

India advances as a Global Healthcare Destination

On 26th June 2026, a report by Antique Stock Broking stated that India continued to strengthen its position as a preferred destination for medical tourism, driven by affordable treatment costs, improving healthcare infrastructure, and supportive government policies. The report, titled India Hospitals: Scaling Capacity to Meet Rising Healthcare Demand, noted that India ranked 10th in the Medical Tourism Index and continued to attract international patients seeking quality healthcare at significantly lower costs than in many developed countries.

The report highlighted that favourable policy measures, streamlined medical visa procedures, and investments in healthcare infrastructure had further enhanced India's competitiveness as a global healthcare destination. It also projected that the country's healthcare delivery market would grow at a 10–12% CAGR, reaching approximately ₹12 trillion by FY30.

According to the report, private healthcare providers were expected to play a larger role in meeting the growing demand for healthcare services, with their share of treatments projected to increase from 64% in FY20 to around 69% by FY30. Between FY23 and FY26, 15 major hospital operators had collectively added around 19,000 beds, taking their combined capacity to over 70,000 beds, with further expansion planned by FY30. The report added that rising insurance penetration, government healthcare schemes, and increasing demand for organised healthcare services were expected to support sustained growth in the hospital sector.





Health infrastructure expansion remains a focus in Assam

On 26th June 2026, Assam Chief Minister Himanta Biswa Sarma reviewed the progress of key healthcare infrastructure projects during his visit to Gauhati Medical College and Hospital (GMCH) and Pragjyotishpur Medical College and Hospital (PMCH). The review reflected the state government's continued focus on strengthening healthcare infrastructure and improving access to quality medical services.

At GMCH, the Chief Minister inspected the proposed site of the upcoming 3,000-bed state-of-the-art hospital, which is expected to be one of the largest healthcare infrastructure projects in the region. Senior officials briefed him on the project's planning, design, and implementation roadmap. Sarma reviewed the progress and stressed the need for timely execution to enhance patient care, medical education, and research capabilities in the state.

He later visited PMCH to assess the construction of the new 500-bed hospital and chaired a review meeting with health department officials, hospital authorities, and representatives of the executing agency. Discussions focused on the progress of civil works, construction of faculty quarters, boundary walls, sports infrastructure, and the timely completion of the project. Sarma directed all stakeholders to maintain high standards of quality, transparency, and accountability while adhering to project timelines. He reiterated that modern healthcare infrastructure would play a critical role in ensuring accessible, affordable, and quality healthcare for the people of Assam and urged all departments to work in close coordination to expedite the projects.



Centre releases national guidelines for ambulance services

On 27th June 2026, Union Health Minister J. P. Nadda released the Operational Guidelines for National Ambulance Services at the 16th Conference of the Central Council of Health and Family Welfare. Developed by the Ministry of Health and Family Welfare, the guidelines established a national framework to standardise ambulance services and improve the quality, accessibility, efficiency, and responsiveness of emergency medical transport across the country.

The guidelines outlined operational standards covering ambulance categorisation, population-based deployment, staffing requirements, equipment and medicines, training standards for emergency medical technicians (EMTs), infection control measures, vehicle maintenance, performance monitoring, and grievance redressal. They also mandated compliance with AIS-125 standards to enhance the safety and quality of ambulance vehicles.

To strengthen emergency response systems, the framework recommended the establishment of Integrated Command and Dispatch Centres (ICDCs) with GPS-enabled ambulance tracking, structured triage protocols, call logging systems, and real-time performance monitoring. It also encouraged the integration of ambulance services with the 112-emergency response system to improve coordination and response times.

In addition, the guidelines proposed GIS-enabled mapping of healthcare facilities, ambulance locations, accident-prone areas, bed availability, and critical care readiness to support faster referrals. The Ministry stated that the framework would strengthen India's emergency healthcare delivery system through evidence-based ambulance deployment and more efficient utilisation of resources.



A new roadmap for maternal and newborn health launched

On 29th June 2026, the Centre launched the SUMAN Roadmap 2030, a strategic framework aimed at strengthening maternal and newborn healthcare and accelerating progress towards the Sustainable Development Goal (SDG) targets for reducing maternal and newborn mortality by 2030. The roadmap was launched by Union Health Minister J. P. Nadda at the 16th Conference of the Central Council of Health and Family Welfare.

The framework introduced evidence-based interventions tailored to the needs of states and districts and adopted a life-cycle approach covering pre-pregnancy, antenatal, intrapartum, and postnatal care. It also included a structured four-stage framework for the identification, tracking, and management of high-risk pregnancies.

The roadmap proposed targeted interventions based on field-level challenges, including transportation barriers, access to healthcare in tribal and remote areas, quality emergency obstetric care, community participation through SUMAN Panchayats, and emerging concerns such as climate change. Time-bound strategies were planned for 130 districts across 13 high-focus states, while broader strategies were outlined for all states and Union Territories to strengthen maternal and newborn health services.

The initiative formed part of the government's efforts to reduce the Maternal Mortality Ratio (MMR) to below 70 per 100,000 live births by 2030, lower neonatal and infant mortality rates, expand access to quality maternal healthcare services, and work towards eliminating preventable maternal and newborn deaths.

Union Health Minister JP Nadda unveils new integrated child health programme

On 29th June 2026, the Centre launched the Samagra Shishu Bal Swasthya Karyakram (SSBSK), a unified child healthcare programme aimed at strengthening healthcare services for children from birth to three years of age. Launched by Union Health Minister J. P. Nadda at the 16th Conference of the Central Council of Health and Family Welfare, the programme integrated the existing Home-Based Newborn Care (HBNC) and Home-Based Care for Young Child (HBYC) initiatives to provide a continuum of care.

For the first time, the programme introduced a risk-stratified approach to identify and provide intensified follow-up for newborns and children classified as “at-risk”. Under the initiative, newborns would receive up to nine home visits during the first 42 days of life, while at-risk children would receive up to eight additional home visits until the age of 36 months.

The programme also strengthened community-based care through joint home visits by ASHAs, ANMs, Community Health Officers, and Anganwadi Workers. It introduced Well-Baby Sessions and monthly Shishu Shivirs for early identification and management of at-risk children. In addition, SSBSK incorporated postpartum maternal mental health screening, early childhood development interventions, and digital tracking systems integrated with existing national health platforms. The initiative also addressed urban health challenges and promoted age-appropriate development while discouraging excessive screen time during early childhood.





Preventive health drives nutraceutical market growth

On 29th June 2026, a CareEdge report stated that India's nutraceutical industry was poised for significant growth, driven by increasing consumer preference for preventive healthcare, rising health awareness, and the growing burden of lifestyle diseases and nutritional deficiencies. The report estimated that the market would expand from USD 29–30 billion in 2024 to USD 55–57 billion by 2030, with the sector expected to reach USD 37–38 billion by 2026, registering a compound annual growth rate (CAGR) of around 10.5%.

According to the report, India's healthcare ecosystem has been witnessing a structural shift from illness management towards prevention, wellness, and long-term health management, placing nutraceuticals at the centre of this transformation. The industry's growth was further supported by the expansion of e-commerce and digital health platforms, favourable government initiatives, and India's strong bio-agricultural base, which provided a competitive advantage in sourcing raw materials.

However, the report noted that the sector continued to face challenges related to evolving regulations, misleading product claims, limited consumer awareness, and insufficient scientific validation for certain products. It added that policy support from the Food Safety and Standards Authority of India (FSSAI) and the Ministry of Food Processing Industries (MoFPI) had strengthened regulatory compliance, standardisation, and quality control while encouraging innovation in functional foods and dietary supplements, thereby supporting the industry's long-term growth.



Unified Health Interface expands digital healthcare access

On 29th June 2026, Union Health Minister J.P. Nadda launched the Unified Health Interface (UHI) under the Ayushman Bharat Digital Mission (ABDM) to enable citizens to discover, book, and access verified healthcare services across multiple digital platforms without being restricted to a single application. The initiative was introduced to address fragmentation in India's digital health ecosystem by allowing patients and healthcare providers to connect irrespective of the applications they used.

According to the Health Ministry, UHI functioned through open protocols on the ABDM Gateway, developed and maintained by the National Health Authority (NHA). It enabled users to search for healthcare services through any UHI-compatible application, with requests routed to registered providers via a common technical framework. The platform used the Ayushman Bharat Health Account (ABHA) as the patient identifier, while the Healthcare Professionals Registry (HPR) and Health Facility Registry (HFR) verified healthcare providers. Health records were shared only through consent-based mechanisms.

The ministry stated that UHI was built on the principles of interoperability, fair discoverability, verification, and open protocols. It was expected to improve access to verified healthcare services, particularly in semi-urban and rural areas, while allowing healthcare providers to reach a broader patient base. In its first phase, four citizen services became operational, with future plans to expand the platform to include laboratory diagnostics, vaccination centres, pharmacies, and other government health services.

Government opens applications for medical device scheme

On 30th June 2026, the Government invited applications from eligible entities under the Scheme for Strengthening of Medical Device Industry (SMDI) to promote domestic manufacturing, reduce import dependence, encourage innovation, and strengthen the medical devices value chain in India. According to the Ministry of Chemicals and Fertilisers, the scheme comprised two sub-schemes, with selected applicants becoming eligible for financial assistance of up to ₹10 crore.

Under the Marginal Investment Scheme for Reducing Import Dependence, eligible manufacturers were offered a one-time capital subsidy of up to ₹10 crore on a reimbursement basis for manufacturing key components, raw materials, finished medical devices, or accessories aimed at reducing reliance on imports. The second component, the Medical Device Clinical Studies Support Scheme (MDCSS), provided financial assistance of up to ₹5 crore for conducting clinical investigations, clinical performance evaluations, post-market follow-up studies, and animal studies, also on a reimbursement basis.

The ministry stated that the initiative was intended to strengthen India's medical device manufacturing ecosystem while supporting product development and innovation. Eligible applicants were invited to submit proposals through the designated online portal by July 23, 2026. The government also made detailed guidelines, eligibility criteria, and application procedures available on the Department of Pharmaceuticals' website to facilitate the application process and encourage wider industry participation.



About Avian WE's Healthcare E-Newsletter:

The content for this newsletter is sourced from news and information available in the public domain, in industry reports and as reported by mainline media.

Contact us: For any questions or feedback, please write to AvianWE-Healthcare@avianwe.com