

PM Modi inaugurates 5 New AIIMS; Health Minister launches Smart Payment Card for AIIMS Delhi

On February 16, 2024, Prime Minister Narendra Modi laid the foundation stone for the All-India Institute of Medical Sciences (AIIMS) in Rewari, Haryana, setting the stage for a transformative journey in India's healthcare infrastructure. The momentum continued on February 25, 2024, five more operational AIIMS in Rajkot, Bathinda, Raebareli, Kalyani, and Mangalagiri were opened, marking a significant step in strengthening India's tertiary healthcare infrastructure. Additionally, the PM dedicated 202 healthcare infrastructure projects, collectively valued at over Rs. 11,700 crores, across 23 states and union territories. He highlighted the substantial growth in medical colleges, PG and MBBS seats, and Jan Aushadhi Kendras over the past decade, showcasing the transformative evolution of healthcare infrastructure in India. The inauguration reflects a new era of accelerated development and fulfills promises made for AIIMS in various regions.

On February 19, 2024, Union Health Minister Dr Mansukh Mandaviya launched the AIIMS-SBI Smart Payment Card, revolutionizing cashless transactions at AIIMS Delhi. The initiative eliminates cash payments for all patient services, providing a seamless and secure alternative. Patients can deposit and recharge the card within the hospital, addressing concerns for those traveling from remote areas. The card, linked to the patient's UHID and ABHA ID, offers OTP-verified top-ups and refunds, with a five-year validity period. The card, available at designated counters, ensures convenience, financial security, and ease of access for patients, aligning with the government's commitment to digital healthcare solutions.





Apollo Hospitals hosts 11th International Health Dialogue

The 11th International Health Dialogue, hosted by Apollo Hospitals in Bangalore on February 23rd and 24th, 2024, concluded with a focus on patient safety, healthcare advancements, and public-private partnerships. The event gathered over 3,900 delegates and featured prominent speakers, addressing topics such as patient safety practices, cutting-edge technologies, and collaboration among healthcare stakeholders. The conference introduced “Solvathon 2024,” a hackathon for innovative healthcare solutions.

A significant highlight was the “Apollo Connect” program, aiming to empower smaller hospitals with services like remote monitoring and expert consultations. Discussions explored the program’s current impact and potential expansion. Keynote addresses on the first day emphasized patient safety and healthcare quality, while the second day delved into healthcare equity, AI’s role in patient safety, and leveraging AI for healthcare services in India. Data privacy and integrating patient perspectives into future healthcare models were emphasised. The 2024 edition highlighted amplifying patient voices, integrating AI into healthcare models, and emphasizing data privacy in the healthcare ecosystem.



Government panel to assess regulator measures for Nutraceuticals

The Government of India formed a committee to analyze moving nutraceuticals (health supplements) under the drug regulator CDSCO instead of the food regulator FSSAI on 18th February 2024. This aims to address challenges and improve consumer safety. Currently, FSSAI governs nutraceuticals under specific food regulations. However, concerns like uneven enforcement, unclear boundaries between food and drugs, and potential harm due to unsupervised use have arisen.

The committee, led by the Health Secretary, includes representatives from diverse sectors like food, pharmaceuticals, research, and regulatory bodies. They will assess issues like uneven implementation such as different agencies managing food and drug regulations might lead to inconsistencies. The unclear product definition and some ingredients blur the lines between food and drugs, confusing companies, and consumers. Some products make disease prevention/management claims, raising safety and effectiveness concerns and potential harm from unsupervised use, lack of medical supervision with nutraceuticals could lead to overconsumption or interactions with drugs.

The committee will explore solutions like potentially moving nutraceuticals under the CDSCO for stricter oversight. Examining the feasibility of regulating prices for certain nutraceuticals. Implementing stricter quality standards for production addressing misleading claims and ensuring transparent information. This initiative comes as the Indian nutraceutical market is expected to boom, reaching \$18 billion by 2025. The committee's analysis and recommendations will be crucial in establishing a robust and safe regulatory framework for this growing industry.



CDSCO releases sampling guidelines for drug and cosmetic quality

On February 17, 2024, the Central Drugs Standard Control Organisation (CDSCO) implemented new guidelines to enhance drug and cosmetic quality control in India. These guidelines address several challenges that previously hindered a comprehensive market assessment. The existing bias in drug sampling toward prominent brands and urban areas, neglecting rural regions, is rectified with a standardized methodology ensuring unbiased practices across all regions.

A significant improvement is the establishment of a centralized database for reporting substandard or spurious products, enhancing tracking and risk analysis for more effective interventions. The guidelines emphasize comprehensive testing by collecting sufficient sample quantities, reducing delays in testing and product recall. This approach is crucial in safeguarding public health.

The guidelines extend their reach to rural, tribal, and endemic disease areas, providing a holistic view of drug and cosmetic quality nationwide. Noteworthy is the commitment to publicly sharing information about outlets selling substandard or spurious products, empowering consumers to make informed choices. While the success of these guidelines depends on effective implementation by inspectors, they signify a substantial stride toward better drug and cosmetic quality control in India, aiming to ensure public health and safety nationwide. Vigilant monitoring and support will be essential for the successful realization of these positive changes.

Government to launch national registers for citizens to verify credentials of doctor and nurses

The Government is launching national registers for various healthcare professionals under the “One Nation, One Register” program. This initiative aims to provide patients with easily accessible information about doctors, nurses and other healthcare providers in their area, including verification of their licenses.

The first such registry, the National Dental Register (NDR), replaces the state-maintained Indian Dentists Register, eliminating data redundancy and inconsistencies. Dentists can now register directly on the national platform, with state councils verifying their applications. Similar national registers are planned for doctors and nursing personnel, eventually linking them to the broader Healthcare Professionals Register under the Ayushman Bharat Digital Mission. This will create a centralized system for verifying the credentials of all healthcare professionals. The government estimates that over 1.5 million doctors and 565,000 AYUSH practitioners will be included in the national medical register. This initiative is expected to improve transparency and accountability within the healthcare sector, benefiting both patients and providers.





Indians are experiencing long-term lung damage post-Covid: CMC Study

On 19th February, a study conducted by Christian Medical College (CMC), Vellore, during the first wave of the COVID-19 pandemic examined 207 individuals who had recovered from the virus. Published in the PLOS Global Public Health journal, it highlighted the lasting impact of SARS-CoV-2 on lung function among Indians. The study revealed that a significant proportion of patients experienced lung function impairment and lingering symptoms for months post-recovery.

The research indicated that Indians exhibited more severe lung function damage compared to Europeans and Chinese counterparts. Notably, gas transfer (DLCO) tests showed impairment in 44% of patients, while 35% exhibited restrictive lung defects, and 8.3% had obstructive lung defects. Concerns were raised among CMC doctors regarding the high prevalence of lung impairment in Indian patients.

Quality of life assessments reflected a significant adverse impact on Indian patients, who also had higher rates of comorbidities such as diabetes and hypertension. Dr. Salil Bendre, a pulmonologist, explained that post-infection lung fibrosis could occur in a subset of patients with moderate to severe COVID-19, potentially leading to permanent lung impairment in 4-5% of cases. This study underscores the importance of early diagnosis, management, and rehabilitation in mitigating the lasting consequences of COVID-19-induced lung damage, especially among the Indian population.

AIIMS introduces indigenous cancer detection technology

AIIMS Delhi, in collaboration with a government agency, launched an AI platform called iOncology.ai for early detection of breast and ovarian cancer on 7th February 2024. This technology has been deployed in five district hospitals for validation and is planned for wider implementation with government support.

AIIMS aims to provide affordable, accessible, and high-quality healthcare. Early detection is crucial for cancer survival, and manual diagnosis can miss cases. iOncology.ai uses deep learning to analyze medical data with high accuracy and can improve over time with more data.

The platform focuses on breast and ovarian cancers, common among Indian women. It has been trained on a dataset of half a million images from 1,500 cancer cases at AIIMS. After success at AIIMS, it was implemented in five district hospitals and showcased at a recent event, receiving positive feedback from experts. AIIMS seeks partnerships with other cancer hospitals and research centers to make this indigenous technology widely available.





Healthcare's financial future: Embracing telemedicine and cost management

Grant Thornton Bharat and the Association of Healthcare Providers India (AHPI) jointly published a report on February 2, 2024, titled 'Financial sustainability in the healthcare sector.' The report highlights the remarkable growth of the Indian healthcare industry from \$77 billion in 2014 to \$479 billion in 2024, underscoring its resilience and contribution to the economy. However, challenges persist, with a significant portion of healthcare expenditure coming from individuals, necessitating affordability solutions. Government initiatives aimed at reducing out-of-pocket expenses have been implemented.

The COVID-19 pandemic emphasized the importance of robust healthcare systems, prompting increased focus on the sector. Despite the growth, India's per capita healthcare spending remains lower than developed nations, influenced by economic disparities and reliance on private care. Telemedicine has emerged as a positive trend, experiencing a surge in virtual consultations, pathology, radiology, and e-pharmacy services.

While health insurance coverage reached 514 million people in 2021, representing 37% of the population, the report stresses the need for expanded coverage and enhanced affordability solutions. The digitalization of the healthcare sector is evident, with technologies such as electronic medical records, mobile healthcare, and telemedicine gaining widespread acceptance. The report concludes that addressing affordability and expanding insurance coverage will be pivotal for the continued success of the Indian healthcare industry.

Parliamentary panel advocates Ayush-Health ministry collaboration for pluralistic healthcare

On 15th February 2024, a parliamentary committee, in its report titled "Review of National Ayush Mission in India," recommended collaboration between the Ayush Ministry and the Union Ministry of Health to promote the integration of traditional and modern healthcare systems. The committee stressed the importance of ensuring that the health workforce comprehends the significance of integrating systems to establish a pluralistic health system catering to diverse population needs. It also proposed incorporating awareness of Ayush systems into school curricula to bridge knowledge gaps between Ayush and modern medicine.

The committee praised the Ministry of Ayush's efforts to establish Health and Wellness Centres, suggesting that integrating Ayush into poverty alleviation initiatives could enhance community engagement. Additionally, it urged strategic alignment of National Ayush Mission (NAM) objectives with mainstream healthcare delivery, stressing the necessity of collaboration between traditional and modern medical practitioners for effective implementation. Investment in research and development, educational institutions, and awareness promotion was highlighted as vital for integrating Ayush into the healthcare system. The committee recommended ensuring at least one specialist practitioner in Ayurveda, homoeopathy, yoga, or Siddha in co-located facilities and emphasized infrastructure upgrades and training opportunities for Ayush practitioners.

Furthermore, the committee underscored the need for standardizing protocols for Ayush interventions, strengthening regulatory frameworks, conducting post-marketing surveillance of Ayush medicines, and promoting data collection and research to enhance safety and efficacy monitoring.



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