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ORGANIZATION AND SUMMER INTERNSHIP EXPERIENCE

BACKGROUND AND HISTORY

Ernst & Young is a British international professional services partnership headquartered in London, England. It is recognised as one of the Big Four accounting firms. The corporation was formed in 1989..



More than **700+** offices across **150+** countries.



In 1989, Ernst & Whinney and Arthur Young & Co. merged to establish a partnership.



Fortune magazine's ranking of the 100 Best Companies to Work over the last 25 years.

EY IN HEALTHCARE

A

Digital Strategy & Policy

B

Health Financing

C

Health Systems Strengthening

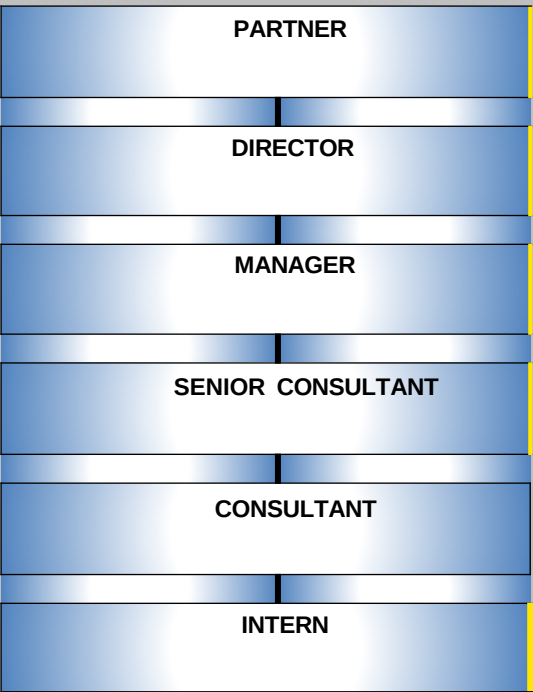
D

Operational Transformation

E

Healthcare ICT and Integration

ORGANISATION STRUCTURE



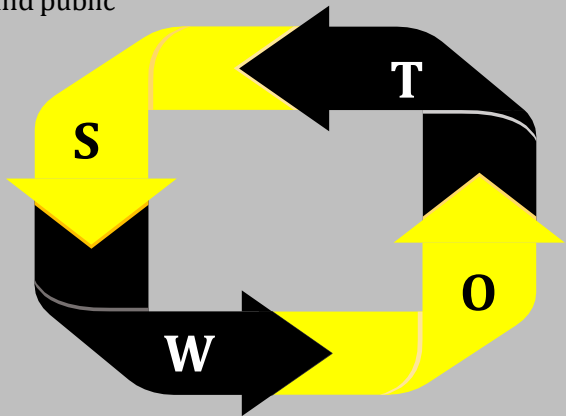
SWOT ANALYSIS

STRENGTHS

- Strong multidisciplinary healthcare sector workforce
- Clients spanning in both private and public

THREATS

- Intense competition from other consulting firms.
- Frequent shifts in the healthcare regulations



WEAKNESS

- Lack of Inter-Sectoral Coordination
- Lack of Investment in R&D
- Resource constraints

OPPORTUNITIES

- Increased demand for healthcare consultancy
- Constant advancements in the healthcare landscape

CHALLENGES FACED



- Lack of prior experience in consulting industry.
- Limited mentor and team interaction.
- Limited client interaction.
- Adapting to the fast-paced environment in terms of project demands and deadlines, work culture.
- Time management and lack of regular feedback.

- Learnt to approach unstructured problems
- Firsthand learning of internship
- Networking
- Exploring healthcare as a career path with their roles and responsibilities
- Invaluable work Experience.
- Exploring healthcare as career path with their roles and responsibilities
- Skill development

USEFULNESS OF INTERNSHIP

VISION & MISSION



Vision



To build a better working world.

Mission



Revolves around helping clients achieve their potential by delivering exceptional service and solutions. They focus on providing insights and quality services promote trust and confidence in global capital markets and economies.

LEARNING AND VALUE ADDITION

PROJECT OVERVIEW

Background

Prevention and control is the primary strategy to reduce the prevalence of NCDs. An effective management of NCD can be undertaken through **strengthening precautionary measures** screening, treatment, and increasing access to health care through PHCs delineating a high impact on health outcomes. This study will facilitate the understanding of components of NCDs, evaluation of current scenario in selected DMCs, identification of best practices and formulation of policy briefs with recommendations to improve the health outcomes.

Objectives



To strengthen integrated primary health care management of NCDs in the selected developing member countries.



To increase knowledge of best practices and capacity and support in implementation to enhance PHC level, NCD management.



To formulate actionable recommendations, policies and outline strategies for improving PHC level NCD management along with support to DMC in policy implementation

Overall underlying gender inequalities in health care access and community level approaches to screening detection and follow ups to be assessed

Demographic Profile - Asia Pacific

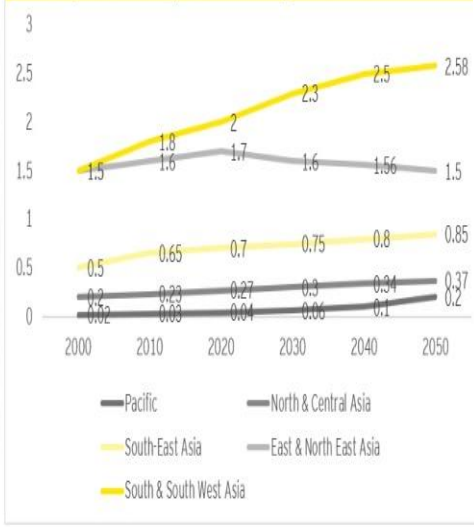


The Asia-Pacific region, located in or around the Western Pacific Ocean and encompasses South Asia Southeast Asia, East Asia, Oceania, and Australia, is home to 60 per cent of the world's population (4.7 billion people) and includes the world's most populous countries, China and India. Its diverse culture and populations are accompanied by changing demographic trends, characterized by overall lower fertility and mortality rates, as well as rapid urbanization and sizeable migration flows within and outside the region. APAC is experiencing global mega-trends including population ageing, increased humanitarian crises, impacts of climate change, urbanization, migration, and rapid advancements in digital technologies. The region is also the fastest ageing in the world. About 60 per cent of all older persons (60 years or over) in the world are residing in Asia and the Pacific.

Percentage of Population (15-14 years)	15%
Percentage of Population (60+ years)	14.8%
Life Expectancy	74.2
Urbanization	45.5%
Adult Literacy Rate	88.6%
Migration Rate per 1000 people	0.29

- Population in APAC continues to grow, but growth rate is declining significantly
- Youth population (15-24) is shrinking, and population aged 60 or over is expanding rapidly
- The oldest population (80+) is growing at an accelerated pace
- The region is witnessing a rise in NCDs because of ageing populations and lifestyle changes.

Population Size by Asia-Pacific Region (Number-Billions)



SUGGESTIONS



- Strengthen internal communication processes.
- Provide regular feedbacks for performance monitoring to understand the expectations better.
- The layout of the Project should be discussed in brief, for acknowledgement of the work to be processed.

Overview of current NCD scenario in the region

- The 3 major NCDs in the Asia Pacific region are CVDs, Cancer and Diabetes due to the increasing loss of disability adjusted life years (DALYs)
- The 4 major behavioural risk factors for NCDs are: tobacco use, alcohol consumption, inadequate physical activity and unhealthy diet

1



Cardiovascular disease (CVD) is the leading cause of NCD deaths in Asia-Pacific, although highly preventable. CVD was the cause of an estimated 9.85 million deaths in SEARO and WPRO and accounted for 45% of all NCD deaths in 2019 in these regions. Ischaemic heart diseases and stroke were the two major causes of death in Asia Pacific in 2019, accounting for 25.4% of total deaths in South-East Asia and 34.5% of all deaths in the Western Pacific region

2



Cancer is the second leading cause of NCD deaths in the Asia-Pacific region. Cancer was the cause of an estimated 5 million deaths (or 24% of total NCD deaths) in Asia-Pacific in 2019. Lung cancer was the leading type of cancer accounting for 20.7%, 17.9%, and 13.5% of all cancer deaths in high, upper-middle, and lower-middle- and low-income countries and territories in 2019, respectively

3



Diabetes is the third leading cause of NCD deaths in Asia-Pacific. About 227 million people live with Type 2 Diabetes and about half of them are undiagnosed and unaware of developing long-term complications. Amongst lower-middle- and low-income Asia-Pacific countries and territories, deaths attributable to high blood glucose increased by 14% between 2000 and 2019

Overview of current NCD scenario in the region

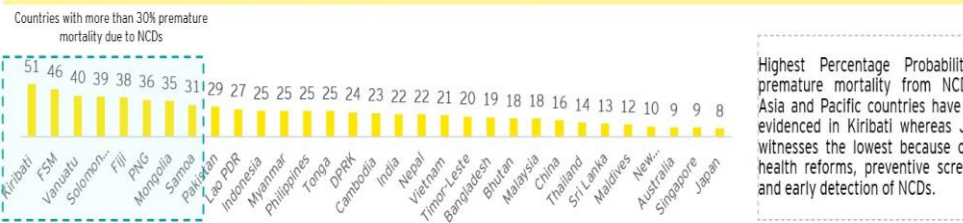
80% Mortality rate attributed to NCDs

Populations across the region are getting older and sicker. By 2025, 460 million individuals will be over 65 years of age. At the same time, an estimated 265 million people will be diagnosed with diabetes, and 250 million over the age of 18 are expected to be obese. All these factors will necessitate a shift from acute care services to chronic care management.

Mortality Rate (Percentage) in Asia and Pacific Countries due to NCDs



Percentage Probability of premature mortality from NCDs in Asia and the Pacific



KEY LEARNINGS



- Professional behaviour
- Effective communication.
- Secondary Research , Data Compilation , Data Analysis.
- Being a Solution and Action Oriented
- Positive attitude and enthusiasm with the chance to grow

PRACTICAL EXPOSURE

Brainstorming to find Real-time solutions Enhances Problem Solving Skills



THEORETICAL UNDERSTANDING

Theoretical and Conceptual Knowledge Comprehensive understanding of policies/health systems

