

REPORT ON SYMHEALTH-2025

A Conference on

*'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier
Future Generations'*

Organized By

***FACULTY OF MEDICAL AND HEALTH SCIENCES,
SYMBIOSIS INTERNATIONAL (DEEMED UNIVERSITY)***



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REPORT ON SYMHEALTH - 2025

Theme: "Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations"

11th April – 12th April, 2025

DAY 1: PRE-CONFERENCE SYMPOSIUM (Parallel Sessions)

Topic: Bridging Digital and Health Equity Divide: Creating Pathways to Universal Healthcare Access.

TRACK I:

DATE: 11/04/2025

VENUE: SMCW LECTURE HALL I

ATTENDEES: STUDENTS AND DELEGATES

- 1. BRIDGING THE DIGITAL GAP: LEVERAGING ABDM TO IMPROVE HEALTHCARE DELIVERY ESPECIALLY IN RURAL COMMUNITIES.**

TIME: 09:30 AM to 10:15 AM

SPEAKER NAME: DR. RUTUJA PATIL

EXECUTIVE SUMMARY:

Dr. Rutuja Patil, Senior Scientist at the Vadu Rural Health Program, delivered an insightful session on bridging the digital divide in healthcare through the Ayushman Bharat Digital Mission (ABDM). Highlighting the challenges faced by rural India, she emphasized how

REPORT ON SYMHEALTH-2025

A Conference on

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digital platforms like ABHA and eSanjeevani have the potential to transform healthcare access by creating a connected and patient-centric ecosystem.

Drawing from global examples such as the UK's NHS and Australia's My Health Record, Dr. Patil illustrated how integrated health systems can guide India's digital health journey. She acknowledged that while ABDM has made progress, many rural areas still face hurdles including limited digital literacy, poor internet connectivity, lack of training, and resistance from providers who rely on traditional paper-based systems.



To address these gaps, Dr. Rutuja Patil recommended practical steps like improving infrastructure, simplifying digital tools, recruiting data entry support, and engaging community health workers through continuous training. She concluded by stressing the importance of

REPORT ON SYMHEALTH-2025

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community involvement and inter-sectoral collaboration to ensure ABDM's success in reaching underserved populations.

CONCLUSION:

Dr. Rutuja Patil's session highlighted that while the Ayushman Bharat Digital Mission holds immense promise for improving healthcare delivery in rural India, its success depends on inclusive implementation and sustained support at the grassroots level. Bridging the digital gap requires not just technological solutions, but also investments in capacity building, infrastructure, and community engagement. Her insights serve as a valuable reminder that the journey toward digital health equity must be collaborative, context-driven, and patient-focused to truly transform rural healthcare outcomes.

KEY TAKEAWAY:

- ABDM can significantly improve rural healthcare access through digital integration and patient-centric systems.
- Global digital health models offer guidance but must be adapted to India's unique rural context.
- Challenges like poor connectivity, low digital literacy, and overburdened health workers hinder effective implementation.
- Solutions include training, infrastructure upgrades, simplified platforms, and community-level support.
- Dr. Rutuja Patil stressed the importance of inclusive, collaborative efforts to make digital health accessible for all.

2. INNOVATIVE STRATEGIES FOR EXPANDING HEALTHCARE ACCESS IN REMOTE AND UNDERSERVED AREAS

TIME: 10:15 AM to 11:00 AM

SPEAKER NAME: DR. AMARJEET SINGH CHEEMA

REPORT ON SYMHEALTH-2025

A Conference on

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Mr. Amarjeet Singh Cheema, Associate Director at the Health Informatics Group, CDAC, presented innovative strategies for expanding healthcare access in remote and underserved areas during SYMHEALTH 2025. His session explored how bridging the digital divide is essential for achieving universal health coverage and health equity in India. Emphasizing that digital health initiatives like telemedicine, mobile health units, and digital public infrastructure are transforming healthcare delivery, he illustrated how technology can serve as an equalizer in healthcare.

Through a detailed analysis of the barriers in rural health—such as inadequate infrastructure, shortage of healthcare professionals, and distance—Mr. Cheema outlined the role of government programs like the Ayushman Bharat Health and Wellness Centres, PM-JAY, and Common Service Centres in improving access. He stressed the importance of tailoring solutions to the specific needs of communities and using digital platforms to ensure equitable and inclusive healthcare.

Mr. Cheema also highlighted the progress made through digital public goods such as India Health Stack, HMIS, and teleconsultation platforms like eSanjeevani. These innovations, coupled with AI-based tools and mobile apps, not only streamline service delivery but also improve diagnosis, treatment, and patient monitoring. His insights reflect a strong belief that digital transformation, if inclusive and strategic, can help close the gap in healthcare access across India.

REPORT ON SYMHEALTH-2025

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CONCLUSION:

Mr. Amarjeet Singh Cheema concluded that addressing digital and health equity divides is not merely a technological challenge but a social responsibility. Ensuring that underserved populations benefit from healthcare advancements requires a people-first approach, supported by infrastructure, training, and inclusive policy frameworks. By embracing digital tools alongside traditional public health strategies, India can move closer to achieving the Sustainable Development Goals and creating a fairer, healthier future for all.

KEY TAKEAWAYS:

- Bridging the digital divide is critical to ensuring equitable healthcare access in rural and underserved regions.
- Government initiatives like Ayushman Bharat, PM-JAY, and BharatNet are strengthening healthcare infrastructure and digital inclusion.
- Telemedicine, mobile apps, and AI-powered diagnostics are improving healthcare delivery, particularly in areas with limited medical personnel.

REPORT ON SYMHEALTH-2025

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- Common Service Centres and digital literacy programs are enabling last-mile healthcare access and empowering communities.
- A multi-stakeholder, equity-driven approach is essential to ensure that digital health benefits reach every citizen, regardless of location or socioeconomic status.

3. INNOVATIVE STRATEGIES FOR EXPANDING HEALTHCARE ACCESS IN REMOTE AND UNDERSERVED AREAS.

TIME: 11:30 AM to 12:15 PM

SPEAKER NAME: DR. VIVEK DESAI

EXECUTIVE SUMMARY:

Dr. Vivek Desai, founder of Hosmac Consultancy, emphasized the urgent need for hospital infrastructure to evolve alongside emerging healthcare technologies. In his expert view, the future of healthcare facilities lies in designing spaces that are flexible, modular, and technology-ready. With rapid advancements in telemedicine, robotics, AI diagnostics, and mobile health, rigid hospital layouts can no longer meet dynamic clinical and operational demands.

Dr. Desai underlined that adaptability in hospital design is not only about accommodating future technology but also about improving patient outcomes and operational efficiency. He advocated for rethinking spatial planning—such as incorporating multi-use zones, plug-and-play systems, and scalable digital infrastructure—to allow seamless integration of medical innovations. His experience in planning healthcare facilities across India and abroad reinforces the idea that infrastructure must be anticipatory, not reactive.

REPORT ON SYMHEALTH-2025

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**FACULTY OF MEDICAL AND HEALTH SCIENCES,
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He also drew attention to the role of collaboration between architects, clinicians, and technology providers in creating future-ready hospitals. Through flexible design, hospitals can better respond to future crises like pandemics, as well as the changing expectations of digital-native patients. According to Dr. Desai, strategic foresight in hospital planning today will define the quality and accessibility of healthcare delivery tomorrow.



CONCLUSION:

Dr. Vivek Desai concluded that flexibility and adaptability in hospital design are no longer optional, they are foundational. As technology continues to disrupt healthcare delivery, only those institutions that invest in future-proofing their infrastructure will remain resilient and relevant. He stressed that aligning hospital planning with technological evolution is key to building patient-centric, efficient, and sustainable healthcare systems.

KEY TAKEAWAYS:

- Hospitals must be designed with flexible layouts and modular infrastructure to accommodate emerging technologies.

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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**FACULTY OF MEDICAL AND HEALTH SCIENCES,
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- Future-ready facilities should support plug-and-play systems, digital health tools, and remote care technologies.
- Multi-disciplinary collaboration in planning—between architects, doctors, and IT experts—is essential.
- Flexible hospital spaces improve disaster readiness, optimize workflows, and enhance patient care experiences.
- Dr. Vivek Desai emphasized that proactive investment in adaptable infrastructure is critical for long-term healthcare success.

4. HARNESSING PREDICTIVE ANALYSIS AND AI FOR CONTINUOUS QUALITY IMPROVEMENT IN HEALTHCARE.

TIME: 12:15 PM to 01:00 PM

SPEAKER NAME: MR. NARENDER KUMAR

EXECUTIVE SUMMARY:

Mr. Narender Kumar, CEO of Venture7.com, delivered an insightful session on how predictive analytics and artificial intelligence (AI) are transforming the landscape of healthcare quality improvement. He emphasized that with the exponential growth of healthcare data, there is a growing need to convert this data into actionable insights to improve both clinical outcomes and operational efficiency. His session showcased real-world use cases that demonstrate how AI tools can revolutionize care delivery.

Mr. Kumar highlighted the practical applications of AI in healthcare, including virtual nursing assistants, AI-driven scheduling, and clinical documentation automation using generative AI. Citing examples like Sensely, Wysa, and NIRAMAI, he illustrated how AI is enhancing patient

REPORT ON SYMHEALTH-2025

A Conference on

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engagement and early diagnosis, especially in underserved areas. He also presented a case of predictive analytics for timely hospice referrals, showing its measurable impact on patient care and cost savings.

Stressing the importance of ethical implementation, Mr. Narender Kumar encouraged organizations to start with pilot AI projects, invest in AI literacy, and partner with innovators while ensuring robust data governance. His session reflected a balanced approach to integrating AI—not just as a technological advancement, but as a strategic tool to drive continuous quality improvement in healthcare.



CONCLUSION

Mr. Narender Kumar concluded that predictive analytics and AI are no longer futuristic concepts but essential drivers of healthcare transformation. To fully realize their potential, healthcare organizations must strategically integrate these tools into their workflows, ensure

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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ethical usage, and foster collaboration across the ecosystem. With a clear focus on data-driven decision-making, the future of healthcare lies in leveraging AI to make care more anticipatory, personalized, and efficient.

KEY TAKEAWAYS:

- AI and predictive analytics help in early detection of patient deterioration, improving both care quality and outcomes.
- Real-world examples like NIRAMAI and AI hospice referral tools show tangible benefits of AI in cost savings and efficiency.
- Generative AI enhances clinical documentation, reducing physician workload and improving data accuracy.
- Ethical AI deployment requires fairness, transparency, and strong data governance frameworks.
- Mr. Narender Kumar emphasized starting with small pilot projects and building AI literacy to scale digital transformation responsibly.

TRACK II:

DATE: 11/04/2025

VENUE: SMCW LECTURE HALL 2

ATTENDEES: STUDENTS AND DELEGATES

1. USE OF AI TO COMBAT STUDENT MALNUTRITION.

TIME: 9:30 AM to 10:15 AM

SPEAKER: MS. ANANYA VARIER

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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EXECUTIVE SUMMARY.

Ms. Ananya Varier's session addressed the role of Artificial Intelligence (AI) in tackling the dual burden of malnutrition in India—undernutrition in rural areas and overnutrition in urban populations. She emphasized the need for AI-driven, personalized nutrition strategies to overcome systemic inefficiencies in current programs.



CONCLUSION:

AI holds significant potential in bridging gaps in child nutrition programs. Ms. Varier's talk highlighted how technology, when used responsibly, can support universal access to tailored, equitable healthcare solutions.

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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KEY TAKEAWAY:

- **Nutritional Divide:** Urban areas face rising obesity, while rural regions struggle with undernutrition and anemia.
- **System Challenges:** Existing nutrition programs are hindered by fragmented data, manual tracking, and limited scalability.
- **AI Integration:** AI enables personalized diet plans, efficient monitoring, and targeted interventions using machine learning.
- **Support, Not Replace:** AI augments existing efforts, enhancing program effectiveness without replacing human input.
- **Real-World Insight:** A case study on childhood obesity illustrated how AI can help in managing overnutrition.

2. BRIDGING AGRICULTURE, NUTRITION, AND HEALTH: INTEGRATED PATHWAYS FOR SUSTAINABLE DEVELOPMENT

TIME: 10:15 AM to 11:00 AM

SPEAKER: DR. ANJALI RAO

REPORT ON SYMHEALTH-2025

A Conference on

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The session was conducted by **Dr. Anjali Ganpule Rao**, Consultant at the Centre for Chronic Disease Control, Public Health Foundation of India. She discussed the integrated role of agriculture, nutrition, and health in promoting sustainable development.

Dr. Anjali Rao emphasized the relevance of SDG 2 (Zero Hunger) and SDG 3 (Good Health and Well-being), and explained that all 17 SDGs are implicitly linked to nutrition. Dr. Anjali Rao explained the triple burden of malnutrition – undernutrition, overnutrition, and micronutrient deficiencies – affecting over a third of the global population.

She also highlighted the difference between: Nutrition-specific interventions – address immediate nutritional issues (e.g., supplementation, breastfeeding promotion) and Nutrition-sensitive interventions – tackle broader determinants (e.g., agriculture, education, women's empowerment).

Dr. Anjali Rao presented models illustrating agriculture-to-nutrition pathways, showing how factors like food production, income, and caregiving practices influence nutrition. Dr. Rao highlighted the UPAVAN project, a participatory agriculture and nutrition initiative using video-led learning in Odisha, India.



REPORT ON SYMHEALTH-2025

A Conference on

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Dr. Anjali Rao concluded that multi-sectoral collaboration is essential for addressing malnutrition and ensuring sustainable health outcomes. Integrated strategies involving agriculture, nutrition, and community participation are key to success in low-resource settings.

KEY TAKEAWAYS:

- Integrated approaches linking agriculture, nutrition, and health are essential to address the complex challenges of malnutrition and sustainable development.
- Community-led, participatory models like the UPAVAN project have proven effective in improving maternal and child nutrition outcomes in rural settings.
- Multi-sectoral collaboration is critical for achieving scalable, sustainable, and equitable health and nutrition.

3. FROM BENCH TO BEDSIDE: TRANSLATING SARCOPENIA RESEARCH INTO CLINICAL PRACTICE

TIME: 11:30AM to 12:15 PM

SPEAKER NAME: DR. MONIKA PATHANIA

EXECUTIVE SUMMARY:

Dr. Monika Pathania focused on the growing health challenge of sarcopenia—an age-related condition marked by progressive loss of skeletal muscle mass, strength, and function. Through an engaging blend of clinical evidence, case-based learning, and global research, Dr. Pathania emphasized the urgent need to recognize and address sarcopenia as a critical component of geriatric care.

The session began with the case of a 74-year-old male presenting with muscle weakness and mobility issues, a classic example of undiagnosed sarcopenia. Dr. Pathania explained the underlying physiological and pathological mechanisms contributing to the condition, including hormonal changes, inflammation, physical inactivity, and nutritional deficiencies.

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*PREVALENCE OF SARCOPENIA IN BOTH GLOBAL AND INDIAN POPULATIONS,
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She highlighted the prevalence of sarcopenia in both global and Indian populations, underscoring its impact on functional independence, fall risk, hospitalization, and mortality.

A multidimensional approach to diagnosis and management was presented, integrating resistance training, nutritional interventions, and emerging therapies such as SARMs and hormone supplementation. The role of yoga was also explored, offering a culturally relevant adjunct to conventional treatment. The session called for early screening, lifestyle-based interventions, and a holistic treatment model to improve outcomes in elderly populations at risk of sarcopenia.



CONCLUSION:

Sarcopenia represents a significant but often underdiagnosed component of geriatric health that impairs quality of life and increases healthcare burden. Dr. Pathania's session clarified its pathophysiology, diagnosis, and management while calling attention to gaps in current therapeutic options. Resistance training and tailored nutritional support remain the foundation of treatment, while pharmacological and hormonal therapies are still under investigation. The lecture concluded by advocating for integrated solutions—physical activity, nutrition, and culturally rooted practices like yoga—delivered through accessible healthcare systems to reduce the disparity in care for older adults. Dr. Pathania's approach stresses early identification, lifestyle-based interventions, and holistic management to combat sarcopenia's progression and its systemic consequences.

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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KEY TAKEAWAYS:

- Sarcopenia is a progressive loss of muscle mass, strength, and function, now recognized with an ICD-10-CM code.
- Global: 5–13% (60–70 yrs), up to 50% (80+ yrs).
- Indian context: 14–20% based on regional studies.
- Aging, inactivity, poor nutrition, hormonal changes, chronic inflammation, and genetic predisposition.
- Diagnosis via SARC-F score, handgrip strength, gait speed, DXA, BIA, and anthropometric measurements.
- First-line: Resistance training and nutritional support (especially protein, vitamin D, and omega-3).
- Yoga demonstrated benefits in muscle strength and IGF-1 levels.
- SARMs like Enobosarm and MK-0773 are under study; no FDA-approved drugs yet.
- Creatine and leucine-enriched diets may support resistance training benefits.
- Myostatin inhibitors, hormone modulators, and exercise mimetics (e.g., GW1516, AICAR).

4. FROM GENERAL TO PERSONALIZED NUTRITION APPROACHES: CHANGING LANDSCAPE OF NUTRITION PRACTICE IN HEALTHCARE SETTINGS.

TIME: 12:15 PM to 1:00 PM

SPEAKER NAME: DR. SARJAN SHAH

EXECUTIVE SUMMARY:

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A Conference on

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- The session focused on the evolving approach to nutrition, moving from traditional "one-size-fits-all" strategies to personalized nutrition based on genetic profiling and microbiome analysis.
- The speaker emphasized the increasing prevalence of non-communicable diseases (NCDs) such as cardiovascular diseases, diabetes, and obesity, largely influenced by lifestyle and genetic factors.
- It was explained to demonstrate how individual genetic differences impact the concepts of nutrigenetics and nutrigenomics effects on hunger signals, vitamin absorption, lactose intolerance, caffeine metabolism, and exercise efficiency, specific genes such as FTO, MC4R, FUT2, MCM6, and CYP1A2 were discussed.
- The importance of next-generation sequencing in examining these intricate relationships was also discussed, along with the role of the gut microbiome in health and disease, emphasizing the link between host genetics and microbial composition
- It was illustrated how individualized food and exercise regimens based on genetic profiles that can result in better health results, real-world case studies were presented.



CONCLUSION:

The session concluded that contemporary health care, particularly with regard to weight control and chronic illnesses, requires more than just general recommendations. A more precise, long-lasting route to health and wellbeing is provided by individualized dietary and lifestyle changes based on genetic testing and microbiome study. Diet response, vitamin deficiencies, exercise performance, and illness risk are all strongly influenced by genetics.

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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- Personalized Nutrition is the Future: Genetic testing (nutrigenetics and nutrigenomics) enables tailored dietary and exercise plans.
- Genetic Impact on Health:
 - a) **FTO gene:** Regulates hunger, influences obesity.
 - b) **MC4R gene:** Provides satiety signals to control food intake.
 - c) **FUT2 gene:** Affects Vitamin B12 absorption.
 - d) **CYP1A2 gene:** Determines caffeine metabolism and cardiovascular risk.
 - e) **MCM6 gene:** Impacts lactose tolerance.
 - f) **HLA-DQ gene:** Linked to gluten intolerance and celiac disease.
- **Vitamin Deficiencies:** High prevalence of Vitamin B12 and D deficiencies in India, often genetically driven.
- **Gut Microbiome:** Plays a crucial role in health; personalized interventions can help restore balance.

TRACK III:

DATE: 11/04/2025

VENUE: SMCW LECTURE HALL 3 (TRACK: 3)

ATTENDEES: STUDENTS AND DELEGATES

1. MEDICINE DELIVERY IN QUICK COMMERCE.

TIME: 9:30 AM to 10:15 AM

SPEAKER NAME: MR. SAURAV DAS

EXECUTIVE SUMMARY:

The session started with the discussion on how the pharmaceutical industry is undergoing a major transformation with the rise of quick commerce, enabling medicine deliveries in under 10 minutes. This shift is driven by consumer demand for convenience, increasing digital adoption, and advancements in AI-powered healthcare

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A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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solutions. Traditionally, medicine delivery faced regulatory and logistical challenges, but e-prescription validation, AI-driven audits, and pharmacist oversight are now enabling safe and efficient order fulfilment.

The business model behind quick commerce in healthcare relies on dark stores—small fulfilment hubs that facilitate rapid delivery within a 2 km radius. Orders are processed through automated APIs, ensuring prescription validation by pharmacists within seconds. In cases requiring further scrutiny, teleconsultations with doctors are initiated, followed by real-time auditing and compliance checks before final dispatch.

Several major players are driving this evolution. Pharmacy chains like Apollo, NetMeds, and 1mg have integrated e-commerce capabilities, while logistics-driven platforms like Amazon, Flipkart, Swiggy, Blinkit, and Zepto are expanding into medicine delivery. Additionally, tech enablers such as MyRx are facilitating prescription validation, AI-powered audits, and compliance tracking to ensure regulatory adherence.

The economic potential of e-pharmacy is enormous, with the Indian market expected to reach \$10 billion by 2025, growing to \$16 billion by 2027. By then, 48% of all medicine sales could be through e-commerce, particularly for chronic care, post-hospitalization needs, and urgent prescriptions. The integration of AI and automation will continue to refine digital healthcare, making medicine access faster, safer, and more reliable.



REPORT ON SYMHEALTH-2025

A Conference on

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Session concluded with how quick commerce in medicine delivery is reshaping healthcare accessibility, making it faster, safer, and more efficient. The industry is seeing rapid adoption, with major players investing in AI-powered compliance, pharmacist oversight, and automated logistics to streamline operations. While regulatory challenges remain significant, technology is bridging the gap between speed and safety.

KEY TAKEAWAYS:

1. 10-Minute Medicine Delivery is a Reality

- Quick commerce is revolutionizing medicine distribution.
- Dark stores enable ultra-fast fulfilment within a 2 km radius.

2. AI & Automation Are Transforming Healthcare Logistics

- AI-powered prescription validation, automated audits, and compliance tracking ensure safety.

3. Market Growth is Inevitable

- The Indian e-pharma market is projected to hit \$16 billion by 2027. Recurring prescriptions for chronic illnesses will be a key driver of revenue.

2. PHARMACOVIGILANCE IN THE ERA OF PRECISION MEDICINE.

TIME: 10:15 AM to 11:00 AM

SPEAKER NAME: DR. SUJATA SAWARKAR

EXECUTIVE SUMMARY:

The session focused on the evolving field of precision medicine and its growing role in personalized healthcare. The discussion began with an introduction to Sustainable Development Goals (SDGs), specifically emphasizing Good Health and Well-being and how India, as a global pharmaceutical leader, is positioned to advance precision medicine.

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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Precision medicine, a patient-specific approach to treatment, tailors therapies based on genetic, environmental, and lifestyle factors. Unlike traditional "one-size-fits-all" medicine, it aims for higher efficacy and fewer adverse reactions. The concept gained momentum with the Human Genome Project (2003) and was formally launched in 2015 under the Obama administration in the U.S. Since then, significant breakthroughs in gene therapy, CRISPR-based treatments, and CAR-T cell therapy have been achieved.

The global precision medicine market is projected to reach \$129 billion by 2028, with an annual growth rate of 9.86%. India has also taken steps in this field, with its first indigenous CAR-T cell therapy approved in 2023, along with initiatives like Genome India, biobanks, and AI-driven precision medicine research.

The session also explored the role of regulatory agencies, particularly the US FDA, which has streamlined drug approval processes for personalized treatments. However, the complexity of precision medicine requires robust manufacturing, quality control, and advanced diagnostic tools to ensure safety and efficacy. The importance of pharmacovigilance was also discussed, particularly in monitoring adverse drug reactions (ADRs) in personalized therapies. AI and big data analytics are expected to play a key role in post-marketing surveillance, ensuring patient safety.



REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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The session concluded by emphasizing the need for collaboration between pharmacologists, geneticists, data scientists, physicians, and regulatory bodies to fully harness the potential of precision medicine. Additionally, patient education and physician awareness were highlighted as critical factors for the successful adoption of personalized treatments.



KEY TAKEAWAYS:

1. Precision Medicine is the Future of Healthcare
 - Shifts from "one-size-fits-all" treatments to customized therapies based on genetics, environment, and lifestyle.
 - Advanced diagnostics like CRISPR gene editing, CAR-T cell therapy, and AI-driven biomarkers are revolutionizing treatment.
2. Pharmacovigilance is Critical in Precision Medicine
 - AI-driven surveillance will help monitor adverse drug reactions in personalized therapies.
 - The role of pharmacovigilance professionals is expanding beyond pharmaceuticals to include medical devices and cosmetics.
3. Regulatory Challenges & Ethical Considerations
 - Precision medicine requires strong regulatory frameworks to ensure patient safety.

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

- Data privacy is crucial, as genetic information must be securely managed.

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3. CLINICAL DATA MANAGEMENT: ENSURING DATA INTEGRITY IN RESEARCH.

TIME: 11:30 AM to 12:15 PM

SPEAKER NAME: DR. VIJAYKUMAR GAWALI

EXECUTIVE SUMMARY:

The session began with an introduction to Clinical Data Management (CDM), explaining it as a systematic process that ensured data accuracy, reliability, and accessibility throughout a research study. It was emphasized that data management should be planned even before data collection begins to reduce future errors.

The speaker elaborated on CRF (Case Report Form) design, data dictionary creation, and metadata documentation as essential components of structured data collection. He stressed the use of standardized vocabularies, machine-readable formats, and proper naming conventions to enhance data consistency and usability.

Various data management tools and practices were discussed, including paid and free software for database design. The importance of avoiding spreadsheets in favor of controlled and secure data entry systems was also highlighted. The speaker also focused on the use of unique identifiers, de-identification strategies, and consistent nomenclature.

The session covered advanced practices like Quality by Design (QbD), data cleaning, data validation, post-trial QA activities, and the use of AI-integrated systems such as Secure Decentralized Data Management Systems (SDDMS), which incorporated blockchain and federated learning for secure and transparent data handling.

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'



CONCLUSION:

The session successfully addressed the multidimensional aspects of clinical data management, stressing that proper planning, regulatory compliance, technological integration, and quality control were essential for maintaining the integrity of research data. Attendees were provided with a clear understanding of how structured data practices can improve the reliability and credibility of clinical trial outcomes.



REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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- Clinical Data Management is not just about collecting data—it's about designing robust systems from the start to ensure that every piece of data collected is accurate, secure, and meaningful for scientific and regulatory decision-making.
- Maintaining data integrity requires a proactive and systematic approach to data collection, validation, and storage—backed by regulatory standards and technological innovations to ensure trustworthy research outcomes.

4. DATA-DRIVEN INNOVATIONS IN HEALTHCARE INDUSTRY.

TIME: 12:15 AM to 01:00 PM

SPEAKER NAME: MS. MANISHA MANTRI

EXECUTIVE SUMMARY:

The health sector is being radically transformed by the spread and innovations in data and technology. Large amounts of structured and unstructured data EMRs to genomic sequences are revolutionizing clinical practices almost instantaneously. India is leading this charge with an estimated 30% contribution to the world's health data through endeavours like the Ayushman Bharat Digital Mission and platforms like the CoWIN and eSanjeevani.

Solutions based on data are transforming patient care, clinical processes, diagnostics, and predictive analytics. Advances in artificial intelligence, AI, Internet of Things, and genomics provide never-before-seen opportunities to enable individualized medicine and operational effectiveness. Yet data heterogeneity, technological constraints, regulatory hurdles, and the nature of complicated ecosystems in the health sector remain to challenge smooth integration. The future holds prospects in the widespread application of digital twins, remote monitoring in real-time, and standards like SNOMED CT and FHIR to enable wiser and patient-focused health networks.

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'



CONCLUSION:

Healthcare delivery is being rewritten by data-centric innovations with the power to deliver precision medicine, maximize resources, and enhance patient outcomes. The strategic implementation of AI, big data analytics, and wearable technologies is not just augmenting diagnosis and treatment but is also strengthening public health infrastructures. In spite of ongoing hurdles — fragmented datasets, stringent regulation, and lack of interoperability — the path to an integrated and patient-centric healthcare system remains unshaken. The unified implementation of standardized structures, high-performance computing, and secure data exchange platforms will be the keys to triumphing over these hindrances and unlocking the complete value proposition of data-centric healthcare.

KEY TAKEAWAY:

- **Dramatic Growth in Data:** Healthcare data are growing exponentially and require strong systems to manage and analyse them.
- **Healthcare Opportunities in India:** Efforts such as ABDM, DHIS, and NHCX are leading to digital transformation and are driving the use of electronic health records.
- **Artificial Intelligence and Data Science:** Advances in deep learning and open-source platforms are democratizing innovation in the healthcare sector.
- **Uses Across Sectors:** From emergency treatment to genomics, predictive analytics, telehealth, and population health surveillance, data is making decision support and delivery more efficient and effective.

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Future technologies: Digital twin integration, IoT-supported hospital administration, big data public health techniques, and genomics-influenced therapies will reshape the future of health.

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DAY 1: POST-LUNCH SESSIONS

VENUE: MORINGA AUDITORIUM

INAUGURAL CEREMONY:

TIME: 2:15 Pm to 3:15 PM

GUESTS OF HONOURS: Mr. Amit Vyawahare (Associate Director, Climate and Nature Analytics Expert, ISS ESG, Mumbai), Ms. Kripa Gopalan (Impact Analyst, Social Sustainable Financing Expert, Multi-SDG Consultant, Mumbai).

PRESIDED BY: Dr. Rajiv Yeravdekar, Provost, Faculty of Medical and Health Sciences, Symbiosis International University, Pune, and Dr. Parimala Veluvali Director, Symbiosis school of Digital and Online Learning, Pune.

Inauguration commenced on the opening note and shortly the short film explaining the origin of Symbiosis International University was played. After that the Guests of honor Mr. Amit Vyawahare, Associate Director, Climate and Nature Analytics Expert, ISS ESG, Mumbai, Ms. Kripa Gopalan, Impact Analyst, Social Sustainable Financing Expert, Multi-SDG Consultant, Mumbai along with Dr. Rajiv Yeravdekar Provost, Faculty of Medical and Health Sciences, Symbiosis International University, Pune and Dr. Parimala Veluvali Director, Symbiosis school for Online And Digital Learning, Pune were invited to the Dias.

Dr. Parimala Veluvali warmly welcomed the attendees at SymHealth 2025, emphasizing the theme of advancing equity and inclusion as a vital pathway to achieving the SDGs for healthier future generations. She highlighted the conference's focus on addressing healthcare disparities and fostering inclusive, sustainable dialogue through various expert-led sessions and discussions.

The lamp lighting ceremony was hosted by the Guests of Honour Mr. Amit Vyawahare and MS Kripa Gopalan along with Dr. Rajiv Yeravdekar and Dr. Parimala Veluvali. Then the guests were felicitated by Dr. Rajiv Yeravdekar, following this Mr Amit Vyawahare took over the stage.

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Mr. Amit Vyawahare, Associate Director & Climate & Nature Analytics Expert, ISS ESG, Mumbai, led the session of SYMHEALTH 2025. The session discussed the emergent and increasing risk due to climate change and urbanization and their direct and indirect effects on the healthcare system.

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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The speaker highlighted the rising global temperatures, unusual weather patterns, and increased greenhouse gas emissions with a special emphasis on the fact that the healthcare industry itself is a contributor to global emissions in terms of both direct and indirect sources.

The speaker also elaborated the scale of the disasters in 2023, 399 disasters were registered globally, they caused 86,473 deaths and impacted 93.1 million individuals and the overall economic loss was USD 202.7 billion.

The speaker also explained disaster types like floods, storms, earthquakes, and extreme temperatures, indicating a sharp increase in floods and storms in 2023 over past averages. This highlighted the increasing need for disaster preparedness and climate-resilient health systems.

He also highlighted the three scopes of GHG emissions by healthcare providers:

- Scope 1: Direct emissions from the use of fuel in hospitals and anesthetic gases. Emission from transport owned by the healthcare providers, Anesthetic gases like Desflurane and Isoflurane and emission from air-conditioning and refrigeration unit.

- Scope 2: Indirect emissions from electricity use.

- Scope 3: Indirect emissions from Supply chain, travel, and waste emissions.

The session also discussed the challenge of urbanization, with an estimate that 68% of the world's population will be urban by the year 2050. The urban expansion will exert tremendous pressure on housing, sanitation, health, and basic facilities. The speaker focused on climate-resilient and environmentally sustainable health facilities in accordance with WHO guidelines and global sustainability goals. He also pioneered the idea of responsible investment, sustainable bonds, and how investors can be critical to financing environmentally friendly healthcare ventures.



After this, the session was taken over by **Ms. Kripa Gopalan, Impact Analyst, Social Sustainable Financing Expert, Multi-SDG Consultant, Mumbai.** Ms. Kripa Gopalan’s insightful session on “Revolutionising Healthcare and Digital Innovation” shed light on how digital transformation had significantly influenced the healthcare landscape. She emphasized that digital innovation had served as the foundation for improved service delivery and patient outcomes. Despite the inherent complexity of the healthcare ecosystem, she acknowledged that overcoming its challenges had been essential for enabling meaningful technological progress.

Ms. Kripa Gopalan elaborated on how advancements in health informatics and digital epidemiology had revolutionized data management and analytics, especially during health crises. She also highlighted how the integration of zoology information and bioinformatics had deepened medical research and treatment approaches by expanding the understanding of biological data. The evolution of MIS, EMR, and EHR systems, according to her, had enhanced the accuracy and efficiency of healthcare delivery through digitized patient records.

Ms. Kripa Gopalan discussed how technology had bridged critical gaps in the healthcare system, allowing for more cohesive and integrated care. She touched upon the emerging concepts of green hospitals and high-performance computing (H-Computing), which had contributed to sustainability and the optimization of complex computations in healthcare. Additionally, she stressed the importance of strategic planning to support future innovations that would ensure continued digital progress.

Finally, she underscored decentralisation as a transformative trend that had brought healthcare resources and decision-making closer to the community. In conclusion, Ms. Kripa Gopalan’s talk provided a comprehensive overview of how digital innovation had revolutionised healthcare, making it more efficient, equitable, and patient-centered through the integration of advanced technologies and data systems.



Following this **Dr. Rajiv Yeravdekar, Provost, Faculty of Medical and Health Sciences, Symbiosis International University, Pune**, delivered an insightful session emphasizing the broader perspective of sustainability—not limited to individual initiatives but extending to the survival of civilizations for generations to come. He underscored the need for climate adaptability over mere mitigation and reflected on key takeaways from a recent conference hosted by the Ministry of Environment, Forest and Climate Change. Dr. Rajiv Yeravdekar, highlighted how climate change subtly affects various aspects of life and health, such as the depletion of water tables and increased prevalence of non-communicable diseases and certain cancers. He stressed that Sustainable Development Goals (SDGs) are interconnected, and progress in one domain influences others, making it essential for professionals across sectors to adopt a multidisciplinary and integrated approach.

Dr. Rajiv Yeravdekar, further emphasized the need for a holistic perspective in healthcare delivery. Citing tuberculosis treatment as an example, he questioned the one-size-fits-all model of care, stressing the importance of considering patient affordability, co-existing conditions, and drug side effects. He discussed the demographic life cycles of diseases like smallpox, leprosy, HIV/AIDS, and COVID-19, noting how their long-term effects persist even after their immediate threat has subsided. Dr. Rajiv Yeravdekar, for sustainable, resilient healthcare systems and encouraged healthcare professionals to think beyond their individual roles. He concluded by congratulating the participants on their commitment to continuous learning and urged them to approach healthcare with a broader, more inclusive vision.



CONCLUSION:

SymHealth 2025 started on a thoughtful and inspiring note, bringing together experts from different fields to talk about the big issues facing healthcare today. The sessions focused on

how climate change, urban growth, and technology are changing the way healthcare works. Speakers shared important ideas about making healthcare systems stronger, more inclusive, and more environmentally friendly.

The event showed that real progress in healthcare needs teamwork, new ideas, and a long-term vision. From using cleaner energy in hospitals to making better use of digital tools, everyone agreed that change is possible when different sectors work together. The goal is clear: build a healthcare system that is prepared for the future and works for everyone.

KEY TAKEAWAYS:

- **Climate and health are closely linked:** Healthcare systems need to be ready for climate-related challenges and also reduce their own impact on the environment.
- **Technology improves healthcare:** Digital tools like electronic health records and data systems help provide better, faster, and more accurate care.
- **Urban growth needs better planning:** As cities grow, healthcare systems must keep up to provide clean, safe, and easy-to-access services.
- **One size doesn't fit all in healthcare:** Treatments should consider each patient's background, needs, and conditions for better results.

TIME: 3:15pm to 4:15pm

TOPIC: Aligning Healthcare Policies with SDGs: Partnerships for a Sustainable Future.

SPEAKERS: Dr. Anjum Patma and Dr. Neha Madhiwala

MODERATOR: Dr. Koustubh Joag

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Moderator: Health is often narrowly understood as medical care or treatment. However, it encompasses a much broader spectrum that significantly impacts individuals and communities. In this context, how do you perceive the role of social determinants in shaping health outcomes?

Why is it important to address these underlying social factors when discussing health and healthcare systems?"

Dr Anjum Fatma: It is often said that health is not merely created in hospitals or clinics—it is shaped in the communities where we live, work, and grow. Factors like socioeconomic status, gender disparities, education, and living conditions profoundly influence health outcomes. For instance, in rural and slum communities, poor nutrition, lack of education, overcrowding, and pollution all contribute to higher rates of illness and mortality. NFHS-5 data even shows a stark link between maternal education and child survival. Given this context, how important do you think it is to address social determinants of health—such as poverty, education, environment, and gender inequality—when aiming to achieve equitable health outcomes and fulfill the targets of SDG 3? And how can we adopt a more integrated, multisectoral approach to health policy and planning?"

Dr Neha Madiwala: Health is inherently intersectoral, deeply influenced by economic, social, and structural factors beyond the healthcare system. A stark example from Mumbai during the COVID-19 lockdown revealed that while children were not directly at risk from the virus, the economic fallout led to a dramatic rise in severe malnutrition—from 10–12% to 25%—due to food insecurity. This highlights how economic crises, loss of employment, and reduced incomes, especially in the informal sector and among small enterprises, directly affect health outcomes. These challenges cannot be addressed by medical interventions alone. Moreover, intra-family dynamics such as gender and age-related disparities in food distribution further influence health, underscoring the need for multidisciplinary, holistic approach to public health.

Moderator: When discussing social determinants of health, the importance of integrated policies often comes up. Could you explain, based on your experience, what we mean by 'integrated policies' in this context? Why is it important to move away from siloed approaches—where health, education, climate change, and social welfare are addressed separately—and instead adopt interconnected, cross-sectoral strategies to improve public health outcomes?"



Dr Neha Madiwala: An illustrative example from the field of childhood malnutrition highlights the urgent need for integrated policies. Although malnourished children fall under the purview of multiple departments—health, education, and social welfare—there is little coordination among them. A key challenge is the lack of data interoperability, which prevents departments from accessing a holistic view of beneficiaries' needs. Policies are often designed in departmental silos rather than around the people they aim to serve. For instance, a disabled child must navigate three different departments to access basic services, often traveling long distances despite limited mobility. This underscores the importance of designing people-centric, collaborative policies that break down bureaucratic barriers and respond to real-life challenges.



Dr. Anjum Fatma: Integrated policies are essential for achieving holistic and equitable health outcomes, as emphasized by the WHO’s “Health in All Policies” approach. A practical example comes from Bihar, where a comprehensive State Plan of Action for Children was developed with the vision of ensuring the well-being and happiness of every child. While the Social Welfare Department is the lead, the plan actively involves 18 departments, each with defined roles, responsibilities, and resource allocations. This collaborative framework focuses on capacity building, fund utilization, and awareness generation at various administrative levels. Importantly, the plan includes often-overlooked groups such as children with disabilities and adolescents, and also addresses the needs of third-gender individuals ensuring that no one is left behind. This model illustrates how integrated, inclusive policy-making is key to achieving the Sustainable Development Goals equitably.

Moderator: When we talk about intersectoral collaborations, what different players or what different stakeholders in your experience are important or should be included when we talk about integrated policies?

Dr. Neha Madiwala: An important insight from work on childhood malnutrition is the significant positive impact of engaging fathers through mHealth initiatives, highlighting the need to move beyond traditional, female-focused health outreach. Health must not remain confined to the health department alone—it should be promoted across various ministries like transport, industry, and technology to tap into their reach and resources. For example, addressing malnutrition involves confronting the widespread consumption of junk food, which not only contributes to obesity but also to undernutrition, as seen in rural areas where infants are fed processed snacks like "kurkure." Tackling this requires engagement with the food industry, regulation of advertising, and cross-sector collaboration. Furthermore, there is a

pressing need to unify the efforts of NGOs, CSOs, UN partners, and CSR initiatives by mapping their areas of support and developing a coordinated action plan. Only through collective responsibility and integrated efforts can we ensure health and well-being for every individual, especially the most vulnerable.

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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The panel discussion offered rich insights into the multifaceted nature of health and the critical need to move beyond conventional, siloed approaches to policymaking. It emphasized that health is not merely a product of medical care but is deeply rooted in social, economic, and environmental contexts. Both speakers, Dr. Anjum Fatma and Dr. Neha Madiwala, underscored the importance of integrated, intersectoral strategies that place individuals and communities at the center of policy formulation. From addressing gender disparities and childhood malnutrition to leveraging the roles of multiple stakeholders—government departments, NGOs, CSOs, UN agencies, and CSR partners—the conversation highlighted that collaborative, inclusive, and data-informed actions are vital for achieving the Sustainable Development Goals, especially SDG 3. As we envision a sustainable and equitable future, the call to embed “Health in All Policies” remains more urgent than ever.

TIME: 4:30 pm to 5:15 pm

TOPIC: A 50-year journey of Knowledge Translation in Health & Medical Research – A review of the baggage

SPEAKER: Dr. Nerges Mistry

EXECUTIVE SUMMARY:

Dr. Nerges Mistry’s presentation at SYMHEALTH 2025, part of the national conference on "Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations," offered a reflective yet progressive account of translational research (TR) in India over five decades. Her session dissected the reasons why academic research often fails to translate into real-world technologies, emphasizing that despite India’s strong academic output, commercialization and public health application remain limited.

Highlighting diverse research efforts in leprosy, tuberculosis, phytomedicine, and public health training, Dr. Mistry showcased how a blend of scientific rigor and social application can drive meaningful change. Her work emphasized the need for integrating traditional and modern approaches, capacity building, policy interventions, and technological innovations—ranging from mask-based TB diagnostics to wastewater surveillance for COVID-19.

The session also brought global parallels—mRNA vaccine development, gene-edited rice for heart health, and probiotic therapies for mental health—underscoring the importance of ethics, patient-centered design, and global solidarity. A resounding message was the urgent need to bridge research with societal needs and ensure the fruits of science are equitably accessible, especially to the Global South.

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'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

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CONCLUSION

Dr. Mistry's presentation underscored that impactful health research must transcend academic silos and serve public good through real-world implementation. Her journey through five decades of translational work—from rural field studies to genetic sequencing of TB strains—demonstrates the power of persistent, multidisciplinary, and community-engaged research. She advocated for stronger academia-industry-government linkages, ethical systems design, and investment in human capital, especially frontline health workers. As India and the world confront rising health disparities and global crises, her insights serve as a vital reminder: research must be people-centered, ethically sound, and globally inclusive. Her closing message reinforces that access to the best science is a human right, and achieving health equity requires collective action rooted in truth, humility, and shared responsibility.

REPORT ON SYMHEALTH-2025

A Conference on

*'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier
Future Generations'*

KEY TAKEAWAYS:

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- Academic excellence often fails to reach real-world implementation due to lack of commercialization and translational focus.
- Goes beyond products—it can influence policy, people mobilization, and health system strengthening.
- Training of trainers (ANMs) using adult learning principles is key to sustainable health systems.
- Calls for equitable vaccine access, data transparency, and protection against populist science.
- Strengthen ethical AI, med-tech equity, and patient co-creation in system design.

TIME: 5:15 pm to 6:00 pm

TOPIC: Governance and Health: Leveraging Legal Frameworks for Sustainable Development.

SPEAKER: Dr. ABHAY SHUKLA

Dr. Abhay Shukla, a prominent public health expert and advocate for ethical healthcare, delivered an insightful talk on health rights and patient rights in India. He began by outlining the foundational basis of the right to health in the Indian Constitution and international human rights frameworks. Although Article 47 of the Constitution outlines the duty of the state to improve public health, it remains aspirational. However, Article 21, through various Supreme Court judgments, has interpreted the right to life as encompassing the right to health. Internationally, India has committed to the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights, which affirm health as a fundamental human right.

Dr. Shukla emphasized the four core components of the right to health as defined by international governance: **availability, accessibility, acceptability, and quality**. He highlighted that the right to health includes not just access to healthcare services but also to the social determinants of health such as sanitation, clean water, and nutrition. He explained the three-tier understanding of the right to health—**right to public health services, right to**

REPORT ON SYMHEALTH-2025

A Conference on

*'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier
Future Generations'*

healthcare (including private care when facilitated by the government), and right to conditions essential for health.

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He drew attention to India's complex "mixed health system" where the public sector is underfunded and largely preventive, while the private sector is dominant, expensive, and curative. This situation limits equitable access to healthcare and often leaves the poor and vulnerable underserved. Dr. Shukla shared successful models like community-based monitoring in Maharashtra, which empowered citizens to hold public health facilities accountable. He also recounted Maharashtra's COVID-19 response, where patient bills were audited and refunds were issued for overcharging in private hospitals.

Despite having a Patients' Rights Charter approved by the Union Health Ministry, Dr. Shukla lamented its poor implementation and awareness. He advocated for transparency, rate regulation, and accountability in both public and private sectors. He concluded with a powerful metaphor comparing the "**Profit Logic**" dominating healthcare to a large wrestler overpowering the "**Social Logic**" of healthcare as a human right. He called on attendees to support the latter by raising awareness, participating in policy dialogue, and promoting patient

REPORT ON SYMHEALTH-2025

A Conference on

*'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier
Future Generations'*

rights. Dr. Shukla's session was a compelling call to action for building a more equitable and ethical healthcare system in India.

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DAY 2: PRE-LUNCH SESSIONS

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VENUE: MORINGA AUDITORIUM

SESSION:

TIME: 9:00 AM to 9:30 AM

TOPIC: ORAL PAPER PRESENTATION

- Mrunal Kedar Kurlekar presented an analysis of ten quality indicators (QIs) monitored in a biochemistry lab. While eight met ISO standards, two—daily QC outliers and repeated tests—exceeded limits. Corrective actions were taken, though limitations included the absence of outcome analysis and external validation.
- Yutika Shirgaonkar evaluated personalized AI-generated diet plans from tools like ChatGPT and Meta AI, using the Global Diet Quality Score. Many plans showed nutritional imbalances and posed chronic disease risks, underscoring the importance of high-quality input prompts and expert review.
- Sharad Agarwal introduced three digital innovations:
 - *OTTER*: for optimizing 5G multi-WAN networks,
 - *ProvCam*: for authenticating video media using cryptographic proofs,
 - *LLexus*: an AI-driven tool for incident response in IT operations.
- Dr. Fabiola M. Dhanaraj and team studied self-care and resilience among nursing faculty in Tamil Nadu. While physical self-care was common, emotional and spiritual care were lacking. The study highlighted the need for structured wellness programs and institutional mental health support.
- Dr. Manisha Gore and co-authors explored barriers to antenatal care in rural areas. Key challenges included limited awareness, transport issues, cultural beliefs, and weak infrastructure. The study called for improved health education and system reinforcement.
- Dr. Trupti Borulkar and Dr. Shilpa Gite presented *PinkAlert*, a mobile application designed to increase breast cancer screening awareness. The app focuses on early detection and self-examination, targeting women with limited access to traditional healthcare information.

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A Conference on

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CONCLUSION:

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The presentations collectively emphasized the role of technology, data-driven tools, and grassroots interventions in addressing healthcare disparities. They highlighted the importance of contextual relevance, institutional support, and interdisciplinary collaboration in driving equitable and sustainable health outcomes.

SESSION:

TIME: 09:30 AM to 10:15 AM

TOPIC: EQUITY, DIVERSITY AND INCLUSION IN HEALTHCARE COMMUNICATION.

SPEAKER: DR. SWATI SANTOSH RANE

EXECUTIVE SUMMARY:

Dr. Swati Santosh Rane's presentation spotlighted the urgent need to integrate Equity, Diversity, and Inclusion (EDI) into healthcare communication to build a system that is fair, patient-centered, and culturally responsive. She established that communication lies at the heart of ethical, effective healthcare, especially in a diverse, multilingual, and socioeconomically varied context like India.

Through real-world case studies and empirical insights, Dr. Rane emphasized how inclusive communication leads to improved health outcomes, enhanced patient trust, reduced medical errors, and better engagement with marginalized communities. She traced the evolution of EDI in healthcare, showcasing its transition from access-focused strategies to models rooted in structural inclusion and cultural competence.

Her approach combined theoretical frameworks with practical tools—like bias training, visual aids, digital inclusion, and gender-sensitive practices—highlighting how communication can bridge systemic gaps and empower both patients and frontline healthcare workers.

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CONCLUSION:

Dr. Swati Santosh Rane concluded that equity in healthcare begins with how we communicate—and who we choose to listen to. Inclusive, respectful, and culturally sensitive communication must be embedded at every level of healthcare delivery, from policy to practice. This shift is not only a moral and ethical imperative but a strategic necessity to achieve Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs).

She issued a powerful academic call to action: to reimagine communication as a tool for justice, dignity, and belonging in healthcare. Only by embedding EDI principles into conversations, training, systems, and policies can we ensure a truly inclusive and equitable healthcare environment for future generations.

KEY TAKEAWAYS:

Inclusive Communication Builds Trust and Improves Outcomes: Clear, respectful, and culturally sensitive communication enhances patient trust, reduces errors, and improves adherence to treatment.

- **Equity, Diversity, and Inclusion Must Be Embedded in All Healthcare Interactions :** Tailoring messages to different identities and needs ensures fairness, representation, and belonging for all patients.
- **Empowering Frontline Workers and Marginalized Voices Is Essential :** Community health workers, women, and underrepresented groups play a vital role in bridging care gaps and driving patient-centered care.

- Systemic Change Requires Policy, Training, and Leadership Commitment: Institutions must prioritize EDI through training, inclusive infrastructure, and stakeholder engagement to create lasting impact.

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SESSION:

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TIME: 10:15 AM to 11:00 AM

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TOPIC: PROMOTING HEALTH EQUITY THROUGH MEDICAL TOURISM.

SPEAKER: DR. RASHK KAUSHAL.

EXECUTIVE SUMMARY:

- Dr. Kaushal presented a compelling narrative that bridged the economic opportunities offered by India's booming medical tourism industry with the pressing need for healthcare equity within the country. Through contrasting case studies of Aarav, a rural Indian patient, and Li Na, a foreign medical tourist, he highlighted the dual realities of healthcare access—underscoring both the gaps in rural healthcare infrastructure and the strengths that make India a global healthcare destination.
- The session emphasized the ethical challenges, regulatory gaps, and social dilemmas associated with the medical tourism sector. It also showcased successful international and domestic models, including Thailand's regulated dual healthcare system and the Health City Cayman Islands, to illustrate how other nations have balanced economic growth with equitable healthcare delivery.
- Dr. Kaushal proposed a three-pillar framework focused on reinvesting medical tourism revenues into public health, fostering public-private partnerships (PPPs) to enhance rural healthcare access, and implementing fair pricing and regulatory mechanisms.
- He concluded with the R.A.C.E. framework (Reform, Accelerate, Collaborate, Expand), offering a strategic national plan to transform India's healthcare system by 2030 through inclusive and sustainable medical tourism practices.
- The session concluded with a call to action for policymakers, healthcare leaders, and innovators to contribute to a more equitable health future—where the growth of medical

- tourism would not only benefit foreign patients but also uplift millions of underserved Indians like Arav

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A Conference on

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CONCLUSION:

- The session effectively shed light on the untapped potential of medical tourism as a vehicle for promoting health equity in India. By juxtaposing individual patient stories with national and global healthcare data, Dr. Kaushal illustrated the urgent need for systemic reforms that bridge the urban-rural divide and ensure inclusive access to healthcare services.
- It was concluded that while India stood poised to become a global leader in medical tourism, the benefits of this growth must be shared equitably among its population. The proposed strategies—such as taxation on foreign patient treatments, incentivized PPPs, and regulatory frameworks—offered practical pathways to ensure that the influx of international patients could directly contribute to strengthening domestic healthcare infrastructure.
- The R.A.C.E. framework emerged as a visionary model that aimed to balance economic ambition with social responsibility. The session ended with a powerful message that sustainable medical tourism should not be a privilege for a few but a catalyst for healthcare transformation for all. It emphasized that the decisions made today would shape the health outcomes of future generations—and that inclusivity must be at the heart of India's healthcare growth story.



KEY TAKEAWAYS:

1. Highlighted Healthcare Inequities:

Dr. Kaushal showcased the contrasting experiences of a rural Indian patient (Aarav) and a foreign medical tourist (Li Na) to underline the disparities in healthcare access within India.

0. Exposed Ethical and Regulatory Issues:

The session brought attention to the ethical challenges, regulatory shortcomings, and social dilemmas posed by the growing medical tourism sector.

0. Referenced Global Best Practices:

Successful international models, such as Thailand's dual healthcare system and Health City Cayman Islands, were presented as examples of balancing economic growth with equitable care.

0. Proposed a Three-Pillar Strategy:

Dr. Kaushal recommended reinvesting medical tourism revenues into public healthcare, fostering public-private partnerships to enhance rural access, and enforcing fair pricing through strong regulatory mechanisms.

0. Introduced the R.A.C.E. Framework:

The session introduced the R.A.C.E. strategy—**Reform, Accelerate, Collaborate, Expand**—as a blueprint for transforming India's healthcare landscape by 2030.

0. Issued a Call to Action:

Stakeholders, including policymakers and healthcare innovators, were urged to align the medical tourism boom with efforts to improve domestic healthcare equity.

SESSION:

TIME: 11:15 AM to 12:00 PM

TOPIC: HEALTH IMPACT OF CLIMATE CHANGE. STRATEGIES FOR RESILIENT HEALTHCARE SYSTEMS.

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SPEAKER: DR. JOY MERWIN MONTERIO

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EXECUTIVE SUMMARY:

- Dr. Joy delivered a compelling lecture on the escalating intersection between climate change and health. His talk illuminated how climate-induced stressors like extreme heat, droughts, and floods are no longer rare events but increasing in frequency and intensity, especially across South Asia.
- He emphasized that the region is particularly vulnerable due to high population density, existing socio-economic vulnerabilities, and limited adaptive capacity.
- Speaker argued that while the healthcare sector traditionally focuses on diseases and treatment, it must now evolve to incorporate climate resilience into its core infrastructure and planning.
- He stressed the need for comprehensive early warning systems, climate-informed public health messaging, and collaboration across sectors such as urban planning, agriculture, and energy.
- He also highlighted equity concerns, noting that women and marginalized communities face disproportionate risks.



CONCLUSION:

- The lecture delivered a strong message: climate change is reshaping public health landscapes rapidly and requires an urgent, systemic response.
- It emphasized that the future of healthcare in regions like South Asia depends on how well climate risks are understood and integrated into everyday health policies, infrastructure, and public communication.
- Preparing for chronic heat exposure, frequent floods, and nutritional impacts of droughts requires investments in early warning systems, multisectoral coordination, and inclusive health programs.
- The way forward demands proactive design, funding, and a cultural shift in health systems thinking — from reacting to emergencies to anticipating and mitigating climate impacts.

KEY TAKEAWAYS:

- **Climate Change as a Health Risk Multiplier:**

Heatwaves, floods, and droughts are becoming chronic stressors, increasing population vulnerability to health crises.

- **South Asia's Vulnerability:**

South Asia is identified as a high-risk region, with heat exposure contributing significantly to mortality and health burdens.

- **Need for Climate-Resilient Health Systems:**

Health infrastructure, policies, and programs must integrate climate data to anticipate and respond to increasing hazards.

- **Importance of Early Warning Systems:**

Timely alerts tailored for vulnerable groups (outdoor workers, elderly, etc.) can prevent health emergencies related to extreme weather.

- **Multisectoral Collaboration is Crucial:**

Effective climate-health response requires cooperation across ministries (health, urban planning, agriculture, etc.).

- **Current Gaps in Policy and Financing:**



There is a notable lack of dedicated budget and infrastructure at the national level to address heat and climate-related health risks adequately.

REPORT ON SYMHEALTH-2025

SESSION:

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

TIME: 12:00 PM to 12:45 PM

TOPIC: PATHWAYS TO HEALTH EQUITY: FINANCING MODELS TO BRIDGE THE GAP

Organized By
**FACULTY OF MEDICAL AND HEALTH SCIENCES,
SYMBIOSIS INTERNATIONAL (DEEMED UNIVERSITY)**

SPEAKER: MR. ARIZ RIZVI

EXECUTIVE SUMMARY:

At SYMHEALTH 2025, Mr. Ariz Rizvi delivered a compelling presentation on the transformative role of health insurance in advancing health equity in India. Health equity—

ensuring fair and just access to healthcare regardless of socio-economic, geographic, or demographic barriers—remains a significant challenge in India's healthcare system.

With approximately 50% of healthcare expenses being out-of-pocket (OOPE) and 75% of the country's healthcare infrastructure located in urban areas, rural and low-income populations often experience financial distress and restricted access to care. Mr. Rizvi emphasized that health insurance is not merely a financial product but a tool for social equity, capable of reducing economic burdens, improving access, and catalyzing systemic improvements across public and private sectors.

His talk highlighted both the current landscape and evolution of health insurance, examined public and private sector roles, and provided actionable recommendations for increasing affordability, penetration, and inclusivity in India's health insurance ecosystem.



CONCLUSION:

Mr. Ariz Rizvi's session underscored that health insurance is central to building an equitable and sustainable healthcare system in India. With strategic interventions—expanding microinsurance, lowering premiums, enhancing public awareness, and leveraging digital technologies—India can reduce OOPE, improve access, and empower vulnerable communities.

The synergy of robust public schemes like Ayushman Bharat, an evolving private insurance market, and proactive regulatory reforms presents a promising path forward. To achieve SDG health targets and Universal Health Coverage, focused efforts on affordability, inclusivity, and innovation in insurance delivery are essential. Ultimately, a well-structured and widely adopted health insurance system can become the cornerstone of health equity in India.

KEY TAKEAWAYS:

- **Understanding Health Equity in India**

Health equity refers to ensuring that every individual has access to quality healthcare services without being hindered by financial, social, or systemic barriers. In India, this goal remains distant due to multiple challenges. A significant burden stems from high out-of-pocket expenditure (OOPE), which accounts for nearly half of the country's total health spending. This financial pressure pushes an estimated 55 million people into poverty every year.

- **The Indian Healthcare Landscape**

India's healthcare system is composed of both public and private sectors, each playing a distinct role. The public sector, through a network of Primary Health Centers (PHCs), Community Health Centers (CHCs), and district hospitals, offers subsidized or free healthcare, especially in rural areas. However, issues like underfunding, staff shortages, and outdated infrastructure limit its effectiveness.

REPORT ON SYMHEALTH 2025

A Conference on

- **Health Insurance as a Financing Tool**

Health insurance serves as a powerful mechanism to pool financial risk, protect individuals from catastrophic health expenditures, and improve access to timely and quality care. By shifting the cost burden from individuals to a collective pool, it makes healthcare more predictable and affordable. However, several challenges impede its effectiveness.

SESSION:

TIME: 2:00 PM to 3:00 PM

TOPIC: EQUITY AND INCLUSION IN MENTAL HEALTH CARE

SPEAKER: DR. B.P. NIRMALA

MODERATOR: DR. GIRIJA MAHALE

EXECUTIVE SUMMARY:

The session highlighted the critical need for integrating mental health care into mainstream healthcare systems with a focus on equity and inclusion. Dr. B.P. Nirmala, a seasoned psychiatric social work expert, emphasized the systemic gaps, societal stigma, and the neglect of mental health in public policy. She distinguished between equity (need-based resource distribution) and equality (uniform distribution), stressing the importance of tailoring resources to meet the diverse needs of marginalized populations. Dr. Nirmala emphasized that equitable mental health care means going beyond offering services—it involves ensuring that vulnerable groups can *access, understand, and benefit* from those services. She also discussed gender-based disparities, noting that women and gender minorities face unique psychosocial challenges that hinder their access to care. She also pointed out how inclusive policies and welfare schemes are essential to bring underserved populations—like the disabled, elderly, and socioeconomically disadvantaged—into the fold of mental health care. Quoting, “There is no health without mental health,” she reiterated the need for national mental health priorities, especially in the post-COVID era.

Dr. Girija Mahale, the moderator, shared her personal experiences in psychiatry, addressing the stigma even within the medical community. She pointed out that mental health services are often isolated from general healthcare, questioning whether patients truly receive comprehensive care without addressing their mental well-being. Dr. Mahale also highlighted the stigma students face in academic institutions when seeking mental health support, underscoring the need for inclusive mental health policies in educational settings.



CONCLUSION:

The session was an eye-opener on the multifaceted barriers in mental health care, from institutional neglect to social stigma. Dr. Nirmala's grassroots experience and Dr. Mahale's institutional insights complemented each other, offering a holistic view of the challenges and actionable solutions. The discussion reinforced that inclusive mental health care is not a privilege, but a right that must be championed across policy, academics, and clinical practice.

KEY TAKEAWAYS:

- **Equity vs. Equality:** Dr. Nirmala clarified the often-confused concepts—equity involves need-based distribution, while equality is about uniform access. True inclusion requires adjusting resources to fit individual and community needs.
- **Stigma Within Systems:** Mental health continues to be stigmatized, even among healthcare professionals. Dr. Mahale recounted how psychiatry was once considered a less desirable field, symbolizing deep-rooted biases.
- **Mental Health = Health:** Dr. Nirmala emphasized that "there is no health without mental health," especially post-COVID, and discussed how mental well-being must be prioritized alongside physical health.



- **Access for Marginalized Communities:** Both speakers stressed the importance of designing mental health services that reach vulnerable groups, including persons with disabilities, women, and economically disadvantaged communities.

REPORT ON SYMHEALTH-2025

- **Educational Challenges:** Students accessing emotional wellness services fear academic repercussions, pointing to the need for policy-level safeguards to ensure confidentiality and non-discrimination.

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

Organized By

SESSION:

**FACULTY OF MEDICAL AND HEALTH SCIENCES,
SYMBIOSIS INTERNATIONAL (DEEMED UNIVERSITY)**

TIME: 3:00 PM to 3:45 PM

TOPIC: MEDICAL ETHICS AND LAW: WHERE DO THEY INTERSECT?

SPEAKER: DR. SANJAY GUPTA

EXECUTIVE SUMMARY:

Elucidated by Dr. Sanjay Gupta, the intersection of medical ethics and legal duty serves as the cornerstone of ethical professional conduct. Ethicists stress doing what is right, but lawmakers dictate what should be done. The two fields frequently overlap—yet occasionally, widely collide. With three decades of experience in both medicolegal affairs, Dr. Gupta deconstructed such fundamental principles like autonomy, beneficence, non-maleficence, and justice, presenting them through gritty real-life case histories from Indian law.

His observations highlighted the new complexities created by legislations such as the Data Protection Act, the MTP amendments, and new standards for informed consent, confidentiality, and negligence. Focus was placed on the subtle grey areas—where the law sanctions what ethics does not, and vice versa. Presenting contextual dilemmas, Dr. Gupta challenged healthcare professionals towards using a global framework of resolving ethical challenges that

harmonize ethical mandates, legal compulsions, patients' rights, and societal expectations. His argument was for a clinician's legal literacy, documentation diligence, and ethical strength in the modulation of institutional and societal demands.

CONCLUSION:

Dr. Gupte's reflection led him to one clear point: medicine is not just a science or a service but a deep ethical and legal mandate. Doctors have to be on their guard, knowledgeable, and ethically sound, most especially when they are handling morally gray ground. The lecture underscored that ethics cannot be decoupled from law observed, and the way forward is through ongoing education, mutual discussion with legal advisors, and unflinching commitment towards patient welfare. Ultimately, ethical practice under law boundaries is not only vital for patient trust but for professional dignity too.

REPORT ON SYMHEALTH 2025

A Conference on

'Ethics in the Era of Digital Health: A Call for Wholeness in the Vital Future Generations'

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KEY TAKEAWAYS:

- Ethics versus the Law: What may be legal may not be ethical; what may be ethical may not necessarily be legal. The practitioner should be aware of both and balance the same.
- Ethics versus the Law: What may be legal may not be ethical; what may be ethical may not necessarily be legal. The practitioner should be aware of both and balance the same.
- Informed Consent Is Non-Negotiable: Consent needs to be voluntary, informed, and patient-specific—being merely procedurally compliant will not do.
- Data Protection and Digital Challenges: New regulations bring responsibilities, making clinicians data fiduciaries with serious penalties for violation.

VALEDICTORY CEREMONY:

REPORT ON SYMHEALTH-2025

TIME: 3:30 PM to 4:30 PM

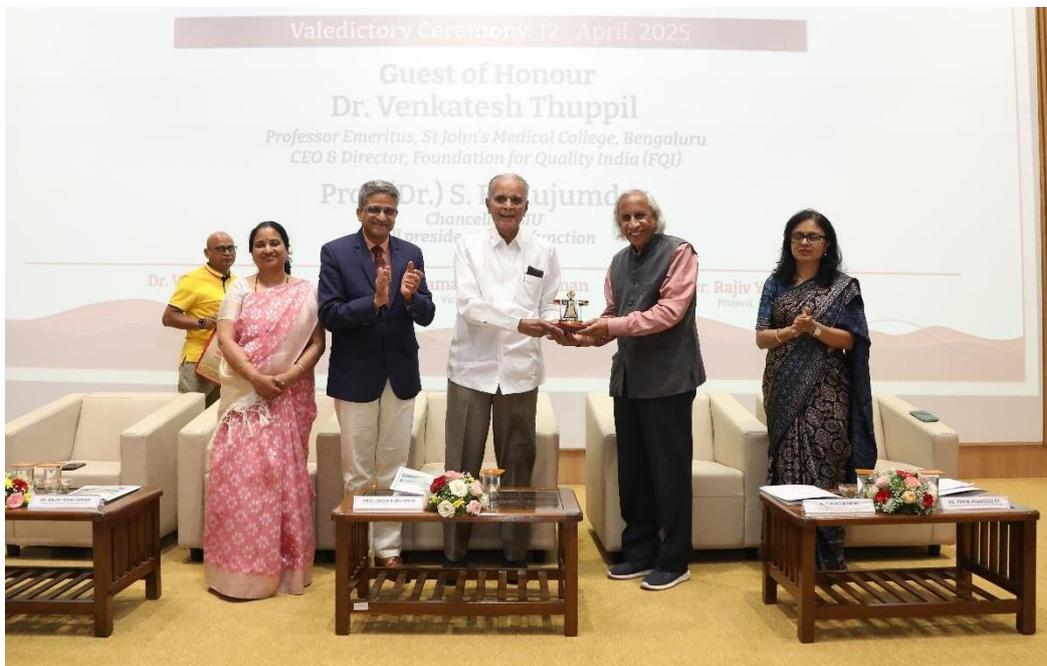
A Conference on

GUEST OF HONOUR: Dr. Venkatesh Thuppil, Professor Emeritus, St John's Medical College, Bangalore, CEO & Director, Foundation for Quality India (FQI).

Organized By

**FACULTY OF MEDICAL AND HEALTH SCIENCES,
SYMBIOSIS INTERNATIONAL (DEEMED UNIVERSITY)**

PRESIDED BY: Prof. Dr. S. B. Mujumdar, Chancellor, Symbiosis International (Deemed University), Pune; Dr. Vidya Yeravdekar, Pro-Chancellor, SIU; Dr. Rajiv Yeravdekar, Provost, Faculty of Medical and Health Sciences, SIU; and Dr. Parimala Veluvali Director, Symbiosis school of Digital and Online Learning, Pune.



Address by Dr. Rajiv Yeravdekar, Provost, Faculty of Medical and Health Sciences, SIU

Dr. Rajiv Yeravdekar, Provost of the Faculty of Medical and Health Sciences, emphasized the foundational role of effective communication in building patient trust, which he noted is central to the medical profession. He appreciated the diverse range of symposium sessions and speakers, including Mr. Raksh Kaushal and Dr. Sanjay Gupte, and the discussions that ranged from medical tourism, mental health, to inclusive health investments.

He commended the efforts made in promoting youth-focused healthcare initiatives and inclusive strategies for improving mental and general health outcomes. His address highlighted the integration of academia, administration, and research as key to driving sustainable progress in healthcare.

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations'

Address by Dr. Vidya Yeravdekar, Pro-Chancellor, SIU

Organized By

Dr. Vidya Yeravdekar addressed the gathering by underscoring the importance of inculcating a strong research culture across academic and medical institutions. She emphasized the need for structured research training and the promotion of research-informed practice among doctors and healthcare professionals. She highlighted key institutional initiatives including the launch of the Symbiosis Institute of Artificial Intelligence, the expansion of distance learning programs in legal education, and the functioning of the Symbiosis Centre for Health Care. Dr. Yeravdekar also fondly recalled the contributions of Advocate Ram Jethmalani to Symbiosis and spoke about the integration of the Consumer Protection Act within medical education frameworks to improve legal awareness among practitioners.



Guest of Honour Address – Dr. Venkatesh Thuppil

Dr. Venkatesh Thuppil, Guest of Honour, delivered an enlightening and reflective address, engaging the audience through rhetorical questions that underscored our collective vulnerability to illness. With warmth and personal insight, he humorously referred to the audience as his "patients," highlighting the shared human experience in healthcare.

Dr. Thuppil emphasized the role of Artificial Intelligence (AI) in predictive diagnostics and showcased a pioneering Japanese technology – an implantable chip capable of predicting the onset of diabetes. He discussed automated laboratories in Japan, designed even for transit hubs, to demonstrate how global healthcare systems are adapting through innovation.

REPORT ON SYMHEALTH 2025

A Conference on *Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier Future Generations* Organized By **FACULTY OF MEDICAL AND HEALTH SCIENCES, SYMBIOSIS INTERNATIONAL (DEEMED UNIVERSITY)**

Drawing on his expertise in public health, he narrated his involvement in the introduction of unleaded petrol in India and addressed contemporary issues such as lead contamination in cosmetics, adulterated turmeric, and lead levels in water. He pointed to Bangladesh's success in eliminating lead from turmeric as a model worth emulating.

Quoting WHO's message *"My health is my right,"* Dr. Thuppil emphasized the need for accessible healthcare and proposed mandatory blood lead level testing facilities in India's 7,097 district hospitals.

He concluded with a message of optimism for students, referring to them as the nation's greatest treasure and left the audience with a profound reminder: *"Every problem must have a solution. Today is a gift given by God – take this gift unwrapped."*



Presidential Address – Prof. Dr. S.B. Mujumdar, Chancellor, SIU

The valedictory ceremony was presided over by **Prof. Dr. S.B. Mujumdar**, Chancellor of Symbiosis International (Deemed University). In his presidential address, Dr. Mujumdar highlighted the guiding philosophy of Symbiosis – *"Vasudhaiva Kutumbakam"* – emphasizing global unity and inclusivity in education.

He spoke on the transformative potential of education in building compassionate healthcare professionals and lauded the convergence of technology, ethics, and innovation in today's medical training. Dr. Mujumdar encouraged students and delegates to be lifelong learners and to engage with healthcare challenges through socially responsible and technologically empowered solutions. He congratulated the organizers for curating a thoughtful and impactful symposium.

REPORT ON SYMHEALTH 2025

**A Conference on
'Sustaining Equity and Inclusion: A Pathway to Achieving SDGs for Healthier
Future Generations'**

Organized By





SESSION:

TIME: 4:30 PM to 4:45 PM

TOPIC: PRIZE DISTRIBUTION

The final session of **SYMHEALTH 2025** concluded on a celebratory note with the **Prize Distribution Ceremony**, recognizing the outstanding contributions of participants in poster and oral paper presentations. The ceremony reflected the spirit of academic excellence and innovation that the conference upholds.

Poster Presentation Awards:

- **Third Prize** was jointly awarded to **Anushthi Singh** and **Surabhi Singh Yadav** for their impressive research and effective visual communication.
- **Second Prize** was shared by **Pranisha Donge**, **Aditi Sinha**, and **Shriya Joshi**, whose collaborative effort and insightful content received high praise from the judges.
- **First Prize** was bagged by **Harsh Chaturvedi**, whose work stood out for its originality, strong methodology, and real-world relevance.



Oral Paper Presentation Awards:

- **Runner-Up** was **Dr. Manisha Gore**, whose presentation was notable for its clarity, academic depth, and relevance to pressing healthcare issues.



- **First Prize** went to **Ms. Yutika Shirgaonkar**, *PhD Scholar, Symbiosis School of Culinary Arts and Nutritional Sciences*, for her exceptional research and impactful delivery.

REPORT ON SYMHEALTH-2025

A Conference on

'Advancing Equity and Inclusion: A Pathway to Achieving SDGs for Healthier



The session concluded in the presence of distinguished dignitaries, applauding the winners and participants for their dedication, intellect, and contribution to the healthcare domain.