

## **1. CAR-T cell therapy at one-tenth global cost**

At a symposium in Bengaluru, experts said India can now offer CAR-T cell therapy (a cutting-edge treatment for chemo-resistant cancers) at about 1/10th the cost compared to many international centres.

### **Why it matters:**

- CAR-T is very expensive globally (e.g., in the range of Rs 6-8 crore abroad as noted) and complex to deliver.
  - If India scales this effectively, it could make advanced cancer treatments much more accessible domestically and for export/medical tourism.
  - Challenges remain: infrastructure, training, regulatory oversight, post-treatment care.
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## **2. Preventive Healthcare & Public-Private Partnerships**

Jitendra Singh (Union Minister of State) announced that India is aiming to become a global leader in preventive healthcare, emphasising that public-private partnerships (PPP) are crucial for innovation in life sciences.

### **Why it matters:**

- Preventive healthcare (rather than just treatment) can reduce long-term costs, improve population health.
  - PPP models can bring in private innovation, but need strong regulation/oversight to ensure quality and equity.
  - Reflects policy direction: India wants to shift from reactive care → proactive care, and from siloed public/private → collaborative models.
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### **3. Accessibility & Public Hospital Services**

- In Noida, Government Institute of Medical Sciences, Greater Noida (GIMS) has been empanelled under Employees' State Insurance Corporation (ESIC) for cash-less emergency treatment for insured workers.
- In Maharashtra, Cama Hospital (a public hospital) has received permission to offer egg-freezing and sperm-bank services (ART services) — first public hospital in the state to do so.

#### **Why these matter:**

- Cash-less access improves healthcare equity, especially for low-income workers.
  - ART services at public hospitals expand reproductive rights/access, especially for cancer patients or couples unable to afford private clinics.
  - These reflect expansions in scope of public sector healthcare.
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### **4. Workforce, Drugs & Systemic Issues**

- In Haryana, the state plans to hire 450 doctors to fill vacancies and bolster OPD & emergency services.
- In Tamil Nadu, the supply of essential drugs (about 70 items) by the state medical services corporation was halted/ disrupted. Govt hospitals told to procure locally.
- A controversial advertisement offering ₹15 per patient for tele-consultation by MBBS doctors went viral, sparking debate about quality/training of tele-health services.

#### **Why these matters:**

- Doctor shortages continue to be a barrier to quality care; hiring is good but retention/training are equally important.
- Drug supply disruptions can compromise patient care — especially in public hospitals serving vulnerable populations.

- Tele-health work-models need oversight: low payment per patient may signal rushed consultation, risk of poor quality, or commercial exploit.
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## **5. Family Planning Campaign**

In Bihar, the state health society launched a 22-day male-sterilisation campaign (non-scalpel vasectomy) from 21 Nov, with outreach & camps for men.

### **Why it matters:**

- Historically in India, female sterilisation has dominated family-planning; male participation remains lower.
  - Encouraging male sterilisation could improve gender equity in family planning and reduce burden on women.
  - Community outreach is key, especially in rural areas where cultural resistance may be high.
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## **6. Overview & Takeaways**

- India is pushing both high-tech (CAR-T, ART services) and broad access (cash-less public hospitals, preventive care) — showing a dual strategy.
- Systemic gaps (doctor shortages, drug supply issues, quality of tele-health) remain significant.
- Preventive healthcare and innovation are policy focuses, but translating policy → implementation is the real challenge.
- Public hospitals expanding scope is positive, but equity, cost, quality will determine impact.