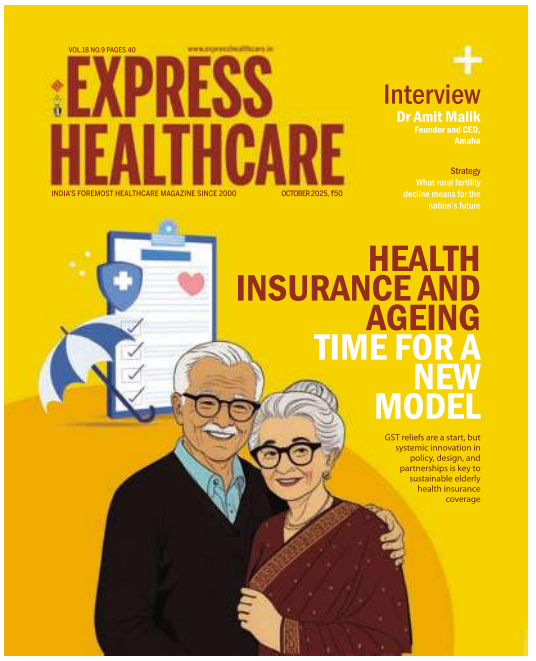
VOL.18 NO 9 PAGES 40 www.expresshealthcare.in

EXPRESS HEALTHCARE

INDIA'S FOREMOST HEALTHCARE MAGAZINE SINCE 2000 OCTOBER 2025, ₹50



POLYMED

TRANSFORMING THE FUTURE OF HEALTHCARE

DELIVERING ON OUR PROMISE OF INNOVATION & QUALITY

12 Specialities

125+ Countries

200+ Medical Devices

12 Manufacturing Plants Across 4 countries

530+ Sales Associates

330+ Patents

1.8 Billion+ Devices Manufacturing Capacity per year

5000+ Employee Base

Tel: +91-11-33550700 | Email: info@polymedicure.com | www.polymedicure.com

Follow us on:

VOL.18 NO.9 PAGES 40 www.expresshealthcare.in

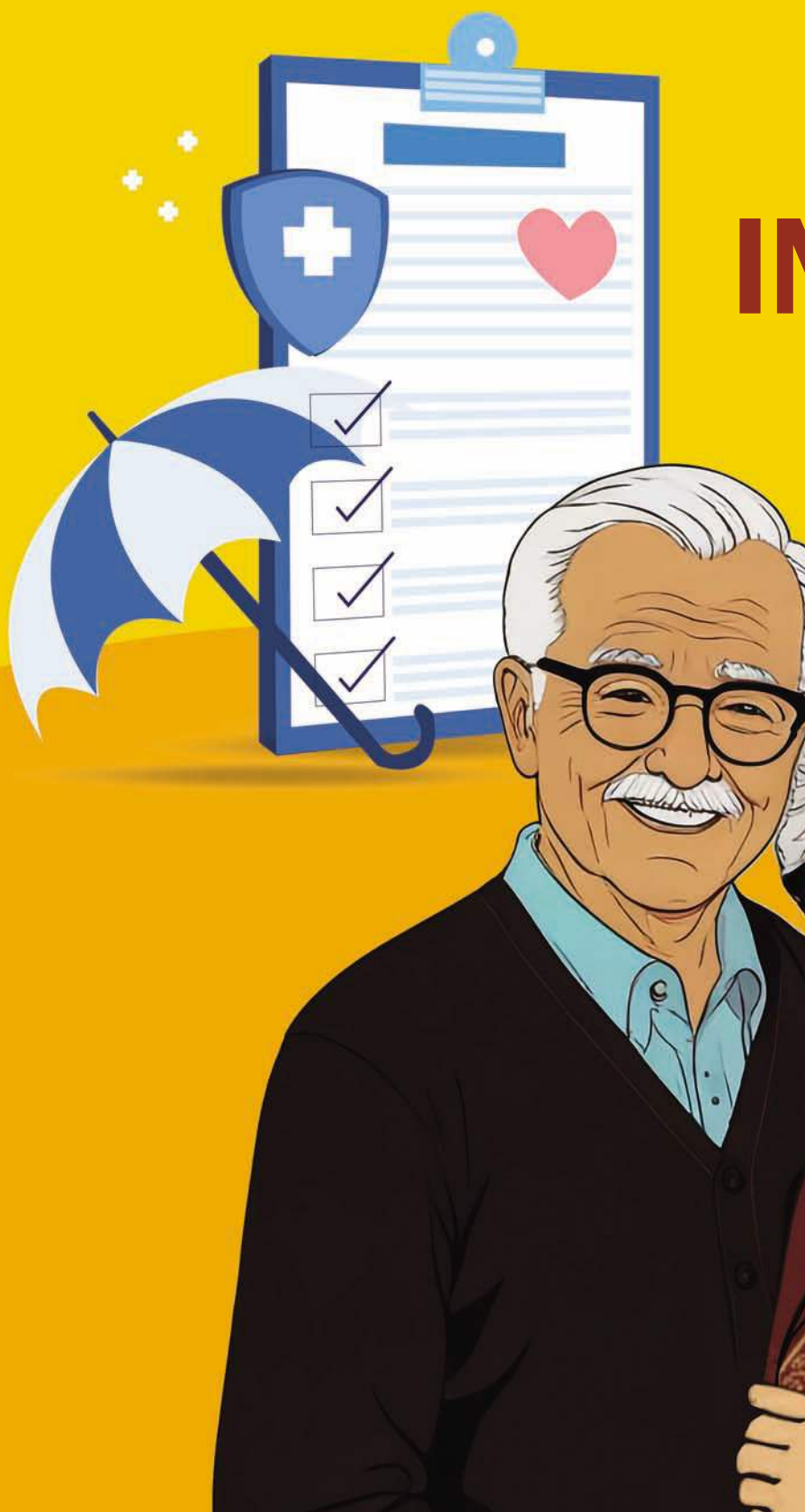
EXPRESS HEALTHCARE

INDIA'S FOREMOST HEALTHCARE MAGAZINE SINCE 2000 OCTOBER 2025, ₹50

Interview

Dr Amit Malik
Founder and CEO, Amaha

Strategy
What rural fertility decline means for the nation's future



HEALTH INSURANCE AND AGEING
TIME FOR A NEW MODEL

GST reliefs are a start, but systemic innovation in policy, design, and partnerships is key to sustainable elderly health insurance coverage

sysmex | Together for a better healthcare journey

Sysmex in alignment with the MAKE IN INDIA initiative

Invests in state-of-the-art IVD plant in Sanand, Ahmedabad

To manufacture Haematology Instruments & Reagents

Committed to shaping the advancement of healthcare

- To meet growing demand
- ISO certified excellence
- Sustainable solutions
- Integrated production and warehouse function
- Accessibility to healthcare
- Improved supply chain efficiency
- Dedicated to customer satisfaction

JAPANESE TECHNOLOGY

OUR RANGE

Haematology | Urinalysis | Haemostasis | Flow Cytometry | Clinical Chemistry

For business enquiries contact

022 – 6112 6666 | Sysmex@sysmex.co.in

www.sysmex.co.in

Sanrad Infotech

The only IT partner you need...

UniCloud

Break Barriers, Control Anything!

Single cloud based platform to control a variety of network equipments

Vendor Neutral by design

AI based learning

Private Deployments

Affordable SaaS

Get Industry leading RIS-PACS Fusion at Zero cost* upfront

Don't hesitate, Book a free, no-commitment demo

- ▶ **Network Planning & Consultancy**
- ▶ **Technical Drawings**
- ▶ **Structured Cabling**
- ▶ **On-site and Remote IT Management**
- ▶ **Infrastructure and Security Testing**
- ▶ **Turn Key Projects**
- ▶ **Rack-mount and Desktop Servers**
- ▶ **IP based and digital KVM Systems**
- ▶ **Campus WiFi**
- ▶ **Co-Managed Networks**
- ▶ **Private 5G**
- ▶ **IoT enabled Monitoring Systems**

No. 80/11&12
Govt. Arts College Road,
Coimbatore – 641 018,
Tamil Nadu, India

sanradinfotech.com

mail@sanradinfotech.com

+91 422 350 7334
+91 422 351 0842

+91 977 825 7563
+91 859 075 2625
+91 884 875 2625

* Terms and Conditions Apply. Zero upfront cost offer is subject to credit approval and a minimum contract period. Applicable to new customers only. Installation, training, and support charges may apply as per agreement. Offer valid while stocks last and may be withdrawn without prior notice.

EXPRESS HEALTHCARE

JUST 15 MINUTES A DAY.

(And You Can Be On Top Of All Things Healthcare. Daily)

www.expresshealthcare.in

Announcing Our All New Website

Re-Imagined and Redesigned For Your Reading Pleasure.

NEWS AND ANALYSIS

EDITORIAL FEATURES

GUEST BLOGS FROM INDUSTRY LEADERS

EBOOKS AND DOWNLOADABLE CONTENT

BUSINESS VIDEOS AND INTERVIEWS

WEBINARS AND EVENTS

VISIT US ON YOUR MOBILE, TABLET OR PC TO EXPERIENCE THE DIFFERENCE TODAY.

Facebook
Join us on Facebook

Linkedin
Follow us

Twitter
Join us on Twitter

Google+
Join us on Google

RSS
Subscribe our RSS

EXPRESS HEALTHCARE

Chairman of the Board
Viveck Goenka

Sr. Vice President-BPD
Neil Viegas

Vice President-BPD
Harit Mohanty

Editor
Viveka Roychowdhury*

Editorial Team
Lakshmipriya Nair
Kalyani Sharma
Neha Aathavale
Swati Rana

DESIGN
Art Director
Pravin Temble

Chief Designer
Rekha Bisht

Senior Artist
Rakesh Sharma

Marketing Team
Rajesh Bhatkal
Douglas Menezes
Ashish Rampure

Production Co-ordinator
Dhananjay Nidre

Scheduling & Coordination
Pushkar Waralikar

CIRCULATION
Mohan Varadkar

CONTENTS

HEALTH INSURANCE AND AGEING TIME FOR A NEW MODEL

Pg12

GENOMICS

MEDTECH

STRATEGY

HEALTHCARE INSURANCE

PUBLIC HEALTH

CARDIAC CARE

DIAGNOSTICS

Express Healthcare®

Regd. With RNI No.MAHENG/2007/22045. Postal Regd.No.MCS/162/2025 - 27. Printed and Published by Vaidehi Thakar on behalf of The Indian Express (P) Limited and Printed at The Indian Express Press, Plot No.EL-208, TTC Industrial Area, Mahape, Navi Mumbai-400710 and Published at Mafatlal Centre, 7th floor, Ramnath Goenka Marg, Nariman Point, Mumbai 400021.

Editor: Viveka Roychowdhury.* (Editorial & Administrative Offices: Mafatlal Centre, 7th floor, Ramnath Goenka Marg, Nariman Point, Mumbai 400021)

* Responsible for selection of news under the PRP Act.

CGHS revamp good for patients, but ...

On October 3, 2025, the Ministry of Health & Family Welfare revised the Central Government Health Scheme (CGHS) package rates, effective October 13, 2025. This rate revision, coming after a gap of 15 years, had become a flashpoint in most discussions between hospital associations and the government, with the former pointing out that the rates needed to be revised to reflect increased costs on all fronts.

As per an ICRA analysis, major hospital chains earn around 4-8 per cent of their revenues from CGHS patients, though in some cases, this can be even higher. The rating agency believes that the updated policy's tiered rate card system, distinguishing between NABH-accredited and non-NABH-accredited facilities, and factoring in super specialty hospitals with over 200 beds as well as hospitals in tier-II and tier-III cities, is designed to better match reimbursement rates with the actual costs incurred by hospitals. As a result, super specialty and NABH-accredited hospitals are expected to see higher realisations, while also addressing cost differences between major metropolitan areas and smaller cities.

Highlighting a key concern of past negotiations between hospital associations and the government, ICRA calls out the long receivable cycle under government schemes like the CGHS, compared with other payer categories, such as cash-paying, international patients, or those covered by insurance.

A primary concern is that there is too big a gap between rate revisions. This is perhaps why Ameera Shah, President, NATHEALTH – Healthcare Federation of India and Executive Chairperson, Metropolis Healthcare, while thanking the Government for considering NATHEALTH's recommendations and acting upon them through this policy measure, suggests that CGHS and other government-sponsored schemes be periodically benchmarked to the Consumer Price Index (CPI), thereby ensuring predictability, sustainability, and a win–win value proposition for patients, providers, and policymakers.

Also sounding a cautious note, Dr Alexander Thomas, of the The Association of Healthcare Providers - India (AHPI) commented, "Given its extensive scope, we are undertaking a comprehensive review to evaluate its impact on hospital providers and the healthcare system at large. A thorough analysis of the changes from existing rates will take several days. We trust that the government has taken our inputs into account and recognises that the sustainability of hospital providers is essential to the delivery of high-quality patient care."

While associations and hospitals are studying the fine print, it is fair to say that the October 13 deadline to re-empanel private hospitals under the CGHS scheme adds urgency to the review. The memo states that all existing MoAs executed with private empanelled hospitals will be invalid from 13.10.2025 12 AM and they will have to seek fresh empanelment through the revised Hospital Engagement Module. Revised MoAs must be executed afresh within 90 days from the date of implementation of the revised rates, but in order to continue to avail the benefit of the revised rate, each healthcare organisation will have to submit an undertaking, on or before October 13, confirming acceptance of the terms and conditions of the newly notified MoA. This deadline perhaps favours larger corporate chain hospitals which have the resources to comply with the new Memoranda of Agreement (MoU) within this timeline.

Will the new CGHS policy be favourable for some hospitals and the death knell for others in terms of long term sustainability?

The revised CGHS system introduces a differential rating system, based on accreditation status, hospital type, city classification and ward entitlement. *(https://www.expresshealthcare.in/news/health-ministry-revise-cghs-rates-to-rationalise-cost-of-healthcare-services/450997/)*

The new CGHS policy clearly aims to incentivises accreditation by specifying that non-accredited hospitals (non-NABH and non-NABL) will receive 15 percent lower rates than those accredited by NABH or NABL. This is a good step towards standardisation and quality of care.

But will the new CGHS policy's tiered structure of differential rates be favourable to some and the death knell to others in terms of sustainability of hospital providers? While healthcare in Tier-II and Tier-III cities will become more affordable for patients, will hospitals, especially standalone ones, in these cities remain sustainable at the new rates, that are 10 percent and 20 percent lower, respectively, than those in Tier-I cities?

Industry experts point out that the CGHS rates have been used as a bench mark, and could still impact all hospitals, as private insurance companies used these rates as a basis to negotiate with hospitals. Many hospital associations have consistently pushed for a transparent costing exercise with all stakeholders involved, referring to the 2017 costing by Karnataka government as an example.

While the recent office memo is a much delayed step towards revising healthcare reimbursement rates and policies under the CGHS scheme, the short timeline to sign up for the new rules could be viewed as a tactic to push through rates that are not sustainable. Similarly, delayed payments to empanelled hospitals remains a pain point. Until there is more transparency, there will be mistrust. The government will have to step in to address these concerns before a new stalemate sets in.

VIVEKA ROYCHOWDHURY, *Editor*
viveka.r@expressindia.com
viveka.roy3@gmail.com

ALLIED MEDICAL
People you can TRUST

SHAPING THE FUTURE OF CARDIAC CARE WITH INNOVATION, PRECISION, AND TRUST.

ALLIED MEDITEC
E417 ECG.PNG

ALLIED MEDITEC
E427 ECG

Gold Award in the Medium Enterprise Category CII-AMTZ MedTech Quality Champion Awards 2024

MSME of the year 2022-23 (Manufacturing) by Assocham

The most promising company of the year 2022-23 in Medical Devices by Medgate Today

Surgical Manufacturers & Traders Association (SMTA) Udyog Award – 2020-21

ALLIED MEDICAL LIMITED
76, Udyog Vihar, Phase IV, Gurugram – 122 015, Haryana
Phone - +91 124 411 1444 | Mobile - +91 9667 462 828
Toll Free : 1800 102 7879 | Email- sales@alliedmed.co.in

Follow us on

www.alliedmed.co.in

INTERVIEW

India has great researchers, dedicated clinicians, and a vast patient population, but they often work in silos

India carries nearly a quarter of the global rare disease burden, yet solutions for timely diagnosis and affordable therapies remain limited. In this context, **Rahila Sardar,** CEO and Co-founder, Vgenomics India in an interaction with **Kalyani Sharma,** sheds light on how genomics, AI, and stronger collaborations can accelerate rare disease care

What inspired you to found Vgenomics, and what were the gaps you were hoping to address in India's healthcare system?
My journey started with a deep interest in science, influenced by my father's background. Since childhood, he has motivated me to think about how we can leverage science and technology to benefit people. After completing my master's in biochemistry, I became interested in the emerging fields of bioinformatics and genomics. I joined ICGEB (International Centre for Genetic Engineering and Biotechnology) as an intern, where I learned about genomics and data science, which led me to pursue a PhD in bioinformatics with a vision to advance translational research that directly benefits the community. During the COVID-19 pandemic, I witnessed incredible acceleration in the field of translational science and observed the untapped potential in India for translational science leading to product-based innovation. That's when I decided to start Vgenomics, focusing on rare diseases. India has one-fourth of the world's rare disease population but limited solutions that accelerate the diagnostic biomarker and target discovery.

> The toughest part of diagnosing rare diseases in India is that the odds are stacked against patients at almost every step of the care journey

What are the key focus areas for Vgenomics?
At Vgenomics, we focus on rare diseases, the underserved subset of genetic diseases. Our main focus is on accelerating the diagnostics and target discovery for rare diseases. This is urgent, as around seven out of ten rare diseases show up in childhood, yet most kids go from clinic to clinic for years without a clear diagnosis. And when they finally get a diagnosis, they face the harsh reality of 95 per cent of conditions having no FDA-approved therapy, and the few drugs that do exist cost a fortune. By speeding up diagnosis and target discovery, we're determined to end that cycle that will ultimately provide rare-disease families the answers and options they deserve.

What are the biggest challenges you see in diagnosing rare diseases in India?
The toughest part of diagnosing rare diseases in India is that the odds are stacked against patients at almost every step of the care journey. Firstly, there's limited awareness among primary care physicians, especially in rural areas, as most have little exposure to such conditions. Secondly, rare diseases often mimic common ones, which means

families can spend years bouncing between clinics before anyone even thinks of ordering a specialised test, leading to misdiagnosis or delays. About 80 percent of rare diseases are genetic and need specific tests, yet the sophisticated assays needed to spot them are concentrated in big-city labs and remain expensive for most households. Finally, we still lack a universal newborn screening program, so we miss the narrow window when many of these conditions could be caught early and managed far more effectively.

From a policy standpoint, how prepared is India to embrace precision medicine and rare disease care?
We're really at an inflection point. The National Rare Disease Policy is a big step, acknowledging rare diseases as a public health concern, which provides financial assistance of up to Rs 50 lakhs per patient for the treatment of rare diseases. Now, even crowdfunding for these treatments is allowed and practiced for the treatment of specific rare diseases. There's still a long way to go, but government support is growing. Organisations like ICMR and TDB have opened focused grant windows for rare disease therapeutics, registry-based research, and advanced centre development. It's a promising foundation, and the next few years should be about turning these policy headlines into day-to-day reality for patients.

Tell us about the current products developed by Vgenomics?
We have developed 'RgenX,' an end-to-end AI-driven precision diagnostics platform. It seamlessly blends symptom-to-disease prediction with multi-technology genomic analysis. Clinicians, labs, and genetic experts begin with automated triage of patient symptoms, proceed through explainable variant prioritization, and conclude with a comprehensive report, all within a single, intuitive workflow.

On the discovery side, we have developed algorithms and workflows that ingest multi-omics datasets. Using this approach, in partnership with Dr. Shroff's Charity Eye Hospital, we've identified a novel biomarker for early detection of keratoconus. Now in preclinical testing, this discovery could enable doctors to catch and treat the disease long before it steals your vision, dramatically improving patient outcomes.

Could you share more about your partnerships and collaborations?
We have collaborated with several Indian and international institutions like AIIMS Delhi, Dr. Shroff's Charity Eye Hospital, PGICH, and TAHPI from Dubai, and diagnostic players like Strand Life Sciences, Neuberg Diagnostics, and MERIL Genomics. With MERIL Genomics, we offer free genetic testing for rare diseases under the "RARE-INDIA" program. By removing cost barriers, we make sure families from big cities to small villages get the answers they need.

What advice would you give to researchers or start-ups entering this space?
Collaboration is everything. India has great researchers, dedicated clinicians, and a vast patient population, but they often work in silos. We need more public-private partnerships to solve real problems. Also, medical training needs an overhaul. We must leverage genetics and AI to work with new-age diagnostics.

Finally, do you think India's medical community is ready to embrace new technologies?
Yes, the shift has already begun. The initial skepticism paves the way for professional curiosity, helping us build reliable and validated tools that improve patient outcomes. We need to demystify technology. AI can't replace doctors but can augment their decision-making and diagnostic accuracy. AI and other technologies must be rigorously validated with medical experts to prove their accuracy and utility. Furthermore, for widespread adoption, we need a supportive ecosystem. This includes clear clinical guidelines for implementation, regulatory backing, and continuous improvement of these tools. As we build this foundation of trust and evidence, we will see adoption accelerate across the entire medical community.

You were among the first to publish on COVID-19 from India. Could you elaborate?
Yes, when only two COVID cases were reported in India, I compared their DNA data with global datasets. Until that time, most of the research was focused on the mutations in the virus genome, but I studied the host genetic factors "miRNA," which might be protecting Indian patients. Based on that, I postulated that India might not see the same devastation as Spain or Italy due to certain genetic immunity factors during the first wave. That initial hypothesis held true and was featured in national and international media.

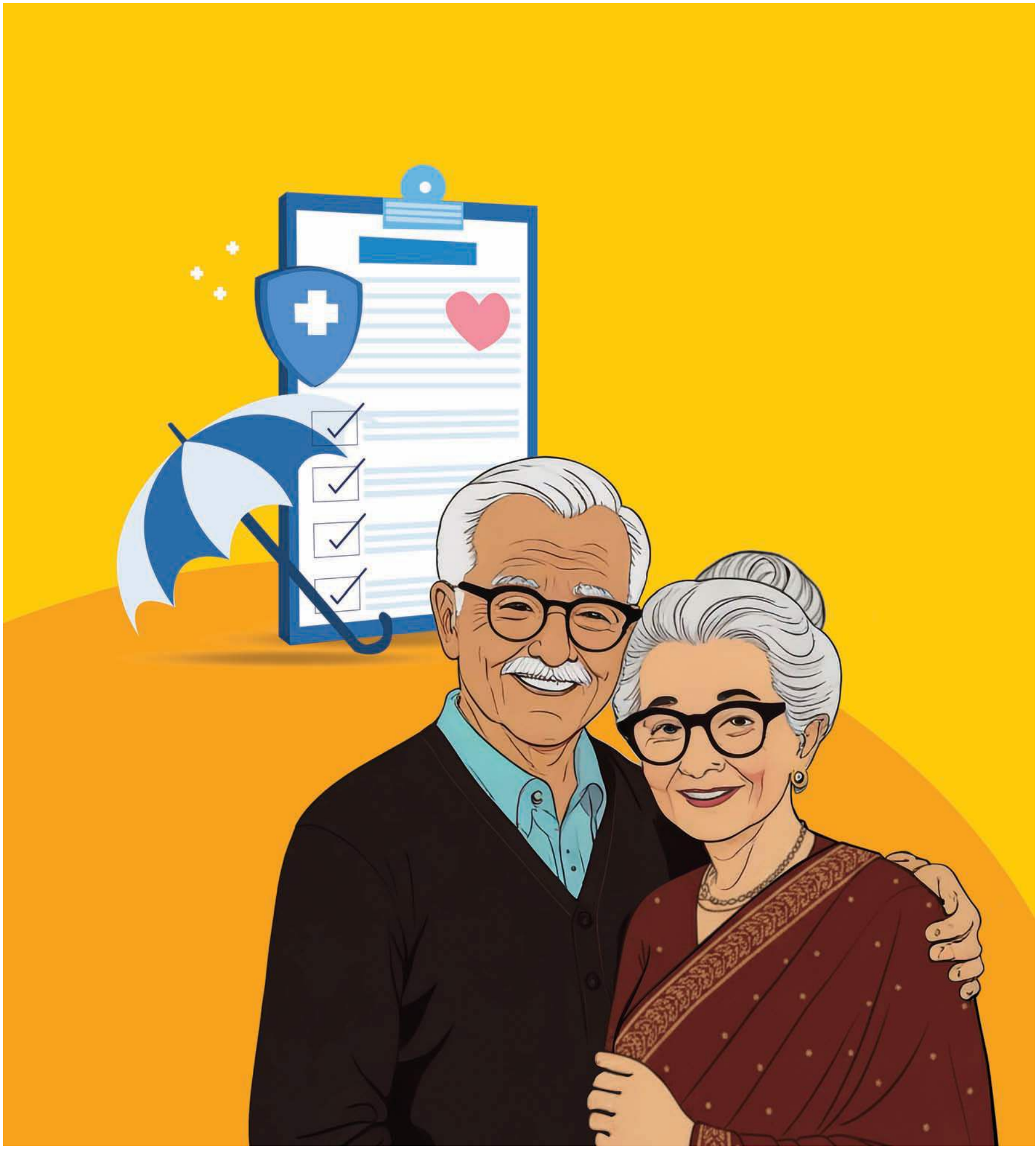
Do you foresee any trends in infectious diseases or pandemics in the future?
Unfortunately, yes, I think we have to assume new outbreaks are inevitable. We will certainly face pandemics in the future, despite the development of vaccines and preventive methods. The key lies in a person's immunity. Even with vaccines, responses vary. The initial strain wasn't deadly for COVID, but later mutations made it worse. Some individuals have no symptoms or mild symptoms. Other people may suffer from severe disease, requiring hospitalization. While vaccines are essential, individual immune response greatly influences outcomes.Future preparedness will depend on real-time genomic surveillance to spot risky mutations earlier, vaccines, and a deeper focus on individual immunity. In other words, we need population-level vigilance paired with precision-medicine insights if we want to stay ahead of the next pandemic curve.

Kalyani.sharma@expressindia.com
journokalyani@gmail.com

CONTRIBUTOR'S CHECKLIST

- *Express Healthcare* accepts editorial material for the regular columns and from pre-approved contributors/columnists.
- *Express Healthcare* has a strict non-tolerance policy towards plagiarism and will blacklist all authors found to have used/referred to previously published material in any form, without giving due credit in the industry-accepted format.
- As per our organisation's guidelines, we need to keep on record a signed and dated declaration from the author that the article is authored by him/her/them, that it is his/her/their original work, and that all references have been quoted in full where necessary or due acknowledgement has been given. The declaration also needs to state that the article has not been published before and there exist no impediment to our publication. Without this declaration we cannot proceed.
- If the article/column is not an original piece of work, the author/s will bear the onus of taking permission for re-publishing in *Express Healthcare*. The final decision to carry such republished articles rests with the Editor.
- *Express Healthcare's* prime audience is senior management and professionals in the hospital industry. Editorial material addressing this audience would be given preference.
- The articles should cover technology and policy trends and business related discussions.
- Articles by columnists should talk about concepts or trends without being too company or product specific.
- Article length for regular columns: Between 1300 - 1500 words. These should be accompanied by diagrams, illustrations, tables and photographs, wherever relevant.
- We welcome information on new products and services introduced by your organisation for our Products sections. Related photographs and brochures must accompany the information.
- Besides the regular columns, each issue will have a special focus on a specific topic of relevance to the Indian market. You may write to the Editor for more details of the schedule.
- In e-mail communications, avoid large document attachments (above 1MB) as far as possible.
- Articles may be edited for brevity, style, relevance.
- Do specify name, designation, company name, department and e-mail address for feedback, in the article.
- We encourage authors to send a short profile of professional achievements and a recent photograph, preferably in colour, high resolution with a good contrast.

Email your contribution to:
viveka.r@expressindia.com
viveka.roy3@gmail.com
Editor, *Express Healthcare*



HEALTH INSURANCE AND AGEING TIME FOR A NEW MODEL

GST reliefs are a start, but systemic innovation in policy, design, and partnerships is key to sustainable elderly health insurance coverage

By Kalyani Sharma

The United Nations Population Fund projects that the share of senior citizens in India will rise to 20.8 per cent of the population by 2050, with nearly one in five Indians expected to be above 60. While it reflects longer life expectancy and a growing recognition of healthy ageing, it also calls for a strategy that fills the gap of affordable, accessible, and comprehensive health insurance for its elderly population.

With rising chronic and lifestyle diseases, the older population of the country faces rising medical costs, complicated claim procedures and limited coverage. India's recent GST reforms exempt health and life insurance premiums from 18 per cent tax but the real question is whether our insurance ecosystem is equipped to support its elderly population.

A growing population with inadequate coverage

Despite the demographic shift, India's elderly remain among the least insured. The current health insurance system, designed largely for younger, working-age individuals, struggles to accommodate the medical realities of ageing: multiple comorbidities, longer recovery times, and recurring outpatient care.

Neha Sinha, Dementia Specialist, CEO and Co-founder, Epoch Elder Care said, "Despite the rapid demographic change in the country, health insurance coverage for senior citizens in India is still very inadequate. Seniors often pay overvalued prices for insurance once they hit the age eligibility threshold of 60+ due to the higher risk associated with advanced age. Many plans limit the age for eligibility to join (usually between 65 and 70). This effectively leaves most at-risk individuals without any way to enrol in a plan. Health insurance companies frequently use unfair underwriting methods and implement risk management strategies that disadvantage individual consumers."

The most recent GST reforms, also termed as the 'GST 2.0', have rather rained down as drops of relief on most of the population, including the elderly citizens

Neha Sinha
Dementia Specialist, CEO and Co-founder,
Epoch Elder Care

While any tax relief is a step in the right direction, the recent GST reforms on insurance premiums are more of a gentle nudge than a game-changer, especially for senior citizens

Rajagopal G
Director and Group CEO,
Lifebridge Group

The reforms are necessary and positive, but not sufficient by themselves to guarantee large, immediate increases in elderly coverage. Close monitoring and enforcement (to ensure benefits are passed on) and complementary measures will determine real uptake

Vivek Srivastava
Ex-CEO,
HCAH

Senior citizens have dedicated their working years to building families and the economy. In retirement, they deserve not just respect but reliable healthcare security. For India's ageing population, insurance must no longer be a privilege — it must be a promise

Sanjiv Bajaj
Joint Chairman and MD,
BajajCapital

Rajagopal G, Director and Group CEO, Lifebridge Group says that health insurance for the elderly in India remains in its early stages. While there are now more senior-focused products available, most are still hospitalisation-centric, offering limited support for the out-of-hospital care that older adults often require, such as rehabilitation, palliative care, and dementia support.

The impact of this gap is very evident. Many elderly Indians exhaust their life savings or depend on their children to pay for hospitalisation and long-term treatment. And as Vivek Srivastava, Ex-CEO, HCAH, points out, "Overall insurance penetration has not kept pace with need: many older adults rely on out-of-pocket spending for routine, chronic and long-term care, which frequently causes financial distress."

GST relief: A step forward?

The removal of 18 per cent GST from health, and life insurance premiums recognises healthcare as a necessity not a luxury. It has been widely welcomed.

Sinha says , "The most recent GST reforms, also termed as the 'GST 2.0', have rather rained down as drops of relief on most of the population, including the elderly citizens. By easing the tax burden, policies that were once financially out of reach for the middle class are now more accessible. Lower premiums could encourage more families to purchase new policies or renew lapsed ones. This change may significantly improve retention rates among elderly policyholders."

Sanjiv Bajaj, Joint Chairman and MD, BajajCapital opines that by making health insurance GST-free, India has recognised healthcare as a necessity, not a luxury. This is not just a tax change, it is a social signal that protecting health in old age is a national priority.

But experts also agree that this alone won't bridge the structural gaps.

"While any tax relief is a

step in the right direction, the recent GST reforms on insurance premiums are more of a gentle nudge than a game-changer, especially for senior citizens. As it stands, shaving off a bit of tax won't move the needle unless the core offering becomes more meaningful", cautions Rajagopal G.

Srivastava also adds that, "The reforms are necessary and positive, but not sufficient by themselves to guarantee large, immediate increases in elderly coverage. Close monitoring and enforcement (to ensure benefits are passed on) and complementary measures will determine real uptake."

Globally, many nations provide subsidised or fully funded healthcare for retirees. While India is still building such a system, removing GST on health insurance is a step in the right direction.

Bajaj stresses that this move should be a beginning, not an end. Complementary reforms are needed like specialised senior citizen plans with coverage for OPD visits, homecare, and chronic illness management, tax incentives for families supporting parents' premiums and predictable pricing models to prevent sudden premium spikes that make policies unaffordable.

Elderly healthcare requires a shift from hospitalisation-centric models to holistic, continuous care. Product design must evolve to cover OPD consultations, diagnostics, home care, and mental health support—since seniors engage with healthcare far beyond hospital admissions

Gaurav Dubey
Founder and CEO,
Livlong 365

Insurtech is playing a crucial role in transforming the insurance landscape, driving both efficiency and accessibility for the elderly customers. Through digital platforms, they are making the policy purchase simpler and more intuitive

Siddharth Singhal
Business Head - Health Insurance,
Policybazaar

Hybrid models where Ayushman Bharat covers catastrophic risks while private insurance offers top-up plans for chronic and outpatient care will be the gateway to affordable care

Ashok Kumar
Chief Strategy and Distribution Officer,
MediBuddy

Shift from hospitalisation-centric models to holistic, continuous care

The real challenge is not just affordability, but it's relevance. Our elderly population needs a plan and products, reflecting the continuum of ageing, ranging from preventive screenings to rehabilitation and palliative care.

Gaurav Dubey, Founder and CEO, Livlong 365 said, "Elderly healthcare requires a shift from hospitalisation-centric models to holistic, continuous care. Product design must evolve to cover OPD consultations, diagnostics, home care, and mental health support—since seniors engage with healthcare far beyond hospital admissions. Disease-specific plans for chronic conditions like diabetes or heart disease, bundled with preventive screenings, can create both affordability and sustainability. Subscription-based health packages—combining insurance with teleconsultations, pharmacy benefits, and wellness services—are another promising model. By blending coverage with day-to-day healthcare needs, insurers can reduce claims volatility while giving seniors predictable, manageable costs. Without such innovation, coverage will remain restricted to wealthier groups, leaving most seniors unprotected."

Insurers, too, are beginning to experiment. Siddharth Singhal, Business Head - Health Insurance, Policybazaar notes that "To serve the ageing populations, insurers are introducing pricing and design innovations such as modular, personalised insurance covers that let customers tailor benefits and premiums as per their individual needs. The entry age is now extended up to 99 years, with mandatory co-pay requirements (earlier 20 per cent) being removed for greater flexibility. To enhance affordability, monthly EMI options are also available. These innovations are set to become even more granular and attractive, making health insurance more accessible and senior-friendly."

Yet, the fundamental shift lies in changing how eldercare risk is assessed. "Imagine insurance that's as dynamic as the lives seniors lead where premiums are not just age-based, but also reflect proactive health choices. Think modular plans that let seniors pick what they truly need, be it chronic care, telehealth, or assisted living support. If we can link coverage to preventive health data and reward active ageing, we shift from a reactive system to a proactive one. That's not just innovation, it's inclusion with intention", suggests Rajagopal G.

Policy push and public-private partnerships

For real impact, industry innovation combined with policy foresight is important. Experts also agree that government intervention is critical to expand insurance adoption among seniors.

Ashok Kumar, Chief Strategy and Distribution Officer, MediBuddy mentions, "Existing products charge sharply escalating premiums, with restrictive clauses for pre-existing conditions, waiting periods, and caps on chronic care. Ayushman Bharat and state-specific insurance provide some relief, but access is uneven, and benefits rarely meet the needs of long-term geriatric or palliative care. The Government of India has an alternative now offered as Vay Vandana Cards. However, the uptake is very limited for many reasons but should improve in the coming years."

"By contrast, China has near-universal basic coverage through its Urban Employee Basic Medical Insurance (UEBMI) and Urban–Rural Resident Basic Medical Insurance (URRBMI) schemes. However, even this scheme has low reimbursement rates for the elderly, especially in rural areas, leaving gaps in high-cost chronic care. The United States has Medicare, a federally funded scheme covering citizens over 65. It provides relatively broad coverage, but sen-

iors still face high out-of-pocket expenses for drugs, nursing care, and supplemental insurance. The understanding from these countries is that we need both government and private cover, with the former covering the base and the latter the out-of-pocket, something similar to German disability benefits."

Sinha proposes certain measures like, "Requiring all insurers to offer at least one standardised health policy for elderly citizens with no upper age limit, guaranteed issue irrespective of health status. The government can release their own plans for less fortunate individuals and the middle class who cannot pay for premium insurance plans. Provide income-based premium subsidies for private or semi-private insurance, similar to how electricity subsidies are structured.

Rajagopal G envisions that "A national framework for geriatric insurance could lay the groundwork, with built-in incentives to bring private insurers on board. And if we truly want to future-proof eldercare, regulatory support for long-term care insurance and public-private partnerships will be essential. It's time for policy to catch up with demographic reality and lead with foresight."

According to Kumar, "For India, policy levers could include targeted subsidies or tax deductions for families covering senior dependents. The health savings accounts (HSA) and excess of loss covers can be a great design for those who will enter the senior citizen category in the next decade or so. The Government can bring the interest income from HSA non taxable as long as it is used for healthcare benefits, which can range from preventive, primary to tertiary care. Encouraging long-term care insurance (LTCI), a segment largely absent in India but mainstream in the developed countries, can develop a new range of care offering institutions, especially those who need long-term care and a lot of hospitalisation can be avoided by focusing on appropriate daily/weekly care."

Technology as an enabler

Technology could help bridge the gap between inclusion and sustainability. From AI-driven underwriting to telemedicine and wearable data, tech is already transforming elderly healthcare coverage.

Dubey agrees that technology is a powerful enabler for elderly healthcare.

"Teleconsultation has already reduced dependence on hospital visits, offering affordable access to doctors from home. Wearables and remote monitoring devices allow early detection of complications in chronic conditions, cutting down emergency admissions. AI can streamline claims processing, reducing delays and frustrations often faced by seniors. Digital health records and predictive analytics also help insurers design more accurate, personalised premiums. For seniors, features like medication reminders, vernacular interfaces, and home diagnostic tie-ups further improve accessibility. However, usability is key—interfaces must remain simple, and offline-plus-online models should coexist. If implemented inclusively, technology can reduce costs, improve efficiency, and make elderly insurance not just a product, but a holistic care solution", he added.

'Care at home', as a concept should evolve. Especially for the elderly, primary care should be delivered at home to increase the frequency of primary care through which tertiary and secondary care can be limited. This also requires long-term products with a long-term premium guarantee, at least five years. The impending regulatory reforms which will allow composite licences will bring long-term platforms with long-term premium guarantees and savings for HSA.", opines Kumar

Talking about the role of insurtech, Singhal adds, "Insurtech is playing a crucial role in transforming the insurance landscape, driving both efficiency and accessibility for the elderly customers. Through digital platforms, they are making the policy purchase simpler and more intuitive. For streamlining faster and seamless claims insurtechs are innovating claims automation, and indulging in smarter underwriting to meet the needs of elderly customers."

Collaboration and continuity of care

Collaboration between the government, insurance players and healthcare providers will pave the next decade of elderly insurance.

Rajagopal G highlights that, "Imagine a powerful partnership that sets clear standards for out-of-hospital eldercare, defining both care protocols and cost structures."

Srivastava's recommendation include, "Public-private chronic care pilots that combine subsidised premiums with provider networks for long-term care (e.g., domiciliary nursing, physiotherapy, memory clinic) and state level geriatric insurance + service packages (subsidy + network of accredited providers)." He suggests that these should be piloted in high-aging states/cities.

"Such collaborations can combine the reach and social objectives of government with insurer capital and provider capabilities", he added.

Dubey adds that "NGOs and senior living communities can act as distribution partners, reaching underserved populations."

Building a culture of care

The consensus across experts is clear — elderly healthcare insurance must evolve from a product to a purpose.

"Insurance needs to evolve beyond just hospital stays to truly reflect the journey of ageing. It should embrace the full spectrum, chronic disease management, home-based care, rehabilitation, dementia support, and compassionate end-of-life services", says Rajagopal G.

Kumar stresses, "The future for senior citizen care lies in ecosystems rather than isolated products. Hybrid models where Ayushman Bharat covers catastrophic risks while private insurance offers top-up plans for chronic and outpatient care will be the gateway to affordable care."

Way forward

India's journey toward inclusive elderly healthcare is just beginning.

As Bajaj notes, "Senior citizens have dedicated their working years to building families and the economy. In retirement, they deserve not just respect but reliable healthcare security."

For India's ageing population, insurance must no longer be a privilege — it must be a promise."

GST reliefs are a start, but systemic innovation in policy, design, and partnerships is key to sustainable elderly health insurance coverage.

Kalyani.sharma@expressindia.com
journokalyani@gmail.com

Truevis Technologies: Catalysing India's MedTech manufacturing momentum

With strategic partnerships, advanced manufacturing, and a clear national vision, Truevis Technologies is shaping India's next chapter in healthcare self-reliance

India's medical technology sector is entering a pivotal phase of transformation — one where domestic capability is set to replace long-standing import dependence. Leading this transformation from the country's eastern coast is Truevis Technologies, a rapidly emerging player housed within the Andhra Pradesh MedTech Zone (AMTZ) in Visakhapatnam.

At a time when India's healthcare infrastructure is expanding at an unprecedented pace, Truevis is positioning itself not just as a manufacturer of imaging systems but as a complete MedTech solutions provider combining design, manufacturing, service, and innovation under one roof.

Its modern facility at AMTZ embodies a full-stack manufacturing model that goes beyond assembly. The company is developing in-house expertise across hardware design, electronics integration, and software development

Redefining "Made in India" in MedTech

For years, the Indian market has relied on imported imaging equipment — often expensive, difficult to service, and unsuited to local operating conditions. Truevis Technologies aims to change that equation through end-to-end manufacturing of CT and PET-CT scanners, with upcoming capabilities in MRI and radiation therapy systems.

Its modern facility at AMTZ embodies a full-stack manufacturing model that goes beyond assembly. The company is developing in-house expertise across hardware design, electronics integration, and software development. Supporting this infrastructure are a centralised command centre for real-time system monitoring and a national parts and service network that ensures hospitals experience minimal equipment downtime — a major differentiator in the Indian context.

An experience and training centre at the Vizag campus further allows clinicians and hospital administrators to engage directly with the technology before adoption, promoting awareness and informed decision-making.

Strategic partnership for global competence

A critical component of Truevis's growth strategy is its exclusive partnership with Neusoft Medical Systems, a global innovator in imaging solutions. The alliance encompasses a structured technology transfer program, including design know-how, software frameworks, and specialised training for Indian engineers.

Through this collaboration, Truevis can localize globally proven technologies and adapt them to Indian healthcare requirements — delivering world-class performance at substantially lower cost. The result is a robust, scalable, and sustainable product ecosystem, designed to withstand India's diverse environmental and usage conditions.

This partnership also aligns seamlessly with the Government of India's Aatmanirbhar Bharat and Make in India missions, reinforcing the goal of developing indigenous capacity in high-end medical equipment.

The company is developing in-house expertise across hardware design, electronics integration, and software development

Leadership with policy alignment

The company's strategic growth has been further propelled under the leadership of Milind Deshpande, Managing Director, Truevis Technologies. Bringing over 35 years of rich experience in the high-end medical equipment industry, Deshpande has successfully spearheaded multiple functional domains—ranging from operations and business development to strategic partnerships and service delivery. His deep expertise and vision are poised to deliver exceptional value and proposition to customers in India's rapidly evolving healthcare landscape.

Complementing this direction, Dharmendra Kumar, Director, Truevis Technologies, brings extensive experience in corporate affairs and public sector engagement. With a nuanced understanding of how innovation must align with policy frameworks and healthcare delivery priorities, Kumar has strengthened Truevis's partnerships with public health institutions and state governments. Under his guidance, the company's solutions are increasingly contributing to national healthcare programs such as Ayushman Bharat and regional cancer care initiatives, reinforcing its commitment to accessible and equitable healthcare.

The Neuwin PET-CT: A new benchmark in imaging

Among Truevis's first flagship products, the Neuwin PET-CT exemplifies the company's design philosophy — combining digital imaging precision, shorter scan times, and reduced lifecycle costs. Unlike traditional analogue systems that dominate the Indian market, the Neuwin offers a high-performance yet cost-effective alternative suitable for Tier-2 and Tier-3 hospitals. This innovation represents a major step toward democratising cancer diagnostics — expanding access to advanced imaging in regions where such technology was previously out of reach.

Building an integrated and scalable ecosystem

Truevis's model integrates manufacturing, service, and training into a single cohesive structure. The company's Manufacturing-as-a-Service (MaaS) framework is designed to deliver scalability and operational flexibility while incorporating AI-enabled predictive maintenance and remote diagnostics.

Such systems help hospitals reduce downtime, optimise equipment utilisation, and improve patient throughput — translating innovation directly into clinical efficiency.

Beyond the private sector, Truevis is working with government agencies and public hospitals to strengthen diagnostic infrastructure across the country, reaffirming its commitment to national healthcare priorities.

A future engineered for global reach

With a strong foundation in place, Truevis Technologies is looking ahead. Its roadmap includes AI-driven imaging analytics, cloud-connected diagnostic platforms, and exports to emerging global markets. The company's ambition is clear: to position India as a credible source of advanced, affordable MedTech for the world.

As the lines between healthcare and technology continue to blur, Truevis Technologies stands as a symbol of India's MedTech resurgence — where innovation, policy, and purpose converge to create sustainable impact.

INTERVIEW

Our psychiatrists step into roles as partners and leaders, not just practitioners

Dr Amit Malik, Founder and CEO, Amaha, talks about closing gaps in India's mental healthcare. He highlights global learnings, tech-driven care, team building, sustainable models, facility expansion, and collaborations to strengthen the mental health ecosystem in the country, in an exclusive interview with **Lakshmipriya Nair**

When you set out to build Amaha, what gaps in India's mental healthcare system stood out the most? How did you plan to address them?
When we began Amaha nine years ago, the gaps were stark. Awareness about mental health was limited, and stigma meant many people delayed or avoided seeking help altogether. For those who did reach out, the cost of sustained treatment often made care inaccessible. And even when care was available, the quality varied widely, evidence-based protocols were rarely applied, and families were left unsure of where to turn or whom to trust.

It became clear to us that these challenges couldn't be solved in isolation, they had to be addressed together. The deeper problem was that mental healthcare in India remained fragmented and uncoordinated, with very poor penetration of standardised high-quality care, leaving individuals and families to piece together their own support. That's why our vision has always been to build an integrated continuum of care, spanning digital tools for self-reflection, teleconsultation, outpatient therapy and psychiatry, and specialised inpatient services. By linking these touchpoints together, we aim to ensure that people don't fall through the cracks but instead move seamlessly through their care journey, whether that means early self-help, ongoing therapy, or intensive clinical support, without disruption or loss of trust.

> Elements of structured supervision for clinicians, coordinated care models that integrate psychiatric, psychological, and social support, and a stronger emphasis on outcomes measurement could, if adopted more widely, significantly improve both quality and trust in mental healthcare at scale in India

How has your international experience influenced the way Amaha delivers psychiatric care? Are there practices from other countries that could benefit the wider Indian ecosystem?
My international experience has influenced both my clinical perspective and the way we have built Amaha. In the UK, I saw first hand the value of structured, multidisciplinary teams and the central role of evidence-based protocols and supervision. Those lessons have shaped how we deliver psychiatric care at Amaha, with psychiatrists, therapists, and care coordinators working together so that clients are supported across a full continuum of care rather than treated in isolation.

Elements of structured supervision for clinicians, coordinated care models that integrate psychiatric, psychological, and social support, and a stronger emphasis on outcomes measurement could, if adopted more widely, significantly improve both quality and trust in mental healthcare at scale in India.

At the same time, no global model can be transplanted as is. India faces its own realities around access, affordability, and stigma that require adaptation. So we have drawn on best practices while tailoring them to this context, combining high clinical standards with innovations in technology, care journeys, and pricing to make support both accessible and scalable.

Running a specialised facility comes with both clinical and financial challenges. How do you strike the balance between high-quality care and sustainability?
I've never believed that high-quality care and sustainability are at odds with each other. From the very beginning, our conviction has been that if you build a model anchored in ethics and client centricity, and back it with the right structures and processes, sustainability follows. That's why we've put heavy emphasis on levers that allow us to deliver high-quality care consistently, regardless of location or individual clinician. For instance, standardised protocols give clinicians clear pathways, making care reliable, repeatable, and less dependent on individual variation. Training, supervision and multidisciplinary collaboration help build capacity across a cohort of clinicians, strengthening the system as a whole rather than just individual practitioners.

Additionally, every product feature we build,

whether it's digital treatment plans, user dashboards, or clinician portals, is co-created with clinicians from the very beginning: they shape the conceptualisation, design, and testing alongside our product teams. This ensures that every tool in our ecosystem is clinically sound, usable in practice, and truly supportive of client outcomes. This way our tech ecosystem enables us to widen access, while ensuring quality of care is never compromised.

This enables a model efficient and replicable because then that means what we've built in one location can be extended elsewhere, which is how we've grown to nine centres, a 27-bed hospital, and a network of over 200 clinicians serving clients across 400+ cities.

Technology is changing healthcare everywhere. How has it helped Amaha improve patient care and operational efficiency? Where do you see the biggest opportunities for the sector?

Technology has helped us at Amaha in two very tangible ways: by improving the quality of care our clients receive, and by making it possible to deliver that care effectively at scale.

On the care side, our platform provides a single-entry point into therapy, psychiatry, and more than 500 self-care tools and activities. Instead of fragmented experiences, clients engage through one personalised dashboard where they can book sessions, track progress, chat securely with their clinician, and stay connected between sessions with guided activities and resources. We are piloting an AI-powered matching tool to ensure that clients begin their mental health with the right clinician, while ongoing digital engagement prompts and tools deepens continuity of care. Clinicians benefit just as much: AI-enabled transcriptions and summaries, dashboards that surface trends, and digital homework tools reduce paperwork and free up time for what matters most: the therapeutic relationship.

On the operational side, our tech stack functions like a full-scale operating system for clinics and hospitals. Beyond scheduling, it gives administrators a live view of the entire patient journey. A dedicated portal manages inpatient services end to end, while centralised dashboards track clinician availability, cancellations, and client flow. This visibility helps us optimise staffing, anticipate bottlenecks, and run multiple centres at scale without compromising quality.

So at Amaha, technology has helped us deliver care that is not only more accessible and personalised, but also operationally sustainable, showing how digital innovation can transform both outcomes and efficiency in mental healthcare.

With so few psychiatrists in India, building the right team is crucial yet challenging. How has Amaha approached this? What are the lessons for the industry from your experience?

At Amaha, we realised early on that sustainability couldn't come just from hiring clinicians. It had to come from building systems that made practising at Amaha attractive, rewarding, and sustainable for psychiatrists.

To begin with, psychiatrists at Amaha don't work in isolation. They're part of a multidisciplinary team with therapists so care is continuous and no clinician carries the full burden alone. Our group practice model also means psychiatrists benefit from peer cover during emergencies or leave.

We also offer variety, with our clinicians moving fluidly across settings: outpatient clinics, online care, and our specialised hospital. Beyond consultations, they also have the opportunity to engage in training, supervision, service development, public awareness initiatives, and technology projects.

Lastly, our care team provides all our clinicians with critical support by managing logistics, follow-ups, and client engagement, freeing psychiatrists to focus on deep clinical work.

This model ensures our psychiatrists step into roles as partners and leaders, not just practitioners. So we've never struggled to build or sustain a strong bench of psychiatrists, even in one of the most talent-constrained fields in India.

At Amaha, we realised early on that sustainability couldn't come just from hiring clinicians. It had to come from building systems that made practising at Amaha attractive, rewarding, and sustainable for psychiatrists

How does Amaha's vision for expanding mental health facilities fit into the bigger picture for India's mental health ecosystem?

Our vision begins with setting a new baseline for what mental healthcare in India should look like. We believe every individual should have access to benchmark-quality care safe, evidence-based, multidisciplinary, and supervised. Too often, even these basics are absent. By building services that consistently deliver this standard, we want to demonstrate that it is not aspirational, but the minimum individuals seeking support should expect.

Beyond establishing that benchmark, we see ourselves as part of a larger ecosystem effort. For instance, with IMHA, a not-for-profit initiative designed to strengthen mental health systems by connecting stakeholders and building capacity, we work to expand capacity through training and advocacy; and drive awareness through collaborations with media and not-for-profits so that more people recognise when and how to seek help.

Finally, we are committed to innovating for the future of care in ways that allow us to scale without ever compromising on quality. That means introducing treatments like Deep TMS, which open new possibilities for clients who may not have responded to conventional interventions. It also means embedding AI-enabled tools that match clients to the right clinician for themselves or collate session summaries to save clinicians' time and enable them to focus primarily on delivering care. Together, these innovations allow us to extend benchmark-quality care to far more people than traditional models would permit.

So with nine outpatient centres and now a 27-bed hospital in Bengaluru, Amaha is adding capacity where it is urgently needed, but also modelling what integrated, systemic, and accessible care can look like. The bigger picture is about creating a blueprint that others in the ecosystem can build upon, so together we can raise the standard of care across India.

What's your take on collaboration? How should hospitals, caregivers, corporates, insurers, and public health organisations work together to strengthen mental healthcare in the country?

Collaboration, to me, is about reimagining capacity rather than just multiplying what already exists. The scale of India's mental health needs means we cannot solve for it by simply increasing the number of clinicians. We have to build a much broader ecosystem of support.

That is precisely why we established IMHA, and adopted an approach that looks beyond the traditional clinical model–where hospitals, caregivers, corporates, insurers, and public health organisations all come in. Hospitals and clinical systems can ensure that all doctors across specialities, not just psychiatrists, are equipped to screen for mental health concerns and signpost people to care. IMHA also invests in our key community stakeholders: teachers, frontline workers, HR professionals, even the police, people who shape daily realities, can recognise distress early, and connect someone to the care they need.

When these pieces come together, we move beyond visibility campaigns or isolated initiatives. We start to embed mental health into the everyday touchpoints of people's lives. That is the kind of collaborative change we need to catalyse, to truly strengthen mental health systems in our country.

lakshmipriya.nair@expressindia.com
laxmipriyanair@gmail.com

What rural fertility decline means for the nation's future

Dr Kshitiz Murdia, CEO and Whole-Time Director, Indira IVF Hospital, explains why rural fertility is declining, the opportunities it creates, and the challenges it brings

India, home to over 1.46 billion people in 2025, has crossed a historic demographic milestone: the country's total fertility rate (TFR) has declined to 1.9 children per woman, slipping below the replacement level of 2.1 for the first time. While urban India has long been below replacement, the more striking development is that rural India has now converged at 2.1, underscoring a structural transformation in the nation's population dynamics.

This shift reflects decades of progress in healthcare, education, and family planning. It marks a transition from conversations around controlling population growth to those around managing demographic stability, and in the long term, even decline.

The replacement rate of 2.1 ensures a stable population size. Below this level, populations eventually decline. India's long-term shift is evident: TFR has fallen dramatically from 5.2 in 1971 to 1.9 in 2023. Supporting this, the Crude Birth Rate (CBR) fell to 18.4 births per 1,000 people in 2023 (20.3 in rural areas, 14.9 in urban). Births are increasingly concentrated at younger ages, yet age-specific fertility rates show a shift, declining fertility in the 15–29 cohort, with rising contributions from women aged 30–49.

Rising costs of healthcare, education, and child-rearing are increasingly felt even in rural areas, prompting families to prioritise quality over quantity. Parents now prefer to invest in fewer children to secure better outcomes, reflecting both economic pragmatism and shifting aspirations

Why rural fertility is declining

The reduction of rural fertility is the outcome of interconnected forces reshaping family planning decisions. Improved healthcare and rising child survival rates have been central. Today, over 87 per cent of rural births take place in hospitals or health centers, and infant mortality has fallen to 29 deaths per 1,000 live births, compared to 129 in 1971. With more children surviving, the traditional need for larger families has diminished.

Government interventions have reinforced this trend. Programs such as Mission Parivar Vikas, targeted at 146 high-fertility districts, have expanded access to contraceptives, counseling, and awareness around child spacing. At the grassroots level, ASHAs (Accredited Social Health Activists) have delivered contraceptives and pregnancy kits directly to households while offering culturally sensitive guidance, making family planning more acceptable and sustainable.

Education, particularly among women, has accelerated this demographic transition. Fertility is closely tied to education levels: in 2023, the TFR stood at 3.3 for illiterate women versus 1.6 for graduates and above. While literacy gaps persist 56.8 per cent for rural women versus 72.3 per cent for men, greater female participation in education and decision-making has led to smaller, better-spaced families.

Economic realities have added another dimension. Rising costs of healthcare, education, and child-rearing are increasingly felt even in rural areas, prompting families to prioritise quality over quantity. Parents now prefer to invest in fewer children to secure better outcomes, reflecting both economic pragmatism and shifting aspirations.

Looking ahead: Challenges and opportunities

The fall in fertility rates presents both opportunities and challenges. On the positive side, smaller family sizes allow households to devote more attention and resources to each child, improving nutrition, healthcare, and education outcomes. This shift also eases pressure on essential resources such as food, water, and land, while accelerating improvements in maternal and child health.

At the same time, new challenges are emerging. Nearly 10 per cent of India's population is now over 60, up from 8.6 per cent a decade ago. With fewer young people entering the workforce, supporting the elderly will place pressure on healthcare systems, social security, and traditional family-based care. Rural industries, particularly agriculture, may face labor shortages as family sizes shrink and migration rises.

The path forward

India's success in bringing rural fertility down to replacement level is a milestone, but the real challenge lies in converting demographic stability into a dividend. Policymakers must act on several fronts: building robust elder care systems to manage the rising dependency burden, sustaining investments in women's education and healthcare, and creating sustainable, non-agricultural job opportunities in rural areas. Bridging regional disparities is equally critical, as high-fertility districts in northern and eastern India still lag behind.

The drop to a TFR of 2.1 is not just a number, it marks the threshold of a new demographic reality. How India manages this transition, balancing the opportunities of smaller families with the pressures of aging and inequality, will shape the nation's economic and social trajectory for decades to come.

INTERVIEW

ISO 7101 focuses on optimising performance, accelerating impactful patient and organisational outcomes

Majid Zahoor, Global Director, Healthcare Sector, BSI, explains how ISO 7101, the world's first international healthcare quality management standard, following its first pilot implementation at Dr Mehta's Hospitals, Chennai, and Annai Velankanni Hospital, Tirunelveli, has the potential to help Indian hospitals embed a culture of quality, strengthen governance, and align with the country's universal healthcare and IRDAI's 'Insurance for All by 2047' vision, in an exclusive interview with **Neha Aathavale**

How do you see ISO 7101 fitting into India's push for universal healthcare and IRDAI's 'Insurance for All by 2047'?

ISO 7101 is the first global standard for Healthcare Quality Management Systems. It can provide Indian organisations with a single, system-level, quality framework that can sit above today's programmatic layers. It complements PM-JAY's strategic purchasing, ABDM's digital rails, and significantly enhances NABH, as well as NQAS conformance by focusing on leadership, risk, data, patient centered care and continuous improvement across clinical and non-clinical services.It enables payers and providers to align on the standardised common indicators with consistent reporting mechanisms (e.g., wait times, patient experience, safety, readmission rate, bed occupancy ratio and bed turn-over ration) while IRDAI advances "Insurance for All by 2047." In short: ABDM = data, PM-JAY = coverage, NABH andNQAS = current facility conformance, and ISO 7101 = the fit for purpose management system that ties it together to drive consistent, measurable, management and clinical outcomes. Crucially, ISO 7101 focuses on optimising performance and accelerating impactful patient and organisational outcomes.

> The standard enables payers and providers to align on the standardised common indicators with consistent reporting mechanisms while IRDAI advances "Insurance for All by 2047"

Given the sector's fragmentation, is one global standard practical for both corporate hospitals and rural facilities?

Yes, because ISO 7101 is scale-agnostic and context-driven. It requires a quality management system but enables each facility to calibrate scope complexity based on its realities, resources, and operating constraints using PDSA (Plan, Do, Study, Act) cycles and implementing risk-based controls. In India, the most practical path for providers is "core + staged maturity". Organisations can start with ISO 7101 to build a robust management system that gives providers a strong foundation, map to NABH and NQAS where relevant, and build capability through hub-and-spoke support clusters so smaller sites aren't left behind, particularly in T2 and T3 cities.

Were there any surprising challenges or gaps uncovered during the pilot that point to areas where hospitals still need support?

Four key areas stood out:

◆ Measurements e.g. "waiting time" – this sounds simple but splits into several micro-queues; hospitals needed help standardising definitions and data capture.

◆ Cross-functional ownership—quality indicators often existed in silos making clinical, operations and finance co-own them, which required governance enhancements and strategic alignment.

◆ Workforce well-being metrics — some sites lacked robust measures, despite staff well-being having an impact on safety and patient experience. This can be enhanced with clearer indicator dictionaries, lightweight data pipelines, and board-level ownership of a few system KPIs.

◆ Risk reporting – This was fragmented and some staff were concerned about being singled out or isolated. The principles of a 'No-Blame Culture', underpinned in the ISO 7101 standard, helped these organisations to introduce various robust reporting mechanisms that included anonymous and non-punitive frameworks. Some pilots also saw the value of openly including risk reporting as an important part of their organisational culture.

The pilot showed reduced readmissions and shorter waiting times—how can leaders convert that into financial outcomes?

By tying each improvement to a line item:

◆ Lower readmissions → fewer avoidable costs and freed bed days. Estimate value = excess readmissions avoided ×

avg variable cost per case and where applicable, add reimbursement.
◆ Shorter LOS → more throughput at same fixed cost. Value ˜ (LOS baseline - LOS actual) × discharges × variable cost/day, Indian examples showed meaningful savings when ALOS drops even modestly.
◆ Reduced waits → higher OPD/OT utilisation. Value ˜ added visits or cases × net contribution per case.
◆ Safety/reliability → less waste/indemnity. Track incident-related cost per 1,000 patient days pre/post.

For promoters and boards, what's a realistic ROI timeline for ISO 7101?
With executive sponsorship and basic digital standardisation and optimisation, we typically see operational benefits within 3–6 months (e.g. throughput, waste, incident rates) and financial ROI in ~12–24 months, faster in multi-site chains that scale playbooks. Evidence from accreditation/QMS programs in India shows efficiency and performance gains.

How does BSI plan to work with Indian hospital chains, associations, or regulators to accelerate adoption?
Our approach is partnership-first and evidence-led:
◆ **Map and align:** Publish crosswalks between ISO 7101, NABH and NQAS so hospitals see exactly how efforts add up.
◆ **Capability building:** Run joint academies with partners like CAHO & AHPI on indicators, governance, and data use. BSI India is already convening ISO 7101 workshops and we'll build on that momentum.
◆ **Digital fit:** Package ISO 7101 metrics with ABDM/ABHA data flows to lower reporting burden and enable benchmarking.
◆ **Payer alignment:** We are exploring how we work with NHA/insurers on how ISO 7101 performance can inform empanelment tiers or quality-linked incentives, supporting IRDAI's 2047 mission.
◆ **Proof at scale:** Run multi-site "learning collaboratives" with top chains, publishing before and after results so adoption is based on evidence.

How is India's ISO 7101 experience viewed by other developing markets could it be a template?
India's ISO 7101 implementation pilots show that a sector-specific management system can materially lift organisational performance in complex, multilayered health systems. India's context—mixed public/private provision, variable resourcing, and significant regional heterogeneity—mirrors many large emerging markets (e.g. Indonesia, Malaysia, China), making the lessons highly transferable. Crucially, pilots in Tier-2 and Tier-3 cities demonstrate that ISO 7101 is effective beyond flagship hospitals: by standardising core processes, centralising oversight, and instituting consistent, patient-centred delivery, organisations strengthen governance, quality, risk management, and patient safety. The formality and discipline of the standard enable comparable metrics and benchmarking, turning routine data into targeted improvement. When used together, these factors can not only optimise care for patients but also improve financial performance through reduced variation, better resource utilisation, and lower failure costs. The Indian experience therefore offers a robust, evidence-oriented model that is relevant to both developing and developed health systems seeking reliable, scalable improvement.

neha.aathavale@expressindia.com
nehaaathavale75@gmail.com

Nourishing India's future: Investing in child nutrition for long-term development

Dr Anura Kurpad, Senior Advisor to Tata Trusts and Professor of Physiology and Nutrition, St John's Medical College, Bengaluru stresses that investing in nutrition from conception through early childhood is both a health obligation and an economic investment

India has made measurable progress in raising awareness around nutrition and its successful policies such as The POSHAN Abhiyaan and Integrated Child Development Services (ICDS), PM Garib Kalyan Anna Yojana (PMGKAY) and the National Food Security Act are successfully covering over 800 million people[1], over 90 million children and mothers[2] and are promoting locally produced protein foods, and behavior change communication. Unfortunately, India still lies at the center of the nutrition paradox with urban areas experiencing rising rates of obesity and overnutrition and rural regions continuing to struggle with persistent undernutrition and micronutrient deficiencies in children and women. In 2025, around 12 per cent of the population is undernourished, while nearly 43 per cent cannot afford a healthy, diversified diet as food prices have risen.[3] According to the latest National Family Health Survey (NFHS-5), more than one-in-three children under five are still stunted and wasting persists, while anemia remains endemic among children and women[4]. Tackling malnutrition during pregnancy and in the first 1,000 days of life is therefore an urgent health priority, not only for survival but to secure cognitive development, schooling outcomes, and future economic productivity.

The first 1000 days: The crucial point

The 1,000 days between a woman's pregnancy and her child's second birthday offer a brief but critical window of opportunity to shape a child's development. It is a time of both tremendous potential and enormous vulnerability. How well or how poorly a child fares during his first 1,000 days can mean the difference between a thriving future and one characterised by struggle. There are three crucial stages in the first 1,000 days: pregnancy, infancy and toddlerhood. At each stage, the developing brain is vulnerable to poor nutrition either through the absence of key nutrients required for proper cognitive functioning and neural connections and/or through the "toxic stress" experienced by a young child whose family has experienced prolonged or acute adversity caused by food insecurity.[5] As research highlighted in publications like The Lancet has shown, 100-150 calories/kg/day[6] are essential for growth of both fetus and child, but without the necessary nutrients, they are not sufficient for normal brain development. Although all nutrients are necessary for brain growth, key nutrients that support neurodevelopment include protein; zinc; iron; choline; folate; iodine; vitamins A, D, B6, and B12; and long-chain polyunsaturated fatty acids. Failure to provide these in adequate daily quantities during this critical period may result in lifelong deficits in brain function despite later nutrient repletion.[7]

Where India stands today

Per the recent NFHS-5 (2019-21), nutrition indicators for children under 5 years have improved. Stunting has reduced from 38.4 per cent to 35.5 per cent, wasting from 21.0 per cent to 19.3 per cent, and underweight prevalence is now 32.1 per cent, a drop from 35.8 per cent[8]. While these figures point to progress, significant regional disparities remain. Certain states and districts continue to face acute malnutrition, emerging as critical hotspots that demand focused attention. Highlighting the gravity of the situation while examining a prompt solution, the Government of India has prioritised child nutrition through a well-defined policy architecture. At the center of it lies the POSHAN Abhiyaan, or Mission POSHAN 2.0, which adopts a convergent approach to consolidate multiple services and place a strong emphasis on maternal and child nutrition, acknowledging its central role in the development of the future generation.

One of their key elements is the Saksham Anganwadi and POSHAN 2.0 campaign, which has transformed around 57,000

Anganwadi centers[9] into early childhood hubs and upgraded them to not only deliver nutrition but also to provide early childhood development (ECD) services, a link reinforced by the new National Framework for Early Childhood Stimulation (2024). This integration of responsive caregiving and stimulation with nutritional outcomes is a powerful strategy, creating a holistic delivery backbone for health and development.

Practical programmatic levers that deliver

It all begins with the mother's nourishment. Essentials antenatal micronutrients, balanced energy protein along with breastfeeding support and counselling into the antenatal care (ANC) services are paramount to the 1,000 day window when the fetus' brain is developing quickly and is vulnerable to low nutrition. This foundational focus ensures that the mother and her developing child receive the necessary nourishment from the very beginning. Following childbirth- another crucial component includes transforming Anganwadis into nutrition and Early Childhood Development (ECD) hubs. Through the government's Saksham Anganwadi initiative, these centers deliver age-appropriate hot meals, fortified take home rations while regularly monitoring growth by integrating early stimulation sessions alongside nutrition to support cognitive development.

Furthermore, the expansion of childcare facilities such as creches under the National Creche Scheme or Palna are crucial to enable mothers to pursue livelihoods without compromising daily nutrition or safe care, thereby addressing the issue from both a health and socio-economic perspective.[10] Effective implementation relies on data and digital monitoring. Platforms like the Poshan Tracker and digitised growth registers are indispensable tools for real-time monitoring. They help identify geographical hotspots with high nutritional needs, enable targeted interventions, and provide the necessary data to accurately evaluate the impact of these efforts.

The role of partnerships

While government initiatives provide the framework, civil society and philanthropic partners amplify the execution. Initiatives such as the government-Tata Trusts-led Swasth Bharat Prerak highlight the need for non-promotional technical assistance to support managerial capacity and implementation at the district level. This model of support, focused on innovation and on-ground execution, is a powerful complement to scale the states' POSHAN efforts.

Need for policy recommendations

Prioritising maternal nutrition funding and using the first 1000 days as key performance metrics for the ANC and ICDS will ensure that the most vulnerable period of a child's development - conception to age two - receives the necessary financial and programmatic focus. Investing in Anganwadi and creche workforce will enable professionalisation of these front-line workers through upskilling, improved honoraria and digital literacy which in turn will allow for efficient program delivery along with a higher quality of care.

As a final step, the seamless integration of nutrition with early childhood development, water and sanitation, along with female labour policies will create a supportive ecosystem that ensures access to quality and nutrition and fortified systems while enabling childcare, allowing mothers to participate in the workforce without compromising their child's well-being.

Child nutrition: A moral and an economic imperative

Investing in nutrition from conception through early childhood is both a health obligation and an economic investment. It nurtures the effective building of brains and muscles, while preventing deficits, to equip the upcoming generation with a strong cognitive and physical foundation for resilience against future adversity. It also safeguards children's rights, reduces social inequality, yielding substantial economic returns, including higher future earnings, productivity, and reduced healthcare expenditures. India's policy architecture is in place; what we need now is a determined scale-up that aligns finance, workforce and data so every child gets the 1,000-day start they deserve.

References:

1. Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY) | Official Website of Department of Food and Public Distribution, Ministry of Consumer Affairs, Food and Public Distribution, Government of India

2. 50 years of a nation-wide child development programme in India - PMC

3. State of Food Security and Nutrition in the World 2025

4. 2019-21 India National Family Health Survey [FR375]

5. Neurodevelopment: The Impact of Nutrition and Inflammation During Adolescence in Low-Resource Settings - PMC

6. https://pubmed.ncbi.nlm.nih.gov/18985802/

7. Advocacy for Improving Nutrition in the First 1000 Days to Support Childhood Development and Adult Health | Pediatrics | American Academy of Pediatrics

8. Press Release: Press Information Bureau

9. Press Release:Press Information Bureau

10. Press Release:Press Information Bureau

AT THE HEART OF PATIENT CARE
Consolidating Cardiology Services in India

Medicover, a global medical group which is headquartered in Sweden, has consolidated its world-class cardiology services in India, employing the latest technology from Canon. Formerly known as Maxcure Hospital, it became the Medicover Group in 2017. By 2024, Medicover India operated 24 medical service facilities in four main regions in the country, including Telangana, Andhra Pradesh, Maharashtra, and Karnataka

Medicover's aim is to increase its role in providing high quality healthcare throughout India and the world, with the mission of providing Europeanstandard medical services to all who need them. Medicover India is working together with Canon to achieve this and recently was provided with three Canon Alphenix angiography systems. VISIONS Special spoke with Dr. Anil Krishna Gundala, an Interventional Cardiologist, Chairman and Managing Director of Medicover Group Hospitals India, about his inspiring journey in healthcare, his past experiences, future ambitions, and the partnership with Canon, which is set to rede!ne healthcare in India.

As the CEO of Medicover Group Hospitals in India, my journey in healthcare began not from the corporate heights, but at the very heart of patient care—as an Interventional Cardiologist.

My path was profoundly in"uenced by a personal ordeal. My father suffered a sudden heart attack, and we had to rush him from our home at Nellore to Chennai (a distance of 185km) to find the appropriate medical care. This experience instilled a deep resolution in me to pursue cardiology, driven by the conviction that life-saving treatment should be accessible to everyone, everywhere.

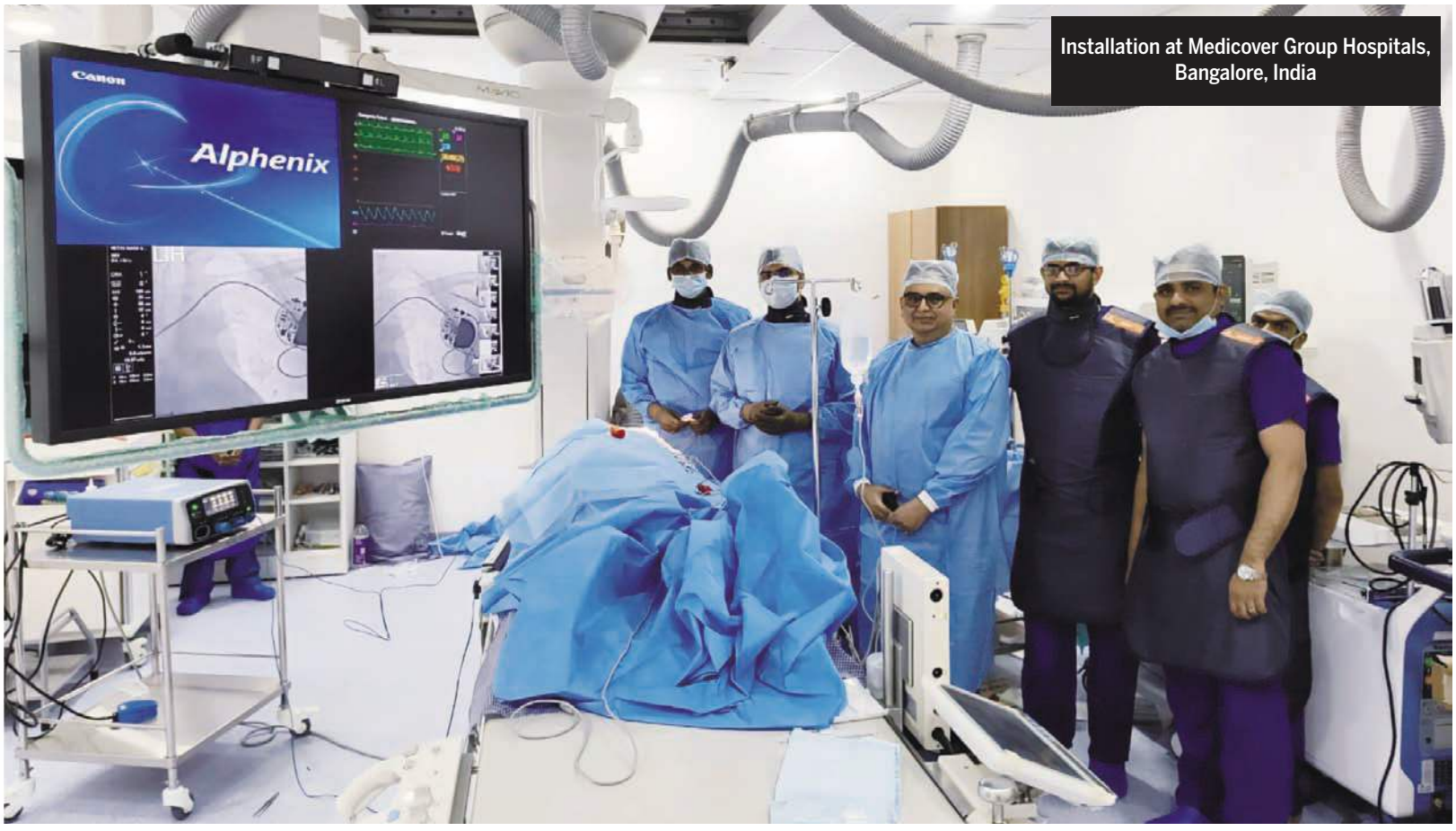
Cardiac emergencies can strike without warning, and in such critical moments, having immediate access to specialized care can mean the difference between life and death. This belief inspired me to establish a hospital where timely and top-tier cardiac treatment is always within reach.

Supported by a dedicated team of partners who shared this vision, we built a facility equipped to provide 24/7 care throughout the year. Our hospital proudly hosts a team of 22 interventional cardiologists and six cardiac surgeons, who operate around the clock to handle even the most complex cases.

A beacon of hope

With three Catheterization Labs, our hospital manages nearly 1,000 cases annually—a number that stands out as a remarkable achievement, even among neighboring institutions. Our Cardiac Surgery Department, too, has risen to the challenge, performing over 250 heart surgeries each year. These accomplishments are a testament to the relentless dedication of our team and the unwavering support of our partners.

The success of our Cardiac Department paved the way for us to expand our services beyond Cardiology. We developed specialized departments for Emergency Care, Trauma Medicine, and Interventional Radiology, and have trans-



Installation at Medicover Group Hospitals, Bangalore, India

formed our hospital into a super-specialty center that serves as a 'beacon of hope' for patients in the Hyderabad region and beyond.

A golden opportunity

In August 2017, our hospital took a signi!cant step forward by joining the Medicover Group, marking the first time that an Indian hospital had ever become part of a European-based healthcare network.

This was more than a strategic alliance:

It was a golden opportunity to elevate our clinical standards to European levels, thereby enhancing the quality of life for our patients across India.

Achieving such a milestone requires the best partnerships and joining Medicover was perfectly aligned with my vision of creating a hospital that patients instinctively trust for the highest quality care.

Pushing the boundaries of technology

Even during the global challenges of the COVID 19 pandemic in 2020, we continued to push the boundaries of innovation. We became the !rst hospital in India to invest in and implement robotic-assisted joint replacement technology. This pioneering move ensured that we remained at the forefront of providing minimally invasive treatments, and further consolidated our position as the preferred choice foradvanced medical care.

> Life-saving treatment should be accessible to everyone, everywhere
>
> **DR. ANIL KRISHNA GUNDALA**
> Chairman and Managing Director,
> Senior Interventional Cardiologist

As the demand for cardiac treatment continued to rise, it became clear that our aging angiography equipment needed an upgrade to keep pace with the growing number of cases. That's when Mr. Kumaran from Cardiology Solutions at Erbis Engineering (Canon Medical's distributor in India), and a long-standing partner in our technological advancements, introduced us to Canon's Alphenix Angiography System.

Canon's innovative low-dose radiation technology, the ergonomic design that enhances procedural e,ciency, and the superior image quality with low dose compared to our existing equipment were all factors that made the Alphenix system the perfect choice for our hospital. Moreover, Canon's impressive track record of success in Europe and other international markets gave us the con!dence to make the switch.

Exceeding expectations

As an Interventional Cardiologist, I remain closely connected to the operational aspects of our hospital. The feedback from our Interventional Cardiologists on using the Alphenix has been overwhelmingly positive. The system has not only met but exceeded our expectations, enabling us to provide the highest level of care to our patients. We are thoroughly satis!ed with our decision to adopt Canon's technology and are con!dent that it will continue to play a pivotal role in our future upgrades.

India's interventional cardiology sector is brimming with potential, and while Japan's market may be more mature, there is much we can learn from the expertise of Japanese leaders in the field.

As we continue to grow and evolve as a critical care center, I look forward to deepening our partnership with Canon. Together, we will ensure that our hospital remains at the cutting edge of medical technology, always ready to meet the needs of our patients and deliver world-class care that they can rely on.

The future of healthcare in India is bright, and with Canon as our partner, we are well on our way to setting new standards in Cardiac care.

Installation at Medicover Group Hospitals, Pune, India

Bridging the access gap: How diagnostic centers can democratise women's health imaging

Dr Namrata Singal Sawant, Director, Senior Breast and Women's Imaging Consultant Radiologist, VCare Imaging Diagnostic Center Mumbai, explains how diagnostic centers present a fantastic opportunity to overcome the obstacles women face in accessing essential imaging services

As a consultant radiologist and director of a diagnostic center, I witness firsthand the obstacles women face in accessing essential imaging services. Delays and skipped screenings, such as mammograms, bone density tests, and pelvic ultrasounds, stem from barriers that we, as healthcare professionals, can address.

The statistics are alarming. Women in rural areas are 40 per cent less likely to get timely breast cancer screenings compared to their urban counterparts. For working mothers, scheduling conflicts often push routine imaging down the priority list. Cost concerns or cultural issues also lead many women to shy away from hospital-based facilities. These access issues directly lead to delayed diagnoses and worse health outcomes.

Diagnostic centers present a fantastic opportunity to change the game. Unlike traditional hospital departments, we have the flexibility to rethink how women access these services. Here's how we can actually make a difference.

Women in rural areas are 40 per cent less likely to get timely breast cancer screenings compared to their urban counterparts. For working mothers, scheduling conflicts often push routine imaging down the priority list. Cost concerns or cultural issues also lead many women to shy away from hospital-based facilities

Understanding the real barriers

From my experience running a diagnostic center, the obstacles women face tend to be pretty consistent across different communities. Geographic distance poses a big challenge, especially for specialised imaging like breast MRIs or advanced cardiac studies. I've had patients drive over an hour just to reach our facility because they can't find similar services closer to home.

Cost is a significant obstacle. Even with insurance, deductibles and copays can make routine screenings feel out of reach. Many women delay mammograms or bone density tests because they're balancing healthcare expenses with other family needs.

The scheduling issue adds another layer. Traditional 9-to-5 hours just don't cut it for women juggling work and family obligations. Many of our successful initiatives stem from extending hours and providing weekend slots.

Cultural factors can't be ignored either. Language barriers, modesty issues, and a lack of familiarity with preventive care can deter women from seeking imaging services. We need to address these challenges with thoughtful, culturally sensitive solutions.

Leveraging our unique position

Diagnostic centers can quickly respond to community needs. Unlike larger hospital systems, we can adjust hours, pricing, and services rapidly, providing more flexible options for women.

We also have flexibility in terms of location. While hospitals are pretty fixed, we can set up satellite locations in underserved areas or partner with community organisations to bring services right to the women who need them.

Our focus on imaging means we can build expertise around women's health protocols. We can train our technologists specifically in areas like breast imaging and reproductive health ultrasound. This specialisation often leads to better experiences for patients and smoother workflows.

Cost structures are usually more favorable in diagnostic centers. Without the extra expenses of emergency rooms and inpatient services, we can often provide competitive pricing for imaging. This cost advantage can be passed on to

patients through lower fees or expanded financial assistance programs.

Technology solutions that work

Technology has totally changed the game for expanding access to women's health imaging. Mobile mammography units have been especially effective in our experience. By bringing screening to workplaces, community centers, and rural areas, we're reaching women who might otherwise miss out.

For mobile programs to succeed, consistency and reliability are key. We've learned that having a regular schedule, like visiting the same spots monthly or quarterly, builds trust and helps women plan ahead. Partnering with local communities is essential to promote these services and ensure good participation.

Artificial intelligence is transforming how we interpret imaging. AI tools help us prioritise urgent cases and deliver preliminary screening results faster. This is super helpful, especially when radiologists are in short supply, which often happens in many areas.

Telemedicine integration has significantly broadened our reach. Now, we can provide expert radiological interpretation to remote locations through secure digital channels. That means women in small towns can get the same high-quality imaging analysis as those in big cities.

Digital platforms have made the patient experience a lot smoother. Online scheduling, automated reminders, and digital result delivery all help reduce access barriers. These tools work particularly well with younger women who are comfortable with digital health solutions.

Practical service models

From what we've seen, certain service delivery models are particularly effective in boosting access to women's health imaging. Community partnership programs shine here. By teaming up with local organisations, faith-based groups, and employers, we can foster trust and awareness within specific communities.

Workplace wellness initiatives are another promising approach. Employers are often keen to support health initiatives for their employees, so offering on-site or nearby imaging services makes it easy for working women to get preventive care without having to take a lot of time off.

We've also adopted sliding-scale pricing based on income to help out. Transparent, affordable pricing removes financial hurdles for many women. Plus, offering financial counseling helps patients navigate their options and find available assistance programs.

Cultural competency has been vital to our success. Training staff in cultural sensitivity, building diverse teams, and accommodating religious and cultural preferences have all significantly improved patient comfort and participation rates.

Addressing specific imaging needs

Different types of women's health imaging call for tailored strategies. Breast cancer screening is still our most in-demand service, and we've learned that convenience and comfort are essential. Extended hours, female technologists on request, and creating a cozy, non-clinical atmosphere all help boost participation.

For reproductive health imaging, privacy and sensitivity matter a lot. We've set up dedicated areas for pelvic ultrasounds and fertility-related imaging that feel more like private medical offices than standard facilities. Staff training in these delicate areas is key.

As women age, bone health assessments gain importance. We've rolled out targeted outreach for women nearing menopause, working closely with gynecologists and primary care doctors to identify at-risk patients.

When it comes to cardiac imaging for women, we need to pay special attention to gender-specific risk factors. We've developed protocols specifically designed for women's heart health, recognising that heart disease often presents differently in women than it does in men.

Overcoming implementation challenges

Of course, expanding access comes with its challenges. Keeping quality standards high across all service locations requires strict quality assurance programs. We've set up standardised protocols and regular equipment calibration schedules to ensure consistency.

Ongoing workforce development is essential. Training technologists in women's health protocols and cultural sensitivity requires investment, but it's crucial for success. We've also partnered with local technical schools to create specialised training programs.

Integrating with primary care can be difficult, but it is absolutely necessary. We've worked hard to build referral relationships and communication systems that ensure imaging results lead to proper follow-up care. Using electronic health records has been particularly helpful here.

Financial sustainability is another key factor. We aim for improved access while still maintaining the viability of our services to continue helping our communities. Creative funding strategies, including partnerships with health systems and local organisations, have supported our expanded services.

Looking forward

Making women's health imaging accessible isn't just a chance for business growth; it's part of what we're meant to do as professionals. We, as radiologists and leaders in diagnostic centers, have the skills and resources to fill these gaps in access.

To succeed, we need to work together—diagnostic centers, primary care doctors, community groups, and, importantly, the women we aim to help. We also need the right policies that back creative ways to deliver services and insurance that covers preventive imaging.

The benefits go beyond just individual patients. When women get timely and quality imaging, it's a win for their families and communities, too. Early detection can save lives, lower healthcare expenses, and enhance the quality of life for women and those close to them.

As we progress, let's focus on measuring our success not just by the numbers or revenue, but by the lives we save through early detection and the peace of mind we provide with accessible preventive care. Every woman should have access to imaging services that can help her stay healthy and catch issues early when treatment is most effective.

The way to make women's health imaging more democratic is clear. The real question isn't if we can make a change, but how fast we can bring about solutions that actually work. It's time to take action.

Vessel Loops: A Critical Tool in Modern Surgical Procedures

Introduction

In the world of surgery, precision and safety are paramount. Among the wide range of medical devices that support surgical excellence, vessel loops stand out as an indispensable tool. These flexible, biocompatible loops are used by surgeons to isolate, retract, and identify blood vessels, nerves, and ducts during complex procedures.

At Ami Polymer Pvt. Ltd. (APPL), we manufacture high-quality silicone vessel loops designed to meet the demanding requirements of healthcare professionals. With our expertise in medical-grade silicone processing, we ensure consistent performance, patient safety, and reliability in every product we deliver.

Raw Material: Why Silicone?

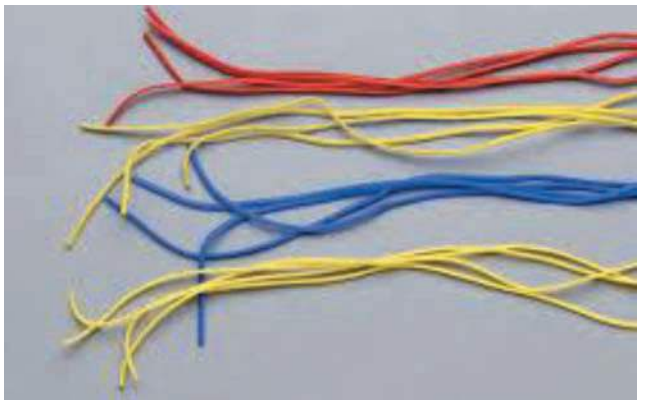
We at Ami Polymer have chosen medical-grade silicone as the exclusive raw material for vessel loops. This choice is driven by several advantages:

◆ **Biocompatibility:** Silicone is highly inert and does not cause adverse reactions with tissues.
◆ **Flexibility & Elasticity:** Ensures easy placement, stretching, and retraction during surgeries without causing trauma.
◆ **Durability:** Silicone resists tearing, deformation, and degradation, making it suitable for critical procedures.
◆ **Sterilization Compatibility:** Withstands autoclaving, gamma irradiation, and ETO sterilization.
◆ **Non-Absorbent:** Prevents fluid retention and bacterial growth.

Classification of Vessel Loops

Vessel loops can be categorized based on their function and surgical requirements:

◆ **Standard Vessel Loops:** Used for general isolation of veins, arteries, and nerves.
◆ **Micro Vessel Loops**: Smaller loops for delicate microsurgical applications.
◆ **Large Vessel Loops:** For handling thicker arteries, veins, or ducts in major surgeries.



All of our loops are manufactured in smooth, non-latex silicone to reduce irritation and enhance usability.

Production Process at Ami Polymer

Our vessel loops are manufactured with stringent process controls to ensure consistency and compliance with medical standards.

◆ **Raw Material Selection:** Only certified medical-grade silicone is procured.
◆ **Extrusion & Molding:** Advanced extrusion processes ensure uniform diameter, smooth texture, and precise sizing.
◆ **Cutting & Finishing:** Loops are cut and finished to eliminate sharp edges or surface irregularities.
◆ **Color Coding:** Loops are pigmented with medical-grade, non-toxic colors for easy identification.
◆ **Sterilization:** Supplied sterile or non-sterile depending on customer requirements.
◆ **Quality Control:** Each batch undergoes tensile strength, and elongation stesting.

Applications of Vessel Loops

Silicone vessel loops are widely used across multiple surgical disciplines:

◆ **Cardiovascular Surgery:** Temporary occlusion, identification, and isolation of arteries and veins.
◆ **Neurosurgery:** Handling delicate nerves and small vessels without trauma.
◆ **General Surgery:** Retraction and isolation of ducts, ureters, and intestinal loops.
◆ **Plastic & Reconstructive Surgery:** Microsurgical isolation of small vessels.
◆ **Organ Transplant Surgery:** Secure handling of multiple vascular structures.

Why Different Colors?

◆ **Red:** Indicates arteries (oxygen-rich vessels).
◆ **Blue:** Used for veins (oxygen-poor vessels).
◆ **White:** Commonly used for nerves and ducts.
◆ **Green/Yellow:** For marking or differentiating additional structures.

This visual differentiation reduces surgical errors and helps surgeons work with precision, especially in complex multi-structure procedures.

How Ami Polymer Stands Out

As a manufacturer, Ami Polymer Pvt. Ltd. differentiates itself in several key ways:

◆ **Customization:** We can develop vessel loops in different sizes, lengths, and thicknesses as per surgeon and hospital needs.
◆ **Superior Silicone Processing:** Decades of expertise in high-performance silicone ensures reliable, defect-free loops.
◆ **Global Export Capability:** Supplying worldwide with strong packaging and supply chain support.
◆ **Wide Product Range:** Alongside vessel loops, APPL offers a full portfolio of critical care, gynecology, respiratory, and customized silicone solutions—making us a one-stop partner.
◆ **Consistent Quality:** Backed by stringent internal testing protocols to meet global hospital expectations.

Conclusion

Vessel loops may appear to be a small component in the surgical toolkit, but their importance is immense. At Ami Polymer Pvt. Ltd., we recognize the life-saving role these loops play and manufacture them with the highest standards of precision, safety, and reliability.

By focusing exclusively on medical-grade silicone, offering color-coded options, and enabling customization for surgeons worldwide, we ensure that our vessel loops contribute to safer and more efficient surgical outcomes.

Written by:
Atharwa Mishra
Sales Executive - Healthcare Division
Ami Polymer Private Limited
medical@amipolymer.com

Integrating haematology and flow cytometry data: A software-driven approach in haematopathology

Vikram Patil, Dy. Product Manager-Flow Cytometry, Sysmex India Pvt Ltd explains how modern middleware platforms are evolving to bring haematology and flow cytometry results onto a single screen for smarter workflows

In haematopathology, making the right diagnosis often depends on bringing together information from different sources. Haematology provides CBC-DIFF scattergrams, and morphology, while flow cytometry offers precise immunophenotyping to classify abnormal cells. Both are indispensable, but the way they are handled in most laboratories still poses challenges.

Today, many labs use separate platforms for each data stream. CBC results appear on the haematology system, while flow cytometry findings appear on a separate platform. The laboratory information system (LIS) may not fully integrate both and the pathologist has to move between windows, manually reconcile values, and mentally align the data. This approach slows down decision-making process.

For instance, when a CBC flags high blasts, the next step is to verify through flow cytometry. If the software systems are not linked, the technologist must manually transfer results, and the pathologist has to cross-reference. Delays in confirming acute leukemia can impact how quickly treatment is started. Similarly, distinguishing between reactive lymphocytosis and early CLL is difficult if morphology, counts, and immunophenotyping are not seen together in a single view.

This is where software integration makes the difference. Modern middleware platforms are evolving to bring haematology and flow cytometry results onto a single screen. When data is displayed side by side (cell counts, morphology images, and flow cytometry panels) clinicians get a comprehensive view of the patient profile. It reduces cognitive load, reduces manual data entry, which leads to diagnostic confidence.

Such integrated systems also allow smarter workflows. Haematology results can automatically trigger flow cytometry panel suggestions, reducing toggling between separate systems and ensuring no critical step is missed. Over time, these platforms can also enable analytics, reporting trends across patients, and even supporting AI-based clinical decision assisting tools.

At Sysmex, we have been moving in this direction with solutions that unify haematology and flow cytometry data in a single software. The future of haematopathology lies not only in advanced instruments, but in connected, intelligent software systems like Sysmex's CyFlow WA that allow data integration from haematology, morphology & flow cytometry platforms on a single screen.

How Medika Business Solution (MBS) is transforming hospital procurement

Medika Business Solution acts as a one-stop solution, offering hospitals and clinics access to a wide range of consumables, medical equipment and devices, and pharmaceuticals all under one roof. By bringing everything together, MBS eliminates the need to juggle multiple vendors and ensures smoother operations

Running a hospital is not just about treating patients it also means ensuring that the right medicines, equipment, and consumables are always available when needed. Unfortunately, procurement is often one of the most stressful parts of hospital operations.

Hospitals and clinics face constant challenges such as:

- Stockouts of life-saving medicines, consumables, or devices at critical moments.
- Dealing with multiple vendors, each with different timelines, pricing structures, and service levels, which leads to confusion and inefficiency.
- High procurement costs, especially when items are sourced in smaller quantities.
- Unpredictable deliveries that disrupt smooth hospital operations.
- Limited access to branded products in tier 2 and 3 cities, forcing hospitals to compromise on quality or availability.
- Manual inventory tracking, which increases the chances of mismanagement and unnecessary expenses.

These hurdles not only affect hospital staff but also impact patient care, making procurement a key area in need of transformation.

This is where Medika Business Solution steps in as a reliable partner.

Medika Business Solution acts as a one-stop solution, offering hospitals and clinics access to a wide range of consumables, medical equipment and devices, and pharmaceuticals all under one roof. By bringing everything together, MBS eliminates the need to juggle multiple vendors and ensures smoother operations.

Why Medika Business Solution?

Cost savings: Hospitals can save significantly through bulk buying and optimized procurement.

Access to multiple brands: Wide choice across leading, trusted brands to meet diverse needs.

Inventory planning and analytics: Tools that help hospitals forecast demand, plan stock, and prevent shortages.

Hassle-free deliveries: Reliable, timely supply of essential products so hospitals can focus on care.

Flexible payment options: Tailored solutions to ease financial pressure and improve cash flow.

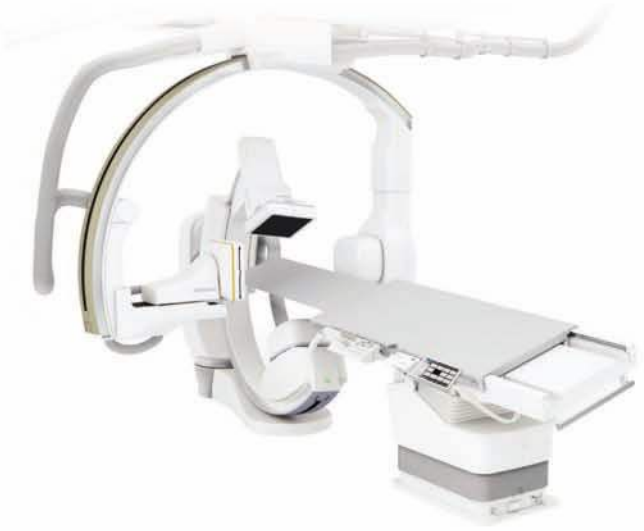
Most importantly, MBS extends these benefits to tier 2 and tier 3 cities, where procurement challenges are often even more severe due to limited local suppliers. Hospitals in smaller cities can now enjoy the same access to quality products and brands as those in metro areas, ensuring that patients everywhere receive the care they deserve.

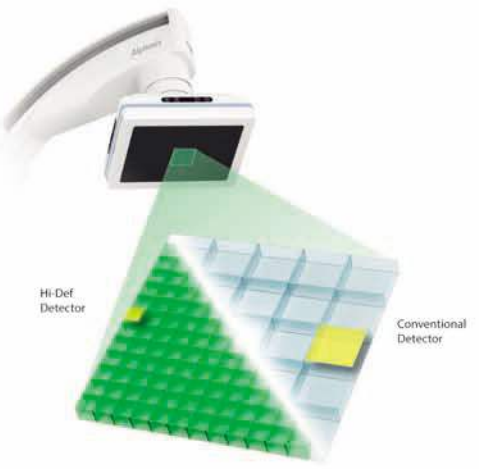
By reducing costs, saving time, and guaranteeing availability, Medika Business Solution is not just simplifying procurement it is strengthening the backbone of healthcare delivery across India.

Canon

See New Possibilities Beyond the Image

The new Alphenix family of interventional systems deliver images with greater clarity and precision.
Combined with industry-leading dose optimization technologies, enhanced workflow, and a new set of features, Alphenix continues Canon Medical's commitment to supporting you and your mission to provide patients with safe, accurate and fast imaging.





Alphenix

Redefine Intervention

CANON MEDICAL SYSTEMS CORPORATION

https://global.medical.canon/

Please contact your local sales representative to learn more.

ERBIS

ERBIS ENGINEERING COMPANY LIMITED

39 Second Main Road, Raja Annamalaipuram, Chennai - 600 028. Tel:044 42961400 Mail ID : info@erbismedical.com

ERBIS ENGINEERING COMPANY LIMITED is an official distributor of Canon Medical Systems Corporation.

REGD. WITH RNI NO. MAHENG/2007/22045, POSTAL REGD. NO. MCS/162/2025 – 27, PUBLISHED ON 8TH EVERY MONTH,
POSTED ON 14TH, 15TH, 16TH EVERY MONTH, POSTED AT MUMBAI PATRIKA CHANNEL SORTING OFFICE, MUMBAI – 400001