

## PM Narendra Modi launches India's largest health outreach programme for women and children

On 17th September 2025, Prime Minister Narendra Modi launched the Swastha Nari Sashakt Parivar health initiative in Dhar, Madhya Pradesh, urging women to actively participate in the free diagnostics and treatment campaign. He emphasised that women's health was crucial for family and national development, stating that "if a mother is healthy, the whole family stays healthy."

Under the initiative, the government organised over 10 lakh health camps between September 17 and October 2 across all health facilities, including Ayushman Arogya Mandirs and tertiary hospitals, to screen women for common health issues such as anaemia, hypertension, diabetes, and cancer. Private hospitals also volunteered to conduct screening camps. Special attention was given to tribal women, particularly regarding sickle cell anaemia, with all tests and medicines offered free of cost. Those needing further treatment were covered under the Ayushman Suraksha Kavach.

The launch also included the Adi Karmyogi Abhiyan, focusing on service-oriented activities in tribal areas, including health, education, nutrition, and skill development. The programme, jointly led by the Ministry of Health and Family Welfare and the Ministry of Women and Child Development, aimed to strengthen screening, early detection, and treatment of non-communicable diseases, anaemia, tuberculosis, and sickle cell disease, while promoting maternal, child, and adolescent health through immunisation, nutrition, menstrual hygiene, and lifestyle awareness activities.





## **New GST rates introduced, aiming to make medicines and healthcare more affordable in India**

On 22nd September 2025, medicines, including some life-saving drugs, and medical devices became cheaper as new GST rates came into effect, making healthcare more affordable and accessible for citizens, industry experts said. Under the reform, most medicines previously taxed at 12% were reduced to 5%, while 36 critical drugs for cancer, genetic and rare diseases, and cardiovascular conditions were fully exempted.

The GST Council also rationalised tax slabs for health and life insurance premiums, glucometers, and corrective spectacles. Mr. Sudarshan Jain, Secretary General of the Indian Pharmaceutical Alliance (IPA), stated that the reforms marked a transformative shift, delivering direct savings to patients, easing family burdens, and improving access to essential care.

Mr. Anil Matai, Director General of OPPI, described the reduction in GST on essential drugs as historic and compassionate, highlighting its impact on financial relief and broader accessibility. NATHEALTH President Ms. Ameera Shah also noted that the measure would enhance access to quality healthcare services, support early disease detection, and standardise GST rates across preventive, curative and rehabilitative care.

Industry representatives emphasised that these reforms were critical for reducing healthcare costs, strengthening healthcare security and advancing India's goal of affordable and accessible healthcare for all citizens.



## **Union Cabinet approves major expansion of medical education in India**

On 25th September 2025, the Union Cabinet, chaired by Prime Minister Narendra Modi, approved a major expansion of India's medical education capacity, aiming to add over 10,000 undergraduate and postgraduate seats across government medical institutions. Under Phase-III of the Centrally Sponsored Scheme (CSS) for strengthening and upgrading medical colleges and hospitals, 5,000 new postgraduate seats were created, while 5,023 MBBS seats were added under the scheme for upgrading existing colleges. The cost ceiling for each new seat was enhanced to ₹1.50 crore.

The total outlay for both schemes from 2025-26 to 2028-29 was ₹15,034.50 crore, with the central government contributing ₹10,303.20 crore and states ₹4,731.30 crore. Officials said the initiative aimed to improve the supply of specialist doctors, introduce new medical specialties and strengthen healthcare capacity nationwide, especially in underserved and remote regions.

The schemes were expected to enhance access to quality healthcare, raise medical education standards, generate employment for healthcare professionals, and promote equitable distribution of healthcare infrastructure. The Ministry of Health & Family Welfare also issued the New Medical Institution (Qualifications of Faculty) Regulations 2025, adopting a competency-based approach to faculty recruitment. Through these measures, the government aimed to build human resources for health, strengthen the healthcare system and ensure broader access to quality medical services for India's population.





## **WHO releases Global Hypertension Report 2024, stating 1.4 billion people had hypertension, most uncontrolled**

On 25th September 2025, the World Health Organisation (WHO) released its second Global Hypertension Report, showing that 1.4 billion people lived with hypertension in 2024, yet only about one in five had it under control through medication or lifestyle interventions. The report, presented during the 80th United Nations General Assembly alongside Bloomberg Philanthropies and Resolve to Save Lives, highlighted that only 28 per cent of low-income countries reported general availability of all WHO-recommended hypertension medicines in pharmacies or primary care facilities.

Hypertension was identified as a leading cause of heart attacks, strokes, chronic kidney disease, and dementia. Without urgent action, millions were expected to die prematurely, and low- and middle-income countries could face losses of approximately USD 3.7 trillion in healthcare costs between 2011 and 2025. Analysis of 195 countries revealed 99 nations had hypertension control rates below 20 per cent, with the most affected populations in resource-constrained regions.

The report underscored barriers such as limited access to validated blood pressure devices, weak health promotion policies, costly medicines, inadequate financial protection, and insufficient monitoring systems. Countries like Bangladesh, the Philippines, and the Republic of Korea were cited for successful integration of hypertension care into universal health coverage, resulting in substantial improvements in control rates. WHO called on all nations to embed hypertension management into UHC reforms to prevent premature deaths and reduce the economic burden.

## FSSAI launches dedicated licensing portal for Ayurveda Aahara products

On 26th September 2025, the Food Safety and Standards Authority of India (FSSAI) launched a dedicated licensing and registration window for Ayurveda Aahara products on its Food Safety Compliance System (FoSCoS) portal, marking a major step in formalising the traditional Ayurvedic food sector. The initiative, operating under the Ministry of Health and Family Welfare, enabled manufacturers across India to apply for licences to produce and market traditional Ayurvedic foods through a simplified and streamlined process.

The new framework introduced a 'Kind of Business' (KoB) model, aligning recipes documented in authoritative Ayurvedic texts with contemporary food safety and quality standards. Officials noted that the regulation was rooted in the Ayurvedic principle of personalised nutrition, tailoring diets to an individual's constitution (prakriti). The standardisation was expected to support industry growth while ensuring authentic and regulated Ayurveda Aahara products could complement prescribed Ayurvedic treatments.

To facilitate smooth implementation, FSSAI published a list of 91 approved Ayurveda Aahara recipes via an order dated July 25, 2025, providing clear guidance for manufacturers. The initiative was developed in collaboration with the Ministry of Ayush, reflecting the government's commitment to integrating traditional Ayurvedic wisdom with modern food safety practices. The licensing window was made available on the FoSCoS portal, with the approved recipes accessible on the FSSAI website, benefiting both industry stakeholders and public health outcomes.





## Government report highlights over one-third of Indian children aged 5-9 possess high triglycerides

On 27th September 2025, a government report revealed that over a third of India's children aged 5-9 had high triglycerides, with Jammu and Kashmir, West Bengal, and northeastern states showing the highest prevalence. West Bengal recorded 67 per cent, Sikkim 64 per cent, Nagaland 55 per cent, Assam 57 per cent, and Jammu & Kashmir 50 per cent, while Kerala and Maharashtra showed the lowest prevalence at 16.6 per cent and 19.1 per cent, respectively. High triglyceride levels are known to increase the risk of heart disease later in life.

The fourth edition of 'Children in India 2025', released by the Ministry of Statistics and Programme Implementation during the 29th Conference of Central and State Statistical Organisations in Chandigarh, provided a comprehensive analysis of child well-being. Data from surveys such as the National Family Health Survey (2019-21) and the Comprehensive National Nutrition Survey (2016-18) were compiled.

The report found prematurity and low birth weight as the leading causes of newborn deaths, followed by birth asphyxia, trauma, and pneumonia. About five per cent of teenagers were hypertensive, with the highest rates in Delhi (10%) and Uttar Pradesh (8.6%). It also noted that over 16 per cent of adolescents had high triglycerides. Literacy rates were reported at 63.1% overall, with higher rates among boys than girls across age groups. The report also covered education, child protection, and crime involving children, providing a broad view of India's child development landscape.



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