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Leadership in specialty healthcare

















Overview of HCG (1/2)



Snapshot of the Business

- Specialty healthcare provider with a focus on cancer and fertility
- Largest¹ provider of cancer care in India under the "HCG" brand
- Leading provider of fertility treatment under the "Milann"² brand
- Leading precision medicine platform in India with leadership in bioinformatics and specialized clinical diagnostics
- NABH, ISO 9001, NABL and CAP accredited⁵



Cancer Care

- Comprehensive cancer diagnosis and treatment services (through radiation therapy, medical oncology and surgery)
- 22⁶ comprehensive cancer centers, 3 freestanding diagnostic centers as of Mar. 31th, 2021 (including Kenya center)





Fertility Treatment

- Comprehensive reproductive medicine services including assisted reproduction, gynecological endoscopy and fertility preservation
- **Milann**
- 5 fertility centers in Bengaluru, 1 in Delhi and 1 in Chandigarh as of Mar. 31th, 2021

Future Outlook

- Consolidation of HCG centers and launch of 1 new comprehensive cancer centers under development across India
- Consolidation of Milann fertility centers across Bengaluru and North India
- Consolidation of cancer center in Kenya acquired in partnership with CDC, UK



Precision Medicine

- Integrated platform for next generation precision medicine
- Leading provider of bioinformatics, research services and specialised clinical diagnostics offering comprehensive menu of tests with network of labs across India





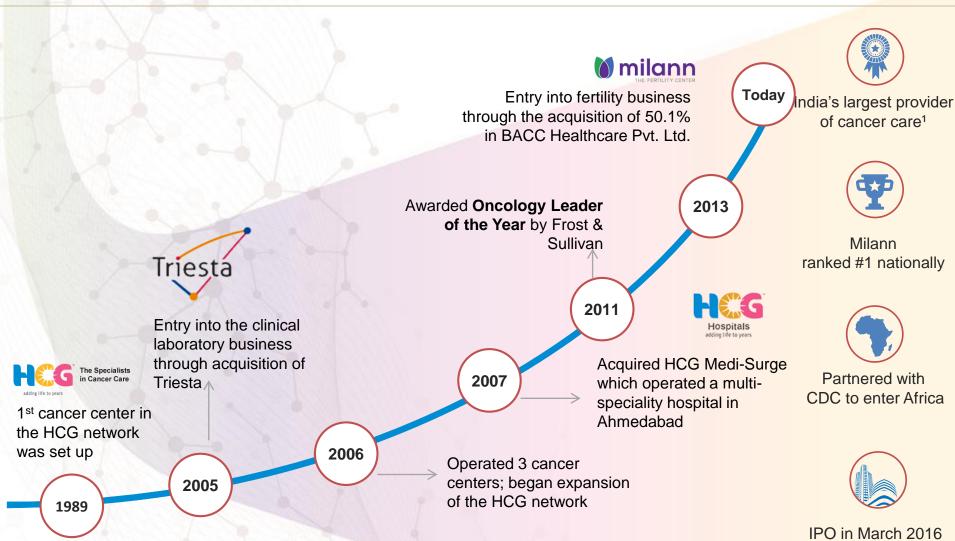
 4⁷ multispecialty hospitals in Ahmedabad, Bhavnagar, Rajkot and Hubli as at of Mar. 31th, 2021



¹In terms of the total number of cancer treatment centers licensed by AERB as of March 31, 2015 (Source: Government of India, Atomic Energy Regulatory Board); ² Through 50.1% equity interest in BACC Healthcare acquired in 2013 and its wholly owned subsidiary DKR Healthcare; ³ Discontinued operations ⁴ Post minority Interest ⁵ NABH accreditation for HCC Bengaluru, HMS Ahmedabad; ISO 9001 certification for pathology laboratory at HMS; NABL and CAP accreditations for Strand; ⁶ Includes center in Kenya; Bhavnagar multispeciality also includes comprehensive cancer services hence included in CCC count; ⁷ Suchiaryu, Hubli hospital managed under Operations and Management contract, not branded as HCG Hospital

Overview of HCG (2/2)





In terms of the total number of cancer treatment centers licensed by AERB as of March 31, 2015 (Source: Government of India, Atomic Energy Regulatory Board)

HCG's Cancer Care Network



Network of Existing and Under **Development Cancer Care centers** Center of Excellence (CoE)1 Comprehensive Cancer center (22)2 Freestanding Diagnostic center (3)2 Cancer centers Under Development (1) Jaipur 🏥 Ahmedabad Ranchi A M Kolkata Baroda Bhavnagar Magpur Cuttak Nashik Mumbai Vishakhapatanam Gulburga 🏥 M S Ramaiah Nagar Vijaywada Ongole Hubli 🏥 Shimoga M Bengaluru Kalinga Mangalore Chennai Rao Road Double Road





2,036¹



LINEAR ACCELERATORS



17 PET-CT SCANNERS



300+
ONCOLOGISTS



65
OPERATION THEATRES

Regional Penetration¹

	No. of Centers ²	Estimated Beds
Karnataka	7	~615
Gujarat	5	~508
Maharashtra	4	~400
East India	3	~288
North India	2	~150

¹ Includes Multi-specialty beds

² Existing and planned









Financial Highlights: Q4-FY21



INR million except earnings per share

Period Ended Mar 31	Q4-FY21	Q4-FY20	Growth (y-o-y)
Income from Operations	2,981	2,704	10.2%
Other Income	44	17	
EBITDA ⁽¹⁾	438	377	16.0%
BITDA Margin (%)	14.5%	13.9%	
Operating EBITDA ⁽²⁾	394	360	9.2%
BITDA Margin (%)	13.2%	13.3%	
PBT ⁽³⁾	(1,044)	(417)	NM
PBT Margin (%)	-35.0%	-15.4%	
PAT ⁽⁴⁾	(1,034)	(436)	NM
PAT Margin (%)	-34.7%	-16.1%	
Earnings Per Share	(8.49)	(4.92)	NM

- 1) Profit before depreciation/amortization, finance costs, exceptional items and taxes
- EBITDA excluding other Income
- Profit / (Loss) before tax and after share of profit / (loss) of equity accounted investee
- Profit / (Loss) for the period after share of profit / (loss) of equity accounted investee, taxes and minority interests

Note: Effective 1 April 2019, the Company has adopted IND AS 116 'Leases' standards, applied to lease contracts existing on 1 April 2019 and all financials are as per IND AS 116. Operating EBITDA adjustment on account of IND AS 116 was INR 159.5 mn for Q4-FY21 as against INR 144.4 mn for Q4-FY20

- Q4'21 Revenue grew by 10.2% y-o-y
 - HCG⁽¹⁾ centers: +11.7%
 - Milann centers: -12.4%
- Q4'21 Operating EBITDA
 - Existing centers⁽²⁾⁽³⁾: INR 440 Mn (18.3% margin vs 20.0% margin in Q4-FY20)
 - New centers⁽³⁾⁽⁴⁾: Loss of INR (46)
 Mn (vs. loss of INR (99) Mn in Q4-FY20)
 - (1) 22 comprehensive cancer centers, 3 multispecialty hospitals, 3 diagnostic centres and 1 multispecialty hospital managed by HCG. Trichy is no longer included as HCG centre
 - (2) Existing centers now include HCG centers in Gulbarga, Vizag, Bhavnagar and Baroda as well as Milann center in MSR Bangalore
 - (3) Corporate cost allocated between existing and new centers in proportion to gross block
 - (4) 8 HCG centers and 3 Milann centers that commenced operation after April 1, 2017

Financial Highlights: FY21



INR million except earnings per share

Period Ended Mar 31	FY21	FY20	Growth (y-o-y)
Income from Operations	10,134	10,956	-7.5%
Other Income	170	70	
EBITDA ⁽¹⁾	1,435	1,792	-19.9%
BITDA Margin (%)	13.9%	16.2%	
Operating EBITDA ⁽²⁾	1,266	1,722	-26.5%
BITDA Margin (%)	12.5%	15.7%	
PBT ⁽³⁾	(2,287)	(1,193)	NM
PBT Margin (%)	-22.6%	-10.9%	
PAT ⁽⁴⁾	(1,947)	(1,067)	NM
PAT Margin (%)	-19.2%	-9.7%	
Earnings Per Share	(15.99)	(12.05)	NM

- 1) Profit before depreciation/amortization, finance costs, exceptional items and taxes
- EBITDA excluding other Income
- Profit / (Loss) before tax and after share of profit / (loss) of equity accounted investee
- 4) Profit / (Loss) for the period after share of profit / (loss) of equity accounted investee, taxes and minority interests

Note: Effective 1 April 2019, the Company has adopted IND AS 116 'Leases' standards, applied to lease contracts existing on 1 April 2019 and all financials are as per IND AS 116. Operating EBITDA adjustment on account of AS116 was INR 633.9 mn for FY21 as against INR 576.2 mn for FY20

FY'21 Revenue declined 7.5% y-o-y

• HCG⁽¹⁾ centers: **-5.5**%

Milann centers: -36.7%

FY'21 Operating EBITDA

- Existing centers⁽²⁾⁽³⁾: INR 1,423 Mn (17.4% margin vs 21.2% margin in FY20)
- New centers⁽³⁾⁽⁴⁾: Loss of INR (157) Mn (vs. loss of INR (247) Mn in FY20)

 ²² comprehensive cancer centers, 3 multispecialty hospitals, 3 diagnostic centres and 1 multispecialty hospital managed by HCG. Trichy is no longer included as HCG centre

⁽²⁾ Existing centers now include HCG centers in Gulbarga, Vizag, Bhavnagar and Baroda as well as Milann center in MSR Bangalore

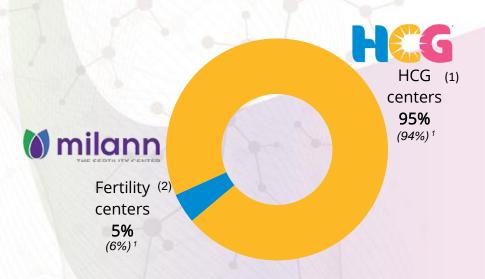
⁽³⁾ Corporate cost allocated between existing and new centers in proportion to gross block

^{(4) 8} HCG centers and 3 Milann centers that commenced operation after April 1, 2017

Revenue Mix: FY-21

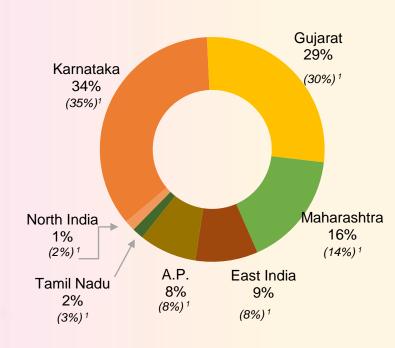


Revenue: INR 10,134 Mn



- (1) 22 comprehensive cancer centers, 3 multispecialty hospitals, 3 diagnostic centers and 1 multispecialty hospital managed by HCG
- (2) 7 fertility centers operated under "Milann" brand

HCG Centers: INR 9,690 Mn



¹FY20

HCG Centers: Q4 & FY21 Revenues



INR million

			Growth			Growth
Period Ended Mar 31	Q4-FY21	Q4-FY20	(y-o-y)	FY21	FY20	(y-o-y)
Karnataka	1,038	934	11.1%	3,426	3,645	-6.0%
Gujarat	757	723	4.6%	2,673	3,037	-12.0%
Maharashtra	475	346	37.3%	1,607	1,390	15.6%
East India	248	222	11.3%	872	826	5.6%
Andhra Pradesh	234	198	18.1%	804	782	2.8%
Tamil Nadu	47	79	-40.9%	160	364	-56.1%
North India	40	39	2.9%	148	211	-30.0%
	2,839	2,542	11.7%	9,690	10,255	-5.5%

- Strong growth in revenue continues across centers in Q4-FY21
 - Ongole +50.3% y-o-y
 - Suchirayu +50.1% y-o-y
 - Hubli: +34.6% y-o-y
 - Vizag: +28.0% y-o-y
- Revenue from New Centers
 - INR 535 Mn in Q4-FY21 vs 367 Mn in Q4-FY20
 - INR 1,831 Mn in FY21 vs 1,490 Mn in FY20
- Existing Centers Revenue Growth
 - +5.9% in Q4-FY21 (y-o-y)
 - -10.3% in FY21 (y-o-y)

HCG Centers: FY21 Operating Metrics



No. of Centers	Beds	Avg. Occupancy Rate	
FY21:	FY21:	FY21:	
25	2,036	40.8%	
25	2,030		
FY20:	FY20:	FY20:	
25	2,071	42.9%	
23	2,071	4 -2.1%	
		2.770	
ALOS (Days)	A	RPOB (INR / Day)	
FY21:		FY21:	
2.29		32,632	
FY20:		FY20:	
2.27		32,767	
1 2 bps		1 -0.4%	
Revenue (INR mn)	Oper	rating EBITDA Margin	
FY21:		FY21:	
9,690		17.5%	
FY20:	FY20:		
10,255	19.8%		
↓ -5.5%		1 231 bps	
3.3 70		231 003	

- Increase in Avg. Occupancy Rate in Q4-FY21 (y-o-y)
 - 45.2% vs 41.1% (Consolidated)
 - 50.7% vs 45.6% (Existing centers)
- Increase in ARPOB in Q4-FY21 (y-o-y)
 - INR 34,788 vs INR 32,805
- ALOS at 2.28 days in Q4-FY21 showed marginal improvement
- Existing centers operating EBITDA margin declined by 60 bps to 23.8% in Q4-FY21 from 24.5% in Q4-FY20

Notes:

- No. of Centers includes Cancer and Multispecialty hospitals operated under HCG brand and managed by HCG
- (2) Number of beds available as at the last day of the period
- (3) Occupied Bed Days calculated based on mid-day census
- (4) Average Occupancy Rate ("AOR") calculated as Occupied Bed Days divided by available bed days in the period
- (5) Average Revenue per Occupied Bed ("ARPOB") calculated as Revenue (gross for the hospital) divided by Occupied Bed Days
- (6) Average Length of Stay ("ALOS") calculated as Occupied Bed Days divided by number of admissions (including day care admissions)
- (7) Operating EBITDA margin before corporate expenses

Note: Effective 1 April 2019, the Company has adopted IND AS 116 'Leases' standards, applied to lease contracts existing on 1 April 2019 and all financials are as per IND AS 116.

HCG Centers: FY21 Regional Highlights



	Centers	Beds ⁽⁴⁾	AOR	ARPOB (INR/Day)	Revenue (INR MN)	Operating EBITDA 9	
**	Karnataka 7	615	44.9% 1 -0.9% ⁽¹⁾	35.8K	3,426 4 -6.0%	19.5%	 COE performance in Q4-FY21 Revenue growth 21.5% q-o-q & 6.6% y-o-y ARPOB of INR 54k vs 57K (Q4-FY20) 23.8% operating EBITDA margin Revenue from international patients impacted on account of COVID restrictions
	Gujarat 5	508	37.9% •-9.5% ⁽¹⁾	38.0K 1 +7.5%	2,673 12.0 %	18.4%	 HCC revenue grew by 24.1% in Q4-FY21 on y-o-y basis Oncology revenue for the region grew by 17.5% in Q4-FY21 on y-o-y basis Revenues from COVID treatment contributed 13.1% for the region in FY-21
Sum.	Maharashtra 4	368	40.4% +1.7% ⁽¹⁾	30.7K ↓ -3.5 %	1,607 1 +15.6%	15.4%	 Strong revenue growth across the region 37.3% in Q4-FY21 (y-o-y) 15.6% in FY-21 (y-o-y) Existing center in Nashik revenue grew by 13.8% in Q4-FY21 (y-o-y) Mumbai revenue impacted by COVID onset
	Andhra Prado 3	177	54.2% +17.5% ⁽¹⁾	22.9K 30.0%	804 1 +2.8%	24.4%	 Revenue growth of 18.1% in Q4-FY21 across the region y-o-y basis Regulatory delays for scheme patients led to higher occupancies and dilution of ARPOB Focus on improving revenue mix through reduction of scheme business
	East India 3	288	38.2% -8.7 % ⁽¹⁾	21.7K 1 +23.8%	872 1 +5.7%	7.7%	 Strong operating EBITDA margin for Existing centers 25.7% in Q4-FY21 & 24.8% in FY-21 Improvement in quality of business in FY21: Reduction in schemes & occupancies Increase in high-end procedures & ARPOB
New centersExisting center	standards appli		9 , the Company had contracts existing		S 116 'Leases' and all financials are	re as	(1) Increase / (Decrease) in Occupied Bed Days (2) Growth numbers are year-on-year basis (3) EBITDA before corporate expenses (4) Rode are Operational Rode

14

(4) Beds are Operational Beds.

per IND AS 116.

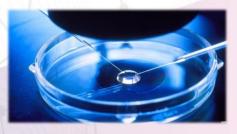
Milann: Implementing Strategic Initiatives







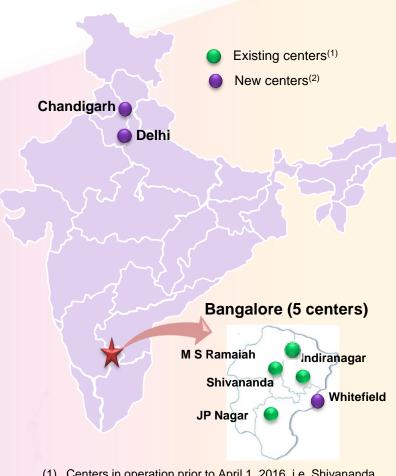




Milann

	FY21	FY20	Growth	
New Registrations	3,578	5,481	-34.7%	
IVF Cycles	1,450	2,195	-33.9%	
Revenue (INR Mn)	444	701	-36.7%	

- Good recovery demonstrated in Q4-FY21 across all metrics
 - New Registrations grew by 20.1% q-o-q
 - Revenue grew by 8.1% q-o-q
 - IVF cycles grew by 2.8% q-o-q
- Looking to consolidate and focus on Bangalore and North India regions in near term



- (1) Centers in operation prior to April 1, 2016, i.e. Shivananda, JP Nagar and Indiranagar
- (2) Ahmedabad Center exited in Q2-FY21

Capital Expenditure and Net Debt



Capital Expenditure

INR Million

0-0	Q4-FY21	FY21	FY20
HCG Centres			
Existing Centres	38	97	169
Expansions	14	114	366
New Centres	48	140	717
	99	350	1,252
Milann Centres			
Existing Centres	0	4	12
New Centres	-	-	-
	0	4	12
Total Capex	100	354	1,264

Net Debt

INRMillion

31-Mar-21	31-Dec-20	31-Mar-20
3,954	3,955	5,682
453	501	1,118
57	56	54
(1,582)	(1,558)	(334)
2,882	2,954	6,520
5,058	6,228	6,278
2,054	2,018	4,318
164	164	589
2,218	2,182	4,907
664	772	1,613
	3,954 453 57 (1,582) 2,882 5,058 2,054 164 2,218	3,954 3,955 453 501 57 56 (1,582) (1,558) 2,882 2,954 5,058 6,228 2,054 2,018 164 2,218 2,182

- Net of Bank balance held as margin money of INR 245 Mn and investment in fixed deposits of INR 33 Mn as of 31st Mar-21, margin money of INR 180 Mn and investment in fixed deposits of INR 33 Mn as at 31st Dec-20. The unamortized portion of processing fees amounting to INR 38 Mn as on 31st Mar-21 & INR 39 Mn as on 31st Dec-20 netted off against Bank Debt.
- 2. Vendor Finance; Includes Forex reinstatement of INR 12 Mn as of 31st Mar-21 and INR 6 Mn as at 31st Dec-20 on account of exchange rate fluctuation
- 3. Cash and cash equivalents: Includes investment in Term Deposits of INR 1,274 Mn, mutual funds of INR 15 Mn as at 31st Mar-21 and Term Deposits of INR 1,263 Mn, mutual fund of INR 15 Mn as at 31st Dec-20.
- 4. Includes pre IndAS 116 Capital Leases of INR 555 Mn as at 31st Mar-21 and INR 555 Mn as at 31st Dec-20. Finance lease impact on account of tenure remeasurement is 1,230mn in Q4'21

Project Updates



Additional 1 new HCG centers in FY2022 / 23

Location	Bed Capacity	Project Cost (INR mn)	Start Date
Jaipur, Rajasthan	50	410	Q2-FY19
Bhavnagar, Gujarat	NA	150	Q2-FY19
Nashik Phase II, Maharashtra	92	623	Q2-FY19
Rajkot, Gujarat	120	310	Q1-FY19
Kolkata, West Bengal	80	450	Q1-FY20
South Mumbai, Maharashtra	32	610	Q3-FY20

No new Milann center in FY2021

Location	Start Date
Delhi	Q1-FY17
Chandigarh	Q3-FY17
Ahmedabad	Q4-FY18
Whitefield (Bangalore)	Q1-FY19

- Existing centers HCG KR Road, HCG DR, HCG MSR, HCG Hubli, HCG Gulbarga, HCG MHIO Shimoga, HCC Ahmedabad, HMS Ahmedabad, HCG Bhavnagar, HCG Baroda, HCG Nashik, HCG Chennai, HCG Vijayawada, HCG Ongole, HCG Vizag, HCG Cuttack, HCG Ranchi
- New centers HCG Suchirayu, HCG Rajkot, HCG Borivali, HCG Nagpur, HCG Jaipur, HCG Kolkata, HCG South Mumbai, HCG Africa









Investment Thesis





Strong Industry trends and growing oncology cases backdrop



Largest provider of cancer care in India with a proven track record



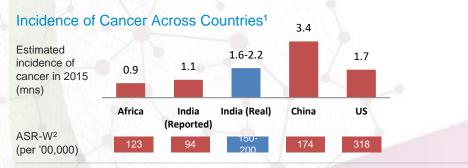
High quality care provided at a competitive price



Strong management team with successful track-record

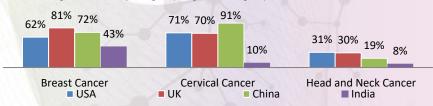
Industry Trends and Backdrop Cancer Incidences in India to Increase







Cancer Diagnosis at Early Stages (Stage I or Stage II)



- Cancer prevalence in India estimated to be 3.9mn in 2015
 - Estimated 1.1mn new cancer cases reported in 2015
- Real incidence could be 1.5x to 2.0x times higher than reported incidence
 - Difference between reported and real cancer incidence due to under-diagnosis
 - Reported incidence of cancer in India based on data from the cancer registries, which cover < 10% of the population
 - Late stage disease presentation due to lack of awareness and participation in screening programs
- For example, women³ participation in breast screening mammograms4: USA (65%), China (30%) and India (<1%)

Key Drivers of Cancer Incidence

Demographic Changes

- Cancer incidence increases with age India's population >50+ years to increase from 228m (2015) to 262mn (2020)
- Demographic factors alone are expected to result in an increase in cancer incidences of 100,000 to 350,000 cases a year

Exposure to Risk Factor

- Tobacco use, alcohol consumption, use of processed food and air pollution
- These factors are expected to result in an increase in cancer incidences of 350,000 to 450,000 cases a year

Narrowing Diagnosis Gap

- Growing awareness and greater public emphasis on screening and improvements
- Expected to result in increased reported cancer rates

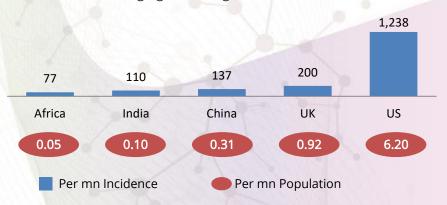
¹ Call for Action: Expanding cancer care in India dated July 2015, published by Ernst & Young; 2 ASR-W is a weighted mean of the age-specific incidence rates. The weights are taken from the population distribution of the 'World Standard Population' defined by WHO, and the estimated incidence rate is expressed per 100,000 population for comparisons between different geographies, as age is a key determinant of cancer incidence; 3 Age Group 40-69 years; 4 Breast screening mammograms once in 24 months

Industry Trends and Backdrop Demand Supply Gap and Treatment Landscape



Existing Demand Supply Gap in Diagnostics...

- Lack of adequate infrastructure and absence of mass screening programs are key barriers to timely diagnosis
- For example, as of 2014, only 30% of cancer centers in India had advanced imaging technologies like PET-CT



...and Treatment

 A key requirement for successful radiation therapy is availability of Linear Accelerators (LINACs)

Availability of LINACs1

Region / Country	Number of LINACs (2015)	LINACs per Million Population	Cancer Prevalence per LINAC	Cancer Incidence per LINAC
US	3,818	11.9	1,572	419
UK	323	5.0	3,096	929
China	986	0.7	6,288	3,144
India	342	0.3	7,310	3,216

Outlook for Treatment Landscape¹



¹ Call for Action: Expanding cancer care in India dated July 2015, published by Ernst & Young

Largest Provider of Cancer Care in India



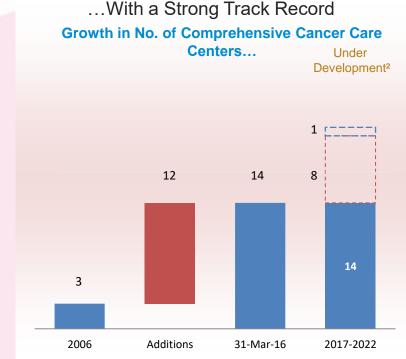
A Proven Track Record¹

HCG's market leading position, successful track record and strong reputation in India provides a significant advantage over its competitors



Largest Cancer Care Provider...

- Largest provider of cancer care in India in terms of number of cancer treatment centers listed by AERB as of 31-Mar-2015¹
- HCG network spans 18 cities and towns across eight states in India
- Through the extensive network, HCG is able to provide cancer care beyond just the metropolitan cities
- HCG believes, it has a strong reputation within the medical community, driven by
 - Use of advanced technologies
 - Successful clinical outcomes
 - Extensive clinical experience of specialist physicians



¹ As per AERB as of March 31, 2015. (Source: Government of India, Atomic Energy Regulatory Board)

² Expected to commence operation during FY2018 and FY2019

High Quality CareProvided at Competitive Price



Ability to provide high quality care driven by a multidisciplinary and technology focused approach

Approach to Providing High Quality Care...

- Multidisciplinary approach to cancer care specialist physicians from various disciplines collaborate to provide the best course of treatment
- Focus on identifying and adopting appropriate technology
 - Among first cancer care providers in India to standardise molecular diagnostics technologies
 - First healthcare provider in India to perform computer assisted tumor navigation surgery
- Standardized clinical protocols for diagnosis and treatment



...Results in Successful Clinical Outcomes...

- Ability to manage the large volume of patients across the network while maintaining quality of clinical outcomes
- For example, the five year survival rate for breast cancer patients at HCG's network is comparable to U.S. benchmarks4

...At a Competitive Price

Cost of Cancer Treatment in India is lower (INR `000)



Drivers of HCG's Cost Competitiveness

- Economies of scale arising out of expansive network
 - Optimal utilization of equipment
 - Centralized drug and consumables formulary
 - Large network gives competitive advantage in terms of favourable economic terms of purchase and financing of medical equipment

Source: Call for Action: Expanding cancer care in India dated July 2015, published by Ernst & Young
1 PPP adjusted 510-720; 2 PPP adjusted 600-720; 3 PPP adjusted 420-540; 4 Vijay Govindarajan and Ravi Ramamurti, Harvard Business Review, "Delivering world-class health Care, Affordably", November 2013

Coverage by Harvard



Unique and Successful Business Model



HARVARD BUSINESS SCHOOL

N9-313-030

JULY 27, 2012

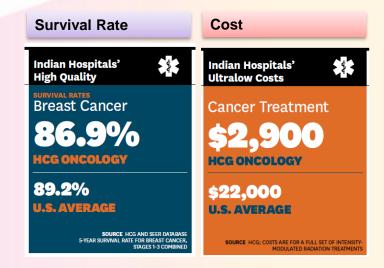
REGINA HERZLINGER AMIT GHORAWAT MEERA KRISHNAN NAIYYA SAGGI

Hub and Spoke, Health Care Global, and Additional Focused Factory Models for Cancer Care

Introduction

Dr. Ajaikumar, chairman and CEO of Health Care Global (HCG), a network of cancer care centers in India, was awakened by the flight crew serving breakfast on his long journey from Africa to India. As he sipped his tepid lemon tea, he reviewed the short notes on Africa his team had prepared. (See Exhibit 1 for the notes and Exhibit 2 for Dr. Kumar's biography.)

Comparable outcomes at fraction of cost



Govindarajan et. al. .*Harvard Business Review*, November 2012, "Delivering World Class Health Care Affordably, Innovative hospitals in India are pointing the way"G

THANK YOU



For updates and specific queries, please visit www.hcgel.com or feel free to contact investors@hcgoncology.com

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In addition to Company data, data from market research agencies, Stock Exchanges and industry publications has been used for this presentation.

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