EXECUTIVE SUMMARY

Sixth largest in the world

- India is expected to rank amongst the top three healthcare markets in terms of incremental growth by 2020
- India was the sixth largest market globally in terms of size in 2014

Impressive growth prospects

- Indian healthcare sector, one of the fastest growing industry, is expected to advance at a CAGR of 22.87 per cent during 2015–20 to reach USD280 billion. There is immense scope for enhancing healthcare services penetration in India, this presents ample opportunity for development of the healthcare industry

Strong fundamentals

- Rising income levels, ageing population, growing health awareness and changing attitude towards preventive healthcare is expected to boost healthcare services demand in future

Cost advantage

- The low cost of medical services has resulted in a rise in the country’s medical tourism, attracting patients from across the world. Moreover, India has emerged as a hub for R&D activities for international players due to its relatively low cost of clinical research

Favourable investment environment

- Conducive policies for encouraging FDI, tax benefits, favourable government policies coupled with promising growth prospects have helped the industry attract private equity, venture capitals and foreign players

Source: Deloitte, TechSci Research
HEALTHCARE

EXECUTIVE SUMMARY

The doctor-to-patient ratio for rural India, as per the Health Ministry statistics, stands at 1:30,000, well below the WHO’s recommended 1:1,000.

Source: WHO, IMH, Deloitte, EBAI, TechSci Research

Healthcare Market Size
USD100 Billion

Hospitals Bed for every 1050 patients in 2015

Number of Hospitals in India
196312 – Number of Sub-centers

AYUSH Hospitals
3601

Number of Sub-centers
156926

Blood Bank till February, 2015
2760

Number of Sub-centers
2015

Medical Colleges for MBBS till 2015
404

Private medical colleges till 2015
215

Government medical colleges till 2015
189

Organizations registered for Eye Banks till 2015
515

Postgraduate students per year till 2015
25346

JANUARY 2016

For updated information, please visit www.ibef.org
**HEALTHCARE**

**Strong demand**
- Healthcare revenue in India is set to reach USD280 billion by 2020; expenditure is likely to expand at a CAGR of 17 per cent over 2011–20
- Rising incomes, greater health awareness, lifestyle diseases and increasing access to insurance will contribute to growth

**Attractive opportunities**
- Investment in healthcare infrastructure is set to rise, benefiting both ‘hard’ (hospitals) and ‘soft’ (R&D, education) infrastructure
- India is the largest exporter of formulations with 14 per cent market share and ranks 12th in the world in terms of export value. Double-digit growth is expected over the next five years

**Quality and affordability**
- Availability of a large pool of well-trained medical professionals in the country
- India has an advantage over its peers in the West and Asia in terms of cost of high-quality medical services offered

**Policy support**
- The government aims to develop India as a global healthcare hub
- Policy support in the form of reduced excise and customs duty, and exemption in service tax
- Creation of new drug testing laboratories and further strengthening of the 31 existing state laboratories
- A group has been formed for constituting the “Mental Health Policy”

**Notes:**
- R&D – Research and Development, CAGR - Compound Annual Growth Rate, USD – US Dollar, F – Forecast, E - Estimate

**For updated information, please visit www.ibef.org**
THE HEALTHCARE MARKET FUNCTIONS THROUGH FIVE SEGMENTS

- **Hospitals**: Government hospitals – It includes healthcare centres, district hospitals and general hospitals.
  - Private hospitals – It includes nursing homes, and mid-tier and top-tier private hospitals.

- **Pharmaceutical**: It includes manufacturing, extraction, processing, purification and packaging of chemical materials for use as medications for humans or animals.

- **Diagnostics**: It comprises businesses and laboratories that offer analytical or diagnostic services, including body fluid analysis.

- **Medical equipment and supplies**: It includes establishments primarily manufacturing medical equipment and supplies, e.g. surgical, dental, orthopaedic, ophthalmologic, laboratory instruments, etc.

- **Medical insurance**: It includes health insurance and medical reimbursement facility, covering an individual’s hospitalisation expenses incurred due to sickness.

- **Telemedicine**: Telemedicine has enormous potential in meeting the challenges of healthcare delivery to rural and remote areas besides several other applications in education, training and management in health sector.

*Source: Hospital Market – India by Research on India, TechSci Research*
Healthcare has become one of India's largest sectors both in terms of revenue and employment. The industry is growing at a tremendous pace owing to its strengthening coverage, services and increasing expenditure by public as well private players.

During 2008-20, the market is expected to record a CAGR of 16.5 per cent.

The total industry size is expected to touch USD160 billion by 2017 and USD280 billion by 2020.

As per the Ministry of Health, development of 50 technologies has been targeted in the FY16, for the treatment of diseases like Cancer and TB.

Government is emphasising on the eHealth initiatives such as Mother and Child Tracking System (MCTS) and Facilitation Centre (MCTFC).

Source: Frost & Sullivan, LSI Financial Services, Deloitte, TechSci Research

Notes: F - Forecast
The private sector has emerged as a vibrant force in India’s healthcare industry, lending it both national and international repute.

- Large investments by private sector players are likely to contribute significantly to the development of India’s hospital industry, which comprises around 80 per cent of the total market.
- In India, private healthcare accounts for almost 74 per cent of the country’s total healthcare expenditure.
- Private sector’s share in hospitals and hospital beds is estimated at 74 per cent and 40 per cent, respectively.
- The main factor contributing to rising medical tourism in India is the presence of a well-educated, English-speaking medical staff in state-of-the-art private hospitals and diagnostic facilities.

**Shares in healthcare spending in India, 2005**

- Government hospital: 34%
- Top tier: 26%
- Mid tier: 14%
- Nursing home: 26%

**Shares in healthcare spending in India, 2015**

- Government hospital: 40%
- Top tier: 19%
- Mid tier: 11%
- Nursing home: 30%

*Source: A report on ‘Indian Hospital Services Market Outlook’ by consultancy RNCOS, Grant Thornton, LSI Financial Services, OECD, TechSci research*
Per capita healthcare expenditure is estimated at a CAGR of 5 per cent during 2008–15 to USD68.6 billion by 2015

This is due to rising incomes, easier access to high-quality healthcare facilities and greater awareness of personal health and hygiene

Greater penetration of health insurance aided the rise in healthcare spending, a trend likely to intensify in the coming decade

Economic prosperity is driving the improvement in affordability for generic drugs in the market

### KEY PLAYERS IN THE MARKET

**HEALTHCARE**

**JANUARY 2016**

<table>
<thead>
<tr>
<th>Company</th>
<th>No of beds*</th>
<th>Presence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apollo Hospitals Enterprise Ltd</td>
<td>9,215</td>
<td>Chennai, Madurai, Hyderabad, Karur, Karim Nagar, Mysore, Visakhapatnam, Bilaspur, Aragonda, Kakinada, Bengaluru, Delhi, Noida, Kolkata, Ahmedabad, Mauritius, Pune, Raichur, Ranipet, Ranchi, Ludhiana, Indore, Bhubaneswar, Dhaka, Bacheli, Bellary, Goa, Lavasa, Nashik, Nellore, Trivuannamalai, Trichi</td>
</tr>
<tr>
<td>Aravind Eye Hospitals</td>
<td>3,649</td>
<td>Theni, Tirunelveli, Coimbatore, Puducherry, Madurai, Amethi, Kolkata, Dindigul, Tirupur, Salem, Tuticorin, Udumalpet</td>
</tr>
<tr>
<td>CARE Hospitals</td>
<td>2,100</td>
<td>Hyderabad, Vijayawada, Nagpur, Raipur, Bhubaneswar, Surat, Pune, Visakhapatnam, Jabalpur, Raigarh</td>
</tr>
<tr>
<td>Fortis Healthcare Ltd</td>
<td>10,000</td>
<td>Mumbai, Bengaluru, Kolkata, Mohali, Noida, Delhi, Amritsar, Raipur, Jaipur, Chennai, Kota, Faridabad, also the company present in Singapore, Dubai, Mauritius and Sri Lanka</td>
</tr>
<tr>
<td>Max Hospitals</td>
<td>2016</td>
<td>Delhi, NCR, Punjab, Uttarakhand</td>
</tr>
<tr>
<td>Manipal Group of Hospitals</td>
<td>4,900</td>
<td>Udupi, Bengaluru, Manipal, Attavar, Mangalore, Goa, Tumkur, Vijaywada, Kasaragod, Visakhapatnam</td>
</tr>
<tr>
<td>Narayana Health</td>
<td>7452</td>
<td>Ahmedabad, Bengaluru, Berhampore, Davangere, Dharwad, Durgapur, Guwahati, Hyderabad, Jaipur, Jamshedpur, Kolar, Kolkata, Kuppam, Mahuva, Mysore, Raipur, Shimoga, Bellary, Palanpur</td>
</tr>
</tbody>
</table>

**Source:** Company websites, Fortis Red Herring Prospectus, TechSci Research

Note: * No of beds include owned subsidiaries, Joint Ventures and affiliations

For updated information, please visit [www.ibef.org](http://www.ibef.org)
HEALTHCARE

NOTABLE TRENDS IN THE INDIAN HEALTHCARE SECTOR … (1/2)

Shift from communicable to lifestyle diseases

• With increasing urbanisation and problems related to modern-day living in urban settings, currently, about 50 per cent of spending on in-patient beds is for lifestyle diseases; this has increased the demand for specialised care. In India, lifestyle diseases have replaced traditional health problems. Most lifestyle disease are caused by high cholesterol, high blood pressure, obesity, poor diet and alcohol.

Expansion to tier-II and tier-III cities

• Vaatsalya Healthcare is one of the first hospital chains to start focus on Tier 2 and Tier 3 for expansion
• There is substantial demand for high-quality and specialist healthcare services in tier-II and tier-III cities
• To encourage the private sector to establish hospitals in these cities, the government has relaxed the taxes on these hospitals for the first five years.

Management contracts

• Many healthcare players such as Fortis and Manipal Group are entering management contracts to provide an additional revenue stream to hospitals

Emergence of telemedicine

• Telemedicine is a fast-emerging sector in India; many major hospitals (Apollo, AIIMS, Narayana Hrudyalaya) have adopted telemedicine services and entered into a number of PPPs
• As per the latest data available, the telemedicine market in India was valued at USD 7.5 million, and is expected to rise at a CAGR of 20 per cent, to USD 18.7 million by 2017
• Telemedicine can bridge the rural-urban divide in terms of medical facilities, extending low-cost consultation and diagnosis facilities to the remotest of areas via high-speed internet and telecommunication. In 2015, Maharashtra government is set to launch telemedicine projects in rural areas. Projects will be initiated in at five sites on pilot basis.

Source: IRDA, CII, Grant Thornton, Gartner, Technopak, TechSci Research
Note: PPP is Public – Private Partnerships, Management contracts - An arrangement under which operational control of an enterprise is given to a separate entity for a fee

For updated information, please visit www.ibef.org
Increasing penetration of health insurance

- In FY16 (till November 2015), gross direct premium income from health insurance stood at 25.4 per cent of overall gross direct premium income for non-life insurance segment
- Health insurance is gaining momentum in India; gross healthcare insurance premium was USD2.9 billion in 2013 expanding at a CAGR of 26 per cent over FY08-13
- This trend is likely to continue, benefitting the country’s healthcare industry

Mobile-based health delivery

- Strong mobile technology infrastructure and launch of 4G is expected to drive mobile health initiatives in the country
- Cycle tel Humsafar is a SMS based mobile service designed for women, it enables women to plan their family in a better way
- Currently, there are over 20 mobile health service initiatives in the country for spreading awareness about family planning and other ailments
- Mobile health industry in India is expected to reach USD0.6 billion by 2017

Technological initiatives

- To standardise the quality of service delivery, control cost and enhance patient engagement, healthcare providers are focusing on the technological aspect of healthcare delivery
- Digital Health Knowledge Resources, Electronic Medical Record, Mobile Healthcare, Electronic Health Record, Hospital Information System and PRACTO are some of the technologies gaining wide acceptance in the sector
- Health Kart is an online portal started for delivering healthcare products in India

Luxury offering

- A new trend is emerging as luxury offerings in healthcare sector. More than essential requirements, healthcare providers are making offerings of luxurious services. For example: pick and drop services for patient by private helicopters and luxurious arrangements for visitors to patient in hospital

Source: IRDA, CII, Grant Thornton, Gartner, Technopak, PwC, TechSci Research
**HEALTHCARE**

**PORTER’S FIVE FORCES ANALYSIS**

<table>
<thead>
<tr>
<th>Competitive Rivalry</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase in number of private players in the market has led to increased competition</td>
</tr>
<tr>
<td>• However number of hospitals is still low compared to the requirement so there is not much competition in the market</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Threat of New Entrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Big threat of new entrants in the industry</td>
</tr>
<tr>
<td>• Number of players has increased considerably in recent times</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substitute Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Customers may go for public hospitals which are inexpensive</td>
</tr>
<tr>
<td>• Customers might go for E-Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bargaining Power of Suppliers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bargaining power of suppliers in this industry is high because quality of products and timely delivery matter and there are less number of quality suppliers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bargaining Power of Customers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bargaining power of customers is low because of trust and loyalty however increase in number of options has given customers some bargaining power</td>
</tr>
</tbody>
</table>

Source: TechSci Research
HEALTHCARE

STRATEGIES ADOPTED

JANUARY 2016
HEALTHCARE

STRAATEGIES ADOPTED

Cost leadership

- Private players in the industry are making their supply chain efficient and leveraging economies of scope to reduce cost. One such example is Narayan Hrudayalaya (NH) where health care is provided at affordable cost. NH reduces cost by
  - High procurement of medical supplies
  - High-volume by high capacity utilisation and staff productivity
  - Good human capital management (i.e. training)
- Leveraging the benefit of Information Technology to reduce cost and improve healthcare delivery

Differentiation

- Players in the industry are trying to differentiate themselves by providing multiple health care services under one roof. In 2015, Apollo Hospitals collaborated with government to provide healthcare facilities in rural areas
- Players are also trying to provide better services to differentiate themselves

Focus

- Certain players in industry focus only on providing one kind of health care service to its customers. This also helps them to be the leader in that service. One such example is Tata Memorial Hospital which is focused on treatment of cancer and provides leading cancer treatment in India. Arvind Eye Care System focus on eye related problems and treatments

Diversified business approach

- Offering a range of healthcare and wellness services under a single brand has become a trend. Patients and healthcare services seekers find it convenient. Demand of such arrangements boosts the healthcare sector. Max healthcare operates multi specialty hospitals across the country

Source: TechSci Research
INDIAN HEALTHCARE SECTOR IS POISED TO GROW

### Growing demand
- Rising incomes and affordability
- Growing elderly population, changing disease patterns
- Rise in medical tourism
- Better awareness of wellness, preventive care and diagnosis

### Policy support
- Encouraging policies for FDI and the private sector
- Reduction in customs duty and other taxes on life-saving equipment
- NRHM allocated USD10 billion for healthcare facilities

### Innovation
- Expanding research & development and distribution facilities in India
- Use of modern technology
- Providing support to global projects from India

### Increasing investments
- Rising FDI and private sector investments
- Lucrative M&A opportunities
- Foreign players setting R&D centres and hospitals

---

*Source: Health Ministry, TechSci Research*

*Notes: FDI – Foreign Direct Investment, M&A - Mergers & Acquisitions*  
*NRHM - National Rural Health Mission*
RISING INCOME, AGEING POPULATION TO BE KEY HEALTHCARE DEMAND DRIVER

- Rising incomes mean a steady growth in the ability to access healthcare and related services
  - Per capita income is expected to increase at a CAGR of 7.6 per cent over 2014–19
  - Per capita expenditure on healthcare in India is USD68.6 billion
- Moreover, changing demographics will also contribute to greater healthcare spending; this is likely to continue with the size of the elderly population set to rise from the current 98.9 million to about 168 million by 2026

*Trends in per capita income in India (USD)*

Note: E - Estimated, F – Forecasts
The purported rise of lifestyle diseases in India is expected to boost industry sales figures.

Increased incidences such as heart disease, obesity and diabetes have contributed to rising healthcare spending by individuals.

Growing health awareness and precautionary treatments coupled with improved diagnostics are resulting in an increase in hospitalisation.

Indian system of healthcare, Ayurveda has unique therapies which are beneficial for treatment of many chronic lifestyle disorders and thus attracting more number of patients to avail these services in India.

CAGR of hospitalised cases from 2008 – 18:

- Cardiac – 18 per cent
- Oncology – 16 per cent
- Diabetes – 19 per cent

**Number of hospitalised cases (million)**

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2013E</th>
<th>2018F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>2.9</td>
<td>5.2</td>
<td>8.3</td>
</tr>
<tr>
<td>Oncology</td>
<td>2</td>
<td>3.1</td>
<td>4.2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.2</td>
<td>2.3</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Source: Apollo Investor Presentation August 2013, TechSci Research
Note: E - Estimated, F - Forecast
MEDICAL TOURISM: A NEW GROWTH FACTOR FOR INDIA’S HEALTHCARE SECTOR

- Presence of world-class hospitals and skilled medical professionals has strengthened India’s position as a preferred destination for medical tourism
- Superior quality healthcare, coupled with low treatment costs in comparison to other countries, is benefiting Indian medical tourism which has, in turn, enhanced the prospects of the Indian healthcare market
  - Treatment for major surgeries in India costs approximately 20 per cent of that in developed countries
- India also attracts medical tourists from developing nations due to lack of advanced medical facilities in many of these countries
- Medical tourism market is estimated to be around USD3 billion in 2015 and is expected to reach USD8 billion in 2020. India medical tourism is growing at a CAGR of 20 per cent
- Inflow of medical tourists is expected to cross 3.2 million by 2015 compared to 0.85 million in 2012
- Yoga, meditation, ayurveda, allopathy and other traditional methods of treatment are major service offerings that attract medical tourists from European nations and the Middle East to India

Cost of surgeries in different countries (USD), 2014

<table>
<thead>
<tr>
<th>Surgery</th>
<th>US</th>
<th>Korea</th>
<th>Thailand</th>
<th>Malaysia</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Bypass</td>
<td>28900</td>
<td>15121</td>
<td>5200</td>
<td>14120</td>
<td>14120</td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>15000</td>
<td>7879</td>
<td>7500</td>
<td>7000</td>
<td>7000</td>
</tr>
<tr>
<td>Knee Replacement</td>
<td>19800</td>
<td>12297</td>
<td>7000</td>
<td>6200</td>
<td>6500</td>
</tr>
<tr>
<td>Spinal Fusion</td>
<td>15400</td>
<td>9091</td>
<td>7000</td>
<td>7000</td>
<td>6500</td>
</tr>
</tbody>
</table>

Source: Ministry of Health, RNCOS, KPMG, Deloitte, Medical Tourism Association, LSI Financial Services, Apollo Investor Presentation, TechSci Research
Note: Figures mentioned are as per latest data available
The traditional (ayurvedic) medical care market in India was valued at about USD2.7 billion in 2014, and this is expected to rise at a CAGR of 20 per cent over 2011–15. In 2015, Government of India has approved All India Institute of Ayurveda in New Delhi, it would be a 200 bedded hospital.

Ayurvedic medicines offer traditional Indian health remedies based on natural and herbal ingredients. The sector has broadened its offerings and now includes services on diet and nutrition, yoga, herbal medicine, humour therapy and spa.

Himalaya, Shri Baidyanath, Zandu, Hamdard are among the leading ayurvedic brands in India. Many big players such as Apollo, VLCC and Manipal Group are also setting up wellness centres across India, with traditional healthcare remedies as the focus of their offerings.

The traditional medical sector is developing Traditional Knowledge Digital Library to prevent companies from claiming patents on such remedies. There is growing interest from numerous private equity firms in the traditional healthcare sector in India. 6,200 indigenous herbal plants.

In Union Budget 2015-16, USD2.5 billion for development of medicinal plants. In April 2014, country has developed vast AYUSH infrastructure comprising over 8 lacs registered practitioners, 25492 dispensaries and 3601 hospitals. In 2015, number of hospitals increased to 196312 and number of sub centres reached to 156926.

Source: Ministry of Health, Make in India, RNCOS, KPMG, TechSci Research
Notes: AYUSH - Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy
PRIVATE PLAYERS ARE KEY CONTRIBUTORS TO GROWTH IN NUMBER OF HOSPITALS

* A major portion of secondary, tertiary and quaternary healthcare institutions comes from private sector with a concentration in metros, tier II and tier I cities.

* Large investments by private sector players are likely to contribute significantly to the development of India’s hospital industry and the sector is poised to grow to USD100 billion by 2015 and further to USD280 billion by 2020.

* The private hospital market in India is estimated at USD81.0 billion at the end-of 2015.

* During 2009–15, the market size of private hospitals is estimated to have a CAGR of 24.2 per cent.

* Increase in number of hospitals in Tier-II and Tier-III cities has fuelled the growth of private sector.

**Market size of private hospitals (USD billion)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Market Size (USD billion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>22</td>
</tr>
<tr>
<td>2010</td>
<td>29.9</td>
</tr>
<tr>
<td>2011</td>
<td>35.4</td>
</tr>
<tr>
<td>2012</td>
<td>45</td>
</tr>
<tr>
<td>2014</td>
<td>54</td>
</tr>
<tr>
<td>2015</td>
<td>81</td>
</tr>
</tbody>
</table>

**Source:** WHO Statistical Information System, Indian Chamber of Commerce, Yes Bank, TechSci Research
GROWING IN-PATIENT / OUT-PATIENT AND DIAGNOSTIC MARKET

**Market size of In-patient/Out-patient**

- Over 2015-20, the In-Patient market is expected to grow at a CAGR of 13 per cent
- Over 2015-20, the Out-Patient market is expected to grow at CAGR of 10 per cent

**Market size of diagnostic market (USD billion)**

- Over 2012-22, diagnostic market is expected to grow at a CAGR of 20.4 per cent to USD32 billion from USD5 billion in 2012
- Sub-sector of diagnostic, IVD Equipment market is expected to grow at a CAGR of around 15 per cent from 2012 to 2015
- Diagnostic market is split between imaging and pathology with 30 per cent and 70 per cent share respectively

*Source: Apollo Investor Presentation, Apollo Hospitals Annual Report 2015, Fortis Investor Presentation, TechSci Research
Notes: E - Estimates, F – Forecast, IVD - In Vitro Diagnostic*
HEALTHCARE IS A KEY FOCUS AREA UNDER THE 12TH FIVE-YEAR PLAN (2012–17)

* The NITI Aayog has allocated USD55 billion under the 12th Five-Year Plan to the Ministry of Health and Family Welfare, which is about three times the actual expenditure under the 11th Five-Year Plan

* The share of healthcare in total plan allocation is set to rise to 2.5 per cent of GDP in the 12th Plan from 0.9 per cent in the 11th Plan

* The 12th plan focusses on providing universal healthcare, strengthening healthcare infrastructure, promoting R&D and enacting strong regulations for the healthcare sector

* Establishing a system of Universal Health Coverage (UHC) in the country that means each individual would have assured access to a defined essential range of medicines and treatment at an affordable price, which should be entirely free for a large percentage of the population

Proposed budget allocation for Departments of Ministry of Health and Family Welfare under 12th Plan (USD billion)

Budget allocation for Departments of Ministry of Health and Family Welfare under 11th Plan (USD billion)

Source: Ministry of Health & Family Welfare, TechSci Research
Notes: AYUSH - Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy

For updated information, please visit www.ibef.org
HEALTHCARE

STRONG POLICY SUPPORT CRUCIAL IN DEVELOPING THE SECTOR … (1/3)

<table>
<thead>
<tr>
<th>Encouraging the private sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The benefit of section 10 (23 G) of the IT Act has been extended to financial institutions that provide long-term capital to hospitals with 100 beds or more</td>
</tr>
<tr>
<td>• Government is encouraging the PPP model to improve availability of healthcare services and provide healthcare financing.</td>
</tr>
<tr>
<td>• Till 2015, five projects under PPP have been completed and has become operational</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Encouraging investments in rural areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The benefit of section 80-IB has been extended to new hospitals with 100 beds or more that are set up in rural areas; such hospitals are entitled to 100 per cent deduction on profits for five years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tax incentives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All healthcare education and training services are exempted from service tax</td>
</tr>
<tr>
<td>• Increase in tax holiday under section 80-IB for private healthcare providers in non metros for minimum of 50 bedded hospitals</td>
</tr>
<tr>
<td>• 250% deduction for approved expenditure incurred on operating technology enables healthcare services such as tele medicine, remote radiology</td>
</tr>
<tr>
<td>• Excise duty on chassis for ambulance reduced from 24 per cent to 12.5 per cent</td>
</tr>
<tr>
<td>• Artificial heart is exempted from basic custom duty of 5 per cent</td>
</tr>
<tr>
<td>• Income tax exemption for 15 years for domestically manufactured medical technology products</td>
</tr>
</tbody>
</table>

Source: Union Budget FY16, Health Ministry, TechSci Research

For updated information, please visit www.ibef.org
For updated information, please visit www.ibef.org

National Health Policy 2015 Draft

- The primary aim is to inform, clarify, strengthen and priorities government’s role in shaping the health systems
- The policy envisage to address the need for improving health systems
- An initiative taken by the Government to leverage economic growth so as to achieve better health outcomes which would contribute to improved productivity as well as equity
- The policy framework ensures health assurance and universal access to affordable healthcare services in an assured mode

Incentives in the medical travel industry

- Incentives and tax holidays are being offered to hospitals and dispensaries providing health travel facilities. Senior citizens above 80 years of age will be allowed deduction of USD491 towards medical expenditure if they are not covered under health insurance

Fund allocation by government

- In Union Budget, 2015-16, Government has allocated USD5.4 billion for healthcare sector development. Government has raised health insurance premium amount from USD245 to USD409 and for senior citizens amount has been increased from USD327 to USD491

Source: Ministry of Health & Family Welfare, TechSci Research
**Union Budget FY15-16**

<table>
<thead>
<tr>
<th>Medical institution</th>
<th>Laboratories</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Allocation of USD82.6 million to set up four more institutions of the stature of AIIMS in Andhra Pradesh, West Bengal, Maharashtra and Uttar Pradesh</td>
<td>• Creation of new drug testing laboratories and further strengthening of the 31 existing state laboratories</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Union Budget FY15-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ministry of Health and Family Welfare allocated USD5.5 billion for FY16</td>
</tr>
<tr>
<td>• Creation of new National Health Mission (NHM) for providing effective healthcare to both urban and rural population, with emphasis on states with weak health infrastructure and indicators</td>
</tr>
<tr>
<td>• NHM extended to encompass Ayurveda, Unani, Siddha and Homeopathy to strengthen traditional medical forms</td>
</tr>
<tr>
<td>• Scope of Rashtriya Swasthya Bima Yojana (RSBY) enhanced to include rickshaw pullers, taxi drivers, sanitation workers, rag pickers and mine workers</td>
</tr>
<tr>
<td>• Fund allocation to provide accessible and affordable services to elderly under National Programme for the Health Care of Elderly</td>
</tr>
<tr>
<td>• Allocation of USD875.4 million for improving medical education, training and research</td>
</tr>
</tbody>
</table>

*Source: Union Budget FY16, TechSci Research*
100 per cent FDI is allowed under the automatic route for greenfield projects

For brownfield project investments, up to 100 per cent FDI is permitted under the government route

Demand growth, cost advantages and policy support have been instrumental in attracting FDI

During April 2000 – September 2015, FDI inflows for drugs and pharmaceuticals stood at USD13,321 billion

Inflows into hospitals & diagnostic centers and medical appliances stood at USD3.2 billion and USD1.0 billion, respectively, during the same period

Source: Department of Industrial Policy & Promotion, TechSci Research
Note: FDI – Foreign Direct Investment
**INDIA’S COMPETITIVE ADVANTAGE IN HEALTHCARE OVER PEERS DRIVING INVESTMENTS**

- India’s primary comparative advantage lies in its—
  - Large pool of well-trained medical professionals in the country
  - Cost advantage compared to peers in Asia and Western countries
    - Cost of surgery in India is one-tenth of that in the US or Western Europe
  - Increased success rate of Indian companies in getting Abbreviated New Drug Application (ANDA) approvals
- The country offers vast opportunities in R&D as well as medical tourism

<table>
<thead>
<tr>
<th>Opportunities for investments in healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic &amp; pathology services</strong></td>
</tr>
<tr>
<td><strong>Clinical trials</strong></td>
</tr>
<tr>
<td><strong>Health insurance</strong></td>
</tr>
<tr>
<td><strong>Telemedicine</strong></td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
</tr>
</tbody>
</table>
Pharma, healthcare and biotech have witnessed significant increases in M&A activities over the years; over the last three years, pharmaceuticals segment has accounted for more than 70 per cent of M&A deals.

<table>
<thead>
<tr>
<th>Indian partner</th>
<th>Foreign players</th>
<th>Type of business</th>
<th>Stake (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nitin Lifesciences</td>
<td>Recipharm</td>
<td>Pharmaceuticals</td>
<td>74%</td>
<td>2015</td>
</tr>
<tr>
<td>Lupin Pharmaceuticals Inc</td>
<td>Temmler</td>
<td>Pharmaceuticals</td>
<td>100%</td>
<td>2015</td>
</tr>
<tr>
<td>Panacea Biotec Ltd</td>
<td>Apotex Inc</td>
<td>Pharmaceutical</td>
<td>-</td>
<td>2014</td>
</tr>
<tr>
<td>Lupin Pharmaceutical Inc</td>
<td>Grin</td>
<td>Pharma, healthcare and biotech</td>
<td>-</td>
<td>2014</td>
</tr>
<tr>
<td>Medreich Ltd.</td>
<td>Meiji Seika Pharma</td>
<td>Pharmaceutical</td>
<td>100%</td>
<td>2014</td>
</tr>
<tr>
<td>Wyeth Ltd</td>
<td>Pfizer Ltd</td>
<td>Pharma, healthcare and biotech</td>
<td>-</td>
<td>2013</td>
</tr>
<tr>
<td>Torrent Pharmaceuticals</td>
<td>Elder Pharmaceuticals</td>
<td>Pharma, healthcare and biotech</td>
<td>100.0</td>
<td>2013</td>
</tr>
</tbody>
</table>

Source: Grant Thornton Dealtracker, TechSci research
Note: M&A – Mergers and Acquisitions

For updated information, please visit www.ibef.org
**HEALTHCARE SECTOR, A HOT SPOT FOR PE INVESTORS**

- Pharma, healthcare and biotech have witnessed significant increases in M&A activities over the years; over the last three years, pharmaceuticals segment has accounted for more than 70 per cent of M&A deals.

- In the first nine months of 2015, mergers and acquisitions deals in pharmaceuticals sector has reached USD1.7 billion in India.

<table>
<thead>
<tr>
<th>Investee</th>
<th>Investor</th>
<th>Type of business</th>
<th>Stake (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nitin Life Sciences</td>
<td>Recipharm</td>
<td>Pharmaceuticals</td>
<td>75%</td>
<td>2015</td>
</tr>
<tr>
<td>Temmler</td>
<td>Lupin</td>
<td>Pharmaceuticals</td>
<td>100%</td>
<td>2015</td>
</tr>
<tr>
<td>Chrys Capital</td>
<td>GVK Biosciences</td>
<td>Contract research</td>
<td>10%</td>
<td>2015</td>
</tr>
<tr>
<td>Gavis &amp; Novel laboratories</td>
<td>Lupin</td>
<td>Pharmaceuticals</td>
<td>100%</td>
<td>2015</td>
</tr>
<tr>
<td>Cadila Healthcare</td>
<td>Claris Lifesciences</td>
<td>Injectables</td>
<td>100%</td>
<td>2015</td>
</tr>
<tr>
<td>Nova Specialty Hospitals</td>
<td>Apollo Hospitals</td>
<td>Healthcare service</td>
<td>-</td>
<td>2015</td>
</tr>
<tr>
<td>Laurus Labs Pvt. Ltd.</td>
<td>Warburg Pincus</td>
<td>Pharma &amp; Healthcare</td>
<td>32%</td>
<td>2014</td>
</tr>
<tr>
<td>Krishna Institute of Medical Sciences Limited</td>
<td>ICICI Venture</td>
<td>Healthcare Service</td>
<td>28%</td>
<td>2014</td>
</tr>
</tbody>
</table>

Source: Grant Thornton Dealtracker, TechSci Research
Note: PE – Private Equity

For updated information, please visit [www.ibef.org](http://www.ibef.org)
HEALTHCARE

OPPORTUNITIES IN HEALTHCARE

Healthcare infrastructure
- Additional 3 million beds needed for India to achieve the target of 3 beds per 1,000 people by 2025
- Additional 1.54 million doctors and 2.4 million nurses required to meet the growing demand for healthcare
- Investment of USD86 billion required to achieve these targets
- Over USD200 billion is expected to be spent on medical infrastructure by 2024

Research
- Contract research is a fast growing segment in the Indian healthcare industry
- Cost of developing new drugs is as low as 60 per cent of the testing cost in the US
- About 60 per cent of global clinical trials is outsourced to developing countries
- The Contract Research and Manufacturing Services industry (CRAMS) estimated at USD8 billion in 2015, up from USD3.8 billion in 2012. The market has more than 1000 players

Medical tourism
- The Indian medical tourism industry is expected to reach USD8 billion in 2020 from USD3 billion in 2015
- In 2015, India is likely to see 3.2 million medical tourists annually
- Cost of surgery in India is nearly one-tenth of the cost in developed countries
- There are 21 Joint Commission International (JCI) - accredited hospitals in India and growing

Notes: Deloitte, Apollo Investor Presentation, RNCOS, Industry estimates
**SCOPE FOR GROWTH, AS HEALTHCARE SERVICES REMAIN UNDER-REPRESENTED**

- Huge scope for enhancing healthcare services considering that healthcare spending as a percentage of GDP
- Rural India, which accounts for over 70 per cent of population and is set to emerge as a potential demand source
  - Only 3 per cent of specialist physicians cater to rural demand
- Vast opportunities for investment in healthcare infrastructure in both urban and rural India
- About 1.8 million beds required by the end of 2025
- Additional 1.54 million doctors and 2.4 million nurses required to meet the growing demand

---

**Healthcare spending as a percentage of GDP (2015)**

<table>
<thead>
<tr>
<th></th>
<th>World</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP</td>
<td>10.6%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

**Health infrastructure per 1000 individual (2013-2015)**

<table>
<thead>
<tr>
<th></th>
<th>Physicians</th>
<th>Nurses and midwifery personnel</th>
<th>Hospital beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>0.7</td>
<td>1.5</td>
<td>1*</td>
</tr>
<tr>
<td>World median</td>
<td>2.5</td>
<td>2.5</td>
<td>2.9</td>
</tr>
</tbody>
</table>

*: 1 bed for every 1050 patients
HEALTHCARE

OPPORTUNITIES IN HEALTH INSURANCE

- As per latest data, less than 15 per cent of the Indian population is covered through health insurance
- Increasing healthcare cost and burden of new diseases along with low government funding is raising demand for health insurance coverage
- Many companies offer health insurance coverage to employees, driving market penetration of insurance players
- By 2015, spending through health insurance will reach 8.4 per cent of total health spending, up from 6.4 per cent in 2009–10
- The share of population having medical insurance is likely to rise to 20 per cent by 2015

- With increasing demand for affordable and quality healthcare, penetration of health insurance is poised to grow exponentially in the coming years
- Health insurance premium reached USD2.6 billion by the end of 2014
- Health insurance premiums are expected to increase at a CAGR of 16.7 per cent during 2008–15

Source: IRDA, Hospital Market India – By Research on India, LSI Financial Services, World Bank, TechSci Research
Note: IRDA – Insurance Regulatory and Development Authority
MAX HEALTHCARE: WELL POISED TO TAP GROWTH OPPORTUNITIES

- **Award for ‘Excellence in Healthcare delivery’**
- **Received DL Shah National Award on‘Economics of Quality’**
- **NABH certified**
- **NABL accredited**

### Key Milestones:
- **2000**: Established first hospital Max Medcenter
- **2002**: Organic growth through expansion of hospital network
- **2006**: Network of highly qualified doctors, nurses and medical personnel
- **2008**: Strengthened capabilities to provide primary, secondary & tertiary/quaternary care
- **2010**: Further expansion in North India
- **2011**: JV with Life Healthcare, South Africa, extending global reach
- **2012**: Opened its first Super Speciality hospital in Uttarakhand
- **2013**: Over 2,000 beds and team of 2,040 doctors; 2,800 nurses & 2,700 other trained personnel
- **Q3 2013**: Registered patient base touched 2.4 million
- **FY16* USD 730 million revenue**

Source: Company website, Company reports, TechSci Research


*Up to September 2015
GLOBAL HOSPITALS: SET TO GROW WITH HOSPITAL NETWORK EXPANSION

Source: Company website, Company reports, TechSci Research

Note: IFC - International Finance Corporation, NABH - National Accreditation Board for Hospitals & Healthcare, R&D - Research & Development

**1998**
- First hospital opened in Hyderabad
- Operational excellence, inclusion of more service offerings aided growth

**1999**
- Expansion of hospital network in Bengaluru and Chennai

**2000**
- Acquisition of Tamilnad Hospital in 2007 for transforming it to Global Health City

**2002**
- Commission of Global Hospitals, Mumbai with 450 – bed multi – super speciality and multi – organ transplant facility

**2006**
- Proposed IFC investment to enhance bed capacity to 1,800 by FY16

**2008**
- Global Health City received NABH accreditation

**2010**
- Current capacity of about 2,000 beds

**2012**
- Operational excellence, inclusion of more service offerings aided growth

**2015**
- Third Hospital to attract huge funds

**2016**
- Completed highest radial procedures in India
- Leading multi-organ transplant centre
- First hospital to be recognised for R&D by Govt. of India
- First hospital to perform radial procedures
- First hospital to carry out intravascular surgery

For updated information, please visit [www.ibef.org](http://www.ibef.org)
FORTIS: LEADING THE WAY THROUGH DIVERSIFICATION

- Hospital expansion
- Diversification
- Acquisitions
- Higher profitability
- Current network


- Completed acquisition of Wockhardt Hospitals Ltd, adding 10 more hospitals
- Plans to add 400 new beds every year
- Fortis is coming up with two multi-speciality hospitals and a medical college for 500 students
- Completed acquisition of ~75 per cent stake in SRL
- Network of 29 hospitals, including 12 satellite with capacity of 3,280 beds
- Started Fortis International Institute of Medical Sciences, a major educational institution with international standards
- Completed acquisition of ~75 per cent stake in SRL

Source: Research on India, TechSci Research
Note: *Fortis Financial result till June 2015

FY16* USD170.2 million First Quarter Revenue

For updated information, please visit www.ibef.org
HEALTHCARE

APOLLO HOSPITALS: LEADER IN SUPER-SPECIALITY HEALTHCARE

- Enhanced investment
- Joint Venture
- Hospital expansion
- Expansion into child care
- First telemedicine centre

Apollo plans to start a new Stemcyte and Cord blood Collection Centre through a JV with Cadilla Pharmaceutical, Stemcyte India Therapeutics Ltd and Stemcyte USA

Apollo plans to invest ~USD400 million to add another 2,685 beds by 2015

Apollo partnered with government to provide tele medicine facilities in rural India

Added robotic surgery capabilities in 4Q FY13

APHEL is starting a 290-bed super-speciality hospital in Bhubaneswar

Started its first children’s hospital in Chennai with 80 bed capacity

Launched Oman’s first private telemedicine centre at its Muscat Hospital in 2007

Apollo plans to invest ~USD400 million to add another 2,685 beds by 2015

FY16* USD431.09 million half yearly revenue

Source: Research on India, TechSci Research;
Note: JV – Joint Venture
*: Up to September 2015
Indian Medical Association
I.M.A. House
Indraprastha Marg,
New Delhi – 110 002, India
Telephone: 91 11 2337 0009, 2337 8819
Fax: 91 11 2337 9470, 2337 9178
Website: www.ima-india.org
E-mail: inmedici@vsnl.com

The Federation of Obstetric and Gynaecological Societies of India
Model Residency, 605,
Bapurao Jagtap Marg,
Jacob Circle, Mahalaxmi East,
Mumbai – 400 011, India
Fax: 23021383
Website: www.fogsi.org
E-mail: inmedici@vsnl.com
GLOSSARY … (1/2)

* **CAGR**: Compound Annual Growth Rate

* **EPA**: Externally Aided Projects

* **FDI**: Foreign Direct Investment

* **FY**: Indian Financial Year (April to March)
  * So FY10 implies April 2009 to March 2010

* **GOI**: Government of India

* **ICT**: Information and Communications Technology

* **IMF**: International Monetary Fund

* **INR**: Indian Rupee

* **M&A**: Mergers and Acquisitions

* **NHRM**: National Rural Health Mission

* **PPP**: Public Private Partnerships
GLOSSARY … (2/2)

* R&D: Research and Development

* USD: US dollar

* WHO: World Health Statistics

* Where applicable, numbers have been rounded off to the nearest whole number
### Exchange rates (Fiscal Year)

<table>
<thead>
<tr>
<th>Year</th>
<th>INR equivalent of one USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004–05</td>
<td>44.81</td>
</tr>
<tr>
<td>2005–06</td>
<td>44.14</td>
</tr>
<tr>
<td>2006–07</td>
<td>45.14</td>
</tr>
<tr>
<td>2007–08</td>
<td>40.27</td>
</tr>
<tr>
<td>2008–09</td>
<td>46.14</td>
</tr>
<tr>
<td>2009–10</td>
<td>47.42</td>
</tr>
<tr>
<td>2010–11</td>
<td>45.62</td>
</tr>
<tr>
<td>2011–12</td>
<td>46.88</td>
</tr>
<tr>
<td>2012–13</td>
<td>54.31</td>
</tr>
<tr>
<td>2013–14</td>
<td>60.28</td>
</tr>
<tr>
<td>2014–15</td>
<td>61.06</td>
</tr>
<tr>
<td>2015-16(Expected)</td>
<td>61.06</td>
</tr>
</tbody>
</table>

### Exchange rates (Calendar Year)

<table>
<thead>
<tr>
<th>Year</th>
<th>INR equivalent of one USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>43.98</td>
</tr>
<tr>
<td>2006</td>
<td>45.18</td>
</tr>
<tr>
<td>2007</td>
<td>41.34</td>
</tr>
<tr>
<td>2008</td>
<td>43.62</td>
</tr>
<tr>
<td>2009</td>
<td>48.42</td>
</tr>
<tr>
<td>2010</td>
<td>45.72</td>
</tr>
<tr>
<td>2011</td>
<td>46.85</td>
</tr>
<tr>
<td>2012</td>
<td>53.46</td>
</tr>
<tr>
<td>2013</td>
<td>58.44</td>
</tr>
<tr>
<td>2014</td>
<td>61.03</td>
</tr>
<tr>
<td>2015(Expected)</td>
<td>63.72</td>
</tr>
</tbody>
</table>

Source: Reserve bank of India, Average for the year

For updated information, please visit [www.ibef.org](http://www.ibef.org)
India Brand Equity Foundation ("IBEF") engaged TechSci to prepare this presentation and the same has been prepared by TechSci in consultation with IBEF.

All rights reserved. All copyright in this presentation and related works is solely and exclusively owned by IBEF. The same may not be reproduced, wholly or in part in any material form (including photocopying or storing it in any medium by electronic means and whether or not transiently or incidentally to some other use of this presentation), modified or in any manner communicated to any third party except with the written approval of IBEF.

This presentation is for information purposes only. While due care has been taken during the compilation of this presentation to ensure that the information is accurate to the best of TechSci and IBEF’s knowledge and belief, the content is not to be construed in any manner whatsoever as a substitute for professional advice.

TechSci and IBEF neither recommend nor endorse any specific products or services that may have been mentioned in this presentation and nor do they assume any liability or responsibility for the outcome of decisions taken as a result of any reliance placed on this presentation.

Neither TechSci nor IBEF shall be liable for any direct or indirect damages that may arise due to any act or omission on the part of the user due to any reliance placed or guidance taken from any portion of this presentation.