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मंत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार
Minister
Health & Family Welfare
and Chemicals & Fertilizers
Government of India



MESSAGE

I extend my heartfelt congratulations to the Indian Medical Parliamentarians Forum (IMPF) and its esteemed members for their unwavering dedication and remarkable contributions in addressing public health concerns in India. Since its inception in 2006, the IMPF has emerged as a pivotal force in our nation's healthcare landscape, seamlessly integrating medical expertise into the legislative process.

The IMPF has been a steadfast advocate for health for all. The Forum's unique composition, with medical professionals from both the Houses of Parliament, allow it to effectively bridge the gap between public and Parliament on critical health issues. This role is crucial in ensuring that the needs and concerns of our citizens are adequately reflected in public health policies.

The IMPF's unwavering commitment for promoting universal health coverage, addressing healthcare disparities and enhancing governance is commendable. By leveraging the collective expertise of its members, the Forum has consistently strived to reduce inequities in health outcomes and ensure accessible and equitable healthcare services across the country.

I am particularly pleased to note that the recent leadership transition within the IMPF, with Dr. Anil Bonde, Hon'ble Member of Parliament, assuming the role of Chairperson. Dr. Bonde's dedication and active involvement in the Forum's activities makes him an ideal leader to carry forward the IMPF's mission. I am confident that under his guidance, the IMPF will continue to play a crucial role in shaping health policies and legislation that benefit our nation.

I assure my active support to all the initiatives of IMPF. Together, let us work towards a healthier and more equitable India.



(Jagat Prakash Nadda)

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The Real Price of Care: Understanding the Costing of Health Services in India

India's healthcare system is at a critical juncture. Costs are rising rapidly, driven by medical inflation, unequal infrastructure, and shifting disease burdens. According to the Ministry of Health and Family Welfare and multiple recent reports, healthcare inflation stood at a staggering 14% in 2024, far outpacing general inflation. For many Indians, accessing quality healthcare is becoming increasingly unaffordable.

Rising Medical Costs

Healthcare costs in India are climbing across the board. According to data from 2021-22, India's total health expenditure reached ₹9.04 lakh crore, representing 3.83% of the GDP. Per capita, this translates to ₹6,602 annually. However, these numbers barely reflect the rising burden on individual households.

In rural areas, low-income households spent around ₹304 per month on healthcare, while high-income groups spent ₹447. The urban divide is starker – low-income families spent ₹344 compared to ₹1,275 by wealthier households. With 80% of expenses paid out-of-pocket, catastrophic spending is a constant threat, particularly for the uninsured.

Insurance: A Partial Buffer

While health insurance is growing, it's not a panacea. According to NITI Aayog, India's "missing middle" – roughly 40 crore people – remain uncovered. Health insurance premiums have also surged. For example, basic individual plans range from ₹500 to ₹2,000 per month, while family floater plans can go as high as ₹5,000. For senior citizens, the premiums start from ₹3,000 and may reach ₹10,000 or more monthly.

Dr. Arun Gupta, a health activist, highlighted a 450% premium increase for his and his wife's plan over three years. This trajectory is unsustainable for most middle-income and elderly citizens.

Cost Disparities and Overload

The healthcare system suffers from an imbalance: specialists cluster in private hospitals, while government facilities face overcrowding and long delays. This drives patients to private care, where costs can be exponentially higher. A kidney



transplant costs ₹10–15 lakh today, up from ₹5–8 lakh in 2018. Angioplasties, once priced at ₹1–1.5 lakh, now cost ₹2–3 lakh.

Hospitalisation rates rose 12.8% in 2023–24, and the average insurance claim jumped to ₹70,558, a clear signal of surging treatment costs.

Universal Health Coverage: What Would It Cost?

A study by the NCBI and local healthcare providers estimated the cost of universal health care delivery in India at ₹1,713 per capita annually. If implemented using branded medications and private providers, this figure could rise by 24%. India must allocate at least 3.8% of its GDP to cover the whole population, aligning with current spending, but it still faces structural challenges.

Root Causes and Necessary Reforms

Several factors drive the vicious cycle of rising healthcare costs and insurance premiums. Insurance coverage often fuels price flexibility in private care, while underfunded public hospitals force greater reliance on expensive private services. The absence of standardised hospital pricing adds to the unpredictability. Meanwhile, the growing prevalence of non-communicable diseases, now responsible for over 60% of deaths, along with rising obesity and lifestyle diseases, is pushing demand for costly interventions.

The Path Ahead

Experts like Sumit Bohra, President of the Insurance Brokers Association of India, suggest limiting insurance to major illnesses and surgeries to control market dynamics. Regulatory bodies like IRDAI are also urged to cap premiums and standardise hospital charges under laws like the Clinical Establishment Act, 2010, which remains poorly implemented.

Until meaningful reforms take shape, health insurance remains a critical lifeline for Indian households. However, without a structural overhaul, access to quality care will stay tethered to income and insurance status, which is far from the health goal for all.

- Dr. Byreddy Shabari
Member of Parliament (Lok Sabha)

Technology vs. Tuberculosis: How India is Innovating Its Way to a TB-Free Future

Tuberculosis in India is no longer just a medical problem—it's a test of governance, innovation, and willpower. The battle isn't over, but with technology and political commitment, India is closer than ever to a historic public health victory.

India carries about a quarter of the global TB burden. In 2024, it reported 26.07 lakh cases—the highest number worldwide. Yet this also reflects a 17.7% decline in incidence since 2015. The case notification rate stands at 172 per lakh population, with Delhi at the highest (546 per lakh) and Kerala the lowest (67 per lakh).

Challenges remain. Drug-resistant TB (DR-TB) threatens progress, especially where diagnostic capacity is limited. Around 56% of multidrug-resistant TB (MDR-TB) cases in India go undiagnosed, fuelling transmission and mortality. Treatment outcomes for MDR-TB hover at just 57% success, compared to 85% for drug-sensitive TB. Stigma, side effects, and poor follow-up further complicate management. Worse, extensively drug-resistant TB (XDR-TB) is growing, resistant even to second-line treatments, demanding faster diagnostics and access to better drug regimens.

Government Action and Investment

The Indian government's commitment is evident. Funding for the National TB Elimination Programme (NTEP) has jumped from ₹640 crores in 2015 to ₹3,400 crores in 2022-23. This has expanded molecular diagnostics, introduced new treatment regimens, and ensured free screening, diagnosis, and treatment for all TB patients.

Key moves include strengthening lab networks, deploying rapid molecular diagnostics at the district level, and ensuring universal drug susceptibility testing (DST) at diagnosis. Under the Ni-Kshay

Poshan Yojana (NPY), financial support for patients has doubled, now also covering nutritional support for their households to boost immunity and cut expenses.

Tech Innovations Changing the Game

India's fight against TB has been supercharged by technology. AI-driven tools now predict patient mortality risk, treatment adherence, and drug resistance, helping doctors make faster, smarter decisions. By analysing massive datasets, these tools flag high-risk patients, personalising care and improving outcomes in an overburdened system.

At the same time, homegrown innovations like the TrueNat system—approved by the WHO for initial TB testing—are expanding access to high-quality diagnostics in places where traditional lab infrastructure is missing. Portable and fast, TrueNat enables quicker diagnosis and treatment at the community level.

The Road Ahead

India's approach—firm policy, bigger budgets, community engagement, and cutting-edge tech—is showing results. Case notifications are up, diagnostics are more accessible, and financial and nutritional support systems are stronger. Innovations like AI, mobile diagnostics, and indigenous molecular tests are positioning India as a leader in 21st-century TB care.

Still, serious hurdles remain. High rates of undiagnosed and poorly managed drug-resistant TB, last-mile healthcare gaps, patient non-adherence, and stigma continue to block progress. Technology is closing gaps, but to fully realise its impact, India must scale these solutions equitably, maintain quality, and embed innovations into routine primary care.

To meet the 2025 elimination target, India must keep its momentum and push harder. This means decentralising access to new drug regimens, investing in community health workers, and closing the gaps in MDR/XDR-TB management. Strengthening public-private partnerships, focusing on patient-centred care models, and using real-time data to refine strategies will be crucial.

India has the tools, the leadership, and the momentum. Now, it must finish the job.

- Dr Nalini Kaushik

**DevUp Global Consulting Pvt Ltd
Founder, BleedEqual**



Elimination of Basic Customs Duty Exemption: Real Gains or Cosmetic Change?

In this year's Union Budget, the government expanded the list of medicines exempted from Basic Customs Duty (BCD). It added 36 lifesaving drugs to the fully exempted category and six more to a concessional 5% duty bracket. Additionally, the number of medicines eligible for BCD exemption under the Patient Assistance Program (PAP) jumped from 13 to 50, with the condition that these medicines must be provided free of cost to patients.

While this move is framed as a pro-access policy, its actual impact on affordability and availability is questionable.

Will It Improve Access?

On paper, removing BCD should reduce medicine prices by up to 10%, theoretically making drugs more affordable. However, in practice, pharmaceutical companies rarely pass on savings to patients. A telling example is the 2024–25 budget's exemption of BCD on three cancer drugs—manufacturers like AstraZeneca made no formal price cuts after the announcement.

Even when price reductions do happen, they're often hidden behind marketing strategies rather than reflected in the official Maximum Retail Price (MRP). For example, Risdiplam, used to treat Spinal Muscular Atrophy (SMA), carries an MRP of ₹6.2 lakh per bottle. Though it now enjoys BCD exemption, it is commonly sold under a “buy-one-get-two-free” offer, effectively bringing the cost down to ₹2.3 lakh. This kind of opaque pricing is widespread, especially for cancer drugs.

Drug Name	Price Per Unit (INR)
Risdiplam (per bottle)	6,20,000
Obinutuzumab (per 1000 mg vial)	3,99,305

Such inflated MRPs, even after BCD exemptions, highlight a fundamental problem: a 10% reduction does little when the base price is astronomically high. In most cases, removing BCD merely provides room for marketing flexibility rather than genuine affordability.

The PAP Dilemma

Expanding the BCD exemption under PAP seems like a step toward inclusivity. However, it only applies to drugs distributed *entirely free* under the program. There's ambiguity over whether marketing schemes like “buy-one-get-one-free”

qualify for the same exemptions. Without clarity, pharmaceutical firms could exploit loopholes without expanding genuine access.

More importantly, PAPs don't cover all who need assistance. Access is often tied to company discretion; no public record shows how many patients are being served or what quantities are distributed.

What Needs to Change

The current approach leaves too much power in the hands of pharmaceutical companies. Many BCD-exempt drugs remain under monopoly protection due to patents or regulatory barriers. This blocks the entry of cheaper generics and keeps prices high.

To make a real dent in medicine affordability, the government must consider:

- **Compulsory Licensing:** Allowing generic manufacturers to produce patented drugs under strict terms.
- **Price Controls:** Fixing maximum prices for critical medicines.
- **Transparency:** Publishing MRPs alongside BCD rates pre- and post-budget would help evaluate the policy's impact.
- **Monitoring PAPs:** Mandating companies to report how many patients they serve and how much medicine they distribute under PAPs.

While eliminating BCD on lifesaving medicines may sound like a progressive move, its impact is minimal without complementary reforms. High MRPs, opaque pricing tactics, and limited access through PAPs continue to block real affordability. More vigorous enforcement, transparency, and regulatory interventions are essential for policy to translate into public benefit. Without these, BCD exemptions will remain more symbolic than transformative.

- K M Gopakumar
Co-Convener, Working Group on Access to
Medicines and Treatment



Rare Diseases in India: Challenges and Opportunities for Better Care

Rare diseases, though individually uncommon, collectively affect nearly 400 million people worldwide—around 3.5% to 5.9% of the global population (The RDI-Lancet Commission, 2024). Of approximately 10,000 rare diseases identified so far, more than 95% lack an approved treatment, and the average diagnostic delay remains 4.8 years, contributing significantly to childhood mortality.

Recognising the scale of the challenge, the United Nations passed its first resolution on rare diseases in 2021, urging member states to ensure affordable, safe, and inclusive healthcare services at the primary care level. In India, between 70–96 million people are estimated to be living with a rare disease (MoHFW, NPRD 2021), but diagnosis often takes up to seven years (The Lancet Global Health,

instituted to ensure comprehensive awareness, defined referral pathways, faster diagnosis, and accessible treatment across all states.

Second, the list of recognised rare diseases must be regularly updated to keep pace with emerging knowledge and ensure no patient group is left behind.

Third, CoEs must be expanded and standardised. Only 13 designated centres exist nationwide, and their capabilities vary widely.

Fourth, while the Central Drugs Standard Control Organisation (CDSCO) waives local clinical trial requirements for drugs already approved abroad, a clear framework is needed to operationalise these waivers and speed up patient access.

Key Policy Priorities for Rare Diseases in India

- **Launch a Dedicated Program:** Establish a national rare disease program for awareness, early diagnosis, and streamlined care.
- **Expand the Disease List:** Update the recognised rare disease registry regularly.
- **Strengthen Centres of Excellence:** Increase CoEs and standardize diagnostic and treatment services.
- **Fast-Track Drug Access:** Implement clear guidelines for clinical trial waivers for globally approved therapies.
- **Protect Intellectual Property:** Ensure strong IP rights to drive research and innovation.
- **Raise Financial Support Limits:** Reassess and expand the ₹50 lakh cap under NPRD to cover high-cost therapies.
- **Adopt Innovative Financing:** Explore national funds, confidential pricing, philanthropy, and dedicated cess models.

2024). While around 450 rare diseases have been identified domestically, only a few have approved treatments (IORD).

The challenges are complex. Small patient populations for each condition make large-scale clinical trials impractical, while the costs of developing specialised therapies are prohibitively high. However, advancements in genomics, precision medicine, and gene therapy are offering new hope (The Lancet Global Health, 2024).

Recognising these urgent needs, the Government of India revised the National Policy for Rare Diseases (NPRD) in 2021. It introduced financial assistance of up to ₹50 lakhs per patient for all listed rare diseases, irrespective of socio-economic status, delivered through select National Centres of Excellence (CoEs) (MoHFW, NPRD 2021). This policy has been a significant step, but further reforms are essential.

Several areas require urgent attention:

First, a dedicated rare disease program—similar to initiatives for tuberculosis and HIV—must be

Fifth, strong intellectual property rights protection is vital to encouraging sustained research investments and ensuring that innovative treatments become available in India.

Finally, many emerging therapies, especially gene therapies and advanced biologics, exceed the ₹50 lakh cap under the current NPRD framework. The government must revisit this limit by expanding budget allocations and considering innovative financing models, such as confidential pricing agreements, dedicated national funds, philanthropic partnerships, or a rare disease-specific cess.

India is making progress, but ensuring equitable care for rare disease patients will require sustained innovation, funding, and collaboration across sectors. As global momentum around rare diseases grows, India has the opportunity—and the responsibility—to lead in creating a more inclusive healthcare future.

- Amitabh Dube,

Co-chair, FICCI Pharma Committee & Country President and Managing Director, Novartis

Strengthening Healthcare: Decoding the Union Budget 2025-26

India's healthcare sector has been allocated approximately US\$ 12 billion in the Union Budget 2025-26, marking a 10% increase from the previous year. This budget takes a major step toward strengthening India's Medtech industry, currently valued at USD 15 billion in FY23 and aiming for USD 50 billion by FY30. Key government initiatives—including expanding medical education, strengthening the Heal in India programme, promoting medical tourism, allowing 100% FDI in insurance, extending PM-JAY to gig workers, enhancing cancer care affordability, and equipping primary healthcare centres with broadband—represent critical strides toward this growth.

These measures strengthen healthcare infrastructure and bridge the diagnostic accessibility gap in underserved regions, enabling early disease detection and better patient outcomes. As a result, healthcare expenditures have increased by 11%, bringing the total allocation to ₹ 1,03,851 crores.

Key Budgetary Provisions Affecting Healthcare, Medtech, and Diagnostics:

The Union Budget 2025-26 establishes a strong foundation for revolutionising India's diagnostics industry, with a clear emphasis on telemedicine and AI-driven radiology. By expanding telemedicine infrastructure and broadband connectivity across Primary Health Centres (PHCs), the government enables remote diagnostics, reduces the need for physical visits, and improves healthcare access in rural and semi-urban regions.

Integrating AI-based radiology services will enhance diagnostic accuracy and accelerate disease detection for conditions such as tuberculosis, cancer, pneumonia, and fractures. The budget's focus on digital transformation will likely boost demand for companies specialising in digital pathology, AI-based diagnostics, and cloud imaging solutions, modernising India's healthcare ecosystem.

Expanding PM-JAY to gig workers and underserved populations will significantly boost demand for diagnostics. Broader insurance coverage will allow more people to access

healthcare services, leading to increased diagnostic volumes, including blood work, imaging, and specialised screenings. This expansion offers growth opportunities for the diagnostics sector and fosters greater public-private collaboration.

The government's focus on cancer and chronic diseases—including diabetes, hypertension, and cardiovascular conditions—will drive demand for advanced diagnostics such as molecular and genetic testing. Investment in specialised labs and high-end diagnostic equipment like PET-CT scanners, liquid biopsy technologies, and precision medicine tools is expected to rise, strengthening India's diagnostic capabilities.

Adding 10,000 medical seats this year, with a target of 75,000 over five years, addresses the shortage of healthcare professionals, supports better diagnostic services, and fosters innovation. Establishing 200 cancer daycare centres in district hospitals will decentralise cancer care, emphasising early detection and continuous monitoring, fuelling diagnostics demand. Additionally, the Heal in India initiative, designed to ease visa norms and promote medical tourism, positions India as a global healthcare hub, attracting international patients and increasing diagnostic service utilisation.

Accelerating Medtech Growth through Targeted Policy Support

While the Union Budget 2025-26 introduces several positive initiatives, there remains a strong need for direct support for the Medtech sector. Industry stakeholders have called for standardising GST rates at 12% across all medical devices and enhancing export incentives under RoDTEP to 2–2.5%. Introducing these financial incentives would accelerate sector growth, drive innovation, and strengthen India's global Medtech position. Realising the Budget's full potential will depend on effective implementation and targeted policies tailored to diagnostics and Medtech. Collaboration between the government and industry will be critical in building a healthcare ecosystem that is accessible, affordable, and of the highest quality.

- Himanshu Baid
Managing Director, Poly Medicure Ltd

Ensuring Affordable Access to Patented Medicines: An Urgent Call to Action

This year marks two decades since India introduced product patent protection for pharmaceuticals, a shift mandated by its commitments under the TRIPS Agreement. While aligning India with global norms, this move has raised serious concerns about access to essential medicines.

Barriers Imposed by Product Patents

Product patents create monopolies, often pushing drug prices beyond most patients' reach. They also allow "evergreening"—filing multiple patents on the same drug to block cheaper generics. Recognising these risks early, India amended its Patents Act, 1970, to include public-interest safeguards.

Key protections include Section 3(d), which curbs evergreening by requiring proof of enhanced therapeutic efficacy for patents on known substances. Sections 84 and 100 enable compulsory and government-use licensing to ensure affordable manufacturing when public health demands it.

Implementation Gaps

Despite these measures, enforcement has been weak. Section 3(d) has been applied inconsistently, granting patents for marginal innovations. In 20 years, India has issued only one compulsory license—for the cancer drug Nexavar. Even during COVID-19, the government did not use Section 100 to authorise the manufacturing of critical patented drugs.

Political factors appear to have played a role. India's interactions with international industry groups reportedly influenced its hesitance to invoke safeguards. Meanwhile, patients cannot directly trigger these mechanisms, worsening access challenges.

Bridging the Gap: A Call to Action

India must decisively close the gap between public health needs and patent enforcement. First, it must build a national inventory of patented medicines, mapping prices, availability, and accessibility. This database would provide policymakers with evidence to pinpoint gaps and prioritise interventions affecting patients' lives.

At the same time, India must establish a dedicated inter-ministerial body to assess patent impacts on public health and recommend when safeguards should be invoked. This mechanism would allow a

systematic evaluation of whether patent protections foster innovation without compromising access.

The government must also reaffirm its commitment to curbing evergreening by rigorously enforcing Section 3(d). Patents should only be granted for genuine therapeutic advancements, not incremental modifications. Strengthening this gatekeeping would pave the way for affordable generics and lower treatment costs.

S. No	Drug Name	Price (INR)	Conditions treated with the drug
1	Ribociclib	65205 per month	Metastatic breast cancer
2	Abemaciclib	64812 per month	Metastatic breast cancer
3	Risdiplam	6.20 lakh/bottle	Spinal Muscular Atrophy
4	Elexacaftor/tezacaftor/ivacaftor	3,20,000 USD per year	Cystic Fibrosis
5	Crizotinib	90693 per month	Lung Cancer
6	Osimertinib	124049 per month	Non-small cell lung cancer
7	Ruxolitinib	61367 per month	Anti-cancer (Chronic idiopathic myelofibrosis and Polycythaemia vera)

Equally important is the proactive use of Section 100 to authorise local manufacturing when public health demands it. Relying solely on voluntary measures will not ensure timely access to life-saving therapies for India's vulnerable populations.

A Responsibility That Cannot Wait

Access to affordable healthcare is a constitutional right, and the government must protect it. Strengthening public interest safeguards under patent law is not merely technical but a reaffirmation of India's commitment to its citizens' well-being.

As the country reflects on 20 years of product patent protection, it faces a pivotal choice: to uphold monopolies that exclude millions or prioritise public health and equity. Ensuring that pharmaceutical innovation truly serves reasonable public needs requires immediate action.

– Dr. Dharamvira Gandhi
Member of Parliament, Lok Sabha

India to Host Asia's Largest MedTech Forum in 2025, Organised by APACMed



The Asia Pacific Medical Technology Association (APACMed) will host its annual flagship event, the MedTech Forum (MTF), in India for the first time on the 16th and 17th of September 2025. This landmark forum will bring together global MedTech CEOs, CXOs, and regional executives from corporations that have demonstrated a longstanding commitment to the region, alongside Indian MedTech companies, startups, policymakers, regulators, and hospital leaders. This forum promises to be a strategic platform for shaping and developing objectives to achieve a healthcare vision for India and the region.

This two-day event embodies the powerful spirit of envisioning "Swastha Bharat – A Healthier India, Together." The focus will shift beyond immediate needs to long-term pathways that position India as a global hub for medical devices. Policy discussions will centre on the pillars of competitiveness, innovation, accessibility, and skills that propel India's healthcare transformation forward.

Gain exclusive insights, network with industry leaders, and discover the latest innovations shaping the future of healthcare. www.apacmed.org

India Intensifies Fight Against Tuberculosis with 100-Day Campaign

The Ministry of Health and Family Welfare launched the TB Mukta Bharat Abhiyan—100 Days Campaign on December 7, 2024, targeting 347 districts across 33 states and UTs. The campaign concluded on March 24, 2025, marking a major national health drive.

Focusing on early detection, treatment, and prevention, the campaign prioritised high-risk groups—TB contacts, people with HIV, diabetics, and the undernourished—using AI-enabled X-rays and rapid molecular tests.

Key results: 13.46 lakh Nikshay Shivirs were held, 12.97 crore people were screened, and 7.19 lakh TB cases were notified, including 2.85 lakh asymptomatic cases. Over 80 lakh chest X-rays and 70 lakh microbiological tests were completed.

Under the Akshay Poshan Yojana, 3 lakh food baskets were distributed, aided by 1.05 lakh Akshay Mitras. Community engagement through Janbhagidari played a crucial role in raising awareness and reducing stigma.

The campaign reaffirmed India's commitment to a TB-free future through innovation, collaboration, and grassroots action.



Delhi Joins AB PM-JAY, Becomes 35th State/UT Under the Scheme



Delhi has officially joined the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), becoming the 35th State/UT to implement the scheme. The National Health Authority (NHA) signed an MoU with Delhi's Health Department on Saturday.

Union Health Minister Shri JP Nadda described AB PM-JAY as an "assurance scheme" based on trust, not insurance. He highlighted that the world's largest healthcare program covers 50 crore individuals identified through the economic caste census. In Delhi, approximately 36 lakh residents, including 6 lakh senior citizens, will directly benefit.

Delhi Chief Minister Smt. Rekha Gupta announced that the state government will add an extra ₹5 lakh coverage on top of the Centre's ₹5 lakh, doubling the

total benefit. Around 6.54 lakh families are set to benefit, with AB PM-JAY cards to be distributed from 10 April 2025.

Minister of State for Health, Smt. Anupriya Patel noted the scheme's role in reducing out-of-pocket expenses from 62% in 2014 to 38% today, leading to family savings of ₹1.75 crore.

This marks a major step toward universal, affordable healthcare in Delhi.

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