



**NAT+HEALTH**<sup>®</sup>  
Healthcare Federation of India

# Annual PROGRESS REPORT

*Together Towards Tomorrow.*

**MARCH  
2026**

# Roadmap for 2025 & Its Impact

## Together Towards Tomorrow: NATHEALTH 2025 Year in Review

Reflecting on a year that strengthened collaborations, shaped policy, and advanced India's healthcare vision

Medical Value  
Travel

MedTech  
Prover  
Convergen  
ce

Deregulations

Building  
Heights

CGHS

Allied Healthcare  
Professional

Quality  
Control

GST &  
Customs Duty  
Exemption in  
Reagents &  
markers/  
equipment

Health  
Financing  
Convergence

NMC

MoU with Niti Aayog underway

# DELIVERING IMPACT: ACHIEVEMENTS 2025-2026

Together Towards Tomorrow: NATHEALTH 2025 Year in Review

<b>Streamlining Compliance in Healthcare Sector</b>	<b>Allied Healthcare Professionals</b>
<ul style="list-style-type: none"><li>NATHEALTH presented the landmark whitepaper, "Streamlining Compliance in the Indian Healthcare Sector", to NITI Aayog.</li><li>Number of high level meetings have taken place to discuss the deregulations with the concerned ministries.</li></ul>	<ul style="list-style-type: none"><li>NATHEALTH shared pre-budget recommendations to MoHFW, that were directly integrated into the Union Budget 2026-27.</li><li>The government officially announced a ₹1,000 crore investment aimed at creating 1 lakh new, skilled Allied Health Professionals over the next five years.</li></ul>
<b>GST &amp; Customs Duty Exemption</b>	<b>CGHS Reform</b>
<ul style="list-style-type: none"><li>GST slab reduction was implemented by the government, seeing a cut from 12% and 18% to 5% on essential medical devices, diagnostic kits, and reagents.</li><li>Many recommendations aligned with NATHEALTH EY embedded tax position note</li></ul>	<ul style="list-style-type: none"><li>A benchmark rate for government-sponsored insurance schemes.</li><li>CGHS package rates have been successfully revised upwards by an average of over 55%.</li><li>CPI linked revision are under active consideration</li></ul>
<b>MedTech Provider Convergence</b>	<b>Health Financing Convergence</b>
<ul style="list-style-type: none"><li>NATHEALTH brought together members from MedTech and Provider to identify a small number of shared priorities. These include Value-Based Care, public-private partnerships, and digital and AI-related regulations.</li></ul>	<ul style="list-style-type: none"><li>NATHEALTH is launching a landmark report on Health Financing, connecting private capital with smart regulations and health financing.</li></ul>

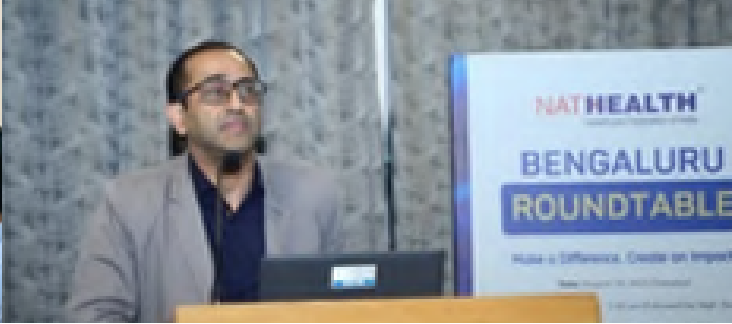


# DELIVERING IMPACT: ACHIEVEMENTS 2025-2026

Together Towards Tomorrow: NATHEALTH 2025 Year in Review

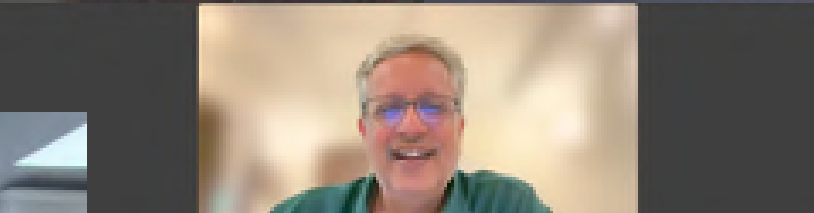
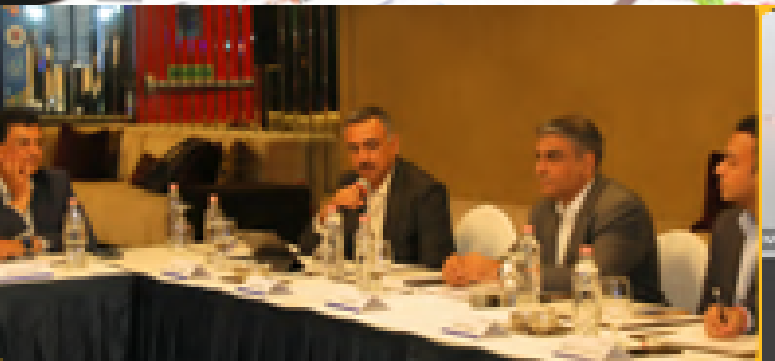
<b>Medical Value Travel</b>	<b>Building Heights</b>
<ul style="list-style-type: none"><li>NATHEALTH partnered with MoHFW to convene the landmark Medical Value Travel Capacity Building Workshop in February 2026, in New Delhi, basis which actionable frameworks is developed.</li></ul>	<ul style="list-style-type: none"><li>NATHEALTH is championing National Building Code reforms to increase hospital heights to 60 metres and allow basement medical services, potentially unlocking 5 million additional beds.</li><li>Spearheading advocacy with MoHUA and BIS for a dedicated hospital chapter and modernized evacuation norms tailored to healthcare-specific safety needs.</li></ul>
<b>National Medical Commission</b>	<b>Quality Control Orders</b>
<ul style="list-style-type: none"><li>NATHEALTH is advocating for a centralized registry to allow doctors to practice seamlessly across multiple states, removing current legal and enforcement barriers.</li><li>Partnering with the National Medical Commission (NMC) to streamline compliance and structural requirements for medical colleges, strengthening India's healthcare talent pipeline.</li></ul>	<ul style="list-style-type: none"><li>NATHEALTH's leadership team, had a meaningful engagement with the Department of Pharmaceuticals, about:<ol style="list-style-type: none"><li>Exemption of raw materials used in medical devices from the scope of the QCO, addressing cost and supply chain concerns.</li><li>Focused workshops to provide clarity, detailed guidance, and address stakeholder queries related to the UCMPMD.</li></ol></li></ul>

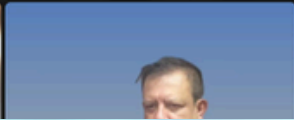
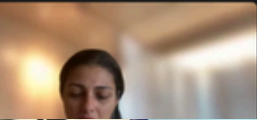
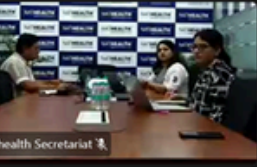




## YEAR AT A GLANCE







# President's Message

Dear Members and Partners,

2025 was a year of clear choices for NATHEALTH. We chose focus over expansion and depth over activity. By concentrating on a few priority areas, we were able to engage more consistently and contribute more meaningfully to India's healthcare system.

This approach helped strengthen NATHEALTH's role as a trusted voice in healthcare policy discussions. Our inputs were sought across key areas such as healthcare taxes, regulations, financing, and public-private partnerships. This growing trust reflects steady engagement and the collective experience of our members.

These choices were reflected not only in our approach, but in the results, we were able to achieve. Over the year, focused engagement and member-led inputs translated into tangible progress across several priority areas.

## Outcomes That Mattered

### CGHS Reforms

After sustained engagement over several years, progress was made on CGHS package rate revisions in 2025. This is an important step toward improving financial stability for healthcare providers and strengthening collaboration between the public and private sectors.

### GST Rationalization

Through regular discussions with the Ministry of Finance, we helped bring greater clarity on how GST applies to diagnostics, medical devices, and healthcare services. These measures have helped ease cost pressures and support affordable care for patients.



**Ameer Shah**

President NATHEALTH and Promoter & Executive Chairperson, Metropolis Healthcare Ltd

## Where we Made our Mark

1. CGHS Reforms: Restoring Viability, Strengthening Partnership
2. GST Rationalization: Making Healthcare More Affordable
3. Compliance Streamlining
4. Health Financing: Reimagining Sustainability
5. Medical Value Travel: Putting India on the Global Map

## **Simplifying compliance**

We submitted a report to NITI Aayog focused on simplifying compliance requirements for hospitals, diagnostic centres, and medical technology companies. The report emphasised practical changes aimed at reducing complexity and improving ease of operations across the sector.

## **Health Financing**

To address long-term sustainability, we brought together healthcare providers, insurers, and financial experts to discuss more stable and patient-focused financing approaches. The position paper being developed is contributing to broader discussions on strengthening healthcare financing in India.

## **Medical Value Travel**

NATHEALTH worked with central ministries, NITI Aayog, and state governments to support the Heal in India initiative. These efforts are aimed at strengthening India's Medical Value Travel ecosystem and positioning the country as a trusted destination for quality medical care.

## **Union Budget Recommendations 2026**

Our active engagement with the Ministry of Finance, Department of Economic Affairs, the Ministry of Health and Family Welfare, and NITI Aayog ahead of the Union Budget 2026 reflects NATHEALTH's continued role in healthcare-related discussions.

## **Working better as one ecosystem**

Another important focus this year was closer collaboration within the healthcare ecosystem. Leaders from our MedTech and Provider members came together to identify a small number of shared priorities. These include Value-Based Care, public-private partnerships, and digital and AI-related regulations. Joint working groups are now taking this work forward.

## **Patient safety at the centre**

Patient safety remained central to all our efforts. Through initiatives such as Swasth Nari, Sashakt Parivar, we continued to focus on maternal and women's health and reinforce the importance of quality care. Our communication efforts helped bring these issues to a wider audience beyond the healthcare sector.

## **Looking Ahead**

We also launched the One NATHEALTH Community this year, reinforcing our commitment to closer collaboration and shared learning. The Community Champions Programme will encourage greater member participation in advocacy and sector development.



As we move forward, our work remains anchored in a clear set of priorities that align closely with the themes of our upcoming **Arogya Bharat Annual Summit 2026** — **deregulation, Healthcare Innovations**, and **Viksit Bharat**. The Summit will serve as a platform to drive actionable dialogue, showcase innovation, and foster partnerships that can scale impact across the healthcare ecosystem.

The progress made in 2025 demonstrates what can be achieved through focus, consistency, and collective effort. We look forward to building on this momentum together.

Warm regards,

**Ameera Shah**

President, NATHEALTH (Healthcare Federation of India)

Promoter & Executive Chairperson, Metropolis Healthcare Limited

# FROM PRIORITIES TO ACTION – 2025-26

## Seamless Governance

- **Simplifying Compliance Bottlenecks in Private Healthcare Sector**

- 1) NATHEALTH-EY Compliance Study submitted to NITI Aayog and all the relevant line ministries including MoH, DoP, Finance Ministry and other key stakeholders.
- 2) NITI Aayog has taken note of the recommendations and pathways will be charted to work closely with NITI Aayog.
- 3) Compliance streamlining analysis released; State Government models are also being planned in parallel.

- **Refining Regulatory Architecture and implementation of Clinical Establishment Act (Diagnostics), Digital Health regulations & Medtech 2.0 Act**

NATHEALTH has been recommended for inclusion in the National Clinical Establishments Committee (NCEC). A formal gazette is awaited.

- **GST Advocacy**

- 1) The Finance Ministry has acknowledged NATHEALTH's recommendations (including NATHEALTH-EY Whitepaper)
- 2) The Government has announced certain slab reductions basis the recommendations.
- 3) NATHEALTH welcomes the reductions, which will unlock embedded credit in the healthcare value chain.

# FROM PRIORITIES TO ACTION – 2025-26

## Optimizing Finance (Health Insurance & PPP Financing)

- Health Insurance Dialogue

- 1) First composite dialogue between NATHEALTH and GIC completed on 8th July, 2025.
- 2) A follow-up CEO and CFO task force is created within NATHEALTH.
- 3) NATHEALTH is working on a position paper, which is looking at aligning health finance with the delivery architecture.
- 4) A communications campaign that fosters patient trust is also underway.

- Government Sponsorship Sustainability: Push for CGHS/PMJAY rate revisions/GST and rationalization of payment mechanisms under public health schemes.

- 1) Advocacy by NATHEALTH has ensured that the CGHS rates remain a benchmark for Government-sponsored insurance schemes.
- 2) Government has, in principal, revised the CGHS package rates, upwards by an average of over 55%.
- 3) NATHEALTH is advocating specifically for the adoption of a CPI-linked revision mechanism, which is currently under progress and active consideration by the High-Level Expert Group (HLEG).

- MedTech priorities

- 1) The Government has constituted an Empowered Group for 32 items to allow refurbished equipment import, which is consistent with NATHEALTH's advocacy efforts.
- 2) Modifications in the medical device marketing practices are also implemented in line with NATHEALTH's recommendations.

# FROM PRIORITIES TO ACTION – 2025-26

## Scaling Healthcare Delivery (Exports, Quality & Overcoming Supply Side Talent Shortage)

- Medical Value Travel (MVT) Full Stack

- 1) NATHEALTH has an active engagement with the Tourism Ministry, and Commerce Ministry to manage the Heal in India website.
- 2) Ministry of Health & Family Welfare, in collaboration with NATHEALTH, convened the Medical Value Travel (MVT): Way Forward Capacity Building Workshop in February 2026, in New Delhi. The action points have been submitted to the ministry for the further steps.
- 3) SEPC, Tourism Ministry, and the Health Ministry to co-design and recommend an outline for a marketing campaign that will increase footfalls, and also work to reduce operational bottlenecks.

## NATHEALTH Foundation

### Digital Health Adoption and ABDM (Forge partnership with smaller providers, partner with NHA)

- 1) Digital Health Masterclass series across 12 cities completed, touching 500+ providers.
- 2) Survey rolled out jointly with AHPI, PwC, MedLern and Koita Foundation on the DHMC trained providers across 16 cities, to articulate the current state of digital health adoption, and subsequently design Phase 2 of the intervention.

- Innovation: Health Nexus Accelerator

- 1) Successful rollout of Health Nexus Program with 25 start-ups selected & supported.
- 2) Completed a workshop with Atal Innovation Center and IIT BHU in Varanasi.
- 3) NATHEALTH is looking at scaling up the program in coming years, and is actively identifying partners.

# BLOCK Your Calendar

12th NATHEALTH ANNUAL AROGYA BHARAT SUMMIT 2026

You are invited to the...

# 12<sup>th</sup> NATHEALTH<sup>®</sup>

Healthcare Federation of India

## ANNUAL AROGYA BHARAT SUMMIT 2026



**MARCH 24-25, 2026 | THE LALIT, NEW DELHI**

Catalysing Value, Stimulating Innovation, and Strengthening Healthcare Service Delivery and Supply Chains.

**True partnership towards Viksit Bharat 2047**



Visit the event  
website



Scan to  
RSVP

Join us as we bring together the healthcare ecosystem to strengthen service delivery and patient-centered care.

## Voices of Leadership



**Ms. Ameera Shah**

**President, NATHEALTH**

Promoter & Executive Chairperson,  
Metropolis Healthcare Ltd.

Realizing Viksit Bharat 2047 demands a shift towards Appropriate Regulation.

By simplifying compliance, we can unlock private capital to scale India's healthcare infrastructure.



**Dr. Sangita Reddy**

**Senior Vice President, NATHEALTH**

Joint Managing Director,  
Apollo Hospitals

India stands at a pivotal moment – the transition from adopting innovation to defining it. We must move from what is possible to what is impactful and scalable. Its time to unleash innovation, build resilient infrastructure and in the area of health make prevention our priority.

## Voices of Leadership



**Mr. Himanshu Baid**  
**Vice President, NATHEALTH**  
**Managing Director, Poly Medicure**

I am delighted to invite you to the NATHEALTH 12th Annual Arogya Bharat Summit, a key platform bringing together policymakers, industry leaders, healthcare providers, and innovators to shape India's long-term healthcare vision. The summit will focus on policy reforms, innovation, MedTech, and collaborative pathways to build a resilient, inclusive and future-ready healthcare ecosystem. Looking forward to engaging discussions and collective thinking towards a healthier, stronger India.



**Mr Varun Khanna**  
**Secretary, NATHEALTH**  
**Group MD, Quality Care India**

India's healthcare journey is defined by strong intent, but the need for financing models that can scale access, affordability, and trust simultaneously. Moving beyond out-of-pocket care to integrated risk pooling and sustainable capital is critical to delivering healthcare at scale.

## Voices of Leadership



**Dr. Rishubh Gupta**  
**Treasurer, NATHEALTH**  
**Managing Director, Roche**  
**Diagnostics India**

“Digital health infrastructure will deliver impact only when technology adoption is matched with strong governance, provider readiness, and a shared commitment to interoperability and trust.”

**12<sup>th</sup> NAT+HEALTH<sup>®</sup>**

Healthcare Federation of India

**ANNUAL**

**AROGYA BHARAT  
SUMMIT 2026**



**MARCH 24-25, 2026 NEW DELHI**

**ANNOUNCING  
AROGYA BHARAT SUMMIT  
THEME 2026**

Catalysing Value, Stimulating Innovation,  
and Strengthening Healthcare Service  
Delivery and Supply Chains.

**True partnership towards  
Viksit Bharat 2047**



**Express Your  
Interest**

## Voices of Leadership



Mr. Abhay Soi  
Past President, NATHEALTH  
Chairman & Managing Director,  
Max Healthcare

NATHEALTH has come a long way as a unified voice for healthcare, from being diverse stakeholders to becoming a formidable force helping shape policy and practice. The Federation's ability to bridge the gap between innovation and implementation, between industry aspirations and ground realities, fills me with immense pride. I'm confident that the federation we've collectively built will continue to drive transformative change in India's healthcare landscape.



Dr. Ashutosh Raghuvanshi  
Past President, NATHEALTH  
Managing Director & CEO,  
Fortis Healthcare

My association with NATHEALTH has been both meaningful and energising. Over the years, I have seen it mature into a confident and credible voice for India's healthcare ecosystem. It is deeply satisfying to witness this journey, and I look forward to reconnecting with fellow leaders at the Annual Arogya Bharat Summit 2026 as we continue shaping healthcare with shared purpose.

## Voices of Leadership



(Hony) Brig. Dr. Arvind Lal  
Past President, NATHEALTH  
Executive Chairman,  
Dr. Lal PathLabs

NATHEALTH stands at a pivotal moment in India's healthcare journey, bringing together diverse stakeholders with a shared sense of purpose. It has been encouraging to see the Federation's growing role in shaping meaningful dialogue and action. The NATHEALTH Annual Arogya Bharat Summit is a definitive platform and a must-attend for anyone committed to building a stronger, more equitable healthcare system.



Mr. Daljit Singh  
Past President, NATHEALTH  
Former President,  
Fortis Healthcare

NATHEALTH has always drawn its strength from collaboration and trust across the healthcare ecosystem. The Federation's ability to unite providers, innovators, and policymakers around patient-centric solutions is its greatest strength. I've watched with immense satisfaction as NATHEALTH has evolved into a credible platform that doesn't just discuss challenges but actively shapes the regulatory and policy environment. I am pleased to be part of the NATHEALTH Annual Arogya Bharat Summit and to engage with leaders who are committed to advancing healthcare in India.



## Voices of Leadership



Dr. Harsh Mahajan  
Past President, NATHEALTH  
Founder & Chief Radiologist,  
Mahajan Imaging

My time with NATHEALTH reinforced my belief in the value of coming together as an industry with a shared vision. The Federation has grown into a think tank and a source of relevance, creating space for meaningful dialogue and action. I've watched with admiration as the Federation has consistently elevated the discourse around quality, affordability, and sustainability in healthcare. It is always a pleasure to be part of the NATHEALTH Annual Arogya Bharat Summit and reconnect with colleagues who are equally invested in healthcare's progress.



Dr. Shravan Subramanyam  
Past President, NATHEALTH  
Managing Director & Group CEO,  
BPL Medical Technologies

NATHEALTH's journey reflects our collective commitment to building solutions that truly matter for Indian healthcare. The federation has become a powerful ecosystem where technology manufacturers, providers, and policymakers speak the same language, the language of better patient care. We've successfully positioned NATHEALTH as the bridge between cutting-edge medical technology and its meaningful adoption across India's diverse healthcare landscape. This journey of building consensus, driving indigenization, and championing Make in India in healthcare has been personally fulfilling and professionally enriching.

# 2025 – MILESTONES THAT MATTERED

## A. Policy Wins: Shaping the Regulatory Landscape



### Central Government Health Scheme (CGHS) Ministry of Health and Family Welfare Government of India



सत्यमेव जयते

#### CGHS rate revision and follow-up reforms

After 15 years of stagnation, NATHEALTH's sustained advocacy achieved a landmark victory, the Government's decision to revise Central Government Health Scheme (CGHS) package rates, last updated in 2014.

NATHEALTH has been pursuing CGHS rate revision through multiple channels over several years. In 2025, this sustained engagement finally delivered results:

- NATHEALTH made formal submissions to the Ministry of Health & Family Welfare and the Ministry of Finance, providing detailed data on cost escalation across treatment modalities, diagnostics, and other procedures.
- Representations were made to NITI Aayog, accompanied by sector-wide data compiled from member hospitals.
- As a result, CGHS package rates have been successfully revised upwards by an average of over 55%.
- NATHEALTH advocated specifically for the adoption of a CPI-linked revision mechanism, which is currently under progress and active consideration by the High-Level Expert Group (HLEG).



# 2025 – MILESTONES THAT MATTERED

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## **GST Rationalization**

NATHEALTH's focused engagement with the Ministry of Finance & Health delivered tangible benefits for patients and providers through strategic GST reforms.

We secured GST rate reductions on diagnostic kits, reagents, and essential medical equipment, as well as tax exemptions for select life-saving and rare-disease medicines. These wins directly translate to improved patient affordability.

The win resulted from comprehensive documentation of GST's impact on healthcare affordability, supported by data-driven analysis and consistent engagement with policymakers. NATHEALTH positioned GST reform not as an industry benefit but as a patient affordability and inverse tax burden issue.





# 2025 – MILESTONES THAT MATTERED

## Streamlining Healthcare Compliance report launch with NITI Aayog



In July 2025, NATHEALTH released "Streamlining Compliance in the Indian Healthcare Sector," a comprehensive, future-facing roadmap for regulatory reform grounded in extensive stakeholder engagement across the country.

The whitepaper was formally submitted to NITI Aayog, positioning NATHEALTH as a solutions partner to the Government and presenting a positive, industry-backed vision aligned with Ease of Doing Business, digital transformation, and healthcare access priorities.

NITI Aayog acknowledged the recommendations and charted pathways for close collaboration. An agreement was reached on platform structure, which will be demonstrated to NATHEALTH stakeholders.





# 2025 – MILESTONES THAT MATTERED

## B. Ecosystem Building: Strengthening the Healthcare Community

### Swasth Nari Sashakt Parivar (SNSP) Campaign

In response to Hon'ble Prime Minister Shri Narendra Modi's clarion call, NATHEALTH mobilized the private healthcare sector for an unprecedented show of collective action through the Swasth Nari Sashakt Parivar Abhiyan, launched on September 17, 2025 by the MoHFW.

NATHEALTH President Ms. Ameera Shah issuing a press statement reaffirming the private healthcare sector's commitment to women's health and preventive care. NATHEALTH also launched a nationwide awareness campaign focused on common women's health issues, early screening, and prevention.

On September 12, 2025, NATHEALTH convened members from across all regions in New Delhi, bringing together top private sector leadership alongside senior officials from the Ministry of Health to popularize the program and create actionable strategies. To enhance transparency and coordination, NATHEALTH developed a separate IT page on the One NATHEALTH Community portal, which aggregates industry-led initiatives and shares consolidated data with the National Health Authority (NHA).

The Abhiyan witnessed strong nationwide participation from NATHEALTH members, spanning preventive health, nutrition, adolescent wellbeing, and screening initiatives. In recognition of this collective effort, Ms. Ameera Shah received a Letter of Appreciation from the Ministry. NATHEALTH extends its sincere gratitude to all members for their invaluable contribution.







**आराधना पटनायक, आ.प्र.वे.**  
अवर सचिव एवं मिशन निदेशक (रा.स्व.नि.)  
**Aradhana Patnaik, IAS**  
Additional Secretary & Mission Director (NHM)



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India  
Ministry of Health & Family Welfare  
D.O.No.Z.28015/61/2025-NHM-1  
Dated: 17<sup>th</sup> October, 2025

*Dear Colleague,*

Focusing on the advancement of women's health as a fundamental pillar for fostering healthier families and stronger communities, the Ministry of Health and Family Welfare organized the "Swasth Nari, Sashakt Parivaar Abhiyaan" from 17<sup>th</sup> September to 2<sup>nd</sup> October 2025 in convergence with Poshan Maas to promote preventive health, fitness, and nutrition, this nationwide initiative placed special emphasis on adolescent health, child nutrition, and preventive screening. The Abhiyaan aimed to promote early detection of health conditions, enhance access to essential healthcare services, and encourage the adoption of healthier and sustainable lifestyles thereby advancing the vision of a Swasth Nari leading to a Sashakt Parivaar.


I wish to place on record my sincere appreciation for the proactive involvement and commitment shown by your Organization in making this Abhiyaan a grand success. Your active participation through converging with health departments, or providing specialist services was critical to the scale and visibility achieved.

The outcomes achieved during this period have been truly remarkable and commendable. A total of **19.71 lakh** health camps were organized nationwide, including **1.72 lakh specialist camps**, benefiting over **11.01 crore** individuals across the country. Notably, **7.17 crore** women availed health services through these camps.


These achievements exemplify the power of convergence and collective action. The dedicated mobilization efforts of healthcare workers, reinforced by the robust institutional support provided by your Organization, has created a vital synergy that has been instrumental in reaching underserved populations and delivering impactful health services to women and families.

Once again, my profound appreciation to you and your team for your exemplary support and invaluable contribution. This Abhiyaan has truly embodied the spirit of a "Whole of Government" approach, and through our sustained and collective efforts, we are advancing steadily towards the vision that *a healthy woman builds a healthy family, which in turn forms the cornerstone of a strong and prosperous nation.*

*With regards,*  
Yours sincerely,  
  
(Aradhana Patnaik)



**Cervical cancer is preventable**  
Get informed, Get screened, Get vaccinated




**Human Papillomavirus Vaccine**


Age	Doses	Inter val
9-14 years	2	6 months
15-45 years	3	0, 2 & 6 months

**Contact your nearest health care facility to know more and get vaccinated**

**Patient**




**Swasth Nari, Sashakt Parivar, Shaktishaali Samaj**




**This Durga Puja, let's celebrate Durga – not just in temples, but in the strength and health of every woman.**


**Patient**



**Thyroid Disorders**  
**1 in 8 women prone**  
With timely treatment, thyroid disorders are manageable



**Listen to your body; get checked**



**Hypothyroidism or Underactive Thyroid**  
Constipation, Cold intolerance, Brain fog, Dry skin, Hairlessness of brows, infertility, Miscarriages, Birth defects, Heart issues, Goitre

**Hyperthyroidism or Overactive Thyroid**  
Mood swings, Insomnia, Heat intolerance, Palpitations, loss of weight, Tachycardia, Frequent urination, Preterm delivery, Miscarriages, Life threatening thyroid storm

**Risk Factors**  
Family history of disorders like diabetes & thyroid, smoking & alcohol consumption, pregnancy, age, BMI, autoimmune diseases & postpartum period

**Screening & Management**  
Simple blood tests (TSH, T3, T4) can detect it early

**Patient**  
FIRST



# 2025 – MILESTONES THAT MATTERED

## One NATHEALTH Community

Building on NATHEALTH’s ethos of collaboration, One NATHEALTH Community was launched as a unified engagement platform to bring all members under one umbrella and enable deeper collaboration across the healthcare ecosystem. The platform strengthens engagement by offering a centralized repository for industry reports, research, policy submissions, and best practices, alongside customized collaboration through forums, task forces, and working groups aligned to member priorities.

Integrated communication channels ensure members stay informed and connected, while seamless event management supports registrations for roadshows, roundtables, and the Annual Summit. Dynamic member profiles further enable organizations to showcase expertise, update information, and connect with peers across the ecosystem.

The initiative received strong endorsement when presented at the Governing Council meeting and the Mid-Year Cross-Regional Roundtable, with members recognizing its potential to transform engagement and create a truly interconnected healthcare multiverse.

**NATHEALTH**  
Healthcare Federation of India

One **NATHEALTH**  
Community  
The Voice of All

One NATHEALTH Community  
**The Voice of All**

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# ADVOCACY IN ACTION

## A. Hospital Infrastructure & Building Code Reform

To unlock the capacity for 4 to 5 million additional hospital beds, NATHEALTH took decisive action to counter the 45-metre height restriction in the National Building Code (NBC) 2016.

Spearheading a coalition of healthcare providers and architectural firms, NATEALTH submitted a formal, comprehensive reform proposal and assertively drove our advocacy through the highest regulatory channels including the Ministry of Housing and Urban Affairs (MoHUA), the Cabinet Secretariat, the Bureau of Indian Standards (BIS), and Delhi Fire Services.

The representation proposed:

- Increasing the permissible vertical height of hospital buildings from 45 metres to 60 metres.
- Revising evacuation norms, which are presently calculated on roof height rather than floor height, creates a disproportionate compliance requirement for taller structures.
- Providing regulatory clarity on the use of basements for critical medical services, including pharmacy, sterilisation, and diagnostic imaging.
- Creating a dedicated hospital chapter within the NBC, recognising that hospitals have distinct operational and life-safety requirements that are not adequately addressed by provisions designed for commercial or residential buildings.



# ADVOCACY IN ACTION

## B. Quality Control Order

INATHEALTH's leadership team, including President Ms. Ameera Shah and Vice President Mr. Himanshu Baid, along with members of the NATHEALTH Secretariat, had a meaningful engagement with the Department of Pharmaceuticals.

Key Discussion Areas:

1. **Quality Control Order Exemptions:** Discussion regarding the exemption of raw materials used in medical devices from the scope of the Quality Control Order, addressing cost and supply chain concerns.
2. **UCMPMD Implementation:** Organizing focused workshops to provide clarity, detailed guidance, and address stakeholder queries related to the Uniform Code for Medical Device Marketing Practices (UCMPMD), ensuring smooth industry adoption.



## C. Medical Professional Registration and Portability

NATHEALTH is driving an agenda on workforce mobility and medical education reform. The federation led a team of healthcare, academic, and legal experts to meet with the National Medical Commission (NMC) Chairperson and Health Ministry (MoHFW) officials to push for two major issues:

- Medical Registered Practitioners (MRPs), highlighting the challenges faced by doctors in practicing across multiple states. Deliberations explored the feasibility of a centralised registry, along with the legal and enforcement nuances associated with its implementation.
- The structural and compliance challenges under the National Medical Commission (NMC) framework, particularly concerning the establishment and operationalisation of medical colleges. The consultation underscored the need for streamlined processes and calibrated regulatory reforms to strengthen India's medical education ecosystem.

# ADVOCACY IN ACTION

## D. Medical Value Tourism (MVT) Ecosystem Development

Throughout 2025, NATHEALTH actively engaged with senior leadership across the Ministry of Health & Family Welfare, Ministry of Tourism, NITI Aayog, and state governments to strengthen India's Medical Value Travel (MVT) ecosystem under the Heal in India initiative. NATHEALTH leadership held multiple consultations with Health and Tourism Secretaries to explore collaborative, public-private partnership models aimed at delivering world-class patient experience, regulatory compliance, and efficient governance for MVT.

- Ministry of Health & Family Welfare, in collaboration with NATHEALTH, convened the **Medical Value Travel (MVT): Way Forward Capacity Building Workshop** in February 2026, in New Delhi. The action points have been submitted to the ministry for the further steps.
- NATHEALTH proposed the development of a unified, neutral MVT platform, led by the private sector, integrating tele support, analytics, marketing intelligence, grievance redressal, and customer experience management.
- Multiple meetings with central ministries, SEPC, and industry bodies laid the groundwork for joint capacity-building programmes aimed at strengthening India's credibility and global positioning in MVT.



# ADVOCACY IN ACTION

## E. Blood Bank Licensing

Currently, blood banks in India must navigate overlapping licensing frameworks from both central and state regulatory authorities. This dual licensing system leads to duplicative inspections, complex renewal processes, and significant delays, with the time it takes to secure approvals varying drastically from state to state.

Identifying this as a major roadblock, NATHEALTH took this issue to NITI Aayog to advocate for the removal of the dual licensing mandate. The federation is actively pushing for the implementation of a single-window licensing approach. This proposed system aims to consolidate regulatory oversight and standardise approval timelines across all states, ensuring ease of operations without ever diluting crucial patient safety standards.

## F. Allied Health Professionals

NATHEALTH participated in a key stakeholder consultation on 20th February 2026, convened by the Ministry of Health and Family Welfare, Government of India, in collaboration with the office of the Additional Secretary, to deliberate on strengthening the Allied and Healthcare Professionals (AHP) ecosystem in India.

The consultation brought together leading industry associations, healthcare providers, and the statutory regulator—the National Commission for Allied Healthcare Professions to discuss regulatory standards, workforce preparedness, institutional capacity, and industry–academia collaboration. As part of this engagement, NATHEALTH shared industry perspectives on demand–supply gaps, quality assurance, faculty shortages, and the need for a phased, practical regulatory approach aligned with on-ground realities. NATHEALTH continues to work closely with the office of the Additional Secretary and other stakeholders to support policy frameworks that enable high-quality, industry-relevant AHP education and build a future-ready allied healthcare workforce for India.

# ADVOCACY IN ACTION

## G. Payer-Provider Convergence

Recognizing that sustainable healthcare delivery requires robust, predictable financing mechanisms, NATHEALTH made health financing a cornerstone of its 2025 advocacy agenda.



**Composite Dialogue with GIC:** NATHEALTH initiated structured collaboration on July 8, 2025. The discussion focused on advancing healthcare and health insurance affordability and accessibility, expanding coverage beyond hospitalization, widening cashless access across geographies, improving customer experience, and standardizing healthcare processes while working towards a stable pricing framework.

**Payor-Provider Collaboration Meeting:** This was followed by a CEO-level payor-provider collaboration meeting that brought together leadership from leading healthcare providers and insurance companies. The dialogue centered on improving quality of care, enhancing patient experience, expanding cashless facilities, and broadening the scope of coverage. Facilitated by NATHEALTH, the engagement reinforced the importance of sustained collaboration between insurers and providers in strengthening India's healthcare ecosystem and supporting long-term, sustainable growth.

# ADVOCACY IN ACTION

## H. MedTech Sector Advancement

NATHEALTH's leadership team, including President Ms. Ameera Shah and Vice President Mr. Himanshu Baid, along with members of the NATHEALTH Secretariat, had a meaningful engagement with the Department of Pharmaceuticals. The key discussion areas covered Quality Control Order Exemptions of raw materials used in medical devices, and UCMPMD Implementation.

On 29th January, NATHEALTH also held a meeting with the **GST Council** to discuss key issues affecting the medtech sector, including the inverted duty structure and the proposal to reduce GST on LINAC and other cancer-related equipment to 5%. The Council shared that the government is working to streamline refunds under the inverted duty structure and deliberated on matters related to embedded credit. The meeting was attended by Mr. Devi Prasad Misra, Joint Secretary, GST Council, along with Dr. Shaifali G. Singh, Director, and Mr. Sourav Kumar from the Council. The GST Council indicated that the next meeting will be scheduled with the Additional Secretary to continue these discussions.



NATHEALTH also participated in India MedTech Expo 2025, organized by the Department of Pharmaceuticals, Government of India, under the aegis of Bharat Health, as Procurement Session Partner.

NATHEALTH's Secretary General, Siddhartha Bhattacharya, facilitated the meeting with Procurement Agencies, underscoring the power of public-private partnership in shaping the future of healthcare technology.

NATHEALTH recently met with Mr. Manoj Joshi, Secretary of the **Department of Pharmaceuticals**, to discuss pressing matters concerning the medtech industry. The discussion, which was also joined by Ms. Jyotsna Ghoshal from Johnson & Johnson, focused on current industry challenges, including compliance issues and regulatory concerns.



# ADVOCACY IN ACTION

## I. Patient Safety & Quality Standards

NATHEALTH positioned patient safety not merely as a compliance requirement but as the foundation of trust between healthcare providers and the communities they serve.



**MoHFW Task Force on Patient Safety:** The first meeting of the Government Task Force on Patient Safety, constituted by the Ministry of Health & Family Welfare under the National Patient Safety Secretariat, was convened to initiate a year-long programme aligned with the World Patient Safety Day 2025 theme, “Safe Care for Every Newborn and Every Child.” The Task Force is mandated to plan and execute coordinated national activities aimed at strengthening patient safety across maternal, neonatal, and pediatric care.

As a formal member of the Task Force, NATHEALTH represents the healthcare industry and is actively contributing to the initiative’s four key focus areas. These include stakeholder engagement through a national patient safety campaign and public awareness efforts; capacity building of the healthcare workforce through training on neonatal and pediatric safety protocols and updates to clinical guidelines; community engagement to raise awareness among parents and caregivers through grassroots education and safety interventions; and research and innovation focused on evidence-based improvements supported by data collection and analysis.

# ADVOCACY IN ACTION

## I. Patient Safety & Quality Standards



**National Patient Safety Framework Revision:** NATHEALTH was invited to participate as a member of the Committee constituted to revise the National Patient Safety Framework (NPSIF) 2018–25, under the leadership of the Ministry of Health & Family Welfare, with a formal gazette notification awaited.

In parallel, NATHEALTH engaged with the Patient Safety Secretariat through a meeting with the Deputy Assistant Director General at the DGHS office to discuss potential areas of collaboration. Key discussions focused on NATHEALTH's support in drafting the revised National Patient Safety Framework, collaboration on quality and safety standards for Medical Value Travel, and partnerships with other organizations working closely with the Secretariat to strengthen patient safety outcomes nationally.



# ADVOCACY IN ACTION

## J. Digital Health & Innovation

**Digital Health Mission Engagement:** Partnership with National Health Authority (NHA)

On 8th January, NATHEALTH joined a meeting convened by Dr. Sunil Kumar Barnwal, CEO, NHA and Ms Jyoti Yadav, Joint Secretary, NHA, to discuss the joint implementation of PMJAY and ABDM.

Bringing together leaders across the healthcare value chain, hospitals, medtech, and diagnostics, this meeting marks a significant step toward a digitally-empowered healthcare ecosystem in India.

Together, we are bridging gaps in access and quality through innovation.



**Amrit Arogya: AI for Health:** NATHEALTH Secretary General attended the Amrit Arogya roundtable launching the national AI for All initiative with MeitY, focusing on harnessing AI to transform healthcare.

### Winter Dialogue on Responsible AI for Synergistic Excellence (RAISE)

Siddhartha Bhattacharya, Secretary General, NATHEALTH, moderated a panel at the Winter Dialogue on Responsible AI for Synergistic

Excellence (RAISE), an official pre-summit event of the AI Impact Summit 2026, focusing on AI-Enabled Care Pathways and the future of clinical practice.



Led by Apollo Hospitals as Session Partner and hosted by NIMS University & Ashoka University's Koita Centre for Digital Health, bringing together policymakers, healthcare leaders, and global experts to deliberate on the topic. The discussion highlighted how AB PM-JAY's care delivery model and programme data can enable last-mile innovation, support value-based partnerships, and explore package design that incentivises prevention beyond episodic care.

# BUILDING THE HEALTHCARE MULTIVERSE

Community-Driven Initiatives & Collaboration

## A. Regional Roundtables 2025: Connecting Across India

Throughout 2025, NATHEALTH organized a series of high-impact regional roundtables to strengthen member engagement, foster collaboration, and address region-specific healthcare challenges. These events brought together leaders from across the healthcare ecosystem to drive meaningful dialogue and collective action.

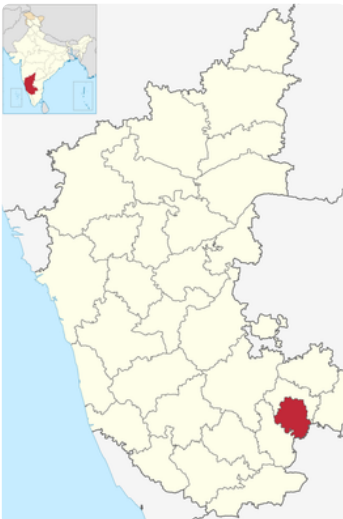
### 01. Pune, Maharashtra



[https://en.wikipedia.org/wiki/Pune\\_district](https://en.wikipedia.org/wiki/Pune_district)



### 02. Bengaluru, Karnataka



### 03. Varanasi, Uttar Pradesh



### 04. Delhi



### 05. Kolkatta, West Bengal



# BUILDING THE HEALTHCARE MULTIVERSE

Community-Driven Initiatives & Collaboration

## B. Governing Council Meetings

NATHEALTH held its first Governing Council meeting for FY 2025-26 at The Leela Hotel, Mumbai, while the second Governing Council meeting took place at The Claridges in New Delhi.

The sessions witnessed active participation and engaging discussions from Council Members. The meetings also reinforced the importance of shared leadership and public-private collaboration to build a resilient, inclusive healthcare ecosystem.

### Mumbai GC Meetings



# BUILDING THE HEALTHCARE MULTIVERSE

Community-Driven Initiatives & Collaboration



**Delhi GC Meetings**



# BUILDING THE HEALTHCARE MULTIVERSE

Community-Driven Initiatives & Collaboration



# BUILDING THE HEALTHCARE MULTIVERSE

Community-Driven Initiatives & Collaboration

## C. Community Champions: Leading the Way

In line with the objective of creating a unified, collaborative healthcare multiverse, NATHEALTH officially launched the NATHEALTH Community Champions Referral Program through the One NATHEALTH Community portal.

Program Highlights:

- Recognition & Rewards: Members who onboard three or more full-time members will receive:
- 10% waiver on their next year's membership fees
- Recognition across NATHEALTH events and platforms
- Special mention in newsletters and communications
- Spotlight features on digital channels

Mid-Year Community Champions (2025):

**Dr. Shравan Subramanyam** - Past President, NATHEALTH & Managing Director, BPL Medical Technologies

**Ms. Ameera Shah** - President, NATHEALTH & Promoter & Executive Chairperson, Metropolis Healthcare Limited

**Mr. Himanshu Baid** - Vice President, NATHEALTH & Managing Director, Poly Medicure Ltd.

These champions exemplified the spirit of collaboration, actively engaging in member outreach, facilitating new memberships, and strengthening the NATHEALTH network.





# BUILDING THE HEALTHCARE MULTIVERSE

Community-Driven Initiatives & Collaboration

## D. Member Ecosystem Growth

NATHEALTH's membership base grew significantly in 2025, welcoming more than 200 organizations across diverse healthcare sectors. This diverse membership expansion strengthened NATHEALTH's representation across the healthcare value chain, enriching dialogue, collaboration, and collective advocacy.

S. No	Name	Organisation	Industry
1	Dr. (Col.) Manjinder Singh Sandhu	Atrius Cardiac Care	Provider
2	Dr. Manoj Kumar Shah Mr. Aditya Vikram Shah	NEUBERG PULSE HEALTHCARE PRIVATE LIMITED	Provider
3	Mr Sushil Borde	Anjani Mashelkar Foundation	Trust
4	Mr. Rajnish Menon	Sukino Healthcare Solutions Pvt Ltd	Provider
5	Amit Mookim	Immuneel Therapeutics Pvt. Ltd.	Biotechnology
6	Rainer M Blair Sanjay Murdeshwar	DHR Holding India Private Limited	Medtech and Diagnostic
7	Mr Chandrasekar Kandaswamy	Stakeboard Capital LLP	Private Equity
8	Ms. Jannat Singh Mr. Sanjeet Singh	Talent Shark HR Consultancy	Consultancy
9	Mr Nivesh Khandelwal	Rewind Healthcare Private Limited (Nivaan Care)	Provider
10	Dr Milind Antani	Nishith Desai Associate	Consultancy
11	Ms Anamika Sikri	GMVT Technologies Private Limited	Medical Tourism
12	Dr Anjan Bhattacharya	Skilled IQ Educational Trust	Medical Education
13	Mayank Mishra	KKR India Advisors Private LTD	PE

# BUILDING THE HEALTHCARE MULTIVERSE

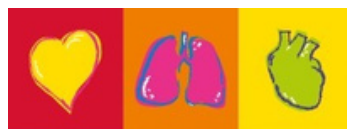
Community-Driven Initiatives & Collaboration

S. No	Name	Organisation	Industry
14	Dr Sudhir Bahl	Saroj Super Speciality Hospitals (run By Ganesh Das Chawla Charitable trust)	Provider
15	Jyotsna Ghoshal	Johnson & Johnson Pvt Ltd	Medtech
16	Saurabh Gupta	MYITMANAGER	Digital Health
17	Vikram D Sanghvi	Schiller Healthcare India Pvt Ltd	Medtech
18	Dr Sujata Naidu	MOTHERSON HEALTH AND MEDICAL SYSTEM LIMITED	Medtech and Pharma Tech
19	Dr. Arunachalam Vimaladithan Mr. Tushar Jain	Hitachi MGRM Net Limited	IT
20	Ravi P Vallia	India Medtronic Pvt Ltd	Medtech
21	Saurav Kasera	MYMD Helathcare Private Ltd	Provider/ Diagnostics/ Pharma
22	Rahul Guha	API Holdings	Diagnostics
23	Jayanta Roy	The Peerless General Finance and Investment Company	Investment
24	Dr Tarang Gianchandani	Sir H. N. Reliance Foundation Hospital & Research Centre	Provider
25	Mr. Naman Gosalia	AnginaX AI Private Limited	Provider/ Digital Health
26	Dr Arjun Narula	Narula Diagnostics	Diagnostics
27	Nalin Saluja	Virohan Pvt. Ltd.	Helathcare Education

# BUILDING THE HEALTHCARE MULTIVERSE

Community-Driven Initiatives & Collaboration

## D. Member Ecosystem Growth



# BUILDING THE HEALTHCARE MULTIVERSE

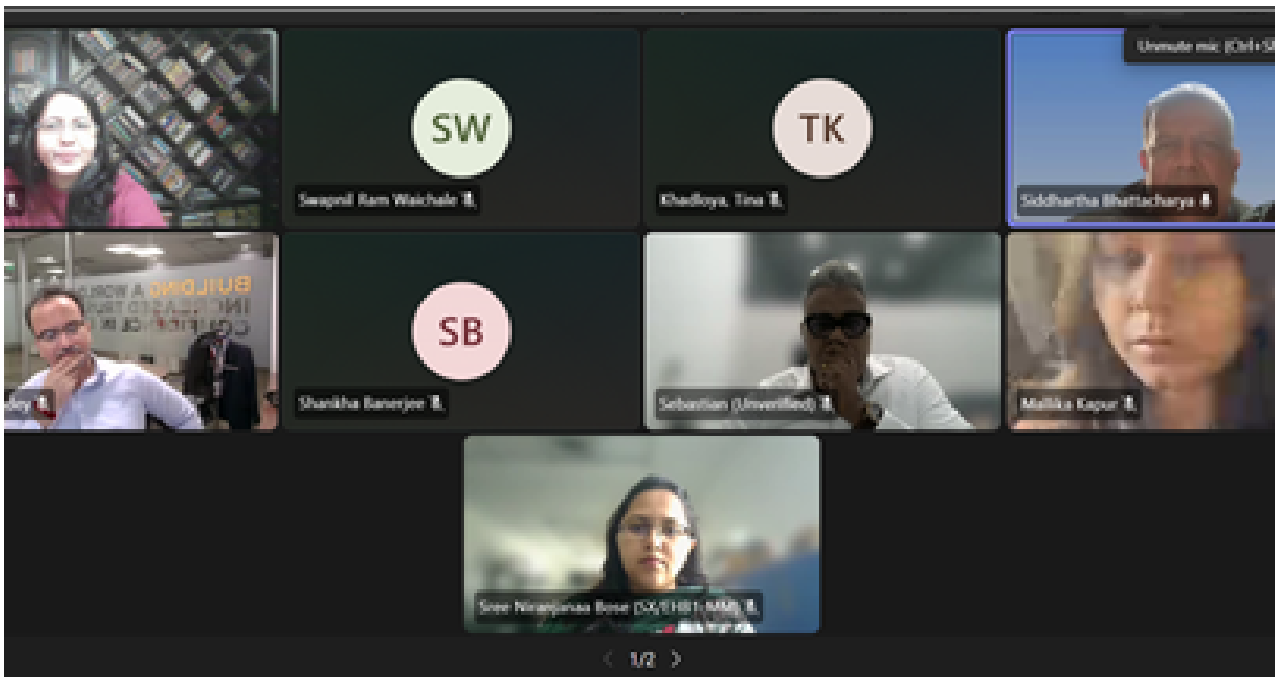
Community-Driven Initiatives & Collaboration

## E. Forum Engagements

NATHEALTH's specialized forums served as platforms for sector-specific dialogue, problem-solving, and collaborative action.

### MedTech Forum

The MedTech Forum met regularly in 2025 to advance priority actions for strengthening India's MedTech ecosystem. Discussions focused on improving access and affordability through frameworks for refurbished medical devices, particularly for tier II and III cities, alongside capacity-building initiatives for newer technologies. Members deliberated on pricing and financing challenges, including timely price revisions, insurance coverage for new devices, and innovative models such as leasing and reagent rentals.



Regulatory and compliance issues featured prominently, covering UCPMP implementation, Quality Control Orders, BIS and PCPNDT challenges, and improvements in medical device marketing practices. The Forum also emphasized innovation and growth by leveraging software-led R&D, strengthening Brand India for MedTech, adopting digital inventory solutions, and navigating tariff and export dynamics. Ongoing engagement with government stakeholders, including the Department of Pharmaceuticals, remained central to the Forum's advocacy efforts.

# BUILDING THE HEALTHCARE MULTIVERSE

Community-Driven Initiatives & Collaboration

## E. Forum Engagements

### Providers Forum

The Providers Forum convened twice in 2025 to address key challenges faced by hospitals and healthcare delivery organizations. Key discussions included advancing Medical Value Travel under the Heal in India initiative, engagement with SEPC, and planning capacity-building workshops while identifying operational bottlenecks.



The Forum also examined health insurance and financing issues, focusing on payor-provider collaboration, infrastructure financing, hospital stratification across metro and tier II-III cities, and mechanisms to reduce the cost of capital. Members supported government-led health campaigns and reviewed progress on streamlining healthcare compliance, with senior industry leaders and the NATHEALTH Secretariat actively participating in the discussions.

# BUILDING THE HEALTHCARE MULTIVERSE

Community-Driven Initiatives & Collaboration

## E. Forum Engagements

### Diagnostics

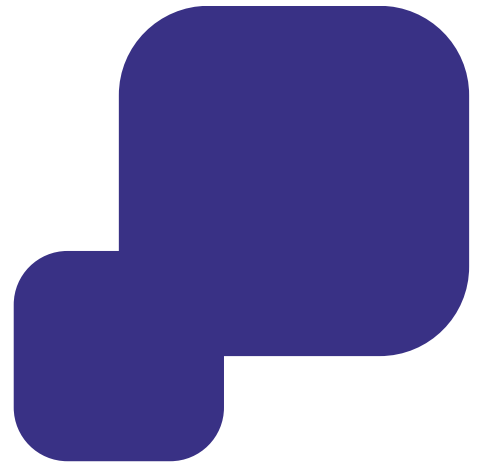
The Diagnostics Forum met to strengthen diagnostics as a core pillar of healthcare through focused discussions on trust, quality, and capacity building. Priorities included enhancing patient safety standards, expanding training and infrastructure in tier II and III cities, and advocating for unified policies such as remote authorization and standardized accreditation norms.



Digital innovation was a key theme, with emphasis on AI adoption, predictive analytics, ABHA integration, and large-scale screening programs. Short-term priorities addressed GST and regulatory challenges, while long-term discussions focused on insurance inclusion for diagnostics, national health claims integration, and fostering industry-led research collaboration.



## **SPECIAL INITIATIVES**



# SPECIAL INITIATIVES

## A. Health Nexus Accelerator Program

As part of the Health Nexus Accelerator program's expansion, NATHEALTH organized the Varanasi Health Innovation Conclave in partnership with IIT-BHU and Atal Innovation Center, focusing on collaboration between academia and industry, technology transfer mechanisms, research commercialization pathways, and regional innovation ecosystems.



A significant milestone was the Pilot Testing Initiative for Hospital R&D, facilitated in collaboration with Dr. Praveen Gupta, Chairman, Neuro & Spine, Marengo Asia Hospitals, Gurugram. This initiative provided startups with real-world clinical testing environments, expert medical guidance, validation of healthcare solutions, and iterative product development support.



## B. Digital Health Masterclass (DHMC)

The Digital Health Masterclass (DHMC) is NATHEALTH's flagship capacity-building initiative to advance digital health adoption across India.



Phase 1 concluded with a 12-city program, training over 500 healthcare providers across tier I, II, and III cities on ABDM integration and practical digital implementation, with strong participant feedback. Delivered in partnership with Koita Foundation, MedLern, PwC, and industry associations, the program generated key insights through the Digital Health Adoption Index and an adoption survey, shaping Phase 2 interventions focused on advanced training, implementation support, and scaling ABDM integration nationwide.

# SPECIAL INITIATIVES

## C. Health Unplugged Podcast Launch

In November 2025, NATHEALTH launched Health Unplugged, a thought leadership podcast series hosted on the NATHEALTH YouTube channel, featuring candid, long-form conversations with healthcare leaders, policymakers, innovators, and experts. The series explores healthcare policy, innovation, patient-first collaboration, leadership journeys, and pressing sector challenges, offering an accessible platform for honest dialogue and diverse perspectives. With two episodes live at launch and regular releases planned, Health Unplugged strengthens member engagement, amplifies sector voices.



# EDITORIAL

Written By -

**Dr. Rishubh Gupta, Treasurer, NATHEALTH & Managing Director - Roche Diagnostics India and Neighbouring Markets**

## **Why Mandatory Quality Accreditation and Transparent Safety Protocols Are Non-Negotiable for Healthcare Providers**

India's healthcare transformation is unfolding alongside the national aspiration of Viksit Bharat 2047 – a self-reliant nation powered by a USD 5+ trillion economy, technological leadership and universal, high-quality healthcare. But universal coverage cannot mean access alone; it must guarantee safe, reliable and trusted care everywhere it is delivered. Mandatory accreditation and transparent safety protocols are therefore no longer administrative requirements; they are the foundation of patient safety and clinical trust.

### **Why quality matters more than ever**

From diagnostics to treatment pathways, providers must operate within standardised frameworks ensuring reliability, accountability and equitable outcomes. Yet India still lacks a universal quality baseline. Consider diagnostics: nearly 70% of clinical decisions depend on test results, but quality remains uneven. This is a challenge echoed globally, where almost half the population lacks adequate access to quality diagnostics and care-pathway gaps range from 35–62%. As testing expands, availability is not always translated into dependable results.

India's disease burden includes non-communicable conditions, now causing ~63% of deaths and an estimated USD 3.55 trillion economic loss by 2030. The battle against NCDs is not fought in ICUs but won in laboratories. Early, accurate diagnosis allows for timely healthcare intervention. Accreditation ensures reliable results, strengthens clinical confidence and enables healthcare to move from late-stage treatment to prevention and long-term management.

### **NABL and ISO accreditation: Standardising a fragmented market**

NABL (National Accreditation Board for Testing and Calibration Laboratories) and ISO-based standards play a crucial role in providing uniform benchmarks for quality, safety, ethical compliance and operational excellence. There are ~300,000 laboratories operating in India across public and private space. When a lab gets accredited, it not only strengthens trust among patients, but also

# EDITORIAL

among clinicians and healthcare institutions that rely on diagnostic data for decision - making. In a system where a single report can shape treatment, standardisation becomes essential to consistent care. Accreditation also complements public health initiatives such as empanelment and reimbursement under Ayushman Bharat-PMJAY, as it scales to over 42 crore beneficiaries. Beyond financial protection, quality-certified providers also ensure that expanded coverage translates into safe, meaningful care.

Embedding accreditation within empanelment frameworks enables patients to access services that meet defined performance standards, reinforcing confidence in a rapidly expanding healthcare ecosystem. Need for innovation and digital transparency to strengthen safety and confidence

Healthcare innovation is often evaluated based on affordability. However, cost reduction alone does not define value. True innovation improves diagnostic accuracy, reliability, and reproducibility, turnaround time, clinical confidence, and patient outcomes.

Yet innovation without governance can introduce new risks as quickly as it solves old ones. Quality frameworks and accreditation act as guardrails that validate technology, standardise processes, and ensure outcomes remain patient- centric. Automation, AI-assisted interpretation, and integrated digital workflows can reduce human error, accelerate decisions, and enable real-time quality monitoring. However, AI-based reporting and automated laboratories strengthen safety only when governed by transparent protocols that provide traceability and continuous quality improvement.

In an era where clinical decisions increasingly depend on longitudinal diagnostic data, transparency sustains trust. This ensures digital transformation consistently delivers safer care, stronger clinical confidence, and better health outcomes.

## **Quality as a foundation for the future of healthcare**

Mandatory accreditation and transparent safety protocols are no longer optional measures; they are foundational requirements for healthcare providers. As India confronts rising disease burdens, expanding health coverage, and accelerating innovation, quality must remain the common thread that protects patients and strengthens clinical outcomes. Healthcare systems can only be as strong as the trust they inspire. Accreditation ensures that trust is earned through consistency, safety, and accountability, making it truly non-negotiable.



# AMPLIFYING THE VOICE OF HEALTHCARE

## Media Overview 2025-26

### SOCIAL MEDIA IMPACT



**16,378**  
Total Followers



**5,397**  
Total Followers



**1,430**  
Total Followers



Started in  
January 2026

**20**  
Total Followers

### Total Impressions

**635,132 +**

### Total Coverage

**450 +**

with nearly 90% of the total coverage in Category A publications

# AMPLIFYING THE VOICE OF HEALTHCARE

## MEDIA PRESENCE & REACH – PRINT

### PM to launch women, child health campaign on Sept 17

KAVITA BAJELI-DATT @ New Delhi

PRIME Minister Narendra Modi will launch a special campaign, which aims to strengthen healthcare services for women and children, on September 17. As part of the nationwide 'Swasth Nari Sashakt Parivar Abhiyaan', as many as 75,000 health camps will be organised at all the healthcare facilities, including Ayushman Arogya Mandirs and Community Health Centres (CHCs).

The special campaign, which is being launched on PM Modi's birthday, is aimed at addressing the healthcare needs of women and children. The campaign will conclude on October 2, the birth anniversary of father of the nation, Mahatma Gandhi. Taking to X, Union Health Minister JP Nadda, said: "This initiative aims to strengthen healthcare services for women and children across India, ensuring better access, quality care, and awareness."

These camps will provide essential services specifically de-



ernment's vision of inclusive healthcare, he said.

"In addition, Poshan Maah will be observed at all Anganwadis to promote nutrition, health awareness, and overall well-being. Together, these measures aim to build healthier families and empowered communities across the country," he posted. He also appealed to all private hospitals and healthcare stakeholders to come forward and be an integral part of this Jan Bhagidaari Abhiyan.

"With 'India First' as our inspiration, let us strengthen our collective efforts for Viksit Bharat." The special campaign

NATHEALTH, a healthcare federation representing the private sector, and executive chairperson, Metropolis Healthcare Ltd, said, "The launch of the Swasth Nari Sashakt Parivar Abhiyaan is yet another landmark step to ensure that women and children across the country have access to quality healthcare, better nutrition, and greater awareness."

"By strengthening the foundations of family health, this initiative will not only empower women but also build healthier, more resilient communities. Focused attention on antenatal and prenatal care, nutrition, regular health screening, and mental as well as geriatric health will be critical in maximising its impact. By combining better access, nutrition, and awareness, this Abhiyaan has the potential to truly transform community health across India," she said.

Welcoming the special campaign, Federation of All India Medical Association (FAIMA), known as FAIMA Doctors As-

### 'Medicine bills could see a 6-7% decline'

### Prices of diagnostic tests unlikely to change much

### GST cut on drugs and medical devices to provide relief to patients: Industry players

NEW DELHI: The government's decision to slash GST on medicines and medical devices while exempting lifesaving drugs from the levy has been hailed as a landmark reform by pharmaceutical and healthcare industry. Stakeholders said on Thursday that the move will bring direct relief to patients and families while substantially reducing their financial burden.

Industry leaders noted that the reforms will improve affordability, expand access to quality healthcare, and align with the government's vision of universal healthcare. Indian Pharmaceutical Alliance Secretary General Anil Darshan Jain said exempt-



from GST will immediately ease costs for families. "Equally, the reduction in GST on a wide range of medicines from 12 per cent to 5 per cent will make essential therapies more affordable," he added.

Organisation of Pharmaceutical Producers of India (OPPI) Director General Anil Matai described the reform as "historic and compassionate," point-

have moved from 12 per cent GST to nil, while three critical medicines for cancer, rare diseases, and other severe conditions have shifted from 5 per cent to nil. He said the reductions on medicines, diagnostic kits, surgical devices, and healthcare supplies would make healthcare more accessible across households and hospitals.

"This move realigns the GST structure, prioritises patient well-being, and strengthens India's journey towards universal health coverage," Matai added.

NATHEALTH President and Metropolis Healthcare Executive Chairperson Ameer

rates would support preventive, curative, and rehabilitative care. "By easing costs, the measure will enhance access to services, promote early disease detection, and ensure consistency across the healthcare ecosystem," she said.

Apollo Health Co Ltd Executive Chairperson Shobana Kamineni welcomed zero GST on health and life insurance, calling it "a masterstroke" that makes protection a right rather than a privilege.

Industry leaders unanimously called the reforms a transformative step toward building a patient-friendly, and resilient

### डायग्नोस्टिक टेस्ट की कीमतों में बदलाव नहीं

### Healthcare body seeks ₹50,000 cr infra fund

SANKET KOUL

New Delhi, 19 November

Healthcare industry body Nathealth has asked the government to declare the sector as core infrastructure and create a healthcare infra fund of ₹50,000 crore for providing long-term, lower-cost capital for hospitals and diagnostic networks.

It said the fund would aim to cater new projects that have long gestational periods requiring flexible mid-term financing.

In its pre-budget recommendations to the government, Nathealth has also asked for increasing the public spending on healthcare to over 2.5 per cent of GDP from the current 1.9 per cent, along with taking urgent action to tackle non-communicable diseases.

With chronic diseases contributing to 65 per cent of all deaths in India and a low uptake of preventive screening, Nathealth recommended a tax deduction for preventive health check-ups of up to ₹10,000.

"This increases preventive care uptake, early detec-

tion of NCDs, and expected long-term reduction in treatment costs and productivity losses," the body added.

It has also asked the government to set up a national network of accredited reference laboratories with an outlay of ₹1,000 crore. It has also asked for creation of national infrastructure for ethical animal testing and pre-clinical validation of medtech innovations.

Among other demands, Nathealth also mooted setting up of an innovation fund for deeptech and provider collaboration with an outlay of ₹5,000 crore to ₹7,000 crore, stating that there is a fragmented innovation ecosystem with limited provider-startup collaboration.

"There is a need for pilots, AI research, and scale-up funding, which accelerates commercialisation of high-impact solutions," it said.



# AMPLIFYING THE VOICE OF HEALTHCARE MEDIA PRESENCE & REACH - PRINT

## India's refurbished medical device dilemma



**NK GANGULY**

Former Director General, Indian Council of Medical Research

**INDIA'S HEALTHCARE SYSTEM** stands at a structural inflection point. While metropolitan markets are approaching saturation, the rest of the country is in a shifting tectonic zone of growth and demand for advanced diagnostics and tertiary care is rising rapidly in these regions. But infrastructure, capital access, and training manpower remain unevenly distributed.

At the same time, India finds itself divided on a critical question: should it refurbish medical equipment from part of this expansion?

The debate has intensified in recent months. Concerns around quality, safety, and regulatory oversight have led to calls for tighter scrutiny, and the government has constituted a committee to examine the issue. Yet a clearer policy framework is still awaited. In the absence of regulatory clarity, the conversion risks becoming perilous, framed as a binary choice between patient safety and affordability.

It is not clear whether refurbished systems should be used, but how they should be governed and how India can simultaneously strengthen its domestic manufacturing and refurbishment capabilities.

The 100 hospitals are increasingly overwhelmed, often serving as referral hubs for patients from long distances for imaging, dialysis, oncology care or complex procedures. The strain on urban infrastructure and deeper structural imbalances in the geographic distribution of medical technology. It is not clear how to build more facilities but how to equip them sustainably.

Advanced imaging platforms such as CT and MRI, catheterisation laboratories, radiation therapy systems, and high-end surgical technologies require significant capital outlay. For many providers in tier-

II and III markets, procuring brand-new systems is financially prohibitive. Expansion is frequently delayed because capital is constrained.

In this context, high-performance refurbished equipment becomes relevant not as a compromise but as a transitional solution for the unmet capacity building.

A central challenge in this debate is the definition of "used" or "refurbished" or "remanufactured" devices. They are not interchangeable. High-quality refurbishment is a structured, documented, and validated engineering process. It typically includes controlled de-installation, detailed inspection, and disassembly, replacement of worn components, hardware and software updates, calibration to OEM specifications, and thorough quality testing prior to reinstallation and site acceptance validation.

When executed to defined standards, refurbished systems can cost 30-70% less than new equipment while maintaining clinical functionality. The critical variable is not the age of the device, but the integrity of the refurbishment and transparency of lifecycle documentation.

However, an important dimension often overlooked is where refurbishment and quality control are conducted. At present, most of the high-end refurbishment, testing and certification takes place in Western markets. India frequently imports these systems after they have been refurbished and quality-checked abroad.

This raises a strategic question: should India remain dependent on overseas ecosystems, or should it build its own?

The issue isn't whether refurbished systems should be used, but how they should be governed & how India can strengthen its domestic manufacturing and capabilities

India's long-term healthcare resilience cannot rely solely on importing refurbished systems. Nor can it indefinitely depend on external ecosystems for lifecycle engineering and quality control.

Capacity building must become central to policy design. This includes strengthening medical manufacturing of advanced imaging technologies such as CT and MRI systems, establishing certified refurbishment hubs backed by standardised protocols, developing skilled biomedical engineering talent capable of executing complex refurbishment and quality validation processes, creating regulatory pathways that integrate refurbishment standards with broader medical device manufacturing policy.

A robust policy framework can align refurbished device production with the broader objectives of indigenous production under India's industrial strategy. Refurbishment, if regulated properly, need not compete with local manufacturing. It can complement it by providing technical expertise, job creation, and lifecycle management capability.

In fact, building structured refurbishment ecosystems can serve as a hedge towards deeper manufacturing competence. Engineering knowledge gained in disassembly, calibration, testing, and validation strengthens India's technical base for producing next-generation systems. Concerns around patient safety, reliability, and long-term serviceability are legitimate. Variability in refurbishment standards weakens after sales support an erode clinician confidence and patient trust. These risks underscore the need for

precision regulation.

Globally, refurbished medical technology is incorporated into health system planning under structured oversight. In England, the National Health Service deploys refurbished devices across hospital trusts as part of capital optimisation strategy. In the United States, strict safety and clinical benchmarks. The emphasis is on lifecycle governance and accountability.

India now has an opportunity to move beyond a binary debate. The committee examining refurbished medical devices can lay the groundwork for a calibrated framework that distinguishes uncontrolled imports from certified refurbished systems.

A forward-looking policy should mandate clearly documented refurbishment protocols, rigorous performance validation against established standards, full traceability of critical components, defined residual life criteria, and minimum warranty and service obligations. Support by robust domestic certification and oversight mechanisms. Crucially, a framework should create an ecosystem that should incentivise the development of domestic refurbishment capacity and strengthen manufacturing capabilities that governance, technical competence and industrial growth evolve together.

India's healthcare expansion cannot rely solely on high-cost new installations every province. Nor can it allow an unregulated secondary market to proliferate. The solution lies in calibrated regulations that enables responsible adoption while safeguarding patient safety along with domestic investment in domestic capability.

The debate should therefore evolve from whether refurbished equipment belongs in India, to how it can be governed intelligently and leveraged strategically.

**CK Mishra Siddhartha Bhattacharya**

**Prime Minister Narendra Modi** recently made a strong appeal for the responsible use of antibiotics. Referring to a recent report, he cautioned that antibiotics are becoming increasingly ineffective against common infections such as pneumonia and urinary tract infections. His message to citizens was clear: medicines require proper guidance, and antibiotics, in particular, should always be consumed under medical supervision. This public intervention reflects growing concern at the highest levels of government about AMR and its far-reaching implications. According to data from the WHO, around 1.27 million deaths are directly attributed to antimicrobial resistance (AMR) annually.

The economic cost of AMR is substantial and rising. Globally, AMR

has already increased healthcare expenditure by an estimated \$66 billion. If resistance rates increase at the pace observed in the bottom 15 per cent of countries, AMR-related health costs could escalate to \$325 billion, while the global economy could be \$1.7 trillion smaller by 2050.

Conversely, providing high-quality treatment to everyone with bacterial infections and funding innovation in new antibiotics could, by 2050, reduce health costs by \$97 billion. Addressing AMR requires coordinated action across sectors. One such opportunity lies in creating coalitions of willing countries to establish common funding pools for research and pooled procurement of innovative antibiotics.

Public awareness remains a critical pillar of the response to AMR. A national campaign — similar to those undertaken for HIV, polio and tuberculosis — should be developed to educate patients and consumers about

the dangers of antibiotic misuse. Training programmes for doctors should be mandated by ICMR to raise awareness about AMR, including correct dosing, frequency and duration of antibiotic treatment.

A dedicated platform that brings together central and State implementing agencies alongside industry stakeholders would enable structured discussions on the implementation of ICMR AMR guidelines. A defined list of essential diagnostic tests should be formulated, and laboratory infrastructure must be established at the district level to support timely and accurate diagnosis. Finally, monitoring and auditing must become routine.

The Prime Minister's call for responsible antibiotic use should serve as a catalyst for sustained action.

Mishra is former Health Secretary, and Bhattacharya is Secretary General, NATHEALTH

## The looming threat of antimicrobial resistance

## Modernising health finance

**INDU BHUSHAN SIDDHARTHA BHATTACHARYA**

Respectively founding CEO, Ayushman Bharat and senior associate, Indian Hospital Association's Secretary General, NATHEALTH

**INDIA'S HEALTHCARE SYSTEM** stands at a decisive moment. The country faces a quarter of the world's most significant disease burdens — home to the largest population of people with non-communicable diseases (including over 100 million people with diabetes) and more than one billion communicable disease cases annually. Alongside these are the world's second-largest ageing population, creating a scale and complexity of need that expands each year. Despite abundant natural resources, investment, and a resilient health financing architecture that balances how resources are raised and where they are deployed.

India's three major sources of health financing — public expenditure, out-of-pocket (OOP) spending, and prepayment schemes (primarily health insurance) — face structural challenges. Public spending as a percentage of GDP remains among the lowest globally. The need for higher public expenditure is clear, fiscal realities and competing priorities limit what is feasible. OOP spending needs to be reduced as it imposes a disproportionate burden on the poor and discourages timely and appropriate care. Private health insurance remains underdeveloped, covering less than 10% of the population.

These constraints present a major

With limited fiscal space, India must adopt innovative mechanisms to unlock new health financing

are not poor enough to qualify for publicly-funded schemes like Ayushman Bharat, yet not wealthy enough to absorb catastrophic health expenses.

Private health insurance has not been able to address this gap. Too few healthy individuals opt for coverage, and as insurance remains voluntary, adverse selection persists, risk pools remain shallow, and costs escalate. Without corrective action, pressures will shift to providers, limiting access, slowing innovation, and ultimately affecting patient outcomes.

To protect this population segment, India needs transitions from voluntary insurance models to broad-based, efficient risk pools guided by regulatory and policy direction. These should promote health savings, offer robust protection against catastrophic expenses, and incentivise insurers to invest in prevention rather than focus solely on treatment.

This approach reduces distribution and marketing costs, lowers OOP expenditure, strengthens provider networks, and supports integrated care systems. A fragile insurance sector facing adverse selection risks can trigger ripple effects: Rising OOP spending, reduced investment in healthcare delivery, and an impaired ability to manage the combined

contributed ₹2,00,000 each into a common risk pool, it could generate approximately \$200 billion — tripling India's current health expenditure risk pool. Three pathways can reshape this landscape:

1. The policy and regulatory levers to channel middle-class spending through mandatory minimum benefit packages and better-functioning markets.
2. Promote universal health savings accounts through the banking system — similar to provident fund structures — with insurance serving as catastrophic cover. This would significantly reduce premiums and expand the paying risk pool.
3. Adopt a hybrid model offering universal fee package for select high-cost, low-probability conditions while requiring a minimum buy-in for broader coverage. These unable to pay can be supported by government schemes. Incentives such as lower premiums for younger entrants can deepen and stabilise risk pools.

Fostering India's health financing base must be accompanied by redesigning how care is delivered. India needs a system that towards prevention, early intervention, and appropriate care through a structured pathway that begins at home and in the community and escalates only when necessary. Increased funding for health must translate into improved health outcomes for every rupee spent.

India's inflection point presents an opportunity to build a modern, resilient, and equitable healthcare system — one

pressures come at a time when provider costs are rising by 8-10% annually, driven by workforce shortages, escalating wages, rising clinical complexity, a depreciating currency, and inflation in input costs.

Meanwhile, India's performance in global medical value travel continues to strengthen. Among 140 countries, India ranks third on cost, sixth on clinical outcomes, and tenth overall — driven primarily by availability of care. Sustaining this advantage, however, depends on scale, investment, and a resilient health financing architecture that balances how resources are raised and where they are deployed.

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These constraints present a major

## Health sector seeks tax relief, rationalised rates

**SANKET KOUL**  
New Delhi, 8 January

Health care, medtech, and pharma companies have urged the government to use the Union Budget 2026-27 to ease tax pressures, boost domestic manufacturing, and step up investments in research, innovation, and preventive care.

Medtech bodies have demanded that the high cumulative tax burden (health cess, surcharge, and goods and services tax, or GST) on essential medical devices, reaching up to 30 per cent in some segments, be addressed. "Current tax levels directly inflate the cost of critical care, specifically in surgery, management of non-communicable diseases (NCDs), and diagnostics, pushing families into financial hardship," said Pavan Choudary, chairman of the Medical Technology Association of India.

High input costs due to chain disruptions, import duties cuts are no concession but a lth imperative to affordability, he said. Demand comes in



"Aligning the GST rate for medical devices with the concessional 5 per cent applied in the pharma sector, and revisiting the refund formula to include ITC on input services and capital goods, would offer immediate relief and bring greater parity across the health-care manufacturing ecosystem," said Himanshu Baid, managing director of Poly Medica.

The sector has also asked for focused public investment in research and development (R&D), quality infrastructure, and preventive health screenings. "A dedicated ₹1,000 crore medtech R&D and clinical valida-

### Industry wish list

- Address cumulative tax burden on essential medical devices
- Dedicated ₹1,000 crore medtech R&D and clinical validation fund
- Strengthened research and innovation incentives
- Broadened patent box regime

digital health data repository. "This will increase preventive care uptake, enable early detection of NCDs, and lead to an expected long-term reduction in treatment costs and productivity losses," said Nathealth President Ameera Shah.

The sector has also asked for strengthening R&D incentives through the restoration of weighted R&D deductions of up to 200 per cent under Section 35(2AB) of the new Income Tax Act. The weighted deduction was recently slashed to 100 per cent.

"Historically, this incentive helped build India's scientific capability. Restoring it under the new I-T Act would significantly boost investment in novel drugs, complex generics, biosimi-

## COVER

## PPPs: Acatalyst for building future-ready healthcare

Partnerships have always played a catalytic role in strengthening India's healthcare architecture. But as we look towards 2047 with a clear ambition to build a globally competitive, truly patient-centred system — their importance becomes even more profound.

NATHEALTH has taken a practical look at what it takes to scale PPPs meaningfully and what emerges is a tremendous opportunity.



Dr Sangita Reddy



they are achievable outcomes that can significantly accelerate our journey towards Ayushman Bharat and universal health coverage.

To unlock this, we must strengthen the PPP ecosystem with clarity, predictability, and robust accountability.

- Streamlined pathways from government facilities will enhance confidence for operators.
- Systematic mapping of centrally located land parcels, along with location-linked Viability Gap Funding (VGF) support, can materially improve project viability.
- Timely reimbursements, asset-light co-creation models, and unbundled contracts that allow specialised partners to

play to their strengths will further expand participation.

- And equally important are governance reforms: standardised clearances, single-window contracts, periodic revision of scheme rates, and greater use of digital enablers such as remote monitoring and telemedicine to drive efficiency, transparency, and oversight.

If we build these enablers with intent, PPPs can become one of India's most powerful levers to expand equitable access, accelerate capacity creation, and build long-term resilience. When public and private sectors work collectively — guided by a shared mission of ensuring that high-quality care reaches every citizen, irrespective of geography in India. Together, we can build a healthcare system that is future-ready, innovation-led, and capable of serving the needs and aspirations of the coming generations."

## स्वास्थ्य क्षेत्र ने कर छूट और निवेश बढ़ाने की मांग की

स्वास्थ्य, उपकरण और दवा बनाने वाली कंपनियों ने सरकार से कहा है कि वह फेब्रुअरी 2026-27 के बजट में कर का बोझ कम करे ताकि रोगों को बचाया देने के साथ-साथ अनुसंधान, नवप्रवाह और कर्मचारियों से बचपन के क्षेत्र में निवेश तेजी से बढ़ाया जा सके।

मैडिकल उपकरण बनाने वाली कंपनियों के संदर्भों का कहना है कि जरूरी मैडिकल उपकरणों पर होने वाले कुल कर (जैसे स्वास्थ्य उपकरण, अतिरिक्त और ऑप्टिकल) का बोझ कुल आय में 30 फीसदी तक पहुंच जाता है ऐसे में उन्होंने मांग की है कि इसे कम किया जाए, जैसे भारत, जहाँ कर 5-10% तक है।



**बजट से आस**

- मैडिकल उपकरणों पर जीएसटी की दर को दवाओं के बराबर करने की मांग
- इसके अलावा इनपुट टैक्स क्रेडिट का रिफंड शामिल करने की मांग
- आयुष्मान भारत डिजिटल मिशन के तहत हेल्थ अकाउंट से जुड़ी योजनाओं को बढ़ावा देने की मांग

करने के साथ-साथ सरकार, सोप एवं विकास (आरएडीटी) में, अर्बों रुबिवा के क्षेत्रों में और बीमारियों से बचने के लिए, लेने वाली जॉय में भी निवेश करें। मिनामू रोड ने कहा, "और सरकार 1,000 करोड़ रुपये का एक अलग फंड बनाती है, तो उससे भारत में नए मैडिकल उपकरण बेहतर लीगे और दुनिया में मुकाम बनाने में मदद मिलेगी।"

भारत में 65 फीसदी मॉडर्न चिकित्सा बीमारियों के कारण होती है और लोग बीमारियों से बचने के लिए जांच करवाते हैं। ऐसे में स्वास्थ्य सेवा उद्योग से जुड़ी संस्थाएँ नए सुसुख विधि हैं कि और कौं व्यक्ति आयुष्मान भारत डिजिटल मिशन (एपीडीटी) के तहत नए अपने जॉय अकाउंट से बीमारियों से बचाने के लिए जांच करवाते हैं। तब उसे 10,000 रुपये तक की कर छूट मिलेगी।

उन्हें कर में छूट का फायदा नहीं मिल पा रहा है और बिनामतों के लिए उनको कालेबीन पुंजी का दबाव बच रहा है। पॉली मैडिकल के प्रबंध निदेशक

Dr. Sangita Reddy, Senior Vice President, NATHEALTH & Joint Managing Director, Apollo Hospitals informs that India has the bestroom to expand hospital bed PPPs at scale — adding nearly 100,000 beds in Tier-2 and Tier-3 cities, creating over 200,000 direct jobs, attracting USD 12 billion in investment, and enabling care for 10 million more patients in the near to medium term.

She underscores, "These are not abstract projections;

# AMPLIFYING THE VOICE OF HEALTHCARE

## MEDIA PRESENCE & REACH – ONLINE

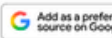
### In a panacea for patients, GST slashed on life-saving drugs, medical equipment

Tax benefits have also been extended to a broad spectrum of healthcare products. The GST on all other drugs and medicines has been reduced from 12% to a more affordable 5%.

Priyanka Sharma  
Published • 4 Sep 2025, 01:31 AM IST



— VISWANATH PILLA | JULY 29, 2025 / 10:56 IST



### Burdened by over 29,000 compliances, healthcare sector seeks government intervention

## Medicine bills could see a 6-7% dip, say healthcare representatives

Medical consumables like thermometers and glucometers also cheaper; pharma leaders say new stocks will reflect lower rates

By PT Jyothi Datta & G Naga Sridhar

Updated - September 04, 2025 at 07:27 PM.



GST on essential medicines down from 12% to 5% or Nil

Medicine bills are set to see a dip, with GST being brought down to 5 per cent on all medicines and medical devices, including glucometers and thermometers, among others. GST has been exempted on 36 specified essential, cancer and rare disease drugs

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February 1, 2026 14:59

Ameera Shah, President, NATHEALTH and Promoter & Executive Chairperson, Metropolis Healthcare Ltd, talks about the Budget

The Union Budget 2026 underscores a strong and holistic focus on healthcare, combining measures that strengthen infrastructure, expand access, and directly support patients. The announcement of five regional Medical Value Tourism hubs, supported centrally, will further position India as a global healthcare destination and act as a key enabler for growth, while integration of Ayush centres into these hubs will showcase India's holistic care capabilities.

On the domestic front, initiatives such as 75,000 new medical college seats, upgraded allied health institutions, training of 1.5 lakh caregivers, and new mental health institutes in Ranchi and Tezpur will enhance access to quality care, particularly in underserved areas. The ₹10,000-crore Biopharma Shakti programme will strengthen India's domestic manufacturing and research ecosystem, supporting long-term innovation.

The Budget also delivers direct relief to patients: exemption of basic customs duty on 17 essential cancer drugs and medicines, along with the inclusion of seven additional rare diseases for duty-free personal import of drugs, medicines, and specialised nutritional foods, will ease the financial burden on families. Recognising the sector's compliance challenges, the government's focus on appropriate regulation will all-

### Healthcare body seeks regulatory reforms in meeting with Niti Aayog

Nathealth has proposed a digital single-window system to Niti Aayog to ease the healthcare sector's compliance load, citing inefficiencies and duplication across ministries

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# AMPLIFYING THE VOICE OF HEALTHCARE

## MEDIA PRESENCE & REACH - ELECTRONIC & SOCIAL MEDIA



Ameera Shah Breaks Down How GST Cuts Will Boost Healthcare Affordability and Industry Growth

### Business Standard's post

**Business Standard** • 19 August

Nathealth urges the government to cap GST input slabs for healthcare at 5% and allow input credits, citing rising embedded taxes that increase costs for providers and patients.

Sanket Koul reports details

#Nathealth #GST #Patients #Healthcare

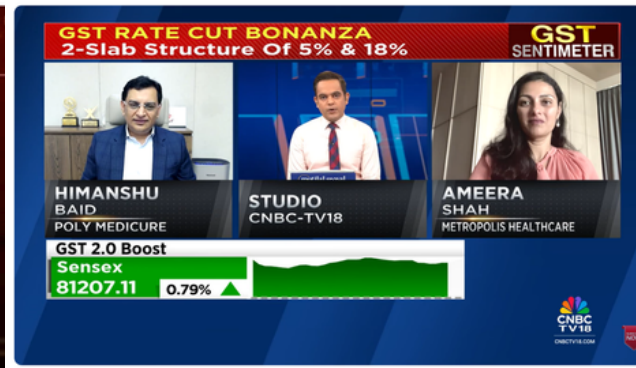
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**Nathealth calls for GST input slab for healthcare to be capped at 5%**

Nathealth urges the government to cap GST input slabs for healthcare at 5% and allow input cred...

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#Nathealth welcomes #PM's announcement on #GST reforms; Calls for standardised GST at 5% and input credit for #healthcare - bit.ly/4LEXPys | #health #healthcarenews #healthtech



GST Council Slashes Taxes On Life-Saving Drugs & Medical Equipment: Healthcare To Get A Boost?

**Kavita Bajell-Datt** @KavitaDatt

PM @narendramodi to launch special campaign for women & children on Sep 17

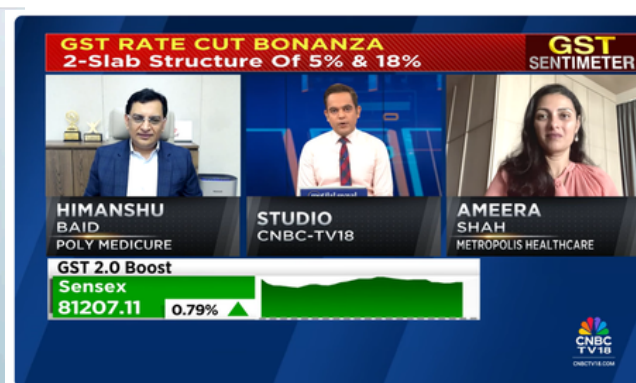
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PM Modi to launch special campaign to strengthen health... NEW DELHI: Prime Minister Narendra Modi will launch a special campaign, which aims to strengthen healthcare ...

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GST Council Slashes Taxes On Life-Saving Drugs & Medical Equipment: Healthcare To Get A Boost?

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GST RATE RATIONALISATION - CORPORATE REACTIONS SO FAR

- Ameera Shah, NATHEALTH: GST cut on diagnostics & medtech will improve affordability, boost preventive care & expand access
- Niranjan Hiranandani: GST cuts on cement & steel a landmark move —boosting housing, purchasing power & GDP growth

#GSTReforms #Healthcare #Housing #Growth @nathealthindia @N\_Hiranandani

**CORPORATE REACTIONS**

- NATHEALTH welcomes GST cut on diagnostic kits, reagents and medical technology items to 5% from
- GST rationalisation termed a festive bonanza for consumers and the economy

# EMERGING PRIORITIES 2026–2027

Building on 2025's achievements, NATHEALTH has identified key priorities through extensive member consultations.



## **Governance: Pathways for New-Age Diagnostics**

Exploring regulatory frameworks for AI and emerging technologies in diagnostics.

## **MedTech–Pharma Sector Opportunities**

Including reagent rental models and digital API integration for inventory and stock management.

## **Proposal for a Common Database for Making the Ecosystem Stronger & Safeguard from Frauds and Non-compliance**

To prevent employees (and potentially B2B customers, franchises) involved in fraud or non-payment from moving between companies and repeating offenses, a common database for blacklisted individuals/ entities is proposed.

This would make the ecosystem stronger and help the industry be aware of the ground level issues.

It is suggested to expand the database beyond employees to include B2B customers and franchises who have a history of non-compliance or non-payment, with the goal of preventing them from operating within the industry.

## **Health Insurance**

Payment reforms to alleviate the delay in public & private insurance

## **Patient Safety**

Creating a patient-facing campaign around winning with patients

## **Healthcare Infrastructure**

Reducing the cost of capital for long-term infrastructure and capacity creation.

## **Capacity Building**

Digital health adoption phase 2 and building capacity in the emerging healthcare landscape for accreditation and investment

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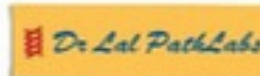
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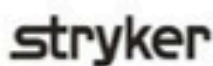


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