



## An Analysis of government-sponsored health insurance for India's universal health coverage



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The Indian healthcare system is a complex and diverse network made up of the public and private sectors, which offer a range of medical services and related infrastructure to the 1.4 billion people living in India. India's healthcare is funded by a variety of sources, including the domestic government, private sector, and external/global sources. Out-of-pocket expenses (OOPE), a significant source of health finance in the country, account for 54.7% of total health expenditure. High OOPE has various downsides. Financial shock from OOPE can push people into poverty and cause them to cut back on subsistence costs such as food, clothing and others. Second, OOPE contributes to poor health-care utilization rates because people may avoid expensive services. Third, OOPE is an inequitable and regressive health expenditure approach because everyone pays the same charge for the service regardless of financial capabilities. As a result, persons in the lower wealth quintiles feel a bigger burden from OOPE than those in the upper income quintile. The current analysis focuses solely on GFHIS for several reasons.

India's political and health agenda places a high priority on PMJAY. The initiative covers Rs. 500,000 per household for secondary and tertiary health services for about 50 crore beneficiaries in the lower 40% of the population. Currently, PMJAY users can access health services through 920 health packages, which offer 1670 treatments across 24 specialties. Below analysis shows effectiveness of government sponsored schemes on various parameters like gender, age, geography etc.

### Geography

States with higher poverty rates and disease burdens are thought to have a greater need for PMJAY, and vice versa. However, use in terms of claim volume and value is higher in states with low requirements, such as Kerala



and Himachal Pradesh, and lower in those with high needs, such as Bihar, MP, UP, and Assam. This disparity in need versus use is caused by inadequate supply-side variables such as a small number of empanelled institutions, an ineffective beneficiary identification system, and weak health governance in states with higher poverty and illness loads. A similar pattern emerges at the district level, with socioeconomically backward districts (also known as aspirational districts) having lower beneficiary identification rates, total number of claims, and total claim amounts than non-aspirational districts. Most aspirational districts are concentrated in Jharkhand, Orissa, and Chhattisgarh.

PMJAY's portability feature enables qualified participants to access the scheme's services at any empanelled hospital across the country, regardless of their state of residency. Outgoing states are those from which beneficiaries go to obtain services, whereas incoming states are those from which beneficiaries receive services. Overall, 1.4% of PMJAY recipients use portability. However, the portability rate for high-value claims (the number of high-value portable claims divided by the total number of high-value claims) is 2.4%, and for very-high-value claims is 5.3%. Beneficiaries use portability to access tertiary health care treatments such as cardiology, cardiovascular surgery, and orthopaedics. Beneficiaries from MP, UP, Bihar, Jharkhand, and Haryana make up more than 70% of outward portability volume and value while Gujarat, Uttar Pradesh, and Maharashtra care for 75% of incoming portability volume and value. Beneficiaries in

aspirational districts use portability benefits less frequently than non-aspirational district beneficiaries.

## Gender

At the national level, males make up most of the deprivation and occupational SECC criteria. Overall, males outnumber females among eligible beneficiaries, reflecting an anticipated gender disparity in plan utilization. Nationally, males (50.8%) and females (49.2%) enrol in the plan at nearly similar rates. Males had a higher overall quantity (volume) and value of claims than females (51.5 and 56.4% vs. 48.5% and 43.6%, respectively).

The average per-capita claim amount for men is Rs. 16,715 and for women it is Rs. 13,730.83. Males account for 68% of all high-value claims (claims valued at more than Rs.30,000). Of the total transportable cases, 61% are male and 39% are female. Male recipients are likewise more likely to be readmitted or die. However, gender-based consumption differs by state, therefore investigating local patterns is critical. Private hospitals receive more male claims for tertiary conditions, but public hospitals receive more female claims for secondary conditions.

Males use general medicine, general surgery, oral surgery, orthopaedics, urology, cardiology, and pediatric medicine more than females do, while females use OBGYN, ophthalmology, and medical oncology more. Out of the top 50 procedures in PMJAY, 60% are used more by men and 30% by women. Hemodialysis, percutaneous coronary transluminal angioplasty (PTCA), myocardial infarction management, open reduction internal fixation, and inguinal hernioplasty have a utilization gap of more than 70% skewed toward males.

## Age

More than half of all claims (51%) are filed by people aged 19 to 50. This could be explained by the country's demography, as this age group accounts for 47% of the entire population. The average age of patients covered by PMJAY insurance is 42.2 years, which is greater than the median age of the Indian population (28.7 years), but this could be attributed to an increase in hospitalization episodes with age. High-value claims are more common among children under the age of five and people over the age of fifty. This is to be expected given that youngsters and the elderly are prone to congenital heart disease, coronary artery disease, cancer, and other disorders. Portability is low for people over 65 and high for those between the ages of 24 and 55, suggesting that elderly patients may choose not to relocate to receive medical care. Children have the highest readmission rates, while those aged 20 to 25 had the lowest. The average life expectancy of 69.66 years is significantly higher than the average age of mortality among plan beneficiaries, which is 52.2 years. Medical specialties within PMJAY also

exhibit distinct age-wise consumption patterns.

## Religion and caste

Scheduled Caste (SC) and Scheduled Tribe (ST) are regarded as the two most vulnerable groups in India, are eligible for PMJAY. These ethnicities make up about 28% of India's total population. To comprehend the use, there isn't much information available, nevertheless. Since the program's start, SC and ST populations have only accounted for 5% and 2% of private hospital admissions nationwide, respectively. In India, caste and religion are significant aspects of equity, and it is critical to assess how these dimensions are being used.

## The public and private sectors

In private and public hospitals, the kind, quality, and cost of care vary, necessitating their equitable distribution and use. Nonetheless, there is a significant disparity in the distribution and use of public and private hospitals. Compared to women, men are more likely to use private hospitals. Public hospitals are more frequently used by SC and ST people. Private hospitals accounted for 56% of all empanelled hospitals, 63% of all claim volume, and 75% of all claim value under PMJAY. Nonetheless, in several jurisdictions, public hospitals saw higher service consumption. In Maharashtra, Haryana, Rajasthan, and Punjab, almost 65% of all hospitals are privately owned, however in the northeastern states of Jammu & Kashmir and Ladakh, this is not the case.

## Conclusion

India has a long history of striving to give universal health coverage to its inhabitants through various schemes such as free healthcare for all, subsidized healthcare, SHIS, and GFHIS. PMJAY, the successor to RSBY, has been improved in numerous ways, including increased population, service and cost coverage, awareness generation, and monitoring and assessment. However, it still falls short in key critical areas, including as equality in supply and utilization, prioritizing vulnerable populations, outpatient coverage, and dynamic cost coverage. Inequitable supply and consumption disproportionately affect the most disadvantaged populations.

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## Ayushman Quiz

1. Free medical treatment upto Rs. \_\_\_\_\_ per beneficiary family per year can be availed under Ayushman Bharat PM-JAY scheme.  
(a) 30 thousand (b) 1 lakh (c) 5 Lakhs (d) 3 Lakh
2. In which type of hospitals free treatment is available to the beneficiary under this scheme?  
(a) Government (b) Private (c) Government and empanelled private hospitals (d) Any hospital
3. What type of scheme is Ayushman Bharat PM-JAY?  
(a) Cashless (b) Paperless (c) Both of the above
4. How many members per family can be enrolled under this scheme?  
(a) 10 (b) There is no limit on the number of family members (c) 7 (d) 5
5. Is there any age limit for the family member under this scheme?  
(a) Yes, 60 years (b) For children only (c) For elderly people only (d) No bar on age
6. If a child is born in a beneficiary family, can his name be added to the list of beneficiaries of Ayushman Bharat?  
(a) Yes (b) No
7. If someone is a resident of Jammu and Kashmir, can she /he be treated in any empanelled hospital in Kerala?  
(a) Yes (b) No
8. Which number can the beneficiary call for any query or complaint?  
(a) 1234 (b) 100 (c) 108 (d) 14555
9. Does the beneficiary get free medicines for 15 days after treatment?  
(a) Yes (b) No
10. How can you know your eligibility under the scheme?  
(a) By calling toll free number (b) By visiting [mera.pmjay.gov.in](https://mera.pmjay.gov.in) (c) Meeting Arogya Mitra at the nearest listed hospital (d) Through all the above three means

1. (c) 2. (c) 3. (c) 4. (d) 5. (d) 6. (a) 7. (a) 8. (d) 9. (a) 10. (d)

**Answers:**

Source: Master Ayushman comic book by National Health Authority, under IEC



## ACADEMIC PROGRAM

### UNION BUDGET 2025-26: A CRITICAL JUNCTURE FOR INDIA'S HEALTHCARE SECTOR

The Union Budget 2025-26 has drawn significant attention, particularly in the healthcare sector, with its focus on inclusivity and developmental initiatives under the overarching theme of GYAN (Garib, Youth, Annadata, and Nari) to achieve Viksit Bharat (developed India).

In the latest Faculty Seminar Series organized by the Institute of Health Management Research, Bangalore, Dr. Falguni Pandya, Associate Professor, delivered an in-depth analysis of the healthcare budget. She emphasized the four engines of development—Agriculture, MSMEs, Investment, and Export—fueled by comprehensive reforms.

Dr. Falguni outlined pivotal allocations and measures for healthcare. Notable initiatives include establishing Daycare Cancer Centers and exempting 36 life-saving drugs from Basic Customs Duty (BCD). The continuation of Patient Assistance Programs (PAPs) was also highlighted, offering crucial support to patients.

Key allocations like ₹4,200 crore for the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and coverage of nearly 1 crore gig workers under the AB PM-JAY scheme reflect the budget's commitment to universal healthcare. Additionally, the promotion of Medical Tourism through the “Heal in India” initiative is expected to boost global engagement.

Dr. Falguni also addressed the introduction of a 'health tax' on Ultra-Processed Foods (UPFs), aimed at combating obesity and lifestyle diseases.

The development of Global Capacity Centers (GCCs) was another significant announcement to enhance India's healthcare infrastructure.

The seminar concluded with a detailed explanation of fiscal deficit targets, expenditure plans, and economic flows, followed by an engaging Q&A session. This budget stands at a critical juncture, signaling a transformational phase for India's healthcare sector while paving the way for a healthier and more inclusive nation.







## CULTURAL EVENTS

### NAAC ACCREDITATION: ACHIEVING MILESTONES, ONE STEP AT A TIME

This January was a month of pride and celebration at IIHMR, as the institution reached a significant milestone—earning a Grade 'A' accreditation by NAAC. The achievement was a testament to the relentless dedication of the faculty, staff, and students, who came together to commemorate this momentous occasion with enthusiasm and joy.

On January 9, the campus transformed into a vibrant hub of cultural diversity, showcasing the rich traditions of India. The NAAC coordinators, the chairperson Dr. Shishir Kumar, Member and Co-ordinator Dr. A. Jagan Mohan Reddy, Member of NAAC peer team Dr. Kishor Jain, upon their arrival, were given a grand welcome by the IIHMR community, with lively dhol beats setting the tone for the festivities. The students embraced the event's spirit by dressing in traditional attire, each representing different states of India, reflecting the country's unity in diversity.



As part of the celebration, an entire classroom was transformed into a representation of the various student-led clubs at IIHMR, including the Literary Club, Community Club, Entrepreneurship Club, and Management Club. Each club coordinator passionately introduced their respective clubs, highlighting their purpose, key activities, and contributions throughout the academic year. The NAAC coordinators were deeply impressed by the students' engagement and the seamless functioning of various processes at IIHMR.



However, the true highlight of the day awaited in the evening, as the much-anticipated cultural extravaganza unfolded. Excitement filled the air as students eagerly took to the newly built stage, illuminated with stunning lights, creating an electrifying atmosphere. The event was graced by the NAAC coordinators, Director, faculty, and staff, who joined in the festivities with great enthusiasm.

Students from various states, including Karnataka, Tamil Nadu, Kerala, Andhra Pradesh, Goa, Gujarat, Punjab, and Delhi, showcased their rich cultural heritage through captivating dance performances, soulful singing, and traditional attire displays. The event beautifully captured the essence of India's diverse yet harmonious cultural fabric.





The evening culminated on a high note, with everyone gathering to relish a delicious spread of special food served during high tea. As the night progressed, the energy soared as students took to the dance floor, celebrating their achievement with an electrifying DJ session. Laughter, music, and camaraderie filled the air, making it a night to remember.

With NAAC's Grade 'A' accreditation, IIHMR has added yet another feather to its cap, reaffirming its commitment to excellence. The celebration not only marked a significant institutional milestone but also strengthened the bond within the IIHMR family, paving the way for many more achievements in the future.

## IIHMR CELEBRATES 76 YEARS OF THE DEMOCRATIC REPUBLIC OF INDIA WITH PRIDE AND ENTHUSIASM

On January 26<sup>th</sup>, the IIHMR campus came alive with vibrant hues of orange, white, and green, as faculty, staff, and students gathered to celebrate the spirit of the nation on Republic Day. The atmosphere was filled with excitement and patriotism as the day's celebrations commenced with the flag-hoisting ceremony. Mr. Shamsuzzaman Ansari and Dr. Gyan Chandra Kashyap had the honour of unfurling the national flag, followed by a heartfelt rendition of the National Anthem, sung in unison by everyone present.

The Cultural Committee curated a special program for the occasion, featuring a speech competition and an engaging Republic Day quiz. Ms. Samyuktha skilfully hosted the event, setting the tone for an insightful and thought-provoking session.



# ALUMNI SPEAK



**Mr. Harish Ramanathan**  
Technology Manager  
Karakinos Healthcare Pvt. Ltd.

*Blending Biomedical Engineering with Healthcare IT – A Story of Passion and Adaptability*

In this edition of Pulse, we feature Harish Ramanathan, a Technology Manager at Karakinos Healthcare Private Limited, now a part of Reliance Industries Limited. With seven years of experience in healthcare technology, Harish's journey is one of innovation, adaptability, and continuous learning—all driven by his deep passion for making a difference in healthcare.

Harish's academic journey started at Ramakrishna Mission, followed by an undergraduate degree in Biomedical Engineering. His interest in healthcare technology and management led him to pursue a Postgraduate Diploma in Business Administration and later, a PGDM in Health IT Management from IIHMR Bangalore. However, he doesn't see this as a career shift but rather a natural evolution. "Healthcare is a fusion of many disciplines. Whether you're working with electronics in medicine or managing hospital operations, IT plays a key role. Today, every healthcare professional needs at least a basic understanding of IT," he explains.

His career began with an entrepreneurial venture during his undergrad years, where he built micro liner servers and developed an ECG system that later evolved into an EEG system marketed for neurology applications. But he soon realized that selling and marketing weren't his strengths. Instead of giving up, he pivoted. His second job was at Truly Human Consulting, a US-based healthcare consulting firm, where he worked while simultaneously pursuing his PGDM at IIHMR Bangalore. Post-PGDM, he joined Karakinos Healthcare Pvt Ltd, where he found opportunities to apply his skills in real-world healthcare challenges.

Harish's unique experiences landed him in the Founder's Office at Karakinos, where every day presents a new challenge. "One day, I might be working on sales strategies; the next, I'm optimizing workflows or handling research projects," he shares.

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The speech competition began with Ms. Zaiba Farheen, who delivered a compelling address on the evolving challenges faced by the nation, highlighting the importance of collective efforts in shaping a healthier and more equitable future. Ms. Vibhuti Dabhi shed light on India's remarkable progress in eradicating diseases such as polio, while also emphasizing the need for continued vigilance in addressing present healthcare concerns. Ms. Navya S Rajam brought a fresh perspective to the discussion, reflecting on how the Indian Constitution might be framed in today's world, stressing the importance of integrity, inclusivity, and environmental sustainability.

After an impressive display of oratory, the winners of the speech competition were announced: Ms. Navya S Rajam secured the first prize, followed by Ms. Zaiba Farheen in second place, and Ms. Vibhuti Dabhi in third place.

The celebrations continued with a fun and interactive Republic Day quiz, conducted through the Kahoot app, where participants engaged enthusiastically. The quiz saw stiff competition, with Mr. Raveendra emerging as the winner.

The event concluded on a high note with a heartfelt vote of thanks by Mr. Shamsuzzaman Ansari, expressing gratitude to all participants and organizers for making the celebration truly special. The gathering ended on a delightful note, as everyone enjoyed sweets and high tea, cherishing the spirit of the nation and the camaraderie of the IIHMR community.

## ALUMNI SPEAK

His biggest takeaway? Embrace every opportunity to learn and adapt. One of his most significant projects was in digital pathology, where he worked on setting up imaging scanners, developing software tools, and pitching solutions to the right stakeholders. This project eventually led to a major collaboration with WHO, a defining moment in his career.

For Harish, a great manager is someone who is constantly learning, adaptable, and stays ahead of trends. "Every three months, there's a new breakthrough in technology that's a game-changer. The key is to stay informed, anticipate trends, and position yourself for growth," he advises. He also emphasizes the role of strategic investments in shaping the future of healthcare.

Looking ahead, Harish believes that no matter how advanced healthcare technology gets, return on investment (ROI) will always be a driving factor. He highlights the importance of health insurance in improving accessibility and appreciates initiatives like ABHA and Ayushman Bharat Missions, which have the potential to transform healthcare in India. However, he points out a major challenge: lack of awareness. "These programs can benefit millions, but if people don't know about them, they won't serve their purpose. Bridging this awareness gap should be a priority," he emphasizes.

For students and aspiring professionals, Harish's advice is simple but powerful—be proactive, set clear career goals, and gain hands-on experience early. "Start applying for jobs even in your first year of college. Every interview, even the failed ones, will teach you something. It's the fastest way to understand industry expectations," he shares. He also stresses the importance of networking, engaging in industry projects, and seeking mentorship. "Talk to professionals, understand the market, and keep testing your skills. The more connections you build, the more opportunities you'll unlock."

Harish's journey is a testament to resilience, adaptability, and the impact of healthcare technology. His story serves as an inspiration for IIHMR Bangalore students, proving that with curiosity, perseverance, and a willingness to learn, you can carve out a meaningful and impactful career in healthcare IT.





## CENTRE FOR LEARNING & DEVELOPMENT

### ADVANCING EXCELLENCE IN CLINICAL NUTRITION, COHORT-2

Happy to announce the successful launch of Advance Excellence in Clinical Nutrition (AECN) Cohort-2, 3 months online program which commenced on 23rd January 2025!

This cohort with passionate participants dedicated to advancing their expertise in clinical nutrition. The launch was graced by the presence of Dr. Priti Vijay, Head of Department of Dietetics, Santokba Durlabhji Memorial Hospital, Jaipur, as the distinguished resource person.

Dr. Jyoti Vijay, Program Coordinator, whose guidance ensured seamless learning experience, and Dr. Usha Manjunath, Director, IIHMR Bangalore, whose leadership continues to inspire excellence in healthcare education. This program is designed to empower participants with advanced skills and innovative approaches to clinical nutrition, fostering impactful contributions to health and wellness.



### IN-PERSON WORKSHOP: SYSTEMATIC REVIEW AND META-ANALYSIS IN PUBLIC HEALTH RESEARCH

An exclusive in-person 3 days' workshop on "Systematic Review and Meta-Analysis in Public Health Research" commenced on Feb 19th -21st 2025 at IIHMR Bangalore with 19 participants, by Program coordinator Dr. Gyan Chandra Kashyap and Gowthamghosh B. with the external resource person Dr Jung B Prasad.



This hands-on training was to equip participants with essential skills to conduct high-quality systematic reviews and meta-analyses for impactful research and policymaking. This workshop highlighted on understanding systematic reviews & meta-analysis methodologies, knowledge on Mendeley for referencing, literature search strategies & study selection, data extraction, quality assessment, and risk of bias evaluation, hands-on training with statistical tools for meta-analysis, reporting, and publication guidance.





## RESEARCH AND PUBLICATIONS

### INTERNATIONAL DAY OF EDUCATION & NATIONAL GIRL CHILD DAY: ADVOCATING FOR EDUCATION AND RIGHTS

With a community-wide awareness campaign, the Early Childhood Care and Development (ECCD) staff in Anandapuram celebrated National Girl Child Day and the International Day of Education on January 21, 2025. As visual advocacy tools, educational posters were created to emphasize important themes related to education and the rights of girls. Furthermore, there was a rally at the ceremony when community members, adolescent girls, and ECCD mothers held signs highlighting the value of gender equality and education. The involvement of 25 parents, teenage girls, and community members strengthened the group's dedication to empowering females via awareness-raising and education.



### REPUBLIC DAY CELEBRATION: INSTILLING PATRIOTISM AND UNITY

The children and staff of ECCD rallied together to celebrate Republic Day with passion and fervour on January 25, 2024. The event involved a flag-hoisting ceremony and the singing of the National Anthem, symbolizing unity and patriotism. A cake-cutting ceremony further added to the joyous occasion. Forty-five children took part in the celebration, which promoted a sense of communal spirit and national pride.

### BRIGHT WALLS, BRIGHT FUTURE: COMMUNITY CLUB STUDENTS TRANSFORM CRECHE INTO A VIBRANT LEARNING SPACE

On January 11–12, 2025, students from IIHMR Bangalore's Community Club worked together to transform the walls of a soon-to-open crèche as part of the HCL Foundation-funded ECCD Program. In order to inspire joy and imagination in young children, the volunteers used brainstorming, drawing, and painting to create a lively and captivating space that was embellished with rainbows, bright cartoon characters, animals, and flowers. This project sought to provide a warm and supportive environment for young children's growth and was motivated by enthusiasm and teamwork. A total of 22 volunteers participated, contributing to a brighter future for these bright young minds.





# INAUGURATION OF AN EARLY CHILDHOOD CARE CENTRE (CRECHE): LAYING THE FOUNDATION FOR BRIGHT FUTURES

In Gottigere, Bangalore's Pillaganahalli slum, a new creche dedicated to the crucial first 1,000 days of children was opened on February 3, 2025. This project, which is being carried out in partnership with IIHMR Bangalore and the HCL Foundation, is to give children between the ages of six months and three years a secure and caring environment. In addition to officials from HCLF, KHPT, SOCHARA, BBMP, ASHA employees, and local leaders, the ceremony was graced by Dr. Usha Manjunath, Director of IIHMR Bangalore, and Dr. R. Sarala, Dean of Research and Project Lead.



Fifty kids were registered in the crèche, which promoted holistic development and provided nutritious snacks. The program, which encourages awareness, behavioural change, and integration with current health services, also drew 18 pregnant women, 20 nursing mothers, and their spouses. This initiative marks a significant step toward building a healthier, empowered community.

**NATIONAL DEWORMING DAY: "ELIMINATE  
STH (SOIL-TRANSMITTED HELMINTHS),  
INVEST IN A HEALTHIER FUTURE FOR  
CHILDREN**

Children in Anandapuram and Mayabazar received deworming treatment from an Auxiliary Nurse Midwife (ANM) from the Primary Health Centre (PHC) during the celebration of National Deworming Day on February 9–11, 2025. An awareness session was held in conjunction with the deworming campaign to inform caregivers about the advantages of albendazole pills and the significance of deworming for the health of children. The importance of the Mop-Up Day (MUD) in providing coverage for kids who missed their first dose was also discussed during the workshop. Deworming treatment was given to 69 youngsters in all, promoting community-wide preventative healthcare practices.







## HEALTHCARE NEWS

### United Health reaches record revenue in 2024, through profit falls

In 2024, UnitedHealth Group achieved a record revenue of \$400.3 billion, marking an 8% increase from the previous year. However, net income declined to \$14.4 billion—the lowest since 2019—primarily due to expenses related to a significant cyberattack on its subsidiary, Change Healthcare. Excluding these cyberattack costs and other non-recurring factors, the company's adjusted profit reached a record \$25.7 billion.

Read here - <https://www.healthcarediver.com/news/unitedhealth-unh-2024-record-revenue/737477/>

### Hypertension in young MBBS students

Recent studies have highlighted a significant prevalence of hypertension among young MBBS students in India. A cross-sectional study conducted at a tertiary care institution in Mumbai found that 25.20% of participants were hypertensive, with 53.60% of them unaware of their condition. These findings underscore the need for regular blood pressure monitoring and lifestyle interventions in this demographic to mitigate long-term cardiovascular risks.

Read here - <https://health.economictimes.indiatimes.com/news/industry/hypertension-in-young-mbbs-students-a-growing-concern-at-medical-institutes/117400649#:~:text=Hypertension%20Prevalence%3A%20The%20study%20revealed,were%20unaware%20of%20their%20condition.>

### Donald Trump signs executive orders to withdraw US from WHO

On January 20, 2025, President Donald Trump signed Executive Order 14155, initiating the United States' withdrawal from the World Health Organization (WHO). This decision, mirroring a similar move during his first term, was based on criticisms of the WHO's handling of global health crises and perceived disproportionate financial contributions by the U.S. In response, the WHO has implemented cost-cutting measures, including offering early retirement to staff, to mitigate the financial impact of the U.S. departure.

Read here - [https://www.telegraphindia.com/world/donald-trump-signs-executive-order-to-withdraw-united-states-from-world-health-organisation/cid/2078691#goog\\_rewarded](https://www.telegraphindia.com/world/donald-trump-signs-executive-order-to-withdraw-united-states-from-world-health-organisation/cid/2078691#goog_rewarded)

### Academy of Digital Health Sciences launches professional development program in digital health for nurses

The Academy of Digital Health Sciences, in collaboration with the Indian Nursing Council (INC) and the Indian Institute of Management (IIM) Raipur, has launched a Professional Development Program in Digital Health for Nurses. This program offers triple certification and provides 50 Continuing Nursing Education (CNE) hours and 10 CNE credits from the INC. Designed with flexibility, it features self-paced online modules to be completed within a year, enabling nurses to balance their professional commitments while acquiring essential digital health skills.

Read here - <https://www.expresshealthcare.in/news/academy-of-digital-health-sciences-launches-professional-development-program-in-digital-health-for-nurses/447736/>

### Cabinet approves the continuation of the National Health Mission for another 5 years

The Union Cabinet has approved the continuation of the National Health Mission (NHM) for an additional five years, recognizing its significant contributions to public health over the past decade. Since its inception in 2005, the NHM has played a pivotal role in enhancing healthcare accessibility and quality across India. Notably, between 2021 and 2022, approximately 1.2 million healthcare workers joined the mission, bolstering the nation's response to health challenges, including the COVID-19 pandemic.

Read here - <https://www.dailyexcelsior.com/cabinet-approves-continuation-of-national-health-mission-for-another-5-years/>

### Indian Healthcare sector most targeted by cyberattacks

A recent report highlights that the Indian healthcare sector has become the primary target for cyberattacks, surpassing the education sector. This surge in cyber threats underscores the critical need for enhanced cybersecurity measures within the country's healthcare infrastructure. Read here - <https://www.thehindubusinessline.com/info-tech/indian-healthcare-sector-most-targeted-by-cyberattacks-followed-by-education-report/article69142842.ece>

## Special guests on Republic Day – Union Health Ministry hosts ASHAs and applauds their contribution towards the success of various health missions

On January 25, 2025, the Union Health Ministry honored approximately 250 Accredited Social Health Activists (ASHAs) as special guests at the 76th Republic Day celebrations, acknowledging their vital contributions to India's healthcare system. Union Health Secretary emphasized that ASHAs are the backbone of health schemes in the country, with notable success in the TB elimination mission significantly attributed to their grassroots efforts.

Read here - <https://pib.gov.in/PressReleaseDetailm.aspx?PRID=2096075&reg=3&lang=1>

## IIM-Lucknow research highlights the role of crisis management for healthcare institutions

A study by the Indian Institute of Management, Lucknow, emphasizes that private healthcare organizations can effectively innovate during crises by upholding core ethical values. The research highlights the importance of leadership prioritizing empathy and integrity to inspire teams, fostering resilience and innovation in resource-constrained settings.

Read here - <https://www.livemint.com/focus/iimlucknow-research-highlights-role-of-values-in-crisis-management-for-healthcare-institutions-11737968244549.html>

## Philips unveils AI-powered imaging innovations at AOCR 2025

At the 23rd Asian Oceanian Congress of Radiology (AOCR) 2025, Philips introduced its AI-enabled CT 5300 system, designed to enhance diagnostic accuracy, streamline workflow efficiency, and maximize system uptime. The company also celebrated the global installation of over 1,500 helium-free 1.5T wide bore MRI systems equipped with BlueSeal magnet technology, which requires only 0.5% of the helium used in conventional MRI systems, thereby reducing operational challenges related to helium dependency.

Read here - <https://www.bwhealthcareworld.com/article/philips-unveils-ai-powered-imaging-innovations-at-aocr-2025-546152>

## Budget – Ayush ministry allots 3992.90 crores

The Union Budget for 2025-26 has increased the allocation for the Ministry of Ayush to ₹3,992.90 crore, up from ₹3,497.64 crore in the previous fiscal year, marking a 14.15% increase. This funding boost aims to enhance traditional medicine systems, with specific allocations including ₹18.59 crore for the National Medicinal Plants Board and ₹21.96 crore for the Pharmacopoeia Commission for Indian Medicine and Homoeopathy.

Read more - <https://medicalbuyer.co.in/ayush-ministry-budget-increased-14-15-to-%E2%82%B93992-90-crore/>

## Trump's USAID Cuts Will Hit India's Healthcare Schemes at the Grassroots

Experts believe that while the exit of US funding from critical healthcare programmes may spell a crisis, it is also an opportunity for countries in the Global South to have a better say on global health platforms. “The US would dominate the stage at multilateral agencies working in the area of health,” said former Union health secretary K. Sujatha Rao.

Read more - <https://thewire.in/health/usa-id-cuts-india-healthcare-impact-grassroots-ngo>

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