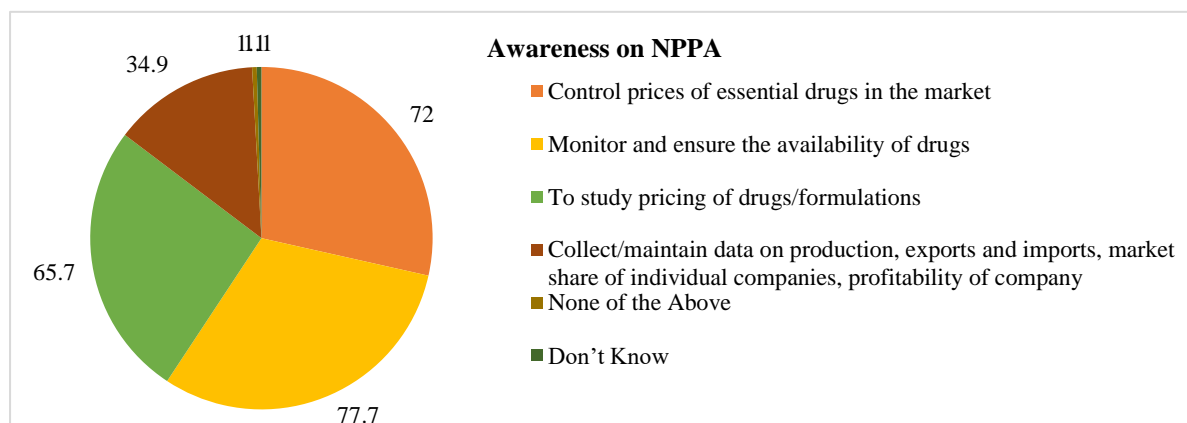


Figure 24 Awareness on NPPA

Furthermore, the respondents covered under the study were asked for their opinion on the need for price control of essential drugs in the market and their reason. Majority of the respondents were in support of the need for control over the essential drugs in the market (~70%). Upon probing on the reason for such perception, majority of them identified “affordability” (53.2%) followed by “stopping monopoly (49.3%), “restrict abnormal high prices by pharma companies” (36.2%) and “Restricts influence of doctors and retailers” (35.5%) as the key factors that are regulated by NPPA, henceforth necessary for ensuring availability and affordability of essential drugs in the market.

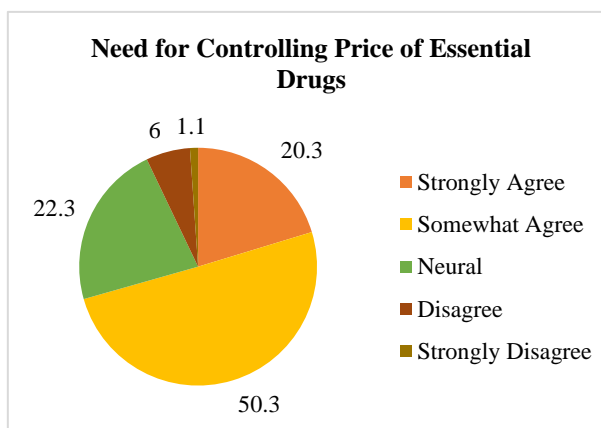


Figure 25 Need for Controlling Price of Essential Drugs

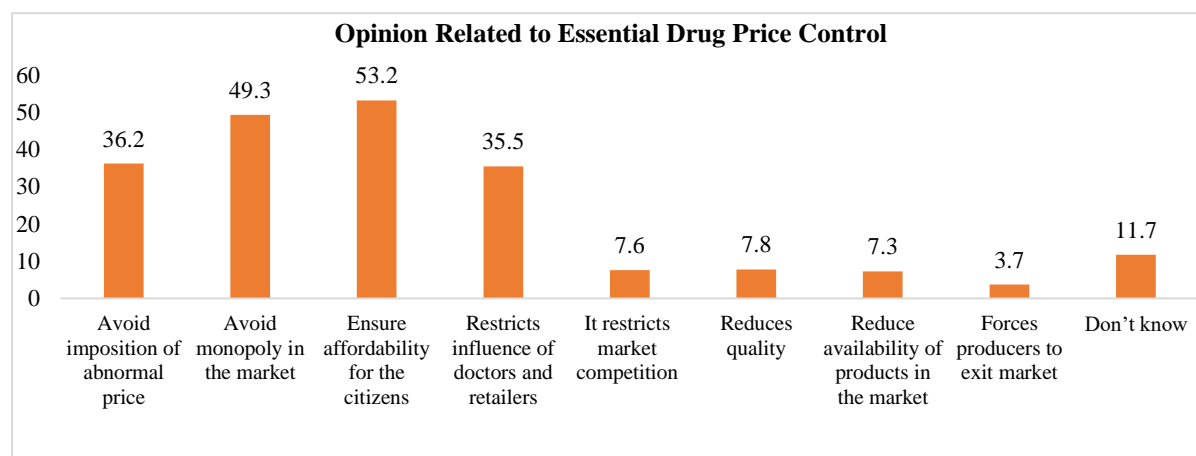


Figure 26 Opinion Related to Essential Drug Price Control

Stakeholders were further enquired for their suggestions on drug price control for streamlining the regulation and better impact. As a result, majority of the respondents were of opinion that appropriate monitoring (64.7%) could get better results, followed by putting drugs on watchlist (58.9%). A considerable segment also suggested to put control over a few essential drugs (48.9%).

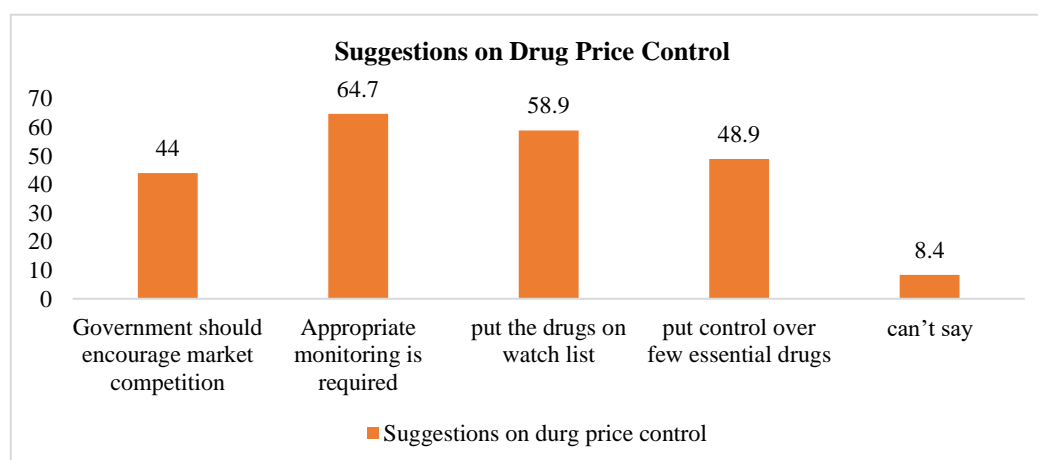


Figure 27 Suggestions on Drug Price Control

When asked about the need for government intervention on pricing of essential commodities, majority of the respondents suggested requirement for government intervention in almost all the times (42.2%), while another significant proportion of the population also suggest requirement for government intervention in every time (28.3%).

Table 3 Opinion on Government intervention in pricing of essential commodities					
States	Every Time	Almost Every Time	Neutral	Almost Never	Never
Assam	36	54	10	0	0
Bihar	51	49	0	0	0
Chhattisgarh	29	56	15	0	0
Delhi	1	74	25	0	0
Gujarat	45	23	24	5	3
Kerala	19	39	28	14	0
Madhya Pradesh	45	27	24	2	2
Maharashtra	14	10	39	20	17
Punjab	17	31	23	27	2
Telangana	1	65	25	9	0
Tripura	52	24	22	2	0
West Bengal	30	54	14	2	0
Overall	28.3	42.2	20.8	6.8	2

As the regulatory mechanism is ever evolving to ensure the universal accessibility to quality and affordable healthcare services in the country, the stakeholders were enquired on the concurrent quality of regulatory mechanism and its efficiency in ensuring high quality healthcare services. As a result, majority of the respondents reported marginal satisfaction on the existing mechanism, indicating need for strengthening and proper implementation of regulation across all levels.

Stakeholders were followed up for their suggestion for improving quality of regulation. Importance of Good quality personnel were prioritised by the majority of the respondents (54.2%) followed by requirement of more budget (42.3%) and independency of the regulatory bodies (40.5%). Requirement of reduced political influence in the health system (34.9%) was found least important by the respondents under the study.

Table 4 Quality of regulation mechanism (rules) for Healthcare in India					
States	Excellent	Good	Satisfactory	Poor	Very Poor
Assam	1	15	43	41	0
Bihar	5	8	49	37	1
Chhattisgarh	0	8	73	19	0
Delhi	0	1	61	38	0
Gujarat	1	7	60	26	6
Kerala	3	9	68	19	1
Madhya Pradesh	5	1	39	25	30
Maharashtra	0	18	48	34	0
Punjab	24	21	14	41	0
Telangana	0	19	66	15	0
Tripura	4	16	45	35	0
West Bengal	0	10	41	42	7
Overall	3.6	11.1	50.6	31	3.8

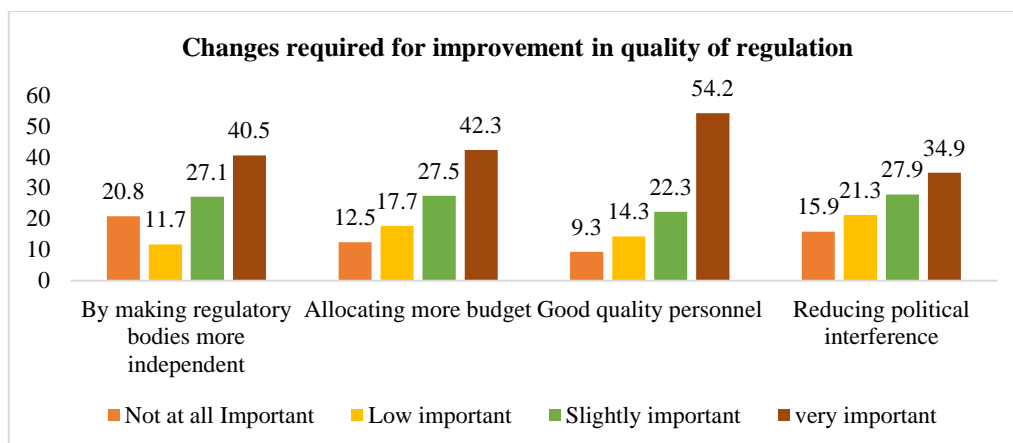


Figure 28 Changes Required for Improvement in Quality of Regulation

The government of India is working relentlessly to strengthen its health system and bridging the resources requirement by bringing various reforms and enabling growing environment for the new businesses to meeting the Sustainable Development Goals set by the United Nations and achieving Universal Health Coverage. In course, government has introduced various interventions. Stakeholders under the study was asked about their awareness on present wave of economic reforms, specifically in the health sector. The results identified from the analysis indicates that majority of the population covered under the study are unaware in almost all the states except for Delhi, Bihar and Kerala. Furthermore, level of confidence found among the stakeholders aware about the new economic reforms were not promising.

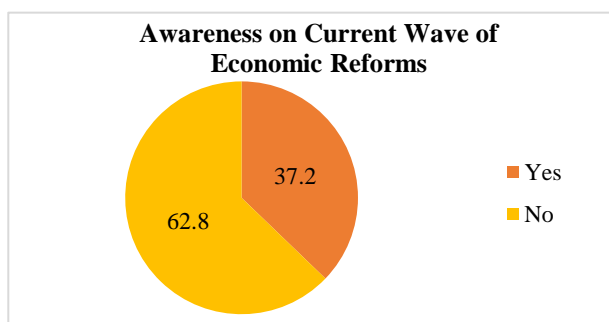


Figure 29 Awareness on Current Wave of Economic Reforms

After reviewing the overall knowledge and awareness on different rules and regulation related to health services, it is needless to say that there exists a massive gap in knowledge and awareness among the stakeholders. Awareness related to recent developments in the economic reforms may exist among the respondents, however, concrete understanding of the same lacks significantly.

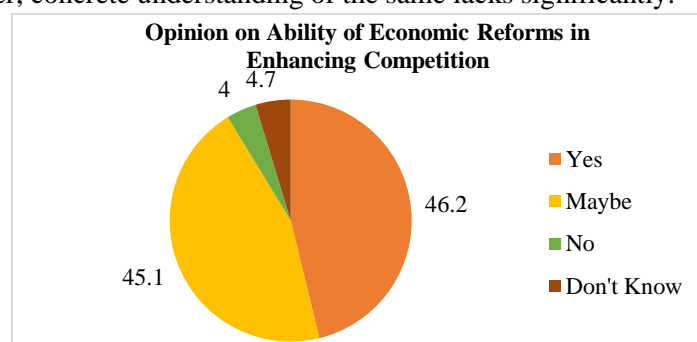


Figure 30 Opinion on Ability of Economic Reforms in Enhancing

A.8. Medical Education

National Medical Commission is the successor of Medical Commission of India replaced upon the suggestion of NITI Aayog in 25th September 2020 through the act of Parliament known as National Medical Commission Act, 2019. Aim of the act was to reduce/ eliminate corruption in health sector. Role of the NMC is to looks after medical education, availability of healthcare persons like doctors,

paramedics, accessibility to healthcare, medical research, medical college establishment & approval, records medical facility list, addresses public grievance, set ethical standards etc.

When asked about the National Medical Commission (NMC), only about 18% were able to report awareness, while striking percentage of the respondents were unaware of NMC. Further analysis shows that most of the respondents aware of NMC could identify maintenance of medical education (65.7%), regulation of medical institutions (61.6%), addressing requirements of human resource (50.4%) and implementation of code of ethics (51.4%) as the key role of NMC in the country.

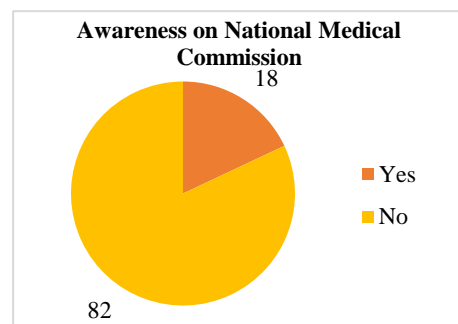


Figure 31 Awareness on National Medical Commission

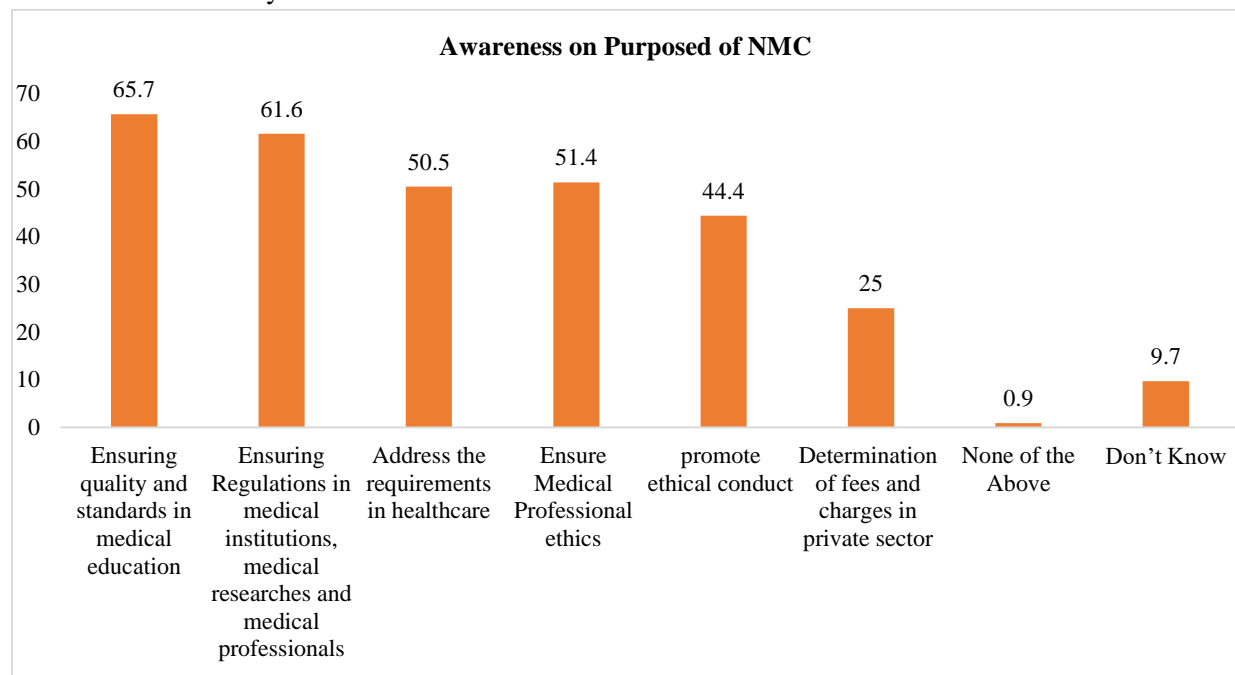


Figure 32 Awareness on Purpose of NMC

B. Business Segment

B.1. Background

The study aimed in capturing a holistic understanding of the market competition and impact of regulatory enforcements at all levels. Contemplating the same, it was envisaged to ensure representation from all categories of healthcare service providers in the market.

Looking into the selected geography under the study, majority of the sample is covered with the Pharmacy/ drugs store (60%), followed by Hospital/ doctor's Clinics (20%) and Pathology/ Diagnostic Centre (16%). Drug Manufacturers contributed about 4% of the total sample, while less than 1% Medical Institutions were covered.

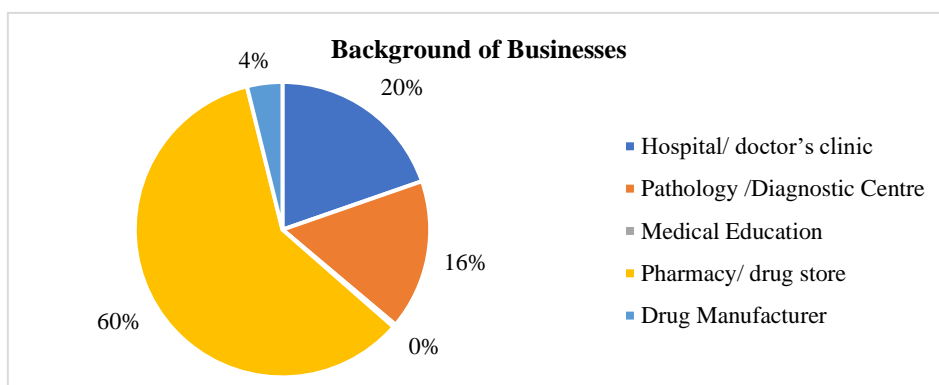


Figure 33 Background of Businesses

About 80% of the stakeholders that participated under the study represented an annual turnover of under 50 lakhs, which was reasonable considering the nature of business and targeted geographies for the study, followed by an annual income of 50 lakh to 1 crore (~12%), 1 crore to 5 crore (6.5%) and remaining 5% above 5 crores.

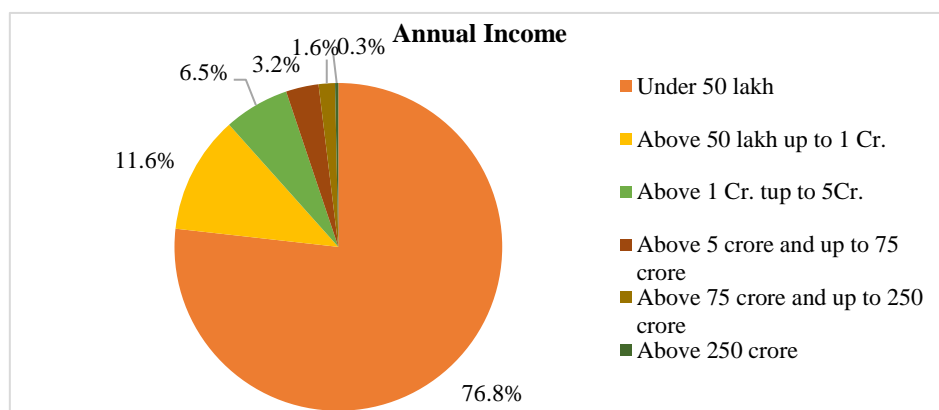


Figure 34 Annual Income

B.2. Regulatory framework

B.2.1. Ease of Doing Business

Government of India is constantly working towards creating and enabling environment for both start-ups as well as existing domestic business to operate with ease without neglecting the basic standards of service quality. In the process, the government has brought a series of changes in the procedure for opening or operating in the Indian market encouraging competition. One example of such change is digitisation in application and operation to reduce corruption and cutting down time required for the start-ups to start functioning.

Business stakeholders covered under the study were asked about their date of inauguration to understand the change in experience of over time. Out of total stakeholders covered under the study, about 17% and 15% respectively started their businesses under 2 years and 5 years, while a considerable portion of the same started (24.2%) reported between 6 to 10 years. Rest of the stakeholders reported to start their business over 10 years.

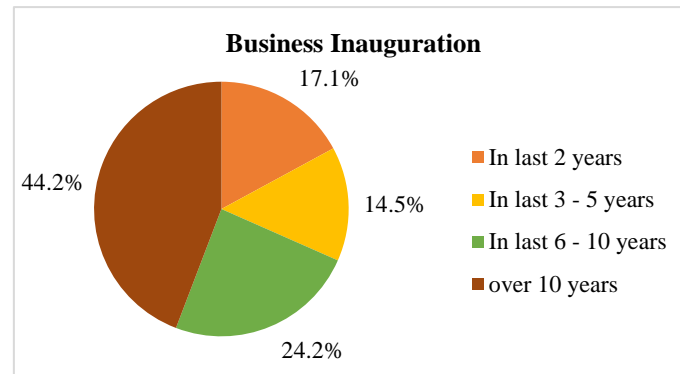


Figure 35 Date of Business Inauguration

When asked for their experience in starting their business, nearly half of the (51%) of the stakeholders found some kind of challenges in starting their business. Upon probing all the stakeholders on their experience related to different requirements for opening businesses, financial challenges (25.8%) followed by operating license/ permit (17.7%) were identified as the key challenges faced in opening of businesses.

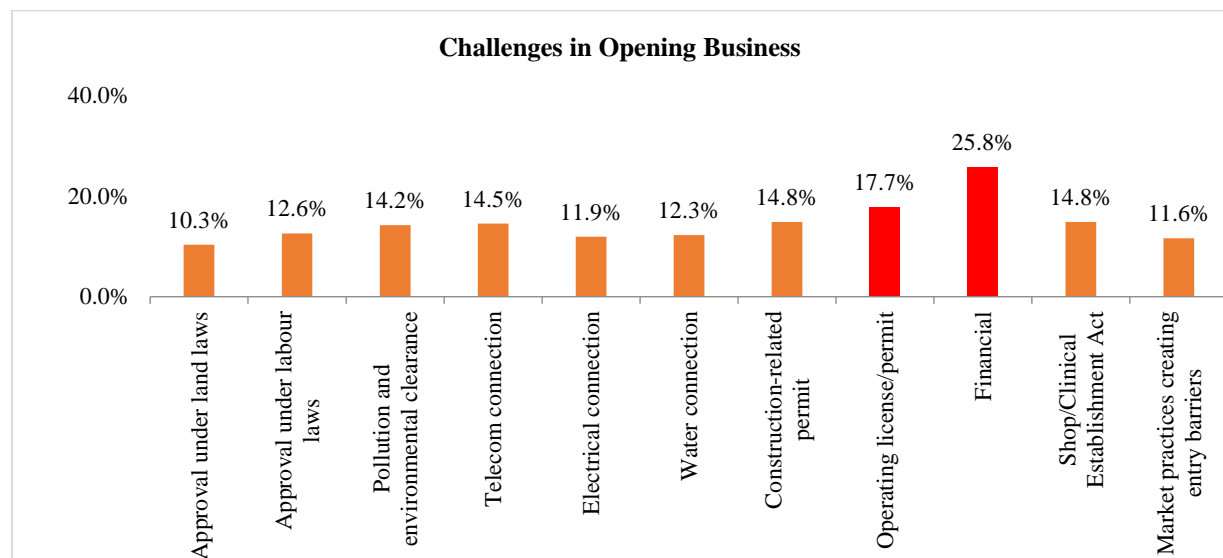


Figure 36 Challenges in Opening Business

For a more elaborative understanding on the experience, stakeholders identified for reporting challenges were analysed over a timeframe. The nature of challenges was identified to remain similar over time with proportional increase as per the perception of the stakeholders. Lack of communication on recent changes can be recognised as the key to lack of awareness among the stakeholders. This causes barrier for the entrepreneurs to open business as their understanding on updated procedure and regulations are limited.

The same was evident when the stakeholders were asked about their understanding of current challenges in setting up new business in respective areas. Financial challenge and operating license/ permits were found to be the key barrier in the market.

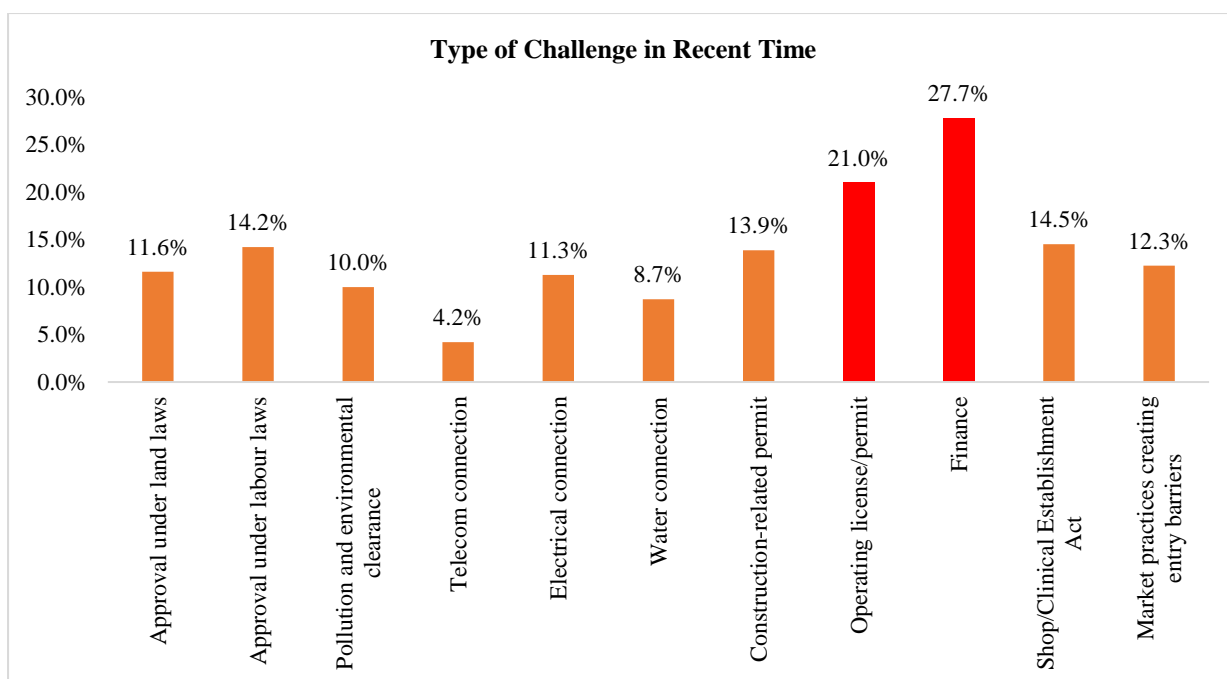


Figure 37 Challenges faced in Current Time

Table 5 Challenges Faced in Opening Business Over Time				
	In last 2 years	In last 3 - 5 years	In last 6 - 10 years	over 10 years
Experience in starting your Business				
Approval under land laws				
No obstacle at all	32.1	60.0	69.2	50.0
Manageable	39.3	30.0	20.5	29.4
Cumber-some	17.9	10.0	7.7	10.3
Very cumber-some	10.7	0.0	0.0	10.3
Can't Say/Don't know	0.0	0.0	2.6	0.0
Approval under labour laws				
No obstacle at all	21.4	50.0	64.1	50.0
Manageable	35.7	30.0	25.6	23.5
Cumber-some	25.0	15.0	10.3	16.2
Very cumber-some	3.6	0.0	0.0	5.9
Can't Say/Don't know	14.3	5.0	0.0	4.4
Pollution and environmental clearance				
No obstacle at all	17.9	30.0	56.4	51.5
Manageable	42.9	30.0	17.9	27.9
Cumber-some	17.9	35.0	15.4	8.8
Very cumber-some	10.7	0.0	7.7	8.8
Can't Say/Don't know	10.7	5.0	2.6	2.9
Telecom connection				
No obstacle at all	35.7	25.0	56.4	58.8
Manageable	28.6	35.0	17.9	16.2
Cumber-some	17.9	35.0	25.6	16.2
Very cumber-some	0.0	0.0	0.0	5.9
Can't Say/Don't know	17.9	5.0	0.0	2.9
Electrical connection				
No obstacle at all	25.0	30.0	61.5	54.4
Manageable	60.7	45.0	17.9	27.9
Cumber-some	10.7	25.0	15.4	10.3
Very cumber-some	3.6	0.0	5.1	5.9
Can't Say/Don't know	0.0	0.0	0.0	1.5
Water connection				
No obstacle at all	17.9	50.0	53.8	54.4

Manageable	39.3	35.0	20.5	25.0
Cumber-some	25.0	10.0	17.9	13.2
Very cumber-some	7.1	0.0	2.6	5.9
Can't Say/Don't know	10.7	5.0	5.1	1.5
Construction-related permit				
No obstacle at all	32.1	45.0	61.5	48.5
Manageable	35.7	50.0	20.5	32.4
Cumber-some	28.6	5.0	15.4	13.2
Very cumber-some	3.6	0.0	0.0	5.9
Can't Say/Don't know	0.0	0.0	2.6	0.0
Operating license/permit				
No obstacle at all	32.1	40.0	38.5	44.1
Manageable	32.1	25.0	30.8	25.0
Cumber-some	17.9	25.0	17.9	13.2
Very cumber-some	14.3	5.0	10.3	11.8
Can't Say/Don't know	3.6	5.0	2.6	5.9
Financial				
No obstacle at all	25.0	20.0	28.2	36.8
Manageable	35.7	40.0	41.0	26.5
Cumber-some	25.0	25.0	15.4	17.6
Very cumber-some	14.3	15.0	10.3	14.7
Can't Say/Don't know	0.0	0.0	5.1	4.4
Shop/Clinical Establishment Act				
No obstacle at all	14.3	40.0	38.5	44.1
Manageable	50.0	45.0	38.5	27.9
Cumber-some	14.3	15.0	17.9	17.6
Very cumber-some	14.3	0.0	2.6	7.4
Can't Say/Don't know	7.1	0.0	2.6	2.9
Market practices creating entry barriers				
No obstacle at all	39.3	60.0	56.4	42.6
Manageable	28.6	20.0	23.1	38.2
Cumber-some	10.7	20.0	12.8	11.8
Very cumber-some	10.7	0.0	7.7	4.4
Can't Say/Don't know	10.7	0.0	0.0	2.9

B.2.2. Importance and Adherence to Clinical Establishments (Registration and Regulation) Act, 2010

Purpose of Clinical Establishment Act is to ensure basic minimum standards of facilities and services provided by the clinical establishments like doctor's clinics, hospitals and pathological labs/diagnostic centres through regulation of registration and operational guidelines.

Stakeholders covered under the categories were asked about their status on registration under the Act. While majority of the respondents reported their adherence to registration on CEA, 2010, remaining few reported non-compliance or unfamiliarity on the act.

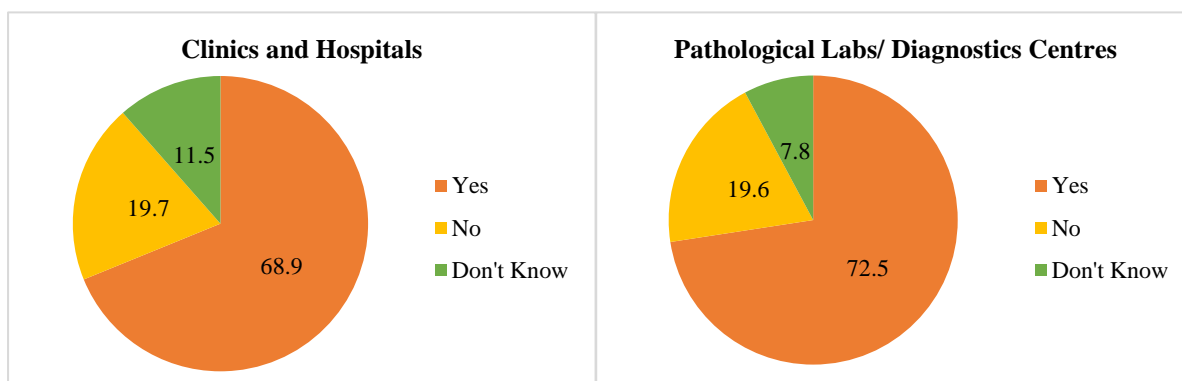


Figure 38 Registration under Clinical Establishment Act, 2010

Stakeholders covered under the categories were followed up on their opinion regarding the Clinical Establishment Act, 2010 and their opinion on its various aspects. It was evidenced that almost all the respondents reported its importance (very – 39.3%; Somewhat – 37.5%), while a significant proportion of them reported unfamiliarity (10.7%) with the act.

When followed up on the key aspects of the acts, similar responses were identified with majority of respondents supporting their view on its importance in ensuring standards (>80%), quality (>80%), affordability (>70%), availability (>70%) and proper healthcare services (>70%) to the consumers. Overall, this indicates the Knowledge and awareness among the target stakeholders about the Act and its importance in ensuring healthcare services in the market.

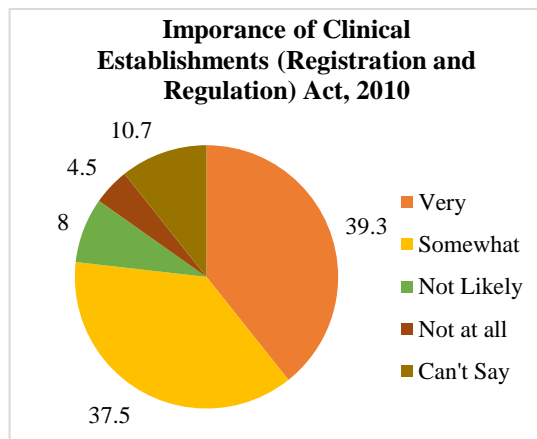


Figure 39 Importance of CEA, 2010

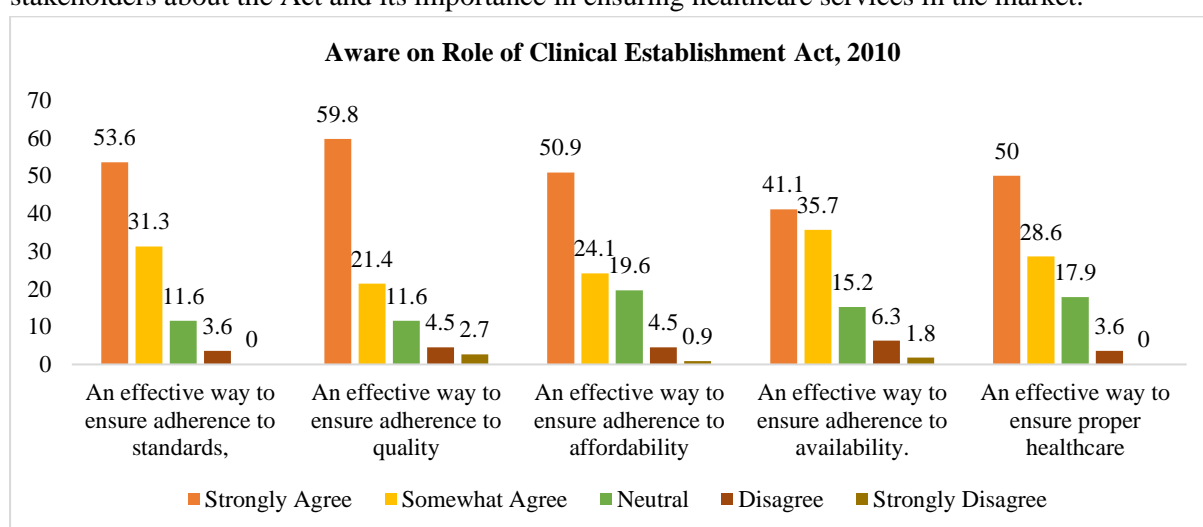


Figure 40 Awareness on Clinical Establishment Act, 2010

B.2.3. Awareness and Opinion on National Pharmaceutical Pricing Authority (NPPA)

Despite the fact that nearly half of the stakeholders covered under the business segment were unaware of the NPPA, the awareness found to be higher if compared with the consumer segment covered under the study. On to it, Awareness was found to be on higher side in case of Drug Manufacturers (91.7%), Pharmacy/drug stores (52.4%), and Medical Education centres (100%), while nearly 50% doctors and Pathology /Diagnostic Centre also have awareness on the Act..

When followed up on the purpose of NPPA, stakeholders reporting their awareness on NPPA identified price control over essential drugs (75.2%), ensuring availability of drugs (83.2%) and pricing of drugs/formulations (74.5%) as the key purposes. This can suggest that though a large segment is unaware of the NPPA, but who are aware are well versed with the role played by NPPA in the market. However, efforts are needed to equip the stakeholders on the NPPA and its role.

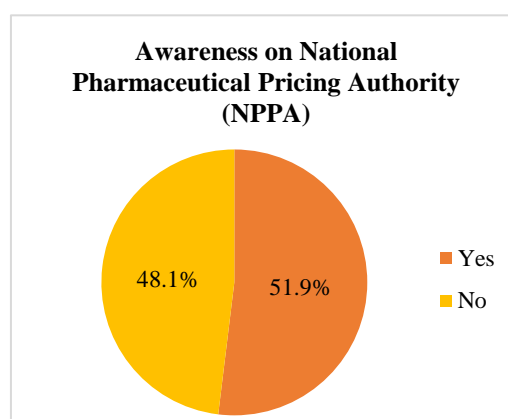


Figure 41 Awareness on NPPA

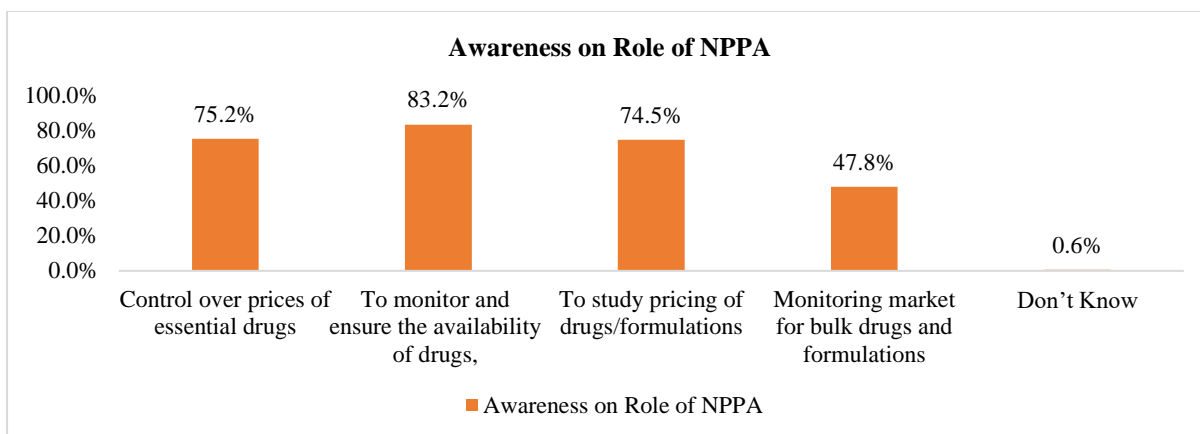


Figure 42 Awareness on Role of NPPA

Stakeholders were asked about their opinion related to the importance of price control of essential drugs. Where majority were in support of drug price control (68%), a significant portion of the stakeholders did not hold any opinion related to the matter (27.1%), indicating gap in knowledge and awareness of the stakeholders on the importance of price control.

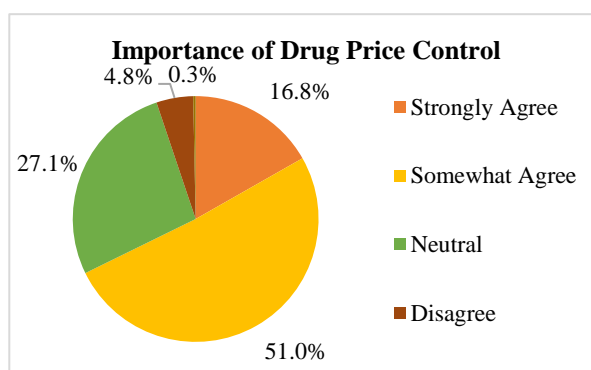


Figure 43 Importance of Drug Price Control

Opinion in support to their response on importance of drug price control was captured during the survey, where “avoiding monopoly” and “ensuring affordability” were identified the key reasons by the stakeholders. Other important reasons identified were “avoid imposition of abnormal price”, “restricts influence of doctors and retailers”.

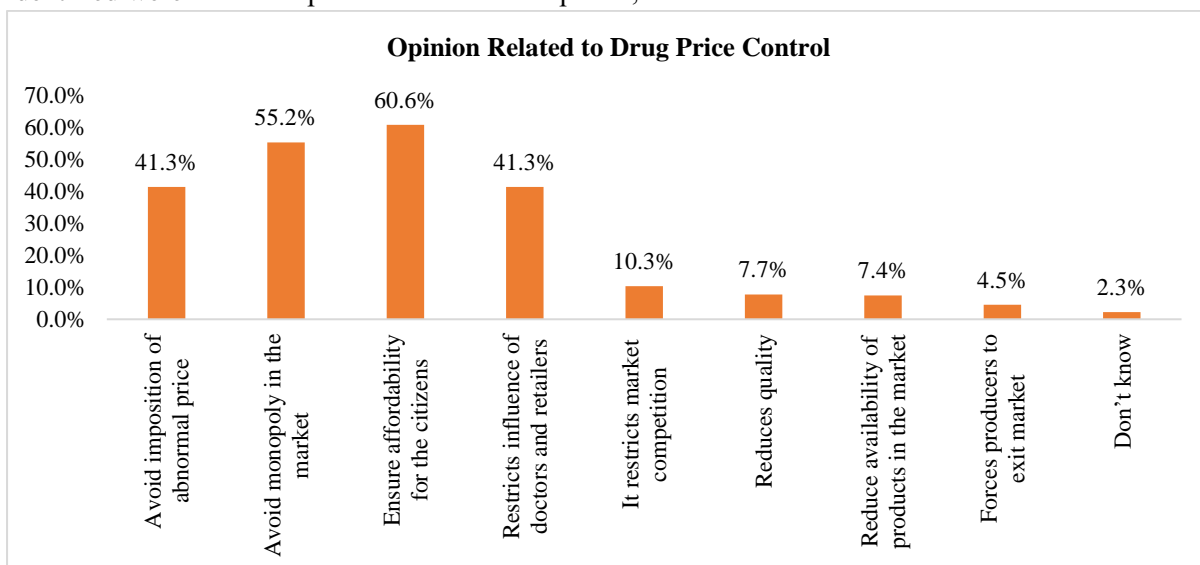


Figure 44 Opinion on Drug Price Control

Further, suggestions were sought from the respondents on drug price control that can work towards enhancing market competitiveness and upholding universal accessibility and affordability to quality healthcare. Considerably significant segment of the stakeholders were of opinion that appropriate monitoring (75.5%) and putting drugs on watchlist (59.4%) is essential to enhance the market competition.

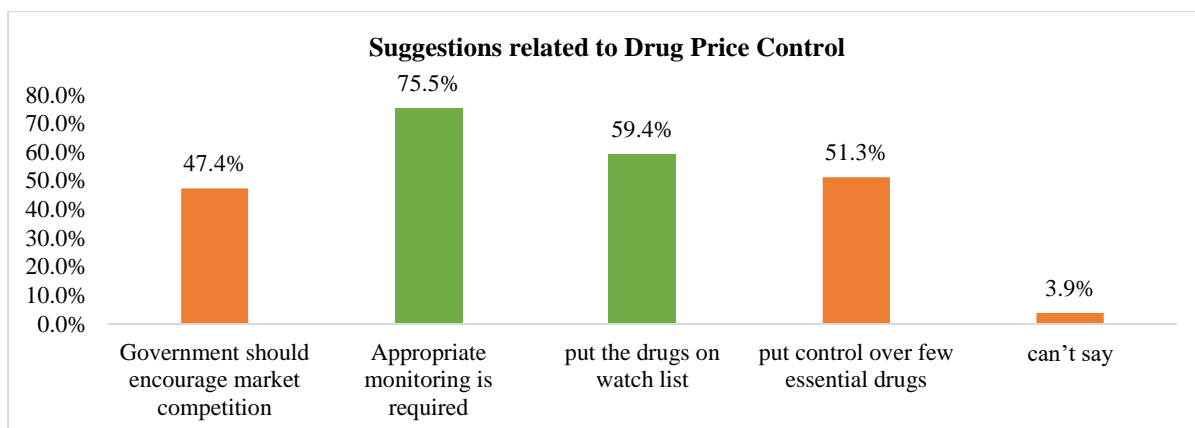


Figure 45 Suggestions Related to Drug Price Control

On the other hand, stakeholders were also enquired on the importance of government intervention in pricing of essential commodities. Majority of the stakeholders across categories expressed their support in price control of essential commodities.

	Hospital/ doctor's clinic	Pathology / Diagnostic Centre	Medical Education	Pharmacy/drug store	Drug Manufacturer	Overall
Every Time	18	23.5	0	29.2	0	25.7
Almost Every Time	41	47.1	100	42.2	100	43.3
Neutral	36.1	23.5	0	22.2	0	25
Almost Never	3.3	3.9	0	5.4	0	4.7
Never	1.6	2	0	1.1	0	1.3

B.3. Healthcare Services

As per WHO norms for healthcare service standards, doctors to population ratio should be 1:1000 to ensure universal accessibility to healthcare services, while paramedical staff to population ratio should stand around 1:300. As per government press release, on 25th September 2021, India has 1:1511 doctor to population ratio while paramedical to population ratio stands as low as 1:1670. Looking into the status, Vice President, Shri M. Venkaiah Naidu stressed for requirement of more medical colleges to address the shortage of doctors in the country, while better incentives and infrastructure is called for addressing the need of paramedical staff.

Considering the above, the stakeholders were called for their knowledge and understanding on the current situation perceived by them. All the medical institutions covered under the study and majority of the hospitals/ doctor's clinics agreed representing their knowledge on current market condition, while pathological labs/ diagnostic centres represents a gap in awareness.

	Yes	No	Don't Know	Overall
Hospital/doctor's clinic	55.7	31.1	13.1	61
Pathology /Diagnostic Centre	41.2	43.1	15.7	51
Medical Education	100	0	0	1
Overall	49.6	36.3	14.2	113

Stakeholders aware of the concurrent market situation on shortage of human resources in the healthcare sector were asked for their suggestions on strategies that can work to mitigate the challenge. Majority of the respondents were of strong opinion that the shortage of healthcare professionals in the market can be mitigated by reducing the cost of medical education (64.3%) and increased intake capacity in the

medical institutions (80.4%), while significant portion also expressed their opinion on relaxation of rules for setting up medical colleges (35.7%) and encouragement of public private partnership (41.1%).

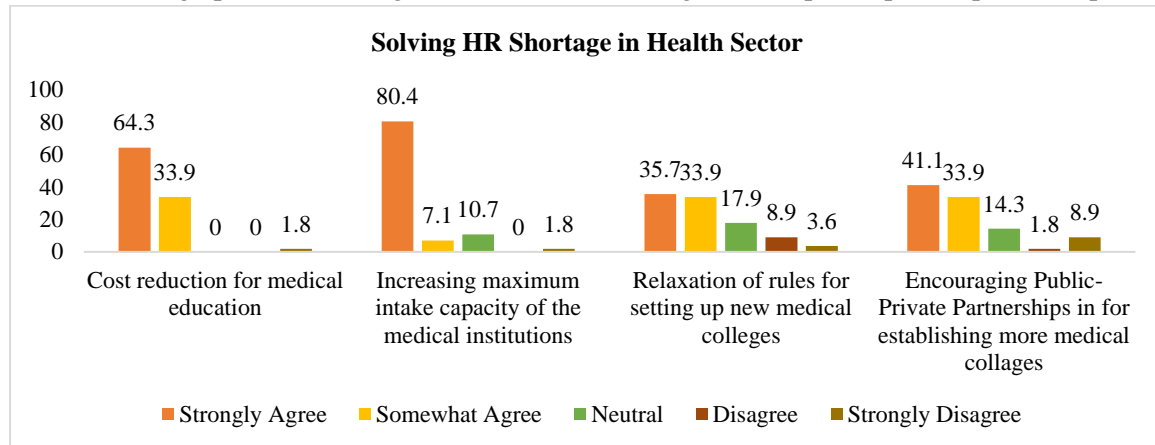


Figure 46 Solving HR Shortage in Health Sector

B.4. Competition and opinion

Similar to consumers, business segment covered under the study was also enquired on their knowledge and awareness on Competition Commission of India. Even though better knowledge was evidenced among the business stakeholders, but awareness found among the business segment was considerably low (34.5%), considering their economic activity guided by the regulation.

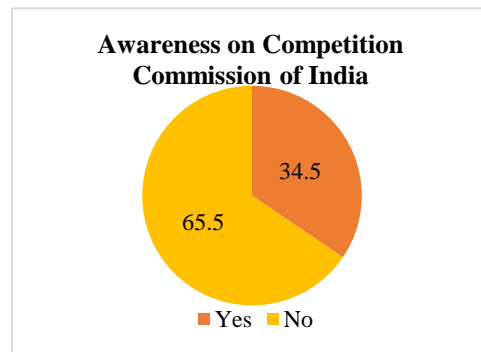


Figure 47 Awareness on Competition Commission of India

Subsequently, a range of questions were asked to the stakeholders who were aware of CCI on its purpose. Around 67%, 50% and 50% were able to identify promotion of competition, investigation & adjudication of anti-competitive practices and monitoring of stock market respectively as the key purpose of CCI, while significant portion of them also reported monitoring of FDI inflow (~45%) and monitor competition of FMCG and Non-FMCG market (43%). This represents This indicates knowledge among the businesses who are aware of CCI, which is very important for a business to function in the market. However, more awareness campaign is required to educate the greater mass, who are unaware of the CCI.

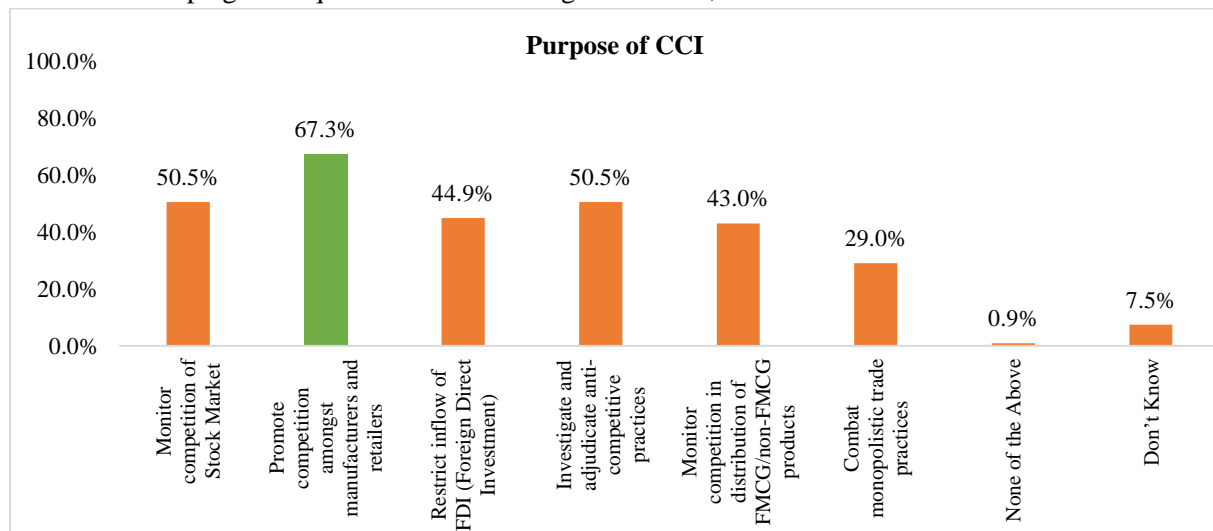


Figure 48 Purpose of CCI

When asked about the effectiveness of CCI (Government of India) stopping monopolistic supplier in significant increase of price, majority of the respondents were able to identify government's competency in tackling such market concern. Adding on to it, the respondents were also found to believe in the existing mechanism in addressing the anti-competitive practices in the market. This leads us to the interpretation that despite of limited knowledge of the business stakeholders on CCI, they hold faith in the regulatory system in preventing anti-competition market practice providing them an enabling environment to grow.

Table 7 Competency of Government in Battling Anti-Competitive Practices						
	Hospital/ doctor's clinic	Pathology / Diagnostic Centre	Medical Education	Pharmacy/ drug store	Drug Manufacturer	Overall
Effectiveness of CCI in stopping/investigating monopolistic supplier in significant increase of price						
Very Effective	8.2	15.7	100.0	20.0	8.3	16.8
Somewhat Effective	39.3	49.0	0.0	46.5	66.7	46.1
Ineffective	26.2	19.6	0.0	14.1	0.0	16.8
Very Ineffective	3.3	2.0	0.0	4.9	0.0	3.9
Can't Say	23.0	13.7	0.0	14.6	25.0	16.5
Effectiveness of existing mechanisms in addressing anti-competitive practices						
Always	21.3	21.6	100.0	28.6	16.7	25.8
Sometimes	45.9	54.9	0.0	56.8	58.3	54.2
Never	6.6	5.9	0.0	6.5	0.0	6.1
Can't say	26.2	17.6	0.0	8.1	25.0	13.9

Apart from existing competition between the business stakeholders in the market providing direct services to the consumers, competition also lies in the government procurement process. Both private and public sector units are welcomed to participate in the government tenders through fair bidding process, now been digitised through GeM portal and Central Procurement Portal to streamline and prevent corruption in the procurement system. When the stakeholders were asked about the government procurement system and their perception on fair bidding process, majority of them reported equal opportunities for both private and public players (34.2%). A significant portion also perceives that private players gets equal treatment only in some cases (32.9%), while another 13.5% believes that the procurement terms are always in favour of the public players.

Table 8 Opinion related to Government Bidding for services				
	Private and public sector players are always given equal treatment	Private players get equal treatment only in some cases	Contract terms and conditions are always loaded in favour of public sector units	Can't say/ don't know
Hospital/doctor's clinic	41.0	27.9	6.6	24.6
Pathology /Diagnostic Centre	41.2	19.6	9.8	29.4
Medical Education	0.0	100.0	0.0	0.0
Pharmacy/ drug store	29.7	36.8	17.3	16.2
Drug Manufacturer	41.7	50.0	8.3	0.0
Overall	34.2	32.9	13.5	19.4

When asked about the procedure of setup new business in last five years, significant high number of stakeholders believed that there has been some reduction in the formalities (41.9%), while another significant portion found to hold opinion that the number has actually gone higher in recent years (21.6%). This can also be the result of digitisation by the Indian Government and where people are still lacking digital infrastructure to avail the benefits that caused them to go through some kind of challenge in their endeavours.

Table 9 Perception on Government Procedure to Setup Business in Last Five Years					
	Yes, it has come down significantly	Yes, there has been some reduction	No, there is no change	No, the number of procedures has actually increased	Can't say/don't know
Hospital/doctor's clinic	13.1	37.7	18.0	19.7	11.5
Pathology /Diagnostic Centre	5.9	31.4	23.5	27.5	11.8
Medical Education	0.0	100.0	0.0	0.0	0.0
Pharmacy/ drug store	8.1	42.7	16.2	22.2	10.8
Drug Manufacturer	0.0	91.7	8.3	0.0	0.0
Overall	8.4	41.9	17.4	21.6	10.6

India has gone through a wave of economic reforms across country. Government has introduced total 261 business reforms with 5 health sector specific reforms to enable a growing environment for both existing and new startups in the Indian Market. The study sought perception of the stakeholder on the new economic reforms, where majority of the respondent felt the new reform may (54.3%) enhance market competitiveness. This signifies that majority of the existing players in the market are unfamiliar with the new line of economic reforms brought by the government.

Table 10 Opportunity For Present Wave of Economic Reforms and Reforms in the Healthcare Sector in Enhancing Competition				
	Yes	Maybe	No	Don't Know
Hospital/doctor's clinic	29.5	54.1	6.6	9.8
Pathology /Diagnostic Centre	35.3	52.9	7.8	3.9
Medical Education	100	0	0	0
Pharmacy/ drug store	29.7	55.1	10.8	4.3
Drug Manufacturer	50	50	0	0
Overall	31	54.3	9.3	5.3

B.5. Unethical Practices in Healthcare Sector

B.5.1. Doctor's Clinics, Hospitals and Pathological Labs

A series of questions related to healthcare services e.g. tied selling practices, brand selling of medicines and healthcare schemes were asked to the healthcare service provider including doctors and Pathological Labs to understand their perception and point of view on the issue.

Majority of the key stakeholders interviewed were in opinion of the tied selling, health service promotions, brand selling practices prevailing in the market.

Table 11 Opinion on various health services					
	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree
Opinion related to Tied Selling					
Appropriateness of the practice	40	26	16	8	10
This helps ensuring quality	54	22	12	2	10
This is just a means to make easy money	10	12	46	26	6
This limits choice for consumers	18	46	28	8	0
Opinion related to promotional schemes run by health service providers					
Appropriateness of the practice	47.3	29.5	10.7	9.8	2.7
This helps ensuring quality	39.3	25.9	23.2	8	3.6
This is just a means to make easy money	31.3	34.8	27.7	4.5	1.8
This limits choice for consumers	33	35.7	24.1	5.4	1.8
Opinion related to brand selling by doctors					
Appropriateness of the practice	41.1	30.4	12.5	5.4	10.7
This helps ensuring quality	41.1	27.7	18.8	7.1	5.4
This is just a means to make easy money	17	8	51.8	11.6	11.6
This limits choice for consumers	36.6	25	26.8	8	3.6

B.5.2. Pharmaceutical Stores/ Drug Stores

Similar responses were recorded while interviewing the pharmaceutical stores supporting the practices despite the same limits the choices of the customers. Strengthened monitoring and regulation is required with awareness campaigns to reduce such practices in the country.

Table 12 Opinion on various health services					
	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree
Opinion related to promotional schemes run by health service providers					
Appropriateness of the practice	50.8	38.4	6.5	2.7	1.6
This helps ensuring quality	38.4	37.3	20	3.2	1.1
This is just a means to make easy money	38.9	40.5	15.7	2.7	2.2
This limits choice for consumers	40	35.7	20	2.7	1.6
Opinion related to brand selling by doctors					
Appropriateness of the practice	33	30.8	18.9	14.1	3.2
This helps ensuring quality	31.9	33	24.9	7.6	2.7
This is just a means to make easy money	18.4	22.7	31.4	15.1	12.4
This limits choice for consumers	34.1	37.8	22.7	3.2	2.2

As per the Drug and Magic Remedies Act, 1954, Indian health service providers are restricted from advertisement of their services on the ethical grounds for the interest of the consumers, safeguarding from misleading information and ensure quality services. Though the majority of the stakeholders supported the effectiveness of the restrictions in safeguarding consumers from misleading information, they also support that the regulation should only restrict the individuals from advertising misleading information and not all together in the age of digital era.

Table 13 Opinion regarding restriction on advertising of their members/services					
	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree
Such restrictions protect the public from misleading information	37.5	30.4	19.6	6.3	6.3
Restrictions on advertising favours established firms, restricts entry and creates anti-competitive environment	29.5	29.5	31.3	5.4	4.5
Restrictions should be only on rules and regulations for ruling out misleading information	31.3	29.5	28.6	8	2.7

B.6. Drug Standard Control and its impact

A total of 12 drug manufacturers were covered under the study from Delhi, Punjab and Assam. Of the total number of respondents covered under the category, majority (83.3%) of them produce own patent drugs, while about 75% also produce branded generic drugs. Only a handful of respondents product other category of drugs in their facility.

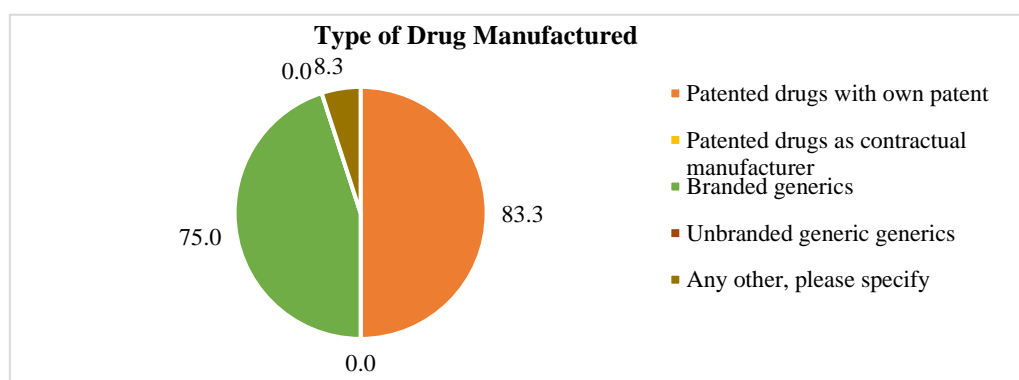


Figure 49 Type of Drug Manufacturers Covered under the study

Challenge is drug distribution was found to be minimal (8.3%) among the manufacturers. However, control of trade/ distribution associations in the market was found high with majority (91.7%) agreeing with some form of control in the market. Only 8.3% (1 respondent from Punjab) identified their influence as barrier in the market for the manufacturers creating challenges regarding payment clearance from the buyers. Uncalled drug investigation of the facility is also a challenge identified by the respondent that are caused by the trade/ distribution associations in the market.

Table 14 Challenges Faced in Operating in the Market		
Challenges in Operations	Yes	No
Challenge in Drug Distribution	8.3	91.7
Collective control of trade/distribution associations over entry, supply, and competition	91.7	8.3

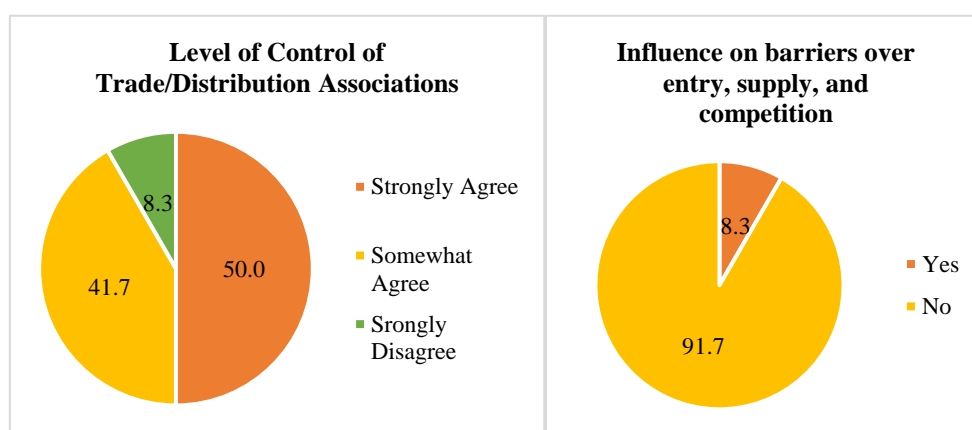


Figure 50 Level of Control and Influence of Trade/ Distribution Associations

Restriction in obtaining market approval was found nowhere across states and proper channel for the same is identified throughout states.

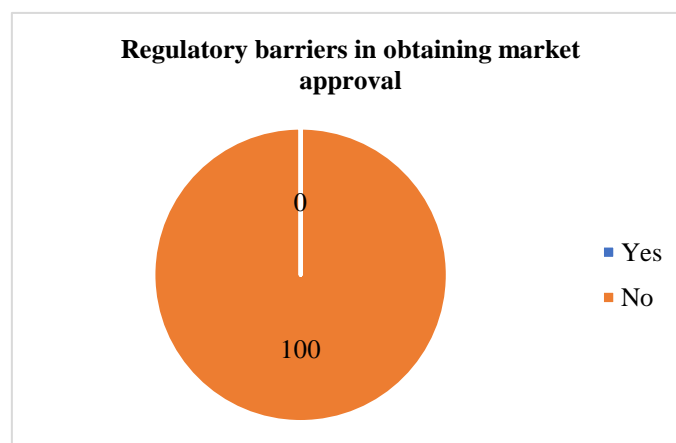


Figure 51 Regulatory Barriers in Obtaining Market Approval

The stakeholders were asked about the awareness on regulation that are established on safeguarding the standard of drugs in Indian market and their purpose. Only about a half of the key stakeholders dealing with the services are aware of the Central Drug Standard Control Organisation, while considering the drug manufacturers, nearly all the drug manufacturers have the knowledge of CDSCO.

Table 15 Awareness on Central Drugs Standard Control Organisation (CDSCO)						
	Hospital/ doctor's clinic	Pathology /Diagnostic Centre	Medical Education	Pharmacy/drug store	Drug Manufacturer	Overall
Yes	47.5	41.2	100	49.7	100	46.8
No	52.5	58.8	0	50.3	0	50.0

Respondents expressed their awareness on the purpose of CDSCO were followed up on its purposes and majority of them were able to list down the all the roles performed by CDSCO. About 81%, 75%, 74% and 55% respectively reported approval of drugs, clinical trials, laying down drug standards and quality control of imported drugs as the key role of CDSCO.

Table 16 Awareness on Purpose of CDSCO						
	Approval of Drugs	Conduct of Clinical Trials	Laying down the standards for Drugs	Control over the quality of imported Drugs	None of the Above	Don't Know
Hospital/doctor's clinic	75.9	82.8	72.4	48.3	0.0	0.0
Pathology /Diagnostic Centre	85.7	85.7	76.2	61.9	4.8	4.8
Medical Education	100.0	100.0	100.0	100.0	0.0	0.0
Pharmacy/drug store	80.4	70.7	70.7	54.3	1.1	5.4
Drug Manufacturer	91.7	66.7	100.0	66.7	0.0	0.0
Overall	81.3	74.8	74.2	55.5	1.3	3.9
<i>*Multiple Responses</i>						

B.7. Bio-medical waste management

B.7.1. Awareness on BMWM

Awareness on Bio-medical waste management system and its strict adherence in one of the utmost priority in the health sector to ensure safety of the consumers. Government of India has laid down strict guidelines for ensuring management and disposal of bio-medical waste across the healthcare centres including hospitals, doctor's clinics, pathological labs etc. Stakeholder covered under the study majorly equipped with the knowledge of BMWM across sectors. Though the awareness of BMWM system, its guidelines and segregation process found on the high side, however there is a gap among the service providers' knowledge.

Table 17 Awareness on BMWM			
	Awareness on Biomedical Waste Management System	Awareness on Guidelines under BMWM	Awareness on Segregation Process of BMWM
Hospital/doctor's clinic	73.8	65.6	67.2
Pathology /Diagnostic Centre	86.3	84.3	86.3
Overall	79.5	74.1	75.9

B.7.2. Opinion on BMWM Practices in Healthcare Units

Respondents reporting awareness on BMWM were followed up with a series of question related to the prevalent practices among different scale of healthcare units. Almost all the respondents expressed their positive perception related to BMWM practice in large and small healthcare units, while availability of protective kits for the BMW handlers were found to be on the lower side.

Table 18 Opinion on BMW Practices in Healthcare Units				
	Adherence to Colour coding of different BMW as per Guideline	Adherence to BMW storage facility at healthcare centre as per Guideline	Adherence to guideline for Deep pit burials	Availability of BMW protective kits
Opinion on BMW practices in Large healthcare units				
Strongly Agree	59.6	55.1	51.7	51.7
Somewhat Agree	33.7	29.2	28.1	31.5
Neutral	4.5	11.2	13.5	12.4
Disagree	1.1	2.2	5.6	2.2
Strongly Disagree	1.1	2.2	1.1	2.2
Opinion on BMW practices in Small healthcare units				
Strongly Agree	55.1	50.6	48.3	49.4
Somewhat Agree	40.4	30.3	33.7	31.5
Neutral	4.5	13.5	15.7	18
Disagree	0	3.4	2.2	1.1
Strongly Disagree	0	2.2	0	0

B.8. Regulation of pathology Centres

Majority of the pathological labs covered under the study were functional for over 5 years and majority were found to have been registered under Clinical Establishment Act, 2010.

Analysis of the data also showed that majority of the pathological labs/ diagnostic centres prioritises its importance from very (41.2%) to somewhat (39.2%) important.

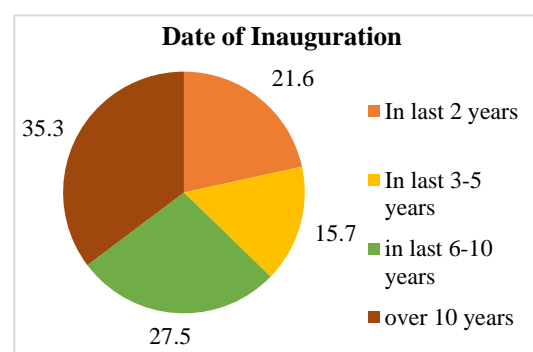


Figure 52 Date of Inauguration

Table 19 Importance and adherence to Clinical Establishments (Registration and Regulation) Act, 2010													
	Assam	Bihar	Chhattisgarh	Delhi	Gujarat	Kerala	Madhya Pradesh	Maharashtra	Punjab	Telangana	Tripura	West Bengal	Overall
Registration under CEA													
Yes	0	50	100	100	0	50	50	0	100	100	100	100	72.5
No	0	25	0	0	100	50	50	25	0	0	0	0	19.6
Don't Know	0	25	0	0	0	0	0	75	0	0	0	0	7.8
Importance of Clinical Establishments (Registration and Regulation) Act, 2010													
Very	0	50	70	0	0	12.5	83.3	0	0	0	0	85.7	41.2
Somewhat	0	50	30	100	100	37.5	16.7	0	100	50	50	14.3	39.2
Not Likely	0	0	0	0	0	25	0	0	0	50	50	0	7.8
Not at all	0	0	0	0	0	12.5	0	25	0	0	0	0	3.9
Can't Say	0	0	0	0	0	12.5	0	75	0	0	0	0	7.8

Further analysis shows that the respondents strongly agrees with the requirement of CEA, 2010 for ensuring standards (60.8%), quality (60.8%), affordability (56.9%) and availability (45.1%) to ensure proper healthcare (56.8%) in the country.

Table 20 Opinion on Clinical Establishment Act, 2010					
	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree
An effective way to ensure adherence to standards	60.8	23.5	11.8	3.9	0
An effective way to ensure adherence to quality	60.8	21.6	5.9	7.8	3.9
An effective way to ensure adherence to affordability	56.9	19.6	17.6	3.9	2
An effective way to ensure adherence to availability.	45.1	35.3	11.8	5.9	2
An effective way to ensure proper healthcare	56.9	23.5	13.7	5.9	0

Though majority of the overall pathological labs interviewed under the survey reported on challenges faced during their business inauguration, the challenges seemed to reduce in recent years. The percentage of businesses facing challenge came down from 22% (over 10 years) to 9.3% (in last 2 years).

Table 21 Challenges faced in Opening Business					
States	In last 2 years	In last 3 - 5 years	In last 6 - 10 years	over 10 years	Overall
Assam	12	4	16	16	48
Bihar	16	12	16	24	68
Chhattisgarh	20	8	0	48	76
Delhi	4	0	0	0	4
Gujarat	8	12	28	0	48
Kerala	20	4	12	56	92
Madhya Pradesh	12	4	8	8	32
Maharashtra	4	28	20	8	60
Punjab	0	0	24	32	56
Telangana	12	4	16	56	88
Tripura	0	0	8	4	12
West Bengal	4	4	8	12	28
Overall	9.3	6.7	13	22	51

B.9. Medical Education

Unlike consumer segment, majority of the business segment were aware of the NMC, but that only made 53.5% of the total respondents. Considering the functioning industry, knowledge among the respondents were still on the lower side that needs to be enriched through awareness campaigns.

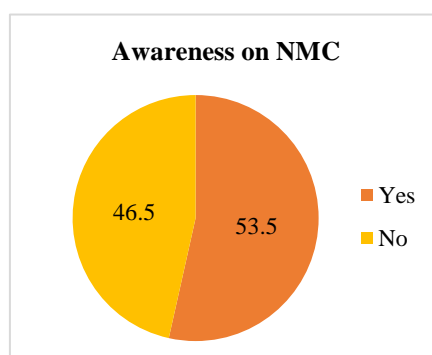


Figure 53 Awareness on NMC

Further analysis shows that the respondents reporting awareness on NMC could identify quality and standards of medical education (70.5%), regulation on medical institutions (65.1%), addressing requirements in healthcare (62.7%) and ensuring professional ethics (53%) as the key role of NMC. Other roles identified by the respondents were promotion of ethical conduct (53%) and determination of fee and charges in private sector.

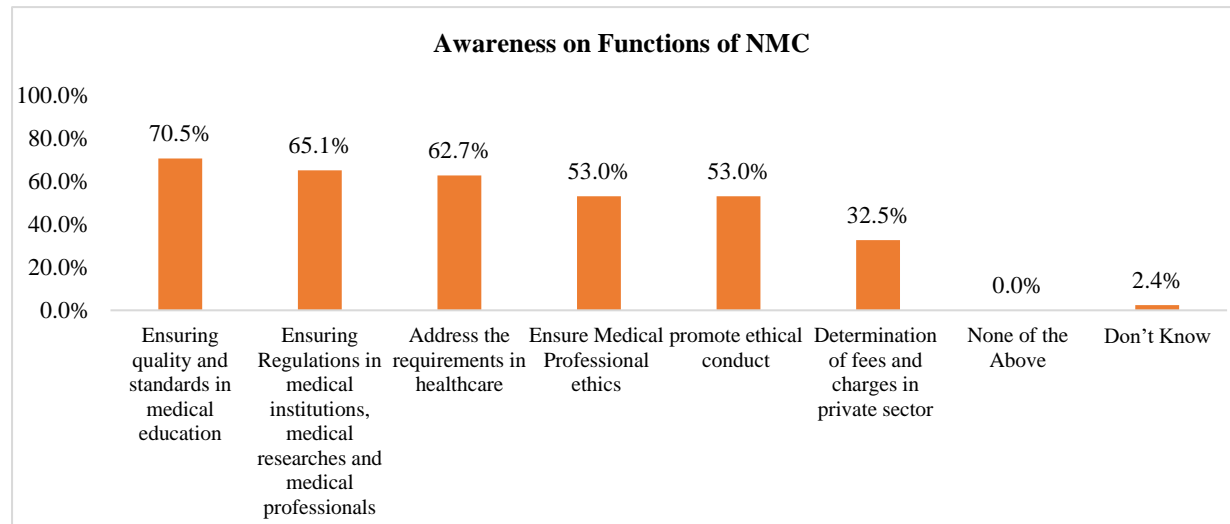


Figure 54 Awareness on Functions of NMC

Chapter 3: Conclusion

The study have captured the various stakeholders' perspective on different aspects of healthcare services on prevailing competition and regulatory scenarios in India. The study has captured the perspective and awareness from both consumer and business perspective to attain a holistic understanding.

Healthcare Services infrastructure

Different healthcare services were found accessible and affordable among the consumers. Quality and hygiene of the healthcare services prevailing in the market were also found satisfactory as per market need. This can be directly linked to their level in awareness of different regulation in the health sector and the set standards by the same.

Unlike consumers, businesses were asked on the experience of building medical infrastructure and majority of the respondents primary reported financial and licensing issues.

Healthcare Scheme

Consumer in the healthcare sector seemed to lack awareness of different promotional schemes prevailing in the market. Despite of low overall knowledge among the consumers, the quality and affordability of the services were found to be satisfactory.

Unethical Practices

Awareness of different market practices like tied selling practices and brand selling of medicines seemed to lack among the target population and whoever reported awareness found to be satisfied and considers the services in favour of consumer benefits. However, education and income seemed to have impact on the perception as the higher income group and higher literacy segment reported the inappropriateness of the practices.

Business on the other hand reveals some mixed perception regarding the practices on ethical ground. Majority of the stakeholders perceives the practices effective.

Tele Medicine

Knowledge and awareness of tele-medicine services were found minimal among the target population with even lower usage. Mixed perception is received on the tele-medicine services with both benefits and bottlenecks in such services. This can be the result of culture lag that needs more time to be adopted in the society.

Medical Insurance

Awareness about Medical insurance is low among the stakeholders, which can be a resulted in lack of awareness among the beneficiaries. Reasons behind the lack of awareness complexities of health insurance that turns into low usage of medical insurance and the level of satisfaction among the users.

Regulatory Framework

Awareness on different regulation in healthcare sector are negligible among the consumers, but wherever reported, profound knowledge on the roles of regulations were evident. However, overall satisfaction on the regulation was on the lower side. Knowledge and awareness of the regulation are better among the businesses and holds somewhat positive perception towards the health sector regulations.

Economic Reforms

Majority of the consumers lack knowledge and awareness of current economic reforms in the country and only half of the people are aware. Consumers knowledgeable about it hold a positive perception on the same in enhancing market competition. Despite the better awareness of the business as compared to consumers, it can still be considered on the lower side due to the fact that awareness on the economic reforms are essential for the businesses to properly function in the market.

Medical Education

Knowledge among the consumers on medical education greatly suffers.

Overall, a gap in perception and awareness is there among various stakeholders related to different regulations in place for strengthening universal accessibility and affordability to quality health services at all levels. The issue needs to be addressed with enhanced communication strategies to reach the targeted population. Though the awareness is somewhat better among the higher economic groups in comparison with the low economic groups of the country majorly suffers from the knowledge gap on the entrusted quality of health services through the regulations.

Despite of regulatory and economic revolution introduced in the recent times, people are largely unaware and unfamiliar on their entitlement resulting into them settling for less. A strong communication mechanism needs to be developed by the different regulatory bodies to address the knowledge gap among the stakeholders. Key steps for addressing the issues are:

5. Designing and implementing communication strategies to increase awareness among the target stakeholders
6. Utilisation of not only digital but also physical mode to reach out the stakeholders in every corner of the country
7. Communication of regulation in place for safeguarding public interest including roles and responsibilities of different regulatory bodies
8. Communication related to good practices vs. bad practices in health sector

Annexures

Tables – Consumer Segment

Table 22 Background													
	Assam	Bihar	Chhattisgarh	Delhi	Gujarat	Kerala	Madhya Pradesh	Maharashtra	Punjab	Telangana	Tripura	West Bengal	Overall
Gender													
Male	49	52	55	62	72	51	56	63	71	50	58	52	57.6
Female	51	48	45	38	28	49	44	37	29	50	42	48	42.4
Age													
18-29	17	22	22	35	17	28	47	27	30	29	14	27	26.3
30-45	48	48	43	44	57	41	45	56	44	55	48	32	46.8
45-60	31	20	34	14	19	25	6	16	20	16	28	32	21.8
60 & above 60	4	10	1	7	7	6	2	1	6	0	10	9	5.3
Caste													
Scheduled Caste	1	16	20	22	12	6	2	15	11	19	19	22	13.8
Scheduled Tribe	2	3	10	5	78	1	3	10	10	1	27	2	12.7
Other Backward Castes	24	18	19	16	6	21	45	25	30	51	5	5	22.1
General	73	63	51	57	4	72	50	40	6	29	47	71	46.9
Others	0	0	0	0	0	0	0	10	43	0	2	0	4.6
Religion													
Hindu	92	93	95	96	92	56	93	87	54	87	84	94	85.3
Islam	8	7	4	4	0	28	7	3	0	5	6	6	6.5
Christian	0	0	1	0	8	16	0	0	3	8	8	0	3.7
Others (Specify)	0	0	0	0	0	0	0	10	43	0	2	0	4.6
Marital Status													
Currently Married	86	87	79	76	87	76	81	74	81	89	79	81	81.3
Separated/Divorced	0	0	0	0	2	2	0	1	1	0	0	0	0.5
Widow/Widower	6	4	5	0	3	7	3	1	1	0	5	4	3.3
Unmarried	8	9	16	24	8	15	16	24	17	11	16	15	14.9
Education Status													
Illiterate	8	3	1	0	8	0	0	5	3	0	7	2	3.1
Literate	2	1	1	2	6	1	0	3	0	0	0	2	1.5
Below Primary	6	0	1	3	12	0	4	1	0	0	6	8	3.4
Primary (Up to 5th)	8	17	8	6	15	1	17	5	12	0	17	9	9.6
Middle (up to 8th)	14	17	21	14	17	8	19	9	12	1	22	23	14.8
Secondary (up to 10th)	30	22	26	25	23	31	21	16	39	32	27	27	26.6
Senior (up to 12th)	19	22	26	26	13	36	26	30	32	32	9	13	23.7
Graduate	13	15	13	21	6	22	12	23	1	33	9	14	15.2
Postgraduate and above	0	3	3	3	0	1	1	8	1	2	3	2	2.3
Family Income													
Below 5,000	8	6	1	0	21	1	1	17	0	0	20	1	6.3
5,000-10,000	40	25	18	46	31	6	7	26	36	61	39	40	31.3
10,000-20,000	40	40	49	53	41	54	69	27	52	37	29	48	44.9
20,000 – 30,000	12	26	17	1	7	37	17	20	11	2	7	10	13.9
30,000 – 50,000	0	2	13	0	0	2	6	9	1	0	4	1	3.2
50,000 and Above	0	1	2	0	0	0	0	1	0	0	1	0	0.4
Decision Making Authority													
Yes	97	74	79	65	55	54	99	65	100	81	66	47	73.5
Somewhat	3	24	21	35	41	45	1	18	0	19	27	48	23.5
No	0	2	0	0	4	1	0	14	0	0	7	5	2.8
Don't Know	0	0	0	0	0	0	0	3	0	0	0	0	0.3

Table 23 Accessibility of Healthcare Services													
	Assam	Bihar	Chhattisgarh	Delhi	Gujarat	Kerala	Madhya Pradesh	Maharashtra	Punjab	Telangana	Tripura	West Bengal	Overall
Doctors/Clinics													
Always	18	10	11	4	43	61	84	88	38	65	24	30	39.7
Often	51	16	50	50	23	29	12	4	4	33	6	37	26.3
Sometimes	25	63	38	43	21	7	3	3	19	2	10	15	20.8
Rarely	6	11	1	3	12	3	1	4	39	0	18	18	9.7
Never	0	0	0	0	1	0	0	1	0	0	42	0	3.7
Hospitals (Public or private)													
Always	38	7	9	7	34	41	67	81	31	12	19	29	31.3
Often	58	41	25	34	33	41	28	4	10	37	7	44	30.2
Sometimes	3	43	56	49	18	13	5	2	10	50	18	18	23.8
Rarely	1	9	8	10	15	4	0	2	49	0	20	7	10.4
Never	0	0	2	0	0	1	0	11	0	1	36	2	4.4
Diagnostic labs (x-ray, blood test, MRIs, CT-Scan etc.)													
Always	6	7	3	11	16	38	72	37	26	38	8	32	24.5
Often	38	38	13	49	33	40	23	12	12	54	12	23	28.9
Sometimes	43	46	64	36	15	15	2	9	5	6	8	33	23.5
Rarely	10	9	17	4	1	7	3	29	54	0	17	12	13.6
Never	3	0	3	0	35	0	0	13	3	2	55	0	9.5
Pharmacy (online and offline medical stores)													
Always	97	23	26	42	14	49	66	80	50	35	10	31	43.6
Often	3	52	26	32	16	35	27	6	47	17	10	66	28.1
Sometimes	0	11	7	10	12	8	6	2	1	48	9	3	9.8
Rarely	0	1	0	9	14	7	1	0	2	0	57	0	7.6
Never	0	13	41	7	44	1	0	12	0	0	14	0	11
Medical Insurance													
Always	19	12	1	0	6	17	62	40	39	35	3	20	21.2
Often	22	4	1	4	10	19	18	10	1	38	13	19	13.3
Sometimes	38	5	1	13	10	32	4	1	1	25	5	16	12.6
Rarely	10	1	8	2	5	26	7	1	4	0	43	4	9.3
Never	11	78	89	81	69	6	9	48	55	2	36	41	43.8

Table 24 Quality of the Healthcare Services

	Assam	Bihar	Chhattisgarh	Delhi	Gujarat	Kerala	Madhya Pradesh	Maharashtra	Punjab	Telangana	Tripura	West Bengal	Overall
Doctors/Clinics													
Very Satisfactory	4	10	25	24	40	49	77	56	37	64	15	25	35.5
Satisfactory	75	62	73	75	55	38	17	23	53	35	29	64	49.9
Neutral	16	8	2	1	1	12	5	6	4	1	24	6	7.2
Unsatisfactory	5	18	0	0	4	0	1	12	6	0	13	4	5.3
Very Unsatisfactory	0	2	0	0	0	1	0	3	0	0	19	1	2.2
Hospitals (Public or private)													
Very Satisfactory	17	19	25	28	29	32	37	47	25	9	3	29	25
Satisfactory	68	70	65	31	39	57	54	22	57	34	37	54	49
Neutral	9	6	4	40	12	8	9	8	6	56	33	12	16.9
Unsatisfactory	6	2	5	1	19	2	0	3	11	1	26	3	6.6
Very Unsatisfactory	0	3	1	0	1	1	0	20	1	0	1	2	2.5
Diagnostic labs (x-ray, blood test, MRIs, CT-Scan etc.)													
Very Satisfactory	2	20	5	17	22	36	55	15	24	36	3	31	22.2
Satisfactory	41	67	78	69	29	35	27	18	38	53	21	50	43.8
Neutral	46	10	10	13	10	20	14	21	32	10	14	15	17.9
Unsatisfactory	11	2	4	0	8	9	4	30	5	0	16	4	7.8
Very Unsatisfactory	0	1	3	1	31	0	0	16	1	1	46	0	8.3
Pharmacy (online and offline medical stores)													
Very Satisfactory	86	31	2	39	13	48	43	47	33	25	4	44	34.6
Satisfactory	14	47	55	41	18	39	39	16	62	22	52	52	38.1
Neutral	0	3	39	17	11	8	12	15	3	53	15	1	14.8
Unsatisfactory	0	3	0	3	14	4	5	8	2	0	22	3	5.3
Very Unsatisfactory	0	16	4	0	44	1	1	14	0	0	7	0	7.3
Medical Insurance													
Very Satisfactory	1	4	1	2	8	15	37	27	36	36	1	12	15
Satisfactory	15	7	7	52	9	24	35	16	4	27	19	27	20.2
Neutral	66	13	35	24	8	39	15	16	46	31	11	16	26.7
Unsatisfactory	5	5	0	16	8	17	6	4	5	5	19	4	7.8
Very Unsatisfactory	13	71	57	6	67	5	7	37	9	1	50	41	30.3

Table 25 Level of Satisfaction on Hygiene and Cleanliness

	Assam	Bihar	Chhattisgarh	Delhi	Gujarat	Kerala	Madhya Pradesh	Maharashtra	Punjab	Telangana	Tripura	West Bengal	Overall
Highly Satisfied	20	44	43	2	34	23	70	12	8	0	37	44	28.1
Somewhat Satisfied	69	44	51	85	33	60	17	26	75	74	46	43	51.9
Neutral	8	6	2	13	23	7	12	40	12	21	5	7	13
Somewhat Dissatisfied	3	5	3	0	9	9	1	7	4	5	8	5	4.9
Highly Dissatisfied	0	1	1	0	1	1	0	15	1	0	4	1	2.1

Table 26 Affordability of Healthcare Services

State	Yes	No	Somewhat Affordable	Don't Know
State wise affordability				
Assam	16	24	60	0
Bihar	39	27	34	0
Chhattisgarh	65	25	9	1
Delhi	39	44	17	0
Gujarat	27	45	25	3
Kerala	31	16	52	1
Madhya Pradesh	36	58	1	5
Maharashtra	51	24	14	11
Punjab	34	63	3	0
Telangana	5	74	21	0
Tripura	33	21	43	3
West Bengal	33	43	22	2
Income wise affordability				
Below 5,000	40.8	30.3	27.6	1.3
5,000-10,000	29.1	43.7	25.6	1.6
10,000-20,000	34.1	39	24.3	2.6
20,000 – 30,000	39.5	31.7	26.9	1.8
30,000 – 50,000	47.4	28.9	18.4	5.3
50,000 and Above	20	60	20	0
Overall	34.1	38.7	25.1	2.2

Table 27 Awareness on Various Promotional Schemes		
	Yes	No
State wise Awareness		
Assam	22	78
Bihar	49	51
Chhattisgarh	17	83
Delhi	76	24
Gujarat	21	79
Kerala	20	80
Madhya Pradesh	24	76
Maharashtra	38	62
Punjab	29	71
Telangana	22	78
Tripura	40	60
West Bengal	28	72
Income wise Awareness		
Below 5,000	50	50
5,000-10,000	32.8	67.2
10,000-20,000	30.2	69.8
20,000 – 30,000	31.7	68.3
30,000 – 50,000	18.4	81.6
50,000 and Above	40	60
Education wise Awareness		
Illiterate	24.3	75.7
Literate	33.3	66.7
Below Primary	36.6	63.4
Primary (Up to 5th)	35.7	64.3
Middle (up to 8th)	27.7	72.3
Secondary (up to 10th)	30.7	69.3
Senior (up to 12th)	31.3	68.7
Graduate	36.3	63.7
Postgraduate and above	48.1	51.9
Overall	32.2	67.8

Table 28 Awareness on promotional Service Provider					
	Hospital/ doctor's clinic	Pathology /Diagnostic Centre	Medical Education	Pharmacy/drug store	Drug Manufacturer
Assam	31.8	59.1	0	68.2	0
Bihar	61.2	73.5	6.1	28.6	6.1
Chhattisgarh	47.1	17.6	0	47.1	0
Delhi	39.5	43.4	0	88.2	2.6
Gujarat	57.1	47.6	61.9	47.6	14.3
Kerala	50	65	5	40	0
Madhya Pradesh	54.2	50	0	66.7	0
Maharashtra	60.5	42.1	57.9	50	2.6
Punjab	24.1	34.5	24.1	72.4	0
Telangana	27.3	22.7	18.2	63.6	0
Tripura	50	7.5	22.5	42.5	35
West Bengal	21.4	57.1	7.1	82.1	0
Overall	44.6	44	15.8	60.1	6
<i>*Multi responses</i>					

Table 29 Opinion on Promotional Schemes in the Market													
	Assam	Bihar	Chhattisgarh	Delhi	Gujarat	Kerala	Madhya Pradesh	Maharashtra	Punjab	Telangana	Tripura	West Bengal	Overall
Do they benefit consumers?													
Strongly Agree	27.3	16.3	5.9	3.9	42.9	15	50	84.2	65.5	45.5	37.5	57.1	34.7
Somewhat Agree	36.4	57.1	47.1	92.1	47.6	65	37.5	15.8	34.5	54.5	57.5	42.9	54.1
Neutral	36.4	22.4	47.1	3.9	0	20	12.5	0	0	0	0	0	9.6
Disagree	0	0	0	0	9.5	0	0	0	0	0	5	0	1
Strongly Disagree	0	4.1	0	0	0	0	0	0	0	0	0	0	0.5
Do they deliver services at advertised price?													
Strongly Agree	4.5	26.5	52.9	26.3	33.3	5	29.2	73.7	20.7	0	5	64.3	29
Somewhat Agree	40.9	46.9	47.1	11.8	61.9	40	37.5	13.2	44.8	68.2	57.5	28.6	37
Neutral	40.9	26.5	0	61.8	4.8	35	33.3	10.5	34.5	31.8	17.5	7.1	29.8
Disagree	13.6	0	0	0	0	10	0	2.6	0	0	20	0	3.6
Strongly Disagree	0	0	0	0	0	10	0	0	0	0	0	0	0.5
Do the services advertised delivery quality services?													
Strongly Agree	22.7	22.4	0	27.6	14.3	15	25	13.2	58.6	68.2	2.5	46.4	25.9
Somewhat Agree	54.5	40.8	0	56.6	42.9	45	50	26.3	31	31.8	62.5	39.3	43.3
Neutral	22.7	34.7	58.8	15.8	33.3	35	20.8	26.3	10.3	0	10	14.3	21.8
Disagree	0	2	41.2	0	4.8	5	4.2	34.2	0	0	20	0	8.3
Strongly Disagree	0	0	0	0	4.8	0	0	0	0	0	5	0	0.8
How would you rate the promotional scale at an overall level?													
Highly Satisfied	18.2	16.3	0	11.8	38.1	0	25	7.9	65.5	36.4	5	64.3	22
Somewhat Satisfied	40.9	38.8	58.8	75	28.6	50	58.3	52.6	34.5	63.6	12.5	35.7	47.7
Neutral	40.9	38.8	41.2	13.2	9.5	30	12.5	31.6	0	0	25	0	20.2
Somewhat Dissatisfied	0	6.1	0	0	19	20	4.2	7.9	0	0	52.5	0	9.3
Highly Dissatisfied	0	0	0	0	4.8	0	0	0	0	0	5	0	0.8

Table 30 Awareness on Tied Selling Practices		
	Yes	No
State wise Awareness		
Assam	39	61
Bihar	92	8
Chhattisgarh	29	71
Delhi	92	8
Gujarat	24	76
Kerala	58	42
Madhya Pradesh	28	72
Maharashtra	39	61
Punjab	34	66
Telangana	76	24
Tripura	33	67
West Bengal	31	69
Income wise Awareness		
Below 5,000	39.5	60.5
5,000-10,000	50.7	49.3
10,000-20,000	46	54
20,000 – 30,000	52.7	47.3
30,000 – 50,000	42.1	57.9
50,000 and Above	60	40
Education wise Awareness		
Illiterate	16.2	83.8
Literate	22.2	77.8
Below Primary	48.8	51.2
Primary (Up to 5th)	51.3	48.7
Middle (up to 8th)	42.4	57.6
Secondary (up to 10th)	48	52
Senior (up to 12th)	51.8	48.2
Graduate	55.5	44.5
Postgraduate and above	37	63
Overall	47.9	52.1

Table 31 Opinion on Tied Selling Practices in the Market													
	Assam	Bihar	Chhattisgarh	Delhi	Gujarat	Kerala	Madhya Pradesh	Maharashtra	Punjab	Telangana	Tripura	West Bengal	Overall
Do you think that this practice is appropriate?													
Strongly Agree	7.7	2.2	17.2	9.8	54.2	29.3	50	43.6	41.2	65.8	36.4	61.3	30.4
Somewhat Agree	25.6	8.7	10.3	69.6	29.2	19	32.1	38.5	32.4	32.9	33.3	32.3	32.0
Neutral	12.8	8.7	3.4	2.2	8.3	19	10.7	15.4	14.7	0	3	3.2	7.8
Disagree	53.8	19.6	13.8	18.5	8.3	25.9	7.1	0	11.8	1.3	15.2	3.2	15.7
Strongly Disagree	0	60.9	55.2	0	0	6.9	0	2.6	0	0	12.1	0	14.1
Does this helps ensuring quality?													
Strongly Agree	7.7	3.3	17.2	7.6	12.5	5.2	28.6	71.8	35.3	2.6	3	54.8	16.0
Somewhat Agree	51.3	19.6	17.2	19.6	62.5	65.5	42.9	17.9	44.1	32.9	33.3	41.9	34.3
Neutral	17.9	17.4	31	42.4	8.3	24.1	25	7.7	2.9	57.9	24.2	0	26.1
Disagree	15.4	20.7	3.4	30.4	16.7	5.2	3.6	2.6	17.6	6.6	21.2	3.2	14.3
Strongly Disagree	7.7	39.1	31	0	0	0	0	0	0	0	18.2	0	9.4
This is just a means to make easy money													
Strongly Agree	30.8	64.1	58.6	1.1	0	0	3.6	0	0	1.3	6.1	0	16.2
Somewhat Agree	30.8	16.3	10.3	57.6	25	27.6	7.1	0	26.5	53.9	27.3	9.7	29.4
Neutral	25.6	6.5	24.1	19.6	50	56.9	57.1	41	58.8	30.3	30.3	54.8	32.7
Disagree	5.1	4.3	0	12	25	12.1	21.4	51.3	14.7	10.5	30.3	25.8	15.1
Strongly Disagree	7.7	8.7	6.9	9.8	0	3.4	10.7	7.7	0	3.9	6.1	9.7	6.6
This limits choice for consumers													
Strongly Agree	20.5	51.1	62.1	13	16.7	6.9	17.9	20.5	26.5	25	6.1	35.5	25.6
Somewhat Agree	56.4	41.3	20.7	65.2	37.5	60.3	32.1	25.6	23.5	23.7	33.3	51.6	42.1
Neutral	17.9	2.2	17.2	19.6	25	22.4	32.1	41	35.3	46.1	15.2	12.9	23.0
Disagree	5.1	0	0	2.2	12.5	6.9	17.9	12.8	14.7	5.3	27.3	0	6.8
Strongly Disagree	0	5.4	0	0	8.3	3.4	0	0	0	0	18.2	0	2.6

Table 32 Opinion Related to Brand Selling												
	Do you think that this practice is appropriate?			Does this helps ensuring quality?			This is just a means to make easy money			This limits choice for consumers		
	Strongly Agree/ Somewhat Agree	Neutral	Strongly Disagree/ Disagree	Strongly Agree/ Somewhat Agree	Neutral	Strongly Disagree/ Disagree	Strongly Agree/ Somewhat Agree	Neutral	Strongly Disagree/ Disagree	Strongly Agree/ Somewhat Agree	Neutral	Strongly Disagree/ Disagree
State Wise												
Assam	24	23	53	2	37	59	81	11	8	65	29	6
Bihar	24	9	67	15	21	30	66	9	25	86	5	9
Chhattisgarh	69	6	25	52	12	26	41	30	29	85	10	5
Delhi	90	10	0	30	26	44	34	30	36	81	19	0
Gujarat	76	13	11	25	29	40	39	27	34	50	16	34
Kerala	69	18	13	10	30	59	25	43	32	51	31	18
Madhya Pradesh	71	22	7	15	50	35	17	44	39	73	21	6
Maharashtra	64	18	18	36	22	22	19	22	59	50	31	19
Punjab	43	1	56	30	15	53	57	13	30	51	38	11
Telangana	78	21	1	14	25	61	30	63	7	61	35	4
Tripura	82	9	9	12	42	39	27	18	55	40	17	43
West Bengal	83	4	13	44	41	14	21	45	34	75	21	4
Education wise												
Illiterate	51.4	13.5	35.1	18.9	24.3	43.2	48.6	16.2	35.1	56.8	24.3	18.9
Literate	72.2	11.1	16.7	22.2	33.3	38.9	44.4	16.7	38.9	72.2	11.1	16.7
Below Primary	61	17.1	22	26.8	19.5	51.2	29.3	24.4	46.3	48.8	29.3	22
Primary (Up to 5th)	53.9	16.5	29.6	23.5	25.2	43.5	44.3	26.1	29.6	57.4	27	15.7
Middle (up to 8th)	66.1	12.4	21.5	23.7	34.5	36.2	34.5	28.8	36.7	66.1	18.6	15.3
Secondary (up to 10th)	65.5	13.8	20.7	26.6	31.3	38.2	36.4	33.9	29.8	64.3	20.7	15
Senior (up to 12th)	68.3	9.5	22.2	23.2	26.4	42.3	37.7	29.2	33.1	67.6	22.5	9.9
Graduate	65.9	13.2	20.9	22	28.6	39.6	41.2	31.9	26.9	62.6	28	9.3
Postgraduate and above	51.9	14.8	33.3	11.1	37	37	33.3	22.2	44.4	74.1	18.5	7.4
Income wise												
Below 5,000	72.4	9.2	18.4	39.5	25	27.6	22.4	26.3	51.3	48.7	25	26.3
5,000-10,000	68	10.4	21.6	23.5	32.3	40.8	41.1	29.6	29.3	62.4	23.5	14.1
10,000-20,000	65.1	15	19.9	23.2	27.3	44.5	36.5	31.7	31.7	65.9	24.1	10
20,000 – 30,000	52.1	15	32.9	19.2	29.3	36.5	46.1	25.1	28.7	67.1	18	15
30,000 – 50,000	63.2	5.3	31.6	26.3	34.2	15.8	26.3	28.9	44.7	65.8	15.8	18.4
50,000 and Above	20	0	80	0	20	20	40	0	60	100	0	0
Overall	64.4	12.8	22.8	23.8	29.2	40.2	38.1	29.6	32.3	64	22.8	13.3

Table 33 Awareness on Tele-medicine Services		
	Yes	No
State wise Awareness		
Assam	12	88
Bihar	60	40
Chhattisgarh	10	90
Delhi	90	10
Gujarat	13	87
Kerala	76	24
Madhya Pradesh	17	83
Maharashtra	32	68
Punjab	24	76
Telangana	8	92
Tripura	39	61
West Bengal	37	63
Income wise Awareness		
Below 5,000	31.6	68.4
5,000-10,000	28.5	71.5
10,000-20,000	37.8	62.2
20,000 – 30,000	41.9	58.1
30,000 – 50,000	26.3	73.7
50,000 and Above	60	40
Education wise Awareness		
Illiterate	2.7	97.3
Literate	38.9	61.1
Below Primary	31.7	68.3
Primary (Up to 5th)	23.5	76.5
Middle (up to 8th)	32.2	67.8
Secondary (up to 10th)	31.7	68.3
Senior (up to 12th)	44	56
Graduate	41.8	58.2
Postgraduate and above	40.7	59.3
Overall	34.8	65.2

Table 34 Usage of Tele-medical Services		
	Yes	No
State wise Awareness		
Assam	0	100
Bihar	8.3	91.7
Chhattisgarh	20	80
Delhi	5.6	94.4
Gujarat	76.9	23.1
Kerala	30.3	69.7
Madhya Pradesh	35.3	64.7
Maharashtra	90.6	9.4
Punjab	50	50
Telangana	25	75
Tripura	41	59
West Bengal	27	73
Income wise Awareness		
Below 5,000	83.3	16.7
5,000-10,000	26.2	73.8
10,000-20,000	23	77
20,000 – 30,000	30	70
30,000 – 50,000	40	60
50,000 and Above	0	100
Education wise Awareness		
Illiterate	100	0
Literate	0	100
Below Primary	30.8	69.2
Primary (Up to 5th)	40.7	59.3
Middle (up to 8th)	28.1	71.9
Secondary (up to 10th)	33.7	66.3
Senior (up to 12th)	25.6	74.4
Graduate	25	75
Postgraduate and above	27.3	72.7
Overall	28.7	71.3

Table 35 Increased Reach of Tele-medicine			
	Yes	No	Can't Say
Assam	25.0	66.7	8.3
Bihar	36.7	20.0	43.3
Chhattisgarh	50.0	20.0	30.0
Delhi	47.8	21.1	31.1
Gujarat	53.8	46.2	0.0
Kerala	28.9	52.6	18.4
Madhya Pradesh	41.2	52.9	5.9
Maharashtra	84.4	12.5	3.1
Punjab	83.3	12.5	4.2
Telangana	0.0	100.0	0.0
Tripura	71.8	12.8	15.4
West Bengal	73.0	27.0	0.0
Overall	50.5	30.1	19.4

Table 36 Perception related to digital health services													
	Assam	Bihar	Chhattisgarh	Delhi	Gujarat	Kerala	Madhya Pradesh	Maharashtra	Punjab	Telangana	Tripura	West Bengal	Overall
Benefits of digital health services													
Convenience	33.3	60	90	98.9	30.8	76.3	76.5	28.1	66.7	0	71.8	94.6	72
Cost Saving	25	35	70	100	53.8	46.1	11.8	71.9	37.5	62.5	38.5	86.5	59.6
Time Saving	91.7	95	80	100	84.6	86.8	70.6	71.9	62.5	37.5	69.2	89.2	85.2
Accessibility	41.7	20	70	61.1	30.8	76.3	5.9	6.3	25	0	5.1	27	38.8
Challenges of digital health services													
No Physical Examination	58.3	13.3	30	77.8	53.8	76.3	11.8	65.6	33.3	25	51.3	97.3	57.9
Dependent on Internet	83.3	78.3	80	100	76.9	69.7	88.2	71.9	54.2	0	66.7	97.3	79.2
Dependent on Laptops or Smartphones	58.3	95	70	98.9	84.6	63.2	0	28.1	70.8	25	56.4	94.6	72.7
Unsatisfactory	0	8.3	0	0	76.9	17.1	0	15.6	0	12.5	5.1	10.8	9.6
Affordability	0	3.3	10	0	23.1	23.7	29.4	3.1	20.8	25	0	0	8.9
Unsafe/Privacy Risk	8.3	5	20	0	46.2	26.3	0	9.4	16.7	12.5	0	2.7	9.8
*Multiple response													

Table 6.1 Use of Medical Insurance			
	Yes	No	Can't Say
State wise Awareness			
Assam	73	27	0
Bihar	23	76	1
Chhattisgarh	13	81	6
Delhi	3	97	0
Gujarat	21	72	7
Kerala	44	54	2
Madhya Pradesh	8	90	2
Maharashtra	30	33	37
Punjab	20	78	2
Telangana	2	97	1
Tripura	28	72	0
West Bengal	63	36	1
Overall	27.3	67.8	4.9
Income wise Awareness			
Below 5,000	39.5	57.9	2.6
5,000-10,000	24.3	72.5	3.2
10,000-20,000	27.3	68.3	4.5
20,000 – 30,000	29.9	61.7	8.4
30,000 – 50,000	21.1	60.5	18.4
50,000 and Above	40	60	0
Education wise Awareness			
Illiterate	16.2	78.4	5.4
Literate	22.2	77.8	0
Below Primary	39	51.2	9.8
Primary (Up to 5th)	40	58.3	1.7
Middle (up to 8th)	30.5	66.1	3.4
Secondary (up to 10th)	26.3	70.2	3.4
Senior (up to 12th)	23.2	70.1	6.7
Graduate	25.3	69.2	5.5
Postgraduate and above	22.2	59.3	18.5
Overall	27.3	67.8	4.9

Table 37 Accessibility of Medical Insurance					
	Always	Often	Sometimes	Rarely	Never
State wise Awareness					
Assam	19	22	38	10	11
Bihar	12	4	5	1	78
Chhattisgarh	1	1	1	8	89
Delhi	0	4	13	2	81
Gujarat	6	10	10	5	69
Kerala	17	19	32	26	6
Madhya Pradesh	62	18	4	7	9
Maharashtra	40	10	1	1	48
Punjab	39	1	1	4	55
Telangana	35	38	25	0	2
Tripura	3	13	5	43	36
West Bengal	20	19	16	4	41
Income wise Awareness					
Below 5,000	22.4	10.5	13.2	11.8	42.1
5,000-10,000	19.2	14.7	9.3	8	48.8
10,000-20,000	21.9	13.4	16.3	7.1	41.4
20,000 – 30,000	22.8	13.2	9.6	13.8	40.7
30,000 – 50,000	21.1	5.3	5.3	23.7	44.7
Education wise Awareness					
Illiterate	5.4	10.8	8.1	24.3	51.4
Literate	16.7	5.6	5.6	5.6	66.7
Below Primary	4.9	9.8	14.6	4.9	65.9
Primary (Up to 5th)	18.3	16.5	10.4	10.4	44.3
Middle (up to 8th)	16.4	14.7	9	9.6	50.3
Secondary (up to 10th)	23.8	12.5	13.2	9.4	41.1
Senior (up to 12th)	25.4	13.7	13.7	7.7	39.4
Graduate	24.2	13.7	17	6.6	38.5
Postgraduate and above	18.5	3.7	3.7	22.2	51.9
Overall	21.2	13.3	12.6	9.3	43.8

Table 38 Quality of Medical Insurance Services					
	Very Satisfactory	Satisfactory	Neutral	Unsatisfactory	Very Unsatisfactory
State wise Awareness					
Assam	1	15	66	5	13
Bihar	4	7	13	5	71
Chhattisgarh	1	7	35	0	57
Delhi	2	52	24	16	6
Gujarat	8	9	8	8	67
Kerala	15	24	39	17	5
Madhya Pradesh	37	35	15	6	7
Maharashtra	27	16	16	4	37
Punjab	36	4	46	5	9
Telangana	36	27	31	5	1
Tripura	1	19	11	19	50
West Bengal	12	27	16	4	41
Income wise Awareness					
Below 5,000	23.7	13.2	17.1	3.9	42.1
5,000-10,000	13.9	22.7	25.6	6.4	31.5
10,000-20,000	14.1	20.6	28	10.2	27.1
20,000 – 30,000	17.4	16.2	29.9	6	30.5
30,000 – 50,000	13.2	21.1	21.1	5.3	39.5
50,000 and Above	0	20	40	0	40
Education wise Awareness					
Illiterate	2.7	13.5	18.9	5.4	59.5
Literate	0	27.8	22.2	5.6	44.4
Below Primary	2.4	9.8	29.3	4.9	53.7
Primary (Up to 5th)	9.6	17.4	30.4	13	29.6
Middle (up to 8th)	12.4	21.5	20.9	6.2	39
Secondary (up to 10th)	18.8	18.8	27.6	7.5	27.3
Senior (up to 12th)	18.3	19	31.7	8.8	22.2
Graduate	17	28.6	22	6	26.4
Postgraduate and above	7.4	14.8	25.9	11.1	40.7
Overall	15	20.2	26.7	7.8	30.3

Table 39 Awareness on consumer grievance redressal mechanism in healthcare		
	Yes	No
State wise Awareness		
Assam	12	88
Bihar	62	38
Chhattisgarh	11	89
Delhi	73	27
Gujarat	22	78
Kerala	20	80
Madhya Pradesh	11	89
Maharashtra	43	57
Punjab	20	80
Telangana	5	95
Tripura	38	62
West Bengal	19	81
Income wise Awareness		
Below 5,000	40.8	59.2
5,000-10,000	27.2	72.8
10,000-20,000	27.3	72.7
20,000 – 30,000	26.3	73.7
30,000 – 50,000	21.1	78.9
50,000 and Above	80	20
Education wise Awareness		
Illiterate	10.8	89.2
Literate	22.2	77.8
Below Primary	24.4	75.6
Primary (Up to 5th)	23.5	76.5
Middle (up to 8th)	26	74
Secondary (up to 10th)	27.3	72.7
Senior (up to 12th)	28.9	71.1
Graduate	36.8	63.2
Postgraduate and above	33.3	66.7
Overall	28	72

Table 7.2 Usage and opinion on Public Grievance Mechanism							
	Below 5,000	5,000-10,000	10,000-20,000	20,000 – 30,000	30,000 – 50,000	50,000 and Above	Overall
Use of consumer grievance redressal mechanism relating to healthcare							
Yes	71.0	23.5	17.0	31.8	12.5	0.0	25.6
No	29.0	76.5	83.0	68.2	87.5	100.0	74.4
Opinion about present consumer grievance redressal mechanisms							
Better than Past	58.1	60.8	55.1	34.1	75.0	25.0	54.5
Worse than Past	29.0	13.7	6.1	9.1	0.0	0.0	10.7
Same as past	6.5	14.7	17.7	29.5	12.5	0.0	17.0
Don't know	6.5	10.8	21.1	27.3	12.5	75.0	17.9

Table 40 Awareness on various Regulations in Health Industry						
	Awareness on Competition Commission of India		Awareness on National Pharmaceutical Pricing Authority (NPPA)		Awareness on the Central Drugs Standard Control Organisation (CDSCO)	
	State	Overall	State	Overall	State	Overall
Assam	1	0.7	5	2.9	3	1.6
Bihar	9	6.3	6	3.4	7	3.8
Chhattisgarh	0	0	2	1.1	4	2.2
Delhi	22	15.4	36	20.6	48	26.2
Gujarat	15	10.5	15	8.6	16	8.7
Kerala	33	23.1	43	24.6	35	19.1
Madhya Pradesh	7	4.9	3	1.7	8	4.4
Maharashtra	30	21	31	17.7	29	15.8
Punjab	15	10.5	16	9.1	10	5.5
Telangana	0	0	0	0	1	0.5
Tripura	11	7.7	18	10.3	19	10.4
West Bengal	0	0	0	0	3	1.6
Overall		11.9		14.6		15.3

Table 41 Awareness on Purpose of CCI							
	To monitor competition of Stock Market	To promote competition amongst manufacturers and retailers	To restrict inflow of FDI (Foreign Direct Investment)	To investigate and adjudicate anti-competitive practices	To monitor competition in distribution of FMCG/non-FMCG products	To combat monopolistic trade practices	Don't Know
Education wise							
Illiterate	100	0	0	0	0	0	0
Literate	NA	NA	NA	NA	NA	NA	NA
Below Primary	100	0	0	0	0	33.3	0
Primary (Up to 5th)	78.6	42.9	14.3	14.3	14.3	7.1	0
Middle (up to 8th)	56.3	87.5	75	43.8	31.3	25	6.3
Secondary (up to 10th)	58.1	80.6	61.3	48.4	54.8	25.8	0
Senior (up to 12th)	53.7	70.7	58.5	48.8	51.2	34.1	0
Graduate	54.8	74.2	61.3	54.8	54.8	51.6	6.5
Postgraduate and above	50	100	33.3	66.7	50	33.3	0
Income wise							
Below 5,000	61.9	81	47.6	23.8	23.8	14.3	4.8
5,000-10,000	59.4	78.1	75	50	46.9	31.3	3.1
10,000-20,000	60.3	69.8	47.6	52.4	47.6	36.5	1.6
20,000 – 30,000	54.5	54.5	63.6	40.9	63.6	40.9	0
30,000 – 50,000	66.7	100	0	0	33.3	33.3	0
50,000 and Above	0	100	0	100	0	0	0
Overall	58.7	72	54.5	45.5	45.5	32.2	2.1
<i>*Multiple Responses</i>							

Table 42 Awareness on Purpose of CDSCO					
	Approval of Drugs	Conduct of Clinical Trials	Laying down the standards for Drugs	Control over the quality of imported Drugs	Don't Know
Education wise					
Illiterate	50	0	0	0	50
Literate	100	100	100	50	0
Below Primary	66.7	33.3	16.7	16.7	16.7
Primary (Up to 5th)	52.9	76.5	41.2	11.8	5.9
Middle (up to 8th)	68.8	87.5	68.8	43.8	0
Secondary (up to 10th)	79.5	79.5	79.5	52.3	9.1
Senior (up to 12th)	83.3	74.1	66.7	46.3	3.7
Graduate	88.6	74.3	80	68.6	8.6
Postgraduate and above	100	85.7	85.7	71.4	0
Income wise					
Below 5,000	82.6	78.3	39.1	17.4	4.3
5,000-10,000	72	78	72	44	8
10,000-20,000	78.9	73.3	72.2	54.4	7.8
20,000 – 30,000	93.3	80	86.7	66.7	0
30,000 – 50,000	100	75	75	50	0
50,000 and Above	100	0	0	100	0
Overall	79.2	75.4	68.9	48.1	6.6
<i>*Multiple Responses</i>					

Table 43 Awareness on purpose of the National Pharmaceutical Pricing Authority (NPPA)						
	Control prices of essential drugs in the market	Monitor and ensure the availability of drugs	To study pricing of drugs/formulations	Collect/maintain data on production, exports and imports, market share of individual companies, profitability of company	None of the Above	Don't Know
Assam	80	0	20	0	0	20
Bihar	33.3	66.7	66.7	16.7	16.7	16.7
Chhattisgarh	100	100	50	0	0	0
Delhi	66.7	100	97.2	66.7	0	0
Gujarat	46.7	73.3	73.3	60	6.7	0
Kerala	93	67.4	83.7	51.2	0	0
Madhya Pradesh	100	66.7	33.3	0	0	0
Maharashtra	77.4	77.4	29	3.2	0	0
Punjab	31.3	93.8	81.3	25	0	0
Telangana	NA	NA	NA	NA	NA	NA
Tripura	83.3	72.2	22.2	0	0	0
West Bengal	NA	NA	NA	NA	NA	NA
Overall	72	77.7	65.7	34.9	1.1	1.1
<i>*Multiple Responses</i>						

Table 44 Need for Controlling Price of Essential Drugs					
	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree
Assam	7	77	15	1	0
Bihar	44	44	6	4	2
Chhattisgarh	39	30	25	6	0
Delhi	3	88	8	1	0
Gujarat	16	44	31	8	1
Kerala	21	53	16	9	1
Madhya Pradesh	39	34	22	0	5
Maharashtra	14	27	33	24	2
Punjab	7	50	29	12	2
Telangana	0	74	25	1	0
Tripura	21	45	32	2	0
West Bengal	33	38	25	4	0
Overall	20.3	50.3	22.3	6	1.1

Table 45 Opinion Related to Essential Drug Price Control									
	Pharma Companies could not impose abnormal high prices	Avoid monopoly in the market	Ensure affordability for the citizens	Restricts influence of doctors and retailers that play an important role in purchase decisions	It restricts market competition	Reduces quality	Reduce availability of products in the market	Forces producers to exit market	Don't know
Assam	57	17	36	25	0	1	1	2	9
Bihar	28	77	88	29	6	6	3	1	2
Chhattisgarh	15	39	50	35	0	1	0	0	42
Delhi	6	97	98	88	4	8	8	3	0
Gujarat	22	27	27	36	12	13	11	8	25
Kerala	77	66	76	66	13	8	9	8	0
Madhya Pradesh	59	44	59	13	1	2	3	1	15
Maharashtra	27	39	28	12	9	12	15	13	14
Punjab	30	64	38	11	11	25	21	3	0
Telangana	0	20	32	37	12	5	5	0	1
Tripura	42	30	27	7	5	4	2	0	27
West Bengal	71	72	79	67	18	9	9	5	5
Overall	36.2	49.3	53.2	35.5	7.6	7.8	7.3	3.7	11.7
<i>*Multiple Responses</i>									

Table 46 Suggestion on drug price control

	Government should encourage market competition	Appropriate monitoring is required	put the drugs on watch list	put control over few essential drugs	can't say
Assam	72	15	2	52	5
Bihar	36	97	89	53	0
Chhattisgarh	57	96	82	75	2
Delhi	18	100	100	95	0
Gujarat	42	46	33	40	22
Kerala	71	74	62	86	0
Madhya Pradesh	43	56	70	5	14
Maharashtra	46	61	37	22	27
Punjab	37	94	75	13	0
Telangana	0	33	47	20	1
Tripura	27	16	25	43	29
West Bengal	79	88	85	83	1
Overall	44	64.7	58.9	48.9	8.4
<i>*Multiple Response</i>					

Table 47 Awareness on Present Wave of Economic Reforms and Reforms in the Healthcare Sector

	Yes	No
State Wise		
Assam	4	96
Bihar	74	26
Chhattisgarh	46	54
Delhi	76	24
Gujarat	21	79
Kerala	63	37
Madhya Pradesh	54	46
Maharashtra	32	68
Punjab	10	90
Telangana	9	91
Tripura	40	60
West Bengal	17	83
Income wise		
Below 5,000	40.8	59.2
5,000-10,000	30.4	69.6
10,000-20,000	37.7	62.3
20,000 – 30,000	47.3	52.7
30,000 – 50,000	42.1	57.9
50,000 and Above	60	40
Education wise		
Illiterate	13.5	86.5
Literate	22.2	77.8
Below Primary	31.7	68.3
Primary (Up to 5th)	40.9	59.1
Middle (up to 8th)	36.2	63.8
Secondary (up to 10th)	35.7	64.3
Senior (up to 12th)	39.4	60.6
Graduate	41.2	58.8
Postgraduate and above	44.4	55.6
Overall	37.2	62.8

Table 48 Opinion on Ability of Economic Reforms in Enhancing Competition

	Yes	Maybe	No	Don't Know
Assam	25	75	0	0
Bihar	74.3	25.7	0	0
Chhattisgarh	47.8	30.4	0	21.7
Delhi	30.3	69.7	0	0
Gujarat	9.5	71.4	9.5	9.5
Kerala	19	68.3	11.1	1.6
Madhya Pradesh	81.5	18.5	0	0
Maharashtra	28.1	68.8	3.1	0
Punjab	50	30	0	20
Telangana	0	33.3	66.7	0
Tripura	40	40	5	15
West Bengal	100	0	0	0
Overall	46.2	45.1	4	4.7

Table 49 Awareness on National Medical Commission (NMC)

	Yes		No	
	Overall	within level	Overall	within level
State wise Awareness				
Assam	12.5	27	7.4	73
Bihar	5.6	12	8.3	88
Chhattisgarh	0.9	2	8.3	98
Delhi	22.7	49	8.3	51
Gujarat	7.4	16	8.3	84
Kerala	20.8	45	8.3	55
Madhya Pradesh	2.8	6	8.3	94
Maharashtra	14.4	31	8.3	69
Punjab	3.2	7	8.3	93
Telangana	0	0	8.3	100
Tripura	8.8	19	8.3	81
West Bengal	0.9	2	8.3	98
Literacy wise awareness				
	Overall	within level	Overall	within level
Illiterate	0.5	2.7	3.1	97.3
Literate	0	0	1.5	100
Below Primary	3.2	17.1	3.4	82.9
Primary (Up to 5th)	7.4	13.9	9.6	86.1
Middle (up to 8th)	13	15.8	14.8	84.2
Secondary (up to 10th)	20.8	14.1	26.6	85.9
Senior (up to 12th)	28.2	21.5	23.7	78.5
Graduate	22.7	26.9	15.2	73.1
Postgraduate and above	4.2	33.3	2.3	66.7
Income wise awareness				
	Overall	within level	Overall	within level
Below 5,000	9.3	26.3	6.3	73.7
5,000-10,000	25	14.4	31.3	85.6
10,000-20,000	50.5	20.2	44.9	79.8
20,000 – 30,000	12	15.6	13.9	84.4
30,000 – 50,000	2.3	13.2	3.2	86.8
50,000 and Above	0.9	40	0.4	60
Overall	18		82%	

Table 50 Awareness on Purpose of NMC Functionality

	Making policies and regulations for maintaining a high quality and high standards in medical education	Making policies and regulations for regulating medical institutions, medical researches and medical professionals and	Address the requirements in healthcare, including human resources for health and healthcare infrastructure	Making policies and codes to ensure professional ethics in medical profession	Promote ethical conduct during the provision of care by medical practitioners	Determination of fees and all other charges in private medical institutions and deemed to be universities	None of the Above	Don't Know
Education wise knowledge of NMC Functionality								
Below Primary	85.7	28.6	14.3	14.3	14.3	0	14.3	0
Primary (Up to 5th)	62.5	43.8	25	12.5	12.5	0	6.3	12.5
Middle (up to 8th)	46.4	67.9	60.7	50	32.1	17.9	0	25
Secondary (up to 10th)	60	57.8	57.8	51.1	46.7	24.4	0	11.1
Senior (up to 12th)	67.2	67.2	62.3	50.8	54.1	36.1	0	8.2
Graduate	73.5	61.2	36.7	69.4	51	28.6	0	4.1
Postgraduate and above	100	77.8	55.6	66.7	55.6	22.2	0	0
Income wise knowledge of NMC Functionality								
Below 5,000	70	90	60	10	5	10	0	0
5,000-10,000	63	74.1	48.1	44.4	38.9	14.8	0	13
10,000-20,000	63.3	50.5	46.8	56.9	56	33	1.8	11
20,000 – 30,000	80.8	61.5	65.4	73.1	42.3	26.9	0	3.8
30,000 – 50,000	60	40	60	60	40	20	0	20
50,000 and Above	50	100	0	50	0	0	0	0
Overall	65.7	61.6	50.5	51.4	44.4	25	0.9	9.7
<i>*Multi response</i>								

Tables - Business Segment

Table 51 Background of Businesses													
	Assam	Bihar	Chhattisgarh	Delhi	Gujarat	Madhya Pradesh	Maharashtra	Punjab	Telangana	Kerala	Tripura	West Bengal	Overall
Hospital/ doctor's clinic	0%	12	28	24	32	20	36	48	19	12	0	4	19.7
Pathology /Diagnostic Centre	0	16	40	18	4	32	24	16	4	8	8	28	16.5
Medical Education	0	0	0	3	0	0	0	0	0	0	0	0	0.3
Pharmacy/ drug store	96	72	32	26	64	48	40	36	73	80	92	68	59.7
Drug Manufacturer	4	0	0	29	0	0	0	0	4	0	0	0	3.9

Table 52 Annual Income of Businesses						
	Hospital/ Doctor's Clinic	Pathology / Diagnostic Centre	Medical Education	Pharmacy/ Drug Store	Drug Manufacturer	Overall
Under 50 lakh	82.0	76.5	0.0	80.0	8.3	76.8
Above 50 lakh up to 1 Cr.	6.6	7.8	0.0	15.1	0.0	11.6
Above 1 Cr. up to 5Cr.	8.2	11.8	0.0	4.9	0.0	6.5
Above 5 crore and up to 75 crore	3.3	3.9	100.0	0.0	41.7	3.2
Above 75 crore and up to 250 crore	0.0	0.0	0.0	0.0	41.7	1.6
Above 250 crore	0.0	0.0	0.0	0.0	8.3	0.3

Table 53 Experience in Opening Business in the Country						
	Hospit al/ Doctor's clinic	Patholog y /Diagnos tic Centre	Medical Educati on	Pharmac y/ drug store	Drug Manufactu rer	Overa ll
Date of Opening of Business						
In last 2 years	13.1	21.6	0.0	17.8	8.3	17.1
In last 3 - 5 years	23.0	15.7	0.0	11.9	8.3	14.5
In last 6 - 10 years	23.0	27.5	0.0	24.3	16.7	24.2
over 10 years	41.0	35.3	100.0	45.9	66.7	44.2
Challenges faced in starting business						
Yes	47.5	58.8	0.0	50.8	16.7	50.0
No	52.5	41.2	100.0	49.2	83.3	50.0
Experience in starting your Business						
Approval under land laws						
No obstacle at all	54.1	60.8	0.0	69.7	16.7	62.9
Manageable	27.9	17.6	100.0	24.3	75.0	26.1
Cumber-some	11.5	13.7	0.0	3.2	8.3	6.8
Very cumber-some	4.9	5.9	0.0	2.7	0.0	3.5
Can't Say/Don't know	1.6	2.0	0.0	0.0	0.0	0.6
Approval under labour laws						
No obstacle at all	50.8	54.9	100.0	68.6	50.0	62.3
Manageable	29.5	27.5	0.0	15.7	41.7	21.3
Cumber-some	9.8	7.8	0.0	11.9	8.3	10.6
Very cumber-some	4.9	5.9	0.0	0.0	0.0	1.9
Can't Say/Don't know	4.9	3.9	0.0	3.8	0.0	3.9
Pollution and environmental clearance						
No obstacle at all	41.0	51.0	0.0	66.5	25.0	57.1
Manageable	29.5	19.6	100.0	21.6	66.7	24.8
Cumber-some	13.1	15.7	0.0	7.0	8.3	9.7
Very cumber-some	9.8	9.8	0.0	1.6	0.0	4.5
Can't Say/Don't know	6.6	3.9	0.0	3.2	0.0	3.9
Telecom connection						
No obstacle at all	45.9	58.8	0.0	65.9	25.0	59.0
Manageable	24.6	27.5	100.0	16.8	66.7	22.3
Cumber-some	18.0	11.8	0.0	11.4	8.3	12.6
Very cumber-some	3.3	0.0	0.0	2.2	0.0	1.9
Can't Say/Don't know	8.2	2.0	0.0	3.8	0.0	4.2
Electrical connection						
No obstacle at all	52.5	58.8	100.0	67.6	41.7	62.3
Manageable	19.7	29.4	0.0	21.1	58.3	23.5
Cumber-some	14.8	5.9	0.0	9.2	0.0	9.4
Very cumber-some	4.9	5.9	0.0	1.1	0.0	2.6
Can't Say/Don't know	8.2	0.0	0.0	1.1	0.0	2.3
Water connection						
No obstacle at all	49.2	51.0	0.0	64.9	41.7	58.4
Manageable	31.1	27.5	100.0	20.5	58.3	25.5
Cumber-some	9.8	13.7	0.0	9.2	0.0	9.7
Very cumber-some	4.9	3.9	0.0	1.6	0.0	2.6
Can't Say/Don't know	4.9	3.9	0.0	3.8	0.0	3.9
Construction-related permit						
No obstacle at all	47.5	56.9	0.0	67.6	25.0	60.0
Manageable	24.6	21.6	100.0	21.6	58.3	23.9
Cumber-some	21.3	15.7	0.0	9.2	16.7	12.9
Very cumber-some	3.3	3.9	0.0	1.1	0.0	1.9
Can't Say/Don't know	3.3	2.0	0.0	0.5	0.0	1.3
Operating license/permit						

No obstacle at all	41.0	56.9	100.0	60.0	16.7	54.2
Manageable	27.9	13.7	0.0	25.4	58.3	25.2
Cumber-some	18.0	7.8	0.0	9.7	16.7	11.3
Very cumber-some	4.9	17.6	0.0	3.8	8.3	6.5
Can't Say/Don't know	8.2	3.9	0.0	1.1	0.0	2.9
Financial						
No obstacle at all	41.0	45.1	0.0	48.6	16.7	45.2
Manageable	27.9	23.5	100.0	28.1	8.3	26.8
Cumber-some	18.0	15.7	0.0	13.5	25.0	15.2
Very cumber-some	8.2	13.7	0.0	8.1	50.0	10.6
Can't Say/Don't know	4.9	2.0	0.0	1.6	0.0	2.3
Shop/Clinical Establishment Act						
No obstacle at all	42.6	52.9	0.0	60.0	16.7	53.5
Manageable	27.9	17.6	100.0	30.3	50.0	28.7
Cumber-some	14.8	19.6	0.0	7.0	16.7	11.0
Very cumber-some	8.2	9.8	0.0	1.1	0.0	3.9
Can't Say/Don't know	6.6	0.0	0.0	1.6	16.7	2.9
Market practices creating entry barriers						
No obstacle at all	50.8	52.9	0.0	66.5	25.0	59.4
Manageable	31.1	29.4	100.0	20.5	75.0	26.5
Cumber-some	9.8	7.8	0.0	8.6	0.0	8.4
Very cumber-some	4.9	7.8	0.0	1.6	0.0	3.2
Can't Say/Don't know	3.3	2.0	0.0	2.7	0.0	2.6
Current Market Challenges						
No Challenges at all	50.8	54.9	100.0	46.5	16.7	47.7
Approval under land laws	16.4	3.9	0.0	12.4	8.3	11.6
Approval under labour laws	14.8	11.8	0.0	14.6	16.7	14.2
Pollution and environmental clearance	16.4	19.6	0.0	5.4	8.3	10.0
Telecom connection	4.9	5.9	0.0	3.8	0.0	4.2
Electrical connection	14.8	7.8	0.0	11.9	0.0	11.3
Water connection	11.5	5.9	0.0	9.2	0.0	8.7
Construction-related permit	14.8	5.9	0.0	15.7	16.7	13.9
Operating license/permit	8.2	21.6	0.0	25.4	16.7	21.0
Finance	9.8	21.6	0.0	32.4	75.0	27.7
Shop/Clinical Establishment Act	6.6	11.8	0.0	17.8	16.7	14.5
Market practices creating entry barriers	6.6	9.8	0.0	15.1	8.3	12.3

Table 54 Importance and adherence to Clinical Establishments (Registration and Regulation) Act, 2010		
	Clinics and hospitals	Pathological Labs/ Diagnostics Centres
Registration under CEA		
Yes	68.9	72.5
No	19.7	19.6
Don't Know	11.5	7.8
Importance of Clinical Establishments (Registration and Regulation) Act, 2010		
Very	37.7	41.2
Somewhat	36.1	39.2
Not Likely	8.2	7.8
Not at all	4.9	3.9
Can't Say	13.1	7.8

Table 55 Opinion on Clinical Establishment Act, 2010										
	Clinics and hospitals					Pathological Labs/ Diagnostics Centres				
	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree
An effective way to ensure adherence to standards	47.5	37.7	11.5	3.3	0	60.8	23.5	11.8	3.9	0
An effective way to ensure adherence to quality	59	21.3	16.4	1.6	1.6	60.8	21.6	5.9	7.8	3.9
An effective way to ensure adherence to affordability	45.9	27.9	21.3	4.9	0	56.9	19.6	17.6	3.9	2
An effective way to ensure adherence to availability.	37.7	36.1	18	6.6	1.6	45.1	35.3	11.8	5.9	2
An effective way to ensure proper healthcare	44.3	32.8	21.3	1.6	0	56.9	23.5	13.7	5.9	0

Awareness on National Pharmaceutical Pricing Authority (NPPA)						
	Hospital/ doctor's clinic	Pathology / Diagnostic Centre	Medical Education	Pharmacy/drug store	Drug Manufacturer	Overall
Awareness on National Pharmaceutical Pricing Authority (NPPA)						
Yes	45.9	47.1	100.0	52.4	91.7	39.0
No	54.1	52.9	0.0	47.6	8.3	48.1
Purpose of the National Pharmaceutical Pricing Authority (NPPA)						
To control prices of essential drugs in the market	71.4	66.7	0.0	78.4	81.8	75.2
To monitor and ensure the availability of drugs,	92.9	91.7	100.0	81.4	54.5	83.2
To study pricing of drugs/formulations	64.3	83.3	100.0	77.3	54.5	74.5
To collect/maintain data on production, exports and imports, market share of individual companies, profitability of companies etc. for bulk drugs and formulations	28.6	58.3	100.0	49.5	54.5	47.8
None of the Above	0.0	0.0	0.0	0.0	0.0	0.0
Don't Know	0.0	0.0	0.0	1.0	0.0	0.6
*Multiple Responses						

Table 56 Importance of Price Control Essential Drugs

	Hospital/ doctor's clinic	Pathology / Diagnostic Centre	Medical Education	Pharmacy/drug store	Drug Manufacturer	Overall
Strongly Agree	13.1	15.7	0.0	18.9	8.3	16.8
Somewhat Agree	45.9	43.1	100.0	52.4	83.3	51.0
Neutral	32.8	39.2	0.0	23.8	0.0	27.1
Disagree	8.2	2.0	0.0	4.9	0.0	4.8
Strongly Disagree	0.0	0.0	0.0	0.0	8.3	0.3

Table 57 Opinion and Suggestions Related to Drug Price Control

	Hospital/ doctor's clinic	Pathology / Diagnostic Centre	Medical Education	Pharmacy/ drug store	Drug Manufacturer	Overall
Opinion Related to Essential Drug Price Control						
Pharma Companies could not impose abnormal high prices	29.5	45.1	0.0	43.8	50.0	41.3
Avoid monopoly in the market	57.4	56.9	100.0	51.9	83.3	55.2
Ensure affordability for the citizens	60.7	72.5	100.0	55.1	91.7	60.6
Restricts influence of doctors and retailers that play an important role in purchase decisions	42.6	43.1	100.0	39.5	50.0	41.3
It restricts market competition	11.5	13.7	0.0	9.7	0.0	10.3
Reduces quality	8.2	13.7	0.0	5.9	8.3	7.7
Reduce availability of products in the market	11.5	5.9	0.0	6.5	8.3	7.4
Forces producers to exit market	8.2	3.9	0.0	3.2	8.3	4.5
Don't know	3.3	5.9	0.0	1.1	0.0	2.3
Suggestions Related to Drug Price Control						
Government should encourage market competition	42.6	52.9	100.0	45.4	75.0	47.4
Appropriate monitoring is required	77.0	80.4	100.0	72.4	91.7	75.5
put the drugs on watch list	59.0	70.6	100.0	57.8	33.3	59.4
put control over few essential drugs	42.6	51.0	100.0	54.1	50.0	51.3
can't say	4.9	9.8	0.0	2.2	0.0	3.9
Necessity of Government intervention in pricing of essential commodities						
Every Time	18.0	23.5	0.0	29.2	0.0	24.8
Almost Every Time	41.0	47.1	100.0	42.2	50.0	43.2
Neutral	36.1	23.5	0.0	22.2	25.0	25.2
Almost Never	3.3	3.9	0.0	5.4	25.0	5.5
Never	1.6	2.0	0.0	1.1	0.0	1.3

Table 58 Ways of Solving HR Shortage Problem in India				
	Hospital/doctor's clinic	Pathology /Diagnostic Centre	Medical Education	Overall
Cost reduction for medical education				
Strongly Agree	58.8	76.2	0	64.3
Somewhat Agree	38.2	23.8	100	33.9
Neutral	0	0	0	0
Disagree	0	0	0	0
Strongly Disagree	2.9	0	0	1.8
Increasing maximum intake capacity of the medical institutions				
Strongly Agree	70.6	95.2	100	80.4
Somewhat Agree	8.8	4.8	0	7.1
Neutral	17.6	0	0	10.7
Disagree	0	0	0	0
Strongly Disagree	2.9	0	0	1.8
Relaxation of rules for setting up new medical colleges				
Strongly Agree	29.4	47.6	0	35.7
Somewhat Agree	29.4	38.1	100	33.9
Neutral	23.5	9.5	0	17.9
Disagree	11.8	4.8	0	8.9
Strongly Disagree	5.9	0	0	3.6
Encouraging Public-Private Partnerships in for establishing more medical collages				
Strongly Agree	32.4	57.1	0	41.1
Somewhat Agree	35.3	28.6	100	33.9
Neutral	17.6	9.5	0	14.3
Disagree	2.9	0	0	1.8
Strongly Disagree	11.8	4.8	0	8.9

Table 59 Awareness on Competition Commission of India		
	Yes	No
State Wise		
Assam	16.0	84.0
Bihar	48.0	52.0
Chhattisgarh	16.0	84.0
Delhi	64.7	35.3
Gujarat	60.0	40.0
Kerala	32.0	68.0
Madhya Pradesh	44.0	56.0
Maharashtra	56.0	44.0
Punjab	50.0	50.0
Telangana	0.0	100.0
Tripura	0.0	100.0
West Bengal	16.0	84.0
Overall	34.5	65.5
Category wise		
Hospital/doctor's clinic	41.0	59.0
Pathology /Diagnostic Centre	25.5	74.5
Medical Education	100.0	0.0
Pharmacy/drug store	32.4	67.6
Drug Manufacturer	66.7	33.3
Overall	34.5	65.5

Table 60 Awareness on Purpose of CCI					
	Hospital/doctor's clinic	Pathology /Diagnostic Centre	Medical Education	Pharmacy/ drug store	Drug Manufacturer
To monitor competition of Stock Market	40.0	46.2	100.0	53.3	62.5
To promote competition amongst manufacturers and retailers	60.0	61.5	100.0	68.3	87.5
To restrict inflow of FDI	56.0	46.2	0.0	40.0	50.0
To investigate and adjudicate anti-competitive practices	52.0	53.8	100.0	48.3	50.0
To monitor competition in distribution of FMCG/non-FMCG products	40.0	38.5	100.0	40.0	75.0
To combat monopolistic trade practices	16.0	30.8	0.0	31.7	50.0
None of the Above	4.0	0.0	0.0	0.0	0.0
Don't Know	0.0	23.1	0.0	8.3	0.0
<i>*Multiple Responses</i>					

Table 61 Awareness on Central Drugs Standard Control Organisation (CDSCO)		
	Yes	No
Assam	68.0	32.0
Bihar	44.0	56.0
Chhattisgarh	40.0	60.0
Delhi	91.2	8.8
Gujarat	44.0	56.0
Kerala	76.0	24.0
Madhya Pradesh	36.0	64.0
Maharashtra	60.0	40.0
Punjab	30.8	69.2
Telangana	0.0	100.0
Tripura	8.0	92.0
West Bengal	88.0	12.0
Overall	50.0	50.0

Table 62 Awareness on National Medical Commission (NMC)			
	Yes	No	Overall Awareness
State Wise			
Assam	68.0	32.0	10.2
Bihar	40.0	60.0	6.0
Chhattisgarh	44.0	56.0	6.6
Delhi	91.2	8.8	18.7
Gujarat	60.0	40.0	9.0
Kerala	96.0	4.0	14.5
Madhya Pradesh	40.0	60.0	6.0
Maharashtra	56.0	44.0	8.4
Punjab	57.7	42.3	9.0
Telangana	4.0	96.0	0.6
Tripura	0.0	100.0	0.0
West Bengal	72.0	28.0	10.8
Overall	53.5	46.5	
Respondent wise			
Hospital/doctor's clinic	55.7	44.3	20.5
Pathology /Diagnostic Centre	54.9	45.1	16.9
Medical Education	100.0	0.0	0.6
Pharmacy/drug store	49.7	50.3	55.4
Drug Manufacturer	91.7	8.3	6.6
Overall	53.5	46.5	

Table 63 Awareness on Function of NMC								
	Ensuring quality and standards in medical education	Ensuring Regulations in medical institutions, medical researches and medical professionals	Address the requirements in healthcare	Ensure Medical Professional ethics	promote ethical conduct	Determination of fees and charges in private sector	None of the Above	Don't Know
State Wise								
Assam	47.1	23.5	17.6	23.5	29.4	17.6	0.0	17.6
Bihar	60.0	90.0	80.0	80.0	60.0	20.0	0.0	0.0
Chhattisgarh	100.0	90.9	72.7	63.6	0.0	0.0	0.0	0.0
Delhi	74.2	45.2	58.1	74.2	96.8	45.2	0.0	0.0
Gujarat	46.7	60.0	53.3	40.0	53.3	53.3	0.0	6.7
Kerala	75.0	50.0	58.3	41.7	33.3	37.5	0.0	0.0
Madhya Pradesh	90.0	90.0	60.0	60.0	60.0	40.0	0.0	0.0
Maharashtra	50.0	85.7	78.6	21.4	14.3	0.0	0.0	0.0
Punjab	60.0	73.3	66.7	40.0	60.0	6.7	0.0	0.0
Telangana	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tripura	NA	NA	NA	NA	NA	NA	NA	NA
West Bengal	100.0	100.0	100.0	83.3	77.8	72.2	0.0	0.0
Overall	70.5	65.1	62.7	53.0	53.0	32.5	0.0	2.4
Respondent wise								
Hospital/doctor's clinic	73.5	64.7	67.6	55.9	50.0	23.5	0.0	0.0
Pathology /Diagnostic Centre	75.0	75.0	78.6	53.6	50.0	35.7	0.0	0.0
Medical Education	0.0	100.0	100.0	0.0	100.0	100.0	0.0	0.0
Pharmacy/drug store	68.5	65.2	55.4	52.2	48.9	30.4	0.0	4.3
Drug Manufacturer	72.7	36.4	63.6	54.5	100.0	63.6	0.0	0.0
Overall	70.5	65.1	62.7	53.0	53.0	32.5	0.0	2.4
<i>*Multiple Responses</i>								

Survey Tools

ICRR 2023_Consumers Tool

S. No.	Questions	Code	Skips/ Remarks
Survey Information			
A1	Surveyor's Name		
A2	Surveyor's Contact Number		Auto Coded
A3	Date of Interview		Auto Coded
A4	Interview start time	HH:MM	Auto Coded
A5	State	1. Punjab 2. Delhi 3. Maharashtra 4. Gujarat 5. Chhattisgarh 6. Madhya Pradesh 7. West Bengal 8. Bihar 9. Tripura 10. Assam 11. Kerala 12. Telangana	Single Coded
A6	District	1. Dhemaji 2. Darrang 3. Purnia 4. Jehanabad 5. Rajnandgaon 6. Raigarh 7. Northwest Delhi 8. Southwest Delhi 9. Narmada (Rajpipla) 10. Dang 11. Wayanad 12. Alappuzha 13. Khandwa 14. Dewas 15. Nandurbar 16. Akola 17. Moga 18. Gurdaspur 19. Bhadradi Kothagudem 20. Suryapet 21. Dhalai 22. North Tripura 23. Purba Burdwan 24. Malda	Single Coded
A7	Block	1. Machkhwa 2. Sissiborgaon 3. Pub-Mangaldai 4. Kalaigaon (Part) 5. kasba 6. Dhamdaha 7. Ghosi 8. Ratni Faridpur	Single Coded

		9. Dongargaon 10. Dongargarh 11. Tamnar 12. Dharamjaigarh 13. Narela 14. Saraswati Vihar 15. Delhi Cantonment 16. Vasant Vihar 17. Garudeshwar 18. Dediapada 19. Ahwa 20. Waghai 21. Kalpetta 22. Mananthavady 23. Veliyanad 24. Muthukulam 25. Pandhana 26. Punasa 27. Sonkatch 28. Kannod 29. Nandurbar 30. Shahada 31. Barshitakli 32. Telhara 33. Moga 34. Nihal Singhwala 35. Kahnuwan 36. Shri Hargobindpur 37. Bhadrachalam 38. Manuguru 39. Mothey 40. Nereducherla 41. Manu 42. Ganganagar 43. Panisagar 44. Damcherra 45. Bhatar 46. Kalna-II 47. Habibpur 48. Harishchandrapur II	
A8	Village/City		Open Code
Instruction- As the interview starts, Introduce yourself as: Namaste! My name is _____. I work for the organization Market Xcel and on the behalf of CUTS International we are conducting a survey to collect information related to healthcare in the state. I would like to ask you some questions about your awareness, use, and experiences about the regulations and access to healthcare. Whatever information you provide will be kept confidential. Since your participation is important, we hope that you will participate in this survey. If you do not want to share information you can drop the survey anytime. At this time, do you want to ask me anything about the survey? ANSWER ANY QUESTIONS THEY MAY HAVE. Note- Provide the consent and ascent form to the respondent. If the respondent is underage, signing of the consent form by the parent/guardian is mandatory.			
B1	Do you want to participate in this survey?	1. Yes 2. No	Terminate Survey if B1=2
B2	Name of the Respondent		

Background Questions			
C1	Name of the head of the household		
C2	What is your relationship with the head of the household?	1. Self 2. Spouse 3. Parent/Guardian 4. Sibling 5. Others (Specify)	Single Code
C3	Age	1. 13-17 2. 18-29 3. 30-45 4. 45-60 5. 60 & above 60	Single Code
C4	Gender	1. Male 2. Female 3. Transgender 4. Others (Specify)	Single Code
C5	Caste	1. Scheduled Caste 2. Scheduled Tribe 3. Other Backward Castes 4. General 5. Others (Specify)	Single Code
C6	Religion	1. Hindu 2. Islam 3. Christian 4. Others (Specify)	Single Code
C7	Marital Status	1. Currently Married 2. Separated/Divorced 3. Widow/Widower 4. Unmarried 5. Never Married	Single Code
C8	Education	1. Uneducated 2. Literate 3. Below Primary 4. Primary (Up to 5 th) 5. Middle (up to 8 th) 6. Secondary (up to 10 th) 7. Senior (up to 12 th) 8. Graduate 9. Postgraduate and above 10. Others (Specify)	Single Code
C9	Family Monthly Income (in INR) from all Sources?	1. Below 5,000 2. 5,000-10,000 3. 10,000-20,000 4. 20,000 – 30,000 5. 30,000 – 50,000 6. 50,000 and Above	Single Code
C10	Would you say you have authority in decision making of the house?	1. Yes 2. Somewhat 3. No 4. Don't Know	Single Code
Level of competition prevailing in healthcare and pharmaceutical sector economy			
D.1.	Do you have accessible healthcare services (doctors, clinics, hospitals etc.)		

S. No.	Services	Always	Often	Sometimes	Rarely	Never	Single Code
A	Doctors/Clinics	01	02	03	04	05	
B	Hospitals (Public or private)	01	02	03	04	05	
C	Diagnostic labs (x-ray, blood test, MRIs, CT-Scan etc.)	01	02	03	04	05	
D	Pharmacy (online and offline medical stores)	01	02	03	04	05	
E	Medical Insurance	01	02	03	04	05	
D.2.	How good is the quality of the following services related to healthcare?						
S. No.	Services	Very Satisfactory	Satisfactory	Neutral	Unsatisfactory	Very Unsatisfactory	Single Code
A	Doctors/Clinics	01	02	03	04	05	
B	Hospitals (Public or private)	01	02	03	04	05	
C	Diagnostic labs (x-ray, blood test, MRIs, CT-Scan etc.)	01	02	03	04	05	
D	Pharmacy (online and offline medical stores)	01	02	03	04	05	
E	Medical Insurance	01	02	03	04	05	
D.3.	Are you satisfied with the level of hygiene and cleanliness in clinics and hospitals?	1. Highly Satisfied 2. Somewhat Satisfied 3. Neutral 4. Somewhat Dissatisfied 5. Highly Dissatisfied 6. Can't Say					Single Code
D.4.	Are you currently covered under any health insurance plan?	1. Yes 2. No 3. Can't Say					Single Code
D.5.	Are healthcare services and medicines affordable for you?	1. Yes 2. No 3. Somewhat Affordable 4. Don't Know					Single Code
D.6.	Are you aware of telemedicine, virtual consultations and online pharmacy?	1. Yes 2. No					Single Code
D.7.	Did you avail services from telemedicine, virtual consultations and online pharmacy?	1. Yes 2. No					Single Code Applicable if D6=1
D.8.	Have telemedicine, virtual consultations and online pharmacy increase your choice for obtaining health services and medicines?	1. Yes 2. No 3. Can't Say					Single Code Applicable if D6=1

D.9.	According to you, what are the benefits of digital health services?	a. Convenience b. Cost Saving c. Time Saving d. Accessibility e. Others (Specify)					Multi Code Applicable if D6=1
D.10.	According to you, what are the challenges of digital health services?	a. No Physical Examination b. Dependent on Internet c. Dependent on Laptops or Smartphones d. Unsatisfactory e. Affordability f. Unsafe/Privacy Risk g. Others (Specify)					Multi Code Applicable if D6=1
Nature of practices that prevail to access healthcare services							
E1.	Are you are of any promotional scheme run by the health service providers? (e.g. health check-up packages, discount offers etc.)	1. Yes 2. No					Single Code
E2.	Who provides the schemes?	a. Hospital/doctor's clinic b. Pathology /Diagnostic Centre c. Medical Education d. Pharmacy/drug store e. Drug Manufacturer f. Others, Please specify					Multi Code Applicable if E1 is 1
E3.	What is your opinion on the various promotional schemes run by health service providers to attract customers.						Applicable if E1 is 1
i.	Do they benefit consumers?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
ii.	Do they deliver services at advertised price?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iii.	Do the services advertised delivery quality services?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iv.	How would you rate the promotional scale at an overall level?	1. Highly satisfactor y	2. Somewhat Satisfactor y	3. Neutral	4. Dissatisf actory	5. Highly Dissatisf actory	Single Code
E4.	Are you aware about the tied selling practice? (e.g., doctors asking patients to get diagnostic tests done from prescribed laboratories)	1. Yes 2. No					Single Code
E5.	What is your opinion regarding this?						Applicable of if E4 is 1
i.	Do you think that this practice is appropriate?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code

ii.	Does this helps ensuring quality?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iii.	This is just a means to make easy money	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iv.	This limits choice for consumers	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
E6.	Doctors often prescribe medicines under brand name. What is your opinion regarding this?						
i.	Do you think that this practice is appropriate?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
ii.	Does this helps ensuring quality?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iii.	This is just a means to make easy money	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iv.	This limits choice for consumers	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
E7.	Are you aware about consumer grievance redressal mechanism in healthcare?	1. Yes 2. No					Single
E8.	Have you ever used consumer grievance redressal mechanism relating to healthcare?	1. Yes 2. No					Single Applicable if E7=1
E9.	What is your opinion about present consumer grievance redressal mechanisms? 2x pre	1. Better than Past 2. Worse than Past 3. Same as past 4. Don't know					Single Code Applicable if E7=1
Awareness/Knowledge on Competition and Regulatory Issues							
F1.	Are you aware of the "Competition Commission of India"?	1. Yes 2. No					Single Code
F2.	Can you please tell the purpose of the Competition Commission of India?	a. To monitor competition of Stock Market b. To promote competition amongst manufacturers and retailers c. To restrict inflow of FDI (Foreign Direct Investment) d. To investigate and adjudicate anti-competitive practices e. To monitor competition in distribution of FMCG/non-FMCG products f. To combat monopolistic trade practices g. None of the Above h. Don't Know					Multi Code, Applicable if F1=1

F3.	Are you aware of the “National Pharmaceutical Pricing Authority (NPPA)”?	1. Yes 2. No	Single Code
F4.	Can you please tell the purpose of the National Pharmaceutical Pricing Authority (NPPA)?	a. Control prices of essential drugs in the market b. Monitor and ensure the availability of drugs, c. To study pricing of drugs/formulations d. Collect/maintain data on production, exports and imports, market share of individual companies, profitability of companies etc. for bulk drugs and formulations e. None of the Above f. Don’t Know	Multi Code, Applicable if F3=1
F5.	Do you think that controlling the price of all essential drugs helps ensuring affordability and access?	1. Strongly agree 2. Somewhat agree 3. Neutral 4. Disagree 5. Strongly disagree	Single Code
F6.	Why do you think so?	a. Pharma Companies could not impose abnormal high prices b. Avoid monopoly in the market c. Ensure affordability for the citizens d. Restricts influence of doctors and retailers that play an important role in purchase decisions e. It restricts market competition f. Reduces quality g. Reduce availability of products in the market h. Forces producers to exit market i. Don’t know	Multi code Option a,b,c, d and i are applicable if F5 is 1,2 or 3 Option e,f,g,h, and i are applicable if F5 is 3,4 or 5
F7.	What do you suggest about drug price control?	a. Government should encourage market competition b. Appropriate monitoring is required c. put the drugs on watch list d. put control over few essential drugs e. can’t say	Multi code
F8.	Please indicate if you think Government intervention in pricing of essential commodities (to make it more affordable for ordinary consumers) is correct?	1. Every Time 2. Almost Every Time 3. Neutral 4. Almost Never 5. Never	Single Code
F9.	Are you aware about the Central Drugs Standard Control Organisation (CDSCO)?	1. Yes 2. No	Single Code
F10.	Can you please tell the purpose of the Central Drugs Standard Control Organisation (CDSCO)?	a. Approval of Drugs b. Conduct of Clinical Trials c. Laying down the standards for Drugs d. Control over the quality of imported Drugs e. None of the Above	Multi Code, Applicable if F9=1

		f. Don't Know				
F11.	Are you aware about the National Medical Commission (NMC)?	1. Yes 2. No				Single Code
F12.	What do you think are the functions of the National Medical Commission (NMC)?	a. Making policies and regulations for maintaining a high quality and high standards in medical education b. Making policies and regulations for regulating medical institutions, medical researches and medical professionals and c. Address the requirements in healthcare, including human resources for health and healthcare infrastructure d. Making policies and codes to ensure professional ethics in medical profession e. Promote ethical conduct during the provision of care by medical practitioners f. Determination of fees and all other charges in private medical institutions and deemed to be universities g. None of the Above h. Don't Know				Multi Code, Applicable if F11=1
F13.	How would you rate the quality of regulation mechanism (rules) for Healthcare in India?	1. Very Poor 2. Poor 3. Satisfactory 4. Good 5. Excellent				Single Code
F14.	How can the quality of regulation be improved? Please rank these measures on a scale of 1-4 (choose only 1, 2, 3 or 4) in order of increasing importance					
i.	By making regulatory bodies more independent	1. Not at all Important	2. Low important	3. Slightly important	4. very important	Single Code
ii.	Allocating more budget	1. Not at all Important	2. Low important	3. Slightly important	4. very important	
iii.	Good quality personnel	1. Not at all Important	2. Low important	3. Slightly important	4. very important	
iv.	Reducing political interference	1. Not at all Important	2. Low important	3. Slightly important	4. very important	
F15.	Are you aware of the present wave of economic reforms and reforms in the healthcare sector introduced by the Government?	1. Yes 2. No				Single Code
F16.	Do you think it will enhance competition in the market?	1. Yes 2. Maybe 3. No				Single Code Applicable if F15 is 1

		4. Don't Know	
Thank you for your Time			
A9	Interview End Time	HH:MM	Auto Coded

ICRR 2023 Survey Questionnaire Business

S. No.	Questions	Code	Skips/ Remarks
Survey Information			
A1	Surveyor's Name		Open Code
A2	Surveyor's Contact Number		Auto Coded
A3	Date of Interview		Auto Coded
A4	Interview start time	HH:MM	Auto Coded
A5	State	1. Punjab 2. Delhi 3. Maharashtra 4. Gujarat 5. Chhattisgarh 6. Madhya Pradesh 7. West Bengal 8. Bihar 9. Tripura 10. Assam 11. Kerala 12. Telangana	Single Coded
A6	District	1. Dhemaji 2. Darrang 3. Purnia 4. Jehanabad 5. Rajnandgaon 6. Raigarh 7. Northwest Delhi 8. Southwest Delhi 9. Narmada (Rajpipla) 10. Dang 11. Wayanad 12. Alappuzha 13. Khandwa 14. Dewas 15. Nandurbar 16. Akola 17. Moga 18. Gurdaspur 19. Bhadradi Kothagudem 20. Suryapet 21. Dhalai 22. North Tripura 23. Purba Burdwan 24. Malda	Auto Coded
A7	Block	1. Machkhowa 2. Sissiborgaon 3. Pub-Mangaldai 4. Kalaigaon (Part) 5. kasba 6. Dhamdaha	Auto Coded

		7. Ghosi 8. Ratni Faridpur 9. Dongargaon 10. Dongargarh 11. Tamnar 12. Dharamjaigarh 13. Narela 14. Saraswati Vihar 15. Delhi Cantonment 16. Vasant Vihar 17. Garudeshwar 18. Dediapada 19. Ahwa 20. Waghai 21. Kalpetta 22. Mananthavady 23. Velianad 24. Muthukulam 25. Pandhana 26. Punasa 27. Sonkatch 28. Kannod 29. Nandurbar 30. Shahada 31. Barshitakli 32. Telhara 33. Moga 34. Nihal Singhwala 35. Kahnuwan 36. Shri Hargobindpur 37. Bhadrachalam 38. Manuguru 39. Mothey 40. Nereducherla 41. Manu 42. Ganganagar 43. Panisagar 44. Damcherra 45. Bhatar 46. Kalna-II 47. Habibpur 48. Harishchandrapur II	
A8	Village/City		Open Code
<p>Instruction- As the interview starts, Introduce yourself as: Namaste! My name is _____. I work for the organization Market Xcel and on the behalf of CUTS International we are conducting a survey to collect information related to healthcare in the state. I would like to ask you some questions about your awareness, use, and experiences about the regulations and access to healthcare. Whatever information you provide will be kept confidential. Since your participation is important, we hope that you will participate in this survey. If you do not want to share information you can drop the survey anytime. At this time, do you want to ask me anything about the survey? ANSWER ANY QUESTIONS THEY MAY HAVE. Note- Provide the consent and ascent form to the respondent. If the respondent is underage, signing of the consent form by the parent/guardian is mandatory.</p>			
B1	Do you want to participate in this survey?	3. Yes 4. No	Terminate Survey if B1=2

B2	Name of the Respondent		Open Code
B2	Name of the Organisation		Open Code
B2	Address of the organization		Open Code
B2	Email ID		Open Code
B2	Telephone/ Mobile Number		Open Code
General Section			
C.1.	What type of business do you own? (Observe and select. Not to be asked from the respondent)	1. Hospital/doctor's clinic 2. Pathology /Diagnostic Centre 3. Medical Education 4. Pharmacy/drug store 5. Drug Manufacturer 6. Others, Please specify	Single Code
C.2.	What is the annual turnover of your business? (in INR)	6. Under 50 lakh 7. Above 50 lakh up to 1 Cr. 8. Above 1 Cr. up to 5Cr. 9. Above 5 crore and up to 75 crore 10. Above 75 crore and up to 250 crore 11. Above 250 crore	Single Code
Nature of Practices that prevail in the marketplace			
D.11.	When did you start your unit?	MM/YY	Calendar
D.12.	Did you face kind of challenges in starting your unit?	7. Yes 8. No	Single Code
D.13.	How was your experience in starting your unit?		
i.	Approval under land laws	1. No obstacle at all 2. Manageable 3. Cumber-some 4. Very cumber-some 5. Can't Say/Don't know	Single Code
ii.	Approval under labour laws	1. No obstacle at all 2. Manageable 3. Cumber-some 4. Very cumber-some 5. Can't Say/Don't know	Single Code
iii.	Pollution and environmental clearance	1. No obstacle at all 2. Manageable 3. Cumber-some 4. Very cumber-some 5. Can't Say/Don't know	Single Code
iv.	Telecom connection	1. No obstacle at all 2. Manageable 3. Cumber-some 4. Very cumber-some 5. Can't Say/Don't know	Single Code
v.	Electrical connection	1. No obstacle at all 2. Manageable 3. Cumber-some 4. Very cumber-some 5. Can't Say/Don't know	Single Code
vi.	Water connection	1. No obstacle at all 2. Manageable 3. Cumber-some 4. Very cumber-some 5. Can't Say/Don't know	Single Code
vii.	Construction-related permit	1. No obstacle at all 2. Manageable 3. Cumber-some 4. Very cumber-some 5. Can't Say/Don't know	Single Code
viii.	Operating license/permit	1. No obstacle at all 2. Manageable 3. Cumber-some 4. Very cumber-some 5. Can't Say/Don't know	Single Code
ix.	Financial	1. No obstacle at all 2. Manageable 3. Cumber-some 4. Very cumber-some 5. Can't Say/Don't know	Single Code

x.	Shop/Clinical Establishment Act	1. No obstacle at all	2. Manageable	3. Cumber-some	4. Very cumber-some	5. Can't Say/Don't know	Single Code
xi.	Market practices creating entry barriers	1. No obstacle at all	2. Manageable	3. Cumber-some	4. Very cumber-some	5. Can't Say/Don't know	Single Code
D.14.	In you experience, what are the challenges occurs in recent times in opening similar units?	a. No Challenges at all b. Approval under land laws c. Approval under labour laws d. Pollution and environmental clearance e. Telecom connection f. Electrical connection g. Water connection h. Construction-related permit i. Operating license/permit j. Finance k. Shop/Clinical Establishment Act l. Market practices creating entry barriers m. Any other, please specify					Multi Code Deactivate multi-code if selected option a
D.a. For clinics/hospitals/diagnostics							Link with C1. Applicable if C1 is 1 or 2
D.a.1.	Are you registered under the Clinical Establishments (Registration and Regulation) Act, 2010?	3. Yes 4. No 5. Don't know					Single Code
D.a.2.	Do you think the Clinical Establishments (Registration and Regulation) Act, 2010 is helpful in improving the quality of healthcare?	4. Very 5. Somewhat 6. not likely 7. not at all, 8. Can't say					Single Code
D.a.3.	what is your opinion on the act on the below parameters						
i.	An effective way to ensure adherence to standards,	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
ii.	An effective way to ensure adherence to quality	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
iii.	An effective way to ensure adherence to affordability	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
iv.	An effective way to ensure adherence to availability.	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
v.	An effective way to ensure proper healthcare	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
D.a.4.	Are you aware of Bio-medical Waste Management system?	4. Yes 5. No					Single Code

D.a.5.	Do you know the guidelines for BMW management?	1. Yes 2. No					Single Code Applicable if D.a.4 is 1
D.a.6.	Are you aware of the segregation process under BMWM?	1. Yes 2. No					Single Code Applicable if D.a.4 is 1
D.a.7.	What is your opinion on BMWM practices in Large healthcare units?						
i.	Adherence to Colour coding of different BMW as per Guideline	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
ii.	Adherence to BMW storage facility at healthcare centre as per Guideline	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
iii.	Adherence to guideline for Deep pit burials	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
iv.	Availability of BMW protective kits	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
D.a.8.	What is your opinion on BMWM practices in Small healthcare units?						
i.	Adherence to Colour coding of different BMW as per Guideline	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
ii.	Adherence to BMW storage facility at healthcare centre as per Guideline	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
iii.	Adherence to guideline for Deep pit burials	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
iv.	Availability of BMW protective kits	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
D.a.9.	Presently professionals like doctors, accountants, legal etc. are restricted from advertising of their members/services. What is your opinion regarding this?						
i.	Such restrictions protect the public from misleading information	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
ii.	Restrictions on advertising favours established firms, restricts entry and creates anti-competitive environment	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
iii.	Restrictions should be only on rules and regulations for ruling out misleading information	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code

iv.	No kind of restrictions is required	Strongly Agree	Somewhat Agree	Neutral	Disagree	Strongly Disagree	Single Code
D.a.10	The practice of "tied selling" is commonly seen in India, such as doctors/hospitals prescribe for patients to get diagnostic tests done from specific laboratories or buy drugs from specific pharmacy shop. Do you think that this practice is appropriate?	3. Yes 4. No					Single Code
D.a.11	What is your opinion regarding this?						Applicable of if D.a.10 is 1
	Do you think that this practice is appropriate?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
	This helps ensuring quality	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
	This is just a means to make easy money	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
	This limits choice for consumers	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
D.a.12	What is your opinion on the various promotional schemes run by health service providers to attract customers.						
i.	Do they benefit consumers?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
ii.	Do they deliver services at advertised price?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iii.	Do the services advertised delivery quality services?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iv.	How would you rate the promotional sell at an overall level?	1. Highly satisfactor y	2. Somewhat Satisfactor y	3. Neutral	4. Dissatisfac tory	5. Highly Dissatis factory	Single Code
D.a.13	Doctors often prescribe medicines under brand name. What is your opinion regarding this?						
i.	Do you think that this practice is appropriate?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
ii.	Does this helps ensuring quality?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code

iii.	This is just a means to make easy money	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iv.	This limits choice for consumers	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
D.a.14	Do you believe India is facing shortage of doctors and medical professionals?	1. Yes 2. No 3. Don't Know					Single Code
D.a.15	Do you believe that any of the below can help solving the issue?						Applicable if D.a.14 is 1
i.	Cost reduction for medical education	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
ii.	Increasing maximum intake capacity of the medical institutions	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iii.	Relaxation of rules for setting up new medical colleges	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iv.	Encouraging Public-Private Partnerships in for establishing more medical collages	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
v.	None of the above	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
D.b. For Medical Education Institutions							Link with C1. Applicable if C1 is 3
D.b.1.	When was the medical institution established?						Numeric record
D.b.2.	How swift was obtaining approval for establishing the medical institution?	1. Quite easy 2. Somewhat easy 3. Somewhat cumbersome 4. Quite cumbersome 5. Can't say/don't know					Single Code
D.b.3.	What is your opinion about the new regime under National Medical Commission that facilitate ease of establishing and running medical colleges?						
i.	Improved facilitation of establishing and running medical institutions	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
ii.	More research and reform are required	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
D.b.4.	Do you believe India is facing shortage of doctors and medical professionals?	4. Yes 5. No 6. Don't Know					Single Code

D.b.5.	Do you believe that any of the below can help solving the issue?						Applicable if D.b.4 is 1
i.	Cost reduction for medical education	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
ii.	Increasing maximum intake capacity of the medical institutions	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iii.	Relaxation of rules for setting up new medical colleges	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iv.	Encouraging Public-Private Partnerships in for establishing more medical collages	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
v.	None of the above	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
D.c. For Pharmacy							Link with C1. Applicable if C1 is 4
D.c.1.	What is your opinion on the various promotional schemes run by health service providers to attract customers.						
i.	Do they benefit consumers?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
ii.	Do they deliver services at advertised price?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iii.	Do the services advertised delivery quality services?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iv.	How would you rate the promotional sell at an overall level?	1. Highly satisfactor y	2. Somewhat Satisfactor y	3. Neutral	4. Dissatisfac tory	5. Highly Dissatis factory	Single Code
D.c.2.	Doctors often prescribe medicines under brand name. What is your opinion regarding this?						
i.	Do you think that this practice is appropriate?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
ii.	Does this helps ensuring quality?	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iii.	This is just a means to make easy money	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iv.	This limits choice for consumers	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
D.d. For Drug Manufacturer							Link with C1.

			<i>Applicable if C1 is 5</i>
D.d.1.	What types of drugs do you manufacture?	a. Patented drugs with own patent b. Patented drugs as contractual manufacturer c. Branded generics d. Unbranded generic generics e. Any other, please specify	Multi code
D.d.2.	Do you face any hurdles in the distribution chain for drugs manufactured by you?	1. Yes 2. No	Single Code
D.d.3.	Do you think the trade/distribution associations are exercising collective control over entry, supply, and competition?	1. Yes 2. No	Single Code
D.d.4.	Do you think the trade/distribution associations are exercising collective control over entry, supply, and competition?	1. Strongly Agree 2. Somewhat Agree 3. Disagree 4. Strongly Disagree 5. Can't Say	Single Code
D.d.5.	Do they create any barriers over entry, supply, and competition?	1. Yes 2. No 3. Can't Say	Single Code
D.d.6.	What kinds of barriers are being raised by such trade/distribution associations?	4. Mandatory requirement of no objection certificate (NOC) from the associations for the appointment of stockists 5. Mandatory Product Information Service (PIS) charges levied by associations for the introduction of new drugs 6. Collective determination of trade margin by associations 7. Associations' control over discounts offered at wholesale and retail levels of sale 8. Any other, please specify	Single Code Applicable if D.d.5 is 1
D.d.7.	Do you face any regulatory barriers while obtaining market approval for your drug?	1. Yes 2. No	Single Code
D.d.8.	If yes, please list such barriers		Open Code
Awareness/Knowledge on Competition and Regulatory Issues			
E.1.	Are you aware of the "Competition Commission of India"?	3. Yes 1. No	Single Code
E.2.	Can you please tell the purpose of the Competition Commission of India?	a. To monitor competition of Stock Market b. To promote competition amongst manufacturers and retailers c. To restrict inflow of FDI (Foreign Direct Investment)	Multi Code Applicable if E.1 is 1

		<ul style="list-style-type: none"> d. To investigate and adjudicate anti-competitive practices e. To monitor competition in distribution of FMCG/non-FMCG products f. To combat monopolistic trade practices g. None of the Above h. Don't Know 	
E.3.	How effective is the CCI in stopping/investigating monopolistic supplier in significant increase of price?	<ul style="list-style-type: none"> 1. Very Effective 2. Somewhat Effective 3. Ineffective 4. Very Ineffective 5. Can't Say 	Single Code
E.4.	19.Do you think that the existing mechanisms (e.g. competition authority or any other agency at state/sub-state level) for addressing anti-competitive practices are effective?	<ul style="list-style-type: none"> 1. Always 2. Sometimes 3. Never 4. Can't say 	Single Code
E.5.	Are you aware about the National Medical Commission (NMC)?	<ul style="list-style-type: none"> 3. Yes 4. No 	Single Code
E.6.	What do you think are the functions of the National Medical Commission (NMC)?	<ul style="list-style-type: none"> a. Making policies and regulations for maintaining a high quality and high standards in medical education b. Making policies and regulations for regulating medical institutions, medical researches and medical professionals and c. Address the requirements in healthcare, including human resources for health and healthcare infrastructure d. Making policies and codes to ensure professional ethics in medical profession e. To promote ethical conduct during the provision of care by medical practitioners f. Determination of fees and all other charges in private medical institutions and deemed to be universities g. None of the Above h. Don't Know 	Multi code Applicable if E.5 is 1
E.7.	Are you aware of the "National Pharmaceutical Pricing Authority (NPPA)"?	<ul style="list-style-type: none"> 3. Yes 4. No 	Single Code
E.8.	Can you please tell the purpose of the National Pharmaceutical Pricing Authority (NPPA)?	<ul style="list-style-type: none"> a. To control prices of essential drugs in the market b. To monitor and ensure the availability of drugs, c. To study pricing of drugs/formulations d. To collect/maintain data on production, exports and imports, market share of individual 	Multi-code Applicable if E7 is 1

		<p>companies, profitability of companies etc. for bulk drugs and formulations</p> <p>e. None of the Above</p> <p>f. Don't Know</p>	
E.9.	Do you think that controlling the price of all essential drugs helps ensuring affordability and access?	<p>6. Strongly agree</p> <p>7. Somewhat agree</p> <p>8. Neutral</p> <p>9. Disagree</p> <p>10. Strongly disagree</p>	Single Code
E.10.	Why do you think so?	<p>a. Pharma Companies could not impose abnormal high prices</p> <p>b. Avoid monopoly in the market</p> <p>c. Ensure affordability for the citizens</p> <p>d. Restricts influence of doctors and retailers that play an important role in purchase decisions</p> <p>e. It restricts market competition</p> <p>f. Reduces quality</p> <p>g. Reduce availability of products in the market</p> <p>h. Forces producers to exit market</p> <p>i. Don't know</p>	<p>Multi code Option</p> <p>a,b,c,d and i are applicable if E9 is 1,2 or 3</p> <p>Option e,f,g,h, and i are applicable if E9 is 3,4 or 5</p>
E.11.	What do you suggest about drug price control?	<p>a. Government should encourage market competition</p> <p>b. Appropriate monitoring is required</p> <p>c. put the drugs on watch list</p> <p>d. put control over few essential drugs</p> <p>e. can't say</p>	Multi Code
E.12.	Please indicate if you think Government intervention in pricing of essential commodities (to make it more affordable for ordinary consumers) is correct?	<p>6. Every Time</p> <p>7. Almost Every Time</p> <p>8. Neutral</p> <p>9. Almost Never</p> <p>10. Never</p>	Single Code
E.13.	Are you aware about the Central Drugs Standard Control Organisation (CDSCO)?	<p>3. Yes</p> <p>4. No</p>	Single Code
E.14.	Can you please tell the purpose of the Central Drugs Standard Control Organisation (CDSCO)?	<p>a. Approval of Drugs</p> <p>b. Conduct of Clinical Trials</p> <p>c. Laying down the standards for Drugs</p> <p>d. Control over the quality of imported Drugs</p> <p>e. None of the Above</p> <p>f. Don't Know</p>	Multi Code, Applicable if E13=1
E.15.	Have you or your fellow stakeholders ever been invited to participate in stakeholders' meetings organised by regulators?	<p>1. Yes</p> <p>2. No</p> <p>3. Can't Say</p>	Single Code
E.16.	If yes, was the meeting participatory?	<p>1. Yes</p> <p>2. No</p> <p>3. Can't say/don't know</p>	<p>Single code</p> <p>Applicable if E15 is 1</p>

E.17.	How would you rate the quality of regulation in India?	1. Very poor 2. Poor 3. Satisfactory 4. Good 5. Excellent					Single Code
E.18.	How can the quality of regulation be improved?						
i.	By making regulatory bodies more independent	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
ii.	Allocating more budget	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iii.	Good quality personnel	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
iv.	Reducing political interference	1. Strongly Agree	2. Somewhat Agree	3. Neutral	4. Disagree	5. Strongly disagree	Single Code
E.19.	Is the government neutral among bidders (public and private) when granting public contracts?	1. Private and public sector players are always given equal treatment 2. Private players get equal treatment only in some cases 3. Contract terms and conditions are always loaded in favour of public sector units 4. Can't say/don't know					Single Code
E.20.	Do you think that the number of procedures/formalities (on an average) needed for an entrepreneur to setup a business has come down within the past five years?	1. Yes, it has come down significantly 2. Yes, there has been some reduction 3. No, there is no change 4. No, the number of procedures has actually increased 5. Can't say/don't know					Single Code
E.21.	Do you think the present wave of economic reforms and reforms in the healthcare sector introduced by the Government will, in general, enhance competition in the market?	5. Yes 6. Maybe 7. No 8. Don't Know					Single Code
Thank you for your Time							
A9	Interview End Time	HH:MM					Auto Coded