Transcript:

Jorian Murray (00:01):

Hello, I'm Jorian Murray. Welcome to Good Things Happen. The show that invites changemakers and enablers to share their inspiring stories of progress. Whilst change can be uncomfortable, unexpected, and at times, disruptive, it's inevitable. More often than not, change is for good. We'll be hearing from people from all walks of life who have been at the forefront of change, including their journeys to get their and their motivations. Because when people work together [00:00:30] for a common cause, Good Things Happen.

Dr Harshit Jain (00:35):

Technology is an enabler. For all of us, and similarly for healthcare professionals as well, who make their life easier and better, so that they can treat their patients even better.

Nauman Ansari (00:48):

People want who want to take ownership, every opportunity is there to live a longer, happier, healthier life.

Dr Harshit Jain (00:54):

In 40 years, we are now a 220 people brand, with network in 21 countries, offices [00:01:00] in four countries, and growing at a very rapid pace, 3X year-on-year. It shows that our solution is working, helping pharmaceutical brands, helping healthcare professionals get the right message at the right time.

Jorian Murray (01:20):

Following the 2020-22 global health crisis, the World Economic Forum laid out its vision for global healthcare equity by 2035. [00:01:30] Four strategic carriers were identified to support longterm change to achieve better health and healthcare around the world. Number one, equitable access and outcomes. Two, healthcare systems transformation. Three, technology and innovation. And four, environmental sustainable.

(01:53):

Today on Good Things Happen, I'm joined by two very well-informed guests to discuss [00:02:00] what's happening in the world of health. Medical doctor and entrepreneur, Dr. Harshit Jain, who is the founder and global CEO of Doceree, an innovative healthcare marketing platform that connects healthcare professionals with life science brands. My second guest is Global Head of Healthcare at Citi Commercial Bank, Nauman Ansari.

(02:22):

As ever, let's start with your formative stories. Harshit, you go first. You wear many [00:02:30] hats, but did you always think you were going to end up in a similar world to this? Or did you want to be an astronaut when you were a little boy?

Dr Harshit Jain (02:39):

Thanks, Jorian, for inviting me to the show. I'm still a young boy, so not very far. For me, it was serendipity. I never thought I would do this. As I said, I'm a medical doctor by training. But last I practised internal medicine was back in [00:03:00] 2006. When I think about it, it's been 18 years now, which makes me feel old but I am still young. I have done a lot of things. Created two startup businesses, one in technology, second in communication. Then spent a lot of time in

advertising. I just follow my passion and things just keep happening. That's what I've done all my life.

Jorian Murray (03:25):

How about you, Nauman? What's your backstory?

Nauman Ansari (03:28):

Well, Jorian, I [00:03:30] followed this path somewhat by accident. You know how your life takes you at times. When I was a kid, I wanted to be, call it the point guard to the New York Knicks, but that was pretty clear from a very young age that I had a 0% chance of that actually happening.

Jorian Murray (03:46):

How tall are you?

Nauman Ansari (03:47):

I actually contemplated ... Five-foot-nine.

Jorian Murray (03:50):

Okay.

Nauman Ansari (03:51):

Plus my athletic abilities, average at best. I had a few reasons. I contemplated [00:04:00] medical school myself. I was actually on the verge of going down that path and I just didn't. It's funny, sliding doors, as they say. I went the business route, the business school route. My career has been somewhat by happenstance, somewhat by design, quite healthcare focused over well over 20 years. And a few different functions within banking, but covering the healthcare space for quite a while. I think it's fortunate, [00:04:30] to a degree. I think it's one of the sectors that will always be there. There are people on this planet, and they're getting older, and there are more and more of them. There's innovation, and there's investments, and it's an exciting place and an exciting space. Somewhat good fortune, but very happy to be working here.

Jorian Murray (04:48):

Well, we're tackling a huge subject today. We're obviously not going to cover it all. Was the pandemic, was lockdown, do you see [00:05:00] a huge change from before then and after? Certainly as an individual, I can't imagine that we all thought of healthcare ... We took it for granted almost, in many ways. What's changed, if anything? Harshit?

Dr Harshit Jain (05:18):

Well, it's really we are all very reactive people. If I see, has my life changed pre-COVID era and the post-COVID era, not much now except very few things, which is [00:05:30] not because of the pandemic, because I think a lenience or other things which we have learned to do.

(05:38):

But when it is about focused around healthcare, I think we just want to forget those two years, what happened, we don't want to talk about it. Instead, I know there are government authorities, institutions, who are doing learnings from what really happened and how can they do better. We

never imagined they could release a vaccine, [00:06:00] a new vaccine in such a short span of time. Whether it was good, bad, no one knows, but at least it helped in addressing the challenge at that point of time. Because everyone thought the world was going to end, because there was no control.

Jorian Murray (06:23):

Nauman, what are your observations on attitudes before and after? Maybe touch on investments [00:06:30] and broader trends.

Nauman Ansari (06:33):

Yeah. No, look, I think one thing that I've noted is called a behavioural shift. I think, since COVID, people have, as a general rule, become a bit more focused on balanced quality of life. As you both I'm sure know, in major cities at least, it was a massive push out. People wanted space. I think part of it was for health reasons, part of it was simply because they started to I think [00:07:00] balance the prioritisation of what matters to them outside of the nine-to-five and the five-day work week.

(07:06):

I think that's one aspect that I think was a clear result of COVID and I think it remains. There's still this phenomenon of flexibility, flexible work schedules. People want to have the option to work from home, see their families more often. That may or not be directly healthcare related, but there's a link. We call it [00:07:30] emotional wellbeing, family wellbeing. Trying to find a way to balance priorities, maybe more so than they did before. As difficult as COVID was for a few years, I think that might be the silver lining a bit, where I think attitudinal shifts have changed.

(07:45):

Look, I'll tell you from a banking perspective, prior to COVID, the idea of not being in the office five days, it didn't really exist. Now, majority of bankers have a level of flexibility. I think one of the concerns may be, just culturally, and just [00:08:00] speaking for banking in particular, it's a fairly intense industry. If you aren't there with your colleagues five days a week, will people be able to retain that and maintain that? I think for the most part, people have certainly done so. But they also save an hour, two hours or more commuting, and they have that time with their families. Call it a well-roundedness and overall wellbeing has been one of the positives.

Jorian Murray (08:24):

Harshit, you've already mentioned this, but technology is probably a greater influence. Tell [00:08:30] us about Doceree, and tell us about how that is maybe accelerating transparency and accessibility for broader audiences to healthcare and drugs?

Dr Harshit Jain (08:43):

Our business in particular benefited a lot from the pandemic. We launched at the beginning of pandemic, where adoption to any digital initiative, the barriers to adoption were at an all-time low. [00:09:00] Our typical master service agreement to the pharmaceutical companies, which used to 12 to 18 months, but then in two to three months in a record then. Because pandemic stayed for a long time, there was a long time to change behaviour of marketers towards adoption of a new channel which they had not trusted before. But when they experimented with that channel in the new reality, it worked [00:09:30] for them.

(09:33):

In the post-COVID era, although there was a tendency to re-bounce back to the pre-COVID era, but a lot of it survived, a lot of it sustained because that became the way of life to work. But as part of that, if you see some trends, for example telehealth. Telehealth became so popular during the COVID [00:10:00] phase. But after that, it declined massively. A lot of telehealth companies have shut down as well. There are only very few indications in which telehealth still continues to play a dominant role. This is about, I think, some trends that we have seen.

(10:20):

Coming to our business. Pharmaceutical companies are a little slow to adopt any new initiatives and digital is one of them. [00:10:30] When the consumer brands spend about of 70% of their advertising budget on digital, pharmaceutical brands used to spend less than 5% of their advertising budget on digital. They were spending most of their monies on traditional sales and marketing channels. Hard for them to change, but pandemic helped. As Doceree, we help pharmaceutical brands and their agencies to do [00:11:00] hyper-targeted messaging to healthcare professionals in professional environments.

(11:06):

What does that mean? It means when a physician is in front of the patient, he's thinking about the patient, he's thinking about a therapy, he's thinking about making a decision of therapy for the patient. Those are the moments where our platform can help brands advertise or communicate effectively to physicians. Very niche, very targeted [00:11:30] area, but improves the opportunity of conversion significantly. When a physician is not in that mindset, that conversion doesn't happen. That's what we help pharmaceutical brands in effective conversion from their marketing efforts.

Nauman Ansari (11:49):

I think it's such an interesting business model. The statistic that you lay out, Harshit, technology versus healthcare, 70% versus five. It's astounding. But it's not surprising when you say [00:12:00] that. I think medical professionals tend to be a bit risk-averse and not necessarily technologically inclined. It does add up to me.

(12:09):

But also, I find the business model just quite fascinating because it creates efficiency in a market which was incredibly inefficient before. It's almost doctor by doctor outreach. You can see the upside here being amazing. It's one of those aha moments. Why hadn't somebody thought of this before? Because it's brilliant, and it's fairly simple at its core, [00:12:30] when you think about what you're doing. Yeah, very interesting.

Dr Harshit Jain (12:34):

Yeah. No, thank you. This is one of our goals, to improve the efficiency and effectiveness of this marketing channel. We believe this has a potential to impact the cost of healthcare.

Jorian Murray (12:47):

What were the major barriers that you overcame? Because as Nauman said, it's obvious when you hear that it's done and you wonder why it wasn't done before.

Dr Harshit Jain (12:58):

I think any new business [00:13:00] faces a lot of barriers, in terms of a new brand entering a market. But as I said, COVID helped us immensely, fortunately or unfortunately. It helped unloading most of the barriers and people did try. All of the trial are never successful. But those

early adopters did try and continued helped us in improving the platform, the initiatives, [00:13:30] which led us to reach here. In 40 years, we are a new 220 people brand, with network in 21 countries, offices in four countries, and growing at a very rapid pace, 3X year-on-year. It shows that our solution is working, helping pharmaceutical brands, helping healthcare professionals get the right message at the right time.

Jorian Murray (13:54):

Nauman, tell me about what it is you do. And also, maybe give us some flavour [00:14:00] of what some of your clients are doing with the commercial bank, in terms of embracing these new opportunities for healthcare.

Nauman Ansari (14:09):

My role as the head of healthcare for the commercial bank is essentially to support our mid-cap clients in the healthcare space, broadly speaking, across the various healthcare sub-sectors on a global basis. Citi have a reach which really is unmatched. The goal of the function is to do exactly that. Support the right clients, help them grow. [00:14:30] Usually where there's an international opportunity because that's where we really stand out, and our capabilities are amplified, in terms of of what we can really do.

(14:41):

A big part of the job, which I find interesting ... I've only been here eight months. But a big part of the reason I took the job was the opportunity to work with innovative companies. To me, the mid-cap space is that. A lot of larger companies are fairly established in what they want to do. There's innovation to a degree, but not necessarily like this. [00:15:00] Here, essentially, we're creating entirely new business channels. I think that's fascinating.

(15:06):

We have, even within Citi, we have an entire time, the team that Harshit would work with, which works with what we call emerging corporates. These are companies that are on the small side, but they potential to grow and become quite influential, and change markets. Often, we're finding where it is, call it a combination of healthcare and a tech angle to it because that [00:15:30] is the way of the future. Harshit's company is exhibit A of that.

(15:36):

Very exciting work. A lot to be done, very innovative. It is global as well. Certainly, innovation is not limited to just the US. As Harshit points out, his operations are in Asia, are in India, are in Europe, and expanding even more broadly. The potential is fantastic. For us, it's always exciting to across businesses which are innovative [00:16:00] and creative, and where we can provide a service which is unique and truly value-add.

Jorian Murray (16:06):

Building on this, I'd like to talk about this first pillar that the World Economic Forum talk about, of equitable access. Harshit, I know you have experience in the past from your advertising days. Maybe you could tell some of those stories of using innovation. The bracelet story, I would love to hear you tell because I think [00:16:30] this encapsulates greater access and greater outcomes by not necessarily using traditional methods.

Dr Harshit Jain (16:41):

Absolutely. Access is one of the most important areas in healthcare which needs support. I supported that during my advertising days in my previous thing. We're supporting that even now.

(16:57):

If I start with present, [00:17:00] look at how a lot of patients don't get access to medicines. Pharmaceutical manufacturers, they struggle a lot. They do special programmes in providing access of drugs to patients, but there are perceptions about the drug that I cannot afford, so they don't even show up at pharmacy to find out. There are numerous other challenges which are there. You will have heard of all these coupon [00:17:30] programmes, cash discount options which are available. If you just Google, you will find them, find a lot of websites where you could just download those coupons, and show up at pharmacy, and get those discounts. But there is not much awareness about those programmes as well. As Doceree, we came up with a programme of using a physician to communicate the availability of those programmes so that patients can potentially benefit from those [00:18:00] programmes available to provide better and equitable access.

(18:05):

Going in the past, with your favourite campaign. My favourite as well. Immunity Charm. I was very proud of leading this campaign. Interestingly, this idea started with my son, who was two years old at that time. And realised, with my wife and I, we used to make him wear a bracelet, a black [00:18:30] bracelet. Where I worked, he would go ... He would not step out of the house without that bracelet. Then when I challenged myself, "Why? Why am I doing this?" It was more of a cultural tradition, which was meant to protect him from evil energies. Then I started researching about that cultural tradition, and I found out that this is prevalent across all of Asia. Then, I used to work in advertising. I thought, "Wow, this is such [00:19:00] a strong tradition. Could we use it to solve a health problem?"

(19:05):

Then, came across immunisation. Then came up with this idea that, every time the child gets immunised, can the healthcare professional add a corresponding coloured bead to that bracelet? So that this bracelet actually becomes a vaccination card for the child, which the mother will never lose. The vaccination card [00:19:30] is lost in a lot of countries, but the bracelet stays. In a world where data was collected on a cloud, we collected data on a thread. The campaign was hugely successful.

Jorian Murray (19:42):

Such as implied here. I think it plays to my next question, Nauman, of the balance between prevention and cure. Healthcare for me, when I was young, it was always about curing disease, curing ailments. But you can't move now for dietary advice [00:20:00] and health advice. From your perspective, in your research, in your clients, do you think there's a good balance between the organisations that you serve in looking at both sides of the prevention and cure?

Nauman Ansari (20:16):

Jorian, I think you've hit the nail on the head. Over a pretty short period of time, 10, 20 years, we've really shifted from cure post fact to trying to prevent issues from materialisation. [00:20:30] Really, it comes down to best quality of life. So many of us, you have your watch, you have your fitness ring, it's about checking your health statistics, making sure that you're as healthy as you can be. Because ultimately, it isn't just the number of years that you're on this planet, it's the number of healthy years that you're on this planet. I think that is a phenomenon that is growing and growing. There is a skew towards greater access to call it preventative

medicine, and there's greater access to awareness of your own mortality, [00:21:00] your own preconditions for whatever medical conditions that you might have. But this will be a phenomenon that I think continues to grow over the course of time.

(21:09):

Look, ultimately, from a provider perspective, it's important as well. The earlier you can find an issue, prevent the issue or reduce its impact, from a pure dollars and cents standpoint, that's meaningful as well. I think it benefits certainly the patients, the person, and I think it benefits the broader, call it healthcare ecosystem as well, in [00:21:30] the long run. It will take time, I think broadly speaking, for adoption and access in emerging economies. But it will get there, in due course. Access to platforms, access to tech where people can determine their own health data, number one. The second point I think would be a cultural shift where there's actually a focus on it. The focus on health, focus on wellness, focus on maintaining a good diet, et cetera.

Jorian Murray (21:55):

What are your observations on this, Harshit? Prevention [00:22:00] versus cure. And also, is it just a developed market? It is rich countries can afford to do this, when maybe less endowed countries can't?

Dr Harshit Jain (22:12):

I will take a controversial point of view here. Because as a doctor, as a physician, I practised in India and in the United States. As a patient, I experienced healthcare in India, in London, in Singapore, in Japan, [00:22:30] and in US. That, I think, I have a unique point of view there.

(22:40):

When I went to medical school in India, I was very passionate about doing my higher studies and residency in US. That's how I landed in the Northwestern University. But after practising , I realised this is not what I want to do. Because I was thinking at a [inaudible 00:22:59] level, I [00:23:00] was not using my brain a lot. I thought my brain neurons will atrophy if I continue working in this market because everything is driven by the legal and the insurance systems. I don't have to use my brain. If a patient with pain in abdomen comes in, "Okay, order CT abdomen." I want to use my intellectual capability, my experience to diagnose, and use technology to support that diagnosis to help [00:23:30] the patient. While the practise has gone the other way, because everyone wants to save their skin, legal, and all that stuff. That's one perspective on how I feel the technology, a lot of access has not necessarily taking the healthcare, the real care in the health in the right direction.

(23:58):

Second point on access. [00:24:00] Again, same example. If I get pain in the abdomen, and let's take example. Pain in the abdomen when I'm in Delhi, pain in the abdomen when I'm London, and pain in the abdomen when I'm in New York. Easiest access to care, I will get in New Delhi. I can go to a hospital, I can meet a doctor in 30 to 45 minutes. I can get a medicine and I can [00:24:30] be relieved of my pain in 60 minutes. While, both in London and in New York, it will take several hours just to get access and the right treatment. If I go with that example, which I'm sure both of you have experienced as well, where is access better?

Jorian Murray (24:50):

Interesting. Fascinating.

Nauman Ansari (24:52):

Can I ask a question on that? If you don't mind. That's really interesting, Harshit. Still, out of curiosity, in India, would you feel that that [00:25:00] access is available for the average person, or is it a person of means who can pay significant sums which others may not be able to do?

Dr Harshit Jain (25:09):

Great question. For an average person, yes, access is available. I think for people for whom healthcare is hard to afford, for those people it'll take a little time because government facilities are always overloaded. But healthcare in emerging countries is not that expensive.

Jorian Murray (25:30):

[00:25:30] What's your perspective on this, Nauman? See if this surprises you? From a Citi global perspective, how does Citi view the disparity between the services? Harshit talks about almost the constipation in some markets, of being able to access healthcare and the legal constraints.

Nauman Ansari (25:54):

Yeah. Look, I think we all know that there's no perfect system. The US system is incredibly [00:26:00] complicated, very expensive. Of course, you can get the top of the top quality of care in certain cases, but it is very expensive. Insurance is absolutely critical, and insurance is not available for everyone. There are a number of challenges there.

(26:16):

In Europe, in the UK for example, Jorian, as you fully know, it tends to be a bit of a balanced system in NHS, which I think serves an incredible service and I think it does really well. But often times, people have private insurance on top. I think [00:26:30] that system works reasonably well. When I've needed to get medical attention or my family has, it's been effective for us.

(26:38):

In a lot of the emerging economies, there is this discrepancy between private hospitals, and certainly what's available for the masses, for lack of a better phrase. That's always interesting. I think people of means, and I think Harshit's point to a degree, you don't necessarily need to be wealthy, just if you are of reasonable means, probably have access to good [00:27:00] quality medical care relatively quickly. I think where the challenge still lies is for the average person.

Jorian Murray (27:06):

Harshit, I'd like to explore your distinction, which I think is a very good one, between health and healthcare. I read recently that there's a bit of a human resource crisis related to healthcare. We certainly hear that in the UK all the time. Is this a world where people are attracted to [00:27:30] join, do you think, still? Is technology re-juicing their ability to make an impact? Or the controls that you talked about earlier, of is it such a straight process that it's stopping smart people from joining because it's not very flexibility?

Dr Harshit Jain (27:50):

I don't think that technology can ever replace a healthcare professional. Neither you would be comfortable in handing yourself to a robot [00:28:00] versus a human being for operating a procedure. Technology is an enabler. For all of us, and similarly for healthcare professionals as well, to make their life easier and better so that they can treat their patients even better. I don't

think they're getting replaced. That may not be the primary reason for the shortage of healthcare professionals all over the world.

(28:26):

I feel it is about [00:28:30] the attractiveness of the profession, which is what I feel is changing, or even aggravating this problem. Because a lot of people I know that joined healthcare, or they become medical doctors, or healthcare professionals, just to help other people. In a lot of countries, I have seen motivations at different levels. Like [00:29:00] my wife, she's a paediatric [inaudible 00:29:02]. I've tried to convince her multiple times, "Why don't you move on the other side of healthcare, the business of healthcare?" She said, "I don't want to. I want patient care, I like patient care and that's what I want to do." But if you see the expectation on the other side, from us a patients, we look at it as a business. Hospital is a business. Private hospitals, they make money. Again, [00:29:30] this is more of a global perspective, not an emerging or a developed market. But as a patient, that's the expectation. I feel there's an expectation mismatch, which is leading to dissatisfaction in the overall community as a whole, leading to less interest in the profession. That's one perspective.

(29:53):

But another perspective I see is that the number of healthcare professionals that exist in any country [00:30:00] is much more than the reported number. There are a lot of alternative systems of medicine. You look at homoeopathy, in Germany and other countries. Or the Chinese system of medicine, in China. Or Ayurveda, in India. There are a lot of trained healthcare professionals who are actually treating people. Their census is never counted in the number of healthcare professionals in that country, which [00:30:30] may not be leading to the right number.

Jorian Murray (30:32):

Nauman, same question to you. Do you think there is a human resource crisis for people supporting healthcare? Is it as attractive as it used to be? The old adage was that every mother wanted their child to be a doctor when they grew up. Is that still the case?

Nauman Ansari (30:51):

It's interesting that you say that. My father is a cardiologist, and there was always an, not explicit but implicit, maybe expectation that you would do this. Not just me, but my three siblings as [00:31:00] well. Ironically, none of us became doctors. But I think a couple things. One, it's always been viewed as a very call it safe and respected profession. Meaning, you would always have a job. If anybody's grown up in an economy or a region of the world where job insecurity is a concern, it helped mitigate that to a degree. I think that was one point.

(31:22):

I think for people who want to become medical professionals, doctors or otherwise, they need to have a true passion for it, a calling [00:31:30] almost. I have some relatives, cousins who are 20 years younger than me, but they're doing contestably well in the medical profession because that's what they really want to do. To the point that Harshit made, they prefer to be a doctor and treat people, or a physician's assistant, or a nurse, or whatever it may be and to treat people, versus being on the business side. That aspect will remain.

(31:55):

Where I think it is challenging, and my experience is maybe US-focused [00:32:00] as much as anything, is it gets complicated. From a career perspective, there's litigation risk, there's reimbursement challenges. The level of training that is required is obviously very extensive. The

costs to do so is very expensive as well. The people who want to go do it and go through the entire process, incredible kudos to them because it's a lot to accomplish to pursue a [00:32:30] career that you want to do. But there will always be people who are focused on the greater good, who are focused on helping others, and who just love medicine so I think that'll remain. But some of the, call it the ancillary challenges are not going away, if that makes sense.

Jorian Murray (32:46):

My last question to you both is do you have a sense of optimism? Is progress being made in the world of health and healthcare? Is the world getting healthier? Harshit?

Dr Harshit Jain (32:58):

I think as I started [00:33:00] is I think all these devices, technology that help us track healthcare are growing. But if you really see, the adoption of those devices only is very limited community. The behaviour, the innate behaviour of people still is reactive. We might go for some preventative tests here and there, [00:33:30] and there are always outliers in the community. I'm talking about the majority. We may not be headed in the right direction. It is reflected well in all the demographic numbers and the morbidity data as well. It is not only the person who is the responsibility. It's the environment which is responsible in that direction.

(33:55):

If you look at global warming, the climate change which is happening, how it is [00:34:00] impacting ... This time, I heard the allergy season was really bad. Everyone was down with allergies. If you look at pollution in a lot of countries, so many people are impacted. But anything being done? No. Can they do anything? Some are avoiding going out here and there. But overall, it is we are not getting healthier. We're not going in that direction. Honestly, I don't know [00:34:30] what is the right way to get there as well. Because it's a combination of so many things that have to come together to make us healthy, as a community.

Jorian Murray (34:42):

Nauman, is Harshit being a realist or a pessimist there?

Nauman Ansari (34:46):

No. Look, I think he makes some very interesting points. I agree with much of what he says, but I have a slightly different take. I think first, on the technology point, I think adoption will come with time. There's a ramp up period, so you will [00:35:00] have more and more people having access and awareness to measures to monitor their health and take ownership.

(35:09):

The way I think of it is that people who are innately focused on wellbeing, on health will be healthier and live longer than people ever have historically. But the challenge remains that look, obesity, morbidity rates, they're still there. These are not going away. Easy access to food, over-consumption, [00:35:30] a lot of the call it just societal expectations, or the behaviours that people have had, those don't change quickly. I think people who want to take ownership, every opportunity is there to live a longer, happier, healthier life. Developed economies have had obesity issues, many of them for quite a long time. You need to have a level of ownership, as I call it, of owning your own health, and taking care of yourself. Some of that is technological [00:36:00] based so you can determine, but a lot of it cultural as well.

(36:05):

It's complicated. I think if you want to do well, you can really be all over it. But there are plenty of ways to avoid a healthy lifestyle, if you want.

Jorian Murray (36:17):

It sounds like, in summary, we know how to live better but not everybody has the luxury of being able to do it, or even culturally the willingness to do it. How we can [00:36:30] squeeze a conversation about global healthcare into just over a half-an-hour, I don't know, but thank you for attempting to do it for me, gentlemen. It's been a pleasure talking to you. Thank you very much for joining Good Things Happen.

Nauman Ansari (36:43):

Thank you, Jorian.

Dr Harshit Jain (36:43):

Thank you. Thank you so much, Jorian.

Jorian Murray (36:49):

Join us for the next episode of Good Things Happen, when I'll be joined by three guests to discuss fintech in Africa. Bradley Wattrus is the co-founder of Yoco, a digital [00:37:00] payment service. Charles Savage, founder of Purple Group, who specialise in enabling wider access to financial services. And Kuori Chibber, who is Citi Market's head of Africa for digital affect sales. Please join us then.

(37:18):

- ENDS -