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Start-ups

Aditya Vuchi

General Partner, VCMint

THE HOMeward SHIFT IN CANCER CARE

Advances in cancer treatment have improved survival - but they have also prolonged the need for supportive care. In response, India is witnessing a decisive shift toward home-based oncology services



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Trade tailwinds, Budget bring cheer but ...

The signing of the India-EU trade deal, a favourable Union Budget 2026-27, followed by the surprise announcement of the slashing of US tariffs and a long awaited India-US trade deal. India's healthcare sector, and the medtech segment in particular, had much to cheer about in the last fortnight. But the gap between policy intent and on-ground impact remains the key risk.

India-based medtech leaders have largely praised both trade deals, hoping that medical device exports to the EU and now the US, two of the largest markets, will pick up. MSME MedTech companies are especially hopeful that they will regain competitive advantage in exports, especially as they compete with countries like China, in margin-thin medical disposables category like syringes, needles, etc.

On the import side, as US exports of high end MedTech equipment become more affordable due to custom duty cuts, such equipment will penetrate beyond the metros. The hope is that as domestic manufacture of MedTech equipment picks up, thanks to the enhanced allocation of Rs 40,000 crore for electronics component manufacturing in the Union Budget 2026-27, spurring domestic value addition in medical electronics and diagnostics, prices will drop further, and tier 2/3/4 towns will be a ready marketplace.

The headline investment figures from Union Budget 2026-27 are indeed impressive: healthcare allocation increased by 6.57 per cent over last year's Budget allocation, the MoHFW gets Rs 1,06,530 crore, a nearly 10 per cent increase in allocation over the Revised Estimate of the previous year.

Industry reactions have predictably been favourable of the state policy intent but many leaders call for speedy implementation and the need for process reforms (<https://www.expresshealthcare.in/news/union-budget-2026-puts-healthcare-innovation-and-access-in-focus/452589/>)

In addition, the development of five regional medical tourism hubs, creation of three new All India Institutes of Ayurveda, upgradation of AYUSH pharmacies and drug-testing labs, enhancing the WHO Global Traditional Medicine Centre in Jamnagar, will create more job opportunities as well as enable India to bag a larger piece of the global medical value travel.

However concerns have been raised that such measures will benefit the corporate health sector, enabling them to expand their medical tourism revenue.

Probably the most impactful feature of this budget, if implemented right, is the focus on ramping up India's allied and healthcare professionals' talent pool. Waking up to the increasing healthcare burden of a rapidly aging population, combined with rising incidence of non-communicable diseases, the Government has



Can Budget 2026 and new trade pacts bridge the gap between policy intent and on-ground impact, to deliver true transformation for India's healthcare and medtech sector?

proposed a phased plan outlay of Rs 980 crore over three years for the expansion and strengthening of allied and healthcare professional institutes in 10 disciplines, to train over one lakh paramedical professionals over the next five years. Additionally, a focused programme will train 1.5 lakh geriatric caregivers.

Once again, similar to the integrated medical tourism announcements, these measures will be through public-private participation. The PIB release also mentions that these measures will serve the 'increasing global demand for skilled healthcare professionals.' This begs the question: are we intentionally training medical professionals and encouraging them to look outside India for jobs and careers? Hopefully, the government and private partners of these ventures will not just train but retain this talent pool in India, until the country's needs are fulfilled.

Other announcements that will directly impact patients is the intent to upgrade the health treatment and research ecosystem. The North will get its own NIMHANS, while the neglected North East will get upgraded facilities at Ranchi and Tezpur.

The budget also continues its cancer treatment focus, proposing full exemption of basic customs duty on 17 life-saving drugs and medicines. Seven additional rare diseases have also been included for exemption of import duties on personal imports of drugs, medicines, and food for special medical purposes. It's hoped that these measures will help patients and caregivers cope with reduced costs of long term cancer and rare disease care.

Health insurers have expressed the hope that as more healthcare allied professionals are trained and ease the current caregiver gaps, healthcare outcomes will improve due to faster and earlier diagnosis. In time, more efficient hospital care will result in shorter hospital stays, thereby making insurance coverage more sustainable.

As healthcare spending rises and India positions itself as both a manufacturing and medical tourism hub, the real test will be whether these measures strengthen India's health system—not just its balance sheet.

But all three trigger points - the India-EU trade deal, the Union Budget 2026-27 and the India-US trade deal - depend on execution and implementation. And with the trade deals, the devil lies in the details, which will only be clear as the governments involved reveal more in the days to come. Thus, it's still a wait and watch game for industry leaders. Will reality live up to expectations?

VIVEKA ROYCHOWDHURY, Editor
viveka.r@expressindia.com
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INTERVIEW

India is currently in the second act of its startup journey

Aditya Vuchi, General Partner, VCMint shares how VCMint approaches healthcare and pharma investments and the themes shaping its bets—from preventive care to wellness and gig workforce health. He also highlights why patient capital, strong founding teams and regulatory stability are central to building scalable, long-term healthcare businesses in India, in an interaction with **Kalyani Sharma**

How does VCMint approach healthcare and pharma investments within its broader portfolio, and how have your preferred stages and risk-return expectations evolved in the current funding cycle?

VCMint is fundamentally an early-stage fund. When you invest early, you are essentially taking two macro bets—one on the long-term growth of a particular industry or sub-vertical, and the other on the founding team's ability to execute over a long gestation cycle. Healthcare typically has longer timelines, so we don't enter these investments with short-term return expectations. Instead, we invest with the belief that the sector will continue to grow over the next 10–15 years.

In terms of stage, we focus on seed-stage investing rather than pre-seed. Once the idea has been validated and there is a minimum viable product in place, that's when we typically step in. Our cheque sizes range between Rs 1–2 crore per startup. Two factors weigh heavily in our evaluation process—a large total addressable market and a strong founding team.

Another differentiator for us is that we invest private capital. We don't raise capital from external LPs, which allows us to stay invested for much longer periods without the pressure of a traditional fund lifecycle. This alignment appeals to founders who are building for the long term and don't want to be forced into premature exits.



Could you highlight some of VCMint's healthcare and wellness investments and the themes guiding these bets?

We take a fairly broad view of healthcare and wellness. One of our more mature investments is DoctorC, which focuses on at-home diagnostics and preventive care for middle and lower-middle-income

populations. The company operates across 37 cities and has scaled rapidly, with net revenues exceeding Rs 100 crore. What stands out is its focus on affordability, accessibility and preventive healthcare.

Another investment is Nourish You, which operates in the nutrition and superfoods

space, offering products such as protein powders and chia seeds. There is a growing awareness among consumers about clean, natural nutrition, and Nourish You is tapping into that shift.

We have also invested in Vedic Lab, a scientific Ayurveda brand focused on skin and hair care, with a strong emphasis on global markets. While it is still early-stage, the traction has been encouraging.

Collectively, these investments reflect two clear themes—preventive healthcare and making wellness solutions more accessible to a wider population.

Despite broader funding moderation, healthcare has continued to attract investor interest in India over the last two years. How do you see capital deployment evolving across stages?

India's demographic profile plays a big role here. As a young country, our healthcare priorities differ significantly from those of ageing economies in the West. Preventive healthcare, lifestyle management and access to basic health infrastructure will continue to attract capital.

One major trend we're closely tracking is the rise of the gig workforce. The number of gig workers in India is expected to grow from about 12.7 million today to over 23.5 million in the next four to five years. This demographic works long hours and operates outside traditional employment

frameworks, which creates new healthcare and social infrastructure needs.

Startups addressing healthcare access, insurance and wellness for gig workers will see growing investor interest.

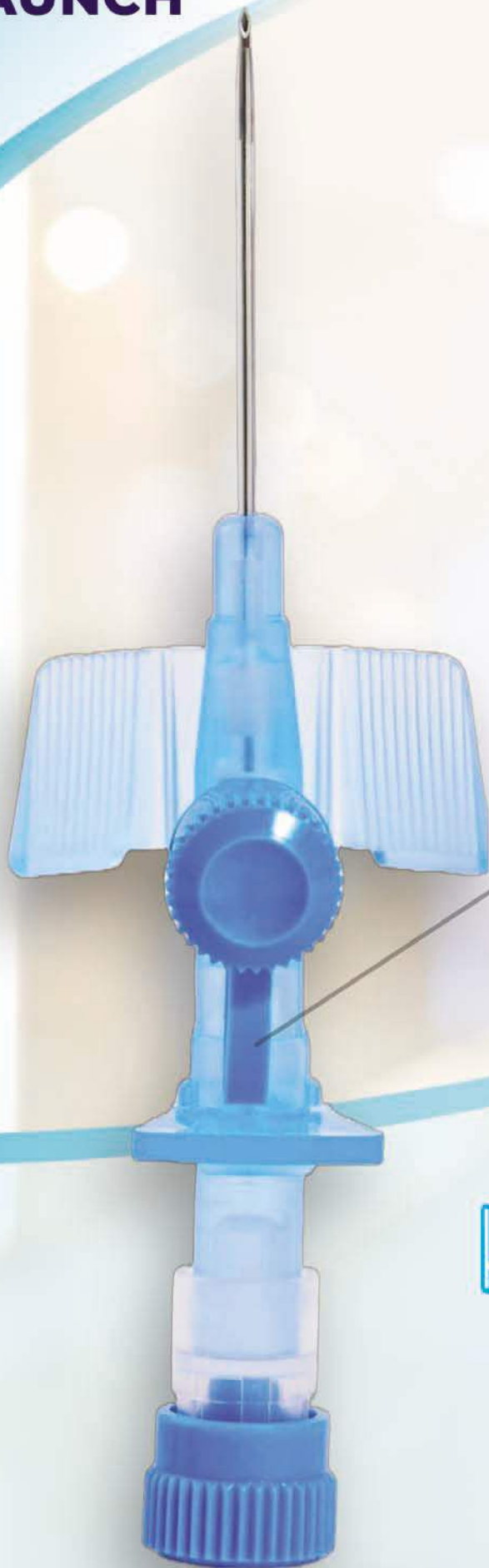
Another important trend is mental health and digital well-being, especially among younger populations and senior citizens. With increasing digital consumption, AI proliferation and cyber risks, there is a strong need for mental health support and digital literacy. Solutions that combine education, mental health support and technology will have long-term relevance.

Can India's startup ecosystem learn from global markets, or is the learning now flowing in the other direction?

India is currently in what I would call the second act of its startup journey. The first phase was largely about adapting Western business models to Indian conditions. Today, we're seeing far more original, India-specific innovation and in some cases, the West is learning from us.

Quick commerce is a good example. Ten-minute delivery models seemed unrealistic a few years ago, but India's unique retail and logistics ecosystem made it possible. We're also seeing experimentation with drone delivery and other advanced logistics technologies, supported by evolving regulations.

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From a healthcare perspective, India has managed to avoid some of the pitfalls seen in Western systems. Access to affordable medicines and doctors remains far better here. In many Western countries, high drug prices and long wait times have become systemic issues. India's scale has also ensured that doctors gain extensive real-world clinical exposure, which strengthens healthcare delivery overall.

What must healthcare and healthtech startups demonstrate today to attract venture capital, given challenges like capital intensity and regulatory complexity?

India may still lag in healthcare R&D, but where we excel is in healthcare delivery at scale. Startups that can efficiently take proven treatments, diagnostics or preventive solutions to large populations will always be attractive.

Preventive care remains critical, solutions that help people maintain healthier lifestyles reduce long-term healthcare costs significantly. However, regulatory clarity and

One major trend we're closely tracking is the rise of the gig workforce. The number of gig workers in India is expected to grow from about 12.7 million today to over 23.5 million in the next four to five years. This demographic works long hours and operates outside traditional employment frameworks, which creates new healthcare and social infrastructure needs

ease of doing business are equally important. Retrospective policies or sudden regulatory shifts can erode investor confidence, not just in healthcare but across sectors.

While global developments such as tariffs and geopolitical pressures create short-term uncertainty, India needs to maintain a long-term view and avoid overreacting to immediate disruptions.

Medtech founders often cite regulatory hurdles. How do these challenges influence your investment outlook?

Medtech certainly faces more friction, particularly around

imports, certifications and regulatory approvals. Hardware-based innovations such as bionic limbs or cardiac devices that often depend on global supply chains, and regulatory complexity can slow progress.

That said, solving these challenges requires systemic policy interventions rather than piecemeal exceptions. While the friction exists, we still see strong long-term potential in MedTech, provided regulatory processes become more predictable and streamlined.

How important are policy

support and regulatory certainty in sustaining long-term capital flows into healthcare?

Policy stability is crucial. Retrospective taxation or regulatory changes seen previously in sectors like telecom can significantly damage investor confidence. Long-term capital, especially foreign investment, depends on trust in the regulatory environment. While there are no healthcare-specific policy concerns that stand out at the moment, consistency and forward-looking regulation are essential to sustain capital inflows.

What structural shifts are reshaping investor priorities in healthcare today, and where should founders focus to remain relevant?

Unit economics have regained importance. While some categories require upfront investment and scale—quick commerce being an example that most healthcare businesses need sound fundamentals. Investors are increasingly looking for a clear path to profitability, even if the company is not profitable at the outset.

This shift has also brought family offices back into early-stage investing. Founders now actively seek patient capital and operational wisdom, not just aggressive growth funding.

At the same time, public markets have become more accommodating, allowing companies to list even if they are not yet profitable. This has created a healthier middle ground where startups focus on growth, but with discipline, and investors remain aligned on long-term value creation.

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

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THE HOMEWARD SHIFT IN CANCER CARE

Advances in cancer treatment have improved survival—but they have also prolonged the need for supportive care. In response, India is witnessing a decisive shift toward home-based oncology services

By Kalyani Sharma



Cancer in India is a growing public health challenge, with millions of new patients diagnosed every year and projections indicating a continued rise in incidence. Amid this rising tide, traditional models of hospital-centric oncology care are being stretched leading patients and providers alike to explore new pathways of treatment delivery. One such pathway is home-based cancer care, which is rapidly gaining traction as a patient-centric, cost-effective, and clinically viable alternative.

According to Research and Markets report, “The India Chemotherapy at Home Service Market was valued at USD 51.23 Million in 2024, and is expected to reach USD 91.28 Million by 2030, rising at a CAGR of 10.21 per cent.”

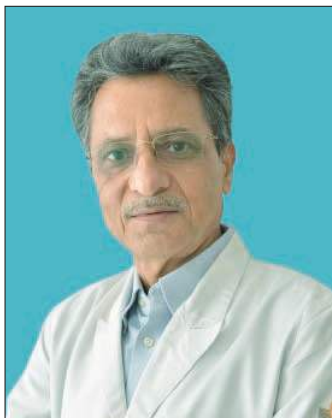
Advances in cancer treatment have improved survival—but they have also prolonged the need for supportive care. In response, India is witnessing a decisive shift toward home-based oncology services.

Home healthcare is no longer peripheral; it is becoming a critical extension of oncology care.

Why oncology care is moving home

TechSci Research says, “India faces a significant shortage of hospital beds and oncology infrastructure, a challenge that directly impacts the delivery of cancer treatment across the country. With the rising burden of cancer, the demand for oncology services has surged. India’s healthcare system has faced persistent challenges from a rapidly growing population and inadequate infrastructure. To meet the World Health Organization’s standard of five hospital beds per 1,000 people, the country required an estimated 2.4 million additional beds. This shortfall underscored the urgent need for investment in expanding and strengthening healthcare capacity nationwide.”

Clinicians across the country point to a convergence of



System-level support is necessary for home-based oncology care to scale responsibly. Insurance coverage and reimbursement must evolve to include home-based supportive and palliative services, reducing financial barriers for families

Dr Ashok Kumar Vaid

Chairman,
Medical Oncology,
Cancer Care, Medanta, Gurugram



Modern cancer care is increasingly chronic rather than episodic. The longer the patient stays in the hospital, the greater the chances of a HAI), which can be even more deadly for immunocompromised patients undergoing cancer treatment

Dr Manish Singhal

Vice Chairman-Medical Oncology, Yashoda Institute of Cancer Care



The move toward home-based oncology care is due to factors such as overcrowded cancer centres, rising treatment costs, a growing need for long-term symptom and supportive care, and patient demand for comfort and continuity

Dr Bipin Chevale

CEO,
Gleneagles Hospital,
Mumbai

clinical, operational, and economic pressures driving the shift of certain oncology services into home settings. Rising cancer incidence has placed excessive pressure not only on patients but also on hospitals and medical personnel.

Clinically, prolonged hospital exposure carries real risks for immunocompromised patients. Repeated visits increase the chances of infection and add emotional strain for both patients and families.

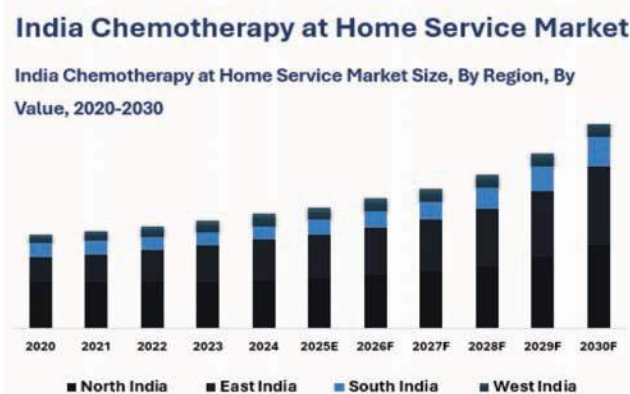
From a clinical standpoint, long hospital visits during chemotherapy increase the chances of infection and cause emotional strain for families. Dr Pallavi Redhu, Consultant-Medical Oncology, Kailash Hospital, notes that, “By providing palliative care at home, patients can foster family support, drive comfort to manage pain, and address nutrition needs. Economically, it reduces financial burden on the patient as well as cuts down hospitals’ expenses such as electricity, staff management etc.”

Beyond individual risk, cancer care itself has evolved. Treatments are increasingly spread out over time, with long phases of supportive care rather than continuous active intervention.

Cancer care today is also increasingly chronic rather than episodic. Dr Manish Singhal, Vice Chairman-Medical Oncology, Yashoda Institute of Cancer Care, emphasises that, “Modern cancer care is increasingly chronic rather than episodic. The longer the patient stays in the hospital, the greater the chances of a Healthcare-Associated Infection (HAI), which can be even more deadly for immunocompromised patients undergoing cancer treatment.”

From a system perspective, hospitals are reaching their limits. Oncology centres across the country are dealing with rising patient volumes, bed shortages, and workforce constraints.

Operational pressures are equally acute. Dr Dinesh Singh, Director Radiation



Source: TechSci Research



Oncology, Action Cancer Hospital, Delhi, explains that, “Operationally, the oncology centre faces the challenges of bed shortage, rising patient volumes, and workforce constraints, automatically making prolonged inpatient care unsustainable.”

Dr Bipin Chevale, CEO, Gleneagles Hospital, Mumbai, adds that, “The move toward home-based oncology care is due to factors such as overcrowded cancer centres, rising treatment costs, a growing need for long-term symptom and supportive care, and patient demand for comfort and continuity. And now hospitals are increasingly reserving inpatient resources for intensive and procedure-driven cancer treatments. So, now home care for cancer is gaining a lot of prominence.”

What often gets overlooked in clinical discussions is how deeply cancer affects daily living. Between hospital visits, patients must manage fatigue, nutrition, emotional stress, and routine activities—often with minimal structured support.

From a care-journey perspective, Prashanth Reddy, Founder and Managing Director, Anvayaa, observes that cancer care today extends far beyond hospital walls. Patients are living longer with cancer, making care an ongoing journey that affects daily life. While medical treatment remains with oncologists, day-to-day well-being, managing routines, nutrition, emotional reassurance, and recovery monitoring — happens at home. A structured support system, often led by a dedicated Care Manager, helps families handle this phase with more stability and less stress.

This recognition—that much of cancer care unfolds outside clinical settings—is central to why home health-care is no longer optional.

Selecting the right patients and ensuring safety at home

Despite the growing shift, clinicians stress that home-



Fragmented medical records, lack of shared care protocols, and unclear decision-making ownership during complications remain persistent gaps, with many home care teams operating in silos disconnected from primary oncology centres

Dr Dinesh Singh

Director-Radiation Oncology,
Action Cancer Hospital,
Delhi



Insurance providers are yet to recognise home-based chemotherapy, nursing visits, and palliative care as reimbursable services

Dr Anil Thakwani

Senior Consultant and H.O.D-Radiation Oncology,
ShardaCare-Healthcity



By providing palliative care at home, patients can foster family support, drive comfort to manage pain, and address nutrition needs. Economically, it reduces financial burden on the patient as well as cuts down hospitals' expenses

Dr Pallavi Redhu

Consultant-Medical Oncology,
Kailash Hospital

based oncology care is not appropriate for all patients. Careful patient selection and robust safeguards remain central to safety.

Patient selection begins with clinical stability and disease assessment.

Dr Ashok Kumar Vaid, Chairman, Medical Oncology, Cancer Care, Medanta, Gurugram explains that, “Patient selection for home-based oncology care requires careful clinical assessment. Suitable patients usually have

stable vital parameters, controlled symptoms, and adequate home support. Those with acute complications or high monitoring must remain under hospital supervision. Safety depends on clear care plans, defined protocols, and reliable communication with the treating oncology team. Caregiver education is essential, particularly for accurate symptom recognition. It is imperative that the home environment allows safe storage and administration of medi-

cines. Regular clinical reviews and documentation help ensure smooth continuity of the treatment. A multidisciplinary decision-making process strengthens safety and accountability outside hospital settings.”

Dr Redhu mentions that, “Clinicians assess cancer patient suitability for home-based care by examining the performance status of the disease and its stage using scales such as the Eastern Cooperative Oncology Group

(ECOG) score. Those who fall at ECOG 2-3 are potentially homebound and have a manageable disease. However, it is crucial to measure certain protocols, such as standardised clinical treatment, such as caregiver training and trained oncology nurses, regular symptom assessment tools such as PNPc-sv for palliative care, regular clinician assessment, 24/7 telehealth accessibility, and routine monitoring of symptoms.”

Safety is reinforced through structured safeguards. Dr Anil Thakwani, Senior Consultant & H.O.D – Radiation Oncology at ShardaCare-Healthcity, highlights that, “Patients must be medically stable with controlled symptoms and have reliable caretakers who are capable. The house needs electricity for equipment and safe and hygienic medication storage. Comprehensive plans with clear emergency protocols, regular nursing visits, strict safety measures for medication, and infection control for immunocompromised patients are some of the essential safeguards. The key is continuous monitoring and reassessment. In case a patient's condition deteriorates, they are shifted back to hospital care. Backup plans are important in this case.”

Comprehensive care plans, clear emergency protocols, regular nursing visits, and continuous reassessment are essential safeguards.

In cases involving chemotherapy, safeguards become even stricter, Dr Singhal notes that, Typically, only patients who have successfully completed their first chemotherapy cycle in a hospital without adverse reactions, such as anaphylaxis, are considered eligible for home administration. Conducting a structured home audit is essential to ensure a sterile setting for dressing changes, reliable electricity for medical equipment, and a designated clean zone for safe waste disposal. Critical safeguards include maintaining a crash kit at the bedside, providing

24/7 tele-consultation access to the primary oncologist, and establishing a pre-arranged “Green Channel” for immediate hospital readmission should complications arise.

Reinforcing the importance of coordination, Reddy adds that, “The key safeguards are clarity and coordination. Families need simple, clear discharge instructions, warning signs to watch for, and direct lines of communication with the treating hospital. This is where a Care Manager becomes important, ensuring appointments are not missed, instructions are followed, and families know when to escalate concerns. The goal is not to replace medical care, but to make sure it is supported properly at home.”

Digital tools: The backbone of safe and scalable home oncology

Technology has emerged as a critical enabler of home-based oncology care in India. Remote patient monitoring, tele-oncology, and AI-driven alerts are extending specialist oversight into patients’ homes while maintaining safety.

Dr Indoo Ammbulkar, Director Medical Oncology, HCG Cancer Centre, Borivali, notes that, “Remote patient monitoring enables tracking of vitals, symptoms, and treatment side effects in real time. Tele-oncology ensures continuity of specialist oversight without requiring frequent hospital visits, which is particularly valuable in Tier 2 and Tier 3 cities. AI-driven alerts can flag early warning signs such as rising pain scores, fever patterns, or reduced mobility allowing timely intervention before complications escalate. In India, where specialist access is uneven, these tools help extend expert care beyond hospital walls while maintaining safety and accountability.”

According to Dr Thakwani, “Smartphone apps track symptoms and vital signs. Video consultations connect patients living far from hospitals and clinics, eliminating the exhausting travel. AI



The goal is not to replace medical care, but to make sure it is supported properly at home

Prashanth Reddy

Founder and Managing Director, Anvayaa



In India, where specialist access is uneven, digital tools help extend expert care beyond hospital walls while maintaining safety and accountability

Dr Indoo Ammbulkar

Director Medical Oncology, HCG Cancer Centre, Borivali



India’s home healthcare workforce is still unevenly prepared for complex oncology and palliative care, making standardised oncology training, formal accreditation, stronger palliative care skills, and an expanded, empowered role for oncology nurses across hospital and home settings urgently necessary

Dr Gaurav Jaswal

Director of Radiation Oncology, TGH Onco Life Cancer Centre

systems flag dangerous complications like fever in immunocompromised patients well before they become emergencies. This enables timely intervention. This is a big feat in India, where around 70 per cent of cancer patients live outside metro cities. Challenges, like internet connectivity in rural areas and digital literacy gaps, persist. Despite these challenges, digital tools have managed to make specialised oncology care accessible to thousands.”

Dr Gaurav Jaswal, Director of Radiation Oncology, TGH Onco Life Cancer Centre, adds that, “Digital tools, such as remote patient monitoring, tele-oncology, and AI-driven alerts, facilitate the continuous tracking of symptoms and vitals, early detection of complications, expedited clinical interventions, and informed decision-making. Hence, this makes home-based cancer care safer, scalable, and more accessible across the country.”

From a coordination standpoint, Reddy adds that, “Care Managers use digital platforms to coordinate appointments, set medication reminders, and keep family members informed about daily developments. Remote monitoring devices, where advised by doctors, add another layer of awareness. These tools don’t replace clinicians, they help families stay organised and responsive between hospital visits.

Integration: Closing the gaps between hospital and home

While technology enables home oncology care, integration sustains it. Seamless coordination between hospitals, treating oncologists, and home healthcare teams is critical to avoid fragmented care.

Dr Vaid stresses that, “Coordination failures often arise from fragmented documentation, unclear accountability during deterioration, and limited real-time information access. Home care teams may lack current treatment protocols, recent diagnostic

The key safeguards are clarity and coordination. Families need simple, clear discharge instructions, warning signs to watch for, and direct lines of communication with the treating hospital. This is where a Care Manager becomes important, ensuring appointments are not missed, instructions are followed, and families know when to escalate concerns. The goal is not to replace medical care, but to make sure it is supported properly at home

findings, or defined escalation criteria. This potentially delays interventions and causes care inconsistencies. Effective integration requires shared care plans, clear referral pathways, and reliable communication systems connecting hospital and home-based providers. Strong governance structures and regular clinical reviews are necessary for maintaining quality and continuity across care settings. These elements collectively ensure that home-based oncology services function as seamless extensions of hospital care."

Dr Singh echoes this concern, noting that fragmented medical records, lack of shared care protocols, and unclear decision-making ownership during complications remain persistent gaps, with many home care teams operating in silos disconnected from primary oncology centres.

Seamless integration between hospital oncology units and home-care services is crucial for quality continuity. The most effective models currently involve hybrid pathways, where patients receive initial treatment and stabilisation in the hospital and then transition to home care for subsequent cycles under the same clinical oversight.

Dr Singhal identifies, "One of the most significant gaps in home-based oncology care is the persistence of information silos. Many home healthcare providers operate on fragmented Electronic Medical Record (EMR) systems that are not integrated with hospital platforms, resulting in limited real-time visibility into the care delivered at home, particularly during emergencies. Establishing a unified, patient-centric digital health ID under the Ayushman Bharat Digital Mission is therefore essential. This level of integration would help ensure that the treating oncologist, home nurse, and emergency teams remain aligned, enabling faster, more coordinated, and well-informed clinical decisions."

Seamless integration between hospital oncology units and home-care services is crucial for quality continuity. The most effective models currently involve hybrid pathways, where patients receive initial treatment and stabilisation in the hospital and then transition to home care for subsequent cycles under the same clinical oversight

Dr Ammbulkar also highlights that, "Integration is absolutely critical. Home-based care cannot function in silos. The treating oncologist must remain the clinical anchor, with seamless information flow between hospital systems and home healthcare teams. Today's biggest gaps lie in fragmented medical records, inconsistent communication between hospital and home teams and lack of standardised handover protocols."

Without integration, care becomes reactive rather than proactive. Strong clinical governance models where hospitals lead care planning and home teams execute under clear supervision are essential to close these gaps.

A care manager acting as a single point of coordination ensures hospital guidance translates into consistent home routines, reducing confusion and improving patient security.

Workforce readiness: The core of home oncology

Despite advances in technology, clinicians emphasise that human expertise remains central to delivering complex cancer care at home. India's home healthcare workforce is expanding, but preparedness for oncology and palliative care remains uneven.

Dr Chevale points out, "Cancer demands timely diagnosis and care, and as India's home-care workforce adapts to the clinical and emotional complexity of advanced cancer, there is an urgent need for

specialised oncology training, formal palliative care certification, stronger clinical supervision, and robust hospital-linked support systems. So, the qualified specialists, nurses, and therapists ensure that patients are able to get customised professional care, promoting their sense of security, dignity, and independence while ensuring a comfortable and speedy recovery."

Dr Jaswal stresses that, "India's home healthcare workforce is still unevenly prepared for complex oncology and palliative care, making standardised oncology training, formal accreditation, stronger palliative care skills, and an expanded, empowered role for oncology nurses across hospital and home settings urgently necessary."

Dr Vaid opines that, "The key gap is the limited availability of oncology-trained nurses, and palliative care competencies across many settings. Managing pain, symptom escalation, infection prevention, nutrition needs, and end-of-life care requires specialised skills. Structured training modules, competency-based assessments, and standardised accreditation can improve quality and safety. Regular supervision by senior clinicians and stronger hospital linkage are important for clinical governance. Strengthening the role of oncology nurses through defined responsibilities, continuous education, and integration into care planning can improve outcomes across both

hospital and home settings."

From a non-clinical support lens, Reddy adds that cancer recovery demands patience, emotional sensitivity, and consistency, with Care Managers guiding caregivers and ensuring compassionate, stable support throughout the journey.

Policy, insurance, and the next 5-7 Years

For home-based oncology care to scale responsibly, systemic reform is essential. Insurance coverage for home-based chemotherapy support, nursing visits, and palliative care remains limited, creating financial barriers despite clinical benefits.

Dr Vaid notes that, "System-level support is necessary for home-based oncology care to scale responsibly. Insurance coverage and reimbursement must evolve to include home-based supportive and palliative services, reducing financial barriers for families. Clear operational standards and quality frameworks are needed to define the scope of services, safety requirements, and accountability. Public-private collaboration can help expand access beyond metro cities and reduce the load on tertiary centers."

Dr Thakwani adds that, "Fundamental restructuring across different domains is needed in India. Insurance providers are yet to recognise home-based chemotherapy, nursing visits, and palliative care as reimbursable services.

Currently, most policies cover hospital admissions while excluding home treatments. This creates perverse incentives against home-based care. Policy frameworks need standardised quality benchmarks, licensing requirements for home oncology treatments, and clear liability protections for all stakeholders."

Looking ahead, Dr Jaswal believes that over the next five to seven years, home healthcare will become a core extension of cancer care, helping reduce hospital burden while improving access, continuity, and quality of life.

Echoing this outlook, Dr Ammbulkar notes that, "Over the next 5-7 years, home healthcare is likely to become a core pillar of India's oncology ecosystem, not replacing hospitals, but complementing them by enabling continuity, compassion, and cost-effective care across the cancer journey."

Way forward

Across expert voices, there is clear consensus: over the next five to seven years, home healthcare will emerge as a core pillar of India's oncology ecosystem—complementing hospitals, easing system strain, and enabling more continuous, compassionate, and cost-effective cancer care closer to home.

Home-based oncology in India must now move from selective adoption to structured scale-up. Clear clinical guidelines, stronger hospital-home integration, and robust digital monitoring will be key to ensuring safety and consistency of care.

Insurance inclusion and supportive policy frameworks can unlock wider access, while focused investment in oncology-trained homecare teams will build confidence among clinicians and patients. With the right safeguards, home healthcare can evolve into a core extension of India's cancer care ecosystem delivering treatment that is more sustainable.

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

INTERVIEW

Hospital infrastructure planning needs to shift from being capacity-driven to capability-driven

Arjun P Gupta, Founder & CEO, Smart Joules explains why energy efficiency in Indian hospitals is no longer just about cost or sustainability, but a critical marker of operational reliability, resilience and patient safety, in an interview with **Lakshmipriya Nair**

Indian hospitals are among the most energy-intensive facilities. Where do you see the biggest gaps today in how HVAC and critical utilities are actually managed?

Indian hospitals are inherently energy-intensive, given that they operate 24×7, under zero-tolerance conditions for comfort, safety, and system failure, but the real challenge isn't the scale of consumption—it's how that energy is managed over time. The biggest gaps typically emerge not at the design stage, but once systems move from commissioning into live operations.

Most hospitals are well designed and carefully commissioned. However, HVAC and critical utilities are often run on static assumptions in an environment that is highly dynamic. Fixed setpoints, conservative operating margins, and manual overrides are used to ensure clinical safety, but they rarely adapt to real-time occupancy, case mix, or ambient conditions. Over time, this leads to chronic overcooling, inefficient equipment staging, and unnecessary stress on assets.

A deeper issue is what happens after handover. Performance accountability tends to taper off once operations begin. Without continuous optimisation, systems gradually drift—setpoints creep, controls are overridden, and efficiency erodes quietly, even though nothing appears visibly "broken."

Another gap is limited,



fragmented visibility across systems. HVAC, electrical, and backup utilities are frequently monitored in silos, making it difficult to optimise performance holistically or anticipate issues early.

As a result, operations remain largely reactive. Data exists, but it is not consistently translated into actionable insight. Energy, reliability, and comfort are still managed through experience and intervention rather than intelligence and prediction—leaving significant efficiency and resilience gains untapped.

When building management systems fall short, how does that show up on the ground, especially in ICUs, operating theatres or other critical care areas?

In critical care environments, the consequences of BMS

shortcomings can be serious. While hospitals are designed with layers of redundancy, failures in HVAC or critical utilities—such as loss of ventilation control, pressure imbalance, or delayed power backup—can directly compromise patient safety if not arrested quickly.

In practice, what prevents these situations from escalating is often human intervention rather than system intelligence. Engineering teams step in, override controls, manually stabilise conditions, or run systems at maximum capacity to stay ahead of risk. While this vigilance is commendable, it also masks underlying fragility.

More commonly, shortcomings surface as instability before outright failure—temperature and humidity drifting in ICUs,

pressure differentials fluctuating in operating theatres, or delayed response during load changes. These deviations increase dependence on manual monitoring and narrow the margin for error.

Another challenge is delayed visibility. Traditional BMS platforms tend to react after thresholds are breached rather than highlighting early signs of deviation. By the time an alarm is raised, teams are already in firefighting mode.

Over time, this reactive operating model becomes normalised. Clinical outcomes are protected, but at the cost of higher energy use, accelerated equipment wear, and constant human oversight. In environments where consistency, predictability, and uptime are non-negotiable, relying on intervention instead of

intelligence is a risk hospitals can no longer afford.

Beyond rising power bills, what risks or inefficiencies do hospitals often overlook when HVAC systems aren't optimised?

Rising power bills are often the first visible signal that HVAC systems are not operating optimally. But in hospitals, energy inefficiency is rarely an isolated issue—it is usually the earliest symptom of broader operational drift.

One commonly overlooked risk is reliability erosion. Systems that are run conservatively to stay "safe" tend to operate under continuous stress—pumps at higher speeds, chillers cycling inefficiently, valves and actuators working harder than necessary. While this initially shows up as higher energy consumption, it gradually accelerates equipment wear and increases the likelihood of unplanned breakdowns.

Another issue is operational fragility. When performance depends on frequent manual intervention—overrides, setpoint tweaks, and constant monitoring—the hospital is effectively relying on people to compensate for system limitations. This creates shift-to-shift variability and reduces resilience during sudden load changes or equipment faults.

There is also significant hidden performance loss. Comfort bands may still be maintained, but through inefficient means—overcooling to manage

humidity, simultaneous heating and cooling, or suboptimal sequencing of equipment. Because nothing is visibly “failing,” these inefficiencies often go unnoticed, even as energy use and mechanical stress continue to rise.

In healthcare environments, inefficient HVAC operation is not just a cost concern. It is an early indicator that systems are drifting away from stable, predictable performance—something hospitals can ill afford.

How ready are Indian hospitals to rely on real-time data for operational decisions, and how valuable is predictive intelligence in avoiding unexpected downtime?

Most Indian hospitals today have access to large volumes of operational data, but readiness varies in how confidently that data is used for decision-making. Real-time visibility is often limited to monitoring and alarms, rather than actively guiding how systems should run minute by minute.

Where real-time data does add value immediately is in situational awareness—understanding current loads, equipment status, and deviations across HVAC and utilities. However, the bigger gap is moving from visibility to anticipation. Many failures in hospitals don’t occur without warning; they are preceded by subtle patterns—declining efficiencies, longer response times, abnormal cycling—that traditional systems don’t surface early enough.

This is where predictive intelligence becomes critical. By learning how equipment and systems behave under different operating conditions, predictive models can flag emerging risks before they translate into downtime or clinical disruption. Instead of reacting to alarms, teams get time to plan interventions, redistribute loads, or correct issues during non-critical windows.

In a healthcare environment, avoiding

downtime isn’t just about redundancy. It’s about foresight—using data not just to see what is happening, but to understand what is likely to happen next.

Do you think energy efficiency has moved beyond being a sustainability conversation to becoming a core performance and financial metric for hospital leadership?

It has begun to—but not uniformly, and that gap matters.

For many hospitals, energy efficiency still appears primarily in sustainability reports or annual disclosures. But leading hospital groups are starting to recognise it as something more fundamental: a proxy for how well their infrastructure is governed and controlled.

In practice, energy performance reflects whether systems are operating as intended, whether assets are being stressed unnecessarily, and whether the hospital is relying on predictable processes or constant human intervention to stay stable. Rising energy intensity is rarely just a cost issue—it often signals performance drift, growing operational risk, and future capex that leadership hasn’t planned for.

What’s changing in boardrooms is the realisation that energy efficiency is measurable, comparable, and actionable. Metrics such as energy per bed, per procedure, or per square foot now offer insight into operational discipline, not just sustainability posture.

Hospitals that treat efficiency as a business metric gain more than savings. They gain visibility, resilience, and confidence in their ability to scale without compounding risk. Those that don’t often wait until cost spikes, downtime, or expansion pressure force the conversation—by which point options are narrower and more expensive.

In that sense, energy efficiency is no longer a reportable statistic. It is an early decision-making

signal—one that hospital leadership can choose to act on proactively, or react to later under pressure.

As hospitals expand and add more complex equipment, how should infrastructure planning change to stay future-ready?

Hospital infrastructure planning needs to shift from being capacity-driven to capability-driven, and equally from an upfront-cost mindset to a lifecycle-performance mindset. Historically, future-readiness has been equated with adding redundancy—larger plants, more backup systems, higher safety margins—often optimised for capital expenditure rather than long-term operation.

As hospitals add advanced diagnostic, surgical, and life-support equipment, load profiles become more variable and complex. Planning for this future requires systems that are not just robust on day one, but efficient, adaptable, and predictable over decades of operation. Decisions made purely on lowest initial cost often translate into higher energy consumption, accelerated wear, and increased dependence on manual intervention over time.

Another critical shift is designing infrastructure with performance continuity in mind. Expansion should not create new silos. HVAC, electrical, and backup utilities must be planned as integrated layers, with visibility across the full utility stack, so that future additions do not compound operational complexity or risk.

Finally, future-ready planning must account for how systems will be operated and optimised throughout their life—not just installed and commissioned. Infrastructure that supports continuous performance monitoring and optimisation allows hospitals to scale, adopt new clinical technologies, and meet regulatory requirements without locking themselves into escalating operating costs or hidden risk.

In healthcare, true future-readiness is not defined by

how much capacity is built upfront, but by how well that infrastructure performs, adapts, and pays back over its full lifecycle.

What kind of organisational or cultural challenges emerge when hospitals move from manual operations to AI-driven infrastructure?

The biggest challenge is not technology—it’s trust and transition. Hospitals are environments where risk tolerance is understandably low, and teams are trained to rely on experience, judgement, and manual control to keep systems safe. Moving to AI-driven infrastructure can initially feel like ceding control, especially when systems begin to make recommendations or decisions autonomously.

Another challenge is role redefinition. Automation changes how engineering teams spend their time. Instead of constant monitoring and firefighting, the emphasis shifts to validation, exception handling, and optimisation. This transition requires new skills and, more importantly, reassurance that intelligence is meant to support human expertise, not replace it.

There is also the question of accountability. When decisions are data-driven, organisations need clarity on who owns outcomes—engineering, operations, or leadership. Without that clarity, even capable systems can be underutilised.

Hospitals that navigate this shift well treat intelligence adoption as a change-management exercise, not a software rollout. They invest in training, phase adoption carefully, and build confidence through early wins. Over time, teams stop seeing intelligence as a risk and start seeing it as a safety net—one that reduces cognitive load, variability, and dependence on constant manual intervention.

Looking ahead, what do you think will set operationally excellent hospitals apart, and how should CEOs think about evaluating technology partners beyond short-term

cost savings?

Operationally excellent hospitals will be distinguished by how predictable their infrastructure becomes under pressure. Not whether systems are installed or certified, but whether temperature, air quality, power, and uptime remain stable during peak loads, equipment faults, or sudden demand changes—without requiring constant manual intervention.

In practice, the gap shows up quickly. Some hospitals run efficiently only when everything goes right. Others continue to perform even when conditions don’t. That difference is rarely about equipment quality alone; it comes down to how well systems are governed, monitored, and optimised over time.

For CEOs, this fundamentally changes how technology partners should be evaluated. Upfront cost and feature lists are easy to compare, but they say little about long-term outcomes. The more important questions are: Does this partner stay accountable once the system is live? Can they demonstrate sustained performance across years, not just at commissioning? And do they understand hospital operations well enough to reduce variability, not add another layer of complexity?

The strongest partners are those who remain present after handover—tracking performance drift, responding to real-world behaviour, and continuously tightening operations rather than walking away once the installation is complete.

In healthcare, operational excellence is not achieved through one-time decisions. It is sustained through partners who are willing to stand by outcomes, not just promises. Hospitals that recognise this early build infrastructure that is not only efficient, but resilient, scalable, and dependable over the long term.

*lakshmi priya.nair@expressindia.com
lakshmi priya.nair@gmail.com*

INTERVIEW

Cost efficiency and ethical healthcare will increasingly become non-negotiable

Healthcare is becoming more competitive, and patients today are better informed and more demanding. To grow sustainably, healthcare organisations must focus on cost efficiency, ethical care and smarter use of data and AI, highlights **Kaustav Ganguli, MD & Leader - Healthcare and Life Sciences, Alvarez & Marsal**, in an exclusive interview with **Lakshmipriya Nair**

What are the biggest business pressures healthcare leaders are facing today?

Leading Metro and Tier 1 markets have seen a profusion of 'quality' healthcare infrastructure creation by leading corporate players over the last few years, both through organic and inorganic means, leading to significantly enhanced organised competitive intensity in these top tier markets. The ensuing challenge in these markets, as the gap between addressable demand and supply narrows, will be to drive differentiation and sustain handsome organic growth.

The other challenge relates to mature urban consumers in India becoming far more knowledgeable and hence discerning in their choice of healthcare service providers. This will imply that providers would need to show differentiation not only in clinical outcomes but also in how they offer customised experiences to patients and their families.

Apart from these market-related challenges, the impending regulatory threat of pricing scrutiny and control is the other challenge that healthcare providers may have to deal with in the not-so-distant future.

What expansion strategies are working, and which ones are proving risky in the current environment?

The brownfield expansion and integration playbook is now a fairly well-developed one, with multiple corporate and PE-investee groups employing that



Data and AI will collectively become central to how successful healthcare groups play in this business over the next few years

well to drive rapid topline and EBITDA expansion. The issue with the inorganic expansion model is that after the rapid consolidation witnessed in this segment over the last few years, not too many large, scaled regional businesses are available for further consolidation by the larger players. By contrast, greenfield expansion models, while enabling far better control on design and quality, present challenges to meeting the quicker return metrics thresholds that healthcare

investors demand.

How are cost pressures influencing pricing, margins, and long-term sustainability across healthcare segments?

In steady-state units, median realisation growth ranges between four to eight per cent as an outcome of both pricing revision as well as continued improvement in case mix. This realisation inflation therefore more than balances out the inflationary trends on material costs, employee costs and doctor costs. In facilities, where

there is handsome volume growth to top this realisation growth, operating leverage leads to margin expansion over time. In the medium term therefore, margin sustainability for well-established brands should not come under pressure.

However, if there are macro events that cause shock to the growth rates of the economy thereby slowing down income growth, pricing growth sustainability may well come under pressure. In today's volatile global geopolitical

landscape, one cannot completely rule out the possibility of such shocks.

What operational capabilities are becoming non-negotiable as healthcare platforms scale? Which operational improvements deliver the quickest financial impact?

Data and AI will collectively become central to how successful healthcare groups play in this business over the next few years. Traditionally, most healthcare providers have been used to treating patients as episodes, merely as admissions and discharges who are forgotten post-discharge. However, given the increasing competitive intensity and maturing consumers, most groups are starting to evaluate interventions that would give them a singular view of the patient across the entire continuum of care - right from the point in time the patient searches about a disease on Open AI to first or follow-up instances of consultation through to admissions and post-discharge engagement.

The other capability that will lead to differentiation is patient-centricity and service excellence. Culturally, most healthcare providers have been used to thinking of clinical aspects first and non-clinical service excellence as a 'nice to have'. This is likely to change in an environment where patients become more informed and demanding. Groups that will forge ahead are the ones that will learn from the hospitality industry, drive a cultural transformation and start

placing the patient at the center of everything they do.

Thirdly, as groups scale and payers become a more dominant channel in India, emphasis on clinical outcomes, and correspondingly on pathways, processes and systems that drive better outcomes will become critical.

Overall, data and governance will be at the heart of enabling the three shifts outlined above. Groups that do this better will emerge as winners.

What should leaders fix first - processes, technology, or talent? How do fragmented systems impact decision-making at the leadership level?

In healthcare services, it is important to choose one of

these aspects over the other. There is no service without outstanding clinical and non-clinical talent. There is no quality or experience without processes. And, there is limited governance, evidence-based decision-making or life-long patient engagement without technology. All three elements need to be worked upon in tandem.

Fragmentation in systems and more importantly fragmentation in operational, clinical and financial views across the network impedes the ability to drive the 'network effect'. Without this uniformity, a healthcare network is just an amalgamation of disparate units without the benefits of centralised best practices.

How should leaders prepare

their organisations for tighter pricing and regulatory scrutiny?

India is slowly transforming from a health economy that used to be largely dependent on out of pocket payments to one where increasingly payors, both government and private, are enhancing their penetration and impact. In this changing environment, cost efficiency and ethical healthcare will increasingly become non-negotiable. Cost efficiency will be contingent on efficiency in procurement, in doctor mix and operating model tailored to formats and geographies and in driving higher productivity in employees leveraging technological interventions. As an example, we expect AI solutions to play an increasing

important role in areas like the contact center for customer interactions, thereby optimising costs as well as in charting out patient-specific, custom interaction pathways in the early part of the patient journey, thereby lowering patient acquisition costs and driving higher effectiveness in customer funnelling.

What will define a winning healthcare business over the next five years?

Tomorrow's winners in healthcare will have the following cornerstones for their success:

1. Data and AI as a strategic tool for patient engagement, service excellence and quality
2. Transition to a consumer-centric, patient-first approach

and investment in brand-building

3. Greater standardisation of clinical pathways, processes and systems - thereby readying the business for an environment that has greater contingency on payors

4. Cost focus and more nuanced operating model choices (formats, focus specialties, doctor engagement models) as groups expand to lower tier towns

5. Best in class capabilities in acquisition and successful integration to drive synergies

The sands are shifting rapidly and the healthcare landscape may well look very different another five-six years down the line!

lakshmi priya.nair@expressindia.com
laxmi priya.nair@gmail.com



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Is India’s healthcare gap really about doctors, or about a shortage of skilled nurses?

Rajiv Mathur, CEO, KEDMAN Skilling highlights why nursing skills are central to India’s healthcare capacity

India’s healthcare capacity is often discussed through a single, familiar lens: we do not have enough doctors.

The argument appears logical. Doctor–population ratios remain uneven across states, public hospitals are stretched, and specialist availability is limited outside major cities.

But this framing misses a more fundamental issue, one that is visible every day inside hospital wards but rarely makes headlines. India’s healthcare gap is not only about doctors. It is equally, and in many cases more critically, about the shortage of skilled nurses.

The numbers tell a different story

According to data from the Ministry of Health and Family Welfare, India has significantly expanded medical education over the past decade. The number of MBBS seats has crossed one lakh nationally, nearly doubling since 2014, alongside a sustained increase in postgraduate medical seats. While regional and specialty-level distribution challenges persist, the overall pipeline for doctors is clearly on an upward trajectory, reflecting sustained public investment in medical education capacity.

Nursing presents a different reality.

The World Health Organization (WHO) estimates that India has roughly 1.7 nurses per 1,000 population, far below what is seen in advanced healthcare systems. This figure alone understates the problem, because it does not capture clinical readiness, skill depth, or deployment quality. Across hospitals, especially outside large metros, administrators routinely report that newly qualified nurses require



six to twelve months of intensive in-hospital training before they can function independently.

What appears on paper as workforce availability often translates, on the ground, into fragile care delivery.

India vs OECD: Why nursing shortages matter more than doctor counts

In global healthcare workforce discussions, comparisons are often drawn with the OECD, the Organisation for Economic Co-operation and Development. The OECD is a grouping of advanced economies that share data and best practices on health systems, workforce

planning, patient safety, and outcomes. Its benchmarks are widely used by governments, the WHO, and multilateral institutions to assess healthcare system performance.

A comparison with OECD countries highlights why nursing shortages have a disproportionate impact on healthcare delivery in India.

OECD member countries include the United States, United Kingdom, Germany, France, Japan, South Korea, Australia, Canada, and most Western European nations. These systems are typically characterised by strong nursing professions, regulated workforce standards, and robust

outcome measurement, making OECD averages a widely accepted global benchmark.

Why nurses matter more than we admit

Doctors diagnose, prescribe, and lead clinical decisions. Nurses, however, are responsible for continuous care. They monitor vital signs, administer medication, manage medical devices, ensure infection control, document patient progress, and act as the primary interface between patients, families, and clinicians.

In practice, it is nursing vigilance, not episodic doctor interaction, which determines whether deterioration is detected early or too late.

International evidence consistently shows that hospitals with better-trained and adequately staffed nursing teams experience lower mortality rates, fewer adverse events, and shorter hospital stays. A large global study published in The Lancet found that every additional patient added to a nurse’s workload increases the risk of inpatient mortality by approximately 7 per cent.

This far from an abstract statistic. It translates directly into avoidable clinical risk.

India’s quiet crisis: employability beyond availability

India produces a large number of nursing graduates each year. Yet hospitals struggle with employability gaps that are rarely acknowledged in policy debates.

Many newly qualified nurses have limited exposure to real clinical environments during training. Familiarity with modern equipment, digital documentation, infection control protocols, and specialised care pathways is often uneven. As a result, hospitals, particularly private ones, invest heavily in internal training. Smaller hospitals and public facilities frequently lack the capacity to do so, leading to overstretched staff and compromised care delivery.

The gap between qualification and capability is where India’s healthcare system quietly loses efficiency and resilience.

Why critical care and neonatal nursing deserve special attention

The impact of nursing shortages is most acute in critical care units and neonatal intensive care units (NICUs).

In these environments, nurses are not merely execut-

Indicator	India	OECD Countries
Nurses per 1,000 population	~1.7	8–9 (average)
Nurse-to-doctor ratio	~1.7:1	3:1 or higher
Average nurse workload	High patient load per shift	Regulated staffing ratios
Post-qualification specialisation	Limited and fragmented	Structured, mandatory pathways
Role of nurses in critical care	Task-heavy, staff-constrained	Clinically empowered, decision-support role

Sources: Ministry of Health and Family Welfare (India); World Health Organization; OECD Health Statistics.

ing instructions. They are responsible for continuous monitoring, early identification of deterioration, management of ventilators and infusion systems, strict infection control, and real-time escalation of clinical changes.

According to the World Health Organization, outcomes in ICUs and NICUs are closely linked to nurse-to-patient ratios and specialised nursing skills, often more than to physical infrastructure or equipment availability.

In many Indian hospitals, one critical care nurse may manage two to three patients per shift, compared to 1:1 or 1:2 ratios commonly followed in OECD systems. Formal post-basic specialisation in critical or neonatal nursing is not uniformly mandated, and skill acquisition frequently happens on the job, under pressure.

As India expands high-end

International evidence consistently shows that hospitals with better-trained and adequately staffed nursing teams experience lower mortality rates, fewer adverse events, and shorter hospital stays. A large global study published in The Lancet found that every additional patient added to a nurse's workload increases the risk of inpatient mortality by approximately 7 per cent

healthcare infrastructure, ICUs, neonatal units, trauma centres, the absence of a parallel investment in advanced nursing skills risks turning capacity expansion into a patient safety challenge.

The global pull and the domestic consequence

Globally, demand for nurses is rising sharply due to ageing

populations and expanding healthcare coverage. The WHO estimates a global shortfall of nearly six million nurses, with demand projected to grow further by 2030.

Indian nurses are increasingly sought after for overseas roles. While this reflects their potential, large-scale international recruitment without simultaneous domestic capacity

strengthening risks deepening shortages at home, particularly in public and semi-urban healthcare systems.

Countries such as the Philippines have treated overseas nursing mobility as a strategic pillar while simultaneously investing in domestic nursing education quality and career progression. India has yet to adopt a similarly balanced approach.

Reframing the healthcare debate

India's healthcare challenge should not be framed as doctors versus nurses. Both are indispensable. But without sufficient numbers of skilled, confident, and empowered nurses, even the best doctors operate under constraint.

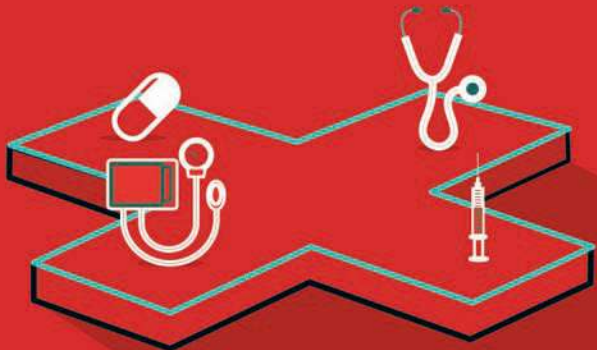
High-performing healthcare systems understand this balance. They treat nursing as a strategic investment in quality, safety, and outcomes, rather than merely a support function or a cost centre.

If India wants to close its healthcare gap meaningfully, especially as it expands infrastructure and insurance coverage, nursing skills must move from the periphery to the centre of reform.

Because at the bedside, where healthcare truly happens, nurses do more than support the system; they sustain it.



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INTERVIEW

There is an urgent need to build well-connected cancer care networks

Dr Bhawna Sirohi, Medical Director, Vedanta Medical Research Foundation discusses India's healthcare transition and the growing cancer burden outside major cities. She also speaks on the urgent need to strengthen public healthcare delivery, build well-connected cancer care networks, and shift from late to early-stage diagnosis through prevention, screening, and integrated models of care, in an interview with **Kalyani Sharma**

How do you see the cancer care landscape evolving in India, particularly in non-metro and semi-urban regions?

India's healthcare landscape is undergoing an important transition. Centres of excellence have shown what is possible in delivering high-quality, evidence-based care. The real challenge now is scale and equity. A growing share of India's cancer burden will be borne by people living outside major cities, and our systems must evolve to meet them where they are.

There is an urgent need to strengthen public healthcare delivery and build well-connected cancer care networks. Non-metro and semi-urban regions need access to care that is close to home, supported by strong referral pathways to higher centres when needed. Hub-and-spoke models, where district and secondary hospitals are linked to comprehensive cancer centres, will be critical to achieving this.

Along with this, cancer care requires trained multidisciplinary teams, reliable diagnostics, radiotherapy, and imaging. Investment in human resources, education, and locally relevant research must go hand in hand with physical expansion.

The needle must shift from late to early-stage diagnosis. This requires behavioural and mind-set



change and wider use of technology. Investing in research and infrastructure is equally important. If done well, this evolution can improve outcomes and redefine how India delivers complex healthcare at scale, ensuring that where a person lives does not determine the care they receive.

What role do prevention

and early screening play in reducing the overall cancer burden, and where does India still need to improve?

Prevention and early detection are the most effective and cost-efficient ways to reduce the cancer burden. In India, many common cancers, including breast, cervical, head and neck, and GI cancers, are still diagnosed at advanced

stages, which leads to higher treatment costs and poorer outcomes.

India needs to strengthen population-level prevention and screening efforts. Tobacco and alcohol cessation, HPV vaccination, menstrual and reproductive health education, and community-based screening must be scaled up. Awareness alone is not sufficient. Stigma, fear, and misinformation continue to delay screening, especially in rural and interior regions.

From a policy standpoint, cancer should be made a notifiable disease across all states and union territories. When public funds support cancer treatment, it is essential to capture the true disease burden. Strong population-based cancer registries in every state will allow better planning and designing of region-specific strategies, as cancer patterns vary widely across the country.

A key national priority should be cervical cancer elimination. HPV vaccination is one of the most effective cancer prevention tools we have, and it must be scaled up alongside cervical cancer screening using simpler approaches such as HPV DNA testing and self-sampling to significantly reduce disease burden.

Finally, training frontline health workers such as ASHA, Mitanins, and Ayush doctors to recognise early warning signs and ensure

timely referral can shift diagnosis to earlier stages.

From a clinician and public health perspective, what are the biggest challenges in ensuring timely cancer diagnosis and continuity of care?

One of the biggest challenges is fragmented care. Patients move between multiple centres without clear referral pathways, leading to delays, repeated investigations, and loss to follow-up. Limited diagnostic capacity at the primary and secondary care levels also contributes to late-stage presentation.

Financial toxicity further delay care, particularly at the diagnosis stage. Despite government schemes, diagnostic tests are often not covered, making cancer care unaffordable for many families. Along with stigma, fear, and low awareness in rural and interior areas, this results in delayed diagnosis.

Another challenge is the rapid expansion of cancer centres without uniform standards or accountability. While accessibility is important, there is limited visibility on treatment-related complications, early mortality, and long-term survival. Transparency and accountability are essential to safeguard patients and improve quality of care.

There is a strong need for systems that support credentialing of cancer centres, peer review, and

routine reporting of outcomes. At the same time, better coordination between government programs, healthcare providers, and credible NGOs is needed. India's population and cancer burden are large, and fragmented efforts will not deliver results. Bringing these stakeholders together through shared data and collaborative planning is crucial to improving patient outcomes and continuity of care.

How important is a multidisciplinary approach in oncology today, and how does it impact patient outcomes and quality of life?

Cancer treatment is no longer about a single doctor or a single therapy. It requires close collaboration between medical, surgical, and radiation oncologists, along with pathologists, radiologists, nurses, palliative care teams, and allied health professionals.

This approach leads to better clinical decisions, avoids unnecessary or excessive treatment, and improves symptom control. Importantly, it helps focus on outcomes that truly matter to patients, including quality of life, functional ability, and dignity of care. In resource-limited settings,

From a policy standpoint, cancer should be made a notifiable disease across all states and union territories. When public funds support cancer treatment, it is essential to capture the true disease burden

multidisciplinary care also supports treatment de-escalation, allowing us to deliver effective care without adding avoidable toxicity or cost.

Vedanta's BALCO Medical Centre focuses strongly on prevention, screening and treatment—how does this integrated model help bridge gaps in access to quality oncology care in Central India?

Vedanta's BALCO Medical Centre (BMC) is built around the idea that cancer care should be continuous and patient-centred. From prevention and screening to treatment, rehabilitation, and palliative care, services are designed to create a smooth, well-coordinated patient journey that is easy to navigate and focused on timely care.

In a region like Chhattisgarh, where patients often travel long distances

for care, this model helps reduce delays, financial toxicity, and treatment dropouts. Community outreach, government collaborations, mobile screening units, tele-consultations, and affordable treatment protocols allow patients to enter the system early and remain within it.

At the same time, BALCO Medical Centre focuses on generating regional cancer data and building locally relevant evidence. This supports better planning of services, improves resource allocation and policy making.

With initiatives such as mobile screening units, government collaborations and advanced treatment infrastructure, how is BALCO Medical Centre shaping a more affordable and accessible cancer care ecosystem for underserved communities?

BALCO Medical Centre's

mobile cancer detection van reaches interiors of Central India to educate communities and screen for common cancers. For many people, this is their first interaction with the healthcare system.

What matters most, however, is closing the loop from screening to treatment. Screening has limited value if patients are not supported beyond diagnosis. When someone screens positive at a camp, we ensure they are guided into treatment, either at BMC or at another appropriate facility. Bridging this gap between is critical to improving outcomes.

Government healthcare schemes have been a significant step forward, and most patients treated at BMC are covered under these programs. However, diagnostic costs are often not funded, which remains a major challenge for poor patients. To address this, we

work with several credible NGOs and have an in-house charitable fund that supports diagnostics, treatment gap funding when scheme limits are exhausted, and nutritional support. This helps ensure that patients are not lost at any stage of care.

When people return to their families and communities healthy, they are able to remain productive, support livelihoods, and contribute meaningfully to society.

From an infrastructure standpoint, Vedanta's BALCO Medical Centre is equipped at par with the best cancer centres in the country. With growing trust and patient footfall, we continue to expand our services and introduce newer technologies. Alongside clinical care, we place equal focus on education and research. Through the introduction of super-specialty academic programs, we are building local capacity and strengthening the oncology workforce. Clinical research helps us better understand cancer patterns in our population and generate evidence that is relevant to our region.

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



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Empowering women: The importance of maternal health education

Dr Malini Sukayogula, Consultant Obstetrician, Fernandez Hospital highlights the role of maternal health education in enabling informed pregnancy and childbirth decisions

"There is no tool for development more effective than the empowerment of women."

Kofi Annan

Pregnancy is one of the most profound and life-changing experience for any woman.

With the glut of advice and information from family, friends and social media available these days, it can often be confusing. In their most vulnerable time, women feel lost and are unable to decide what's reliable, what's outdated, and what really applies to their own bodies. It is critical to empower women with the right information at the right time from the right sources. This is where maternal health education comes in.

Maternal health education refers to providing expectant and new parents with information, skills, and support to promote healthy pregnancies, safe childbirth, and positive outcomes for both mothers and babies. It is more than just sharing medical information. It's about empowering women to take charge of their own health, notice warning signs, seek help, and get timely and appropriate care.



In our own hospital, we have seen that when women are empowered, they understand the significance of good nutrition, regular check-ups, tests, vaccination and the signs and symptoms of common conditions such as anaemia, high blood pressure, and diabetes. They are able to seek help on time and avoid risks to themselves and their babies. The more health literate the mother is, the better prepared she is to handle adverse situations.

Take the example of a young pregnant woman who was at-

tending childbirth education classes. She felt constantly tired and breathless and realised that something wasn't right. During her regular antenatal checkup, she raised this concern with her health worker who suggested some tests. When the results came in, she found out that she was anaemic. This timely action saved her and her baby's life and she went on to have a safe normal birth.

When a woman understands her body, she feels more confident and in control. She can make better decisions not

just for herself, but also for her family.

Yet, challenges remain especially among rural and underserved communities. In some families, women are expected to listen to the elders in the family for healthcare decisions. Lack of access to services, medical professionals, and health literacy continues to plague many parts of the country.

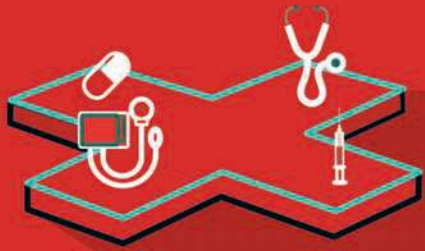
Community-based, verified online programmes help fill the gaps. One such example is "Garbh Ki Pathshala", an initiative by the Department of

Health, Government of Rajasthan that supports women with practical pregnancy and postpartum guidance helping improve outcomes for both mothers and babies. They can provide safe spaces for learning and sharing.

Even within Telangana, most public health facilities are beginning to have childbirth education classes that ensure the appropriate information is shared with mothers and families.

Teleconsultations and mobile health platforms are also enabling more people to access reliable information, especially in remote or underserved areas.

Obstetricians, gynaecologists and all those who work in the maternal and newborn care are important players in bridging this knowledge gap. They have the opportunity to harness every interaction with expectant families as an opportunity for education and support. When mothers are empowered it not only helps mothers but also families and communities. Empowering women with knowledge and choice is the hallmark of public health and a stepping-stone to a more just society.



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FUJIFILM India launches advance imaging and healthcare IT solutions at IRIA 2026

FUJIFILM India, at IRIA 2026, unveiled a comprehensive diagnostic portfolio spanning the FCT iStream CT platform, FFDM Sophinity digital mammography, FDR Smart X Essential digital radiography, and HCIT Fenix healthcare IT solutions

FUJIFILM India announced the launch of four new diagnostic imaging and healthcare IT solutions at the Indian Radiological and Imaging Association (IRIA) 2026.

At the center of the showcase is FCT iStream, Fujifilm's latest CT scan system, built on a "Less is More" design philosophy. FCT iStream combines high-definition imaging, dose optimisation, and AI-enabled workflow automation powered by the Synergy-Drive workflow suite and REiLI Medical AI technologies. The CT scanner automates key steps across the imaging process, from patient positioning & scan planning to image reconstruction & seamless integration with SYNAPSE 3D Workstation for advanced visualisation, helping radiology departments to manage rising patient volumes with greater efficiency and consistency. Advanced reconstruction and Organ-based dose modulation technologies further enable high diagnostic confidence at significantly reduced radiation doses, supporting a wide range of clinical applications including oncology, cardiology, neurology, trauma, and preventive health screening.

Complementing its CT offerings, FUJIFILM India also highlighted its women's health imaging portfolio, led by advanced full-field digital mammography systems, including AMULET SOPHINITY and AI Designed with a strong focus on patient comfort and diagnostic precision, these mammography machines support early breast cancer detection through high-resolution imaging, AI-assisted positioning, tomosynthesis, and contrast-enhanced mammography capabilities. Together, they reinforce FUJIFILM India's continued emphasis on preventive healthcare and improved screening outcomes, particularly in women's health.



The new launches are designed to help radiology departments manage rising imaging volumes, workforce constraints, and diagnostic complexity. With this launch, FUJIFILM India reinforces its long-term commitment to quality-driven innovation and strengthening India's healthcare infrastructure

FILM India's continued emphasis on preventive healthcare and improved screening outcomes, particularly in women's health.

The portfolio further includes digital radiography (X-ray) systems, such as the FDR Smart X Essential series, engineered for reliability, flexibility, and efficient workflows in high-throughput clinical environments. Designed for deployment across tertiary hospitals, diagnostic centres, and space-constrained facilities, these X-ray systems combine consistent image quality with space-efficient configurations and streamlined operations, supporting broader access to essential radiography services across urban and non-metro settings.

Option of inbuilt AI interface also available.

Underpinning the imaging portfolio is Fujifilm's healthcare IT ecosystem, including enterprise imaging and data management platforms such as HCIT Fenix, along with advanced visualisation solutions that enable seamless image access, interoperability, and clinical collaboration. By integrating imaging systems with intelligent software platforms, FUJIFILM India aims to support end-to-end diagnostic workflows while enabling faster clinical decision-making and optimized clinical operations.

Developed under FUJIFILM India's Make in India initiative, FENIX brings together PACS, RIS, Mobility, and smart workflow tools on a unified, scalable platform designed to meet the evolving needs of radiology practices across India.

Built with a strong focus on performance, interoperability, and ease of use, FENIX supports faster diagnosis, seamless integration with existing systems, and flexible deployment across hospitals, diagnostic centres, and teleradiology networks. This launch reinforces

FUJIFILM India's long-term commitment to locally developed innovation that empowers radiologists, improves clinical efficiency, and enhances patient care.

Commenting on the showcase at IRIA 2026, Nobuo Matsunobe, General Manager, Modality Systems Division, Medical Systems Business, FUJIFILM Corporation, said, "Fujifilm's healthcare innovation is driven by a deep focus on image quality, dose optimisation, and workflow automation across modalities. The solutions showcased at IRIA 2026, from FCT iStream and AMULET SOPHINITY to FDR Smart X Essential, ARIETTA 750 DeepInsight, and our healthcare IT platforms, reflect our approach of combining AI-enabled technologies with clinician-centric design to address rising imaging volumes, optimize operational efficiency, and enhance diagnostic confidence. These technologies are designed to perform consistently across diverse clinical environments while meeting global standards of quality and reliability."

Adding to this, Koji Wada, Managing Director, FUJIFILM India, said, "India's diagnostic imaging needs are evolving rapidly, with increasing demand for accuracy, speed, and access across care settings. Our presence at IRIA 2026 reflects our group purpose of 'Giving our world more smiles' by supporting India's healthcare providers with a comprehensive portfolio of advanced yet practical imaging and healthcare IT solutions. We are focused on strengthening diagnostic infrastructure by remaining committed to bringing our diverse ideas and unique capabilities together to change the world."



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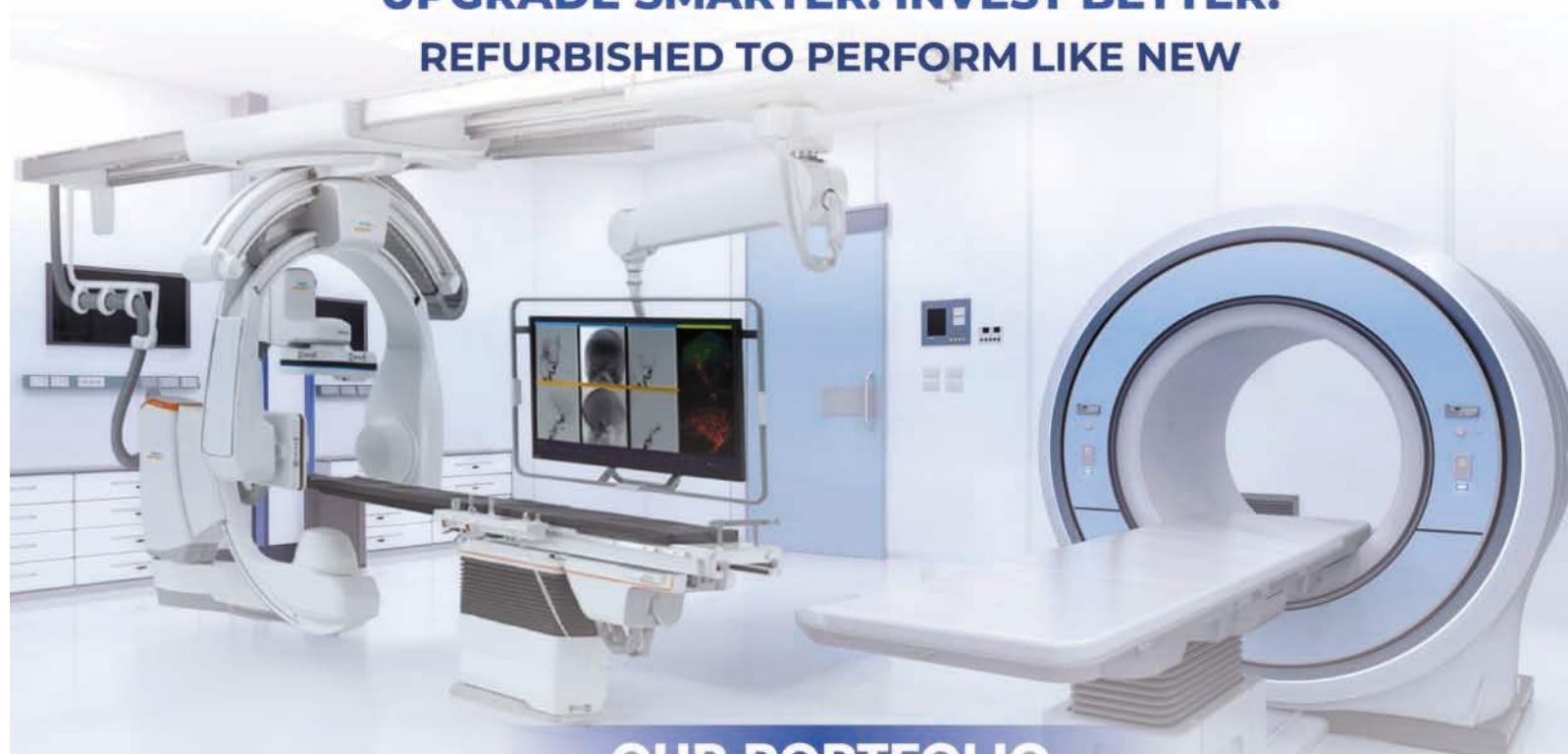


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2025: A transformative year of purpose, partnerships and progress

Reflecting on the year gone by, **Aaryaman Baid**, Lead-International Strategy, Poly Medicure Ltd, highlights 2025 as a pivotal period defined by purposeful growth, strategic partnerships, and sustained progress

As 2025 draws to a close, it stands out as a defining year in Polymed's journey, one marked by strategic growth, deeper global integration, and a continued commitment to strengthening healthcare delivery. In an environment shaped by evolving clinical needs, rapid technological change, and heightened expectations from healthcare systems worldwide, our focus remained clear: to build scale responsibly, invest in technology and capability, and create lasting value for patients and healthcare professionals.

Two landmark acquisitions - PendraCare and Citieffe, defined this year, significantly strengthening Polymed's technology portfolio and expanding our global footprint. At the same time, the launch of PACE - Polymed Academy of Clinical Excellence reaffirmed our belief that technology alone is not enough; empowered and well-trained healthcare professionals are central to improving patient outcomes. Complementing these initiatives was our continued emphasis on building direct teams in key global markets, enabling deeper engagement and stronger partnerships across geographies.

The acquisitions of PendraCare and Citieffe marked a major step forward in Polymed's long-term strategy. These were not transactional decisions, but carefully considered moves aligned with our vision of building a comprehensive, innovation-driven MedTech platform.

The acquisition of PendraCare marks a significant milestone in Polymed's growth journey, strengthening its capabilities in the cardiology segment. This strategic addition enhances Polymed's technology depth in advanced cardiac care,



As global healthcare systems become more complex and increasingly outcome-driven, proximity to customers and clinicians will be critical. In the year ahead, Polymed will continue to strengthen its presence by building direct teams in key international markets, reinforcing a long-term partnership approach over transactional engagement

enabling the company to better address evolving clinical needs while reinforcing its commitment to innovation, quality, and

patient safety.

The acquisition of Citieffe is equally significant, representing Polymed's entry into the

rapidly growing orthopaedics segment. This expansion broadens the spectrum of clinical specialties we serve and allows us to participate meaningfully in a category where innovation, precision, and long-term outcomes are critical. With Citieffe, we have added high-value technologies and deep domain expertise, further strengthening our role as a comprehensive healthcare partner.

Together, these acquisitions expand our clinical portfolio, enhance manufacturing and R&D synergies, and position Polymed to support healthcare systems across a wider continuum of care.

As global healthcare systems become more complex and increasingly outcome-driven, proximity to customers and clinicians will be critical. In the year ahead, Polymed will continue to strengthen its presence by building direct teams in key international markets, reinforcing a long-term partnership approach over transactional engagement.

Direct presence allows us to understand regional clinical needs more deeply, respond faster, and provide tailored solutions supported by training, service, and technical expertise. It also enables stronger collaboration with healthcare providers, distributors, and regulatory stakeholders. This approach not only strengthens our global footprint but also enhances trust, an essential element in healthcare delivery.

While technology is at the heart of MedTech innovation, its true impact is realised only when used effectively by trained professionals. Recognising this, we launched PACE - Polymed Academy of Clinical Excellence in 2025, a key milestone that underscores our

commitment to strengthening the clinical ecosystem.

PACE is designed to address skill gaps among paramedics, technicians, and frontline healthcare professionals, offering structured training, hands-on learning, and technology-enabled education. By focusing on correct device usage, safety protocols, and best clinical practices, PACE aims to improve patient outcomes while supporting hospitals in delivering consistent, high-quality care.

This initiative reflects our belief that skilling and upskilling are essential to sustainable healthcare transformation. As medical technologies evolve, continuous learning must evolve alongside them.

The milestones achieved in 2025 reflect Polymed's broader philosophy: growth must be purposeful, and expansion must be anchored in capability, responsibility, and long-term value creation. Strategic acquisitions, global market strengthening, and investment in clinical excellence are all part of a cohesive roadmap designed to support patients and healthcare professionals worldwide.

As we look ahead, our focus remains on deepening innovation, strengthening partnerships, and investing in people. The healthcare challenges of tomorrow will demand not just advanced technology, but integrated solutions delivered by skilled professionals and supported by resilient global networks.

2025 has laid a strong foundation for the years ahead. With a clear vision, committed teams, and a steadfast focus on patient-centric care, Polymed is well positioned to continue contributing meaningfully to the global healthcare ecosystem.

Allied Medical Launches Jupiter Plus, Redefining Make-in-India Anaesthesia Technology

A fully indigenous, next-generation anaesthesia workstation engineered for Precision, Safety, and Clinical Efficiency

Allied Medical Limited, a pioneer in Indian medical technology and manufacturing excellence, has officially launched its latest advanced anaesthesia system, Jupiter Plus, at a grand event hosted at its expansive state-of-the-art manufacturing facility in Bhiwadi, Rajasthan. The launch signifies a major milestone in the company's ongoing commitment to delivering world-class, Made-in-India healthcare solutions engineered for performance, reliability, and operational excellence, reinforcing India's leadership in high-precision indigenous medical innovation. Every component of Jupiter Plus has been designed, developed, and manufactured in-house, reflecting Allied Medical's deep commitment to end-to-end indigenous production with uncompromising quality control, technological precision, and operational efficiency.

The Jupiter Plus anaesthesia workstation is equipped with robust safety features. Its ergonomic design includes spacious storage, dual gas flowmeters, intuitive controls, and modular adaptability that supports diverse patient care requirements, making it a versatile solution for modern hospitals and surgical suites. The launch underscores the company's belief that the future of healthcare innovation lies in self-reliant manufacturing backed by advanced engineering, rigorous quality management, and skilled professional talent.

Allied Medical's manufacturing facility in Bhiwadi spans over 200,000 square feet, strategically located with central connectivity to the Delhi-NCR and major industrial corridors. This next-generation ecosystem is equipped



with modern infrastructure having Hi-Tech machines & robotics that enable high-capacity precision manufacturing, consistency at scale. The infrastructure supports fully integrated production, quality control, research and development units, and modern warehousing systems, facilitating seamless operations across the product lifecycle.

The facility also incorporates advanced IT-enabled tracking systems for real-time monitoring of components,

workflows, and production cycles, ensuring transparency and compliance with global manufacturing standards. Allied Medical's workforce comprises a highly skilled and specialised team of engineers, quality controllers, technocrats, and professionals who continually embrace evolving technologies and maintain rigorous adherence to international quality regimes including ISO 13485:2016 certifications, further strengthening the company's product excellence.

Around four decades of cumulative institutional expertise, backed by strategic collaboration with global partners, has enabled the company to serve a broad spectrum of healthcare institutions both in India and internationally.

With the launch of Jupiter Plus, Allied Medical aims to set new standards in performance, efficiency, and reliability, addressing the evolving needs of modern healthcare systems while contributing to India's vision of becoming a global

medtech manufacturing hub. The event also highlighted the company's broader mission to bridge technology and care, strengthen domestic manufacturing capabilities, and reduce dependency on imported medical equipment without compromising on quality or innovation. The unveiling sends a clear message to the global healthcare ecosystem that Indian medical manufacturing has arrived with confidence, capability, and credibility, ready to compete on innovation as well as industrial scale.

Commenting on the launch, Dr Vinod Kohli, Founder and Chairman, Allied Medical Limited, said, "Jupiter Plus reflects our long-standing vision of building clinically reliable, technologically advanced, and globally competitive medical equipment entirely in India. From concept to component, this anaesthesia workstation has been developed with a deep understanding of clinical needs, patient safety, and operational efficiency. Our focus has always been to empower healthcare professionals with dependable technology while strengthening India's self-reliance in medical manufacturing."

Adding to this, Aditya Kohli, Director, Allied Medical Limited, said, "Jupiter Plus reflects our belief that Indian medtech must be built with purpose, precision, and global ambition from day one. At Allied Medical, we are focused on creating technologies that are engineered to perform, trusted to deliver, and designed to scale for the world. Our Bhiwadi facility stands as a testament to what Indian manufacturing can achieve when excellence becomes the standard. Jupiter Plus is not just an innovation it is our declaration that India is ready to set benchmarks in advanced medical technology."

India's flow cytometry market: From niche tool to clinical cornerstone

Amardeep Gupta, Senior Business Manager – Flow Cytometry and Manager, Regional Marketing (EHC-APAC), Sysmex, highlights how flow cytometry in India has evolved from a niche research application into a mainstream clinical diagnostic cornerstone—driven by oncology needs, automation, and the push for standardised, high-quality diagnostics across the country

Flow cytometry in India has undergone a quiet but profound transformation. Once confined largely to academic research and select tertiary centers, it is now emerging as a core clinical diagnostic platform across oncology, hematology, immunology, and transplant medicine. This evolution reflects broader shifts in Indian healthcare—towards precision diagnostics, faster decision-making, and standardised care pathways.

A key driver of this growth has been oncology. The increasing burden of hematological malignancies has made multiparametric cell analysis indispensable for diagnosis, classification, prognostication, and therapy monitoring. Flow cytometry enables clinicians to move beyond morphology alone, providing rapid, quantitative insights into disease biology



and treatment response. When integrated with routine hematology workflows, it strengthens diagnostic confidence and shortens turnaround times—an important factor in high-volume Indian laboratories.

However, the challenge has never been technology alone. Building a high-impact flow cytometry program requires robust pre-analytical processes, standardised panels, skilled operators, and seamless data interpreta-

tion. Indian laboratories, particularly outside metro cities, have often struggled with complexity, variability, and manpower constraints. Addressing these gaps has been critical to expanding access.

Automation and advanced software are now reshaping how flow cytometry is practiced. Automated sample preparation, standardised protocols, and intelligent analysis tools reduce manual variability and dependence on highly specialised expertise. These advances allow laboratories to scale operations while maintaining quality and reproducibility—key requirements for both hospital-based diagnostics and large reference labs.

Equally important is the role of digital integration. Connecting flow cytometry outputs with laboratory information systems and other



diagnostic modalities enables a more holistic view of patient data. This integrated approach supports clinicians in making timely, evidence-based decisions, particularly in complex oncology cases where treatment pathways are increasingly targeted and dynamic.

Perhaps the most exciting development is the democratisation of flow cytometry. As workflows become simpler and more standardised, advanced cell analysis is mov-

ing beyond a handful of elite centers to regional hospitals and emerging diagnostic hubs. This shift has the potential to reduce diagnostic inequities and bring precision medicine closer to patients across India.

As India's healthcare ecosystem matures, flow cytometry is no longer just a specialised technique—it is becoming an essential clinical tool, supporting better outcomes through accuracy, speed, and insight

How Medika Business Solution is transforming hospital procurement

Hospital procurement plays a critical role in ensuring uninterrupted patient care, yet it remains one of the most complex and stressful aspects of healthcare operations. Medika Business Solution (MBS) is transforming hospital procurement through a unified, reliable model that simplifies sourcing and strengthens healthcare delivery across India

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 pa-

tient care, making procurement a key area in need of transformation.

This is where Medika Business Solution (MBS) steps in as a reliable partner. MBS 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 MBS?

● **Cost savings:** Hospitals can save significantly through bulk buying and optimised 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 finan-

cial 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, MBS is not just simplifying procurement it is strengthening the backbone of healthcare delivery across India.

Truevis Technologies bets big on India's radiology and diagnostics Boom

Backed by deep execution capabilities across manufacturing, sourcing, installation, and lifecycle service, Truevis is enabling clinicians and healthcare institutions to adopt high-end imaging solutions without the traditionally prohibitive capital burden

TTruevis Technologies Pvt Ltd is rapidly emerging as a strong indigenous force in India's fast-growing med-tech landscape, with a sharp focus on advanced diagnostic imaging and Make-in-India manufacturing. Positioned at the intersection of technology, affordability, and access, Truevis is building a comprehensive radiology portfolio spanning CT, MRI, DSA, X-ray, Mammography, and Ultrasound, aimed at bridging India's widening diagnostic gap—especially beyond metro cities.

Backed by deep execution capabilities across manufacturing, sourcing, installation, and lifecycle service, Truevis is enabling clinicians and healthcare institutions to adopt high-end imaging solutions without the traditionally prohibitive capital burden.

Strong radiology push at IRIA 2026 in Hyderabad

As part of its aggressive expansion strategy, Truevis Technologies made a major showcase at IRIA 2026, marking its formal large-scale entry into the high-end radiology segment.

At IRIA 2026, the company presented its latest advanced CT, MRI, and DSA models, highlighting high performance, clinical precision, and cost-efficient ownership models tailored for Indian radiology practices. The showcase underlines Truevis' ambition to move beyond equipment supply and become a long-term technology partner for radiologists—particularly in Tier II and Tier III markets where access to advanced imaging remains limited.

Strategic MoU to build 300 clinician-owned diagnostic centres

In a landmark step aligned with



this vision, Truevis Technologies, along with Neusoft Medical Systems, has signed a strategic Memorandum of Understanding (MoU) with SMC Clinics, an initiative of Swadhin Trust powered by Tripura Santiniketan Medical College & Hospital.

The partnership aims to establish 300 clinician-owned diagnostic centers across Tier II and Tier III towns over the next five years, reaching over 1 million patients annually. These centers will deploy a full spectrum of advanced imaging modalities including X-ray, Mammography, Ultrasound,

CT, MRI, PET-CT, and angiography systems, enabling early and accurate diagnosis—especially critical amid India's rising cancer burden.

India reported approximately 1.46 million new cancer cases in 2022, with projections exceeding 1.5 million by 2026. Early detection remains a key challenge in semi-urban and rural regions due to limited access and high setup costs. This initiative directly addresses that gap by reducing diagnostic costs by up to 30% through localized manufacturing, optimized procurement, and shared operational infrastructure.

A clinician-first Make-in-India model

● Truevis Technologies and Neusoft Medical Systems will act as Technology Partners, providing end-to-end support—equipment sourcing, installation, commissioning, and lifecycle maintenance—leveraging India's expanding med-tech manufacturing ecosystem.

● SMC Clinics will lead operations, branding, referral networks, and nationwide rollout, supported by Swadhin Trust's institutional expertise.

"This collaboration is about empowering radiologists to

own their practices while removing backend complexities. It strengthens early cancer detection, improves access, and builds sustainable healthcare infrastructure where it's needed most," said a spokesperson from Truevis Technologies.

By combining high-end radiology technology, clinician ownership, and Make-in-India manufacturing, the initiative positions Truevis at the forefront of India's next phase of diagnostic healthcare growth—driven by access, affordability, and clinical excellence.

Reducing ICU infection risks with Silicone Ventilator Circuit Tubing

In Intensive Care Units (ICUs), patient safety is a top priority—and infection prevention remains one of the most critical challenges. Among the various infection control strategies, the design and material of respiratory support equipment play a pivotal role. One key innovation in this area is the use of medical-grade silicone ventilator circuit tubing, which offers significant advantages over conventional materials like PVC.

Understanding Icu- Associated Infections (HAIS)

Ventilator-Associated Pneumonia (VAP) is one of the most common healthcare-associated infections in ICUs. It is typically caused by the colonization of harmful bacteria in the airway or within ventilator tubing. The longer the intubation period, the higher the risk. Therefore, choosing the right tubing material can help mitigate microbial growth and improve patient outcomes.

Infection control benefits of Silicone Ventilator Tubing

1. Reduces microbial growth

Silicone's inert and smooth surface reduces the adhesion of pathogens. This minimises the risk of contamination, especially in closed-loop ventilator systems, where moisture and secretions are common.

2. Enhanced serialisability

Unlike PVC, silicone can be sterilized multiple times without degrading. This allows for safe reuse in some clinical setups and minimises the chances of cross-infection between patients.

3. Improved humidification control

Silicone tubing has better thermal insulation, helping maintain consistent humidification levels in ventilated air, which supports mucosal health and



reduces infection susceptibility.

4. Customisable and leak-resistant connections

Tight, leak-proof joints and custom connector options in silicone tubing prevent air leaks, reducing the need for tube adjustments that may expose the circuit to airborne

pathogens.

Applications in modern ICU setups

- Mechanical ventilators (invasive and non-invasive) CPAP/BiPAP machines
- Anesthesia machines
- High-flow oxygen therapy systems



Why choose AMI Polymer's Silicone Ventilator Circuit Tubing?

- At Ami Polymer Pvt. Ltd., our silicone ventilator circuit tubing is:
- Manufactured using USP Class VI & ISO 10993 compliant silicone
- Available in customised size
- Designed for custom connector fittings
- Compatible with both reusable and disposable setups
- Produced under ISO 13485 certified cleanroom conditions
- **Soft, flexible design:** Minimizes discomfort during long-term use.
- **100 per cent medical-grade Silicone:** Ensures exceptional biocompatibility, flexibility, and durability.
- **Sterile packaging:** Our products are packed in sterile, individually-sealed packaging to maintain hygiene and ensure safety during use.
- We offer tailor-made solutions for OEMs, hospitals, and device manufacturers seeking advanced respiratory components that align with infection control protocols.

Conclusion

Preventing ICU infections goes beyond surface cleaning and hygiene practices — it starts with the materials we choose. Silicone ventilator circuit tubing provides a safe, durable, and reliable alternative that helps protect critically ill patients from preventable infections.

As healthcare moves toward more sustainable and patient-centered solutions, silicone is set to play a growing role in ensuring respiratory safety.



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

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