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Interview

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Chairman, Jaslok Hospital and Research Centre

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MedTech: India's next big export story

GEARING UP FOR THE SILVER STORK AGE

As intentional motherhood becomes the norm, a new demographic shift is quietly reshaping maternal care, fertility preservation, and insurance frameworks. Express Healthcare examines how healthcare players are responding to the implications of advanced maternal age pregnancies

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* Responsible for selection of news under the PRP Act.

Bringing down India's OOP health expenditure

Healthcare expenses in India are becoming more stressful and now we have a report to prove it. According to Swiss Re Institute's recently released Asia Life & Health Consumer Survey 2025, India reported the highest increase in stress related to paying out-of-pocket (OOP) healthcare expenditure (HCE) in 2024 than they did in 2017.

While the report suggests that this change could be attributed to many factors like medical inflation, low disposable income and inadequate public health insurance, the fact is that public health insurance schemes like Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) and state health insurance schemes have actually expanded over the past decade.

As recently as April 21, 2025, Dr V K Paul, Member (Health), NITI Aayog mentioned that thanks to AB PMJAY, hospitalisation rates in India have increased by 40 per cent, while OOP expenditure has decreased from 64 per cent in 2013-14 to 39.4 per cent in 2021-22. He was speaking at a session chaired by Union Health and Family Welfare Minister Jagat Prakash Nadda, titled "Promoting Swasth Bharat through Ayushman Bharat PM Jan Arogya Yojana and Ayushman Arogya Mandir" during the Civil Services Day celebrations.

The Swiss Re report defines health protection gap (HPG) as the share of individual OOP HCE not covered by insurance or government schemes that causes financial strain to households. While both the emerging and advanced markets of the region saw a widening of the HPG, emerging Asia countries accounted for a concerning 73 per cent of the total gap (USD 188 billion) in 2024. The remainder, USD 70 billion, came from the advanced markets. The larger gaps in emerging markets reflect relatively low insurance penetration and much larger populations, as per the report.

The report concludes that for insurers the message is clear: aligning with consumers' evolving preferences through product innovation is not only a competitive imperative, but also a path toward closing Asia's persistent protection gaps.

While the Swiss Re report aims at informing insurers on how they can address consumer sentiment and barriers to insurance purchase, public health insurers could also look for learnings.

At the very least, the survey results from India highlight the gaps in coverage. While medical inflation could explain some part of the stress related to rising OOP health expenses, access to insurance, both public and corporate, needs to improve and become more efficient, covering more areas as well as more healthcare conditions.

Besides coverage adequacy and accessibility issues, India's government needs to find a way to align with partners in the private sector. There are reports that more hospitals are withdrawing from the Ayushman Bharat Scheme due to poor reimbursement rates and delayed payments. In the most recent instance, Haryana's state health agency released long pending payments to empanelled hospitals only after the state's Indian Medical Association (IMA) threatened to pull out of the scheme. Experts suggest that expansions of the insurance net were announced without the requisite financial planning, hinting at political pressures driving promises.

At the very least, the survey results from India highlight the gaps in coverage. While medical inflation could explain some part of the stress related to rising OOP health expenses, access to insurance, both public and corporate, needs to improve and become more efficient, covering more areas as well as more healthcare conditions

As a first step to address such concerns, the government could seriously consider addressing 12 high-impact bottlenecks prioritised for action in a recently released by industry association NATHEALTH (Healthcare Federation of India) in collaboration with EY India. The whitepaper titled Streamlining Compliance in the Indian Healthcare Sector, points out that healthcare is among the top three sectors in terms of compliance burden in India. A single facility is required to manage hundreds of tasks annually, many of which are duplicative or unclear. For instance, the release notes that 25–30 per cent of compliance requirements change each year, while 24 per cent of central-level regulations are specific to healthcare, far more than most other sectors.

The NATHEALTH-EY India whitepaper identifies 85 key compliance challenges across hospitals, diagnostic centres, and MedTech companies. Of these, 44 were flagged by industry as particularly onerous, either due to duplication, lack of clarity, or administrative inefficiency. Addressing these pain points will go a long way towards improving the efficiencies of hospitals, who will hopefully pass on the benefits to patients and be more amenable to partner in public health insurance schemes.

There is no doubt that India's corporate hospital sector continues to be in expansion mode. Rating agency ICRA has revised its outlook on the Indian hospital industry to Positive, driven by expectations of sustained robust operating performance in FY2026. Given the strong operating metrics and demand outlook, the industry players have announced sizable capital expenditure (capex) plans for the medium term. Eleven listed hospital players and two large, unlisted players are cumulatively expected to add around 14,500 beds over FY2026 and FY2027 at a total capex of around Rs. 30,000-32,000 crore. This translates to around 26 per cent of their existing bed capacity at the end of FY2025. These bed additions are expected to be across metros, tier-II and tier-III cities, with significant additions in tier-II cities like Nagpur, Lucknow, Ongole and Coimbatore to cater to the unmet demand in these regions.

As the private sector expands to tier-III cities, there is a clear case for a partnership model, to ensure improved access to corporate healthcare truly benefits patients. Insurers could also take cues from the Swiss Re report to address the concerns of India's uninsured population. While the business opportunity is large, the impact on individual patients and families needs to drive the discussion.

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Integration of AI and automation into ultrasound technology enhances diagnostic accuracy and streamlines workflows

Anup Kumar Ramachandran, Business Head – Ultrasound, GE HealthCare South Asia, in an interaction with Express Healthcare, emphasises how technology has revolutionised healthcare in India. He also highlights how GE HealthCare is driving this transformation through innovations such as the VScan Air CL — a wireless, handheld ultrasound device that seamlessly combines portability with advanced imaging capabilities

According to recent data, "1 in 4 Indians is at risk of dying from an Non-communicable diseases (NCDs) before they reach the age of 70". Early diagnosis is crucial in addressing this burden. Can you throw some light on the role of early diagnosis in addressing NCD care?

India is undergoing a major health transition with NCDs becoming increasingly prevalent, including cardiovascular diseases, diabetes, chronic respiratory conditions, and cancers. With over 5 million deaths annually, about 22 per cent of Indians face the risk of premature death from NCDs before the age of 70.[1] With India's 1.4 billion population and an increasing NCD burden, advanced diagnostic technologies are crucial for precise and timely diagnosis. Early detection enables timely intervention, prevents disease progression to life-threatening stages, and reduces both the social and economic burden.

Recognising this, the Indian government is addressing this challenge through programs like the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) and the Ayushman Bharat Scheme, focusing on improving healthcare access and early diagnosis. These initiatives emphasise community health efforts and provide comprehensive care to help manage and treat NCDs more effectively. AI has the potential to bridge healthcare disparities and enable access to quality care for the 4.5 billion people in the world. AI and ML drive advancements, transforming diagnostics and treatment through preventive, predictive, and personalised care.

> At GE HealthCare, we are advancing India's efforts in early diagnosis by making it more precise and impactful through innovative technology and strategic partnerships

At GE HealthCare, we are advancing India's efforts in early diagnosis by making it more precise and impactful through innovative technology and strategic partnerships. By integrating AI into imaging modalities such as MRI, CT, and ultrasound, we help clinicians detect diseases earlier and make faster, more informed decisions.

Our digital platforms unify patient data across the care continuum, delivering predictive insights, improving care team coordination, and enabling more personalised pathways for managing conditions like cardiovascular disease, cancer, and diabetes. Solutions like OncoCare and CareIntellect further leverage Artificial Intelligence (AI) and data integration to support evidence-based treatment planning, ensuring patients receive the right care at the right time.

Through local R&D and collaborative initiatives, we are transforming how NCDs are diagnosed and managed in India—bringing precision diagnostics closer to communities and supporting timely interventions that improve patient outcomes.

We integrate AI into imaging modalities such as MRI, CT, and ultrasound to improve diagnostic accuracy and accelerate clinical decision-making. Solutions like OncoCare and CareIntellect leverage AI and data integration to support evidence-based treatment planning. We are also harnessing Theranostics, a combination of diagnostics and therapeutics—to personalise cancer care at a molecular level.

With every innovation, we are redefining oncology care, bridging gaps, enhancing precision, and ensuring patients receive the proper care at the right time.

Ultrasounds are an integral part of diagnosis. As ultrasound devices market is projected to grow from USD 231.86 million in 2023 to USD 316.18 million by 2028, how has ultrasound technology evolved in India's healthcare system over the years? How is GE HealthCare supporting this transition and adoption?

Ultrasound technology has revolutionised healthcare in India, evolving from basic 2D imaging primarily used in obstetrics to become sophisticated diagnostic tools integral to specialties like cardiology, radiology, gastroenterology, and critical care. Over the years, advancements such as 3D and 4D imaging, Doppler ultrasound for precise blood flow analysis, and AI-powered diagnostics have transformed the field. The transition from bulky, immobile machines to portable and handheld devices has been a game-changer, enabling bedside scans and improving access to quality healthcare, especially in remote

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and underserved regions.

At GE HealthCare, we are driving this transformation with innovations like the VScan Air CL, a wireless, handheld ultrasound device that combines portability with advanced imaging capabilities. Designed to fit in a pocket, the VScan Air CL is an ideal solution for rapid, on-the-go diagnostics, particularly in emergencies and critical care settings. Its wireless design simplifies sterilisation, reducing infection risks—a critical advantage during intraoperative procedures.

By enabling bedside scans, the VScan Air CL eliminates the need for patient transfers to imaging departments, saving valuable time and enhancing workflow efficiency. Its affordability compared to traditional ultrasound machines makes it a practical choice for resource-constrained settings. The device's multi-probe versatility supports a wide range of diagnostic needs, including vascular, cardiac, and abdominal imaging.

The VScan Air CL is designed with a user-friendly interface, allowing healthcare professionals to operate it seamlessly, even under high-pressure circumstances. Real-time imaging capabilities empower clinicians to make quicker, more informed decisions, driving better patient outcomes. Integrated features like cloud-based data transfer and AI-driven automation enhance accessibility, efficiency, and reliability.

As we lead the adoption of these groundbreaking technologies, GE HealthCare remains committed to advancing India's healthcare system with solutions that are precise, predictive, and preventive.

With the rapidly evolving MedTech innovations, what are the innovations at GE HealthCare that help in empowering clinicians to significantly improve patient outcomes?

Advancements in MedTech are empowering clinicians to provide precise diagnosis and treatment, facilitating value-based care. Ensuring that patients have access to the right equipment and training to optimise outcomes is a critical focus for the healthcare industry.

The innovations at GE HealthCare help empower clinicians by integrating advanced technologies such as artificial intelligence (AI) and automation into ultrasound technology. These innovations significantly enhance diagnostic accuracy, streamline workflows, and provide more detailed imaging capabilities. For example, technologies like fetalHQ enables structural heart assessments in fetuses, while Sono-CNS supports AI-based fetal brain assessments allow for specialised, precise diagnostics. UGAP technology enables non-invasive quantitative liver fat assessments, while AFI provides quantified cardiac strain imaging. These advancements empower clinicians to deliver more accurate diagnoses and personalised treatment plans.

We are also investing heavily in educational programs and clinical training sessions in partnership with key clinical societies, ensuring clinicians are equipped with the necessary tools and knowledge to utilise these advanced technologies effectively. By fostering a global community of clinicians, GE HealthCare promotes the sharing of best practices and continuous learning, keeping healthcare professionals at the forefront of ultrasound technology and its applications.

What measures are necessary to ensure that equipment remains operational and reliable under various circumstances?

It is imperative to maintain seamless operation of ultrasound devices across healthcare environments to ensure consistent diagnostic capabilities. Routine maintenance and calibration are crucial to ensure optimal performance, including checking sensitive components like transducers for proper cleaning to prevent cross-contamination and ensure accurate imaging results. Adhering to manufacturer guidelines for maintenance schedules and implementing quality control protocols helps in identifying potential issues before they affect performance, including regular testing of image quality and functionality checks of the ultrasound equipment.

Continuous professional development is essential for clinicians using ultrasound equipment to stay updated with the latest techniques and technologies. GE HealthCare emphasises the importance of specialised training, offering educational programs to enhance clinicians' skills in using ultrasound effectively. Establishing standardised operating procedures for ultrasound usage can help minimise variability in results, ensuring consistent patient preparation, equipment setup, and image acquisition.

The integration of AI and automation into ultrasound technology enhances diagnostic accuracy and streamlines workflows. GE HealthCare's AI-driven ultrasound tools such as Vscan Air, integrate smart automation to enhance precision of diagnostics and streamline operations. These portable devices are designed to function in different environments—ranging from hospitals to remote locations—can further enhance their operational reliability by being robust enough to handle varying conditions while still providing high-quality imaging. By focusing on these measures—rigorous maintenance practices, ongoing clinician training, adherence to standardised procedures, and leveraging technological advancements—healthcare providers can ensure that ultrasound systems remain effective diagnostic tools under diverse circumstances.

How do you foresee the future of MedTech in the context of diagnostic capabilities? What are the focus points for India especially as we aim to Make in India ambitiously?

The future of MedTech holds immense potential to transform healthcare through advancements such as artificial intelligence, advanced imaging technologies, and portable diagnostic devices. These innovations are revolutionising diagnostic processes, making them faster, more accurate, and accessible while enhancing early disease detection, patient outcomes, and healthcare access in underserved regions.

The Make in India initiative is a major catalyst in driving this transformation by emphasising self-reliance and innovation in the MedTech sector. It encourages strengthening local manufacturing capabilities, streamlining supply chains, and fostering collaboration between academia, start-ups, and industry leaders to develop cost-effective, scalable localised solutions.

With these strategies, India can tackle pressing healthcare challenges while offering globally relevant solutions. By leveraging policy support and cutting-edge technology, the MedTech sector has the potential to revolutionise diagnostics, advancing India's vision of becoming a leader in global healthcare innovation.

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Precision in every pulse: Aster's Cath Lab elevates care with Canon's Alphenix Biplane

In a field where every millimeter counts and every second matters, neurointervention demands nothing less than technological precision, clinical expertise, and visionary leadership. Rising to meet this challenge, Aster International Institute of Neurosciences at Aster Whitefield Hospital, Bengaluru, has established a cutting-edge neuro catheterisation lab equipped with Canon Medical's Alphenix Biplane DSA system — a move poised to redefine standards of care in India's neurovascular landscape. Spearheaded by renowned neurosurgeon and neurointerventionist **Dr Swaroop Gopal,** this strategic upgrade marks the beginning of a new chapter in advanced stroke care, complex aneurysm treatment, and minimally invasive brain interventions. At the intersection of innovation, training, and patient-centric design, Aster and Canon are not just delivering better outcomes — they're shaping the future of neuro care

In the dynamic and ever-evolving world of medical technology, neurointervention stands out as one of the most complex and rapidly advancing specialties. With conditions such as stroke, aneurysms, and vascular malformations requiring timely, precise interventions, the role of high-end imaging and catheterisation systems becomes paramount. Recognising this imperative, Aster International Institute of Neurosciences at Aster Whitefield Hospital, Bengaluru, has taken a bold step forward by establishing a next-generation neuro catheterisation (CATH) lab powered by Canon Medical's Alphenix Biplane DSA system.

At the helm of this transformation is Dr Swaroop Gopal, Group Director – Neurosciences and Spine Care at Aster, a veteran neurosurgeon and neurointerventionist who brings with him a unique hybrid approach, seamlessly integrating open surgical techniques with endovascular interventions. His vision for the institute is clear: to build a future-ready hub for neurovascular excellence, blending clinical acumen with technological innovation.

A new era for Aster's Neuro Sciences

"We've just launched the institute and installed the Canon Alphenix Biplane a few months ago. It's still early days, but our vision is ambitious," shares Dr Gopal. "We intend to make this centre one of the most advanced neurointerventional facilities in the region — not just in terms of procedures but also in education and training."

Training the next generation of specialists is a core part of Aster's roadmap. As neurointervention gains recognition as a minimally invasive yet highly precise discipline, the need for hands-on, real-world exposure to complex technologies like the Alphenix system becomes vital. "Many young doctors are eager to enter this field. What they need is a platform that allows them to learn gradually, safely, and thoroughly. That's what we aim to offer," he adds.

From X-ray to biplane: Technology's leap in neurosurgery

Dr Gopal has personally witnessed the evolution of neurointervention from its rudimentary days to its current sophistication. "We started off using basic X-ray machines, then moved on to portable C-arms and monoplane systems. Now, with biplane DSA systems like Canon's Alphenix, the quality and safety of procedures have reached an entirely new level," he explains.

According to him, a major shift in the field has been the rise of stroke intervention — a previously under-recognised but now rapidly growing aspect of neuro care. "The awareness around stroke is increasing, and so is the demand for timely, precise, and effective intervention. Biplane imaging enables us to navigate delicate brain vessels with extraordinary clarity, ensuring optimal outcomes for patients."

Precision imaging: The heart of safer interventions

Neurointervention, by nature, deals with millimeter-level precision inside the most delicate organ — the brain. Here, image quality is not just a value-add; it's a lifeline. Canon's Alphenix Biplane system, with its high-definition detectors and advanced image processing, delivers unparalleled clarity, especially when visualising small, tortuous vessels.

"HD resolution was one of the main reasons we chose Canon," Dr Gopal states. "It helps us achieve a level of visual clarity that directly translates to safer procedures. The ability to see minute vessels clearly helps us plan, navigate, and execute interventions with accuracy."

Features such as Illuvis noise reduction, Auto Pixel Shift, and Super Noise Reduction Filters (SNRF) ensure that the image stays sharp and aligned even during complex DSA runs. This is particularly important during cerebral aneurysm treatments or intracranial stenting, where minute errors can have significant consequences.

Improving workflow and enhancing patient experience

Since the installation of the Canon Alphenix system, Aster's neuro Cath lab has performed nearly 100 procedures, including both diagnostic and complex interventional cases. "The system's ease of use, speed, and intuitive interface

have transformed our workflow," says Dr Gopal.

One notable shift has been the lab's transition from transfemoral to transradial access for many procedures. "Patients undergoing radial interventions can often go home the same day. There's less trauma, faster recovery, and higher patient satisfaction," he explains. "Canon's Alphenix platform supports radial access extremely well, allowing smoother navigation and setup."

The Alphenix Tablet, a compact control panel located table-side, provides physicians and technicians real-time control over system settings and views. "You don't need to leave the table or depend entirely on external operators. This hands-on control streamlines the procedure and keeps the entire team aligned," he says.

Dose efficiency: A win for safety and compliance

Another standout feature of the Canon Alphenix system is its comprehensive suite of DoseRite technologies, designed to reduce radiation exposure without compromising image quality. Tools such as Spot Fluoroscopy, Dose Tracking System (DTS), and grid-controlled pulsed fluoroscopy enable precise dose control, visual feedback, and safer operations — for both patient and operator.

"Radiation safety is a huge concern in neurovascular procedures. With Canon's DTS, we can see dose maps in real-time and adjust accordingly. This helps us avoid threshold breaches and ensures long-term safety," says Dr Gopal.

Addressing challenges with intelligent design

Prior to installing Canon's Alphenix, the Aster team faced limitations with older systems — from lower resolution to restricted imaging angles and slower workflow. "With our previous equipment, we couldn't visualise critical anatomy with the clarity we needed. Plus, the learning curve was steep for younger doctors," Dr Gopal notes.

In contrast, Canon's system, with features like 3D Roadmapping, Cone Beam CT, and Metal Artifact Reduction (MAR), has resolved many of these issues. "Now we can superimpose 3D data on live fluoro, get better planning angles, and even visualise stents with overlapping materials using MAR," he adds.

Importantly, Dr Gopal stresses the value of Canon's responsive support team. "We're a beta site for Canon, which means we have the opportunity to provide feedback and receive updates quickly. They've been extremely proactive, and we hope this collaboration continues to grow."

Enabling learning and continuous improvement

The Alphenix Biplane is not just an intervention tool — it's also a teaching platform. For a specialty like neurointervention, which demands long learning curves and extreme precision, the role of imaging in education is immense.

"When trainees see high-definition, 3D visualisations of vessels, they learn faster. The ability to understand anatomy in real time, during live cases, is an advantage I never had during my training," says Dr Gopal.

He believes Canon can further enhance this value by offering structured hands-on training, simulation modules, and real-case feedback sessions. "As new features and updates roll out, we're eager to test them and provide Canon with data to help them refine their systems. This mutual learning loop is beneficial to everyone — especially the patients."

What lies ahead: Custom innovation for Indian needs

Dr Gopal is clear that while global standards are valuable, there must be customisation for regional realities. "Our patient demographics, volume, and procedural workflows are unique. The way we use imaging technology in India may differ from Japan or the West. Canon has shown openness in understanding this, which is encouraging."

Looking forward, he hopes for even more India-centric innovations — such as locally adapted dose protocols, AI-enabled diagnostic overlays, and tools that integrate seamlessly with hospital IT systems and PACS.

"Canon's strength lies in their engineering depth and their collaborative attitude. If they continue to engage with us on the ground and incorporate our feedback, the future is very bright," he adds.

Canon Medical's Alphenix Biplane DSA System: Transforming Neurovascular Intervention

Canon's flagship Alphenix Biplane cath lab system combines intelligent imaging, advanced dose control, and workflow automation to support high-precision procedures across neuro, cardiac, and peripheral applications.

Key features:

- ◆ High-definition imaging with up to 6.58 lp/mm resolution
- ◆ DoseRite suite with real-time dose tracking, spot fluoro, and pulsed fluoroscopy
- ◆ 3D Roadmapping, CBCT, and Cerebral Aneurysm Analysis tools
- ◆ Metal Artifact Reduction (MAR) for better clarity around implants
- ◆ Real-time overlay and fusion imaging with CT/MR datasets
- ◆ Stepping DSA and Parametric Imaging for vascular mapping and contrast dynamics
- ◆ Dynamic Device Stabiliser for stent visualisation even during cardiac motion

Conclusion: Redefining Neuro Care, one innovation at a time

The launch of the Canon Alphenix Biplane system at Aster Whitefield marks a milestone not just for the hospital, but for neurointervention in India. With a clear focus on precision, safety, and education, this collaboration is setting new benchmarks in how technology can transform patient outcomes.

As Dr Gopal puts it, "The brain is an unforgiving organ. Our responsibility is to approach it with the best tools, utmost care, and a commitment to continuous learning. Canon's Alphenix system helps us do exactly that."

MedTech: India's next big export story

Himanshu Baid, Managing Director, Poly Medicure Ltd highlights that India has a tremendous opportunity to emerge as a global MedTech hub. Unlocking this potential will require fostering high-tech innovation and quality consciousness, underpinned by a sharpened strategic focus to position India at the forefront of the global MedTech landscape

MedTech has emerged as one of the most dynamic and critical sectors. From remote health monitoring and robotic surgery to AI-enabled diagnostics and wearable devices, the $500+ billion global MedTech industry is evolving rapidly, driven by aging populations, digital health adoption, and the need for medical innovation. Countries across the world are ramping up investments to capture a share of this fast-growing market, leveraging coordinated policy support, robust manufacturing capabilities, and strategic global outreach to scale their MedTech exports. India, however, despite its proven capabilities in healthcare and technology, has yet to unlock its MedTech potential at scale. India has a tremendous opportunity to emerge as a global MedTech hub. Unlocking this potential will require fostering high-tech innovation and quality consciousness, underpinned by a sharpened strategic focus to position India at the forefront of the global MedTech landscape.

There is a growing global recognition of the reliance on imported MedTech, especially in Western markets, creating new opportunities for countries that can deliver high-quality devices at affordable prices. Regions like Africa, Southeast Asia, and Latin America are also experiencing rising demand for cost-effective MedTech solutions, opening up vast untapped markets that India is well-positioned to serve.

India's domestic MedTech industry is projected to touch $50 billion over the next decade. This growth is anchored by a young population of biomedical engineers, a thriving startup ecosystem, and increasing manufacturing capabilities. The sector also benefits from India's global leadership in IT, AI, and digital health platforms, enabling innovative solutions like telehealth and wearable diagnostics. India's greatest advantage, however, is its ability to deliver quality at scale and low cost. Cost-efficient innovation, skilled labor, and affordable production allow Indian companies to design and manufacture competitive devices for both domestic and international markets.

India's MedTech sector holds immense export potential, and with continuous government support, the industry is well-positioned to overcome legacy structural challenges. Enhancing regulatory efficiency, reducing import dependency in the component ecosystem, and fast-tracking approvals can significantly accelerate innovation and market readiness.

The Export Promotion Council of Medical Devices (EPCMD) serves as a vital launchpad for taking India-made medical devices to global markets. Acting as a strategic bridge between manufacturers, policymakers, and international stakeholders, EPCMD will drive export growth, foster innovation, and strengthen India's position in global healthcare.

Moreover, MedTech falls under the purview of multiple ministries including Health, Commerce, MSME, and DPIIT , leading to policy fragmentation. Consistent alignment with global quality standards offers a crucial opportunity for India to build international trust and significantly enhance the export readiness of its MedTech innovations.

A strong export-led MedTech strategy can transform India's healthcare economy. It would boost foreign exchange reserves, reduce reliance on imports, and generate employment across R&D, manufacturing, and services. More importantly, it would allow India to build and export high-value products such as implants, point-of-care diagnostic kits, imaging tools, AI-based screening platforms, and wearable monitors - tailored for both developed and developing markets.

Affordable and accessible Indian MedTech can address the unmet health needs of millions across the globe. Simultaneously, India can offer cost-effective alternatives for Western countries looking to diversify away from high-cost supply chains. The vision must go beyond from "Make-in-India" to "Design-in-India for Global Health." Accelerated regulatory pathways, international certification support, strong IP protection, and localized component ecosystems are key. R&D incentives, public-private partnerships, and global branding initiatives will also be crucial in driving exports. A focus on testing labs, quality benchmarking, and clinical validation can close the trust gap and position India as a global quality hub.

With its demographic dividend, digital leadership, and manufacturing scale, the country is uniquely positioned to lead the next chapter of global health innovation. If India seizes this moment, MedTech could become not just its next big export success, but a defining tool for global health equity.

GEARING UP FOR THE SILVER STORK AGE

As intentional motherhood becomes the norm, a new demographic shift is quietly reshaping maternal care, fertility preservation, and insurance frameworks. *Express Healthcare* examines how healthcare players are responding to the implications of advanced maternal age pregnancies

By Neha Aathavale

More women are choosing motherhood on their own timelines, not the one mapped out for them decades ago. Across cities, more Indian women are delaying childbirth by choice, or circumstance. This quiet but definitive shift is reshaping the landscape of reproductive care. Fertility clinics are adapting. Insurance providers are taking notes. And employers are rethinking benefits.

However as this shift gains momentum, it comes with its own economic and clinical calculus. Fertility preservation options like egg freezing are moving from luxury to necessity. Insurers are slowly being nudged toward revisiting their coverage criteria. And healthcare providers are rethinking risk profiling and prenatal care strategies. But the pace and consistency of this evolution remain open questions. Which brings us to the heart of the matter: Is India's reproductive health and insurance systems keeping pace with the evolving realities of delayed motherhood.

The urban shift

Even as the idea of motherhood evolves across India's urban centres, fertility specialists are observing a steady rise in women actively pursuing pregnancy in their mid-to-late thirties. For many, this is a conscious, informed decision shaped by career, financial independence, and better awareness of assisted reproduction.

"The social and healthcare advancements of today have contributed to the increased trend of women giving birth at the age of 35+," says Dr Madhu Juneja, Director - OBGY and IVF, Sahyadri Hospitals Momstory.

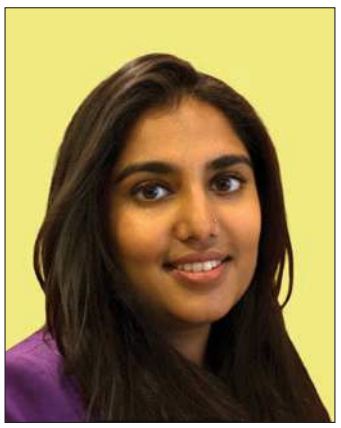
According to her, this trend is especially pronounced in cities where awareness and affordability of fertility treatment is higher. "This trend is more common in cities where women are knowledgeable about the available fertility treatments and are more financially stable," she adds. "Despite the change in societal norms, the realisation of the challenges that come with trying to conceive when older is more widely accepted."

The social and healthcare advancements of today have contributed to the increased trend of women giving birth at the age of 35+

Dr Madhu Juneja
Director - OBGY and IVF,
Sahyadri Hospitals Momstory

Many medical centers are establishing specialised fertility preservation programs with dedicated teams to coordinate risk assessment, counselling, and procedures

Dr Kshitiz Murdia
CEO & Whole Time Director,
Indira IVF



I see tremendous potential for business growth in this space over the next five to ten years. However, especially in urban metros, there's also a noticeable surge in competition—with many single-center or unorganised market players entering the field

Anjali Ajaikumar
Director,
Milann Fertility & Birthing Hospital

As awareness around assisted reproductive health grows, we're seeing a shift in how insurance products are evolving to support this journey. Treatments like IVF and IUI, once seen as outside the ambit of health insurance, are now being included in select health plans

Siddharth Singhal
Head- Health Insurance,
Policybazaar.com

But the rise in delayed motherhood also underscores a growing; though uneven awareness of biological limits. "Certainly, the understanding of the decline of fertility with age seems to be growing, especially in metropolitan areas, where women are sequentially delaying marriage and childbirth for a myriad of professional and personal reasons," notes Dr Juneja. "With the help of fertility clinics, social media campaigns, and doctors, women are increasingly realising the risks associated with postponing pregnancy and the value of maintaining fertility."

As a result, many women in their 30s are turning to fertility and family planning services, such as egg freezing, driven by growing awareness of the reduced quantity and quality of eggs as they age. However, she cautions that this awareness is still largely an urban phenomenon. "There are still unfilled gaps of information, especially in rural regions where information such as this may not be easily accessible," she states. "Deeply rooted cultural norms in several regions of India still place strong value on early marriage and childbirth, potentially obstructing discourse surrounding the decline of fertility with age. Comprehensive information, public and targeted, is imperative in both urban and rural India."

In cities, however, patients are already taking a more proactive role in their fertility journey. Anjali Ajaikumar, Director at Milann Fertility & Birthing Hospital, says, "When observing trends around conception at 35 among Indian women, it's clear that more couples are facing challenges in conceiving and are actively looking for the right place for their treatment. Women over 35, in particular, are doing their research to understand the best treatment options avail-

able and are specifically seeking centers that follow a holistic approach in their treatment protocols."

She also observes a clear decision-making pattern among couples. "There's a growing pattern where couples first attempt natural conception, and if that doesn't work, they move to IUI, and then IVF as a next step. These women are also becoming more aware and informed—ensuring they get genetic testing done and that their partners are tested as well."

Risk matrix

However as cultural acceptance of delayed motherhood grows, so does the need to navigate its medical realities with greater precision. Fertility experts and clinicians are now adapting their protocols to account for the evolving risk landscape that comes with age

"Clinical risks increase significantly with advancing maternal age, particularly for women aged 35 and older, and these risks become even more pronounced for those above 40 years," says Dr Kshitiz Murdia, CEO & Whole Time Director, Indira IVF.

The list of medical complications is wide-ranging."Obstetric complications range from increased miscarriage and cervical insufficiency to placental abruption, higher rates of both planned and emergency C-sections, postpartum hemorrhage, and sepsis," Dr Murdia adds.

With these risks now firmly acknowledged in clinical guidelines, the focus has shifted toward proactive management. "Traditional approaches to these issues have focused on risk management," says Dr Juneja. "These methods have since changed to more vigilant tracking and personalised attention. New methods of genetic testing, like NIPT (non-invasive prenatal testing), help identify risks sooner, allowing parents to make timely decisions."

One of the biggest shifts, both experts note, is the growing emphasis on preconception preparation. "Thorough health assessment is recommended before conception," Dr Murdia explains. "This includes screening for hypertension, diabetes, thyroid disorders, and other chronic conditions. Emphasis is placed on optimising preconception health: achieving a healthy BMI, quitting smoking or alcohol, starting folic acid supplementation, and managing any comorbidities proactively."

Prevention, monitoring, and timely intervention now form the three pillars of clinical response. "There is also enhanced focus on the preconception health of the mother and counseling about lifestyle changes to decrease health risks prior to conception," Dr Juneja adds. "There is also more focus on customised treatment approaches and greater use of ART in conjunction with more intensive observation for high-risk pregnancies."

This transition is codified in both global and national guidelines, with Indian protocols designating all pregnancies in women aged 35 and above as "high-risk." "AMA—advanced maternal age—is inherently considered a risk factor for adverse outcomes," says Dr Murdia. "So these pregnancies are monitored as 'high-risk' by default in both global and Indian practice."

National programs like the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) play a crucial role in operationalising this classification. "Indian guidelines mandate enhanced surveillance through the PMSMA and related government initiatives. There is strong focus on early detection, regular follow-up, and timely referral to tertiary care centres if complications arise," he adds.

Monitoring protocols for older mothers include more frequent antenatal visits, first-trimester scans for viability, third-trimester assessments for fetal growth, and in many cases, early initiation of fetal surveillance. "Aneuploidy screening (non-invasive prenatal testing or detailed anomaly scans) is highly recommended and usually discussed as part of routine counselling," Dr Murdia notes. "Fetal surveillance—like non-stress tests or biophysical profiles—is typically initiated earlier or performed more frequently in women aged 40 or above."

Dr Juneja reinforces that Indian urban clinics are increasingly equipped to meet these challenges. "Indeed, older women (35+) have different treatment and monitoring requirements than younger women. Pregnancy complications are more likely to occur in older women, necessitating more frequent and thorough monitoring. To identify any possible issues early, this includes routine blood pressure checks, glucose tests, ultrasounds, and genetic screening."

Preventive measures have also become more structured. "Low-dose aspirin is advised from the late first trimester for preeclampsia prevention in AMA women with one or more moderate or high-risk factors," says Dr Murdia. Iron and folic acid supplementation remains a nationwide mandate, and decisions about delivery timing are also adjusted. "For women 40 years or older, induction of labor or elective caesarean at 39 weeks may be offered to reduce the risk of stillbirth."

These decisions are often grounded in counselling that spans both medical and emotional readiness. "Detailed birth preparedness counselling is emphasised," says Dr Murdia. "And postpartum monitoring is particularly crucial—for hemorrhage, infection, and delayed recovery."

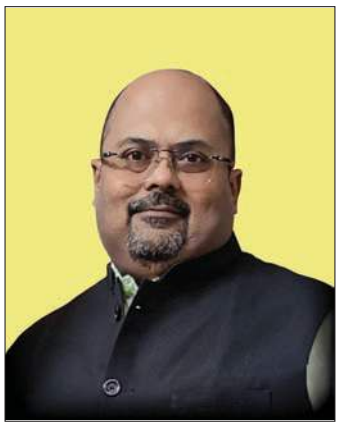
Still, gaps remain, especially when it comes to equitable access. "Fertility clinics in urban areas are prepared to provide cutting-edge treatment options, like IVF and egg freezing, as standard care for elderly women," notes Dr Juneja. "But in rural areas, access to such advanced care may be limited, and the focus remains on managing high-risk pregnancies with basic monitoring and support."

She adds that in India, treatment plans must account not just for medical risk, but also cultural context. "Additional social and cultural counselling is included, as older mothers may require support for mental health, birth spacing, and family planning."

The rise in delayed pregnancies has thus transformed not only the risk matrix, but also the very nature of how reproductive care is designed, delivered, and adapted to India's evolving maternal demographic.

There's growing interest in building modular riders or add-on with base product to cover diagnostics, counselling, and part-cost of procedures

Priya Deshmukh
Head Health Products,
Operations & Services,
ICICI Lombard



India's healthcare system is improving, but it still faces challenges in handling late-age pregnancies, particularly in rural and smaller cities

Dr Ameet Soni
Associate Vice President,
HoD - Medical Affairs,
CORONA Remedies

Preserving possibility

As age-related risks grow more complex, many women are now choosing to plan ahead—long before pregnancy even begins. This shift has put fertility preservation and workplace wellness firmly in the spotlight.

"Absolutely, there are significant developments happening both globally and in India when it comes to fertility preservation and workplace wellness," says Ajaikumar,. "Fertility preservation is becoming a less taboo topic, and more men and women are opting for it at a younger age so they can choose when to begin their conception journey."

Dr Murdia, outlines how fertility preservation is being formalised into hospital care pathways. "Many medical centers are establishing specialised fertility preservation programs or units. These programs are designed with dedicated teams, including program directors, patient navigators, and multidisciplinary clinicians, who coordinate fertility risk assessment, counseling, and procedures for patients who may lose fertility due to medical treatments," he explains.

Among the available options, egg freezing is just the beginning. "In addition to egg freezing, women in India have other options to preserve their fertility, such as embryo freezing, ovarian tissue freezing, ovarian suppression, and experimental artificial ovaries," says Dr Ameet Soni, Associate Vice President, HoD - Medical Affairs, CORONA Remedies

Meanwhile, workplace culture is also catching up. Fertility support is becoming a key part of corporate wellness policies—not just as a perk but as a legitimate health benefit.

"Women, especially employees of some major firms, are now able to access late motherhood due to changes in childcare policies," says Dr Soni. "Additionally, wellness units are being established by some fertility clinics which extend their services beyond fertility treatment. These units offer services such as lifestyle counseling, stress management, and counseling ahead of conception. These growing shifts in policy signal the increasing recognition of the importance of fertility preservation as part of overall workplace wellness."

Dr Murdia concurs, highlighting broader workplace and public health integrations: "Forward-thinking organisations are recognising the importance of comprehensive fertility benefits as part of their employee wellness strategies." "Partnerships between public health departments and employers have been established to expand worksite wellness efforts—improving program reach and effectiveness through shared resources and expertise," he concludes.

As delayed parenthood becomes more common, India's fertility industry is witnessing strong growth. Driven by rising demand, technological innovation, and increasing awareness. While opportunities abound, experts say the future hinges on quality-driven consolidation and the growing promise of fertility preservation

Insuring the future

As conversations around fertility preservation and workplace wellness grow louder, a natural next question emerges: is the insurance ecosystem keeping pace? While reproductive choices expand and more women opt for motherhood on their own timelines, insurers are beginning to respond - albeit cautiously.

According to Siddharth Singhal, Head – Health Insurance at Policybazaar.com, "Treatments like IVF and IUI, once seen as outside the ambit of health insurance, are now being included in select health plans, particularly in group policies and some premium retail offerings." Most such plans come with waiting periods (typically nine months or more) and often cover diagnostics, medication, and a limited number of treatment cycles. While this inclusion remains nascent, it reflects a growing shift toward normalising fertility care within mainstream health coverage.

However, as Priya Deshmukh, Head – Health Products, Operations & Services at ICICI Lombard notes, this progress is largely limited to corporate group plans and riders. "Fertility treatments, especially elective ones, are still largely excluded under standard policies," she says, though insurers are beginning to explore modular riders for diagnostics, counselling, and partial procedure coverage.

When it comes to pregnancies at 35 years and above, insurers are treading carefully. Structural aspects like sub-limits and waiting periods remain common, but product design is slowly evolving. "The increased risk associated with advanced maternal age, coupled with rising awareness around comprehensive maternal care, is driving demand for higher maternity sum insured," says Deshmukh.

Both experts agree that urban demand is fuelling interest in long-term fertility planning—such as egg freezing and extended postnatal support—but actuarial challenges persist. Limited claims data, uncertain outcomes, and the high costs of elective care make broad inclusion complex. For now, most insurers are approaching these benefits conservatively, often through optional group riders that combine maternal health with services like physiotherapy, lactation, and mental health support.

The age of opportunity

Having explored the medical complexities and evolving insurance dynamics surrounding delayed motherhood, it's equally important to examine the growth and business potential this rising demand holds for India's fertility industry.

"IVF and other fertility treatments are seeing steady growth," says Dr. Murdia, reflecting on the evolving landscape of reproductive health in India. "This rise is driven by higher infertility rates, greater awareness of available options, and broader acceptance of assisted reproduction."

Indeed, more couples are opting to start families later in life—either by choice or due to circumstance—which in turn increases reliance on medical support to conceive. Fertility clinics are now seeing a more diverse demographic, and technological breakthroughs are helping meet that growing demand. "From genetic testing and embryo freezing to AI-based embryo selection, new tools are improving success rates and patient satisfaction," Dr. Murdia adds. "Automation and telemedicine are also helping clinics reach and maximise their operations, making IVF accessible to patients worldwide."

This combination of accessibility and innovation is fueling long-term growth. According to IMARC Group, the global fertility services market—valued at USD 46.1 billion in 2024—is expected to triple by 2033, reaching USD 142.0 billion. India, following global trends, is expected to play a major role in this surge.

However, growth is only part of the story. "I see tremendous potential for business growth in this space over the next five to ten years," notes Anjali Ajaikumar. "However, especially in urban metros, there's also a noticeable surge in competition—with many single-center or unorganised market players entering the field."

She believes the sector is entering a crucial phase of consolidation. "While the barriers to entry have been relatively low, maintaining consistently high-quality standards that drive better outcomes requires a more streamlined and structured approach," she says. The challenge, therefore, lies not just in expanding reach—but in ensuring that expansion is sustainable, standardised, and centred on patient well-being.

Fertility preservation, in particular, is emerging as a strong growth segment. "Fertility preservation has great business potential over the next 5 to 10 years," says Dr. Ameet Soni. "As more women choose to delay childbearing for personal or professional reasons, the demand for services like egg freezing and embryo freezing is expected to rise."

This shift is not just consumer-led. "Corporate wellness programs that offer these services as benefits are also likely to grow, providing a new market for fertility clinics," he adds.

Conclusion

As delayed motherhood becomes a conscious and common choice, the fertility sector in India is poised for significant expansion. But to truly capitalise on this momentum, healthcare providers, insurers, and employers must accelerate innovation, improve access, and build systems that can sustain the realities.

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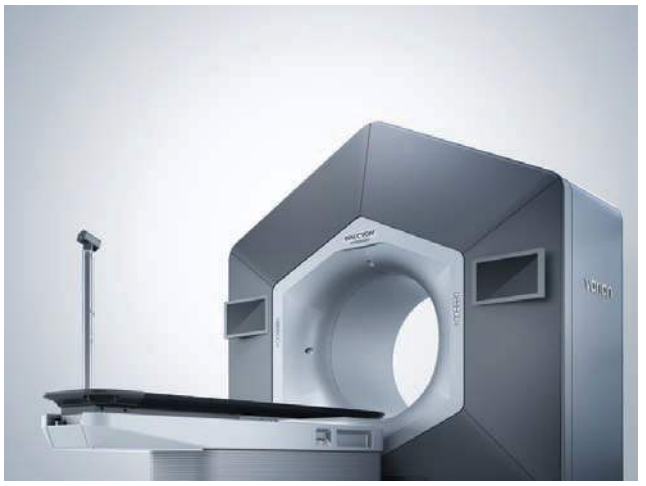
Tech trends: Shaping the future of radiation therapy

Malti Sachdev, SVP and Head Varian India-A Siemens Healthineers Company shares insights on how cutting-edge technologies like AI, advanced imaging, and adaptive therapy are redefining the landscape of radiation therapy in India and globally

In the dynamic field of radiation therapy, technology is revolutionising cancer treatment. Cancer is a global health crisis that claims nearly 10 million lives annually. It requires new strategies to reduce the burden on local healthcare systems. We must ask ourselves how to develop technology around a patient-centric approach, which means bringing out innovations that can tailor treatments to meet individual needs. Radiation therapy can be used in over half of cancer cases. It can be the first line of defence or used alongside other treatment techniques. This is partly because modern radiation therapy offers greater precision and personalisation than ever before.



Boosting precision and personalisation

Imagine a streamlined cancer care pathway that supports patients at every stage – detection, treatment, and beyond. This pathway is bolstered by established tests like mammography, low dose CT diagnostics, MRI, biomarkers, and biopsies, along with advanced artificial intelligence (AI)-enabled techniques. Throughout this journey, patients receive adequate information and support to optimise their care.

Multi-modality imaging techniques, such as CT scans and MRI, are crucial. Cancer varies among individuals, and traditional cancer interventions relied solely on specialist expertise, posing challenges in visualisation and dexterity. Vision alone cannot measure several parameters critical for treatment delivery, such as the morphological or functional features of the tumor, perfusion, metabolism, or tissue temperature. Modern Image-Guided Therapy (IGT) utilises imaging to enhance the precision and localisation of target tissue, along with monitoring and managing treatments.[i]

> "Varian's Halcyon Radiation Therapy System focuses on meeting clinician needs for appropriate treatment delivery. It drives innovation in operational excellence, high-quality care, and human-centered design."

One example of how advanced imaging techniques and treatment modalities can enhance treatment precision and improve outcomes is Intensity-Modulated Radiation Therapy (IMRT). IMRT administers 3D conformal radiation, adjusting intensity based on a 3D image of the tumor, reducing the risk of damaging healthy tissues.[ii] AI has further expedited the provision of high-quality personalised treatment[iii], while adaptive therapy adapts over time based on temporal and spatial changes in the tumor's microenvironment and cellular phenotype. Varian's Ethos® therapy enables clinicians to modify a patient's treatment plan daily, based on tumor changes using high-quality images and delivering treatments accordingly. This method considers changes in the shape and position of the tumor due to nearby organs and provides automated dose accumulation and forecasting to monitor treatment progress.

Faster treatment techniques

The methods of treatment delivery have significantly evolved due to technology. In the 1950s, cobalt units were used for radiation therapy, resulting in challenges with replacing and disposing of decaying radiation sources. In developed countries, linear accelerators (LINACs) have replaced cobalt teletherapy machines for modern radiotherapy. LINACs offer highly accurate treatment with advanced imaging techniques, reduced treatment times, and uniform dose delivery rates. They can also adjust radiation depending on tumor size and density, decreasing damage to healthy cells.

Varian's Halcyon Radiation Therapy System focuses on meeting clinician needs for appropriate treatment delivery. It drives innovation in operational excellence, high-quality care, and human-centered design. With simple, efficient, compact, and patient-centered technology, the Halcyon system allows clinicians to deliver straightforward, high-quality treatments. Its streamlined process enables clinics to treat more patients while maintaining quality and safety. Additionally, it may reduce capital costs and improve productivity by offering accurate visualisation of internal anatomy along with precise dose delivery. Halcyon also provides expedited commissioning, reducing installation time and construction costs.

Shifting from a fragmented to an integrated approach in cancer care is essential. The current siloed cancer care pathway prevents optimal collaboration between cancer specialists, primary care physicians, and healthcare providers, hindering patient outcomes. Ensuring connectivity between academic institutions, cancer treatment centers, community oncology practices, and primary care providers is crucial for continued progress in cancer care. Empowering physicians to focus more on treating patients than on managing technology is a shared goal for both physicians and technology solution providers.

With Varian now part of Siemens Healthineers, two leaders in imaging and radiation therapy have united, combining expertise to transform oncology and achieve new advancements in cancer treatment. Better outcomes are attained when people, technology, and data connect patients and providers at all points of care. Varian's products and services span from diagnosis through treatment to survivorship, addressing all needs of cancer patients.

INTERVIEW

Technology is now an integral part of how we deliver healthcare

Vinod P. Chanrai has recently taken over as Chairman of Jaslok Hospital and Research Centre. In an interaction with **Kalyani Sharma,** he shares his key priorities for the future, including the further integration of technology and innovation into the hospital's operations, and more

Congratulations on your appointment. What does taking on the role of Chairman at Jaslok Hospital mean to you personally and professionally? What are the key priorities you have identified for the hospital in the immediate future?
Taking on the role of Chairman at Jaslok Hospital is both a great honour and a deeply personal responsibility.

My great-uncle, Seth Lokoomal Chanrai, founded Jaslok with a clear vision: to build a hospital where compassion meets cutting-edge medical care. That connection has always meant a great deal to me. It is what drew me to serve as a Trustee, and now, in my capacity as Chairman, it continues to guide my commitment to this extraordinary institution.

Jaslok holds a remarkable legacy. It has long stood at the forefront of Indian healthcare respected not just in Mumbai, but across the country. The hospital has pioneered complex procedures, introduced breakthrough treatments, and, most importantly, saved countless lives. To be part of this legacy is humbling. To help shape its future is a responsibility I take very seriously.

Since stepping into the role, I have spent time getting to know the inner workings of the hospital by listening, observing, and understanding. What stands out consistently is the deep sense of dedication, the culture of excellence, and a genuine desire across departments to keep raising the bar.

> When you are dealing with people's lives, there is no room for half measures or hurried decisions. That is why introducing next generation technology into this space is not just a technical process — it is a deeply human one

Professionally, I have the privilege of working alongside some of the finest minds of global healthcare. Personally, it is a chance to give back to invest in systems that have a real and lasting impact on people's lives.

As we look to the future, our goals are clear: to make quality healthcare more accessible to everyone, and to raise awareness at the grassroots level. As we work towards building our legacy, we continue to focus on our refurbishment project. This year's plans include 11 modern operation theatres, advanced diagnostic facilities, and training centre for doctors and nurses, among other upgrades. In five years, once our entire programme is accomplished, we would witness a Jaslok 2.0, which is modern and focused on enhanced patient centricity. The journey ahead is full of promise, and I look forward to walking it with the incredible Jaslok family.

You've played a pivotal role in Jaslok's IT transformation as a Trustee. What are your plans to further integrate technology and innovation into the hospital's operations? How do you plan to leverage AI and digital tools to improve patient care and hospital efficiency?
We are living in a world that is changing faster than ever, and in many ways, technology is leading that charge.

In healthcare, these rapid advances are not just making systems more efficient — they are helping us reach patients sooner, diagnose more accurately, and intervene before illness takes hold. Today, we have the ability to detect potential health issues before a single symptom appears. That is a remarkable shift, and one that holds enormous promise for the future of care.

At Jaslok, we have always believed in staying ahead of the curve. Technology is no longer just a tool working behind the scenes — it is now an integral part of how we deliver healthcare. Artificial Intelligence, in particular, is transforming the way we think about diagnosis, treatment, and the overall patient experience. It can process complex data, identify patterns, and provide insights with impressive precision. But we must always remember — while AI can guide us, it is human wisdom, empathy, and clinical expertise that truly heal.

That balance between technology and human touch, between precision and empathy is what we strive to uphold at Jaslok.

What challenges do you foresee in implementing

next-generation technologies in the healthcare ecosystem, and how do you envision the road ahead along with potential solutions?
One of the realisations I have had on this journey is that healthcare is not resistant to change.

And rightly so. When you are dealing with people's lives, there is no room for half measures or hurried decisions. That is why introducing next generation technology into this space is not just a technical process — it is a deeply human one.

One recent initiative I am particularly proud of is our use of an AI-powered tool in the outpatient departments. It listens to conversations between doctors and patients and automatically generates structured clinical records. No extra typing. No need to recall every detail later. The result? Less time on paperwork, fewer errors, and more time for real patient care. I will never forget the look of relief on a consultant's face after using it for the first time. That moment said it all.

But trust does not happen overnight — especially in an environment where human instinct, experience, and relationships have always been central to care.

I have seen this first hand, when we introduced EMRs some time ago, the early days were far from smooth. There was hesitation, there were questions. But once we brought our nursing staff into the conversation and allowed them to help shape how the system would work, the shift became much smoother. That experience taught me something vital: inclusion is key. Whether it is senior consultants or ward nurses, everyone must feel part of the process.

Looking ahead, I believe the aim is not to replace people with machines — it is to support people with better systems. It is about bridging the gap between data and decision making.

At Jaslok, our approach to technology is clear: it must add value without adding complexity. It must make lives easier — not just look impressive on paper. That means investing not only in platforms, but also in people — training them, listening to them, and continuously refining based on their experience.

In your opinion, what role should institutions like Jaslok play in shaping the future of Indian healthcare?
Institutions like Jaslok are far more than just centres of treatment we are a teaching hospital and a research centre.

As one of India's most respected hospitals, Jaslok carries a responsibility that extends well beyond its infrastructure or clinical achievements. Our true strength lies in our people, our values, and the ability to shape the future of healthcare through every life we touch.

On a recent visit to our DNB training floor, I was struck by the deep legacy of learning that defines Jaslok. Since 1982, over 3,000 young doctors have begun their medical journey within these walls, many of whom now lead departments, guide the next generation of clinicians, and carry forward the Jaslok ethos around the world. Today, we offer DNB training across 15 specialties including 9 super-specialties and remain deeply committed to nurturing talent with both excellence and empathy.

It was particularly moving to reconnect with some of our alumni now practicing abroad. Their stories reaffirmed something I have always believed Jaslok doesn't just contribute to healthcare in the present; it quietly and steadily builds its future.

We are living in a time when healthcare must evolve at pace not just to keep up with rising complexities, but to meet the growing expectations of patients and practitioners alike. Hospitals must move from being reactive to being proactive, placing greater emphasis on prevention, early detection, and personalised care. At Jaslok, we see ourselves not only as caregivers, but as catalysts for change promoting awareness, advancing research and driving better outcomes for all.

The progress of healthcare can only rest on Advancement of research and recognition of India as an important center of clinical research, not just drug trials in the field of medicine.

Towards this end, we are proud to confirm that the department of functional neurosurgery has been chosen as center of excellence (there are only three centres of such excellence in the world) for research in neuromodulation. Independently. Also, recently, the department conducted a very path breaking research of finding a way to slow down the progress of Parkinson's disease with the help of simple therapies like dance and meditation or music and meditation. The positive outcomes of this Research has been recognized as very impactful at global level.

As we chart our way forward, we must lead by example. That means welcoming cutting-edge tools like artificial intelligence and digital diagnostics while remaining rooted in the human connection that is at the heart of healing. It means supporting our doctors and nurses to thrive, investing in our teams with trust and care, and ensuring that every patient experience is guided by clarity, dignity, and compassion.

Having witnessed Jaslok Hospital from up close, I can confidently say that what truly sets it apart is not only its clinical brilliance, but its unwavering commitment to innovation with compassion. From pioneering surgical breakthroughs to embracing transformative technologies, Jaslok is driven by a purpose that goes beyond medicine. It reaches every corner of society by empowering, educating, and healing with a deeply human touch.

As Chairperson, my vision is rooted in that belief. That we go beyond treating illness and step into transforming lives. That Jaslok not only remains a hospital of choice but becomes a movement one that reaches people where they are, builds healthier communities, and represents a future where Indian healthcare shines for both its brilliance and its benevolence.

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Editor, *Express Healthcare*

IIHMR University's annual convocation 2025 felicitates 423 graduates, highlights global recognition and academic excellence

Showcasing a powerful reflection of women's empowerment in the healthcare landscape, the annual convocation at IIHMR University marked a milestone, with 58 per cent of the graduates being women, a strong sign of progress in healthcare education

IIHMR University, Jaipur, organised its annual convocation ceremony on July 19, 2025, at the university campus. Chief Guest Haribhau Kishanrao Bagde, Governor of Rajasthan shared, "I'm happy to observe that all four students who received gold medals at IIHMR University were females. He requested all the graduating students to apply the knowledge and skills acquired over the past two years towards the noble cause of nation-building. I also suggest that universities collaborate with national as well as international universities and institutions. By integrating traditional and modern knowledge, National Education Policy 2022 aims to foster the holistic development of students."

Shri Haribhau Bagde
Hon'ble Governor of Rajasthan

Dr. P. R. Sodani
President, IIHMR University, Jaipur

Hon'ble Governor of Rajasthan
and
dignitaries of IIHMR University lighting the lamp

Showcasing a powerful reflection of women's empowerment in the healthcare landscape, the annual convocation at IIHMR University marked a milestone, with 58 per cent of the graduates being women, a strong sign of progress in healthcare education.

Welcoming the dignitaries and students, Dr PR Sodani, President, IIHMR University, shared, "I extend my heartiest congratulations to our graduating students. Of 423 graduating students, 247 were women, outnumbering 176 male students. He said to the graduating students Always remember that you are the ambassadors of IIHMR University. Take our legacy of excellence in academics, innovations, and impactful research wherever you go. My key message to the graduating students is to lead with integrity and serve with compassion. Further sharing the university's annual report, he said that IIHMR University conducted various studies for the Government of India, the Government of Rajasthan, and other state governments to improve the health care delivery system.

Dr Sodani said, This year's placement season marked another milestone for the university. The highest package stood at Rs 28.56 LPA, with 11 students securing international placements in the UAE, Kenya, Indonesia, and Congo, highlighting the growing global recognition of IIHMR University's talent pool.

Dr Rajeev Singh Raghuvanshi, Drugs Controller General of India, as the Guest of Honour, said, "India is a very important part of the global healthcare value chain. We provide medicines and trained manpower to more than 200 countries worldwide. Healthcare is not just a system but a promise of care, dignity, and equity for all. Uphold it with integrity, lead with humility, and serve with heart. Contributing to building society is our duty. Helping patients is the highest order of service."

Dr Pramod Yeole, Vice Chancellor, Rajasthan University of Health Sciences, as the Guest of Honour, said, "Over 70 per cent of the Rajasthan population lives in rural areas; that statistic must not just inform policy, it must inspire action. Rural Healthcare is central to our development as a state and as a nation. You are graduating at a time when Healthcare is being redefined. Where public health is finally getting recognition with resources, and where the government is investing in grassroots infrastructure and workforce development. As you walk out of this gate, you will carry fire for knowledge, for service, for justice and change."

Sudarshan Jain, Chairperson, IIHMR University, presided over the convocation ceremony and said that the convocation is a moment of joy and pride for everyone. He further advised students to continue their learning journey forever.

Dr Ashok Agarwal, Founder-Trustee of IIHMR, suggested that graduating students look at their jobs as learning tools. He also encouraged the graduates to enjoy life, remember their purpose, and see every challenge as a new lesson.

The graduating batch consisted of 225 students from MBA (Hospital & Health Management), 125 students from MBA (Pharmaceutical Management), 9 from MBA (Development Management), 2 from MPH (Implementation Science), 35 from MPH (Executive), and 18 from MHA (Executive). 9 doctoral students were also awarded with degrees.

Medikabazaar launches "Make in India" digital X-ray, C-Arm, Mobile DR and digital detector systems

The launch supports the government's Make in India initiative and is aimed at making essential imaging technology more accessible across hospitals and diagnostic centers, especially in underserved regions

Medikabazaar is proud to announce the launch of its indigenously developed range of advanced X-ray imaging systems, created in partnership with Epsilon Healthcare. The newly introduced line includes Digital X-Ray, C-Arm, Mobile DR (Digital Radiography), and Detector systems. This marks a significant step forward in providing high-quality, affordable imaging solutions that are Made in India and built for global healthcare needs.

This initiative reflects Medikabazaar's continued focus on strengthening India's healthcare capabilities by promoting locally manufactured, reliable diagnostic equipment. The launch supports the government's Make in India initiative and is aimed at making essential imaging technology more accessible across hospitals and diagnostic centers, especially in underserved regions.

This initiative reflects Medikabazaar's continued focus on strengthening India's healthcare capabilities by promoting locally manufactured, reliable diagnostic equipment

The partnership with Epsilon Healthcare brings together two organisations with a shared goal of delivering impactful solutions through innovation, manufacturing strength, and a strong understanding of healthcare needs on the ground.

Dinesh Lodha, Group CEO, Medikabazaar shared, "Partnering with Epsilon is a natural alignment of purpose. Their manufacturing expertise and Make in India commitment complement our focus on building an agile, tech enabled healthcare supply chain. Together, we aim to make high quality Indian made products more widely available, both within the country and globally."

Jitesh Mathur, Chief Revenue Officer, Medikabazaar added, "This collaboration strengthens our offering by bringing trusted, locally produced imaging solutions to the forefront. We're excited to expand our reach and continue supporting healthcare providers with reliable, value driven equipment."

With this launch, Medikabazaar reinforces its commitment to building a stronger, more self-reliant healthcare ecosystem. The new imaging range is a part of its broader effort to enhance diagnostic capabilities, empower healthcare institutions, and support the delivery of quality care at scale.

Transforming healthcare through digitisation, cloud and AI

Express Healthcare and ***Express Computer***, in collaboration with SAP, brought together influential CXOs, CIOs, CTOs, CFOs, and heads of digital transformation from hospitals and diagnostic networks to explore how cloud, data intelligence, and artificial intelligence (AI) are reshaping the future of healthcare. Excerpts from these discussions ...

According to the HIMSS Digital Health Indicator (2024), only 45 per cent of global healthcare providers currently have fully integrated IT infrastructures. In India, the challenge is even more pronounced.

A 2024 NASSCOM report reveals that 80 per cent of Indian healthcare organisations struggle with data silos and disconnected systems, leading to inefficiencies and slower patient care. Meanwhile, patient expectations are evolving rapidly, and the shift toward preventive, personalised care is demanding smarter, data-driven approaches.

Cloud technology and intelligent data platforms are already the backbone of this transformation. As per the EY-NASSCOM report on India's Cloud and Data Revolution, 80 per cent of Indian enterprises now rely on cloud to enable advanced data analytics underscoring a trend that healthcare must embrace urgently.

In a concerted effort to drive healthcare transformation through technology, Express Healthcare and Express Computer, in collaboration with SAP hosted two executive meetings—first in Mumbai on June 4, 2025, and then in Delhi on July 4, 2025.

The meetings brought together influential CXOs, CIOs, CTOs, CFOs, and heads of digital transformation from hospitals and diagnostic network to explore how cloud, data intelligence, and AI are reshaping the future of healthcare.

The Mumbai executive meeting served as a platform to discuss how cloud computing, real-time analytics, and intelligent data platforms are enhancing patient outcomes, operational efficiency, financial management, and regulatory compliance. Key discussions revolved around challenges in EMR integration, legacy system migration, data standardisation, and the need for simplicity and user-friendliness in technology adoption across hospital ecosystems.

Taking this one step forward, the Delhi executive meeting zoomed in on the power of AI, intelligent automation, and cloud-native infrastructure in enabling agile, patient-centric, and future-ready healthcare systems. The highlight of the event was the keynote address by Dr Lallu Joseph, Secretary General of CAHO, who emphasised the transformative role of technology in quality care, patient safety, and creating a collective healthcare movement. She powerfully stated, "If a banana seller can adopt UPI, we have no excuse not to digitise patient care."

Both events offered a valuable forum for industry leaders to exchange practical insights and best practices.

Together, these interactions reflected a strong consensus: while technology is a powerful enabler, successful transformation in healthcare hinges on leadership commitment, change management, and user adaptability. As the healthcare sector navigates increasing complexity and patient expectations, such dialogues offer a much-needed blueprint for progress.

We feature selected insights and perspectives shared by the distinguished speakers during the interactions.

- If we don't adopt good technology and digital tools, we are going to be left behind. Technology is the game changer that will help us reach the masses and make us global players.
- CAHO is not just an organisation anymore — it has become a movement. A collective effort to promote quality, patient safety, and excellence in healthcare.
- Accreditation is the only exercise that brings everyone in a hospital together — from the doorman to the chairman. It aligns fragmented systems and connects people who never talked to each other. When we understand the real-world challenges faced by early adopters, we avoid repeating their mistakes. That's the power of shared learning in healthcare innovation.
- We realised many health tech startups had great ideas but lacked validation or support. Through CAHO Tech, we created a platform to connect innovators with hospitals, investors, and real-world problems.
- Change is no longer a decade-long process. With today's tools, change is just a week away. And if a banana seller can adopt UPI, we have no excuse not to digitise patient care.

Dr Lallu Joseph
Secretary General, CAHO

We're currently in the process of evaluating ERP solutions. From what I understand, ERP works well for areas like MIS, finance, and supply chain management. However, when it comes to EMR, I don't believe ERP platforms are the best fit. Choosing the right EMR requires a different approach, and I think Government is doing a fantastic job in that space. NABH has created over 200 standards for what an EMR should include, and they've started certifying EMRs in India. These certifications classify EMRs as either basic or advanced. So, instead of reinventing the wheel, it makes sense to refer to those guidelines. You can select, say, 150 of those 200 points based on your institution's needs, add 10 custom parameters, and evaluate EMRs on that set of 160. That said, integration across systems remains a challenge and one that must be rooted in operational realities.

Sanjay Rajdev
Group CIO, Jupiter Hospital:

It's not just one dataset visualised in multiple ways—we're dealing with three fundamentally different datasets: education data, clinical data, and hospital operations data. Each serves a distinct purpose. In academics, for instance, every department—whether medicine or surgery—requires detailed tracking of student exposure, faculty-patient interactions, and UG/PG performance. That's a completely different structure compared to hospital billing systems or OT logs

Dr Nitin Sippy
Registrar, Dr DY Patil University

Simplicity is critical especially when you're asking housekeeping staff and other frontline stakeholders to input data. If the system isn't intuitive, it simply won't be used effectively, no matter how advanced it is. In my experience, a key reason implementations fail is because user acceptance testing (UAT) isn't done properly. I've worked across 5–6 major system changes in previous organisations, and one thing is clear: the involvement and commitment of top management is a critical milestone for success.

Dr Shilpa Tatake
Group COO, Jupiter Hospital

It's really about how easy and intuitive the system needs to be for different end users in healthcare. We have nurses, doctors, housekeeping staff, and others, all with varying levels of digital familiarity. You can't expect a housekeeping staff member, who may have never used a computer, to suddenly adapt to a complex system. Similarly, doctors are busy with patients—they need something simple and non-disruptive

Girish Koppar
GM–IT, Wockhardt Hospitals

My key concern is adaptability—I don't want to depend on programmers every time we open or close a clinic. The system has to be flexible and manageable in real time

Aaras Vasa
Executive Director & Group CFO, Dr Batra's Positive Health Clinic

It took us over 15 years just to clean up Excel sheets and build presentable dashboards—that's been our biggest pain point. Now, we're looking ahead. We want to predict consumable demand for upcoming seasonal spikes, like fever or influenza, and plan proactively

Dr Girish Gaur
Lab Operations Head, Rivara Labs

Technology implementation in supply chains involves utilising supply chain visibility platforms for real-time tracking, employing IoT and sensors like GPS and RFID to monitor goods, leveraging blockchain to enhance transparency and traceability, and integrating cloud-based systems with ERP for seamless data sharing and a single source of truth

Sabina Sawliwala
Chief Procurement Officer,
Jaslok Hospital and Research Centre

We've been operating on a 25-year-old legacy system, which we're now replacing with a new Hospital Management System (HMS), integrated with ERP for finance and supply chain. Over the next two years, Bhatia Hospital is undergoing a full-scale digital transformation, including IoT adoption."
Trust hospitals often face deeper change management challenges. The biggest issue is user adaptability from senior management to frontline staff. Vendor selection is equally critical, and customisation requests often go far beyond what's necessary.
If a product meets 85–90 per cent of your requirements, go for it. Customising more than 3 per cent risks changing the DNA of the application

Kirit Randeria
CTO, Bhatia Hospital

What we are getting out of a good system today is much more evolved. Trustees are no longer just ceremonial figures—they are literate, globally aware, and exposed to international standards. For instance, our trustees have visited institutions like the Mayo Clinic in the US. In fact, we arranged an entire nurse training program in collaboration with Mayo Clinic. They've seen their systems and understand the value of a robust software system. They're also very open to investment in these areas

Subham Himangshu Bardhan
Vice President Supply Chain Management and New Business Development,
Lilavati Hospital and Research Centre

One of the major challenges in hospitals today is managing & maintaining safe medical records and we are working on the same. Blockchain technology in medical records is an emerging concept that aims to address several challenges in healthcare data management. The idea is to use blockchain's decentralised, transparent, and secure nature to enhance the storage, sharing, and accessibility of electronic medical records.
Blockchain could revolutionise medical records by enhanced security and data integrity, better patient control and ownership of data, improved data accessibility and interoperability, transparency and auditability, streamlined administrative processes, cost reduction, reduced risk of data loss. Blockchain's potential in healthcare is significant, but its widespread adoption will depend on overcoming the technical, regulatory, and operational hurdles. As the technology matures and more pilot projects are launched, the healthcare industry may begin to see more widespread implementation of blockchain for medical records.

Dr Bhuvan Dommeti
Zonal Director, Surya Hospitals Mumbai

Digitisation has always been the core of our values to achieve maximum patient satisfaction by achieving operation excellence and we keep on exploring the possible advancements. With the emergence of AI there are immense opportunities for Healthcare sector to grow multi fold using data intelligence by bridging the gaps in manual systems and processes

Shalabh Paliwal
CFO, Jaslok Hospital and Research Centre

Each unit and establishment has its own pain points—what works for one may not work for another. Every institution is different. Flexibility is critical. It's not just about ticking compliance boxes; it's about building systems that reflect your institution's core needs, whether it's occupancy levels, procedural flows, or other specific challenges

Dr Niraj Uttamani
COO, Lilavati Hospital and Research Centre

In rural and tribal areas, collecting real-time OPD data and uploading it daily is a major pain point especially with limited internet access and manpower. Teaching hospitals face unique challenges; while they're closely linked with clinical operations, their reporting needs are entirely different. Existing systems often fail to address this gap. With new NMC norms, we now have to report data at the procedure level, adding yet another layer of complexity that many current platforms simply aren't equipped to handle

Dr Anagha Walanju
Chief Information Officer, KJ Somaiya Trust

Resistance from established clinicians to adopting technologies like EMR in their daily practice remains a challenge. The acceptance might increase if we catch them while they are still in training.Technology firms need to reach out to doctors in their formative years so that it becomes part of their lifestyle. If we train medical students and residents early, they'll adopt these tools naturally and carry them forward, rather than resisting them later in their careers

Dr VP Bhalla
Group Medical Director, Marengo Asia Hospitals

Just deploying technology won't get you the desired ROI unless all stakeholders are aligned and sensitised. Start with small, impactful use cases that show clear benefits in daily operations—only then does the digital journey gain momentum

Abhishek Sharma
VP-President Finance, Medanta

Technology and compassion form the very foundation of the highest quality care. Over the years in the industry, I have seen how digitalisation has evolved to improve healthcare by enabling faster diagnosis and more precise treatment, while the human touch, through empathy, clear communication, and personal care, continues to play an important role in a patient's recovery. As we move forward, it is essential to maintain this balance because every patient deserves care that combines excellent treatment with genuine kindness. At its core, healthcare is about people and the trust built through every interaction

Upasana Arora
MD, Yashoda Group of Hospitals

AI is transforming radiology, but it's not here to replace doctors—it's here to support them. From reducing scan times to improving image quality and screening diseases in remote areas, it enables better care, but accuracy and clinical judgment must always lead

Kabir Mahajan
COO, Mahajan Imaging and Labs

In supply chain, the focus is now on going directly to manufacturers to reduce costs without compromising quality. It's not about branded vs generic—it's about ensuring the same product, from the same batch, reaches the patient reliably, efficiently, and affordably

Rashmi Chawla
Chief Procurement and Supply Chain Head, Ujala Cygnus Hospitals

Digitisation in healthcare is complex because we are dealing with critical systems that directly impact patient lives. Even a slight delay or downtime can affect patient care, so we must be extremely cautious. One major challenge is interoperability—EMRs, LIS, PACS and other systems often work in silos and don't talk to each other easily, making it difficult to access unified patient data. Data privacy and cybersecurity have become critical, especially in the past couple of years. A breach not only threatens patient safety but also erodes trust—especially among international patients. It's not just about intent—technology often doesn't fit naturally into the workflows of doctors and staff, making adoption slower and more difficult

Monika Aggarwal
Director-Director Innovations and Change Management, Sarvodya Hospital

Patients no longer just seek treatment—they seek trust and experience. Technology must complement caregivers, not replace them, by reducing 'noise,' improving accuracy, and enhancing repeatability in diagnosis and care. Even basic AI tools like appointment bots or inventory tracking systems can transform hospital efficiency and patient centricity—ensuring the right treatment is delivered at the right time. Top management involvement is critical—not just at the start, but throughout the digital journey. Have a clear strategy and roadmap. Set specific milestones, stick to timelines, and use data analytics to unlock the real value of your systems

Rohan Oak
Partner, PwC

One of the biggest challenges we face is interoperability — AI doesn't talk to AI. We're stuck with legacy infrastructure, and changing it is tough for everyone involved. Healthcare is still heavily people-dependent. To run a 1,000-bed hospital, you need around 6,000 people — and getting everyone to adapt to change is a challenge in itself. Our data shows that 60–65 percent of a nurse's time is spent on non-clinical tasks. That's a strong reason to push for change — we need to free up clinical time for actual patient care. ERP implementations can be tough. Clear communication is critical — staff must understand that digital systems are not rules imposed by management, but enablers to make their work easier. A phased rollout, supported by trained champions across departments, ensures smoother adoption and less resistance

Dr Vishal Arora
Chief of Business Transformation & Operational Excellence, Artemis Hospital

Healthcare has been a late adopter of IT. The real shift toward IT in healthcare began just 8–10 years ago, which is why so much is still evolving today. As digital transformation gains momentum, it's equally critical to focus on governance, risk management, and compliance. What works for other sectors doesn't always fit healthcare. Our processes are more sensitive, and technology must adapt to that reality. In today's healthcare environment, systems like HIS, PACS, EMR, LIS, BMT, and others often run in parallel — making it critical to consolidate all relevant information on a single screen for seamless access. Only tech can solve this problem at scale. Seamless integration is the only way digital tools can truly support clinical workflows. AI is a term that's often misunderstood or loosely used — and healthcare is no exception. Not every challenge needs AI—many operational issues can be addressed effectively with logic-based systems. If you want to manage chronic diseases or send reminders to diabetic patients, you don't need AI every time. You just need well-structured, logic-driven workflows that nudge patients at the right time. We're segregating our needs into two buckets: problems that need AI and problems that can be solved through basic logic. That clarity helps us implement solutions more effectively

Bipin Kumar Chaudhary
CIO, Fortis Healthcare

KEY TAKEWAYS FROM SAP

SAP, with its cloud native, SaaS based applications can play a pivotal role in modernising healthcare operations and supporting healthcare organisations as they grow and evolve in response to changing business needs and macro-economical landscapes.

SAP's platforms, particularly powered by cloud and the SAP S/4 HANA, help integrate fragmented data systems, allowing for streamlined workflows, enhanced patient care, and real-time data analytics.

Importantly, SAP's transformation approach supported by two distinct roadmaps i.e : GROW and RISE with SAP focuses on creating an interoperable digital core that connects clinical, administrative, and operational functions, thus fostering agility and improved decision-making in the healthcare ecosystem.

SNAPSHOTS FROM THE EVENTS

Redefining operational security: Effective enforcement strategies for IoT environments

Navaneeth Krishnan C, CEO, Sanrad Infotech highlights that the biggest obstacle to IoT security enforcement is the enormous "attack surface" that hundreds or thousands of linked devices produce and hence effective access management techniques and network segmentation are essential

As Internet of Things (IoT) devices proliferate across sectors, organisational and operational security has become increasingly difficult. As the CEO of a tech startup, my top goal has always been to make sure that our dedication to security and trust is maintained even as we embrace the advances and efficiency of the Internet of Things. In order to avoid new vulnerabilities from compromising operational integrity, the revolutionary force of the Internet of Things—which connects medical systems and commercial infrastructure—must be matched with strong safeguards.

The biggest obstacle to IoT security enforcement is the enormous "attack surface" that hundreds or thousands of linked devices produce. Every gadget has the potential to be an access point for attackers, from a factory gateway to a hospital sensor. The variety and size of IoT assets are too much for traditional IT security methods, which were created for standardised desktops and servers. Gaining complete visibility through ongoing asset discovery and monitoring—knowing precisely which devices are connected and what they are doing at all times—is the first step for any firm.

Effective access management techniques and network segmentation are essential. We stop threats before they affect critical systems by separating devices into logical parts or network zones. Each device and user can only access what is absolutely necessary for their function because to principles like "least privilege." This granular control stops minor breaches from turning into disastrous operational failures when IoT settings merge with vital medical systems.

Operational security of these systems relies heavily on identity management and authentication. Simple passwords are not enough for IoT ecosystems. Robust public-key infrastructure, centralised identity management, and multi-factor authentication all contribute to ensuring that sensitive assets are only accessed by authenticated individuals and systems. Particularly in regulated sectors like healthcare, role-based access controls and audit trails are essential for fulfilling compliance standards and forensics.

Real-time monitoring, frequent security testing, and ongoing patching are non-negotiable. IoT devices must have their software updated and vulnerabilities fixed as soon as they are found; they cannot be left to "set and forget." Maintaining a robust environment requires using automation technologies to distribute secure configurations and upgrades across device fleets.

Security is an organisational problem as well as a technical one. Every department, from information technology to human resources, needs to adopt a security culture. As important as firewalls and encryption are empowering security and privacy teams and educating staff about potential threats. A mindset where nothing is left to chance and every device, person, and connection is examined is fostered by regular risk assessments and the implementation of frameworks like Zero Trust.

Finally, in an IoT environment, organisational and operational security entails constructing dynamic, adaptable defenses rather than building barriers. We can turn IoT into a growth engine by combining proactive strategy, technical best practices, and a vigilant culture—all while never losing sight of our responsibility to protect patients, clients, and society as a whole.

navaneeth@sanradinfotech.com

Revolutionising urinalysis: How automation is transforming vital diagnostic tool

Shobhit Jain, Sr. Manager, Product-Clinical Chemistry & Urinalysis, Sysmex India Pvt Ltd talks about the need for automation in urinalysis

Urinalysis, despite its potential to provide crucial diagnostic information, has long been a segment of in vitro diagnostics (IVD) that largely relies on conventional, manual techniques. Most laboratories still prefer these traditional methods over automated urine examination, even though urine tests offer vital insights into various health conditions. The clinical utility of urinalysis has been significantly hampered by the limitations of these manual methods, encompassing both biochemical analysis and microscopy. While reagent strips have improved biochemical analysis, the microscopic examination has continued to pose challenges.

The need for automation in urinalysis

Several factors contribute to the limitations of manual urinalysis, including:

- Lack of standardisation: Manual processes often lead to inconsistencies in results.
- Person-to-person variation: Human involvement introduces variability in sample preparation and interpretation.
- Preanalytical: Centrifugation and slide preparation.

These challenges highlight the critical need for a fully automated system that minimises human involvement and maximises efficiency.

Sysmex recognises urinalysis as an informative and non-invasive diagnostic tool crucial for clinicians to diagnose a range of ailments, such as UTIs and CKD. Over the past decade, Sysmex has continuously innovated in urinalysis testing, starting with fully automatic urine particle analyzers (Fluorescence Flow Cytometers). This journey has progressed to integrated systems combining fully automated urine particle and urine chemistry analyzers.

Sysmex now offers a comprehensive solution that includes: Urine particle analysis (Fluorescence Flow Cytometry), Urine chemistry, Urine digital imaging powered by a 2.5-million-pixel camera. This advanced technology has revolutionised urine examination by introducing unique parameters like:

- Bacteria gram's classification
- Epithelial cell classification (Renal Tubular Epithelial Cells, Epithelial Cells, Non-Squamous Epithelial Cells, and transitional cells)
- RBC Morphology
- UTI and AtypC flagging
- Osmolality and conductivity

These parameters have proven to be significant markers for the early diagnosis of CKD, urothelial malignancies, and other routine diagnoses. Furthermore, this technology can also be used for body fluid investigations without requiring license activation or additional reagents.

Technological advancements in both biochemical and microscopic examination aspects of urinalysis have helped standardise processes and minimise pre-analytical and post-analytical errors.

Technological advancements in both biochemical and microscopic examination aspects of urinalysis have helped standardise processes and minimise pre-analytical and post-analytical errors

Automation has transformed laboratory operations, improving testing, reporting, and documentation with enhanced quality and reduced turnaround times.

Key features and benefits of automation in urinalysis include:

- **Traceability:** Ensuring clear records of every step in the process.
- **Standardisation:** Providing consistent and reliable results.
- **Quality control:** Implementing rigorous checks for accuracy.
- **Added clinical values:** Offering more detailed and insightful diagnostic information.
- **Data management:** Streamlining the handling and analysis of large volumes of data.
- **Accuracy:** Delivering precise measurements and interpretations.
- **Reproducibility:** Guaranteeing consistent results across different tests.

In conclusion, the revolution in urinalysis, driven by automation, has transformed a once-tedious and subjective procedure into a powerful, objective, and indispensable diagnostic tool. The future of urinalysis will undoubtedly be characterised by continued innovation, with even more sophisticated automated platforms that integrate seamlessly with electronic health records and provide deeper insights into patient health. This ongoing evolution ensures that urinalysis will be at the forefront of medical diagnostics in future, providing a non-invasive yet comprehensive window into the body's health and disease states.

Still importing medical products and consumables? Here's why you should consider manufacturing locally with Ami Polymer

India's medical device industry is witnessing remarkable growth, with a projected market size of USD 50 billion by 2030. However, despite the booming domestic ecosystem and advanced manufacturing capabilities, a significant share of medical-grade silicone and plastic components are still being imported. This dependency leads to longer lead times, higher costs, and supply chain disruptions — all of which can be avoided by partnering with Indian manufacturer like Ami Polymer Pvt. Ltd.

India imports a substantial volume of medical components annually. According to the Ministry of Commerce Total medical device imports in FY2024: Rs 63,200 Cr (~USD 7.6 Billion). Silicone and plastic-based medical components (estimated share): ~Rs 7,000 Cr (~USD 850 Million) Key imported product categories include: Silicone tubing and hoses, Medical-grade molded parts (Mask, connectors, seals, and valves), Plastic injection-molded medical disposables, Catheter parts, gaskets, diaphragms, Nasal splints, wound drain tubes, and bulb suction devices

Despite Make in India and PLI schemes, many OEMs and hospitals still rely on imports from China, Germany, the USA, and Malaysia.

Why continue importing When India can manufacture?

Ami Polymer Pvt. Ltd., a leading Indian manufacturer with 25+ years of experience in silicone and thermoplastic medical products, has already localised and successfully commercialised many of the components that are still being imported. Ami Polymer has specialised in polymer products catering to various sectors including infusion therapy, diagnostic, cardiac, gastroenterological, ophthalmic, and gynaecological fields.

With an in-house tool development facility, Ami Polymer designs, fabricates molds, and offers rapid prototyping—whether based on a predicate device or an innovative concept. All products are manufactured in a Class 10,000 cleanroom facility with complete ISO compliance. The company also supports OEM and private labelling, customising designs and dimensions as per customer requirements.

"Ami Polymer, with its advanced Liquid Silicone Injection Moulding and precision-controlled Extrusion technology, manufactures export-quality products."

We are currently catering our products to following industry: pharma, biopharma, FMCG, engineering and medical sector.

Advantages of local manufacturing with Ami Polymer

◆ **Faster delivery:** 2–3x shorter lead time vs global imports

◆ **Cost optimisation:** Save 15–30 per cent in logistics, customs, and duties

◆ **Regulatory compliance:** ISO 13485, US FDA, CDSCO certified facility

◆ **Customisation and R&D support:** In-house tooling, design, and prototyping

◆ **Support Indian economy:** Reduce dependency and boost local innovation

Case studies: Local success stories

◆ A leading Indian ventilator company reduced delivery time by 40 per cent after switching to Ami Polymer for Silicone Ventilator tubing.

◆ An ENT device importer saved over Rs 35 lakhs/year by sourcing nasal splints domestically.

◆ Custom design of multi-lumen tubing for a diagnostic OEM enabled them to go fully local in their catheter assemblies.

Conclusion: Build in India, Lead the world

The medical device ecosystem in India is no longer dependent on imports for high-quality components. With companies like Ami Polymer, you can source, develop, and scale medical-grade silicone and plastic products without importing.

If you're still importing parts that can be Made in India, it's time to reconsider. Let's collaborate to drive India's medical technology forward — one local innovation at a time.

Compliances available on Ami Polymer's products:

Contact us today at www.amipolymer.com or connect via medical@amipolymer.com or anuj.s@amipolymer.com to explore how we can localize your supply chain and improve margins while maintaining world-class quality.

Ami Polymer believes in "business with ethics" and "Customer Satisfaction".

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Product	Material	Applications
Medical-grade Silicone Tubing	Medical Silicone (Short Term & Long Term Implant)	IV lines, Peristaltic pumps
Nasal Splints, Wound Drain Tubes, Implants, Menstrual Cup	LSR / HCR	ENT, Post-op drainage
Gaskets, Diaphragms, Seals	Silicone / TPE/ EPDM/Nitrile/FKM/Neoprene	Diagnostic & Surgical Devices
Injection-Molded Parts	Silicone, Polypropylene, ABS, PE, PC, Nylon	Catheters, Syringes, Cups
Sterilizer Cups, Breathing Circuits	Platinum-cured Silicone	Critical care, Neonatal

Unified by care: How UniHealth-UMC Hospitals Group are redefining healthcare across borders

UniHealth – UMC Hospitals Group is a diversified and rapidly growing healthcare organisation with a strong operational footprint across East Africa

In the global landscape of healthcare delivery, few organisations have managed to strike a balance between vision, sustainability, and equitable access quite like UniHealth – UMC Hospitals Group. From urban India to underserved regions of East Africa, the Group's cross-continental growth reflects a deeper purpose: to create a healthcare ecosystem that is integrated, inclusive and internationally bench-marked.

Headquartered in Mumbai, UniHealth has spent the last decade building more than just hospitals—it has built trust, systems and a bold framework for border-less healthcare. With operational facilities in Uganda and Tanzania, and new projects rising in India and across East Africa, the Group is setting a powerful precedent for how healthcare infrastructure can serve both local and international communities in tandem.

Dr Akshay Parmar, Managing Director, UniHealth-UMC Hospitals Group and Dr Anurag Shah, Director, UniHealth-UMC Hospitals Group

UniHealth – UMC Hospitals Group is a diversified and rapidly growing healthcare organisation with a strong operational footprint across East Africa. With a team of 500+ dedicated professionals, the Group delivers end-to-end healthcare solutions across multiple verticals, including hospital operations, pharmaceutical and medical consumables export & distribution, healthcare consultancy services and medical value travel facilitation. Listed on the National Stock Exchange (NSE Emerge Platform) as Unihealth Hospitals Limited, the Group has fortified its financial foundation to scale responsibly while staying rooted in its mission of delivering affordable, accessible, and patient-centric care.

With a strong commitment to creating a sustainable, transcontinental healthcare ecosystem, UniHealth – UMC Hospitals Group continues to leverage Indian clinical expertise, localized partnerships, and global healthcare standards to transform health outcomes across emerging markets.

India rising: The twin flagship projects in Navi Mumbai and Nashik

At the core of UniHealth's India strategy are two ambitious new ventures: The 1st UMC Hospital facility in India, a 50-bedded multi-specialty tertiary care hospital in Nerul, Navi Mumbai, set to be commissioned by the end of August 2025, aimed at delivering accessible urban healthcare with a focus on core specialties like Cardiology and Cardiac Surgery, Orthopedics and Spine, Internal Medicine, General and Laparoscopic Surgery, Onco-Surgery and Medical Oncology, Neurology and Neurosurgery, Urology, Nephrology, Critical Care services, among others.

By December 2025, the Group is set to open doors to its 200-bedded multi-specialty tertiary care hospital in Nashik, catering to the growing population in North Maharashtra.

These facilities are not isolated projects—they are part of a broader hub-and-spoke model that UniHealth envisions across India. With Nashik and Navi Mumbai as referral and treatment hubs, the Group plans to link them with smaller satellite units in surrounding districts over the next 3 years. Dr Akshay Parmar, Managing Director, UniHealth-UMC Hospitals Group said, "Our vision for India goes beyond beds and buildings. We are creating a connected care model where Tier-II and Tier-III cities gain access to the same quality of care as metros, backed by innovation, empathy, and strong clinical governance."

Africa in focus: Mwanza expansion and deepening roots in Uganda and Tanzania

Africa remains central to UniHealth's long-term strategy. With successful operations like UMC Victoria Hospital in Kampala, Uganda and the UniHealth Medical Centre in Tanzania, the Group has demonstrated a deep understanding of the African healthcare landscape.

In 2025, UniHealth is set to commission a 20-bedded hospital in Mwanza, Tanzania, aimed at offering essential outpatient and in-patient care, diagnostic services, mother and childcare, dialysis and a wide-ranging variety of surgical services. Mwanza, the gateway to the entire Lake Region of Tanzania, is currently underserved in structured private healthcare. The UMC Hospital will bridge this gap with Indian clinical protocols, local partnerships and integrated telehealth support. This expansion strengthens UniHealth's East Africa footprint and highlights its strategy of building accessible primary and secondary care facilities that, based on need, can refer the patients within the network to its larger referral hospitals within the region as well as in India.

Dr Anurag Shah, Director, UniHealth said, "Our approach in Africa is collaborative. We engage local professionals, train community-based care teams and tailor our services to the specific health indicators of each region. We're not just building hospitals—we're nurturing ecosystems."

More than just hospitals, an entire ecosystem

UniHealth's strength lies not only in hospital operations but in building an integrated health-

care ecosystem. Through its multiple verticals that include healthcare consultancy, pharmaceutical exports, medical consumables supply and medical value travel, the Group maintains a financially viable model that supports patient care while remaining operationally lean.

Its not-for-profit arm, UniHealth Foundation, is engaged in long-term human resource development across Africa and India. From philanthropic initiatives for the under-deserved to training programs to workshops for clinical technicians, the Foundation ensures that as infrastructure grows, so does local talent capacity. With a deliberate focus on the cross-continent collaboration, the Group channels Indian expertise, medical technology, and pharmaceutical supply chains to serve emerging African economies in a sustainable manner.

Dr Akshay Parmar, Managing Director, UniHealth-UMC Hospitals Group

What does UniHealth's cross-continental expansion mean for the future of healthcare in emerging markets?

The world's most pressing healthcare gaps exist in places where populations are rising but infrastructure is lagging. For us, expansion is not just about adding beds — it is about enabling systemic change. Whether it's Uganda or India, we apply the same rigor in quality, affordability, and access. Our goal is to create a replicable model that thrives on clinical excellence and economic feasibility.

How do you ensure consistent quality of care across different geographies?

We invest heavily in standard operating protocols, digitised record-keeping, regular audits, and staff training. Technology allows us to synchronise operations across borders. Our leadership and clinical teams are deeply involved in every new project from blueprint to execution, ensuring that the UniHealth ethos is embedded at all levels.

Dr Anurag Shah, Director, UniHealth-UMC Hospitals Group

What unique challenges and opportunities do you see in operating healthcare facilities in East Africa?

The challenge is in the scale of need—millions still lack access to structured, affordable healthcare. But the opportunity is equally powerful. African governments and communities are eager to collaborate, invest and innovate. When we entered Uganda, we didn't impose a model, we co-designed it with local doctors and stakeholders. That's why it works.

How is the upcoming Mwanza Clinic different from your existing centers?

Mwanza is our first miniaturised secondary care model. It is focused on rapid outpatient diagnosis, secondary care surgical procedures, preventive screenings and stabilisation of emergencies. It will link directly to our tertiary care hospitals for more advanced referrals. It's part of a growing network of scalable, efficient care nodes we plan to implement in Africa.

Looking ahead: What the future holds

Over the next three years, UniHealth plans to operationalise over 1,000 hospital beds across India and Africa, with additional satellite clinics and strategic medical partnerships in the pipeline. The Group is also exploring academic collaborations with African institutions to support medical education and clinical research.

Crucially, the Group remains committed to ensuring affordability and transparency, often a rarity in private healthcare. All facilities under the UniHealth – UMC umbrella maintain price parity and focus on preventive care and early diagnosis to reduce long-term healthcare costs for patients.

"Every facility we open is designed not just for treatment but for transformation. Our patients are not just numbers—they are our responsibility", Dr Parmar concludes.

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