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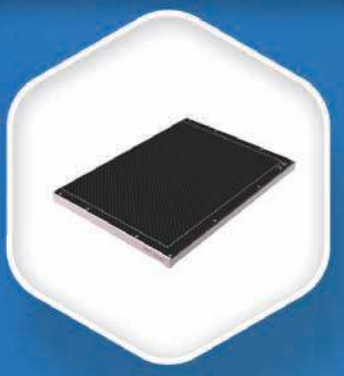

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Kashika Malhotra

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This Women's Day, we spoke to leading women physicians across India about ambition, burnout, bias and breakthrough

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CONTENTS

COVER STORY

WOMEN in WHITECOATS

Healing India, healing themselves

This *Women's Day*, we spoke to leading women physicians across India about ambition, burnout, bias and breakthrough

By Kalyani Sharma

Pg14

START-UPS

CANCER CARE

STRATEGY

POST EVENTS

o3 capital PRESENTS HYDERABAD GENNEXT HOSPITAL SUMMIT

PUBLIC HEALTH

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* Responsible for selection of news under the PRP Act.

Insurance key driver for health sector's growth

The latest Crisil Ratings analysis of 98 private hospitals in India, accounting for nearly two-thirds of the sector's revenue, projects a 14-15 per cent growth in FY2027. This is contingent on sustained occupancy and rising average revenue per occupied bed (ARPOB) due to a higher share of complex, high value treatments, like cardiology, oncology, neurology, gastroenterology and orthopaedics (CONGO). It is also projected that the share of insurance patients will improve due to GST exemptions on premia.

An expected Central Government Health Scheme (CGHS) rate revision will also improve viability for hospitals while decreasing out of pocket payments for patients. If this growth rate is achieved, it will be the fifth consecutive year of double-digit revenue growth.

Interestingly, the Crisil note also points out that there is now faster ramp-up of new facilities, (breakeven is achieved within 12-18 months compared to 3-4 years earlier) which is supporting operating margins. A major reason for faster ramp-up of new facilities is the shift in the expansion mix, from 60:40 (organic:inorganic) to 80:20, as large acquisition opportunities are now limited, with most remaining assets being smaller and regional.

As multi-speciality providers move their focus to CONGO areas, which give better ARPOB and also consider ways to reduce average length of stay (ALOS), this trend is making the case for single specialty care for treatments which do not need multi-disciplinary teams. A Bessemer Venture Partners report spotlights that single-specialty providers, like eye care, dialysis clinics, dental care, maternity care, and oncology clinics, among others, are projected to have a 22 per cent compound annual growth rate (CAGR), making it possibly the fastest-growing segment of India's healthcare market.

India's aging population and changing lifestyles is an important driver for this shift from the patient side. Importantly, the Bessemer report also projects an increasing ability to pay for specialised care, once again due to an increase in insurance coverage.

On the provider side, single specialty care calls for less upfront investments, and faster return on investments, attracting many doctor-entrepreneurs to these segments. Private equity has fuelled this surge, scaling up quality single speciality providers, and creating regional brands, growing them in time to national and even Asian brands, with a few of them having successful IPOs.

Given the relatively low capex, the surge in quality single specialty care has filtered from metros to smaller towns, with national brands acquiring smaller clinics in tier III and IV metros and scaling them up as per set protocols.

Given that both multi-speciality and single care facilities are pinning a sizable part of projected revenues on improving patient footfall due to increasing health insurance, insurers should take some cues from Aon's first 2025 Insurer Wellbeing Benchmarking Report. The report underlines that compared to regional peers, India's health insurance landscape reflects rapid digitalisation and expanding coverage.

But awareness, standardisation and affordability remain key challenges

However, the country still faces challenges in awareness, standardisation and affordability. Competitive pressures have reportedly led insurers (the report surveyed six insurers) and brokers to adopt data-driven plan design, embedded wellbeing services and cost containment strategies. Despite the increased market competition, only 50 per cent of insurers provided customisation support to clients with more than 1,000 employees compared to 92 per cent of insurers in China.

Perhaps one of the low hanging fruits that most insurers can take from the Aon report is on health screenings , which have low uptake and need integration. The report indicates that health screenings across Indian insurers show both untapped potential and current underutilisation. Although half of the surveyed insurers provide health screening services ranging from basic to comprehensive and specialist tests, employee uptake remains low to moderate.

While employees gain from early detection and prevention of disease, claims savings could be sizable for insurers. For instance, as per the Aon report, one insurer reported claims savings exceeding 5.1 per cent from health screening initiatives.

Yet another survey, this time by Care Health Insurance, flags disproportionately low levels of women's personal health insurance ownership, despite the number of women proposers increasing steadily over the year. These stats highlight how women remain exposed to financial risks due to rising medical inflation rises and longer treatment journeys.

While insurers push for expanding coverage and gradually increasing premiums, it is only a matter of time before the insured ask for more from their insurance policies. Employers are in a unique position to advocate for health screenings but insurers must do their part too, in terms of incentivising health screenings, etc, and emphasising the win-win case for all stakeholders.

While all reports focus on the corporate growth of each sector, nothing will be achieved if India's patients remain unable to pay for quality care, either due to inadequate awareness or low insurance levels. Thus creating patient awareness, ethically and responsibly, should be the first order of the day.

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INTERVIEW

Preventive healthcare should begin before diagnosis, not after complications arise

Kashika Malhotra, Founder and CEO, Yoginii, in an interaction with **Kalyani Sharma,** talks about the inspiration behind creating a women-focused wellness marketplace and the growing health challenges faced by Indian women today

What inspired the creation of Yoginii?
Yoginii was born from a simple but powerful observation - women are constantly managing everyone else's needs, yet when it comes to their own health and wellness, the ecosystem is fragmented and overwhelming. A woman looking to address hormonal health, nutrition, fitness, intimate care, mental wellbeing, or lifestyle needs often has to navigate multiple platforms, conflicting advice, and unverified solutions.

We built Yoginii as India's first women-focused marketplace that brings together trusted, curated solutions across every stage of a woman's health journey under one roof. The idea was to create a structured, credible ecosystem rather than another content-heavy platform.

For me personally, the mission goes beyond commerce — it is about shifting women's healthcare from reactive to proactive. Instead of waiting for diagnosis, women should feel empowered to build preventive habits early. Self-care should not be a luxury or an afterthought; it should be normalised, accessible, and supported by reliable systems.

What health patterns are you observing among Indian women today?
We are seeing a noticeable rise in hormonal and metabolic concerns — PCOS, thyroid imbalances, insulin resistance, fertility challenges, and early-onset perimenopausal symptoms, even among women in their late twenties and early thirties.

Lifestyle-related factors such as chronic stress, poor sleep quality, sedentary routines, and nutritional imbalances are becoming common denominators. Urbanization and demanding professional roles have added layers of pressure, often pushing women's health lower on the priority list.

At the same time, awareness has grown significantly. Women today are asking questions, seeking second opinions, and looking for preventive solutions. However, this awareness is often accompanied by confusion due to information overload. What they truly need is clearer guidance, structured pathways, and trusted platforms that simplify decision-making.

What systemic gaps still exist in preventive women's healthcare?
The biggest gap is fragmentation. Diagnostics, nutrition, fitness, and emotional health operate separately, with no integrated pathway. Another major issue is normalisation of symptoms. Painful periods, chronic fatigue, mood swings, irregular cycles, and metabolic fluctuations are often dismissed as "normal," delaying early intervention. Preventive healthcare should begin before diagnosis not after complications arise.

Additionally, preventive care is not yet embedded into mainstream healthcare conversations. There is more focus on treatment protocols than on sustained lifestyle correction, education, and long-term monitoring.

Why are hormonal and metabolic disorders increasing?
Modern lifestyles play a major role. Increased consumption of processed foods, high stress levels, sleep disruption due to digital exposure, lack of physical activity, and delayed pregnancies have collectively impacted hormonal balance.

Hormones are extremely sensitive to environmental and behavioral shifts. Even small but consistent lifestyle disruptions can compound over time, leading to metabolic dysfunctions.

There is also a need for healthcare systems to move beyond prescription-first models. Medication is important when required, but long-term sustainability demands integrated, lifestyle-led approaches that combine nutrition, stress management, sleep regulation, and movement-based interventions.

How can technology enable lifecycle-based support?
Technology allows continuity. Digital ecosystems can provide stage-specific education, personalised tracking, and ongoing guidance rather than one-off consultations. Pattern tracking whether menstrual cycles, metabolic markers, or mood changes allows women to make informed decisions and seek timely interventions. When supported by curated marketplaces and credible experts, technology can transform women's healthcare from episodic treatment to continuous care.

How can preventive care reduce long-term burden?
Preventive care significantly reduces long-term healthcare burden — both at an individual and systemic level. When women adopt early screening practices, balanced nutrition, stress regulation, and consistent movement routines, the risk of chronic complications such as diabetes, cardiovascular disease, severe hormonal disorders, and infertility reduces substantially.

The impact extends beyond personal wellbeing. Women often anchor families, their health influences child health, workforce productivity, and community stability. Investing in women's preventive health is not just a healthcare priority; it is an economic and social imperative.

Preventive care empowers women to lead healthier, more productive lives and that ripple effect strengthens society as a whole.

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Systemic, clinical and economic consequences of late cancer diagnosis in India

Dr Ajay Vyas, Director–Nuclear Medicine, Kailash Deepak Hospital, explains why time is the most critical variable in cancer care. In this perspective, he highlights how late-stage diagnosis not only reduces survival chances but also dramatically increases treatment complexity, healthcare costs, and pressure on hospital infrastructure

Cancer care outcomes are fundamentally time-sensitive. The stage at which malignancy is diagnosed acts as the single most powerful determinant of survival, treatment complexity, infrastructure utilisation, and long-term healthcare expenditure. In high-volume oncology settings, the contrast between early-stage and advanced-stage diagnosis is not merely clinical - it represents a divergence in resource intensity, economic burden, and system-wide efficiency.

Stage migration and survival economics

India continues to experience a pronounced stage migration phenomenon, with approximately 60–70 per cent of cancers being diagnosed at Stage III or IV. This epidemiological reality drives inferior survival outcomes and exponentially increases the cost of care. Five-year survival rates drop precipitously once disease extends beyond organ-confined stages, while therapeutic intensity escalates from single-modality to complex multimodal regimens.

Non-linear cost escalation in advanced disease

Healthcare expenditure in oncology follows a non-linear curve. Early-stage disease is typically managed with definitive surgery and limited adjuvant therapy. In contrast, advanced disease necessitates prolonged hospitalisation, repeated cross-sectional and functional imaging, extended radiotherapy schedules, high-cost targeted therapies, immunotherapy, and intensive supportive care. Each incremental delay magnifies cumulative cost while diminishing marginal survival benefit.

Infrastructure load and capacity erosion

Late-stage cancer exerts disproportionate pressure on tertiary-care infrastructure. Advanced cases consume three to four times more inpatient bed-days, significantly higher ICU utilisation, and increased dependency on nuclear medicine (especially PET-CT), interventional radiology, Radiotherapy (LINAC) and palliative care services. This creates downstream bottlenecks, reducing system throughput and crowding out early-stage, potentially curative patients.

Geographic inequity and referral lag

Centralisation of advanced oncology services within metropolitan hubs has historically contributed to diagnostic delay. Patients from Tier II and Tier III regions often present late due to logistical, financial, and informational barriers. This referral lag compounds disease progression and inflates indirect costs such as travel, accommodation, and loss of productivity.

Healthcare expenditure in oncology follows a non-linear curve. Early-stage disease is typically managed with definitive surgery and limited adjuvant therapy. In contrast, advanced disease necessitates prolonged hospitalisation, repeated cross-sectional and functional imaging, extended radiotherapy schedules, high-cost targeted therapies, immunotherapy, and intensive supportive care

Technology as a force multiplier

The integration of artificial intelligence in radiology and pathology, expansion of PET-CT–guided staging, and virtual multidisciplinary tumour boards has the potential to significantly compress diagnostic timelines. Decentralisation of nuclear medicine and advanced radiotherapy platforms enables earlier intervention and reduces dependency on overburdened metropolitan centres.

Policy imperatives and economic rationality

From a health economics perspective, early detection represents the highest return-on-investment intervention in oncology. Resource allocation toward population-based screening, risk-stratified surveillance, and transparent financial counselling is far more cost-effective than downstream expenditure on late-stage disease. Public–private partnerships are essential to scale these interventions across India's diverse demographic landscape. Even the lower import taxes may help in reduce the initial cost of oncology project.

Conclusion

The battle against cancer is as much chronological as it is biological. While therapeutic innovation continues to improve outcomes even in advanced disease, the sustainability of India's oncology ecosystem depends on systematic compression of diagnostic and treatment delays. Early detection is not merely a clinical objective; it is an infrastructural, economic, and ethical imperative.

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WOMEN in WHITECOATS

Healing India, healing themselves

This *Women's Day*, we spoke to leading women physicians across India about ambition, burnout, bias and breakthrough

By Kalyani Sharma














India's healthcare workforce is visibly transforming. Walk into a medical college classroom today and you will likely see women occupying half — and sometimes more — of the seats. Step into hospitals across metros and smaller cities, and women physicians are leading departments, heading ICUs, performing complex procedures and driving patient care.

The entry pipeline is strong. The aspiration is undeniable.

Yet representation at the starting line does not always translate into equity at the summit. Beneath the visible progress lies a more layered reality — one shaped by burnout patterns, structural bias, caregiving crossroads and uneven leadership representation.

Burnout patterns

Dr Tejinder Kataria, Chairperson-Radiation Oncology, Medanta Gurugram observes, "Women physicians may face unique contributing factors to burnout, often experiencing it with greater intensity. The integration of professional demands with societal expectations for caregiving, coupled with navigating subtle biases, can collectively lead to higher stress levels and emotional fatigue."

The burnout among women doctors is rarely confined to hospital corridors. It accumulates across roles — clinician, caregiver, mentor, administrator, parent. The emotional labour of medicine does not end with duty hours, and that overlap often intensifies fatigue in ways that remain invisible to institutions.

Dr Chhya Vaja, Internal Medicine Expert, Apollo Spectra Hospital, Mumbai notes, "Women physicians tend to experience burnout more intensively than men. Many report suffering from higher emotional exhaustion and stress. The causes can be longer work hours, pressure to balance family responsibilities, gender bias, and fewer leadership opportunities."

The integration of professional demands with societal expectations for caregiving, coupled with navigating subtle biases, can collectively lead to higher stress levels and emotional fatigue

Dr Tejinder Kataria
Chairperson-Radiation Oncology,
Medanta Gurugram

Women physicians often face pay gaps, slower promotions, fewer leadership roles, and limited mentorship. Maternity breaks may affect evaluations

Dr Chhya Vaja
Internal Medicine Expert,
Apollo Spectra Hospital,
Mumbai

Burnout amongst women physicians is 30 to 60 per cent higher than their male counterparts and can be attributed to multiple factors

Dr Aparna Govil Bhasker
Consultant Bariatric and Laparoscopic Surgeon,
MetaHeal - Laparoscopy and Bariatric Surgery Center,
Mumbai; Saifee, Apollo, and Namaha Hospitals,
Mumbai

Gender equity in healthcare is not a women's issue — it is a workforce sustainability issue

Dr Chetna Jain
Director of Obstetrics and Gynecology,
Cloudnine Group of Hospitals,
Gurgaon

The interplay between ambition and expectation creates constant negotiation. Even as women push for professional growth, they continue to shoulder disproportionate domestic responsibility. When leadership opportunities remain limited, effort does not always translate into advancement — compounding frustration.

Dr Aparna Govil Bhasker, Consultant-Bariatric and Laparoscopic Surgeon, MetaHeal - Laparoscopy and Bariatric Surgery Center, Mumbai; Saifee, Apollo, and Namaha Hospitals, Mumbai explains, "Burnout is a syndrome resulting from chronic work place stress which is characterised by emotional exhaustion, depersonalisation and feelings of decreased personal achievement. Burnout amongst women physicians is 30 to 60 per cent higher than their male counterparts and can be attributed to multiple factors."

The statistics point to a systemic issue rather than individual vulnerability. When burnout rates are this disproportionate, resilience training alone will not suffice. Institutional workload design, promotion fairness and caregiving support must become part of the solution.

Dr Chetna Jain, Director of Obstetrics and Gynecology, Cloudnine Group of Hospitals, Gurgaon adds, "Evidence globally and increasingly in India suggests women physicians experience higher rates of burnout, but the pattern differs rather than simply being 'more intense'."

The distinction matters. The experience is not simply heavier — it is different. Role conflict, slower advancement and perception bias shape a unique stress architecture. Effective interventions must recognise these patterns rather than assume uniformity.

Dr Himani Sharma, Clinical Head & Senior Consultant, Obstetrics & Gynecology, Cocoon Hospital, Jaipur, notes, "Burnout among

physicians often stems from cumulative expectations rather than just workload... Many women doctors simultaneously manage caregiving roles at home, leading to layered fatigue. The constant need to maintain empathy while consistently proving competence can further contribute to burnout."

Her perspective brings attention to emotional labour especially in high-touch specialties — where empathy is constant and expectations relentless.

Dr Meinal Chaudhry, Director – Radiodiagnosis and Interventional Radiology, Aakash Healthcare, adds, "Burnout affects all doctors, but many women experience an added layer of stress. After long hospital hours, many women return home to caregiving responsibilities. This double workload leaves very little time to rest or recover."

The “double shift” continues to be one of the most under-recognised contributors to fatigue.

Dr Ruchi Srivastava, Director – Obstetrics and Gynaecology, ShardaCare Healthcity, reinforces, "There is a grave issue in burnout in women physicians. Stress among the male doctors is comparable to female doctors, but females tend to have more stress that is associated with the burden of social expectations, care giving effects, and the problem of integrating their work and their families."

Her observation places burnout within a broader social context — not merely workplace stress but societal expectation.

Dr Vineeta Singh Tandon, Senior Consultant – Internal Medicine, ISIC Multispecialty Hospital, adds, "Working long hours, emotional labour in dealing with patients and the need to remain always competent in competitive situations can lead to greater levels of stress.”

The pattern across voices is consistent: burnout among women physicians is layered, cumulative and structurally influenced.

Dr Rachana Tataria, Consultant - Breast Reconstruction & Plastic Surgery, Fortis Hospital Mulund, Mumbai stresses, “The number of women in medicine have consistently grown in the past 50 years such that almost 50 per cent medical graduates are now women. Studies have shown that female doctors spend more time with patients, are more involved and have better clinical outcomes too. But female doctors do struggle more as they go through training and career advancement. As you go up the career advancement ladder female representation only fades out.”

“There is disproportionate burden of domestic and parental responsibilities, work-life integration challenges as per societal norms and significant time attributed to pregnancy, child birth and child rearing. Women are usually perceived to be less capable of leadership roles and less likely to have a voice in rounding practices.”

Caregiving must be recognised as a life phase, not a professional limitation

Dr Himani Sharma
Clinical Head & Senior Consultant,
Obstetrics & Gynecology, Cocoon Hospital,
Jaipur

If female surgeons are seen as role models and their achievements highlighted, others will feel encouraged to take up those specialities. The same is the case with other specialities such as orthopaedics

Dr Meinal Chaudhry
Director – Radiodiagnosis and Interventional Radiology,
Aakash Healthcare

Women can face reduced leadership opportunities, unawareness in promotions, or even assumptions regarding their availability during the childbearing years

Dr Vineeta Singh Tandon
Senior Consultant – Internal Medicine,
ISIC Multispecialty Hospital

Studies have shown that female doctors spend more time with patients, are more involved and have better clinical outcomes too

Dr Rachana Tataria
Consultant - Breast Reconstruction & Plastic Surgery,
Fortis Hospital Mulund,
Mumbai

Persistent bias

Dr Kataria notes, "Structural and cultural biases can still subtly influence clinical practice and career progression. These may manifest as unconscious biases in evaluation or promotion processes, affecting representation in leadership roles.”

Bias today is rarely overt. It appears in evaluation language, leadership nominations or assumptions about long-term commitment. Because it operates quietly, it often goes unchallenged — yet its cumulative effect shapes entire career trajectories.

Dr Vaja states, "Structural and cultural biases persist in clinical practice. Women physicians often face pay gaps, slower promotions, fewer leadership roles, and limited mentorship. Maternity breaks may affect evaluations. They may receive less recognition, more emotional labor, and face gender stereotypes, bias in assessments, and unequal

opportunities for research and visibility."

These disparities become most visible at senior levels. While entry into medicine may be gender-balanced, leadership ratios tell a different story. Without structural correction, the pyramid continues to narrow upward.

Dr Bhasker recalls, "For the longest period of time, during my surgical residency patients addressed me as "sister" while my male colleagues were the "doctors". I still remember how, after completing my post-graduation, I discovered that in my first role as a surgical registrar, I was being paid less than a male colleague with comparable qualifications and experience. Compensation disparities remain commonplace even today."

Cultural perceptions influence professional authority. When credibility is constantly negotiated, energy is diverted from performance to validation. Over time, such micro-biases reinforce macro-inequities.

Dr Sampada Dessai, Consultant Gynecological Cancer and Robotic Surgeon, P.D. Hinduja Hospital, Mumbai, observes, "As time passes, India's medical workforce is steadily feminising... However, a concerning trend emerges as we move toward specialisation and super-specialisation. The gender ratio gradually shifts back toward male dominance, particularly in surgical and high-intensity specialties."

The funnel effect is clear. Representation improves at entry but contracts at advanced specialisation. This suggests that barriers intensify as prestige and decision-making power increase.

Dr Anita Kant, Chairman, OBG Services & Robotic Surgery, Asian Hospital, adds, "Certain specialities, especially procedure-based ones, are still seen as male spaces. While progress has been made, true equality requires identifying and removing structural imbalances rather than assuming the problem no longer exists."

Institutions taking proper steps to address inequality at the workplace, considering promotion and leadership based on capabilities and not gender, apart from maternity benefits providing onsite child care facilities, providing proper sponsorship and mentorship can slowly change this picture

Dr Sampada Dessai
Consultant Gynecological Cancer and Robotic Surgeon, P.D. Hinduja Hospital,
Mumbai

On policy and governance front, hospitals and accreditation agencies ought to take into consideration quantifiable gender equity standards

Dr Ruchi Srivastava
Director – Obstetrics and Gynaecology,
ShardaCare Healthcity

Support should definitely go beyond the maternal leave policies... structured return-to-work pathways, flexible shifts

Dr Pritpal Kaur
Senior Consultant in Pulmonology,
Apollo Spectra Hospital,
Delhi

Institutions should move beyond the statutory maternity leave.Some factors are very much critical such as structured re-entry programs

Dr Prathima Reddy
Director of Obstetrics and Gynaecology,
SPARSH Hospital,
Bangalore

Bias today may be subtle, but its impact is cumulative.

Dr Chaudhry notes that women may be viewed as less committed if they request flexible hours or plan maternity leave.

Dr Tandon highlights, "Women can face reduced leadership opportunities, unawareness in promotions, or even assumptions regarding their availability during the childbearing years."

Supporting life stages

Dr Kataria suggests, "Institutions can significantly enhance support through thoughtful policies. This includes offering comprehensive maternity leave, promoting flexible work arrangements like part-time options or telemedicine, and providing access to childcare solutions."

Policy signals intent, but implementation defines impact. Maternity leave without career continuity planning can unintentionally slow advancement. Institutions must ensure that temporary pauses do not become permanent plateaus.

Dr Pritpal Kaur, Senior Consultant in Pulmonology at Apollo Spectra Hospital, Delhi, emphasises, "Support should definitely go beyond the maternal leave policies... structured return-to-work pathways, flexible shifts."

Structured re-entry recognises transition as a process rather than an event. Skill refreshers, phased scheduling and protected promotion timelines help maintain professional momentum. Retention depends on what happens after leave — not just during it.

Dr Prathima Reddy, Director of Obstetrics and Gynaecology, SPARSH Hospital, Bangalore adds, "Institutions should move beyond the statutory maternity leave. Some factors are very much critical such as structured re-entry programs, flexible scheduling post-maternity, childcare support, and non-penalised career pauses."

Moving beyond compliance

toward culture change is essential. When caregiving is normalised rather than penalised, the system evolves to reflect real-life realities. That shift benefits not only women, but workforce sustainability overall.

Dr Farah Ingale, Director-Internal Medicine, Fortis Hiranandani Hospital, Navi Mumbai, notes, "Real change requires more than policy statements. Parental leave policies that support both parents, accessible flexible work options all play a role."

Dr Kant expands the lens, "Caregiving is not limited to maternity. Short-term leave options and flexible schedules can make a lot of difference... experienced doctors otherwise have to resign or take long leaves."

Shared caregiving policies recalibrate expectation. When caregiving becomes gender-neutral, leadership evaluation becomes more balanced. Inclusion then shifts from accommodation to equity.

Dr Sharma adds that caregiving must be recognised as a life phase, not a professional limitation.

Dr Chaudhry calls for paid leave, childcare facilities and flexible return options without break in service.

Dr Tandon underscores the need for mental health services and organised return-to-work programs.

Retention, the experts agree, hinges on structured institutional support.

Flexibility as infrastructure

Dr Kataria states, "Flexible models like telemedicine and portfolio careers are emerging as valuable tools for improving retention and growth."

Flexibility works best when embedded structurally. Telemedicine and hybrid practice allow continuity without career detachment. For many women physicians, this adaptability ensures they remain connected to clinical excellence during demanding life phases.

Dr Lubna Chingili, Chief Medical Officer, NURA AI Health Screening Centre explains, "Telemedicine has brought a positive change... Portfolio careers allow doctors to do different types of work at the same time."

Portfolio careers diversify professional identity. Teaching, research, consulting and clinical practice can coexist, reducing burnout while enhancing growth. This multi-dimensional approach aligns well with evolving workforce aspirations.

Dr Suman Sethi, Director & Head of the Institute of Nephrology at RG Hospitals, Ludhiana affirms, "Telemedicine and portfolio careers are game-changers for retention."

Retention is not merely about keeping talent — it is about enabling it to flourish long term. Flexible models offer that possibility, provided access is equitable and not privilege-dependent.

Dr Jain notes, "Flexible models like telemedicine and portfolio careers improves retention-significantly, but unevenly. Telemedicine allows continuity during pregnancy or caregiving."

Dr Chaudhry reiterates the importance of equal pay for equal work through regular assessments.

Dr Tandon calls for more radical structural reforms and inclusive leadership pipelines.

The uneven implementation is the next frontier. Scaling these models across institutions — not just progressive pockets — will determine their transformative potential.

Dr Srivastava recommends ,"On policy and governance front, hospitals and accreditation agencies ought to take into consideration quantifiable gender equity standards."

Dr Kant highlights the importance of workplace safety policies and proper grievance redressal mechanisms.

Reforming the system

Dr Kataria calls for, "Achieving long-term gender equity requires strategic reforms. Key areas include implementing transparent policies for promotion and compensation, fostering inclusive leadership development programs, and integrating awareness training on unconscious bias."

Transparency removes ambiguity. Clearly articulated criteria reduce subjective evaluation and narrow bias influence. Fair systems build trust — and trust sustains engagement.

Dr Vaja lists, "India needs equal pay transparency, fair promotion policies, paid parental leave. More women in leadership, flexible work models, and unbiased evaluation systems are essential."

These reforms are foundational, not aspirational. Without pay audits and promotion clarity, inequities persist quietly. Long-term workforce planning must incorporate these safeguards.

Leadership pipelines require investment. Structured training, sponsorship programs and succession planning ensure that representation improves at the top — not just at entry levels.

Dr Jain emphasises, “Accreditation bodies could include equity audits as part of hospital quality assessment frameworks.”

Measurement converts intent into action. Without benchmarks, progress is difficult to track. Data-driven oversight transforms equity into operational strategy.

Tracking parameters such as leadership representation, for example, helps organisations move beyond intent

Dr Farah Ingale
Director of Internal Medicine,
Fortis Hiranandani Hospital,
Navi Mumbai

While progress has been made, true equality requires identifying and removing structural imbalances rather than assuming the problem no longer exists

Dr Anita Kant
Chairman, OBG Services & Robotic Surgery,
Asian Hospital

A mentor guides, advises, and supports doctors, especially in the early stages of their career or during important transitions

Dr Lubna Chingili
Chief Medical Officer,
NURA AI Health Screening Centre

Bridging specialty gaps

Dr Bhasker shares, "During my own post-graduate counselling, I was actively discouraged from pursuing general surgery... Specialties like surgery and orthopaedics need early exposure."

Discouragement during formative years shapes lifelong choices. Early exposure to high-intensity disciplines, coupled with visible role models, can dismantle inherited stereotypes.

Dr Kataria suggests, "Bridging this representation gap... necessitates systemic approaches. Early exposure and mentorship programs, for female medical students can inspire interest."

Mentorship within surgical and interventional departments creates belonging. When trainees see structured support, aspiration converts into participation.

Dr Shalini Singh, Gynecological Endoscopic Surgery and Infertility, Regency Health, Lucknow adds, "It is important to address the gender gap in specialties such as surgery, orthopaedics, and interventional disciplines. This requires a systemic change. It is important that young doctors or medical practitioners have the right mentorship within surgical departments, supportive training environments, and flexibility during training and research."

Systemic change means more than encouragement — it requires institutional accountability. Representation will rise when opportunity, training and evaluation processes align equitably.

Dr Kant calls for supportive and respectful training environments in procedure-based disciplines.

Dr Chaudhry stresses, "Early exposure in medical school is necessary. If female surgeons are seen as role models and their achievements highlighted, others will feel encouraged to take up those specialities. The same is the case with other specialities such as orthopaedics."

Dr Tandon underscores the need for safe, conducive working conditions in traditionally male-dominated specialties.

Retention is not merely about keeping talent — it is about enabling it to flourish long term. Flexible models offer that possibility, provided access is equitable and not privilege-dependent

Dr Suman Sethi
Director & Head of the Institute of Nephrology,
RG Hospitals,
Ludhiana

It is important that young doctors or medical practitioners have the right mentorship within surgical departments, supportive training environments, and flexibility during training and research

Dr Shalini Singh
Gynecological Endoscopic Surgery and Infertility,
Regency Health,
Lucknow

The power of networks

Dr Chingili explains, "A mentor guides, advises, and supports doctors, especially in the early stages of their career or during important transitions. A sponsor goes one step further; they actively recommend and support women for leadership opportunities. Peer networks create a sense of support and belonging, reduce feelings of isolation, and build confidence."

The distinction is critical. Mentorship develops competence; sponsorship advances visibility. Peer networks provide resilience through shared experience.

Dr Bhasker emphasises, "Women in healthcare continue to navigate multiple barriers — personal, professional, and socio-cultural. Access to informal power networks, the traditional "boys' clubs," still influences opportunities in subtle but significant ways. Women are traditionally wired to prioritise competence over visibility and contribution over self-promotion. Many a times that combination can unintentionally slow career progression."

Careers often pivot on timely guidance. Formal mentorship structures reduce isolation and accelerate confidence, particularly in male-dominated specialties.

Dr Jain notes, "Mentorship, sponsorship, and peer networks are extremely important and often underestimated. Mentorship provides skill development, emotional support and academic guidance. Sponsorship is more critical for advancement."

Advancement requires advocacy. Institutionalising sponsorship ensures that talent is not merely prepared but promoted.

Measuring what matters

Dr Kataria proposes, "Adopting measurable gender equity benchmarks could serve as a valuable mechanism for progress. These benchmarks might include metrics for representation in leadership roles, parity in promotion rates, and successful reintegration post-leave."

Benchmarking transforms aspiration into responsibility. Tracking representation ratios, promotion timelines and pay parity ensures that equity remains a strategic objective rather than a seasonal conversation.

Dr Ingale reinforces, "What gets measured gets addressed. Tracking parameters such as leadership representation, for example, helps organisations move beyond intent. Benchmarks bring transparency and accountability, and that's how cultural change becomes sustainable rather than symbolic."

Transparent reporting encourages accountability. Institutions improve when progress is visible and comparable.

Targets provide direction. Clear goals help organisations move from intent to impact — systematically and sustainably.

The way forward

The insights from across India converge on one truth: women are not seeking special treatment. They are seeking structural fairness.

Burnout patterns, specialty gaps, leadership disparities and caregiving crossroads are interconnected signals that the healthcare ecosystem must evolve. The solution lies in redesign — transparent promotion systems, equitable pay audits, flexible work infrastructure, structured re-entry pathways, mentorship pipelines and measurable benchmarks.

As Dr Jain powerfully reminds us, "Gender equity in healthcare is not a women's issue — it is a workforce sustainability issue."

Dr Dessai adds, "Taking proper steps at governance level to see the ratio ,institutions taking proper steps to address inequality at the workplace, considering promotion and leadership based on capabilities and not gender, apart from maternity benefits providing onsite child care facilities, providing proper sponsorship and mentorship can slowly change this picture."

India's healthcare ambitions — expansion, innovation, global leadership — depend on retaining and empowering its full talent pool. The women in whitecoats are already driving progress. The next leap will depend on whether the system evolves to sustain them.

When women physicians thrive, healthcare thrives with them.

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The role of skilled birth attendance and midwifery in better maternal outcomes in India

Anitha P, Head, Midwifery Services, Fernandez Hospital, highlights the critical role of skilled birth attendants and midwifery-led care in improving maternal and newborn outcomes in India, and explains why strengthening this workforce is key to achieving safer childbirth and advancing national health goals

Enhancing quality of maternal care is a critical public health issue in India. Apathy and indifference to the quality of care at all levels is a major deterrent to reaching SDGs. We have a long way to go, even if several states, like Kerala, Telangana, Gujarat, and Jharkhand, have brought the Maternal Mortality Rate (MMR) down to 70 per 1,00,000 live births. This is where skilled birth attendance come in.

Skilled Birth Attendance (SBA) is the care given to pregnant women during labour by trained health care professionals such midwives, nurse midwives, and doctors. These skilled attendants deliver essential obstetric and newborn care that is critical for ensuring safe deliveries and healthy outcomes. Recognising the urgent need to strengthen SBA services within India's health system and to reduce maternal mortality rates (MMR) and neonatal mortality rates (NMR), the Government of India introduced the midwifery cadre to enhance the availability, quality, and effectiveness of mid-

wifery-led care across the country.

Midwives provide women-centered, evidence-based care. They are trained in facilitating vaginal births, identifying problems early, and refer to obstetricians when complications arise. Not only does this lower the chances of maternal death from risks like postpartum bleeding, infection, and eclampsia, it also makes the overall experience of giving birth safer for women.

National programmes

Key national initiatives such as LaQshya, Janani Suraksha Yojana (JSY), and the introduction of Nurse Practitioner in Midwifery (NPM) are a few government programmes that have strengthened SBA services. Inspired by best practices from throughout the world, some states have started to set up Midwifery-Led Care Units (MLCUs) to provide safe maternity care. These programmes have proven to lower maternal deaths during childbirth.

Conclusion

Skilled birth attendants not only make sure that childbirth is safe, but they also help newborns survive by giving them immediate care, starting breastfeeding right away, and resuscitating the infant as soon as it is needed. Their assistance is especially important in remote and underprivileged places where there aren't many doctors.

India is expanding its midwifery support and adding SBAs to all levels of maternal healthcare. This will make it even more likely that mothers and babies would have better health outcomes. So, improving midwifery is not a medical treatment; it's an investment in the health and dignity of women in India.

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I, Vaidehi Thakar, hereby declare that the particulars given above are true and to the best of my knowledge and belief.

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sd/-
Vaidehi Thakar
Publisher

Gennext Hospital Summit 2026 Hyderabad

Welcome address

Express Healthcare successfully hosted the 6th edition of the GenNext Hospital Summit 2026 on 27 February 2026 in Hyderabad. As a flagship knowledge-sharing platform, the GenNext Hospital Summit series is designed to catalyse the development of next-generation hospitals—institutions that are agile, technology-enabled, and equipped to navigate the rapidly evolving healthcare landscape while meeting rising patient expectations.

The overarching theme for this year, "Building a Future-Ready Healthcare Ecosystem," reflected the urgent need for collaboration, innovation, and resilience across the healthcare continuum.

The summit convened leading industry experts, healthcare providers, policymakers, and key decision-makers to deliberate on emerging trends, pressing challenges, and transformative opportunities shaping new-age hospitals. The event was supported by presenting partner o3 Capital.

Distinguished speakers shared valuable insights on digital acceleration in hospitals, the future of healthcare delivery, and the evolving expectations of the next generation of patients and providers.

The event commenced with a welcome address by Express Healthcare, setting the tone for the day by outlining the vision and objectives of the GenNext Hospital Summit 2026 – Hyderabad edition. This was followed by a traditional lamp-lighting ceremony, marking an auspicious beginning to the proceedings.

Panel discussion: Building a future-ready healthcare ecosystem

A power-packed panel featuring Dr Prabhukumar Challagali, President, IMA–Banjara Hills; Ms Avni Vira Parekh, Director–Healthcare, o3 Capital; Mr Samir Vieira, CEO, Fernandez Foundation; Surg Capt Dr B Vijaya Kumar (Ret), Executive Director, KIMS Hospital Vizag Zone; and moderated by Ms Deepti Gaddam, Managing Director, OZONE Hospitals, explored what it takes to build a resilient and future-ready healthcare ecosystem.

The discussion underscored that AI is an enabler—not a replacement—for doctors. Panelists emphasised that AI strengthens clinical decision-making, enhances ICU monitoring, and reduces administrative burden, but must function in close collaboration with healthcare professionals.

L-R: Dr Prabhukumar Challagali, President, IMA-Banjara Hills; Avni Vira Parekh, Director-Healthcare, o3 Capital; Surg Capt Dr B Vijaya Kumar (Ret), Executive Director, KIMS Hospital Vizag Zone; Samir Vieira, CEO, Fernandez Foundation; Deepti Gaddam, Managing Director, OZONE Hospitals (Moderator); ;

A strong case was made for predictive and preventive care, with AI playing a pivotal role in early risk detection, improved outcomes, and shifting healthcare from reactive treatment to proactive intervention.

The panel also highlighted that data quality, governance, and security form the backbone of effective AI adoption. Structured data systems, clear patient data ownership frameworks, and secure technologies such as blockchain are essential to ensure reliability and trust.

Seamless integration and change management emerged as critical success factors. AI solutions must align with existing hospital systems, comply with regulations, ensure interoperability, and prioritise patient safety.

Finally, the discussion stressed that digital investments must demonstrate measurable clinical and financial impact. Scalable, compliant solutions with proven outcomes are key to driving sustainable and meaningful adoption of digital health technologies.

The future-ready healthcare ecosystem: Challenges, opportunities and actionable solutions

In a compelling address, Dr Prabhukumar Challagali, President, IMA–Banjara Hills, outlined a clear and actionable roadmap for building a future-ready healthcare ecosystem anchored in responsibility, sustainability, and patient-centricity.

He urged healthcare leaders to actively champion national digital initiatives such as Ayushman Bharat Digital Mission (ABDM) and eSanjeevani by onboarding their institutions onto the national digital health network, accelerating interoperability and access to care.

Dr Prabhukumar Challagali, President, IMA, Banjara Hills

Dr Challagali also called for environmentally responsible healthcare practices—reducing single-use plastics, implementing effective waste segregation, and adopting renewable energy solutions such as solar power within hospital infrastructure.

Addressing the human side of healthcare, he emphasised the importance of protecting caregivers by establishing doctor wellness circles, noting that a burned-out doctor cannot effectively heal patients.

On the policy front, he encouraged the medical fraternity to use the influential platform of Indian Medical Association to advocate for Universal Health Coverage (UHC), stronger action against quackery, and thoughtful AI regulation in India.

Above all, he reinforced a simple but powerful principle: put the patient first. Every decision, investment, and reform must uphold the belief that healthcare is a right—not a privilege.

Fireside chat: Building institutional-grade hospitals

In an engaging fireside conversation, Ms Avni Vira Parekh, Director–Healthcare, o3 Capital, in discussion with Mr Capri Jalota, COO, AIG Hospitals, explored what it takes to build truly institutional-grade healthcare platforms.

The central message was clear: sustainable healthcare institutions are built by taking the long view and consistently doing the right things over time—balancing clinical excellence with operational discipline.

The discussion highlighted the importance of a clear clinical hierarchy, with one Head of Department (HOD) leading aligned teams. Such a structure prevents internal competition, ensures uniform treatment pathways, and avoids the fragmentation often seen in corporate hospital models.

L-R: Avni Vira Parekh, Director-Healthcare, o3 Capital; Capri Jalota, COO, AIG Hospital

Institutional leaders, they noted, do not merely follow established protocols—they create them. Strong academic foundations, research orientation, and innovations such as pharmacogenomics and simplified diagnostic models help set new benchmarks in patient care.

The conversation also emphasised trust as a cornerstone of institutional healthcare. Salaried doctors, standardised pricing structures, and the removal of revenue-linked incentives strengthen patient confidence and reduce perceived bias in clinical decision-making.

From an investor's perspective, scalable growth depends on replicable unit economics, strong CXO leadership, process-driven systems, and consistent clinical outcomes—factors that collectively enhance capital attractiveness and long-term sustainability.

Importance of dashboards and monitoring of KPIs in achieving excellence in quality healthcare

Surg Capt Dr B Vijaya Kumar (Ret), Executive Director, KIMS Hospital Vizag Zone, emphasised that dashboards and KPI monitoring form the backbone of high-quality healthcare delivery.

They transform intent into measurable action, enabling excellence that is not only achievable but also repeatable and scalable across institutions.

Surg Capt Dr B Vijaya Kumar (Ret), Executive Director, KIMS Hospital Vizag Zone

He highlighted that robust dashboards strengthen governance, enhance patient safety, improve operational efficiency, and support financial sustainability. By tracking key performance indicators in real time, healthcare organisations can drive consistency and foster a culture of accountability at every level.

Importantly, dashboards help standardise care across multiple locations, ensuring that patients receive safe, compassionate, and reliable treatment—every time.

Beyond monitoring, they serve as strategic tools that equip healthcare leaders to make informed decisions, anticipate challenges, and proactively steer their organisations toward smarter, more efficient, and quality-driven healthcare systems.

Panel discussion: Evolving landscape of healthcare financing in India

A power-packed panel comprising of Mr Sudhaker Jadhav, COO, KIMS Sunshine Hospitals & KIMS Sikhara Hospitals, and featured Mr Rahul Datta, COO, Ankura Hospital; Dr Annie Thakore, Group CEO, Pranaam Hospitals; Mr Hanuman Prasad, Group CEO, Sri Sri Holistic Hospital; Mr Mahender Pala, Group COO, Omega Hospital; and Dr Abhinav Wankar, Dy General Manager–Operations, AIG Hospitals, who examined the changing contours of healthcare financing in India.

The discussion highlighted India's strong investment appeal, driven by its large population base, rising disease burden, low hospital bed density, and a dominant private healthcare sector. These structural factors continue to create significant opportunities for long-term capital deployment.

L-R: Hanuman Prasad, Group Chief Executive Officer, Sri Sri Holistic Hospital; Rahul Datta, COO, Ankura Hospital; Sudhaker Jadhav, COO, KIMS Sunshine Hospitals & KIMS Sikhara Hospitals (Moderator); Mahender Pala, Group COO, Omega Hospital; Dr Annie Thakore, Group CEO, Pranaam Hospitals; Dr Abhinav Wankar, Dy General Manager-Operations, AIG Hospitals Hyderabad

Panelists noted that asset-light and partnership-driven models—particularly in specialties such as oncology—are gaining traction. These approaches enable faster expansion, lower capital expenditure, improved operational agility, and attractive returns for investors.

However, health insurance penetration remains a challenge. Affordability constraints, trust deficits, policy complexity, and largely reactive consumer behaviour continue to limit widespread adoption.

The conversation also underscored that successful public-private partnership (PPP) models depend on clearly defined financial structures, balanced risk-sharing mechanisms, viability gap funding where necessary, and measurable KPIs to ensure accountability and sustainability.

Finally, digitalisation and strong governance frameworks were identified as critical enablers. Streamlined claims management, enhanced transparency, operational efficiency, and data-driven decision-making significantly boost investor confidence and strengthen the financial resilience of healthcare institutions.

Panel discussion: Reimagining radiology for gennext hospitals: Technology, talent and trust

The session featured Dr Nandury Eshwar Chandra, Senior Consultant and Head–Department of Radiology, Yashoda Hospitals; Dr Vamshi Krishna, Chief Growth Officer, Apollo Radiology International, Hyderabad; Dr Krishna Mohan Pottala, VP–IRIA Telangana Chapter and Chief Radiologist, Konnect Diagnostics; Dr Kushagra Vijay Garg, Consultant Radiologist, Prudent Radiology; and Dr J Jagan Mohan Reddy, Professor–Radiology, Maheswara Medical College, who examined how technology is reshaping the future of radiology.

The panel highlighted that AI is significantly reducing the cognitive burden on radiologists by automating measurements and repetitive tasks, thereby enhancing productivity and helping mitigate burnout. AI tools are also improving detection accuracy—particularly for small or incidental findings—and enabling more objective comparisons during follow-ups.

L-R: Dr Kushagra Vijay Garg, Consultant Radiologist, Prudent Radiology; Dr Nandury Eshwar Chandra, Senior Consultant and Head-Department of Radiology, Yashoda Hospitals; Dr Vamshi Krishna, Chief Growth Officer, Apollo Radiology International Hyderabad (Moderator); Dr Krishna Mohan Pottala, VP-IRIA Telangana Chapter and Chief radiologist-Konnect Diagnostics; Dr J Jagan Mohan Reddy, Professor-Radiology, Maheswara medical College

Transparency and governance emerged as critical themes. The panel emphasised that AI-assisted reporting must be disclosed appropriately, with robust oversight mechanisms to ensure accountability and maintain patient trust.

Importantly, the experts agreed that AI will not replace radiologists. Instead, it will accelerate the shift toward subspecialisation and help address workforce shortages by allowing clinicians to focus on complex and high-value interpretations.

Cloud-based, pay-per-use AI models are making advanced radiology solutions more accessible, especially for small and mid-sized hospitals that may not have the resources to invest in expensive on-premise infrastructure.

However, implementation challenges remain. High costs, fragmented solutions from multiple single-purpose vendors, and integration complexities can hinder seamless adoption, underscoring the need for interoperable, scalable, and well-governed digital ecosystems in radiology.

How AI can power India's next public health leap

Dr P. R. Sodani, President (Vice Chancellor), IIHMR University explains how AI can strengthen disease surveillance, optimise service delivery, empower frontline health workers, and enable data-driven governance

India's public health system has continuously evolved in response to scale and complexity. From eradicating polio to managing one of the world's largest COVID-19 vaccination drives, the country has demonstrated that innovation—when aligned with public purpose—can deliver results on a large scale. Today, as India faces rising non-communicable diseases, recurring infectious threats, workforce shortages, and growing expectations of quality and equity, a new enabler is emerging: Artificial Intelligence (AI). Far from being a futuristic luxury, AI is becoming an increasingly practical tool to enhance the effectiveness and efficiency of public healthcare delivery in India.

More intelligent surveillance, faster response

One of the most immediate applications of AI lies in disease surveillance and early warning systems. India already collects vast amounts of health data through the Integrated Disease Surveillance Programme (IDSP), laboratories, health facilities, and digital platforms under the Ayushman Bharat Digital Mission (ABDM).

AI can analyse this data in real time to detect abnormal patterns, predict outbreaks, and identify emerging hotspots. During the COVID-19 pandemic, AI-based models were utilised to forecast case surges and hospital bed requirements in several states. Going forward, similar tools can strengthen preparedness for outbreaks of dengue, tuberculosis, influenza, or zoonotic diseases—allowing governments to act early rather than react late.

In a country where delays cost lives, predictive intelligence can make a decisive difference.

Targeting public health where it matters most

India's public health programmes often struggle with uneven outcomes—not because of a lack of intent, but due to limited ability to precisely target interventions. AI offers a way out.

By combining health data with socio-economic and geographic indicators, AI can help identify high-risk populations and districts that need focused attention. For instance, maternal and child health programmes can use AI-driven risk scoring to flag high-risk pregnancies, enabling ASHA and ANM workers to prioritise home visits and timely referrals. Nutrition initiatives, such as POSHAN Abhiyan, can benefit from AI-based identification of malnutrition-prone blocks, thereby improving resource allocation and impact.

This shift—from broad coverage to intelligent targeting—can significantly improve programme effectiveness without increasing costs.

Making healthcare delivery more efficient

Efficiency is the backbone of a sustainable public health system. AI can help optimise operations across primary health centres, community health centres, district hospitals, and medical college hospitals.

AI-powered demand forecasting can reduce medicine and vaccine stock-outs, a persistent challenge in many states. Scheduling algorithms can improve patient flow, reduce waiting times, and optimise staff deployment. Telemedicine platforms, already scaled under eSanjeevani, can be enhanced with AI-based triaging tools to prioritise cases and guide referrals—particularly in remote and underserved areas.

Chatbots and AI-enabled helplines can handle routine queries, appointment reminders, and follow-ups, freeing doctors and nurses to focus on clinical care. For a system constrained by human resources, such productivity gains are invaluable.

Empowering frontline health workers

India's public health system relies heavily on its frontline health workforce, including ASHAs, ANMs, and community health officers. AI is not a replacement for these workers; it is a decision-support tool.

Mobile-based AI applications can assist frontline health workers with symptom assessment, treatment protocols, and referral decisions, especially in areas with limited access to doctors. AI-enabled tools can also support training and supervision, ensuring a more consistent quality of care across geographies.

When combined with strong human oversight, AI can reduce errors, standardise care, and enhance confidence among health workers on the ground.

Data-driven governance and accountability

Beyond service delivery, AI plays a crucial role in strengthening public health governance. Policymakers often face fragmented data and delayed reporting. AI can integrate data across programmes such as TB, maternal health, child health, and insurance claims under Ayushman Bharat PM-JAY and generate actionable insights.

Predictive analytics can help governments anticipate future health needs, assess policy impact, and prioritise investments. AI-driven dashboards can flag underperforming facilities or districts, thereby improving transparency and accountability. For a system managing limited resources and large populations, such evidence-based governance is no longer optional.

Proceeding with caution and responsibility

The promise of AI must be matched by responsibility. Data privacy, algorithmic bias, and digital exclusion are real risks. India's Digital Personal Data Protection framework and ABDM's consent-based architecture provide a strong foundation, but ethical safeguards must evolve alongside technology.

Equally important is capacity building. Public health professionals and administrators must be trained to understand and utilise AI tools effectively. Without institutional readiness and data quality, AI risks becoming a buzzword rather than a solution.

The road ahead

As India moves towards its vision of a healthier nation by 2047, AI can be a powerful enabler of public health transformation. However, technology alone will not deliver outcomes. Success will depend on thoughtful integration, strong governance, and a people-centred approach.

Used wisely, AI can help India shift from reactive healthcare to proactive public health—anticipating risks, reaching the unreached, and delivering timely, efficient, and equitable care. The challenge now is not whether India should use AI in public health, but how well it can align technology with trust, ethics, and the public good.

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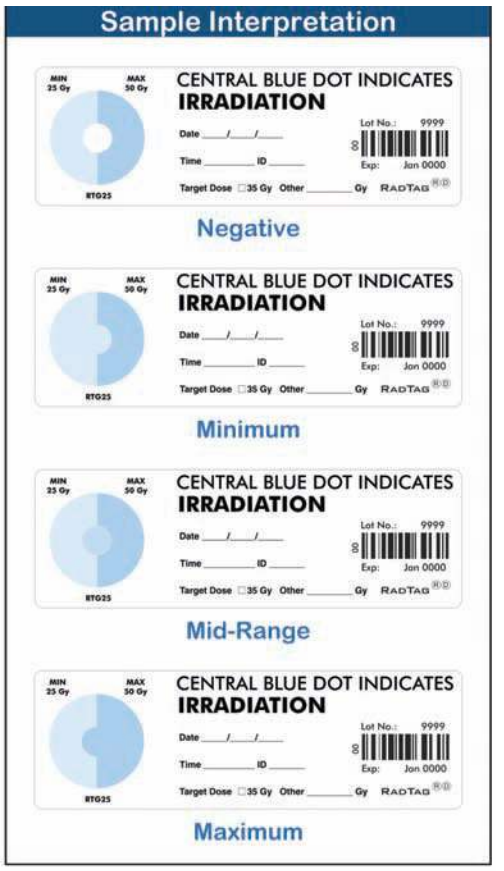

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Why medical device customers choose AMI Polymer

Atharwa Mishra, Sales Executive - Healthcare Division, Ami Polymer Private Limited explains why Imapore® Filters stand out as a reliable, scalable, and scientifically engineered filtration platform

In modern pharmaceutical, biotechnology, and medical device manufacturing, filtration is not just a process step—it is a quality-critical control point. From sterile drug formulation to laboratory sample preparation, the reliability of filtration systems directly impacts patient safety, product integrity, and regulatory compliance.

Imapore® Filters are engineered to meet these demanding requirements, offering a comprehensive range of capsule filters, cartridge filters, and syringe filters designed for high performance, chemical compatibility, and consistent sterility assurance.Why Filtration Matters in Medical Applications

Contamination—whether particulate, microbial, or chemical—can compromise:

- Injectable drugs
- IV fluids
- Vaccines & biologics
- Diagnostic reagents
- Laboratory samples

Regulatory agencies such as US FDA, EMA, and WHO emphasize validated filtration as a key control strategy, particularly for sterile and parenteral products. Membrane selection, pore size accuracy, and material compatibility are therefore non-negotiable.

Imapore® filtration systems are designed with these realities in mind.

Understanding Filtration Technologies at AMI Polymer

Filtration is not a one-size-fits-all solution. Different processes, fluids, and regulatory requirements demand different filter media, pore structures, and constructions. AMI Polymer has introduced multiple filter types to ensure process-specific optimization, not compromise.

Below is a detailed explanation of each filter type, why it exists, how it differs from others, and where it should be used.

1. PES (Polyethersulfone) Membrane Filters

Why PES Exists

PES is widely accepted as the industry benchmark for sterile filtration of aqueous and biological fluids. It was introduced to address protein loss, low flow rates, and inconsistent wetting seen in older membrane materials.

Key Characteristics

- Naturally hydrophilic (no pre-wetting required)
- Extremely low protein binding
- High flow rate and throughput
- Stable across wide pH range

Typical Pore Sizes

- 0.22 µm – Final sterile filtration
- 0.45 µm – Clarification and pre-filtration
- 0.65 µm – Bioburden reduction and protection filters

Where PES Is Preferred

- Injectables and IV solutions
- Vaccines and biologics
- Cell culture media and buffers
- Diagnostic reagents

Why AMI Offers PES

To support critical sterile applications where yield, sterility assurance, and regulatory acceptance are essential.

2. PVDF (Polyvinylidene Fluoride) Membrane Filters

Why PVDF Exists

PVDF was introduced to bridge the gap between biological compatibility and chemical resistance, especially where PES may not be optimal.

Key Characteristics

- Low extractables and leachables
- Strong mechanical durability
- Suitable for aggressive buffers and solvents
- Good protein compatibility

Typical Pore Sizes

- 0.22 µm – Sterile filtration
- 0.45 µm – Clarification
- 0.65 µm – Pre-filtration

Where PVDF Is Preferred

- Protein and enzyme solutions
- Diagnostic kits
- Pharmaceutical formulations with mixed solvents

Why AMI Offers PVDF

To provide process flexibility when chemical compatibility or strength requirements exceed PES capabilities.

3. PTFE (Polytetrafluoroethylene) Membrane Filters

Why PTFE Exists

PTFE is essential for chemically aggressive and solvent-based applications where other membranes degrade or swell.

Key Characteristics

- Extremely hydrophobic
- Outstanding solvent and chemical resistance
- Suitable for liquid and gas filtration
- Maintains integrity under pressure

Typical Pore Sizes

- 0.1 µm
- 0.2 µm
- 0.45 µm

Where PTFE Is Preferred

- Organic solvents
- Chemical processing
- Gas and air filtration
- Pharma R&D solvent handling

Why AMI Offers PTFE

To ensure safe, reliable filtration in environments where chemical compatibility is non-negotiable.

4. Glass Fiber (GF) Filters – Depth Filtration

Why Glass Fiber Exists

Membrane filters clog quickly when exposed to high particulate loads. GF filters were introduced as depth pre-filters to protect final sterile membranes.

Key Characteristics

- High dirt-holding capacity
- Gradient density structure
- Excellent flow under particle load
- Cost-effective pre-filtration

Typical Pore Sizes

- 0.22 µm
- 0.45 µm
- 0.65 µm
- 1.0 µm

Where GF Is Preferred

- Viscous solutions
- Fermentation broths
- Pre-filtration before PES or PVDF

Why AMI Offers GF

To improve system life, reduce fouling, and lower overall filtration cost.

5. Polypropylene (PP) Filters – Robust Pre-Filtration

Why PP Exists

PP filters were developed for mechanical strength, thermal resistance, and repeated sanitization, where membrane-level filtration is not required.

Key Characteristics

- Broad pore size range (0.2–40µm)
- High temperature tolerance
- Steam and hot-water sanitizable
- Strong chemical resistance

Typical Applications

- Water systems
- Utility filtration
- Pre-filtration before fine membranes
- Process fluid clarification

Why AMI Offers PP

To deliver durable, economical filtration for high-load and non-sterile stages.

6. Syringe Filters – Laboratory & QC Filtration

Why Syringe Filters Exist

Laboratory and QC environments require small-volume, high-precision filtration without installing full-scale systems.

Media Options at AMI

- PES – Aqueous biological samples
- PVDF – Protein-based samples
- PTFE – Solvents
- Nylon – General-purpose
- Glass Fiber – High particulate samples
- Polypropylene – Coarse filtration

Typical Uses

- HPLC / GC sample preparation
- Microbiological testing
- R&D and method development
- Incoming raw material testing

Why AMI Offers Multiple Syringe Filter Types

To ensure method accuracy, instrument protection, and reproducible lab results.

Why Multiple Filter Types Matter

Each filtration step serves a dif-

ferent purpose:

- Pre-filtration protects downstream filters
- Clarification improves flow and stability
- Sterile filtration ensures patient safety

Using the wrong filter type increases:

- Product loss
- Validation failures
- Process downtime

AMI Polymer's multi-filter portfolio allows customers to design filtration as a system, not a compromise.

Where Imapore® Filters Deliver Value

- Pharmaceutical manufacturing
- Biotechnology & vaccines
- Medical device production
- Diagnostics & pathology labs
- Chemical & solvent processing
- Academic & industrial research

By combining advanced membrane science with robust mechanical design, Imapore® filtration solutions help manufacturers achieve higher yields, improved safety, and consistent product quality.

In filtration, performance failures rarely come from the membrane alone. They arise from inconsistent manufacturing discipline, shortcuts in assembly, or inadequate validation. While many manufacturers focus only on pore size labeling, AMI Polymer sustains deeper quality parameters that directly impact real-world performance.

1. Controlled Membrane Handling & Orientation

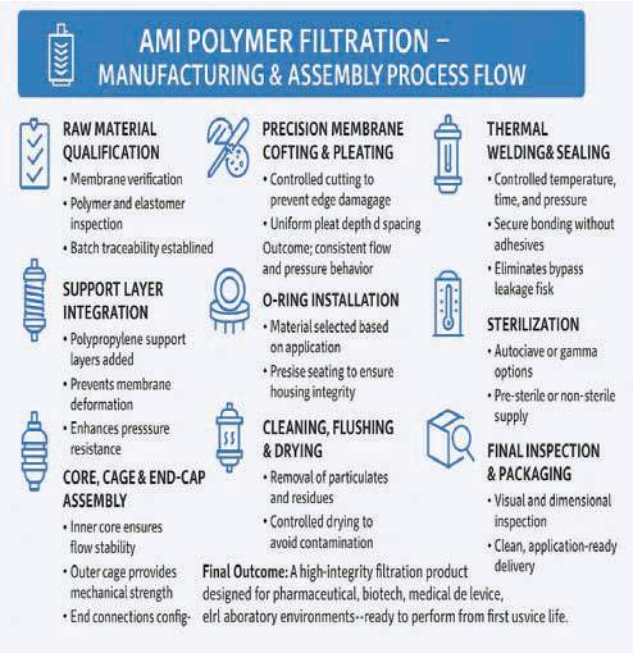
Many low-cost manufacturers mishandle membranes during cutting and pleating, leading to:

- Micro-tears
- Non-uniform pore distribution
- Reduced effective filtration area

AMI Polymer approach:

- Controlled membrane cutting and pleating procedures
- Defined membrane orientation to ensure consistent flow path
- Strict handling protocols to avoid mechanical stress before encapsulation

This ensures true pore performance, not just nominal ratings.



2. Optimized Pleat Geometry for Real Throughput

Some manufacturers maximize pleat count without considering:

- Flow resistance
- Differential pressure rise
- Early clogging

AMI Polymer sustains:

- Balanced pleat density to optimize flow rate vs dirt-holding capacity
- Verified effective filtration area (SL/DL values clearly defined)
- Uniform pleat spacing to prevent channeling

Result: Longer service life and stable performance under pressure.

3. Integrity of Sealing – Not Just Visual Assembly

A common industry shortcut is partial thermal sealing or adhesive bonding, which may pass visual inspection but fails under pressure or thermal cycling.

AMI Polymer maintains:

- Fully validated thermal welding processes
- Controlled sealing parameters (temperature, time, pressure)
- Uniform bonding between membrane, support layers, and end caps

This minimizes:

- Bypass leakage
- Fiber shedding
- Seal delamination during sterilization or operation

4. Material Compatibility & Extractables Awareness

Some manufacturers use generic polymers without evaluating:

- Chemical compatibility
- Extractables and leachables
- Long-term interaction with pharma fluids

AMI Polymer selects materials based on:

- Membrane chemistry (PES, PVDF, PTFE, GF, PP)
- O-ring compatibility (Silicone, EPDM, Viton)
- Intended sterilization method (autoclave, gamma, presterile)

This is critical for injectables, biologics, and diagnostic reagents, where contamination risk is unacceptable.

5. Differential Pressure & Thermal Stress Validation

Filters may meet pore size claims but fail when exposed to:

- Temperature cycling
- Pressure reversals
- Extended operating conditions

AMI Polymer designs filters to withstand:

- Defined forward and reverse differential pressures
- Operating temperatures up to 80°C
- Steam and hot water sanitization where applicable

This ensures process reliability, not just lab performance.

AMI Polymer Manufacturing & Assembly Process – From Raw Material to Finished Product

AMI Polymer follows a structured, process-controlled manufacturing workflow designed to meet pharmaceutical and medical-grade filtration requirements.

Step 1: Raw Material Selection & Incoming Quality Control

Membranes sourced and verified for:

- Pore size accuracy
- Thickness consistency
- Surface integrity

Polymers (PP, silicone, EPDM, Viton) inspected for:

- Mechanical properties
- Chemical compatibility
- Batch traceability

Only approved lots move to production.

Step 2: Membrane Cutting & Pleating

Membranes are precision-cut to defined dimensions

- Controlled pleating ensures:
- Uniform pleat depth
- Consistent pleat spacing

Maximum effective filtration area

This step directly affects flow rate and filter lifespan.

Step 3: Support Layer Integration

Membrane layers are supported with polypropylene layers

- Prevents membrane collapse under pressure
- Ensures structural integrity during sterilization and operation
- This is especially critical for high-flow and large-diameter cartridges.

Step 4: Core, Cage & End-Cap Assembly

Inner core and outer cage provide mechanical strength

End caps configured as per customer requirement:

- Code 7 (226)
- Code 5 (222 with fin)
- DOE, TC, Hose Barb, etc.

Assembly ensures precise alignment to avoid internal stress points.

Step 5: Thermal Welding / Sealing

Membrane stack is thermally bonded to end caps

Controlled parameters ensure:

- Leak-free sealing
- No membrane damage
- No adhesive contamination

This step is crucial for bypass prevention.

Step 6: O-Ring Installation & Final Assembly

Correct O-ring material selected based on application

Proper seating ensures:

- Reliable housing seal
- Resistance to chemical and thermal exposure
- Misaligned or incorrect O-rings are a common failure point in inferior filters.

Step 7: Cleaning, Flushing & Drying

Filters are cleaned to remove:

- Manufacturing residues
- Loose particulates
- Controlled drying prevents moisture entrapment

This supports low extractables and clean start-up.

Step 8: Sterilization (If Applicable)

Depending on product configuration:

- Autoclave-compatible
- Gamma sterilized
- Supplied pre-sterile or non-sterile

Sterilization methods are selected to preserve membrane integrity.

Step 9: Final Quality Inspection & Packaging

Each finished product undergoes:

- Visual inspection
- Dimensional checks
- Packaging integrity verification

Packaging is designed to maintain cleanliness and sterility until use.

Conclusion

In an industry where every micron matters, Imapore® Filters stand out as a reliable, scalable, and scientifically engineered filtration platform. Whether it's a single laboratory syringe filter or a full-scale production cartridge, Imapore® delivers confidence at every stage of filtration.

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BPL Medtech offers an expansive imaging portfolio following the acquisition of Yozma BMTech

The move underscores BPL's strategic focus on precision imaging, global technology integration, and expanding access to advanced diagnostic solutions within India's evolving healthcare ecosystem

In India's fast-evolving medical technology landscape, scale, distribution and portfolio depth increasingly define competitive advantage. BPL Medical Technologies is ahead of times on all three fronts.

Further strengthening its global imaging and diagnostics capabilities, BPL Medical Technologies completed the acquisition of Yozma BMTech Co. Ltd., South Korea, in December 2025. The move underscores BPL's strategic focus on precision imaging, global technology integration, and expanding access to advanced diagnostic solutions within India's evolving healthcare ecosystem.

Adding Bone Density Machines to its portfolio marks a decisive step in BPL's imaging expansion strategy. The move strengthens its diagnostic imaging vertical and signals the company's intent to build a broader, more integrated medtech platform.

Bone Mineral Density (BMD) systems commonly referred to as DEXA machines are critical in diagnosing osteoporosis and assessing fracture risk. With India's ageing population and growing awareness around preventive healthcare, demand for bone health diagnostics is steadily rising. By integrating BMtech's bone density technology, BPL Medtech enters a segment that complements its existing imaging and diagnostic portfolio while addressing a large, underpenetrated market.

Strategic fit in a consolidating market

India's medtech market, estimated at over $11 billion, remains fragmented but is gradually consolidating. Domestic manufacturers are increasingly looking to move up the value chain, reduce import dependence and expand into specialised segments traditionally dominated by multinational companies.

L-R: Dongjun Lee, CEO, Yozma Group, Korea and Dr Shravan Subramanyum , MD, BPL Medical Technologies

Adding Bone Density Machines to its portfolio marks a decisive step in BPL's imaging expansion strategy. The move strengthens its diagnostic imaging vertical and signals the company's intent to build a broader, more integrated medtech platform

The integration also offers operational synergies. BPL Medtech's established distribution network across hospitals, diagnostic centres and secondary-care facilities provides a ready channel for scaling BMtech's offerings. In tier-2 and tier-3 cities, where access to advanced diagnostic equipment remains limited, the combined portfolio could find significant traction.

Shravan Subramanyum, MD, BPL Medical Technologies added, "The acquisition of BMtech aligns with the broader shift that follows the narrative that rather than building bone densitometry capabilities from scratch, we have chosen an inorganic route accelerating time to market while leveraging existing product expertise."

Preventive healthcare as a growth driver

Osteoporosis is often underdiagnosed in India, particularly among post-menopausal women and elderly populations. With increasing life expectancy and sedentary lifestyles contributing to bone health issues, the need for early screening tools is expected to grow.

Bone density machines play a crucial role in this preventive care ecosystem. By adding BMD systems to its imaging suite, BPL Medtech positions itself not just as a provider of hospital equipment, but as a contributor to preventive diagnostics — a segment likely to see sustained demand.

Visibility on global platforms

The company's imaging push has also gained visibility through recent product showcases at industry forums such as IRIA in Hyderabad and WHX in Dubai. Such platforms are increasingly important for Indian medtech players seeking both domestic credibility and export opportunities.

Participation in international exhibitions signals a broader ambition to compete beyond India's borders. With regulatory standards tightening and global supply chains diversifying, Indian manufacturers that combine cost competitiveness with quality assurance could find growing export demand.

The road ahead

For BPL Medtech, the BMtech acquisition represents more than just portfolio expansion. It is part of a larger strategy to evolve into a diversified medtech platform spanning diagnostics, imaging and critical care.

However, integration will be key. Product alignment, service support, clinician training and pricing strategy will determine how effectively the company capitalises on the acquisition. In imaging, after-sales service and uptime often influence purchasing decisions as much as upfront cost.

As India's healthcare ecosystem shifts toward early diagnosis and accessible technology, BPL Medtech is targeting the next phase of growth by combining scale with specialisation.

Step into automation, move beyond manual

Redefining laboratory performance with the MbChem100 Auto Chemistry Analyzer

The modern clinical laboratory stands at the intersection of precision medicine and operational efficiency. With diagnostic demand steadily increasing and clinicians relying on faster, data-driven insights, laboratories are re-evaluating traditional workflows and embracing automation as a strategic necessity rather than a technological upgrade.

In this evolving landscape, automation is no longer defined solely by speed; it is measured by reliability, workflow intelligence, and operational simplicity. Designed for growing laboratories navigating this transition, the MbChem100 Auto Chemistry Analyzer introduces a balanced approach to automation combining performance, precision, and usability within a system built for everyday clinical realities.

Automation as a catalyst for laboratory growth

Laboratories expanding their diagnostic capabilities often encounter challenges associated with manual processing variability, longer turnaround times, and increasing operational pressure on technical staff. Automation addresses these challenges by creating standardised workflows that enhance consistency while allowing laboratories to scale efficiently.

The MbChem100 has been developed with this progression in mind. Its automated architecture enables laboratories to transition smoothly from manual dependency toward streamlined, technology-driven operations without disrupting established processes

The MbChem100 has been developed with this progression in mind. Its automated architecture enables laboratories to transition smoothly from manual dependency toward streamlined, technology-driven operations without disrupting established processes.

By simplifying routine testing workflows, the system allows laboratory professionals to focus more on analytical oversight and quality assurance rather than repetitive manual tasks.

Speed designed around clinical urgency

In diagnostics, time directly influences patient outcomes. Laboratories must balance routine workloads with the unpredictability of urgent testing requirements.

Delivering 100–120 tests per hour, the MbChem100 supports continuous sample processing while maintaining dependable performance levels. The inclusion of a dedicated STAT function ensures emergency samples receive immediate prioritization, enabling faster reporting during critical clinical situations.

This responsiveness strengthens collaboration between laboratories and clinicians, supporting timely medical decisions when they matter most.

Precision engineered for consistency

Reliable diagnostics depend on controlled environments and intelligent system design. The MbChem100 integrates multiple features that safeguard analytical accuracy throughout testing cycles.

An on-board cooling system preserves reagent stability, maintaining optimal testing conditions during extended operational hours. The integrated washing system reduces carryover risks, ensuring consistency between successive samples.

Complementing these features is an intelligent reagent management framework that enhances measurement precision while optimising resource utilisation an important consideration for laboratories seeking both accuracy and efficiency.

Operational simplicity meets advanced functionality

Technology delivers value only when it integrates seamlessly into daily workflows. The MbChem100 emphasises intuitive operation through a multifunctional probe capable of aspiration, dispensing, mixing, and liquid level sensing within a unified process.

Safety mechanisms, including collision protection, safeguard equipment integrity and ensure uninterrupted operation. The inclusion of 48 reusable reaction cuvettes further supports sustainable laboratory practices while maintaining operational cost efficiency.

Together, these features create an environment where advanced automation feels accessible rather than complex.

Enabling the next phase of laboratory evolution

Healthcare systems today demand diagnostics that are faster, more precise, and operationally resilient. Laboratories are increasingly expected to deliver higher throughput without compromising accuracy or increasing complexity.

The MbChem100 Auto Chemistry Analyzer reflects this shift toward intelligent laboratory infrastructure technology designed not merely to automate processes but to elevate overall laboratory performance.

As laboratories continue their journey toward modernisation, solutions that combine efficiency with thoughtful engineering will define the next era of diagnostics. The MbChem100 represents a step forward in that direction empowering laboratories to move beyond manual limitations and embrace a future shaped by precision, speed, and confidence.

Truevis Technologies accelerates India's advanced imaging ecosystem

India's growing need for advanced diagnostics

India's healthcare system is undergoing a major transformation where advanced diagnostics are becoming central to improving clinical outcomes. Rising cases of cancer, cardiovascular diseases, neurological disorders, and other chronic illnesses have increased the need for early and accurate diagnosis. Imaging technologies such as CT, MRI, PET-CT, and advanced radiology systems are now critical tools for clinicians to detect diseases earlier and guide precise treatment decisions.

However, access to these technologies remains uneven across the country. While large metropolitan hospitals are equipped with advanced imaging systems, many Tier-II and Tier-III cities still face significant gaps in diagnostic infrastructure. High capital costs, complex installation requirements, and long-term service challenges have traditionally limited the deployment of advanced imaging systems in emerging healthcare markets.

This evolving landscape is creating opportunities for new players to reimagine how high-end medical imaging can be made more accessible across India.

Truevis Technologies: Building a scalable imaging ecosystem

Truevis Technologies Pvt Ltd is emerging as a fast-growing force in India's MedTech sector, focused on expanding access to advanced diagnostic imaging through a combination of global technology collaboration and domestic manufacturing.

The company is developing a comprehensive radiology portfolio that spans CT, MRI, DSA, X-ray, Mammography, Ultrasound, and PET-CT systems. Rather than positioning itself solely as an equipment supplier, Truevis is building a broader imaging ecosystem that integrates technology deployment, installation, clinical application training, and lifecycle service support.

This integrated approach is designed to help hospitals and diagnostic centers adopt advanced imaging solutions without the operational complexities that often accompany high-end medical technology.

Expanding teams to support rapid growth

To support this growth trajectory, Truevis has been strengthening its teams across engineering, clinical applications, installation, and service operations. The company has brought together professionals with decades of experience across global medical imaging organisations, creating a strong technical and operational foundation.

This multidisciplinary team plays a key role in supporting hospitals during equipment commissioning, workflow optimisation, and clinical training. As installations expand across multiple regions, the strengthened workforce is enabling faster deployment cycles and more responsive service support.

The company's focus on building strong technical and service teams reflects a broader shift in the imaging industry, where lifecycle support and system reliability are becoming as important as the imaging technology itself.

Local manufacturing at India's medtech hub

A core element of Truevis's strategy is localised manufacturing and system integration. The company is developing its manufacturing capabilities at the Andhra Pradesh MedTech Zone in Visakhapatnam, one of India's largest medical technology manufacturing clusters.

Local manufacturing plays a crucial role in reducing equipment costs, improving supply chain resilience, and enabling faster service turnaround times. By assembling and integrating imaging systems domestically, Truevis aims to lower the total cost of ownership for hospitals while maintaining globally benchmarked imaging performance.

This approach also aligns with India's broader vision of strengthening domestic MedTech manufacturing and building indigenous capabilities in high-end healthcare technologies.

Global technology collaboration

Truevis's technology roadmap is further strengthened through its collaboration with Neusoft Medical Systems, a globally recognised developer of advanced imaging technologies.

The collaboration focuses on technology transfer, platform localization, and structured training programs that enable advanced imaging systems to be adapted for Indian clinical workflows and operating environments. By combining global technology expertise with local manufacturing and service delivery, the partnership creates a scalable model for deploying advanced imaging across diverse healthcare settings.

Expanding access to precision diagnostics

As India continues to expand its healthcare infrastructure, advanced diagnostics will play an increasingly critical role in enabling early detection and improving treatment outcomes. Expanding imaging capacity beyond large metropolitan hospitals is essential for improving healthcare access and addressing the growing burden of chronic diseases.

With a growing order book, expanding technical teams, and installations progressing across multiple regions, Truevis Technologies is contributing to the next phase of India's diagnostic healthcare evolution. By combining global technology partnerships with localised manufacturing and strong service infrastructure, the company is helping make advanced imaging more accessible, reliable, and sustainable for healthcare providers across the country.

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