INDIAN PUBLIC HEALTH ASSOCIATION

[Founder Member, World Federation of Public Health Associations, Geneva]

IPHA Newsletter

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Act Now: Protect Our Present, Secure Our Future

Antimicrobial Resistance (AMR) occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial agents. As a result of drug resistance, antibiotics and other antimicrobial agents become ineffective and infections become difficult or impossible to treat, increasing the risk of disease spread, severe illness and death.

As one of the WHO's official health campaigns, World Anti-Microbial Resistance Awareness Week (WAAW) is mandated by the World Health Assembly and is commemorated annually from 18 to 24 November. The theme for WAAW 2025 is "Act Now: Protect Our Present, Secure Our Future." This theme underscores the urgent need to take bold, united action to address AMR. AMR is already harming our health, food systems, environment and economies. It's not a future challenge. It is happening now. Drug-resistant infections are increasing, yet awareness, investment and action are still falling short.

Investment in AMR action is a smart move for a safer, healthier future. Whether it's a hospital administrator setting up an antimicrobial stewardship team or a farmer adopting sustainable waste management practices.

The global rise in antibiotic resistance poses a significant threat, diminishing the efficacy of common antibiotics against widespread bacterial infections. The 2022 Global Antimicrobial Resistance and Use Surveillance System (GLASS) report highlights alarming resistance rates among prevalent bacterial pathogens. Median reported rates in 76 countries of 42% for third-generation cephalosporin -resistant E. coli and 35% for the methicillin-resistant Staphylococcus aureus are a major concern. For urinary tract infections caused by E. coli, 1 in 5 cases exhibited reduced susceptibility to standard antibiotics like ampicillin, co-trimoxazole, and fluoroquinolones in 2020. Klebsiella pneumoniae, a common intestinal bacterium, also showed elevated resistance levels against critical antibiotics.

This is making it harder to effectively treat common infections. Increased levels of resistance potentially lead to heightened utilization of last-resort drugs like carbapenems, for which resistance is in turn being observed across multiple regions. As the effectiveness of these last-resort drugs is compromised the risks increase of infections that cannot be treated.

Multidrug-resistant (MDR) tuberculosis is a form of TB caused by bacteria that do not respond to isoniazid and rifampicin, the two most effective first-line TB drugs. MDR-TB is treatable and curable by using second-line drugs, but leave patients with very limited treatment options. MDR-TB is therefore a public health crisis and threat to health security. The emergence of drug resistance against medicines for neglected tropical diseases (NTDs) is also a significant threat. To improve access to appropriate treatment and reduce inappropriate use of antibiotics, WHO has developed the AWaRe (Access, Watch, Reserve) classification of antibiotics.

WHO has launched the Global Antimicrobial Resistance and Use Surveillance System (GLASS) to fill knowledge gaps and inform strategies at all levels. GLASS progressively incorporates data from surveillance of AMR in humans, surveillance of the use and consumption of antimicrobials, and integrated AMR data in the One Health sectors including the food chain and in the environment.

AMR is a complex problem that requires both sector-specific actions in the human health, food production, animal and environmental sectors, as well a coordinated approach across these sectors and that underlines the need of One Health approach to preventing and controlling AMR.

[Compiled from WHO Website]

Dr. Prasad Waingankar

Commemoration of Foundation Day of IPHA

Indian Public Health Association (IPHA) observed its 70th Foundation Day on 8th November 2025 at Medical College Kolkata. Several important public health topics were discussed through panel discussions and expert talks delivered by eminent professionals.

Dr. Sandipan Hazra, Assistant Professor, Department of PMR, NRS Medical College, Kolkata, delivered a brief talk on recent evidence-based approaches to managing knee osteoarthritis.

A Panel Discussion on "A Broken Health Insurance System: An Indian Perspective" was held with contributions from Prof. Achin Chakraborty (Former Director, Institute of Development Studies Kolkata), Dr. Kunal Sarkar (Director and Senior Consultant, Cardiovascular & Thoracic Surgery, Manipal Hospitals Kolkata), Dr. Joy Basu (CEO, Health Science, Adamas University; Vice President & COO, Apollo Hospitals), Dr. Anirban Dalui (Assistant Professor, Barasat Government Medical College), and Mr. Biswajit Das (Journalist, Bartaman Patrika).

Dr. Kaushik Sen, Consultant Endocrinologist, spoke on metabolic health, and Dr. Saujatya Chakraborty, Consultant Cardiologist & Interventionist, Apollo Multispecialty, discussed coronary artery disease in young adults.

A Panel Discussion on Antimicrobial Resistance featured Dr. Santasabuj Das (Director, ICMR–NIRBI), Dr. Rajib Dasgupta (Professor & Chairperson, JNU), Dr. Munmun Das (Sarkar) (MSVP, School of Tropical Medicine), Dr. Subhrajyoti Bhowmik (Professor of Pharmacology, KPC Medical College & Hospital), and Dr. Debjit Chakraborty (Scientist E, ICMR–NIRBI), with the session moderated by Dr. Pritam Roy (WHO NTD Coordinator & Managing Editor, IJPH).

The Public Health @ 100 – Foundation to Foresight panel featured Prof. Mausumi Basu (Former Professor, IPGMER Kolkata), Prof. Sima Roy (Burdwan Medical College), Prof. Dr. Kuntala Ray (IPGMER Kolkata), and Dr. Rajesh De (Malda Medical College), and was moderated by Prof. Dr. Aditi Aikat (Professor and Dean, JIMSH Budge Budge).

This year, the Dr. A. L. Saha Memorial Oration was delivered by Dr. Ishwar Gilada, Consultant, HIV/STDs, Unison Medicare & Research Centre; President-Emeritus, AIDS Society of India; and Governing Council Member & Chair, Asia Pacific, International AIDS Society.

Dr. Dipika Sur received the Dr. S. P. Mukhopadhyay Lifetime Achievement Award for her remarkable and sustained contributions to the growth of the Association.

An extempore speech competition for PGTs was held on that day, and Dr. Prithwish Sarkar, PGT in Community Medicine, Medical College Kolkata, emerged as the winner. Additionally, a debate competition was conducted between two teams of PGTs (for and against the motion), in which the team comprising Dr. Sayantan Das Mazumdar, Dr. Manabendra Sautey, and Dr. Mahir Akhtar (team “for the motion”) secured the winner’s position.

During the inauguration, the newly redesigned IPHA website was officially launched. Members joyfully released 70 vibrant balloons in a spectacular tribute to the 70th Foundation Day.

The event concluded with musical performances by IPHA members, followed by a musical evening by renowned singer Mr. Manomay Bhattacharyya accompanied by eminent musicians.

A heritage walk based on North Kolkata was held on 9th November, Sunday, 2025, as an extended part of the commemoration of the 70th foundation day of IPHA, under the leadership of Dr. Abhishek De, who portrayed the history of local heritage sites. This initiative marks a first for the Association.

The walk was attended by IPHA members on a prior confirmation basis. It began at Bagbazar Mayer Ghat, a historic riverside location, and proceeded to notable sites including the House of Maa Sarada Devi, Basu Bati (the house of Basus), and The House of Girish Chandra Ghosh, among others, concluding at Sobhabazar Rajbari, featuring some of the city's old eateries.

This was followed by the 187th meeting of the Central Council of IPHA, which was held in Kolkata on the same day, 9th November 2025, from 10:00 a.m. onwards at IPHA Bhaban.

Medical Writing and Publishing Workshop

Indian Public Health Association (IPHA) collaborated with the prestigious BMJ Group India Private Limited to conduct a webinar series titled “Medical Writing and Publishing Workshop”, organized virtually and offered exclusively to IPHA members, free of cost. The webinar series aimed to support public health professionals in strengthening their research and publication skills, including:

a. developing a good research question and appropriate study design,
b. understanding important considerations in writing and publishing scientific papers,
c. ethical and responsible use of Generative AI in medical writing and publishing, and
d. writing and publishing evidence syntheses.

Webinar 1: Getting it Right from the Start: How to Develop a Good Research Question and Study Design

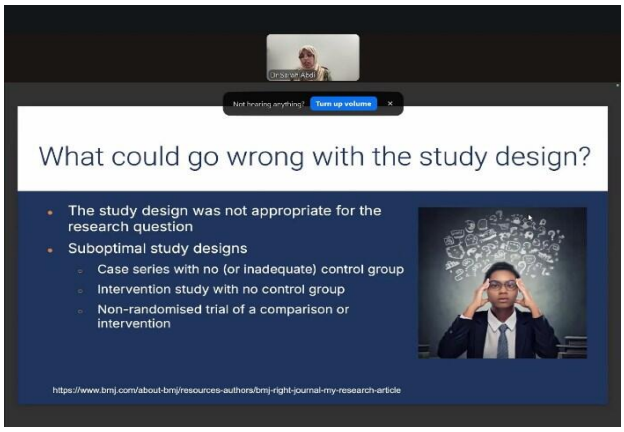
The first webinar of the series was held on 21st November 2025 from 6 PM onwards on the Zoom platform. The session was led by Dr. Sarah Abdi, Editor, Research to Publication, BMJ Group, who provided valuable insights into formulating impactful research questions and selecting appropriate study designs.

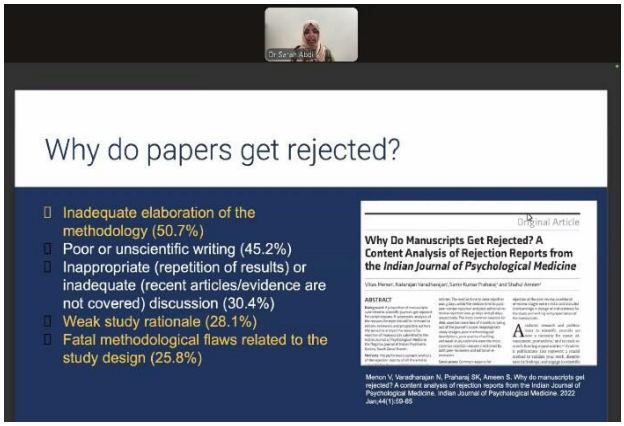
Webinar 2: Important Considerations When Writing and Publishing Your Paper

The second webinar was conducted on 28th November 2025 (Friday) from 6 PM onwards on the Zoom platform and was led by Dr. Sarah Abdi. The session focused on key aspects of manuscript preparation, journal selection, and common pitfalls in the publication process.

Webinar 3: Ethical and Responsible Use of Generative AI in Medical Writing and Publishing

The third webinar of the series was held on 12th December 2025 from 6 PM onwards. Dr. Sarah Abdi discussed the ethical considerations, responsible practices, and appropriate use of Generative AI tools in medical writing and publishing.



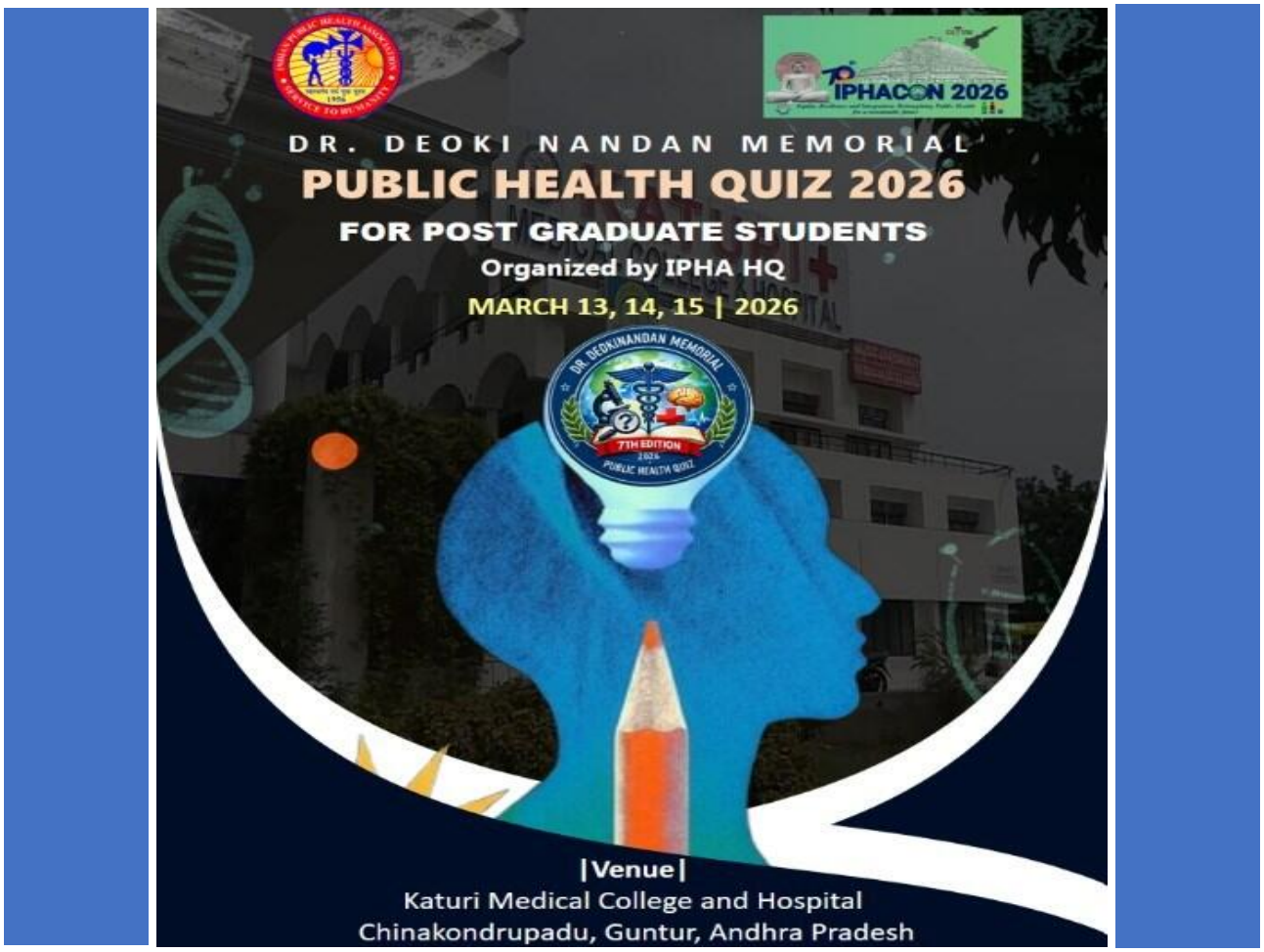


All three webinars concluded with interactive question-and-answer sessions. Participation certificates were distributed to the attendees via email.

Participation of IPHA Secretary General in Online Panel Discussion Reimagining Clinico-Social Case Studies

Prof. (Dr.) Kaushik Mitra, Secretary General of IPHA, graced an online panel discussion titled “From ‘Learning About’ to ‘Learning With’: Reimagining Clinico-Social Case Studies as Living Laboratories of Public Health Practice” as a panelist. The program was organized by the Tamil Nadu Alliance for Development of Community Medicine (TADCOM) on Wednesday, 19th November 2025, from 6:00 pm in online mode. He delivered his valuable insights highlighting key aspects of Clinico-social cases. Newer concepts in this field were discussed.

Other distinguished panelists included Dr. P. Kavita Vasudevan (Vice President, IAPSM – Puducherry), Dr. Rajany Jose (Active Member, IPHA Kerala and Professor, Government Medical College, Manjeri), and Dr. Suguna (Professor, SRM Medical College, Trichy). The session was moderated by Dr. S. Arun Murugan and Dr. R. Monisha Chandran.



Observation of World AIDS Day 2025

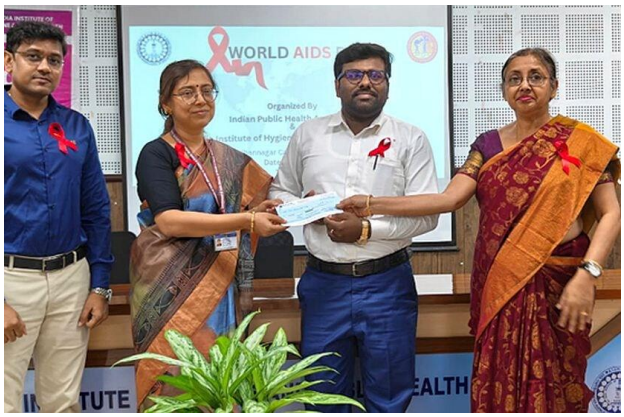
World AIDS Day 2025 was jointly observed by the Indian Public Health Association (IPHA) Headquarters and the All India Institute of Hygiene and Public Health (AIIH&PH) at the AIIH&PH Bidhannagar campus on 1 December 2025, with participation from faculty members, doctors, PGTs, and public health professionals.

The event was graced by Dr. Manas Kumar Kundu, Director, AIIH&PH; Prof. Dr. Kaushik Mitra, Secretary General, IPHA; Dr. Manidipa Roy, Professor & HoD, CNMC, Dr. Rivu Basu, Professor, AIIH&PH, Prof. Dr. Ashok Kumar Mallick, Director-Professor and HoD, MCH, AIIH&PH; Dr. Harikrishna B. N., eminent Public Health Specialist; Dr. Deepa Shaw, CMO (NFSG); , Dr. Somnath Naskar, Associate Professor, IPGMER, Dr. Pritam Roy, NTD coordinator, WHO; and Dr. Anirban Dalui, Central Council Member, IPHA.

The dignitaries shared their expert views on this year's theme, "Overcoming Disruption, Transforming the AIDS Response."

A panel discussion on the topic "White Man's Burden?" was conducted with eminent panelists including Dr. Amit Banik, **Dr. Prof. C. S. Taklikar, and **Dr. Sayan Bhattacharyya and Dr. Somnath Naskar, and was moderated by Dr. Rivu Basu.

During the programme, a Pecha Kucha contest was organized for PGTs, with a total of eight participants. All presentations were highly appreciated by the organisers. Dr. Kritika Alda and Dr. Shuvro Bhattacharya secured the positions of Champion and Runner-up, respectively.



The event concluded with an AIDS awareness rally by all attendees on the institute campus.

Code & Compassion: The Making of India's Privacy-First Breast Health App

'Stan Swasthya' by Dr. Rachhanaa Pawaskar

Assistant Professor, Community Medicine, BKL Walawalkar Rural Medical College, Sawarde, Ratnagiri

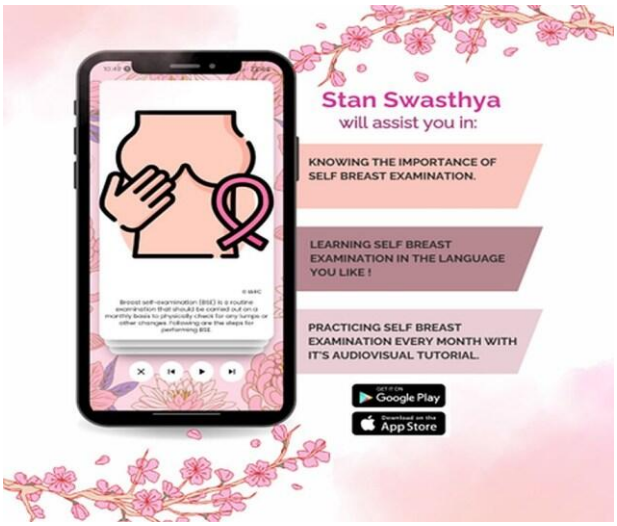
How a doctor's insight, an offline-first design, and a personal voiceover are bridging the last mile in cancer awareness

The Spark: A Clinical Need Meets a Community Barrier

My MD thesis in Community Medicine at Seth GSMC and KEM Hospital, Mumbai anchored in my preventive oncology training at Tata Memorial Hospital, focused on screening for breast and cervical cancer among women in an urban slum in Mumbai.

The evidence was clear: Breast cancer, the most common cancer among Indian women, has a significantly improved prognosis when detected early. Clinical breast examination and mammography face well-documented challenges of access, cost, and infrastructure. In this landscape, Self-Breast Examination (SBE) stands out as a critical, empowering, and evidence-supported secondary prevention tool. It is a simple, cost-free technique that, when performed correctly and regularly, can lead to the early detection of lumps and other changes, prompting timely medical consultation.

Yet, translating this knowledge into practice revealed a stark gap. As my residency postings changed, sustaining monthly SBE teaching sessions with my cohort of females in the study area became impossible. My solution—a pictorial handbook—lay unused. A focused group discussion unveiled the complex barriers: deep-seated taboos, fear of breached privacy, and the practical hurdle of illiteracy. My clinical tool was failing against sociological realities.



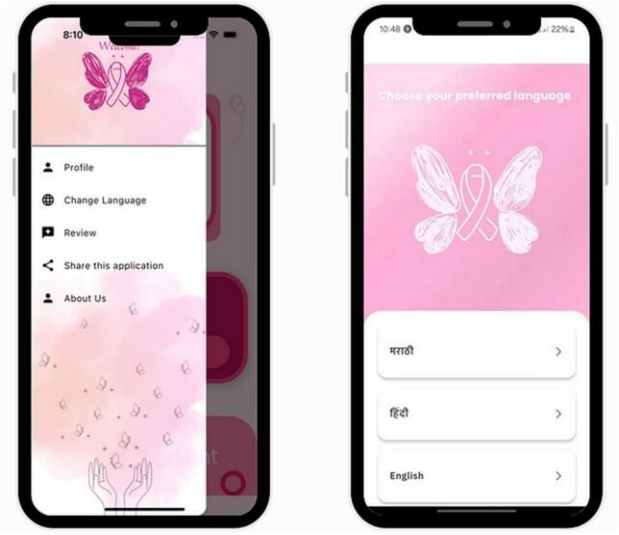
The Insight: Technology as a Trojan Horse for Health

The breakthrough came not from the discussion's agenda, but from observing behavior. These women, some of whom could not read, were adeptly using WhatsApp—sharing voice notes and videos. The smartphone was not a luxury; it was a trusted, private conduit for communication. Could it become a conduit for confidential health education? The concept of a digital companion – 'Stan Swasthya', was born.

The Build: Ethics, Interdisciplinary Collaboration, and a Personal Voice

Before building, we sought legitimacy for our core content. Formal permission was obtained from the International Agency for Research on Cancer (IARC), Lyon, Paris, to adapt their globally recognized SBE steps, ensuring our methodology was scientifically sound and internationally aligned.

As a resident, my expertise lay in medicine, not code. This is where collaboration became vital. A friend from computer science guided me through the fundamentals of app development, helping translate a public health concept into a functional digital framework. To ensure clarity and build trust, I recorded the voiceover for the audiovisual tutorials myself in English, Hindi and Marathi. This personal touch was intentional—the guidance would come in a familiar, clinical, yet reassuring tone.



The Response: Launching Stan Swasthya (Sanskrit for 'Breast Health')

This collaborative, ethical effort culminated in the 2021 launch of Stan Swasthya. We engineered it to dismantle every identified barrier:

- Privacy-First Design: A personal app eliminates stigma and the fear of "log kya kahenge," creating a safe learning space.
- Overcoming Illiteracy: The core is an audiovisual tutorial featuring IARC-endorsed steps, narrated in the user's language, making literacy irrelevant.
- Zero-Data Architecture: Recognizing the digital divide, we built an offline-first app. It requires internet only for the initial download, making it viable in remote or low-connectivity areas.
- Adherence to Primary Healthcare Principles: It is accessible (on a personal device), affordable (free), appropriate (in English, Hindi, Marathi), and features a monthly reminder system, mimicking the lost reinforcement of my visits.

Impact and Validation: From Downloads to Early Diagnoses

The response was validating. User demand led us from an Android launch to an iOS version. The ultimate validation, however, is clinical. To date, Stan Swasthya has facilitated the early diagnosis of breast cancer in three women and one man. These individuals, empowered by awareness, sought timely consultation, received treatment, and are now doing well. Each case is a testament to the app's role in closing the detection gap.

Reflections and the Road Ahead: From Resident to Educator-Innovator

Now, as an Assistant Professor, this experience deeply informs my teaching. The Stan Swasthya journey underscores vital lessons for the next generation of public health professionals:

- Innovation Springs from Frustration: The best tools are born from direct engagement with systemic failures.
- Rigor is Non-Negotiable: Grounding innovation in evidence (IARC protocols) and ethics is foundational to credibility.
- Interdisciplinary is Imperative: Bridging medicine with technology and design is essential for scalable solutions.
- Meet Users Where They Are: Leveraging the ubiquitous smartphone as a health platform can democratize access to life-saving knowledge.

Stan Swasthya is a dynamic tool. It stands as proof that impactful public health innovation can begin at a resident's desk, be refined through collaboration, and now serves as a teaching tool in my academic role. It ensures that the vital knowledge of SBE is no longer bound by pamphlet, poster, or clinic wall, but lives securely in the palm of every woman's hand.

IPHA Andhra Pradesh State Branch Activities

World Sight Day

World Sight Day, observed annually on the second Thursday of October, is a global event meant to draw attention to blindness and vision impairment. This year it was celebrated on 9th October by Andhra Pradesh State Branch. The theme this year is 'Love Your Eyes'.

World Arthritis Day

On 12th October conducted World Arthritis day at Urban Health Training Center, Peda Jalaripeta. In the meeting Dr. M.V.V. Murali Mohan President Indian Public Health and Association, Andhra Pradesh state branch said that Arthritis is caused due to rheumatoid Arthritis, osteoarthritis, ankylosing spondylitis, psoriatic Arthritis and gout. To minimize the effects of Arthritis one should not sit on floor and have to use western commode. They should minimize climbing steps and should do mild exercises sitting in a chair. They should include green leavy vegetables in their diet and quit smoking. Soon after they notice any symptoms they should immediately consult Orthopedic Surgeon.

In the meeting members of Indian Public Health Association and staff of Urban Health Training Center have participated.

Felicitation of Dr Chandra Shekhar

On 16th October felicitated Dr. Chandra Shekhar garu Retired Professor and Head of the Department Community Medicine and Vice Principal Rangaraya Medical College Kakinada and senior most member of Indian Public Health Association Andhra Pradesh state at Andhra Medical College, Visakhapatnam. Dr. G. Krishna Babu Past Vice President IPHA, Dr. P. J. Srinivas Joint Secretary IPHA, Dr. M. V. V. Murali Mohan President Indian Public Health Association Andhra Pradesh state branch and Dr. A. Krishnaveni Professor and Head of the Department Community Medicine Andhra Medical College and members of Indian Public Health Association are present.

World Osteoporosis Day

On 20th October conducted awareness on Osteoporosis. In the meeting Dr. M. V. V. Murali Mohan President, Indian Public Health Association Andhra Pradesh state branch said that this day is observed to

raise awareness of bone Health and the prevention, diagnosis and treatment of Osteoporosis. He also said that it is a Medical condition where bones become fragile, weak and porous making them more susceptible to fractures. The early warning signs are loss of height due to compression fracture in spine, development of hunched or stooped back (Kyphosis), unexplained back pain and receding of the gums.

He explained that people above 50 years, women, heredity, smoking, inadequate intake of calcium and vitamin D are more prone to this problem.

Dr. Murali Mohan President Indian Public Health Association Andhra Pradesh state branch advised people to take sufficient calcium, vitamin D and avoid smoking and alcohol, which will improve the situation.

World Stroke Day

Every year World Stroke Day is observed on October 29 th to emphasize the serious nature and high rates of stroke. The day is also observed to raise awareness of the prevention and treatments of strokes.

World Diabetes Day

Andhra Pradesh State Branch conducted awareness on Diabetes on the occasion of World Diabetes day (14th Nov.) at Urban Health Training Center, Peda Jalaripeta. In the meeting Dr. M. V. V. Murali Mohan President Indian Public Health Association Andhra Pradesh state branch said that 1 in 10 adults worldwide have Diabetes. Of these 50 percent are not yet diagnosed. He said that Diabetes involves Kidney, heart, nervous system, eye and circulatory system. He said that patient with Diabetes will have frequent urination, excessive thirst, extreme hunger, weakness, tingling and numbness of both upper and lower arms, blurry vision, itchy skin and slow healing wounds and increased skin infections.

Dr. Murali Mohan also said that to control Diabetes avoid sugars, practice eating small portion of meal at one time, include fiber in diet, quit smoking which promotes insulin resistance, regular exercise, control blood pressure and avoid intake of aerated beverages. In the meeting members of Indian Public Health Association participated.

World AIDS Day

The prize distribution was conducted at KDPM High School Peda Waltair for winners in essay writing competition conducted on the eve of World AIDS day. In the meeting Dr. M. V. V. Murali Mohan President Indian Public Health Association Andhra Pradesh state branch have said that we should not hate people with AIDS. We have to give our love and affection to them for their happy living. He also said that AIDS will not spread by living in the same house or using the same toilet. It will not spread by shaking hands. It spreads by sexual contact, usage of contaminated needles and from mother to child during delivery.

In the meeting along with President Indian Public Health Association, members of IPHA, Smt. N. Sumati Bai head mistress of KDPM High School, i/Sri J. Kiran Kumar, arts teacher Mr. Prasad and staff of Urban Health Training Center have participated. In the meeting prizes were distributed to the winners.

Pulse Polio Program

Participate in Pulse Polio Program at Anganwadi Center, Peda Jalaripeta. Vaccinated about 168 under five years children.

In the meeting Dr. M. V. V. Murali Mohan President Indian Public Health Association Andhra Pradesh state branch explained the importance of Polio vaccination.

30th IPHA and IAPSM Joint Andhra Pradesh State Conference in AMC Vizag

The IPHA Andhra Pradesh State Branch, IAPSM State Chapter, and the Department of Community Medicine, Andhra Medical College, Visakhapatnam, successfully conducted the 30th IPHA–IAPSM Joint Andhra Pradesh State Conference on 12th and 13th December 2025, with a pre-conference workshop held on 11th December 2025. The conference theme, **"Building a Healthier Tomorrow: Integrating Nutrition and NCD Care,"** was both timely and highly significant.

The conference provided an excellent platform for academicians, public health professionals, researchers, & postgraduate as well as undergraduate medical students to exchange innovative ideas, share best practices, and engage in meaningful discussions. Key focus areas included Workplace and Lifestyle Wellness, Nutrition Across Life Stages, Prevention and Management of Non-Communicable Diseases (NCDs), Policy Approaches in Nutrition and NCDs, and Digital Health. The event served as an important academic forum for deliberations on current public health challenges, recent research findings, and evolving policy perspectives.

The scientific program comprised inaugural and valedictory sessions, keynote addresses, plenary sessions, panel discussions, oral paper presentations, and poster presentations. All sessions were well received and generated meaningful academic discussions. The keynote address was delivered by Dr. Kaushik Mitra on "Building a Healthier Tomorrow: Integrating NCD and Nutrition Care." Dr. Manish Kumar Singh delivered the Dr. TSR Sai Oration on "Leading Self and 360-Degree Leadership: A Journey from No Voice to Leader." The Dr. B. Ramamurthy Memorial Oration was delivered by Dr. Rupal Dalal on "Finding Hope in the Darkness: A Story of Resilience and Growth."

Several important public health topics were deliberated upon, including Metabolic Syndrome associated Steatotic Liver Diseases: A Silent Epidemic; Women at the Heart of NCD Prevention from Pregnancy to Menopause; and Preventing Cancer through Lifestyle Interventions. Interesting case presentations in Child Psychiatry were also showcased during the conference.

A novel initiative, the Wellness Screening Hub, was established adjacent to the conference venue. Participants were offered free screening services, including spirometry, Fibro Scan, fundus photography, and bone density scans. A walkathon aligned with the conference theme was conducted along the Beach Road. A quiz competition for postgraduate students was also organized, in which Rangaraya Medical College, Kakinada,

secured the first prize, followed by Andhra Medical College, Visakhapatnam, in second place, and Government Medical College, Anantha Puram, in third place. Additionally, an innovative “Wall of Public Health Dreams” was set up at the venue, where postgraduate students shared their expectations and future aspirations. These reflections were compiled and presented during the conference.

The Chief Guest, Surgeon Vice Admiral Dr. Arti Sarin, AVSM, VSM, Director General of Armed Forces Medical Services, delivered an excellent and inspiring address to the Community Medicine fraternity. Dr. Manish Kumar Singh, Secretary General of IAPSM; Dr. Sanghamitra Ghosh, National President of IPHA; and Dr. Kaushik Mitra, Secretary General of IPHA, made special efforts to participate in this joint conference.

The dedicated organizing team of the 30th Joint IAPSM & IPHA Conference, led by Dr. Krishnaveni, Professor and Head; Dr. Radha Kumari, Professor; Dr. P. J. Srinivas, Secretary, IAPSM; Dr. K. K. L. Prasad; and the entire Department of Community Medicine, Andhra Medical College, Visakhapatnam, conducted the conference with excellence.

Dr. S. Appala Naidu, Vice President, IPHA National Body; Dr. M. V. V. Murali Mohan, State President, IPHA Andhra Pradesh State Branch; Dr. B. Thirumala Rao, Secretary, IPHA State Branch; and Dr. G. Chaitanya, President, IAPSM Andhra Pradesh State Chapter, also attended the conference.

The conference was conducted smoothly with the wholehearted support of the organizing committee, volunteers, and the host institution, Andhra Medical College, Visakhapatnam, making it a grand academic success.

When Parents Age: Emerging Geriatric Health Challenges in India

Dr. Aditi Badhe[1], Dr. Nisha Relwani[2]

[1]Resident, [2]Professor, Community Medicine, MGM Medical College, Kamothe

"You become a parent twice in life — first to your children, and then to your parents."

This quote is truly applicable to India with its shifting population dynamic. really resonated with me when my parents crossed 60 years of age. I have always thought of my parents as invincible beings. They manage their work, home life with the same energy and grace. Recently though I see them slowing down. Subtle signs of ageing have started appearing like joint pains, blood pressure checks becoming routine, an occasional name forgotten. You might think these things as just a part of getting old. But unfortunately, that is not the case. Their enthusiasm for life has not dimmed but I see them being extra cautious.

During undergraduate and postgraduate teachings there is a lot of focus on patient's age. However, with a shift in clinical environment where treatment decisions are more investigation based than clinical based, how often do we analyze just on age. With the number of investigations on the rise and junior doctors relying heavily on them, it would be very important to have wholesome security in old age. Hence as a young adult and resident doctor, I find myself stepping into the quiet, complex role of a caregiver.

Changing Trends

Longevity is a norm now worldwide. (1) Population ageing is the shift in distribution of a country's population towards older ages. It first appeared in high-income countries, for example in Japan 30% of the population is already over 60 years old), it is now low- and middle-income countries that are experiencing the greatest change. (2)

By 2050, the greatest change will be experienced by low- and middle-income countries when two-thirds of the world's population over 60 years will live in these countries. (3)

DID YOU KNOW ?

Global Ageing: By 2030, 1 in 6 people globally will be aged 60 years or older. The population aged 60+ will rise from 1 billion (2020) to 2.1 billion by 2050.

Ageing in LMICs: By 2050, nearly two-thirds of the world's population aged 60+ will live in low- and middle-income countries.

Healthy Ageing Gap: Globally, older adults spend nearly the last 10 years of life in poor health due to chronic diseases, disability, or injury.

Mental Health in Elderly: 14% of adults aged 60+ live with a mental health disorder. Depression is NOT a normal part of ageing.

Falls: Every second, an older adult falls somewhere in the world. Every 20 minutes, an older adult dies due to a fall.

Home Safety: Simple home modifications such as handrails and proper lighting can reduce falls by up to 26%.

Dementia Prevention: Up to 40% of dementia cases could be delayed or prevented by addressing modifiable risk factors.

Polypharmacy: Older adults are 2–3 times more likely to experience harm from medicines due to polypharmacy.

Physical Activity: Just 150 minutes of moderate physical activity per week reduces risk of falls, depression, and cardiovascular disease in older adults.

Longevity vs Healthy Life: Gains in life expectancy have not been matched by gains in healthy life expectancy.

(Source: Web: Various Fact Sheets / Documents of WHO)

World

By 2030, 1 in 6 people in the world will be aged 60 years or over. At this time the share of the population aged 60 years and over will increase from 1 billion in 2020 to 1.4 billion.

By 2050, the world's population of people aged 60 years and older will double (2.1 billion). The number of persons aged 80 years or older is expected to triple between 2020 and 2050 to reach 426 million. (3)

India

According to Census 2011, India has 104 million older people (60+years), constituting 8.6% of total population. Amongst the elderly (60+), females outnumber males. (4) According to WHO - Global Health Estimates (GHE) (2019), UN Population Division (2024) there are 11% of the population in the geriatric group with a life expectancy of 18.8 years at 60.(5)

The population projection report 2011-2036 reports an increase in geriatric population to 14.9% by 2036. (6) Majority of this geriatric population lives in the rural area. (2) Hence India is in the era of a major demographic shift. Unfortunately, our public health system is not very well equipped to handle this change.

According to LASI India Wave 1 Report 2020, the prevalence of poor self-rated health (SRH) is two times higher among the elderly age 60 and above (24%) than older adults age 45-59 (12%). In India, almost a quarter (23%) of elderly age 60 and above have been diagnosed with multimorbidity conditions and; elderly women are more likely to have multi-morbidity conditions. (7)

According to LASI 2020 report, among elderly age 60 and above, women than men, those with no schooling than those with 10 or more years of schooling and those currently not working compared to those working are more likely to report poor SRH. (7)

Birth of Geriatric Health

A topic of reflection since ancient times has been ageing of organisms, initially by philosophers and then physicians. It is believed that the considerations of old age were initiated by Hippocrates. According to him, the aging process resulted from a gradual and progressive loss of heat from the body. It was not until the19th century that it was clearly stated that old age was not a disease in itself. In the 20th century, the development of geriatric medicine moved from France to the United States and Great Britain. During this period, a dispute arose, which continues to this day, whether the birthplace of modern geriatric medicine was the US or Great Britain. (8)

History of Geriatrics in India

In 1992, the U. N. General Assembly adopted the proclamation to observe the year 1999 as the International Year of the Older Persons. The U. N. General Assembly had declared "1st October" as the International Day for the Elderly & later rechristened as the International Day of the Older Persons. (9)

The National Policy for Older Persons (NPOP) was formulated by ministry of social justice and empowerment (MOSJE) & approved on 13th January 1999 by government of India (GOI) in response to the increasing number of persons 60 years and above and their vulnerabilities arising out of income insecurity and concerns about health and other socio-economic and physical well-being. It was also in keeping with the national constitutional provisions as well as the UN resolution to observe 1999 as International Year of Older Persons. (10)

The NPOP while full of promise fell short in implementing its policies. 10 years passed and a host of key issues were identified in fields such as inter-sectoral coordination, Finance, political and administrative power, income security, protection for older women who face socio-economic, cultural and legal barriers & lastly resources.

The committee set up by MOSJE to identify policy issues prepared a revised National Policy for Senior Citizens (NPSC) that recognizes that (a) *elderly women need special attention*, (b) *rural poor need special attention* and (c) *factoring the advancements in medical technology and assistive devices* into the revised policy. This policy is still under finalization. (11)

The National Programme for the Health Care for the Elderly (NPHCE) launched by the ministry of health and family welfare (MOHFW) during 2010-2011, is an

articulation of the International and national commitments of the Government as envisaged under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 & Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of Senior Citizen. The programme is State oriented and basic thrust of the programme is to provide dedicated health care facilities to the senior citizens (>60 year of age) at various level of primary, secondary and tertiary health care. (12)

The nodal ministry for welfare of senior citizens is Ministry of Social Justice and Empowerment (MOSJE). The Ageing Division in the Social Defense Bureau of the Department of Social Justice and Empowerment develops and implements programmes and policies for the senior citizens in close collaboration with State Governments, Non-Governmental Organizations and Civil Society. (11)

Silent Struggles of the Elderly

The 2023 HelpAge India report paints a worrying picture (13):

- Over 40% of elderly respondents report feeling lonely.
- 23% have experienced financial or emotional abuse, often from within their own families.
- A significant number lack access to pensions, live alone, or suffer from neglect.
- There's also a growing digital divide — government schemes, banking services, and even healthcare now rely on smartphones, OTPs, and apps. While digital health is promising, it often excludes the elderly who are not tech-savvy.

Depression, anxiety, and insomnia often go undiagnosed in older adults. We live in a society, where talking about your feelings is frowned upon & soldering on is the norm. Hence the elderly find it hard to even talk about such things. Unlike physical illnesses, these are harder to spot. Hence identifying Mental Health in the elderly as a neglected area.

Inadequate System & Rising Needs

India launched the National Programme for Health Care of the Elderly (NPHCE) in 2011 with the aim of establishing dedicated geriatric services at the primary, secondary, and tertiary levels. However, there are large gaps in implementation of this programme. This is evident by the sparse number of geriatric clinics, minimal rural outreach & shortage of trained manpower in elder specific care. (14) Elder friendly infrastructure such as handrails, ramps, functional toilets, western toilets and assistive device remains accessible but limited to public hospitals. Many elderly patients rely heavily on family members for support & travel long distances for medical care.

Deficit in Specialist Care Training

GOI increased the number of medical colleges by 82% since 2014, 112% increase in MBBS seats & 127% in PG seats since 2014. This updates the doctor population ration to 1:834 & nurse-population ratio to 1:476. (15) Out of these many colleges only 19 colleges offer the postgraduate course on Geriatrics. That is only 56 seats all over India for training in Geriatric medicine. (16) India has only 3 training programmes for Elderly care Nursing. (17) These statistics sensitize us to the lacunae in Geriatric Health training and manpower in India.

Detailing the math!

Here are some of the updated statistical parameters from different government sources:

1. Demographic Profile of the Elderly

This refers to the magnitude and growth of the elderly population.

- Population aged 60 years and above (India):
    - 10.1% of total population in 2021 (Census projection) (11).
    - Expected to rise to 13.1% by 2031(11) and 20% by 2050.(18)
- Maharashtra (State-specific):
    - Elderly (60+) constitute 11.6% of the state population (19) (as per Maharashtra Health Dossier 2021, NHSRC).
- Dependency ratio:

- Old-age dependency ratio in India increased from 10.9% (1961) to 16.6% (2021). (11)
- Indicates increasing economic and social burden on the working-age population.

2. Life Expectancy & Longevity

This highlights the improvement in survival and longevity.

- Life expectancy at 60 years:
  - India: 17.3 years (men) and 19.6 years (women) (SRS Abridged Life Tables 2019–2023). (20)
  - Maharashtra: 18.8 years (men) and 19.7 years (women) (Maharashtra Health Dossier, 2021). (19)
  - Implication: Longer life expectancy increases the burden of chronic diseases, disabilities, and need for long-term care.

3. Health Burden among Elderly

This shows the shift from communicable to non-communicable diseases (NCDs).

- Major causes of morbidity and mortality (GBD India 2019 & 2024 update) : Over 70% of DALYs among elderly (60+) are due to NCDs.
- Top causes: Cardiovascular diseases, chronic respiratory diseases, diabetes, cancers, and musculoskeletal disorders.
- Disability prevalence: Around 20% of elderly report some form of disability, mainly vision, hearing, and mobility.

4. Socio-Economic Indicators

This reflects the vulnerability and social determinants of this age group.

- Literacy among elderly: 59% (men 73%, women 44%).
- Living alone: ~7.5% of elderly; higher among women (11%).
- Poverty and pension coverage: About one-third of elderly depend solely on family support; only 22% receive pensions.

5. Health System and Policy Response

This connects data with public health implications.

- National Programme for Health Care of the Elderly (NPHCE): Operational in 713 districts (as of 2024). Provides dedicated geriatric clinics, physiotherapy units, and geriatric wards.
- Institutional care gap: < 5% of elderly in India have access to institutional long-term care or assisted living facilities.

6. State-specific Pointers (Maharashtra)

- 11.6% population aged 60+, one of the higher proportions in India.
- Life expectancy: ~69 years (overall), with longer survival in urban women.
- High NCD burden — hypertension, diabetes, and ischemic heart disease leading contributors.
- Active NPHCE implementation in all districts.

7. Key Take-Home Indicators

Indicator	India	MH	Source
Elderly (60+) % of population	10.1%	11.6%	NSO 2021; NHSRC 2021
Life expectancy at 60 (yrs)	18.2 (M) 19.0 (F)	18.8 (M) 19.7 (F)	SRS; NHSRC
Main morbidity causes	NCDs (CVD, DM, Cancer, COPD)	Same trend	GBD India 2019
Disability among elderly	20%	NA	LASI 2020
Old-age dependency ratio	16.6%	~17%	NSO 2021
Pension coverage	22%	NA	NSO 2021
Living alone	7.5%	NA	LASI 2020

Health System Readiness for Ageing

Component	Current Status in India
Geriatric workforce	Severely inadequate
Long-term care	Limited institutional care
Community-based care	Emerging
Mental health services	Under-integrated
Rehabilitation services	Sparse availability

Key Recommendations

At National Level:

- Strengthening implementation of NPHCE across all states and union territories.
- Inclusion of Geriatric care in Ayushmann Bharat programme is a step in the right direction.
- Ensuring proper and expanded insurance coverage.
- Incorporation of elder friendly tech design in all government initiatives.
- Legislative enforcement of the Maintenance and Welfare of Parents and Senior Citizens (Amendment) Act, 2019 to protect against neglect and abuse.

At State Level

- Dedicated Geriatric Units in every district hospital equipped with dental, physiotherapy, eye care and counselling services.
- Elder Helpline (Toll-free number) and emergency response to be organized state wise. It should be properly linked to local health services.
- Expansion of MJPJAY programme to cover elderly care.
- Day care centres for the elderly run by the state in urban and rural areas offering medical checkups and social engagement.
- Training of our frontline health workers like ASHAs and ANMs in geriatric as well as mental health care.

At District Level

- Monthly Elder Health Camps at PHCs and CHCs — including free screening for hypertension, diabetes, cataract, and depression.
- Mobile Medical Units (MMUs) targeting remote areas — schedule fixed days for elder care visits.
- Geriatric-friendly modifications in district hospitals — ramps, seating areas, accessible toilets, and priority counters.
- Coordination with Social Welfare Department for pension distribution, disability benefits, and elder abuse prevention.

WHY WAIT? LET'S BE ATMANIRBHAR:

At Community Level

- Collaborate with Mumbai Police on their project called 'Sunday Streets' and implement a similar model in various urban and rural areas for social engagement.
- Formation of Elder Self Help Groups like laughter club for support and fun activities.
- Encourage schools and colleges to volunteer and organize programmes for the elderly.
- Local volunteers for home visits to be coordinated by panchayats or other urban local bodies.
- Partnering with NGOs like HelpAge India and others for awareness drives and basic health services.
- Community Kitchens and Nutrition programmes.

At Individual Level

- Identifying and being sensitive to the first signs of ageing
- Regular health monitoring of the elderly.
- Modifications at home that include installation of hand rails, adequate lighting and slip-proof flooring to prevent falls.
- Spending time with them and providing them emotional support.
- Encouraging light physical activity
- Teaching them and helping them to adapt to different digital devices.
- Organizing their documents and making them legally and financially prepared fro the future.

Why This Matters?

It is of utmost importance as the life expectancy has increased. According to WHO, Life Expectancy at birth in India (2021) is 67.3 years. (21) "Life expectancy at birth" is the average number of years that a newborn could expect to live, (the average age of death) while "Healthy life expectancy (HALE) at birth" is the average number of years that a person could expect to live in "full health" from birth. This measurement takes into

account years lived in less than full health due to disease and/or injury. HALE at birth for India (2021) is 58.1 years. On comparing both the numbers you realize that approximately 10 years of our life are spent in less than full health due to injury/disease. The Old Age Dependency Ratio of our country is projected to reach 20.1% by 2031. (11) Hence our country needs a robust healthcare network to deal with the problem.

Conclusion

It is noted that with the increase in the number of older people in the societies of many countries worldwide, the role of geriatric medicine will increase, and knowledge of its history will allow contemporary geriatrics to be viewed from a broader perspective. (22) Laws and policies cannot teach us family values and respect for elders. Thus, parents have a major role to play toward fostering respect for elders at a tender age. The government should focus on raising the capacity of health professionals in geriatric care through specialized courses and trainings and develop socio-economic support mechanisms for the elderly in the community. (23) To conclude "India's future must care for its past, and that begins with elder health today."

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Ageing & Digital Health
Bridging the Gap Between Access & Inclusion

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Rapid advancements in technology have revolutionized the healthcare system in India. The advent of Digital health with the use of teleconsultations, electronic health records, mobile health applications, and remote monitoring tools promises convenience, continuity, and efficiency. These developments seem advantageous for the ageing population with increasing healthcare needs. The lived experiences of older adults, however, reveal a nuanced reality in which meaningful use of digital health is not always correlated with access to it.

Older adults are often described as beneficiaries of digital health, yet many encounter barriers that remain largely invisible in programme design. While the number of elderly with smartphone ownership is increasing, the digital confidence and the usability of these accessibility tools are lagging. Complex interfaces, unfamiliar terminology, frequent password or OTP requirements, and language limitations can turn digital platforms into sources of anxiety rather than empowerment. The challenge is not unwillingness, but systems that are not designed with ageing in mind.

The digital health for the elderly is frequently mediated by a younger family member. While this support can facilitate access, it takes away the control over personal health information and decision-making. Increased dependence, loss of privacy, and reduced autonomy are unintended consequences that undermine the core objective of patient-centered care.

Digital health, when poorly designed, risks reinforcing vulnerability rather than reducing it. Acceptance is largely determined by trust. Healthcare for older adults is deeply relational, built on familiarity, reassurance, and continuity. Virtual consultations, though clinically effective in many cases, may feel impersonal to elderly users accustomed to face-to-face interactions.

From a public health perspective, the digital divide among the elderly is not merely technological; it is more social and systemic. Factors such as literacy, language, socioeconomic status, sensory impairments, and cognitive changes shape digital engagement. Designing platforms for the "average user" often excludes those who fall outside this narrow definition. Inclusive digital health requires deliberate attention to accessibility, acceptability, simplicity, diversity, equity and inclusiveness.

Age-friendly digital health systems prioritize intuitive design, minimal steps, larger fonts, high-contrast displays, local language options, and voice-assisted navigation. Equally important are support mechanisms—helplines, trained frontline workers, and digital facilitators who can guide elderly users with patience and empathy. Consent-based caregiver access can balance autonomy with assistance, ensuring dignity while providing support.

Training healthcare providers to assist elderly patients in navigating digital platforms, integrating digital literacy into geriatric care, and establishing standards for age-friendly design are essential.

Blended models that combine digital tools with periodic in-person care can help bridge trust gaps and improve acceptance. Most important is to bridge the digital divide by raising awareness and strengthening digital literacy.

As populations age and healthcare systems digitize, the intersection of ageing and digital health will increasingly define equity in healthcare delivery.

Moving beyond access to inclusion requires listening to elderly users, adapting systems to their realities, and placing dignity at the centre of digital innovation. Only then can digital health truly serve as a bridge rather than a barrier for healthy ageing.

Food safety and labelling

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"Food safety is a scientific discipline describing handling, preparation, and storage of food in ways that prevent foodborne illness"

- World Health Organization

Concept of Farm to Fork

Farm to Fork refers to the integrated approach of ensuring food safety and quality at every stage of the food chain — beginning from farming (production) to processing, transport, storage, marketing, cooking, and final consumption.

Farm – use of safe fertilizers, control of zoonosis in poultry farms, clean water use; **Harvesting** – hygienic practices, prevention of cross contamination; **Processing** – Good manufacturing practices, Hazard analysis and critical control points; **Transport** – cold chain, pest control, temperature maintenance; **Retail** – clean premise, trained handlers; **Preparation** – hand hygiene, safe temperature for cooking, safe water, proper storage of leftover.

WHO's 5 Keys to food safety

1. Keep clean- hand washing practices
2. Separate raw and cooked
3. Cook thoroughly
4. Keep food at safe temperatures
5. Use safe water and raw materials.

Centre for disease control and prevention (CDC) has clubbed 3rd and 4th point and released 4 steps to food safety to be followed while preparation of any food item.

In India, pre independence food safety was a state subject, that is each state had its own rule and regulations on adulteration or food hygiene practices. The foundation was laid through the Prevention of Food Adulteration Act (PFA), 1954, which evolved into the Food Safety and Standards Act (FSSA), 2006, establishing the FSSAI (Food Safety and Standards Authority of India).

Good manufacturing practices (GMP)

GMP is practiced in pharmaceutical Industry, cosmetics Industry, medical devices industry etc. GMP in food industry focuses on clean premises and equipment, personal hygiene of workers, checking for contamination of raw materials, sanitation and cleaning of equipment and environment, packaging and labelling, storage – First In – First Out or First Expire – First Out. GMP is based on 5 Ps People, Premise, Process, Products, Procedures.

Hazard analysis and critical control points

This is preventive, risk-based food safety management system where manufacturer identify problems, assess risk and prioritize control measures starting from the highest risk. So, they identify hazards (biological, chemical, physical) in food chain and control them at critical control points which are the specific steps where control is essential to prevent, eliminate or reduce hazards. Eg, critical control point in milk pasteurization is temperature at which milk is boiled.

International organization for standardization (ISO 22000) for food safety management system is based on HACCP and quality environment.

Voluntary standards

AGMARK (Agriculture produce grading and marketing act) is under ministry of agriculture and farmers welfare which grades quality of agricultural products and BIS (Bureau of Indian Standards) under ministry of consumer affairs usually seen in packaged drinking water.

Food Stall Licensing and Vendor Regulation (by FSSAI)

Under the Food Safety and Standards Act, 2006, all Food Business Operators (FBOs) — including street food vendors and stalls must obtain an FSSAI registration or license. Small food stall / street vendor (turnover < ₹12 lakh/ year), if turnover between 12 lakhs to 20 crore – State license and if turnover more than 20 crore, will need Central license. Food Safety Compliance System ensures end-to-end digital compliance for registration and licensing. FSSAI also conducts training for vendors of food hygienic practices.

Need for Front of pack labelling

The dietary transition in India is characterized by an increased consumption of processed and ultra-processed foods, contributing to a rapid rise in obesity and other non-communicable diseases (NCDs). FoPL are easy-to-absorb form like symbols/graphics/text to promote a healthier lifestyle, force development of healthy products by industries & save healthcare costs.

Evolution of FoPL policy in India

FoPL was first recommended by FSSAI in 2014. In 2019, issued draft notifications and mandated colour labels, but was later FSSAI delinked FoPL due to industrial influence. In 2022, decided to adopt "Health star rating system".

Challenges in Implementing Effective Food Labelling Regulations in India

Lack of mandatory standards in India – as in Chile with black warning labels; resistance from industry – delayed implementation of "Health star rating system"; low consumer awareness and limited enforcement.

The 18th World Congress on Public Health will occur from September 6 to 9, 2026, in the vibrant Cape Town, South Africa. Organized by the World Federation of Public Health Associations (WFPHA) and the Public Health Association of South Africa (PHASA), this prestigious event will unite public health professionals, policymakers, and advocates worldwide to address the most pressing global health challenges. The Congress's theme, **"Health Without Borders: Equity, Inclusion, and Sustainability,"** reflects the urgent need for collective action in a world shaped by war, political instability, epidemics, and systemic injustices. These principles are not just themes—they are the foundation of a healthier, more equitable future for all.

Key Themes of the Congress

https://www.wcph.org/

Equity in Public Health: Addressing disparities and ensuring access to healthcare for all.

Inclusion and Diversity: Promoting inclusive policies and practices in global health.

Sustainability and Resilience: Building sustainable health systems to protect people & planet.

The Indian Health Trinity: A Blueprint for Synergistic and Healthcare - Led Economic Transformation

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Healthcare challenges of India are well-documented: 70% of hospitalization costs are out-of-pocket (World Health Organization, 2023) & 35.5% of children under five are stunted (National Family Health Survey-5, 2019-21). Despite these issues, there is a monumental opportunity to leverage a synergistic **"Health Trinity"**— Medical Education, Health Insurance, and Medical Tourism— to drive holistic economic development. This model creates a virtuous cycle where each pillar strengthens the others, fixing the health system while catalyzing job creation, developing rural areas, and stimulating parallel economies.

1. Medical Colleges: The Anchor for Hinterland Development & Human Capital

With a doctor-population ratio of 1:834 (National Health Profile, 2023) and large urban-rural gap, the expansion of medical colleges is both a medical & economic necessity

The Economic Vision: By establishing new medical colleges in peri-urban & rural areas, we can take advantage of the availability of larger land parcels at significantly lower costs. For instance, the establishment of AIIMS in non-metro locations like Bibi Nagar (Telangana) & Kalyani (West Bengal) has acted as a development magnet, with land acquisition costs being a fraction of those in major cities.

❖ Synergistic Interlinkages:

- → **Feeds Health Insurance & Medical Tourism:** These colleges breed skilled workforce needed to service a growing insured population and the highly skilled, English-speaking professionals that attract medical tourists. A 2022 KPMG report mentions that 40% of medical tourists cite surgeon quality as their core criterion.
- ← **Supported by Health Insurance & Medical Tourism:** A robust insurance system provides a stable revenue stream for attached hospitals, ensuring these colleges are financially sustainable. Simultaneously, profits from medical tourism can be reinvested to subsidize advanced medical education & research at these institutions.

❖ Enhanced Economic Impact:

- **Employment Generation:** A single AIIMS-like institution is estimated to generate over 2,500 direct and indirect jobs (NITI Aayog, 2021). The All India Institute of Medical Sciences (AIIMS) in Jodhpur, for example, catalyzed the development of whole ecosystem, supporting local businesses such as transportation & hospitality.
- **Stimulating Parallel Economies:** The establishment of a medical college acts as an economic nucleus. A study on AIIMS Bhubaneswar showed a 15-20% increase in local economic activity in its immediate vicinity within five years of its establishment, through hostels, rental housing & retail outlets.

2. Health Insurance: The Financial Circulatory System

Health insurance penetration remains around 35-40% (IRDAI Annual Report, 2022-23), sparing a vast population financially vulnerable.

The Economic Vision: Achieving near-universal health coverage can create a predictable revenue stream for the entire healthcare ecosystem, enabling hospitals stay afloat and attracting investment

❖ Synergistic Interlinkages:

- → **Stabilizes Medical Colleges & Fuels Medical Tourism:** Insurance provides a predictable and timely revenue stream for hospitals, crucial for planning infrastructure upgrades and offering financial security. This makes the hospital sector more investable and allows them to invest in the world-class

infrastructure (e.g., JCI/NABH accreditation) which can attract medical tourists.

- ← **Supported by Medical Tourism & Medical Colleges:** The high standards required for medical tourism elevate the quality of care for all patients, rendering insurance-backed treatments more effective. A larger workforce from new medical colleges is essential to manage the surge in demand from a successfully insured population.

❖ **Enhanced Economic Impact:**

- **Supply Chain Development:** A guaranteed payment system through insurance empowers hospitals to invest in robust supply chains. The government's Production Linked Incentive (PLI) scheme for medical devices, with an outlay of ₹3,420 crore, aims to boost domestic manufacturing and is projected to achieve a cumulative turnover of ₹68,000 crore by 2028 (Ministry of Chemicals and Fertilizers, 2022).

3. Medical Tourism: The High-Value Engine for Cross-Subsidization

India's medical tourism sector, worth USD 7.4 billion in 2023, is projected to reach USD 13.4 billion by 2027 (FICCI-Ernst & Young, 2023)

The Economic Vision: To position India as a global provider of high-quality, complex care, using the premium revenue generated to subsidize domestic infrastructure & health services.

❖ **Synergistic Interlinkages:**

- → **Funds Medical Education & Raises the Bar for Insurance:** The high-profit revenue from medical tourism is the catalyst, as it can be reinvested into cutting-edge medical technology & subsidizing the advanced training of medical graduates. This uplift in quality, protocols & patient-centricity benefits local patients covered by domestic insurance.

- ← **Supported by Medical Colleges & Health Insurance**: These colleges supply the talent that is the core of India's value proposition. A strong domestic insurance market reduces a hospital's reliance solely on international patients, ensuring financial stability during global fluctuations.

❖ **Enhanced Economic Impact:**

- **Penetration of Higher-End Facilities:** The demand from international patients justifies investment in cutting-edge technology. For example, the Apollo Hospitals group, which treats over 1.5 lakh international patients annually, has often cited that technology acquired for this segment benefits its entire patient base across 71 hospitals (Apollo Hospitals Annual Report, 2023).

- **Job Creation:** The sector is a massive job creator, expected to generate 24 million jobs by 2032 (Ministry of Tourism, 2023). The industry supports high-skill roles and service jobs, with major hospital chains like Max Healthcare reporting that their medical value travel divisions support thousands of ancillary jobs.

The Virtuous Cycle of Synergistic Development

The "Health Trinity" is a cohesive strategy, not separate initiatives:

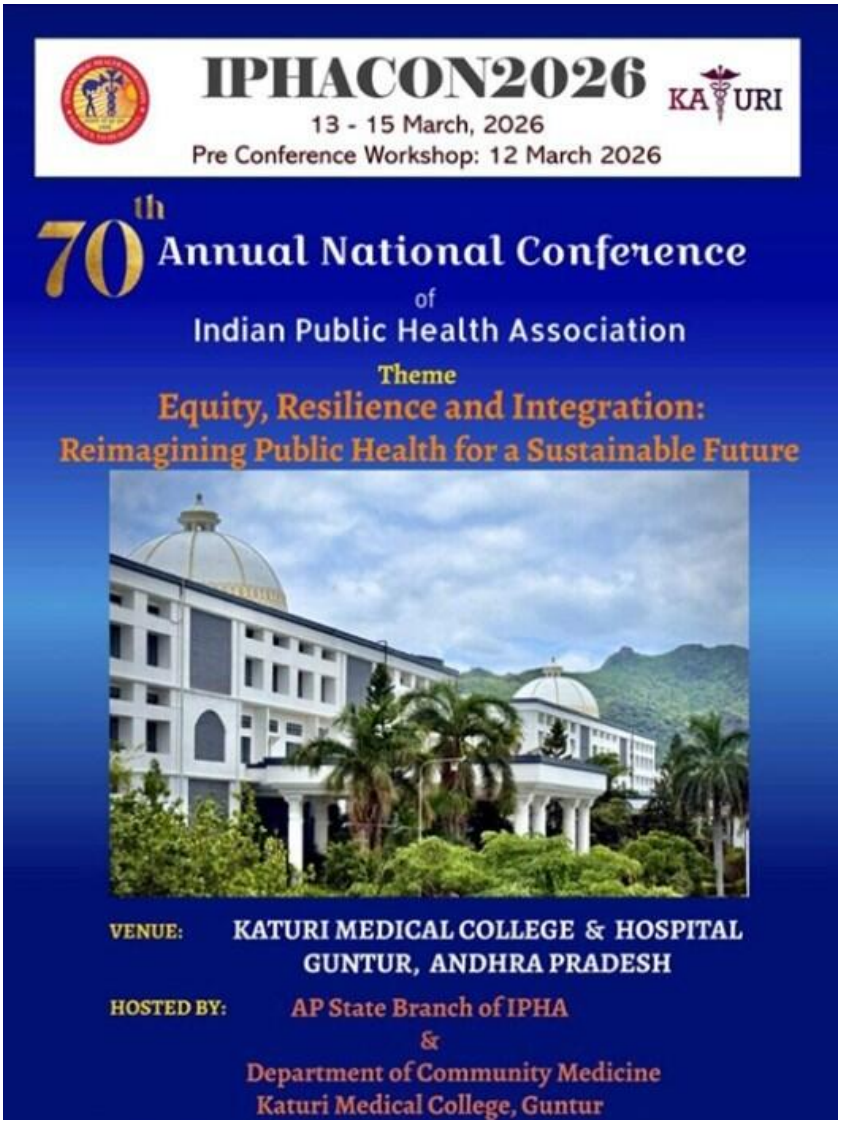
1. A new medical college in a hinterland district (e.g., AIIMS Rajkot) creates local jobs and broadens the base of insurable, formal-income families.

2. This expanded insurance pool provides steady revenue to hospitals, enabling them to achieve international accreditation.

3. The accreditation and quality attract international patients, whose high-value payments fund further expansion—perhaps a new cardiac centre at the same institution or a new college in another underserved region.

This synergistic model transforms healthcare from a social sector expense into a powerful, self-sustaining engine of multi-sectoral economic development. It formalizes employment, builds infrastructure, boosts local economies, and creates a globally competitive industry—all while ensuring a sustainable pathway to affordable, quality healthcare for every Indian. The prognosis for a healthier and more prosperous India is bright, provided we administer this integrated strategy with clear vision and unwavering transparency.

Keywords: Medical Tourism, Health Insurance, Medical Education



Welcome To IPHACON 2026

With immense pride and joy, we welcome you to the Platinum Jubilee – 70th Annual Conference of the Indian Public Health Association (IPHACON 2026). This landmark occasion celebrates seven decades of advancing public health science, nurturing professionals, and contributing to the nation's health and well-being.

The theme, **"Equity, Resilience, and Integration: Reimagining Public Health for a Sustainable Future"**, reflects our collective resolve to address pressing global challenges and reimagine how public health can respond, adapt, and thrive.

Through enriching scientific sessions, plenaries, workshops, and networking, IPHACON 2026 offers a vibrant platform for dialogue, innovation, and collaboration. Together, we will honour the past while shaping a more equitable, resilient, and integrated future in public health.

On behalf of the organizing committee, we warmly invite you to join this historic celebration. Let us make IPHACON 2026 not only a milestone of achievement, but also a beacon of inspiration for generations to come.

Best regards,
Dr.Phanindra Dulipala

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Dr. Chaitanya Gujjarlapudi
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