

Ministry of Health & Family Welfare

Initiatives & Achievements-2025

1. Ayushman Bharat:

Ayushman Bharat comprises of four components:

a. Ayushman Arogya Mandir

The first component pertains to creation of 1,50,000 Health and Wellness Centres (AB-HWCs), now renamed as *Ayushman Arogya Mandir*, by upgrading the Sub Health Centres (SHCs) and rural and urban Primary Health Centres (PHCs), in both urban and rural areas, to bring health care closer to the community. These centres aim to provide Comprehensive Primary Health Care (CPHC), by expanding and strengthening the existing Reproductive & Child Health (RCH) and Communicable Diseases services and by including services related to Non-Communicable Diseases (common NCDs such as, Hypertension, Diabetes and three common cancers of Oral, Breast and Cervix) and incrementally adding primary healthcare services for mental health, ENT, Ophthalmology, Oral health, Geriatric and Palliative care and Trauma care as well as health promotion and wellness activities like yoga.

Comprehensive Primary Health Care (CPHC) through Ayushman Arogya Mandir – Ayushman Bharat aims to holistically address health (covering preventive, promotive, curative, rehabilitative and palliative care), at primary, secondary and tertiary level by adopting a continuum of care approach. In the lifetime of an individual, the primary healthcare services cater to 80- 90% of the healthcare needs for improved healthcare outcomes and quality of life of the population.

The Primary Health Care team ensures that community outreach and population enumeration are done for individuals in their catchment area and screened for communicable diseases and non-communicable diseases for early detection and timely referral for accurate diagnosis. The team further ensures that treatment adherence and follow-up care are provided to the patients in the community. The essential health services along with the provisioning of essential medicines and diagnostics are provided closer to the community through these centres, as a step towards building stronger and resilient primary healthcare systems which cater to the healthcare needs of the population.



Achievement and Service Delivery at Ayushman Arogya Mandir:

- As on 30.11.2025, 1,81,873 Ayushman Arogya Mandirs (AAM) have been operationalized with expanded package of 12 services and teleconsultation facilities available with footfall of 494.71 crore and 41.93 crore teleconsultations.
- Till date, 39.50 crore screenings have been done for hypertension and 36.70 crore screenings done for diabetes. Similarly, there have been 32.40 crore screenings for oral cancer, 15.23 crore screenings for cervical cancer in women and more than 8.37 screenings for breast cancer in women.
- Further, as on 30th November, 2025, over 6.54 crore Yoga/wellness Sessions have been conducted in operational Ayushman Arogya Mandir.

b. Ayushman Bharat PM-JAY:

- The second pillar of Ayushman Bharat is the Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY), the largest publicly funded health assurance scheme in the world which provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization.
- Currently, 12 Crore families are covered under the scheme. Many States/UTs implementing AB PM-JAY have further expanded the beneficiary base, at their own cost, for their state/UT scheme.
- Approximately 37 lakhs ASHA, AWWs, and AWH were included under AB PM-JAY scheme from February 2024.
- As of 1st December 2025, approximately 42.48 Crore Ayushman Cards have been created since the inception of the scheme.

- As of 1st December 2025, a total of 10.98 crore hospital admissions amounting to Rs. 1.60 lakh crores have been authorized under the scheme.
- As on 1st December, 2025, a total of 32,574 hospitals including 15,532 private hospitals are empanelled under AB PM-JAY to provide healthcare services to scheme beneficiaries.
- AB PM-JAY has ensured gender equity in access to healthcare services. Women account for approximately 49% of the total Ayushman cards created and approximately 48% of total authorized hospital admissions.
- On 29th October 2024, Prime Minister launched “Ayushman Vay Vandana card” under which all senior citizens of age 70 years and above will be provided all the benefits of AB PM-JAY irrespective of their socio-economic status. It is estimated around 4.5 crore families constituting around 6 crore individuals will be covered through this expansion of AB PM-JAY. 94,19,515 people have already enrolled for Ayushman Vay Vandana Card so far.
- An Android based ‘Ayushman App’ has been launched by National Health Authority wherein self-verification feature for beneficiaries has been enabled. The app has been developed using latest technology and provided different modes of authentication i.e. face-auth, OTP, IRIS, and fingerprint for Ayushman Card creation. This ensures that any mobile device can be used for Ayushman card creation.
- The Ayushman Bharat PM-JAY was expanded to Delhi and Odisha in 2025 after an MoU with the states.

c) Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):

The third pillar is the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission, PM-ABHIM) with an outlay of about Rs. 64,180 Cr. It was launched by Prime Minister on 25th October, 2021, to be implemented during the scheme period from FY 2021-22 to FY 2025-26. This is the largest pan-India scheme for strengthening healthcare infrastructure across the country. The measures under the scheme focus on developing capacities of health systems and institutions across the continuum of care at all levels viz. primary, secondary and tertiary and on preparing health systems in responding effectively to the current and future pandemics/disasters.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission targets to build an IT enabled disease surveillance system by developing a network of surveillance laboratories at block, district, regional and national levels, in Metropolitan areas & strengthening health units at the Points of Entry, for effectively detecting, investigating,

preventing, and combating Public Health Emergencies and Disease Outbreaks.

Increased investments are also targeted to support research on COVID-19 and other infectious diseases, including biomedical research to generate evidence to inform short-term and medium-term response to COVID-19 like pandemics and to develop core capacity to deliver the One Health Approach to prevent, detect, and respond to infectious disease outbreaks in animals and humans.

The budget allocation under this mission is in addition to the National Health Mission (NHM).

Under the CSS components of the scheme, provision has been made for:

The Construction of 17,788 Building less Sub-Centres as Ayushman Arogya Mandir's and 11,024 Health & Wellness Centres in Urban areas with a focus on slum and slum like areas are envisioned under the scheme during the period 2021- 22 to 2025-26. Further, 3382 Block Public Health Units (BPHUs) at the block level, establishment of 730 District Integrated Public Health Labs in the country, wherein each district will have one such lab. All the Districts with more than 5 Lakhs population will have 50 to 100 bedded Critical Care Hospital Blocks and remaining districts will have referral linkages.

The Current status of CSS component: Under the scheme (excluding XV-FC share), total financial allocation for the State/UTs during the scheme period (2021- 2026) is Rs. 34,932.27 Crore. Under the Centrally Sponsored Scheme (CSS) component of PM-ABHIM, administrative approval has been accorded to the States/UTs for an amount of Rs. 32,928.82 Crore for construction/ strengthening of 9519 Sub-Health Centres AAM, 5456 Urban AAM, 2151 Block Public Health Units, 744 Integrated Public Health Labs at District level and 621 Critical Care Blocks (CCBs) so far.

Setting up of 150 bedded Critical Care Hospital Block (CCHB) has been approved in 12 Central Hospitals under PM-ABHIM viz. AIIMS - Bhopal (Madhya Pradesh), Bhubaneswar (Odisha), Jodhpur (Rajasthan), Patna (Bihar), Rishikesh (Uttarakhand), Raipur (Chhattisgarh), IMS-BHU, AIIMS New Delhi, PGI Chandigarh, JIPMER Puducherry, RIMS Imphal and NEIGRIHMS Shillong.

The proposed 150 bedded CCHB includes emergency complex, intermediate care and HDU, isolation-special category Ward, Intensive Care Unit, Isolation Rooms- Burns ICU & HDU, Operation theatre complex, etc. which are at various stages of implementation. Standard Equipment List for 150-Bedded Critical Care Hospital Block (CCHB) under PM-ABHIM has been formulated.

d) Ayushman Bharat Digital Mission-ABDM:

The Ayushman Bharat Digital Mission (ABDM), launched in September 2021, is an initiative of the Government of India aimed at building a citizen-centric interoperable digital health ecosystem. With ABDM, citizens can securely store and access their medical records (e.g., prescriptions, diagnostic reports, discharge summaries) and share them with healthcare providers after their consent. This enables the creation of a longitudinal health history, ensuring continuity of care. Citizens will have access to accurate and verified information about health facilities and service providers. Through these initiatives, ABDM aims to make healthcare more accessible.

The core components of ABDM's technological architecture include four registries for providing a trustable identity across healthcare stakeholders in the ecosystem: Ayushman Bharat Health Account (ABHA) for citizens, Healthcare Professional Registry (HPR), Health Facility Registry (HFR) and the Drug Registry. Additionally, three gateways facilitate seamless healthcare information exchange ensuring interoperability: Health Information Consent Manager (HIE-CM), the National Health Claims Exchange (NHCX), and Unified Health Interface (UHI).

Achievement of ABDM: As on 12th December, 2025

- c.) Ayushman Bharat health accounts created: 83.94 crore
- d.) Healthcare professionals registered under Ayushman Bharat Digital Mission: 7,47,000
- e.) Health facilities registered under ABDM: 4,42,000
- f.) Health Records Linked with ABHA: 79.71 crore.

2. Universal Immunization Program

- As per the National Health Policy, the Full Immunization Coverage (FIC) >90% has been achieved. The National FIC for the period Apr-Oct 2025 is 98.6%.
- **Measles-Rubella (MR) Surveillance:** The “Zero Measles Rubella Campaign” was launched by Hon’ble HFM in April 2025 to achieve the MR Elimination by 2026. There was a reduction of Measles cases by 28% in the period January-October 2025 in comparison to the previous year for the same period.

3. Global recognition of India's TB Mukht Bharat Abhiyan (National TB Elimination Programme)

India's journey towards tuberculosis (TB) elimination has been recognized globally. The progress towards TB elimination as reflected in the Global TB Report 2024 are as under:

- The incidence rate of TB in India has shown a 21% decline from 237 per 100,000 population in 2015 to 187 per 100,000 population in 2024.
- India's commitment to end-TB related deaths has been appreciated and the Global TB Report 2025 documents that TB deaths reduced by 25% from 28 per lakh population in 2015 to 21 per lakh population in 2024.
- Access to TB treatment and coverage in India increased in last nine years, from 53% in 2015 to 92% in 2024.

TB Mukt Bharat – 100 Days Intensified Campaign:

The 100 Days TB Mukt Bharat Abhiyan that was launched on 7th December 2024 in 347 high priority districts across 33 States/UTs was expanded to cover all districts of the country. The campaign implemented using 'Whole of Government Approach' and encapsulated the Whole of Society approach by involving all the stakeholders.

World TB Day 2025: The Hon'ble Union Minister of Health and Family Welfare, Shri Jagat Prakash Nadda, presided over commemoration of the event in New Delhi. He highlighted the country's progress in TB elimination and urged for a united, whole-of-society effort to achieve a TB-Mukt Bharat.

Hon'ble HFM highlighted that India had achieved a 21% decline in TB incidence between 2015 and 2024, nearly double the global average, and that the mortality rate had also significantly decreased. He announced the nationwide expansion of the "India 100 Days TB Elimination Campaign"

A 'Guidance Document on Differentiated TB Care' and a digital 'Coffee Table Book' on the TB Mukt Bharat Abhiyaan were launched at the event. State|UTs were felicitated for their performance during the 100 Day TB Mukt Bharat Abhiyan.



Hon'ble Union Minister of Health & Family Welfare Shri J P Nadda addressing at the World TB Day on 24th March 2025, New Delhi

Encouraged by the success of the 100 Days TB Mukht Bharat Abhiyan across high priority 347 districts, the campaign branded as TB Mukht Bharat Abhiyan was extended to the entire country. The Abhiyan engaged diverse stakeholders for wider dissemination of TB messages for stigma reduction, raising demand for TB services, early detection and motivating vulnerable population to undergo TB screening. The Abhiyan emphasized on Jan Bhagidari (People's participation) at National / State / district level for accelerating TB elimination efforts.

The 360-degree IEC campaign was aligned with clinical intervention to create awareness on 10 symptoms of TB, messages on vulnerable population, nutrition, diagnosis & treatment and prevention. The thematic messages under the TB Mukht Bharat Abhiyaan have reached millions through mass media (television, radio, cinema, and new age social media platforms) and through community-based outreach activities. Few thematic areas focused during 2025 were:

- Multi-faceted approaches to reached diverse stakeholders
- Emphasis on leveraging cost-effective new age digital media to enhance the impact of TB elimination efforts
- Intensified use of Interpersonal Communication (IPC) strategy for stigma reduction
- Outreach activities through Ni-kshay Shivirs/ TB screening camps organised in/around Ayushman Arogya Mandir's.
- Dissemination TB messages in local languages

The line ministries and PSUs actively supported TB Mukht Bharat Abhiyaan by organising screening camps, extending nutritional support to TB affected families, and widely disseminating TB messages.

TB awareness activities were undertaken in educational institutions (schools/colleges) and sensitization activities were carried out for youth platforms such as My Bharat Volunteers, NSS, NCC throughout the country.

Special awareness drives were organized in congregate settings such as Tea Gardens, Industries, Mines, Hostels, Orphanage, Old age homes, prisons, etc to motivate people for TB screening.



Jan Bhagidari activities for TB Mukta Bharat were held with opinion leaders, community influencers, religious organizations and faith-based organizations to elicit support and organize TB awareness activities in temples, churches, gurudwaras, and mosques.

To accelerate TB preventive actions, a **communication campaign focussed on cleanliness & TB prevention** – New creatives on anti-spitting and importance of swachhta for preventing TB were disseminated through social media handles of various line ministries and NTEP State and District handles. These activities were amplified at Railway station, Schools, Panchayats, Cinema Halls, etc

- Inter Sectorial Coordination Meeting with 21 Line Ministries under the chairpersonship of Hon'ble Minister for Health and Family Welfare, Shri J P Nadda held in January 2025.



- During the Monsoon Session of the Parliament in Dec 2025, state-wise re-sensitisation meetings were also held with Members of Parliament from Uttar Pradesh, Maharashtra, Bihar, Rajasthan and Gujarat so far. Meetings with other States have also been scheduled.
- Targeted messaging to enhance awareness, early detection, and community participation in eliminating tuberculosis are being released in the month-long awareness campaign on women's and girls' well-being is also advancing the TB Mukt Bharat agenda.

Participation in special events with line ministries to sensitise the key stakeholders on TB:

1. Pravasi Bhartiya Divas, Odisha with Ministry of External Affairs in January 2025



2. National Youth Festival with Ministry of Youth Affairs and Sports in January 2025 | Delhi.

During the 3-day period the TB Division held several TB sensitisation and awareness activities for the youth coming from all over the country.



3. Swasth Nari Sashakt Parivar Abhiyaan with Ministry of Health and Family Welfare and Ministry of Women and Child Development.

The TB division, actively participated in the campaign by prioritizing TB activities focusing on Women and Child during this period. In addition, the TB division supported the ministry by compiling daily tracking reports on Media Coverage across National and Regional Media, Social Media Coverage and Coverage of On-ground field activities across States|UTs during the campaign period.



Hon'ble Prime Minister, Shri Narendra Modi interacting with the officials at the TB Mukta Bharat stall during the launch of Swasth Nari Sashakt Parivar Abhiyaan, Madhya Pradesh

4. The importance of cleanliness through Jan Bhagidaari

- a. **Collaboration with Swachh Bharat Abhiyan** to increase awareness on TB prevention in crowded places, industries, households and at community level is initiated.



TB MukT Bharat Abhiyan sensitization with Ministry of Jal Shakti, New Delhi

Engagement of TB Survivors for TB MukT Bharat Abhiyaan:

Community engagement is a key strategic pillar of the TB MukT Bharat Abhiyaan (TBMBA) and the National Strategic Plan for TB (2025–27). It aims to ensure person-centred, holistic care while strengthening community-led responses to reach the unreached and accelerate progress towards TB elimination.

Persons affected by TB face not only physical illness but also significant psychological, social, and economic hardships. Stigma surrounding TB often leads to self-stigma and discrimination, compounding the challenges experienced by individuals and their families. Strengthening community engagement is therefore essential for addressing these multi-dimensional barriers and improving health outcomes.

TB survivors who are individuals with lived experience of TB are uniquely positioned to support others through advocacy, awareness building, and peer support. Under the abhiyaan structured mechanisms have been established to identify, empower, and engage TB survivors as TB Vijetas/TB Champions across various levels of service delivery. These interventions include standardized training curricula, models for their engagement at facilities and community levels, formation of peer support groups, and involvement in community advocacy platforms. TB Champions also serve as vital bridges between communities and the programme, conveying needs, challenges, and feedback through platforms such as TB Forums, SHGs, and VHSNCs. Currently, more than 40,000 TB Champions have been trained and engaged nationwide.

1. **TB Notifications:** The overall notification of TB cases has improved by 63% over the last 10 years, from 2014 to 2024. The missing TB cases had reduced from 10 lakhs in 2015 to less than 1 lakh in 2024. India notified 24.2 lakh TB cases in 2022 which was higher than the pre-COVID level of 2019. In 2023, a total of 25.52 lakh and in 2024, 26.18 lakh TB patients have been notified. In 2025 (January to October), 22.64 lakh TB patients have been notified.
2. **Private Sector Notification:** With a focused and targeted engagement with the private sector through interventions like Patient Provider Support Agency (PPSA), gazette notification for mandatory notification of TB cases, incentives for notification of cases and collaborations with professional bodies like IMA, IAP, FOGSI, etc., there has been an increase in private sector notification by more than 5 times over the past 9 years (from 2015 to 2024). In 2022 and 2023, the country was able to notify 7.33 lakh and 8.44 lakh TB cases respectively accounting for 30% and 33% of total notifications. In 2024, 9.50 lakh cases have been notified from private sector (highest ever) contributing to 36% of total notifications. In 2025 (January to October), 7.99 lakhs TB cases have been notified. The innovative private sector models have been global best practices.
3. **Introduction of newer anti-TB drugs – Bedaquiline, Delamanid and Pretomanid:** Shorter, safer oral Bedaquiline-containing MDR-TB regimens have been rolled out pan-India across all states and UTs. These drugs are used in the treatment regimen of MDR-TB in combination of other drugs. These treatment regimens are shorter oral MDR-TB regimen

(9-11 months duration) and longer oral M/XDR-TB regimen (18-20 months duration). In 2024, a total of 55,447 MDR/RR-TB diagnosed and among them 45,674 (82%) patients were initiated on treatment. A total of 29,417 patients were initiated on the longer oral M/XDR-TB regimen (18-20 months) and 16,257 patients were initiated on the shorter MDR/RR-TB regimen (9-11 months). Among the MDR/RR-TB patients initiated on treatment in 2022, 73% were successfully treated. The introduction of shorter oral MDR-TB regimen and longer oral M/XDR-TB has improved treatment success rates of drug-resistant TB patients from 68% in 2021 to 78% in 2023.

Further in September 2024, Union Health Ministry approved introduction of new shorter and more efficacious treatment regimen (BPaLM) for Multi drug-resistant TB in India. BPaLM regimen consisting of four-drug combination – Bedaquiline, Pretomanid, Linezolid and Moxifloxacin, has been proven to be safe, more effective and a quicker treatment option than the previous MDR-TB treatment procedure. This has reduced the treatment duration from 9-12 months to just 6 months for drug-resistant TB. In 2025 (January to October), a total of 14,878 patients have been initiated in this regimen.

4. **TB Treatment Success Rate:** Over the last 9 years, despite one-third of notifications coming from the private sector, the programme was able to sustain a treatment success rate of above 80%. The success rate has increased to 83%, 85.5%, 87.6% and 89% in 2021, 2022, 2023 and 2024 respectively. In 2025 (Jan to Oct), the achievement so far is 90%.
5. **Ni-kshay Poshan Yojana:** Undernutrition is an important risk factor for TB, the Government introduced a scheme of Ni-kshay Poshan Yojana (NPY) in April 2018 for providing Rs 500/month as DBT to support the nutrition of TB patients for the entire duration of treatment. With effect from 1st November 2024, the government has doubled the incentive to TB patients under this initiative, from Rs 500 to Rs 1000 per month per patient, through DBT for the entire duration of treatment. Since April 2018 till 14th Dec 2025, Rs 4,454.68 Cr have been provided to over 1.38 Cr beneficiaries cumulatively.
6. **Active Case Finding:** For reaching out to missing TB patients, the Government has begun systematic active TB case finding in high-risk groups. The programme has proactively conducted house-to-house searches of TB cases among these vulnerable populations. This includes people living with HIV, diabetics, undernourished, residential institutes like prisons, asylums, old age homes, orphanages, tribal areas, and marginalized populations. This activity has resulted in the diagnosis of an additional 4.35 lakh TB cases over past 6 years since 2018.
7. **Infrastructure Scale-Up:** There has been a huge infrastructure scale-up of TB laboratory services. Designated Microscopy Centers (DMCs) have increased by 86% (13583 in 2014 to 25,222 in 2025) over the past 10 years and 9826 new molecular diagnostic laboratories

have been established till now. The number of drug-resistant TB treatment centers has increased from 127 in 2014 to 815 in 2024.

8. **Sub National disease-free certification:** To monitor the trends of the TB Epidemic at the State/UTs/District level, the ministry has introduced a novel initiative of estimating disease burden through a methodology of community-level survey (Inverse sampling methodology) and tracking drug sales data in the private sector and measuring the level of under-reporting to the programme. Through this methodology, State/UTs/District level estimates of TB disease are derived and measured against the baseline of 2015.
9. **Ni-kshay Mitra Initiative:** Nikshay Mitra Initiative was launched by the Honorable President of India on September 9, 2022, with the objectives to provide additional support to TB patients in order to improve treatment outcomes, augment community involvement and leverage Corporate Social Responsibility (CSR) activities. The progress under this initiative as on December 08th, 2025 is as follows:

- Ni-Kshay Mitra registered: 6,90,257
- Ni-Kshay Mitras Agreed: 3,78,545
- Number of patients supported: 20,38,841
- Food Baskets Distributed: 45,76,059

Further, to address the under-nutrition related vulnerability to TB among family members of TB patients, Nikshay Mitra initiative has been expanded recently to include the family members (household contacts).

Achievements

Indicators	2024	2025 (Jan to Oct)
TB Notification (Lakhs)	26.18	22.64
TB Notification- Private Sector (Lakhs)	9.50	7.99
TB Treatment Success Rate	89%	90%
Nikshay Poshan Yojana – DBT (Lakhs) (Beneficiaries paid	17.64	6.65

at least one benefit)		
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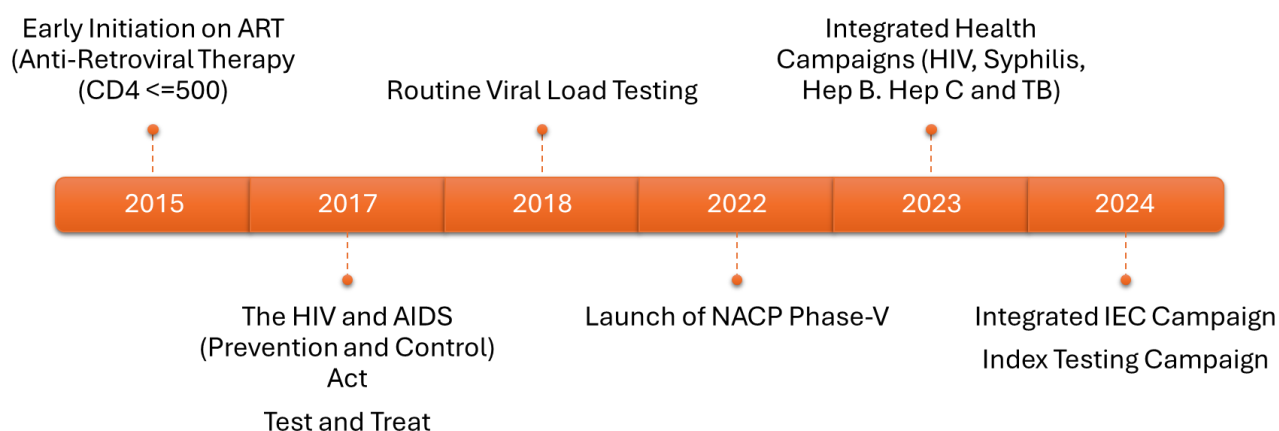
Infrastructure	2025
Designated Microscopy Centres	25,222
Cartridge based Nucleic Acid Amplification Test (CBNAAT/Truenat)	9,826

4. National AIDS and STD Control Programme (Phase-V) :2023-26

The Government of India is currently implementing the phase-V of the National AIDS and STD Control Programme (NACP) as a Central Sector Scheme fully funded by the Government of India from 1st April 2021 to 31st March 2026 with an outlay of Rs 15,471.94 Crore. The NACP phase-V anchors the national AIDS and STD response in the country till 2025-26 towards the attainment of the United Nations' Sustainable Development Goal 3.3 of ending the HIV/AIDS epidemic as a public health threat through a comprehensive package of prevention, detection, and treatment services.

NACP phase-V builds upon the game-changer initiatives undertaken during phase-IV including HIV/AIDS Prevention and Control Act (2017), test and treat Policy, universal viral load testing, Mission Sampark, community-based screening and transition to Dolutegravir-based treatment regimen (Figure 1). NACP phase-V introduces newer strategies consolidating and augmenting the gains to attain the stated goal by 2025-26.

Figure. Twelve years of game changers (2014-2025)



Achievement of NACP: Till October, 2025

- In 2025, around **1.5 crore persons from high-risk and bridge population groups** have been offered prevention services through targeted interventions and Link Worker Schemes in the country.
- As on October 2025, there are 1127 Designated STI/RTI Clinics (DSRC) and 348 Sampoorana Suraksha Kendra operational under the programme. Till October 2025, around **1.04 crore persons were managed for sexually transmitted infections** through Suraksha Clinics under the programme.
- As on October 2025, 4657 Integrated Counselling and Testing Centres are operational under the programme. Overall, **5.29 crore HIV tests** have been conducted till October 2025; this included around **2.08 crore HIV tests of pregnant women**. In 2025, around 2.09 crore Syphilis tests have been done among pregnant women.
- As on October 2025, 838 Anti-retroviral therapy Centres are operational under the programme. there were around **19.15 lakh People Living with HIV on anti-retroviral treatment** (including those in private sector).
- As on October 2025, HIV viral load tests are being done at 77 laboratories. In 2025, around **14.15 lakh viral load tests** have been undertaken till October 2025.
- **Index Testing Campaign** was implemented during April to October 2024, for HIV testing of eligible partners and biological children of HIV-positive individuals. It resulted in identification of 22,074 new HIV positive persons, who were linked to treatment centres.

- **Integrated Health Campaign (IHC):** The Integrated Health Camp was launched in the North-Eastern States following a pilot conducted in Namsai district of Arunachal Pradesh, in February 2023. Based on the positive outcomes of the pilot, the Integrated Health Campaign strategy was subsequently expanded across all States. Since the inception of the IHC, 6.27 lakh individuals have been screened for HIV, of whom 3,600 tested positive, including 666 spouses/partners. Additionally, across 31 States, 2,298 cases were found reactive for syphilis, 1,204 for Hepatitis B, 4,064 for Hepatitis C and 34,537 cases have been found symptomatic for TB as on October 2025.
- The **Intensified IEC Campaign (IIC)**, launched by NACO in 2024, adopted a multi-layered approach to awareness building through village-level meetings, folk performances, school and college outreach, social media engagement, slum interventions and door-to-door activities. Building on success, the second round of the IIC was rolled out nationwide on 12th August 2025 and successfully reached nearly 23.5 million individuals across 100,721 villages, 56,645 schools, and 15,050 colleges.
- Hon'ble Union Health Minister Shri J P Nadda inaugurated the national event of **World AIDS Day 2025** at Vigyan Bhawan, highlighting India's strong progress in HIV control with major declines in new infections, AIDS-related deaths and mother-to-child transmission, surpassing global averages. He reaffirmed commitment to a rights-based, stigma-free response, launched new multimedia campaigns and programme reports, and emphasized India's leadership in supplying affordable medicines worldwide. With expanded testing, treatment and viral load suppression, India is firmly on track to achieve the 95-95-95 targets by 2030, driven by community participation, innovation, and inclusive care.

5. Maternal Health

The Maternal Mortality Ratio (MMR) is defined as the number of maternal deaths during a given time period per 100,000 live births. As per the Special Bulletin on MMR 2021-23, released by the Registrar General of India (RGI), the Maternal Mortality Ratio (MMR) of India stands at 88 / lakh live births.

As per the statistics derived from Sample Registration System (SRS), the country has witnessed a progressive reduction in MMR from 130 per lakh live births in 2014-16, to 88 per lakh live births in 2021-23. India has already accomplished the National Health Policy (NHP) target for MMR of less than 100/lakh live births by 2020. .

Eight states have achieved Sustainable Development Goal (SDG) target including Andhra Pradesh (30), Kerala (30), Tamil Nadu (35), Maharashtra (36), Gujarat (51), Jharkhand

(54), Telangana (59) and Karnataka (68). Further, as per the latest United Nations Maternal Mortality Estimation Inter-Agency Group (UN-MMEIG) Report (2000-2023), India has achieved an 86% reduction in MMR since 1990, which far exceeds the global average of 48%.

The key programmatic interventions to strengthen maternal health are as under:

- i.) **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility to end all preventable maternal and newborn deaths.
- ii.) **Janani Shishu Suraksha Karyakram (JSSK)**, entitles all pregnant woman delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants up to one year of age. During the FY 2024-25, more than 1.97 crore beneficiary were provided the services under JSSK.
- iii.) **Midwifery Initiative** aims to create a pool of Nurse Practitioners in Midwifery skilled in accordance with competencies prescribed by the International Confederation of Midwives (ICM). **Till date, 8 National Midwifery Training Institutes (NMTIs) and 39 State Midwifery Training Institutes (SMTIs)** in the country are providing training for Midwifery Educators and Nurse Practitioner Midwifery.
- iv.) **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** aims to provide fixed-day, free of cost, assured, comprehensive and quality antenatal care on the 9th day of every month, universally to all pregnant women in their 2nd / 3rd trimesters of pregnancy.

Extended PMSMA strategy was launched to ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women and individual HRP tracking till a safe delivery is achieved by means of financial incentivization for the identified high risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit. **Till date, more than 6.85 crore antenatal check-ups have been conducted and 1.03 crore high-risk pregnancies have been identified under PMSMA across States/ UTs.**
- v.) **Janani Suraksha Yojana (JSY)**: JSY is a safe motherhood intervention under the National Health Mission (NHM). Launched with the objective of reducing maternal

and neonatal mortality, the Janani Suraksha Yojana (JSY) promotes institutional delivery among pregnant women especially with weak socio-economic status i.e. women from Scheduled Castes, Scheduled Tribes and BPL households.

6. Comprehensive Abortion Care Program

Comprehensive Abortion Care (CAC) is provided as an important element in the reproductive health component of the RMNCH+A strategy. More than 30,000 Medical Officers (cumulative) have been trained in CAC trainings. Across the country, more than 9000 public health facilities are equipped with Drugs, Equipment, Trained Providers for the provision of safe abortion care services.

This program is governed by the Medical Termination of Pregnancy Act, 1971. The amended MTP Act is a step towards safety and well-being of women and thereby enlarging the ambit and access of women to safe and legal abortion without compromising on safety and quality of care.

7. Child Health

- a) As per the latest report of Sample Registration System (SRS) released by the Registrar General of India (RGI), Under 5 Mortality Ratio (U5MR) of India has declined from 35 per 1000 live births for the year 2019 to 29 per 1000 live births for the year 2023 and Neonatal Mortality Rate (NMR) has declined from 22 (2019) to 19 per 1,000 live births (2023). 13 States/ UTs namely Kerala (8), Tamil Nadu (13), Jammu & Kashmir (15), Delhi (16), Maharashtra (16), Himachal Pradesh (17), Karnataka (17), West Bengal (18), Andhra Pradesh (21), Punjab (22), Telangana (22), Gujarat (23) and Uttarakhand (23) have achieved SDG 2030 Target for U5MR (≤ 25 per 1000 live births by 2030) and 8 States/ UTs have achieved the SDG 2030 target for NMR (≤ 12 by 2030) [Kerala (4), Delhi (9), Tamil Nadu (9), Jammu & Kashmir (10), Maharashtra (11), Himachal Pradesh (11), Karnataka (11) and Punjab (12)].
- b) As per the UN Inter-Agency Group for Child Mortality Estimation (UN IGME) Report released on 25 March 2025, India achieved a 78% decline in the Under-Five Mortality Rate (U5MR) surpassing the global reduction of 61% and 70% decline in the Neonatal Mortality Rate (NMR) compared to 54% globally in during 1990-2023.
- c) **Facility Based Newborn Care (FBNC) program:** 1114 Special Newborn Care Units (SNCUs) at District/ Medical College Level and 3215 Newborn Stabilization Units

(NBSUs) at the level of FRUs/ CHC levels are functional to provide services to sick and small newborns. During the year 2025 (January – November 2025), more than 13.27 lakh sick and small new-born received essential and emergency care in SNCUs/NICUs functional across the country at District Hospitals and Medical Colleges with 84.6% successful discharge rate.

- d) **National Newborn Week** is observed from 15th to 21st November every year to reinforce the importance of newborn health as a key priority area of MoHFW. On this occasion, an event was organized by MoHFW on 14th November 2025 with the theme of "Newborn Safety: Every touch, Every time, Every Baby". To further strengthen the quality of care for newborn following guideline and training modules were released by MoHFW

- Revised FBNC Operational Guidelines 2025
- Training module on Oxygen Support System for Newborns
- Training module on Empowering Mothers and Caregivers in providing Nurturing Care to small and sick newborns in SNCUs/MNCUs/NBSUs

These training modules have been developed to complement the existing FBNC Training Package (2023) and to strengthen the skills, confidence, and knowledge of service providers in delivering quality newborn care at public health facilities.

- e) **Stillbirth Surveillance and Response:** Ministry of Health and Family Welfare (MoHFW) has released operational guidelines on Stillbirth Surveillance and Response in Public Health Facilities on 18 July 2025. This initiative is a critical step towards achieving Sustainable Development Goal (SDG) 3.2, which aims to end preventable deaths of newborns and children under five years of age by 2030. It also aligns with the India Newborn Action Plan (INAP), which sets a national target of reducing the stillbirth rate to less than 10 per 1,000 births by 2030.
- f) **Home Based Newborn Care (HBNC) program:** Under this initiative, ASHAs conduct scheduled home visits (six visits on days 3, 7, 14, 21, 28 & 42nd days after birth) across the country with a focus on promoting essential newborn care, early identification of danger signs and timely referral for neonatal and childhood illnesses. During the period from January - September 2025, a total of 1.11 crore (89%) newborns received scheduled visits by ASHA and out of which 7.94 lakhs (7.1%) newborns were identified as sick and referred to health facility under HBNC programme.
- g) **Home Based Care of Young Child (HBYC):** This program has been rolled-out since April 2018 for promotion of health and nutrition of young children (3 - 15 month) for reducing child morbidity and mortality and for promotion of Early Childhood Development. Under HBYC, ASHA conducts five scheduled home visits for young

children on 3rd, 6th, 9th, 12th and 15th months of the child to improve child-rearing practices. During the FY 2025-26, approval has been accorded for 751 Districts including all Aspirational Districts to implement HBYC across States/UTs.

- h) **STOP Diarrhoea Campaign 2025:** Ministry of Health and Family Welfare (MoHFW) has implemented the “STOP Diarrhoea Campaign 2025, to achieve zero preventable childhood diarrhoeal deaths using the PPT (Prevent, Protect, Treat) strategy. The slogan for the year 2025 is “Diarrhoea ki roktham, safai aur ORS se rakhen apna dhyaan” (prevent diarrhoea through ORS, proper hygiene & sanitation). The STOP Diarrhoea Campaign 2025 was implemented through a convergent approach involving six key departments: Ministry of Health and Family Welfare (MoHFW), Ministry of Women and Child Development (MWCD), Ministry of Drinking Water and Sanitation, Ministry of School Education, Ministry of Rural Development and Ministry of Housing & Urban Affairs. This coordinated effort aims to enhance public awareness about crucial prevention methods, including proper handwashing, access to safe drinking water, and improved sanitation practices along with use of Oral Rehydration Solutions (ORS) and Zinc in treating diarrhoea. The Campaign was designed to impact 12.97 crore under 5 children through distribution of co-packaging of two packets of Oral Rehydration Solution (ORS) with 14 Zinc tablets, and employs a multi-channel approach to raise awareness utilizing audio-visual materials, print media, and local outreach through community events & traditional methods such as wall painting, local folks etc. As per the report received from States/UTs, 10.71 crore of Under 5 children were reached with a coverage of 82.6% for the year 2025.

Rashtriya Bal Swasthya Karyakram (RBSK): Child health screening and early intervention services are provided with an aim to improve the overall quality of life of children through early detection of birth defects, diseases, deficiencies, development delays (4 Ds) and reduce out of pocket expenditure for the families. 451 District Early Intervention Centres (DEICs) and 11,531 Mobile Health Teams (MHTs) are operational in the States/UTs for providing therapeutic management of cases referred and to also link the children with tertiary level health services in case surgical management is required.

In the RBSK stall at India International Trade Fair (IITF during 14th – 27th November 2025), 2539 children till 18 years of age were screened for 4 D's (Defect, Developmental Delay, Deficiency and Diseases). These children were also screened for Height, Weight, BMI, Vision, Dental, Ear, Pediatric NCD and Blood Pressure. The

identified children with any health issue were further referred to nearby public health facility / DEICs for appropriate management.

8. Nutrition

- **Mothers' Absolute Affection (MAA)** to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by age-appropriate complementary feeding practices through capacity building of frontline health workers and comprehensive IEC campaigns during World Breastfeeding Week , awareness through Poshan Pakhwada and Poshan Maah in convergence with MWCD.
- **National Deworming Day (NDD): Under NDD**, albendazole tablets are administered in a single fixed day approach via schools and anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years). In the year 2025 (February round) 17.9 crore children (1-19 years) were covered in first round of National Deworming Day 2025, with a coverage of >90% against the State target.
- **Nutrition Rehabilitation Centres (NRCs):** There are 1198 Nutrition Rehabilitation Centres (NRCs) operational across the country in 31 States/UTs. In FY 2025-26 (April-September), total 1.22 lakh children are admitted in these NRCs.
- **Lactation Management Centres (LMCs):** As of FY 2025-26 (April - September) 72 Comprehensive Lactation Management Centres (CLMCs) and 74 Lactation Management Units (LMUs) are functional.
- **Anemia Mukht Bharat (AMB) programme**

The progress for the FY 2025-26 (up to Q2) is as follows:

- >95% pregnant women and around 70% percent lactating women were provided 180 IFA Red tablets during ANC and PNC respectively.
- In addition children aged 6-59 months , 5-9 years and adolescents 10-19 years are also covered.

9. Adolescent Health

- **Adolescent Friendly Health Centres (AFHCs):** Adolescent Friendly Health Centres (AFHCs) act as the first level of contact of primary health care services with adolescents. The primary aim is provision of counselling and clinical services to the

visiting adolescent client. 77.27 lakh adolescents registered at Adolescent Friendly Health Centres (AFHCs) in FY 2025-26 till September '25.

- **Weekly Iron Folic Acid Supplementation (WIFS)** entails provision of weekly supervised IFA tablets to in-school boys and girls and out-of-school girls for prevention of iron and folic acid deficiency. >68% adolescents had been provided Weekly Iron Folic Acid Supplementation (WIFS) every month in FY 2024-25 till September '25.
- **Scheme for Promotion of Menstrual Hygiene among Adolescent Girls:** In the age group of 10-19 years with specific reference to ensuring health for adolescent girls. The scheme aims to ensure that adolescent girls have adequate knowledge and information about menstrual hygiene, use of sanitary napkins and environmentally safe disposal mechanism. It also aims to ensure that high- quality and safe products are made available to them.
- **Menstrual Hygiene Policy for School Going Girls:** In November 2024, the Menstrual Hygiene Policy for school-going girls has been approved by the Government. This policy was developed following extensive consultations with multiple stakeholder ministries, all states and union territories, and other stakeholders, ensuring a comprehensive and inclusive approach. The policy aims to ensure that school-going girls in government and government-aided schools have access to safe and low-cost menstrual hygiene products, gender-responsive sanitation facilities, and accurate information to manage menstruation hygienically and confidently. By integrating menstrual hygiene education into school curriculum and promoting sustainable waste management practices, the policy seeks to create a supportive environment that reduces stigma and empowers girls to participate fully in their education. The policy aims to improve the health, well-being, and educational participation of school-going girls, fostering an environment where they can manage menstruation with dignity and confidence.
- **Peer Education program:** aims to ensure that adolescents are benefitted from regular and sustained peer education covering nutrition, sexual and reproductive health, conditions for non-communicable diseases (NCDs), substance misuse, injuries and violence (including gender-based violence) and mental health. Selection of target PEs completed and 60% PEs received training in FY 2025-26 (till Sept '25). Total 1.40 lakh Adolescent Health and Wellness Days (AH&WDs) were held during FY 2025-26 till Sept 2025.

- **Ayushman Bharat School Health and Wellness:**

- School Health & Wellness Programme (launched in February 2020) is being implemented in government and government aided schools in Districts (including most of the Aspirational Districts) of the country in the first phase of the implementation.

Two teachers, preferably one male and one female, in every school, designated as “Health and Wellness Ambassadors” (HWAs) shall be trained to transact health promotion and disease prevention information on 11 thematic areas in the form of interesting joyful activities for one hour every week. School Health & Wellness Programme (SH&WP) reached to 539 districts in 35 States/ UTs. Around 12.09 lakh Health and Wellness Ambassadors (HWAs) trained up to September ’25.

10. Family Planning

India was the first country in the world to launch a National program for Family Planning way back in 1952.

In alignment with National Population Policy 2000 and National Health Policy 2017, the program focuses on voluntary adoption of family planning services, with programmatic interventions addressing critical concerns of healthy timing and spacing of pregnancies for health and well-being of the mother and child. A Continuum of Care integrated approach across maternal, child, and adolescent health is supported with various IEC and awareness activities to safeguard health of the mother and child.

The performance of Family Planning services in FY 2025-26 (upto October 2025)

- Total Sterilization: 11.70 Lakhs
- Post-partum IUCD (PPIUCD): 21.45 Lakhs
- PPIUCD acceptance rate (%) in public health facilities: 30.17 %
- Contraceptive Injectable MPA (Antara Program): 29.35 lakh doses have been administered.
- Centchroman (Chhaya): 1.06 Crore strips of Centchroman (Chhaya) have been distributed.

The Government is implementing various schemes under Family Planning Programme across the country. The details are given below -

- **Expanded Contraceptive Choices** comprise of Condoms, Combined Oral

Contraceptive Pill (OCP), Emergency Contraceptive Pills (ECP), Intra-Uterine Contraceptive Device (IUCD) and Sterilization, are provided to the beneficiaries. For increasing Male participation in the programme, Vasectomy Fortnight, is observed every year. The contraceptive basket has also been expanded with new contraceptives, namely Injectable Contraceptive MPA (Antara Programme) and Centchroman (Chhaya).

- **Mission Parivar Vikas** was launched in 2016 for substantially increasing access to family planning services in 146 high fertility districts with Total Fertility Rate (TFR) of 3.0 and above in seven high focus States (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam). In November 2021, the Scheme was extended to remaining districts of the seven high focus States and all districts of six North Eastern States (Arunachal Pradesh, Manipur, Meghalaya, Tripura, Nagaland and Mizoram), where the modern contraceptive usage was low and unmet need for Family Planning was high.
- **Compensation scheme for sterilization acceptors** is provided to beneficiaries to compensate for the loss of wages incurred.
- **Post-Pregnancy Contraception** in the form of Post-Partum Intra-Uterine Contraceptive Device (PPIUCD), Post Abortion Intra-Uterine Contraceptive Device (PAIUCD), and Post-Partum Sterilization (PPS) is provided to beneficiaries.
- **World Population Day Campaign** was observed from 11th to 18th July 2025. The theme for the campaign is “Healthy Timing & Spacing between Pregnancies for Planned Parenthood”. Campaign was carried out to identify high delivery pockets with concentrated efforts on delivering family planning services ensuring that these services reach the last mile and was supported with a comprehensive IEC campaign to create awareness about the same.
- Under **Home Delivery of Contraceptives Scheme**, contraceptives are delivered at the doorstep of beneficiaries by ASHAs.
- **Family Planning Logistics Management Information System (FP-LMIS)** is in place for the management of family planning commodities at all levels of health facilities.

11. Pre-Conception and Pre-Natal Diagnostic Techniques (PC & PNDT):

- As per the cumulative Quarterly Progress Report (QPR) of June, 2025, **98,595** diagnostic facilities including Genetic Counselling Centres, Genetic Laboratories, Genetic Clinics, Ultrasound Clinics and Imaging Centres have been registered under the PC&PNDT Act: **1,052 Genetic Counselling Centre (GCC)**, **521 Genetic Laboratories (GL)**, **4,005 Genetic Clinic (GC)**, **80,920 Ultrasound Clinic/Imaging Centre (USC/IC)**, **8,078 Jointly as Genetic Counselling Centres/Gen. Labs./Gen. Clinics (JAGCC/GL/GC)**, **247 Mobile Clinics**, and **3,772 Other bodies/IVF Centres/Infertility Centres**.
- Ministry, through its Nodal Agency monitors online advertisements promoting sex selection/determination and seeks further compliance from search engines by removing such content.
- A National-level Sensitization Meeting was organized on 6th October 2025, at New Delhi with participation of State and Union Territories, Central Ministries & Departments, digital intermediaries, domain experts, and professional associations with deliberations on the evolving challenges posed by technology.
- To promote gender equality with theme of “जब लड़का लड़की है बराबर, तो पूछना क्यों?” IEC material including posters (on PC&PNDT Act, regulation of online violations), radio jingle, TVC’s were developed & disseminated with States/UTs.
- Online mechanism of record maintenance and registration established in 22 States/UTs (Andhra Pradesh, Assam, Bihar, Chhattisgarh, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Meghalaya, Odisha, Rajasthan, Punjab, Telangana, Tripura, Uttar Pradesh, D. & N. Haveli and Delhi).

12. National Health Mission:

1. **National Quality Assurance Standards** is a comprehensive framework established by the Ministry of Health and Family Welfare, Government of India, aimed at ensuring and enhancing the quality of healthcare services provided at public health facilities. NQAS are designed to instill a culture of continuous quality improvement, ensuring services are patient-centric, efficient, and effective.

Virtual NQAS assessment of AAM-SC has been launched by Ministry of Health Welfare on 28th June 2024 to expedite the certification of AAM-SC which makes up to 75% of the Public Health Facilities in India. 10% onsite-assessment for physical verification will also be done.

As on 30th November 2025, 45,577 Public Health Facilities are NQAS Certified in India. A total of 9,617 AAM-SCs have been virtually certified till 30th November, 2025.

2. The **Indian Public Health Standards (IPHS)** are essential benchmarks that ensure the delivery of minimum essential services through public healthcare facilities, including District Hospitals, Sub-District Hospitals, Community Health Centers, Primary Health Centers, and Sub Health Centre. Indian Public Health standards developed in 2007 and revised in 2012 and 2022, these standards align with recent public health initiatives and are fundamental to our healthcare system.

The Ministry of Health and Family Welfare (MoHFW) has been actively implementing the IPHS 2022 guidelines to provide uniform, high-quality health services across all states. Implementing IPHS is vital for improving healthcare delivery nationwide and ensuring all citizens access essential minimum standards of health services. Further, Ministry of Health and Family Welfare has launched an open-source toolkit (ODK) and a dashboard under Indian Public Health Standards on 28th June 2024 that will aid the national, state and district health facilities in quickly monitoring compliance with respect to Indian Public Health Standards and enable action accordingly. It is an android based application to assist the facilities with gap assessment. Accessible via www.iphs.mohfw.gov.in, the dashboard provides comprehensive data on various health facilities' assessment and compliance status.

As on 30th November, 2025, 100% of public health facilities have carried out self-assessment for IPHS. Among total assessed facilities, 61 % of health facilities have scored IPHS Compliance score above 50%.

3. **Swasth Nari, Sashakt Parivar Abhiyaan**

The Ministry of Health & Family Welfare and Ministry of Women & Child development had jointly launched the “Swasth Nari, Sashakt Parivar Abhiyaan” in convergence with the 8th Rashtriya Poshan Maah. Screening and Specialist Camps, were organized at Ayushman Arogya Mandirs (AAMs), Community Health Centres (CHCs) and District Hospitals (DH) with the active participation of Medical Colleges, Central Government Institutions and Private Organizations across the country from 17th September to 2nd October 2025, with a focused approach to address the specific healthcare needs of women and children. The campaign reinforced the government’s vision of a Healthy, Empowered and Viksit Bharat by 2047.

During the campaign, over 19 lakh health camps were organized, registering a massive footfall of nearly 11 crores citizens nationwide. Over 1.78 crore citizens were screened for hypertension, 1.72 crore screened for diabetes, more than 37 lakh women were screened for breast cancer and over 19 lakhs women screened for cervical cancer. Also, more than 62.60

lakh antenatal check-ups were done, with over 1.43 crore children receiving life-saving vaccines. More than 1.51 crore people were screened for anaemia and over 85 lakh citizens were screened for TB with more than 2 lakh Nik-shay mitra registered during the campaign. Also, more than 10.23 lakh people were screened for Sickle Cell Disease and more than 2 crore people were counselled on various health programmes, including menstrual hygiene and nutrition.

4. National Sickle Cell Anaemia Elimination Mission (NSCAEM)

To eliminate sickle cell disease, National Sickle Cell Anaemia Elimination Mission (NSCAEM) has been launched by Government of India on 1st July, 2023. The objectives of the Mission are provision of affordable, accessible and quality care to all Sickle Cell Diseased patients. As on 30.11.2025, a total of 6.57 crore screenings have been conducted, resulting in the distribution of over 3.71 crore cards. Hydroxyurea has been included in the Essential Medicine List up to the Sub- Centre level. Additionally, Centres of Excellence for Sickle Cell Disease are being established with support from the Ministry of Tribal Affairs, and 30 Point-of-Care Tests (PoCTs) and 5 non RDT have been validated by ICMR.

13. National Urban Health Mission (NUHM)

National Urban Health Mission (NUHM) was approved on 1st May 2013 as a sub-mission under the overarching National Health Mission (NHM) for providing equitable and quality primary health care services to the urban population with special focus on the slum and vulnerable population. States have the flexibility regarding implementation of NUHM through their State Health Department and/or Urban Local Bodies (ULBs) and is currently implemented in 35 States/UTs (except Lakshadweep). NUHM cover cities/towns with population above 50,000 and State & District HQs above 30,000 population and establishes AAM-USHCs in urban areas with 15,000-20,000 population. Currently, 1377 cities/towns are covered under NUHM, as on 30 June 2025 Quarterly NHM MIS Report.

Under NUHM, the existing Urban Primary Health Centres are upgraded to Ayushman Arogya Mandirs as AAM-UPHCs to deliver twelve packages of Comprehensive Primary Health Care (CPHC) that includes preventive, promotive, curative, palliative and rehabilitative services universal, free and close to the community. Further AAM-Urban Sub Health Centres (AAM-USHCs) are operationalised under XV Finance Commission Health Grants and PM-ABHIM to decentralize primary healthcare services. The AAM-USHCs are

expected to increase its reach in the urban areas and cover the vulnerable and marginalized population by acting as satellite centres to AAM-UPHCs. 98% of AAM-UPHCs and 92% AAM-USHCs are operational against total proposed, as per AAM portal data on 17 Dec 2025.

Physical Progress:

The programme is being implemented in the 35 States/UTs for more than 10 years and has helped in augmentation of infrastructure and human resources dedicated towards urban areas. The progress reported by the States/UT as on 30 June 2025 Quarterly NHM MIS Report is as follows:

(i) Progress under infrastructure

- 245 UHCs are functional
- 1373 Polyclinics are functional (as on 30 Sept 2025)
- 5457 UPHCs upgraded as Ayushman Arogya Mandir-UPHCs (as on 17 Dec 2025)
- 8636 AAM-USHCs are operationalized as per AAM portal (as on 17 Dec 2025)

(ii) Progress in HR under NUHM

- 7365 Medical Officers in-position
- 407 Specialists in-position
- 11106 Staff Nurse in-position
- 27497 ANMs in position
- 4339 Pharmacist in-position
- 4036 Lab Technician in-position
- 519 Public Health Managers in-position
- 1776 Programme Management staff in position at State/District/City level

(iii) Progress under Community Process

- 93554 ASHAs are in position
- 80566 Mahila Arogya Samiti (MAS) are formed

(iv) Quality Assurance

- NUHM further strives to improve the quality-of-service delivery in Urban Facilities through implementation of National Quality Assurance Standards (NQAS) and Kayakalp. As on 31 October 2025, about 869 UPHCs have been quality certified at the National level and 317 UPHCs are certified at State level, as per State reported data.

Service Delivery progress:

As part of Ayushman Bharat, the urban AAM facilities are being strengthened to provide preventive, promotive and curative services in cities closer to the communities. As per AAM portal data about 69 crore people have availed services at AAM-UPHCs and AAM-USHCs (cumulatively, as on 17 Dec 2025).

National Workshops and Consultations:

- **NUHM Technical Consultation** was held under the chairmanship of Ms. Aradhana Patnaik, Additional Secretary & Mission Director (NHM), with urban health experts and officials from the NUHM Division and NHSRC on 12 August 2025 at NHSRC, MoHFW. The consultation covered four thematic areas—service delivery and access, governance and municipal integration, community engagement, and technology for urban health strengthening—and emphasised the need for locally responsive and inclusive strategies to improve service availability and accessibility in peri-urban and urban areas, with strengthened resource planning and capacity-building mechanisms.
- A two-day **National Workshop on Strengthening Cancer Care and Urban Health** was held on 27th and 28th November at Sushma Swaraj Bhawan, New Delhi. The workshop was inaugurated by Ms. Punya Salila Srivastava, Secretary (Health & Family Welfare), and witnessed participation from Principal Secretaries, Mission Directors (NHM), senior officials, and State/UT Nodal Officers working in urban health and NCDs.
- Day two of the workshop focused on the urban health agenda under the NUHM. AS&MD (NHM), Ms. Aradhana Pattnaik, emphasised the importance of adopting integrated and city-specific strategies for strengthening urban health systems. Mr. Saurabh Jain, JS (Policy), MoHFW, presented the revised draft NUHM framework aimed to accelerate progress towards Universal Health Coverage by providing affordable, equitable and quality comprehensive primary and secondary healthcare and emphasizing on preventive, promotive health and continuum of care to all sections of the urban population, with a focus on vulnerable population in both slum and non-slum areas. Discussions highlighted key priorities for enhancing urban health ecosystem, deepening convergence between Urban Local Bodies and State Health Departments and roadmap for strengthening urban health services under revised NUHM Implementation Framework.

14. eHealth

- Ministry of Health and Family Welfare, Government of India recognizes the potential of digital health in transforming healthcare delivery and implementing effective monitoring and evaluation platforms and promoting digital health i.e. use of Information & Communication Technology in the direction of "reaching services to citizens" and "citizen empowerment through information dissemination" to bring about significant improvements in the public healthcare delivery.
- To create a national digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner, that provides a wide range of data, information and infrastructure services, duly leveraging open, interoperable, standards-based digital systems, and ensures the security, confidentiality and privacy of health-related personal information.
- **eSanjeevani:** eSanjeevani, the National Telemedicine Service of India, is a pioneering initiative of the Ministry of Health and Family Welfare (MoHFW), Government of India, developed and implemented by the Centre for Development of Advanced Computing (C-DAC). This indigenously built, cloud-based digital health platform has revolutionized the way healthcare is delivered across the nation by bridging the urban–rural divide and bringing medical services directly to citizens’ doorsteps. Recognized as the world’s largest telemedicine network in primary healthcare, eSanjeevani reflects the vision of Digital India and the Government’s commitment to “Healthcare for All.” By enabling remote consultations between patients and healthcare professionals, it has transformed the accessibility, affordability, and efficiency of healthcare delivery in India. eSanjeevani operates in two key modes, each addressing distinct healthcare needs:
 - i) eSanjeevani AB-AAM, a provider-to-provider model connecting Ayushman Arogya Mandirs with specialist hubs at district hospitals and medical colleges; and
 - ii) eSanjeevani OPD, a patient-to-provider service enabling citizens to consult doctors remotely from their homes using mobile or web-based platforms.

As of 17th December 2025, eSanjeevani has emerged as a beacon of hope and health, providing free of cost consultations to over 432 million patients across the nation. The service is operational through a vast network of 136,571 health facilities (spokes), supported by 18,176 hubs and 781 online OPDs, ensuring seamless access to quality healthcare. Over 2.31 lakh healthcare providers, including doctors, specialists, super-specialists, and frontline health workers, are actively using the platform to deliver

consultations. The services are operational across all 28 states and 8 Union Territories of India. The web application currently supports 13 languages: English, Hindi, Kannada, Tamil, Malayalam, Telugu, Marathi, Gujarati, Assamese, Odia, Bengali, Punjabi, and Urdu, while the mobile application supports 12 languages: English, Hindi, Kannada, Tamil, Malayalam, Telugu, Marathi, Gujarati, Assamese, Odia, Bengali, and Punjabi, thus ensuring consistent and seamless accessibility for users, further enhancing inclusivity for diverse communities. Notably, 57% of its beneficiaries are women, underscoring its crucial role in promoting gender-inclusive healthcare access. Additionally, 14% of users are senior citizens, reflecting the platform's effectiveness in reaching and supporting vulnerable populations.

The platform's scalable cloud architecture enables it to handle up to one million consultations per day while maintaining stringent data security and patient privacy standards. This robust digital backbone ensures uninterrupted access to healthcare, even during peak demand periods.

Owing to its success, scalability, and societal impact, the Ministry of Electronics and Information Technology (MeitY) has included eSanjeevani as part of the India Stack — positioning it as a Digital Public Good and a global model for telemedicine. The initiative exemplifies India's leadership in digital health innovation and demonstrates how technology can democratize healthcare access at a population scale.

eSanjeevani stands as a transformative catalyst in India's healthcare ecosystem, redefining how citizens access medical care. By delivering affordable, accessible, and equitable digital healthcare, the platform aligns with national priorities and the Sustainable Development Goals (SDGs), strengthening the foundation of India's digital health infrastructure and setting new benchmarks globally in technology-driven public health delivery.



432,788,029
Patients Served



630,315
Patients Served
(max.) in one day



230,215
Providers & Practitioners
Onboarded



136,571
AAMs Operational



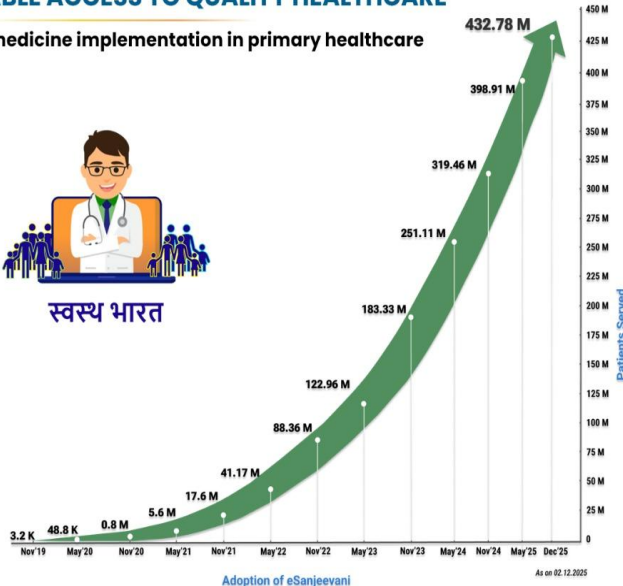
18,176
Hubs Operational



774
Online OPDs Hosted



स्वस्थ भारत



- Artificial Intelligence (AI)** - The Ministry of Health and Family Welfare has launched a comprehensive AI-driven healthcare reform to strengthen India's public health system. Central to this initiative is establishment of three Centres of Excellence for AI in Healthcare at AIIMS Delhi, PGIMER Chandigarh, and AIIMS Rishikesh. A collaborative ecosystem has been developed with key organizations, such as the Central Tuberculosis Division, National Centre for Disease Control, CDAC-Mohali, ICMR, MeitY, Ministry of Higher Education, and Indian Institute of Science. Further technical support is provided by Wadhwani Institute of Artificial Intelligence.

These efforts have led to successful implementation of AI tools such as the Clinical Decision Support System (CDSS) integrated with e-Sanjeevani, a Media Disease Surveillance tool under Integrated Disease Surveillance Programme, and AI-based diabetic retinopathy screening. To support the fight against tuberculosis, various AI tools have been introduced. These AI solutions have delivered measurable impact.

The CDSS AI solution has been implemented pan India integrated into national telemedicine platform, e-Sanjeevani. As of December 2025, it has assisted the team of 2 lakh doctors, specialists benefiting 26 Crore telemedicine consultations with standardized data.

Media based Disease Surveillance (MDS) has supported event-based surveillance with more than 6000 AI assisted media alerts published, contributing to timely prevention and mitigation of disease outbreaks.

MadhuNetrAI, a Diabetic Retinopathy screening solution is implemented across 38 facilities in 11 states and utilized in screening of more than 7100 patients.

‘Cough against TB’ AI solution is used for screening for pulmonary TB in the community settings with screening of more than 1.62 lakh individuals contributing to timely detection.

TB Vulnerability Mapping has improved case detection 2–3 times across several states. The Prevention of Adverse TB Outcomes (PATO) algorithm, integrated into Ni-kshay, has enrolled 2.5 lakh patients. Automated line probe assays (LPA) now accelerate and standardize results for drug-resistant TB. Development of AI-based screening tools for oral cancers, skin, and other eye conditions is also in progress to expand access to preventive care nationwide.

- **National Resource Centre for EHR Standards (NRCeS):**

To accelerate the adoption of notified Electronic Health Record (EHR) standards and ensure interoperability across India’s healthcare ecosystem, the Ministry of Health &



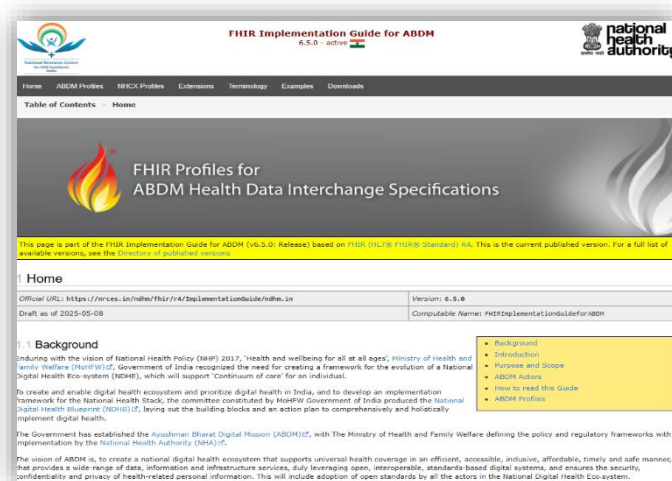
**National Resource Centre
for EHR Standards**

Family Welfare (MoHFW) established the National Resource Centre for EHR Standards (NRCeS) at the Centre for Development of Advanced Computing (C-DAC), Pune. As a Centre of Excellence, NRCeS builds awareness, develops tools, and offers technical support to healthcare providers, tech vendors, and policymakers. To date, NRCeS has trained over 26,000 professionals through workshops, webinars, and expert talks. Its free tools have seen 11,000+ downloads and enabled standards integration in 2,000+ healthcare apps. It has also issued 1,247 SNOMED CT licenses to promote standardized clinical terminology. NRCeS under the aegis of MoHFW, has spearheaded the development of an Information Security Policy (ISP) for Healthcare and associated protocols to safeguard sensitive health data. *This policy is compliant to the latest ISO 27001:2022 standards, and integrates the guidelines issued by MeitY, Cert-In, IT Act 2000, DPDP Act 2023 & DRAFT DPDP Rules 2025, etc.*



NRCeS Services

NRCeS has directly supported flagship initiatives such as the Ayushman Bharat Digital Mission (ABDM) and National Health Claim Exchange (NHCE) through the creation of ABDM FHIR implementation guides, Java and .NET libraries, and integration support.



FHIR Implementation Guide for ABDM

The Common Drug Codes for India (CDCI) developed covers 9600+ generic drugs and 86,500+ branded formulations and is envisaged to be integrated with the ABDM drug registry. NRCeS has also localized and customized the standards, including AYUSH Terminology, Patient Instruction Set, reference sets, etc., to cater to the requirements of the diverse healthcare landscape of India. Under the aegis of MoHFW, NRCeS has developed the Information Security Policy (ISP) for India's healthcare sector to provide a structured and practical approach to managing information security.

Multiple FOSS SDKs/tools for the integration of Digital Health Standards such as SNOMED CT, HL7, DICOM, LOINC, etc., are developed and made available. NRCeS also represents MoHFW in national and international standard development organizations and provides expert assistance to



C-DAC's
Medical Informatics
SDK and Toolkit Stack
 HL7 · DICOM · CCD · SNOMED CT · LOINC

Toolkits & SDKs for integration of Digital Health Standards

polycymaking related to healthcare IT. NRCeS is contributing to strengthening patient safety, improving care coordination, and laying the foundation for innovation and analytics in India's digital health ecosystem by supporting healthcare implementors in building interoperable and secure health IT solutions.

- **Hospital Management Information System (HMIS):** The Hospital Management Information System (HMIS) is a set of integrated components, processes and modules organized with an objective of generating information in order to improve healthcare management decisions at all levels of the health systems through the NextGen eHospital platform. All the States/UTs are being provided financial assistance for implementation of HMIS application implementation, which includes various applications like eHospital, eSushrut, eUpchaar, GHMIS, IHMS etc. The core module implemented in NextGen eHospital platform are OPD/IPD management, patient registration, billing, pharmacy, Lab Information System, Store Inventory, OT module, Radiology Information System, Laundry, Dietary, emergency along with e-Prescription, discharge & follow-up, queue management, Ambulance, etc. The eHospital and its latest version NextGen, which is based on micro services architecture is provided free of cost by MoHFW to Central and State Government Hospitals & Primary Health Centres/Community Health Centres.

The Ministry of Health and Family Welfare along with NIC has developed NextGen eHospital system, which is a free of cost cloud-based, microservices-driven Hospital Management Information System (HMIS) designed to modernize hospital operations and provide patient-centric digital healthcare. It has been designed in alignment with nationally/internationally recognized healthcare data and process standards to ensure seamless interoperability across healthcare providers. It adheres to ABDM standards, including HL7, SNOMED-CT, and FHIR, enabling standardized data exchange between hospitals, labs, and government health registries.

During the year 2025–26, major progress was achieved through the migration of all core components to NGC 2.0 cloud infrastructure, enhancing scalability, security, and performance. 3,110 health facilities across Central and State Government hospitals have been onboarded, including medical colleges, district hospitals, Community Health Centres and Primari Health Centres. Usage has reached significant scale with 5 lakh OPD registrations in a single day, over 1 Crore IPD registration and over 1.6 Crore ePrescriptions generated to date. The platform now features centralized analytics, role-based dashboards, and data-driven insights to support informed decision-making and improve service delivery. NextGen eHospital has also been implemented in 42 Central Armed Police Forces hospitals of the Ministry of Home Affairs across the country.

ORS is developed under the Digital India initiative is the patient interface of the e-Hospital and is accessible over the Internet at (<https://ors.gov.in>). Online Registration System (ORS) is a framework to link various hospitals across the country for online registration and appointment system where counter based OPD registration and appointment system through Hospital Management Information System (HMIS) has been digitalized.

15. Medical Education

- Medical education has grown significantly over the last decade. There has been a **111.36% increase in medical colleges from 387 in 2014 to 818 (455 govt. colleges & 363 are private) in 2025**. MBBS seats have increased by **151% from 51,348 before 2014 to 1,28,875 currently**, while PG seats have risen by **157.46% from 31,185 before 2014 to 80,291 currently**.
- Further, on 24.09.2025, the Cabinet has approved the extension of the CSS for Strengthening and Upgradation of existing State Government/ Central Government Medical Colleges/ Standalone PG Institutes/ Government Hospitals for increasing 5,000 PG seats and extension of the CSS for upgradation of existing government medical colleges for increasing 5,023 MBBS seats with an enhanced cost ceiling of Rs. 1.50 crore per seat.
- Ministry is administering three Centrally Sponsored Schemes (CSS) to bolster the number of colleges and seats in the Government Medical Colleges across the country. Details are as follows :

- i. **CSS for Establishing 157 new medical colleges attached with existing District/Referral govt. Hospitals:** As of now, 137 medical colleges are functional, having contributed to about 14,600 MBBS seats. The remaining 20 medical colleges are at different stages of construction and are expected to become operational soon.
Out of the 157 approved medical colleges, 40 are in aspirational districts and 38 are in tribal districts.
 - ii. **CSS for Strengthening and up-gradation of Central/ State Government medical colleges:** With a vision to create 10000 MBBS seats in Government Medical Colleges (GMC), 83 government colleges in 17 states have been approved for an increase of 4,977 MBBS seats with a total cost of ₹5,972.20 crores.
 - iii. **CSS for upgradation of existing Government Medical Colleges to increase PG seats:** Phase-I covered 72 colleges in 21 States/UTs for 4,058 PG seats, with the entire central share of ₹1,063.01 crore released. Phase-II aims to create an additional 4,000 PG seats across 65 colleges in 10 states at a total cost of ₹4,478.25 crores. Against a central share of ₹2,711.41 crores, ₹1,249.49 crores have been released.
- The National Medical Commission is an apex statutory body, constituted by an act of parliament to regulate and oversee medical education in the country. In exercise of the power conferred under Section 57 of the said act, the NMC has framed a total of 22 regulations, including subsequent amendments, to ensure quality, transparency, and uniformity in medical education and practice.
 - The NMC has recently issued the Medical Institutions (Qualification of Faculty) Regulations to strengthen and standardize the criteria for faculty recruitment and qualification across medical institutions in the country, thereby establishing uniform and transparent standards for academic staffing.

NURSING EDUCATION:

- **Establishment of 157 new Nursing Colleges in co-location with existing 157 Medical Colleges:** Under the Centrally Sponsored Scheme (CSS) for *Augmenting*

Nursing Education – Establishment of 157 New Colleges of Nursing (CoN) in Co-location with Medical Colleges, 157 new Nursing Colleges are being established in the country. The step will add approximately 15,700 nursing graduates every year. This will further ensure quality, affordable and equitable nursing education in India, particularly in underserved Districts.

- **National Nursing and Midwifery Commission Act:** To align Indian nursing education and practice with global standards, the National Nursing and Midwifery Commission Act (NNMC) was enacted in August 2023, which has replaced the Indian Nursing Council Act of 1947.
- **Seats Enhancement:** Since 2014, there has been 76.96% increase in B.Sc. Nursing seats (64,032 seats increase) and 46.92% increase in M.Sc. Nursing seats (50,60 seats inc.). As of now, the total seats for in B.Sc Nursing and M.Sc. Nursing stand at 1,47,224 and 15,844 respectively.

DENTAL EDUCATION

- **National Dental Commission Act (NDC):** To revamp the dental education and profession in the country and bring it at par with global standards, National Dental Commission Act (NDC) was enacted in August 2023. The Act aims to regulate the profession of dentistry in the country, provide quality and affordable dental education, ensure accessibility to high-quality oral healthcare, and address matters connected therewith or incidental thereto. Further, the **National Dental Commission Rules, 2024** have also been notified in the e-Gazette.

The process for the **constitution of the National Dental Commission** is currently underway. Once constituted, the Commission will replace the **Dental Council of India**, which was established in 1948, and the **Dentists Act, 1948** will stand repealed.

- **Dental Seats Increase:** The total number of BDS seats now stands at **28,016** and MDS seats at **7,360** across recognized dental institutions in the country. Over the last ten years, 2,836 seats at the UG level and 2,010 seats at the PG level have been increased. This expansion is aimed at strengthening dental education infrastructure and ensuring wider access to quality dental education.

ALLIED AND HEALTHCARE EDUCATION

- **National Commission for Allied and Healthcare Professions Act, 2021:** The National Commission on Allied and Healthcare Professions Act, 2021 was passed by the Parliament on 24th March, 2021 to reform and regulate the hitherto unregulated sector of Allied and Healthcare education. This is the first time an Act for regulating the 57 allied and healthcare professions has been enacted in India.
- **Online Portal:** The National Commission for Allied and Healthcare Professions has launched its online portal on 29.10.2024 for enrolment of professionals and existing institutions imparting education related to the 57 professions listed in the Schedule of the Act.
- **Competency-based Curriculum:** National Commission for Allied and Healthcare Professions (NCAHP), has launched competency-based curricula for **ten professions** to standardize and elevate the quality of allied and healthcare education across India, addressing the evolving healthcare needs of the nation.
- **Curriculum content:** National Commission for Allied and Healthcare Professions (NCAHP), has **launched 13 competency-based curricula covering 23 professions** to standardize and elevate the quality of allied and healthcare education across India, addressing the evolving healthcare needs of the nation.

16. National Programme for Tobacco Control and Drug Addiction Treatment

➤ **Tobacco Free Youth Campaign 3.0:** The Ministry of Health and Family Welfare launched **Tobacco-Free Youth Campaign (TFYC) 3.0** on **9 October 2025** at Dr. Ambedkar International Centre, New Delhi. TFYC 3.0 builds on earlier editions by expanding the existing five strategies and introducing a sixth on capacity building. The core strategies include:

1. Enhancing public awareness of the harms of tobacco
2. Ensuring compliance with guidelines for Tobacco-Free Educational Institutions (ToFEI)
3. Strengthening enforcement of COTPA 2003 and PECA 2019
4. Promoting Tobacco-Free Villages

5. Social media engagement
6. Capacity building

The campaign continues to emphasize a comprehensive 'whole of government' approach through strengthened partnership and coordination between key ministries such as Ministry of Education, Ministry of Electronics and Information Technology, Ministry of Information and Broadcasting, Ministry of Panchayati Raj, Ministry of Rural Development, Ministry of Youth and Sports Affairs, Ministry of Tribal Affairs, Ministry of Finance, Ministry of Telecommunication, Ministry of Home Affairs, Ministry of Social Justice and Empowerment, among others, as well as enhanced collaboration with development partners. Recognizing that tobacco is often a gateway product leading to other forms of substance abuse, the campaign also dovetails with the Nasha Mukta Bharat Abhiyaan (NMBA) being implemented by the Ministry of Social Justice and Empowerment, thereby ensuring convergence in protecting young people from tobacco, alcohol and other addictive substances. Further, the campaign aligns with the national priority of achieving a TB Mukta Bharat, as tobacco use is a known risk factor for tuberculosis, worsening disease outcomes and increasing mortality. TFYC 3.0 provides an opportunity to reinforce anti-tobacco messaging within TB prevention and control efforts. Monitoring and evaluation through an official MIS portal ensure transparency, accountability, and recognition for top-performing states and union territories.

Key highlights of the launch event included:

- Administration of the enhanced **“Say No to Tobacco” pledge**
- Release of four educational videos for national school distribution
- A **Voice of Tobacco Victims (VoTV)** testimonial segment
- Dedication of the **4th National Tobacco Testing Laboratory** at NIMHANS
- Release of **Operational Guidelines for Establishing Tobacco Cessation Centres in Ayush Institutions**
- A flash mob performance to the campaign anthem *“Aaj Zindagi Jeete Hain”*
- An awareness bike rally by **Harley Owners Group** and the **Delhi Bikers Breakfast Run**

Further, during the campaign phase (60 days), the momentum increased and the States/ UTs picked up the pace in implementing the campaign activities. As part of newly added sixth strategy of TFYC 3.0, several capacity-building workshops were conducted by the Ministry of Health & Family Welfare in collaboration with NIMHANS, the National Resource Centre for

Oral Health and Tobacco Cessation and Vallabhbhai Patel Chest Institute, New Delhi. The sessions covered training of tobacco cessation counsellors in medical institutions and dental colleges, counsellors under NP-NCD and DMHP, Community Health Officers and National Quitline counsellors. Further, in collaboration with the Ministry of Education, MoHFW conducted a national session on ToFEI implementation for training district/state nodal officers and medical/district education officers.

➤ **Observing World No Tobacco Day (WNTD), 2025:** MoHFW observed World No Tobacco Day (WNTD) 2025 on **31 May 2025** under the global theme “*Unmasking the Appeal - Exposing Industry Tactics on Tobacco and Nicotine Products.*” As part of national observance:

- The 5th **National Summit (virtual) on World No Tobacco Day (WNTD) 2025** was held on **30 May 2025**, with **868 participants**, including policymakers, youth, public health professionals and international experts.
- A booklet titled “Let’s Say NO to Tobacco: An Appeal to the Teenagers of India” was released by Central Health Education Bureau.
- A special live programme “**Total Health**” on tobacco cessation aired on Doordarshan News on **1 June 2025**.

➤ **Establishment of the Fourth National Tobacco Testing Laboratory:** India established its fourth NTTL at **NIMHANS, Bengaluru** on **13 October 2025**, expanding national capacity for tobacco product testing Section 11 of Cigarettes and Other Tobacco Product Act, 2019. The lab complements the three existing NTTLs forming part of the WHO Tobacco Laboratory Network (TobLabNet).

➤ **Global Recognition for India’s Cessation Initiatives:** India received the **Bloomberg Philanthropies Award 2025** for outstanding achievement in implementing the “O – Offer help to quit tobacco use” component of the MPOWER package at the **World Conference on Tobacco Control 2025 (Dublin)**. The award recognized MoHFW’s efforts in expanding cessation services across medical, dental and Ayush institutions, along with the nationwide promotion of the National Quitline number **1800-11-2356**.

➤ **National Guidelines:**

Operational Guidelines for Establishing Tobacco Cessation Centres in Ayush Institutions:

Operational Guidelines for Establishing Tobacco Cessation Centres in Ayush Institutions provide a framework for integrating tobacco cessation services into Ayurveda, Yoga, Unani, Siddha, and Homoeopathy colleges and hospitals, in alignment

with the National Tobacco Control Programme. The guidelines outline institutional arrangements (such as identifying an appropriate department and nodal officer), infrastructure and staffing norms, training of Ayush faculty and counsellors, and standard protocols for screening, brief advice, intensive counselling, pharmacotherapy referral, and follow-up of tobacco users. They also emphasize recording and reporting formats, community and IEC activities, and coordination between Ayush institutions and NTCP so that Ayush systems contribute systematically to reducing tobacco use and related burden.

➤ ***Global commitments:***

Eleventh session of Conference of Parties and Fourth session of Meeting of Parties:

India participated in the **Eleventh Session of the Conference of Parties (COP11)** to the WHO FCTC (17–22 November 2025) and the **Fourth Session of the Meeting of the Parties (MOP4)** to the Protocol (24–26 November 2025), held in Geneva. India delivered strong, evidence-based interventions across all agenda items, receiving appreciation from Parties for its leadership, technical depth and public health commitment. Notably, India contributed to the SEARO regional intervention under Article 2.1, for which SEARO received the Orchid Award for its comprehensive, whole-of-region statement. India emphasized forward-looking regulatory approaches and countered industry misinformation throughout the deliberations.

17. Food Safety and Standards Authority of India (FSSAI):

- Food Safety and Standards Act, 2006 was enacted with the objective to consolidate the laws relating to food and laying down science-based standards for articles of food as well as to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption and for matters connected therewith or incidental thereto.
- The Food Safety and Standards Authority of India (FSSAI) was established in September, 2008 as the apex authority on all matters of food safety and to ensure safe and wholesome food to consumers.
- In order to ensure the safety and quality of imported food products in the country, FSSAI has notified Authorised Officers at 166 food import Points of Entry (PoEs), including Airports, Seaports, Inland Container Depots (ICDs), Special Economic Zones (SEZs), and Land Customs Stations (LCSs).

- To enhance food safety, transparency, and ease of doing business at all Points of Entry, FSSAI and CBIC have jointly implemented a Single Sign-On (SSO) functionality enabling Customs Officers notified as FSSAI Authorised Officers to access and operate the FICS platform seamlessly. This integration with ICEGATE was operationalised on 25 June 2025. As of date, the SSO facility has been implemented at 78 Points of Entry. These PoEs are located across the States of Telangana, Maharashtra, Punjab, West Bengal, Gujarat, Rajasthan, Madhya Pradesh, Kerala, Goa and Puducherry.
- FSSAI has successfully integrated its Food Import Clearance System (FICS) with the CBIC's ICEGATE platform under SWIFT 2.0, further strengthening the digital ecosystem for food import clearance. This integration aligns with the Government of India's vision of promoting Ease of Doing Business. The upgraded system has been initially launched on a pilot basis at four Points of Entry- ICD Dadri, ICD Star Track, ICD Albatross, and ICD Patparganj. Under this framework, importers are able to obtain FSSAI No Objection Certificates directly through the SWIFT portal. The initiative has improved transparency, reduced cargo dwell time, and enhanced operational efficiency.
- Under its' nation-wide campaign 'Eat Right India' movement with a tagline 'Sahi Bhojan Behtar Jeevan' (right food, better life), FSSAI has awarded Eat Right Certificates as follows:

Sl. No.	Initiative	Certification (Jan-December2025) (till date)
1.	Eat Right Places of Worship	497
2.	Eat Right Campus	1472
3	Eat Right School	971
4.	Eat Right Street Food Hub	113
5.	Eat Right Station	198
6.	Eat Right Fruits & Vegetable Market	142

- FSSAI is carrying out Stop Obesity & Fight Obesity campaign to promote Hon'ble Prime Minister Narendra Modi's vision of reducing obesity and encourage people to reduce intake of salt, sugar, and oil in their meals. As part of this effort, informative videos, expert bytes, celebrity videos, bytes of common people including women, children & college students are being created and disseminated through different social media platforms.

- A dedicated Obesity Awareness playlist is available on FSSAI's official YouTube channel:
<https://www.youtube.com/playlist?list=PLcE1UOQ6EYEmiIGQl44zapIH3k2ki04>.
- Media campaign for Obesity awareness has been carried out on 71 All India Radio Stations, 83 FM Radio Channels, Audio Announcement on 189 Railway Stations and Public Service Advertisements (PSA) across the country. An online quiz series named 'Eat Right Quiz on Obesity' on MyGov portal. Insightful sessions on Obesity have been conducted to raise awareness about the growing concerns surrounding obesity and the importance of adopting healthier eating habits. Customised Cultural Event was organised during GFRS 2025 on the theme Stop Obesity by Eating Right on 26 September 2025. The event was performed by the artists of Sangeet Natak Akademi.
- FSSAI set up a Food Safety Pavilion at Mahakumbh 2025 in Prayagraj, from January 13, 2025 to February 26, 2025. The pavilion highlighted the key initiatives and activities of FSSAI, including Eat Right India, Aaj Se Thoda Kam, Fortification, Adulteration Check and Millets. As part of this, Nukkad Natak (street plays) were performed at the pavilion to raise awareness among the general public about food safety, adulteration, and other related issues. The estimated data for footfall and public engagement in the said event was more than 95 lakhs.
- FSSAI participated in the launch of the Swasth Nari, Sashakt Parivar Abhiyaan in Dhar, Madhya Pradesh held on 17th September 2025. Honourable Prime Minister visited the FSSAI stall at Swasth Nari, Sashakt Parivar Abhiyaan in Dhar, Madhya Pradesh. The stall showcased FSSAI's Stop Obesity campaign, encouraged the audience to pledge a 10% reduction in oil consumption, and engaged visitors with interactive activities, including the Eat Right Snakes & Ladders game.
- 'Ayushman Bhav Samvad (Webinar Series) – Surakshit Bhojan, Swasth Jeevan' is being conducted with the aim to spread awareness on food safety and hygiene among citizens including college students, FSSAI stakeholders, ASHA workers and community health workers. Objective of the series is to raise awareness, to educate and inform, to empower consumers, to promote best practices, to engage experts, to encourage compliance and to foster a culture of vigilance.
- 'Eat Right Thali' book was released by Hon'ble Union Minister for Health and Family Welfare, Shri J P Nadda ji on 26 September 2025 during GFRS 2025. The book

celebrates India's diverse culinary heritage and promotes balanced diets. The publication highlights traditional thalis from every state, showcasing indigenous food practices as tools to counter lifestyle diseases such as obesity.

- On 12th January, 2025 a training and awareness program for Street Food Vendors was conducted at Buldhana, Maharashtra, under the presence of Hon'ble Union Minister of State for AYUSH and Minister of State for Health and Family Welfare Shri Prataprao Ganpatrao Jadhav. In the program, more than 1300 Street Food vendors were trained.
- On 13th April, 2025, a training and awareness program for Street Food Vendors was conducted at Mirzapur, Uttar Pradesh under the presence of Hon'ble Union Minister of State for Health and Family Welfare Smt. Anupriya Patel. In the program, more than 1500 Street Food vendors were trained.
- In 2025, more than 8 lakh Food Handlers have been trained under Food Safety Training and Certification (FoSTaC) Programme. Since 2017, more than 29 lakh Food Handlers have been trained through more than 73,000 trainings under the FoSTaC program.
- Memorandum of Understanding (MoU) was signed between Food Safety and Standards Authority of India (FSSAI), the Export Inspection Council (EIC), Ministry of Commerce & Industry and Netherlands Food and Consumer Product Safety Authority (NVWA), Netherlands on cooperation in food safety was signed on 13th June 2025.
- Memorandum of Understanding (MoU) was signed between Food Safety and Standards Authority of India (FSSAI) and the Department of Agriculture, Fisheries and Forestry (DAFF), Australia, in the area of Food Safety, on 24th September 2025 at FSSAI HQ, New Delhi.
- Agreement between the Food Safety and Standards Authority of India, Ministry of Health and Family Welfare of the Republic of India and the Federal Service for Surveillance on Consumer Rights Protection and Human Well-being (Russian Federation) on cooperation in the field of food safety was signed and exchanged between India and Russia in December 2025 at New Delhi during the 23rd India – Russia Summit, 2025.
- Global Food Regulators Summit 2025: FSSAI organized the 03rd Global Food Regulators Summit (GFRS) from 26th – 27th September, 2025 at Bharat Mandapam, New Delhi, in collaboration with the Ministry of Food Processing Industries. The summit witnessed participation from 59 countries and over 2000 delegates, including

representatives from the WTO, Codex Alimentarius Commission, WHO and FAO. Important activities included the launch of the “Eat Right Thali” book, the start of a joint FSSAI-WHO Master Class on Food Safety & Risk Assessment, and the signing of an MoU between FSSAI and Australia’s Department of Agriculture, Fisheries and Forestry (DAFF) to strengthen technical collaboration.

- International Harmonization (Codex and WTO) India participated in twelve meetings of the Codex Alimentarius Commission (CAC) and its subsidiary bodies. At the 48th Session of the CAC (CAC48), India was elected as a Member of the Codex Executive Committee for the Asia region. India contributed to the adoption of standards for Fresh Dates and Certified Reference Materials for Pesticide Residue Analysis and proposed new work on Cashew Kernels. India was appointed Chair of the Electronic Working Group to develop the Codex group standard for whole millet grains and hosted the 8th Session of the Codex Committee on Spices and Culinary Herbs (CCSCH) in Guwahati. Additionally, to ensure alignment with global trade norms, several regulations were notified to the WTO-SPS and TBT committees during the year.
- Final Notifications Issued During 2025, FSSAI issued six final notifications. These include the Food Safety and Standards (Packaging) First Amendment Regulations, 2025 relating to the use of recycled plastics in food packaging; and the Food Safety and Standards (Alcoholic Beverages) First Amendment Regulations, 2025 relating to standards of Mead (Honey wine), Craft Beer, Indian liquors, and definitions of Low Alcoholic Beverages/RTD. The Food Safety and Standards (Food Products Standards and Food Additives) First Amendment Regulations, 2025 were notified relating to standards for Refractive Index range for Palm oil, Palmolein, Palm kernel oil and Palm Superolein, Meat sausage, Dehydrated tarragon, PDW, and Food colors. Other notifications included the Food Safety and Standards (Labelling and Display) First Amendment Regulations, 2025 regarding coffee chicory mixture; Food Safety and Standards (Import) First Amendment Regulations, 2025 regarding Method of Analysis and Signing Authority; and the Food Safety and Standards (Alcoholic Beverages) Second Amendment Regulations, 2025 relating to Esters expressed as ethyl acetate. A Guideline on the use of recycled Polyethylene terephthalate (PET) as Food Contact Material (FCM-rPET) was also notified.
- As on 30-11-2025, a total 12,43,620 licenses and 57,12,694 registrations are active. Continuous steps are being taken to simplify the procedure of licensing and registration of food businesses and digitisation of enforcement activities.

- Special enforcement & surveillance Drives conducted on; Packaged Drinking water & Mineral water, Paneer and Dairy Analogues, Jaggery, Infant Foods, detection of Auramine dye in roasted chana, detection of Nitrofurantoin Metabolites (AOZ, AMOZ, AHD & SEM) and Nitroimidazoles in egg, Fortified oil & used cooking oil, Ghee, Non-alcoholic soft beverages, confectionary products including chocolates, Milk & Milk products including Paneer, Chenna & Khoya, Dates & raisins.
- In order to curb the issue of misleading nomenclature & usage of term “ORS” in the product name and brand name of the food products, FSSAI has ordered prohibition of the term “ORS” in product names, brand names, labels, and advertisements of non-alcoholic beverages (including water-based, fruit, and ready-to-serve drinks). This restriction aims to prevent ambiguity and consumer deception with WHO-recommended ORS, which is recognized as a drug for acute diarrhoea.
- FSSAI has issued advisory directing the Commissioners of food safety and its regional offices to ensure environmentally compliant disposal of seized, rejected and expired Food Items.
- FSSAI has issued advisory and directed all dairy manufacturers selling milk/milk products through vending/kiosk machines to place rapid testing kits at these locations, enabling quick detection of adulteration and verification of compliance with food safety standards. Concerned dairy units are required to display simple instructions on using Rapid Test Kits, facilitate consumer self-checking either at kiosks or through trained staff demonstrations, ensure kits are valid and stored as per manufacturer guidelines, and maintain records of results and kit utilization to strengthen food safety compliance.
- FSSAI has also introduced a new Kind of Business (KoB) for Ayurveda Aahara under FoSCoS for License/Registration vide order dated 01-09-2025 for issuance of licenses to FBOs dealing with food items as per FSS (Ayurveda Aahara) Regulations, 2022.
- FSSAI has issued letter to all the Food business operators and Commissioner of Food Safety regarding the scheme of testing for package drinking water and mineral water to ensure safety and compliance of package drinking water and mineral water in Indian market.
- FSSAI with the objective of preventing misleading nomenclature on food products, has issued an advisory directing the discontinuation of the term “100%” on food product labels and related promotional materials.

- FSSAI has notified officers of Department of Food and Public Distribution (DoFPD) as 266 Food Safety Officers (FSOs) for surveillance sampling of Fortified Rice Kernels (FRK).
- In a step to strengthen food safety surveillance and promote consumer empowerment, the FSSAI has mandated the display of a QR code for the Food Safety Connect Mobile App at food premises.
- A provision has been introduced under the online Food Safety Compliance System (FoSCoS) to facilitate the granting of registration certificates to seasonal food businesses operating during short-term events such as religious fairs, community gatherings, and food festivals.
- A new Kind of Business (KoB) for Anganwadis has been created under FoSCoS for licensing and registration purpose and registration fee for Anganwadis has been waived off from 12-03-2025.
- FSSAI has mandated food grade packaging as a critical food safety component under inspection checklists across sectors such as general manufacturing, milk processing, meat/fish processing, and catering, requiring NABL accredited- certificates of conformity as per FSS (Packaging) Regulations, 2018, with strict compliance directed through order to all food businesses and Commissioner of Food Safety.
- FSSAI is extending technical as well as financial support to the States/UTs for strengthening the food safety ecosystem in the country through Memoranda of Understanding (MoUs). During FY 2025–26, as on 22.12.2025, work plan proposals have been received from 33 States/UTs. Funds amounting to ₹306.31 crore have been approved for 21 States/UTs, out of which an amount of ₹27 crores has been released to the States/UTs as the first tranche against the finalized work plans.

18. International Health Regulations

• WHO's Pandemic Treaty/ Accord:

India has demonstrated exemplary leadership and diplomacy in negotiations of the Pandemic Treaty. This achievement has elevated India's role on the global stage and contributed significantly towards shaping a more resilient global health architecture, setting a benchmark for diplomatic excellence and visionary leadership. India has actively contributed in the Pandemic Treaty negotiations, where we have consistently advocated for the inclusion of traditional medicine, digital health, the right to

development, pathogen access and benefit sharing with traceability mechanism, need for robust and resilient supply chains, equitable technology transfer, access to raw materials and comparator products for R&D, a strong One Health approach & the strengthening of the health workforce worldwide.

Inclusion of Traceability in the PABS system that was strongly advocated by India will ensure the safe monitoring of access of pathogens/DSI (Digital Sequence Information) and the benefits secured. This will prevent any misuse, disuse, abuse while ensuring bio security. India has consistently maintained that while it values global cooperation, any reference to liability and compensation mechanisms in the Treaty was unacceptable throughout the negotiations as such provisions could absolve manufacturers of responsibility, conflict with India's legal framework and risk being used by pharmaceutical companies to limit access in developing countries; therefore, in the interest of safeguarding equity and strengthening public health, India advocated for their removal from Article 13 and Article 13 bis.

Drawing on synergies with the WHO Framework Convention on Tobacco Control (FCTC), India successfully advocated for a governance structure for the Pandemic Treaty/Accord that follows established and proven precedents. The country also played a key role in shaping the legal architecture of the WHO Pandemic Agreement, ensuring it reflects principles of equity, sovereignty and global solidarity. A major milestone was achieved when the negotiated text of the Pandemic Treaty reached consensus after 2.5 years of intensive negotiations and was adopted by the 78th World Health Assembly, held at WHO Headquarters in Geneva from 19th to 27th May 2025.

- **Quad Health Security Partnership:**

Under its Quad presidency, India organized a Quad Workshop on Pandemic Preparedness for the Indo-Pacific Region from 17-19th March 2025 in New Delhi. The workshop was being organized by India as a follow up to its commitment during the Quad Leaders Summit held on 21st September 2024 in Delaware, with a view to strengthen the Indo-Pacific's ability to detect and respond to outbreaks of diseases with epidemic or pandemic potential, including through a set of new initiatives. Delegates from 15 Indo-Pacific countries, along with Quad partners, attended the event. The agenda of the workshop was to highlight best practices and challenges for mutual learning.

- **Shanghai Cooperation Organization:**

At the 8th SCO Health Ministers' Meeting held in Xi'an, China on 28th April, 2025, India, together with our fellow member states, reaffirmed our commitment to building robust health emergency response mechanisms. We agreed to strengthen cooperation,

share experiences in building emergency medical systems, conduct regular drills and enhance collaborative medical rescue capabilities during outbreaks of infectious diseases, natural disasters and other public health emergencies.

- **78th Session of World Health Assembly:**

WHO validates India for eliminating trachoma as a public health problem. On 19th May 2025, DG, WHO awarded India with the Certificate of Elimination of Trachoma as a Public Health Problem at the 78th Session of World Health Assembly. The Secretary (H&FW) received this award. This prestigious global recognition comes in continuation of the earlier Certification awarded by the WHO South-East Asia. Regional Office (SEARO) during the 77th Regional Committee Meeting held in October 2024 in New Delhi.

- **Inauguration of newly constructed WHO South East Asia Regional Office Building:**

Newly constructed WHO South East Asia Regional Office Building was inaugurated by Hon'ble Prime Minister of India and Director-General of World Health Organization in the presence of Union Minister for Health & Family Welfare during the second WHO Global Summit on Traditional Medicine held in New Delhi on 19th December, 2025. The construction of the building has been fully financed by the Government of India, reaffirming India's commitment to Regional and Global Health Cooperation.

- **1st JWG meeting between India and Sri Lanka on 28 August, 2025 at Civil Services Officers' Institute (CSOI), New Delhi :**

The 1st Joint Working Group (JWG) Meeting on Health Cooperation between India and Sri Lanka was co-chaired by Ms. Punya Salila Srivastava, Secretary (Health & Family Welfare), Ministry of Health & Family Welfare, Government of India, and Dr. Anil Jasinghe, Secretary, Ministry of Health & Mass Media, Government of Sri Lanka.

The meeting reviewed ongoing collaboration and explored new avenues of partnership across key areas including:

- ❖ Ayushman Bharat Digital Mission (ABDM)
- ❖ Procurement
- ❖ Drugs Regulation
- ❖ National Centre for Disease Control (NCDC)

On the sidelines of the JWG meeting, the Sri Lankan delegation also visited AIIMS New Delhi, Ministry of AYUSH, Central Drugs Standard Control Organisation (CDSCO), Food Safety & Standards Authority of India (FSSAI), National Centre for Disease Control (NCDC) and a private pharma device manufacturing unit.

- **4th JWG Meeting between India and Philippines on 28th November 2025 at Civil Services Officers' Institute (CSOI), New Delhi:**

The 4th Joint Working Group (JWG) Meeting on Health Cooperation between India and the Philippines was co-chaired by Ms. Punya Salila Srivastava, Secretary (Health & Family Welfare), Ministry of Health & Family Welfare, Government of India, and Atty. Paolo S. Teston, Director General, Food and Drug Administration of the Philippines. The meeting reviewed ongoing collaboration and explored new avenues of partnership across key areas including Digital Health, Pharmaceuticals and Vaccines, Exchange of Medical Professionals and Experts, HIV/AIDS, and Traditional Medicine.

On the sidelines of the JWG meeting, the Philippines' delegation also visited AIIMS New Delhi, All India Institute of Ayurveda in Sarita Vihar, Central Drugs Standard Control Organisation (CDSCO), Food Safety & Standards Authority of India (FSSAI) and National Centre for Disease Control (NCDC).

- **Signing of Agreement between Ministry of Health and Family Welfare of the Government of India and Ministry of Health of the Russian Federation on 4th December, 2025 at New Delhi:**

An Agreement between Ministry of Health and Family Welfare of the Government of India and Ministry of Health of the Russian Federation on cooperation in the field of Healthcare, Medical Education and Science was signed on 4th December, 2025 in New Delhi. The Agreement includes cooperation in the areas of state healthcare system, professional development of medical personnel, prevention and control of communicable diseases and non-communicable diseases, maternal and child health, joint efforts to fight AMR, medical research etc.

19. PMSSY (Pradhan Matri Swasthya Suraksha Yojana)

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) envisages creation of tertiary healthcare capacity in medical education, research and clinical care, in the country. It aims at correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services and also augmenting facilities for quality medical education in the country. The scheme has two broad components: Setting up of All India Institutes of Medical Sciences (AIIMS) and Up-gradation of existing Government Medical Colleges/Institutions (GMCIs).

Till date, establishment of 22 new All India Institutes of Medical Sciences (AIIMS) and 75 Projects of upgradation of existing Government Medical Colleges/Institutions (GMCIs) have been approved under the scheme. Out of 22 AIIMS, 18 AIIMS are functional with teaching learning, research and OPD and IPD facilities. Out of 75 GMC upgradation projects 71 projects have been completed. The remaining 4 AIIMS and 4 projects of upgradation of GMCs are at

various stages of construction /operationalization.

- **Setting up of New AIIMS prior to 2014:**

Under the PMSSY Scheme in 2012 six AIIMS one each at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh were established and operationalized. These Institutes are fully operational with all key hospital facilities including teaching learning, research, Specialty and Super-Specialty clinical care, Emergency & Trauma services, Blood Bank, ICU, Diagnostic services, pharmacy etc. Another AIIMS at Raebareli was also approved during the above period.

- **New AIIMS approved after 2014:**

Since 2014, 15 new AIIMS have been approved by the Cabinet. Further, since 2014, 12 new AIIMS have been made functional including AIIMS Raebareli. These 12 new AIIMS are providing OPD services and IPD Services in Specialty and Super Specialty Departments, besides teaching learning for medical, nursing and allied health students and state of the art research facilities.

These 12 AIIMS include AIIMS at (i) Gorakhpur (UP), (ii) Nagpur (Maharashtra), (iii) Kalyani (West Bengal), (iv) Mangalagiri (Andhra Pradesh), (v) Bibinagar (Telangana), (vi) Bathinda (Punjab), (vii) Deoghar (Jharkhand), (viii) Bilaspur (Himachal Pradesh), (ix) Guwahati (Assam), (x) Jammu (UT of J&K), (xi) Rajkot (Gujarat), and (xii) Raebareli (Uttar Pradesh). Construction work is at various stages in remaining 4 AIIMS at (i) Madurai (Tamil Nadu) (ii) Awantipura (J&K) (iii) Rewari (Haryana) and (iv) Darbhanga (Bihar).

- **Initiatives and Achievements:**

- ❖ During the year 2025, the approval was accorded for the creation of 4192 posts including faculty and non-faculty across various new AIIMS.
- ❖ Presidents of 18 new AIIMS were nominated during the year 2025.
- ❖ Appointment of Executive Directors for 11 new AIIMS have been made with the approval of ACC.
- ❖ Institute Bodies of 9 AIIMS were reconstituted. These include AIIMS Mangalagiri, AIIMS Bilaspur, AIIMS Rishikesh, AIIMS Deogarh, AIIMS Patna, AIIMS Gorakhpur, AIIMS Raipur, AIIMS Bhubaneswar and AIIMS Guwahati.
- ❖ To expeditiously fill up vacant posts in various AIIMS, two Common Recruitment Examination (CRE), two Nursing Officers Recruitment Common Eligibility Test (NORCET) and two INI (CET) and INI (SS) Examinations were held.

- ❖ 8th Central Institute Body (CIB) of new AIIMS meeting was held on 08.04.2025, wherein key policy issues of common concern including cyber security, sharing of best practices and standardization of MBBS curriculum etc. were deliberated.
- ❖ First Edition of the Best practices Conclave was organized in AIIMS Nagpur on 13th and 14th June 2025 on the theme of Teaching Learning /Patient Care/Governance.
- ❖ Establishment of Secondary Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) facilities were approved in 6 AIIMS viz. AIIMS Jammu, AIIMS Raebareli, AIIMS Bhubaneswar, AIIMS Guwahati, AIIMS Rajkot and AIIMS Nagpur.
- ❖ Evaluation of the PMSSY Scheme for the period 2021-22 to 2025-26 was undertaken through Indian Institute of Public Administration (IIPA) for continuation of scheme in the next Finance Commission Cycle.
- ❖ Doctors from various AIIMS were deputed for providing medical services during the Char Dham Yatra in Uttarakhand.
- ❖ First Convocation of AIIMS Bhatinda, AIIMS Deogarh, AIIMS Kalyani and AIIMS Gorakhpur were held in 2025.
- ❖ To ensure transparency and accountability, part time CVOs were appointed in 18 functional AIIMS with the concurrence of Central Vigilance Commission. Independent External Monitors were also appointed by CVC in new AIIMS.
- ❖ The pre-investment work of AIIMS Darbhanga was started in April 2025.
- **Up-gradation of existing Government Medical Colleges /Institutes (GMCIs):**
During 2025 two Super Speciality Blocks one at Sree Chitra Tirunal Institute for Medical Sciences & Technology, Thiruvananthapuram and the other at Darbhanga Medical College and Hospital, Darbhanga were made functional.

20. Department of Health Research (DHR)

1. Indian Council of Medical Research (ICMR)

The Indian Council of Medical Research (ICMR) is one of the oldest medical research organisations and is the apex organisation that formulates, coordinates and promotes biomedical research. ICMR functions as an autonomous organisation under the Department of Health Research (DHR) within the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI).

The Council plays a central role in supporting national health priorities by promoting research aimed at reducing the country's disease burden and improving the population health outcomes. Its core areas of research are communicable diseases, non-communicable diseases, reproductive and child health, nutritional health and environmental and occupational health.

At the international level, ICMR maintains collaborative partnerships with research institutes worldwide through Memoranda of Understanding (MoUs). These collaborations support joint research and knowledge exchange on priority areas like cancer, diabetes, infectious diseases and vaccine development. These efforts are further reinforced through the organisation of scientific events such as workshops and seminars.

Major Achievements in 2025

1. National One Health Mission (NOHM) and Pandemic Preparedness

NOHM is a landmark whole-of-government initiative aimed at strengthening India's pandemic preparedness. Functioning under the leadership of the Principal Scientific Advisor to GoI with the DHR serving as the nodal agency, the Mission brings together 16 ministries and departments across human, animal and environmental health sectors. It operationalises a coordinated, cross-sectoral framework for disease surveillance, outbreak response and capacity building.

a. Disease Surveillance:

Under NOHM, a national network of 23 high-containment Biosafety Level - 3 (BSL-3) and Biosafety Level - 4 (BSL-4) has been established to improve detection of emerging and re-emerging pathogens. Additionally, to facilitate real-time tracking of zoonotic disease and antimicrobial resistance at the human-animal-environment interface, integrated surveillance systems were deployed across slaughterhouses, bird sanctuaries, zoological parks and wastewater monitoring sites.

b. Outbreak Response:

Under the guidance of the National Joint Outbreak Response Team (NJORT), a drill, *Vishanu Sankraman Pratirodh Abhyas*, was conducted to assess the intersectoral coordination and on-the-ground preparedness. This exercise simulated a Crimean Congo Haemorrhagic Fever (CCHF) in Khandwa District, Madhya Pradesh, testing real-time epidemiological investigation, laboratory confirmation, risk communication, and containment measures. This exercise provided key insights to improve outbreak response mechanisms.

c. Capacity Building

The National One Health Mission Assembly 2025 was convened on November 20-21, 2025, at Bharat Mandapam, New Delhi. Coordinated by ICMR Headquarters and the National Institute for One Health (NIOH) with the support of DHR, this assembly brought together scientists, policymakers and state-level and international partners.

On the first day, the assembly concentrated on policy and governance by featuring high-level ministerial addresses, the release of the BSL-3 Laboratory Network Standard Operating Procedures Compendium, presentations from ministry secretaries that demonstrated the whole-of-government approach, and engagement with global partners like the World Health Organisation (WHO) and the World Bank. The second day, importance was placed on preparedness and capacity building through scientific sessions on medical countermeasures, experience-sharing by 7 states and union territories and panel discussions on strengthening implementation on a sub-national level.

2. Infectious Disease Surveillance and Outbreak Response

- ICMR enhanced infectious disease surveillance and outbreak preparedness for a range of priority pathogens, including Chandipura Virus, Nipah Virus (NiV), Kyasanur Forest Disease (KFD), enterovirus, norovirus, leptospirosis, and triggers associated with Guillain-Barré Syndrome (GBS).
- During the Nipah outbreaks in Kerala, rapid containment and timely public health interventions were facilitated due to the deployment of mobile BSL-3 laboratories, that reducing diagnostic turnaround time to four hours.
- Risk mapping of KFD using species distribution modelling supported the implementation of targeted prevention strategies.
- In parallel, ICMR has made advancements in the development of indigenous vaccines and monoclonal antibodies for Nipah and KFD, thus reinforcing national preparedness for future outbreaks.
- The identification of *Leptospira* as a major contributor to mortality associated with Acute Febrile Illness and Acute Encephalitis Syndrome in eastern Uttar Pradesh has led to the inclusion of leptospirosis testing within the diagnostic protocols.

3. Advancing the End TB Agenda

a. Early Detection and Screening

- Early TB case-finding was expanded through the validation and field deployment of 3 indigenous, lightweight, portable, low-radiation handheld x-ray technologies by ICMR under the national 100-day intensified TB campaign, which has strengthened early TB detection and supported screening among underserved populations of the country.
- To address interpretation bottlenecks, DeepCXR was integrated, free of cost, into the National TB Elimination Programme (NTEP) to provide rapid, standardised and scalable interpretation of chest x-rays.

b. Diagnostics

- ICMR's diagnostic strategy focussed on the expansion of indigenous solutions that improve disease confirmation and drug-resistance detection.
- Pre-implementation evaluation of Quantiplus® MTB kit, India's first open RT-PCR TB test, demonstrated 86% sensitivity and 96% specificity. This assay leverages the 20,000 existing machines established during the Covid-19 pandemic, expanding the scale of molecular TB testing.
- The UniAMP MTB Card, a non-sputum molecular test, demonstrated 68.3% sensitivity, 95% specificity and has met the WHO minimum criteria for point-of-care testing. Populations where sputum collection is difficult, especially children and people living with HIV, benefit from this tongue-swab-based test.
- The PathoDetect™ molecular test identifies key drug resistances (like rifampicin and isoniazid) during diagnosis, which supports early optimisation of the treatment regimen.
- The CyTB skin test, an affordable indigenous test for latest TB infection (LTBI) diagnosis, demonstrated 80% sensitivity and 72% specificity and was validated by ICMR. Compared to conventional tuberculin skin tests and expensive Interferon Gamma Release Assays (IGRA), this is low-cost and effective in assisting large-scale LTBI screening.
- An AI-based tool for automated interpretation of Line Probe Assays (LPA) improved consistency and turnaround times across laboratory networks. Results were incorporated into *Nikshay*, supporting real-time decision-making and the creation of a national resistance mutation database.

c. Optimisation of Treatment

- An ICMR clinical trial on a modified BPaL (mBPaL) regimen established that optimisation of the Linezolid dose improved tolerability while maintaining

efficacy and enhancing treatment adherence among Multidrug-Resistant TB (MDR-TB) patients.

- Forty-two laboratories across the country were trained in advanced Drug Susceptibility Testing (DST) techniques to support the rollout of the mBPAL regimen.

d. Reduction of TB Mortality

- In the Reducing Activation of Tuberculosis by Improvement of Nutritional Status (RATIONS) trial, TB patients and their households were provided nutritional support, resulting in a 40% reduction in TB incidence, a 50% reduction in infectious TB, improved treatment outcomes and survival, and better weight gain and living conditions. The findings reinforced the correlation between nutrition and TB prevention and care.
- In Tamil Nadu, the Tamil Nadu *Kasanoi Erappila Thittam* (TN-KET) care model, using a severe illness triage tool, utilised five clinical indicators to identify high-risk patients. Timely inpatient care led to a 20% reduction in early TB deaths and 10% reduction in overall TB-related mortality.

4. Contribution to Other Communicable Diseases

- Results from Antiretroviral Therapy (ART) retention studies highlighted programme redesign with a focus on early engagement and integrated TB-HIV care.
- Existing molecular infrastructure was demonstrated to be adaptable for decentralised HIV viral load monitoring. This aligns with national efforts to achieve the 95-95-95 benchmarks.
- To support ophthalmological monitoring in Post Kala-azar Dermal Leishmaniasis (PKDL), ICMR developed national and global databases. The identification of genetic markers associated with relapse provided new insights to guide elimination strategies.

5. Contribution to Sickle Cell Anaemia Elimination

- Expansion of screening services in underserved populations was achieved through the validation of 25 affordable Rapid Diagnostic Tests (RTD).
- To strengthen clinical management, a hydroxyurea dose-optimisation trial comparing 10 mg/kg/day and 20 mg/kg/day has been completed.

- In parallel, to address stigma-related barriers to care among the tribal populations, a sickle cell disease stigma scale was developed.
- Early identification through newborn screening has altered disease trajectories, resulting in marked improvements in mortality rates.
- To analytically track sickle cell disease progression, treatment outcomes and long-term impact of the disease across the country, the BHARAT CARES initiative has been launched as a five-year national cohort.

6. Contribution to Other Non-Communicable Diseases

- ICMR's 2024 cancer estimates provided a national baseline that highlighted infrastructure shortfalls in radiotherapy, critical gaps in survival outcomes for oral cancer and mortality certification.
- National cancer and stroke surveillance was expanded through a network of over 600 cancer and 100 stroke registry sites.
- Under the India Hypertension Control Initiative (IHCI), standard treatment protocols were established in 157 districts across the country. A Ludhiana IHCI-ESI pilot study screened 22,790 individuals, which resulted in the initiation of treatment of 7597 patients and improved hypertension control rates from 4% to 34%.

7. Reproductive and Child Health

- Evidence from 75 high-impact publications informed updates to clinical guidance and lifestyle recommendations for the national Poly-Cystic Ovarian Syndrome (PCOS) cohort. Validation of an indigenous HPV DNA point-of-care assay strengthened options for decentralised cervical cancer screening. Translational research on the anti-HPV therapeutic SHetA2 was supported through ICMR-backed research. Data generated on under-five blood lead levels enabled routine monitoring and regulatory oversight across 30 states/UTs.

8. Traditional Medicine Interventions

- ICMR has filed patents for traditional herbal medications for Hepatitis B and snakebite management.
- In addition, a patent has been filed for a *Dhoopan Yantra* with the support of ICMR.

9. Community-Centred Interventions

- ICMR backed public health interventions that focused on TB, scrub typhus, Non-Alcoholic Fatty Liver Disease (NAFLD) and anaemia.
- Research evidence-informed refinements in snakebite response systems and vector control practices.
- SOPs for informal artisans were formulated into the national framework.
- Results from the school-led dengue prevention under the Dengue Reduction through Education, Awareness, and Monitoring in Schools (DREAMS) programme showed potential for scalability through community engagement and policy alignment.
- The Science & Health Innovation for the Nextgen Explorers (SHINE) initiative created a nationwide platform for early engagement in health research among school children by engaging 13000 students from 16 states/UTs.

10. Technology Development

a. Diagnostics

Technology transfer of 20 diagnostic technologies under the Patent Mitra initiative enabled industry uptake of a broad portfolio of indigenous diagnostic platforms. This includes rapid molecular assays, multiplex PCR platforms for Dengue, Chikungunya, Zika and Influenza A & B, ELISA kits for Dengue IgM, Chikungunya IgM, Measles IgM, KFD IgM, and Clustered Regularly Interspaced Short Palindromic Repeats (CRISPR)-based TB diagnostics.

Other diagnostic advances include:

- Development of a molecular point-of-care pan-Dengue assay that can detect all four *Dengue Virus* serotypes using RT-RNA amplification with CRISPR/Cas12a fluorescence detection. The platform progressed through early translational validation and demonstrated cross-pathogen applicability.
- Filing of a patent for a multiplex PCR assay that differentiates hypervirulent and classical *Klebsiella pneumoniae*.
- Development of a multiplex two-tube real-time RT-PCR kit (En-Viro QPlex) for enteric viruses.
- Development of two CRISPR-based ultra-sensitive platforms for simultaneous detection of *Plasmodium falciparum* and artemisinin resistance
- Validation of a paper-based dengue type-2 detection kit using 77 blinded clinical samples.

- Field validation of three platforms for visceral leishmaniasis and PKDL, including qPCR-based test-of-cure, RPA suitcase laboratory, and cell-free DNA-based diagnostics

b. Vaccines

- Phase III clinical trials are underway for an indigenous dengue vaccine candidate. Vaccination trials targeting emerging zoonotic and bacterial threats like KFD, Nipah, leptospirosis and streptococcal infections are in progress.
- The first recombinant multi-stage malaria vaccine (AdFalciVax) has entered the technology transfer phase, and industry engagement has been initiated.
- A broad-spectrum glycoconjugate vaccine effective against typhoidal and non-typhoidal *Salmonella*, and an outer membrane vesicle-based vaccine against *Shigella*, have progressed to industry-led development through technology transfer.

c. Therapeutics

- A bacteriophage-based approach has been shown to be effective against polymicrobial *Shigella* and *Salmonella* biofilms.
- Adjunctive strategies have been evaluated to test the potential of existing antibiotics, including the enhancement of ciprofloxacin activity against *Shigella flexneri*.
- Preclinical evaluation in BALB/c mouse models demonstrated the therapeutic potential of a newly characterised *Shigella* bacteriophage.

d. Innovation Support

- ICMR's intellectual property portfolio was expanded across diagnostics, vaccines and nanocarrier-based antivirals due to the filing of 60 patents.
- To assist in translational research, MedTech Mitra supported more than 650 innovators by providing pre-compliance gap analysis, testing support, clinician-engineer partnerships and reducing the time between proof-of-concept and commercialisation.

11. Policy Uptake and Programme Impact

- National clinical protocols were updated to include tranexamic acid for postpartum haemorrhage based on the results from the Health Technology Assessment (HTA).

- The findings of an economic evaluation led to the state-level scale-up of point-of-care bleeding disorder screening.
- The SAMPADA survey was completed to provide a nationally representative evidence base for policies related to nutrition and non-communicable diseases.
- Research from ICMR-National Institute for Research in Bacterial Infections (ICMR-NIRBI) has informed international policy and contributed to India's National Action Plan on AMR 2.0.
- Contributions were made to the WHO guidelines for in-vitro diagnostics for serious bacterial infections, including neonatal sepsis.

12. Advances in Time-Critical Emergency Services

- A tele-Electrocardiogram (ECG) enabled ST-Elevation Myocardial Infarction (STEMI) care model has demonstrated the feasibility of thrombolysis at district and community health centres. Based on this evidence, the model has been adopted by the Uttar Pradesh Government as *Hriday Setu*, which is operational in 12 hubs across 46 districts.
- Drone-based medical logistics were deployed to support the rapid transport of corneal grafts and oncology samples, improving response time for transplant and cancer care services.
- A public-sector Mobile Stroke Unit integrating CT-enabled ambulances with the 108-emergency system has been operationalised in Assam. Neurologist-led stroke units established across three hospitals enable early diagnosis and intervention, supporting the induction of MSUs into the state emergency fleet.

13. Strategic Collaborations

- Collaborations with leading global academic and research institutions strengthened regulatory science, multinational clinical trials, diagnostics development, and laboratory systems.
- At the national policy level, the National Health Authority renewed its MoU with the DHR and ICMR to advance evidence-informed healthcare decision-making. This partnership has operationalised evidence-informed reimbursement reform under PM-JAY and accelerated the adoption of Standard Treatment Workflows (STW) to improve consistency of care. ICMR also expanded its global health engagement through strategic international partnerships aimed at epidemic preparedness and collaborative research. Key agreements included an MoU with the Coalition for Epidemic Preparedness Innovations, Norway, and a

Letter of Intent with the UK's National Institute for Health and Care Research, strengthening cooperation in vaccine development, outbreak preparedness, and joint health research initiatives.

- At an institutional level, multiple ICMR institutes formalised collaborations with leading global organisations and academic institutions, including Health AI, Johns Hopkins University, Tufts University, ATCC, the Frederick National Laboratory for Cancer Research, and the National Tuberculosis Reference Laboratory. These engagements supported regulatory science, multinational clinical trials, diagnostics development, tuberculosis research, HPV serology, and the strengthening of laboratory networks.
- ICMR reinforced its academic and translational research ecosystem through extensive partnerships with premier technical institutes, universities, and medical institutions. Collaborations have been established with IIT Ropar, IIT Bombay, IIT Madras, IIT Kharagpur, Maharashtra University of Health Sciences, Manipal Academy of Higher Education, University of Jammu, Gujarat Technological University, Madan Mohan Malaviya University of Technology, and Deen Dayal Upadhyay Gorakhpur University, among others.
- Several MoUs focused on One Health, environmental health, occupational health, and geospatial risk assessment, enabling interdisciplinary research on zoonotic diseases, environmental exposure mapping, industrial risk assessment, heat-health relationships, and occupational mental health. Key partners include Tamil Nadu Veterinary and Animal Sciences University, *Sher-e-Kashmir* University of Agricultural Sciences and Technology, *Sher-i-Kashmir* Institute of Medical Sciences, National Forensic Sciences University, CEPT University, and the Centre for Advanced Geomatics.
- ICMR-National Institute of Occupational Health (ICMR-NIOH) entered multiple collaborations with National Institute of Mental Health and Neurosciences (NIMHANS), CEPT University, and Gujarat Technological University to advance occupational health research, policy translation, technology development, and workforce capacity building.
- ICMR-National Institute for Research in Tuberculosis (ICMR-NIRT) has entered collaborations with national and international partners for paediatric TB clinical trials, drug-resistance surveillance, diagnostic innovation, vaccine immunology, and TB innovation hubs. Memoranda of Agreement have been executed between the National Centre for Vector Borne Diseases Control and

Hindustan Insecticides Limited for malaria elimination research and Phase III long-lasting insecticidal net (LLIN) trials.

- ICMR-National Centre for Disease Informatics and Research has collaborated with the Public Health Foundation of India to advance climate, air pollution, and exposome research under initiatives such as CHAIR-India and GEO Health-HEALS.

23. National Center for Vector Borne Diseases Control

Malaria

- India has set the goal of achieving malaria elimination by 2030.
- India has made substantial progress in reducing malaria burden. The country has achieved a reduction of 78.15% in malaria morbidity and 77.60% in malaria mortality between 2015 and 2024.
- In 2025 (till Oct. Prov.), Blood Slide Examination is 15,79,39,894 and surveillance has been increased in 25 States/UTs.
- In 2025 (till Oct. Prov.), there is 4.2% decrease in malaria cases, 7.27% decrease in Pf cases and 7.41% decrease in malaria deaths as compared to corresponding period of 2024.
- In 2024, National API was 0.18 and total 33 States/UTs have achieved API less than one except 3 States i.e. Odisha (1.48), Tripura (2.47) and Mizoram (12.89).
- In 2024, Annual Blood Examination Rate (ABER) of Country is 12.78 as compared to 9.58 in 2015.
- 160 districts in the country have reported 'zero malaria cases' from 2022-24.
- As per WMR 2024, the malaria cases and deaths reduced by 69% and 68% respectively in 2023 in comparison to 2017. The country is no longer a High Burden to High Impact (HBHI) country, as it is moving towards malaria elimination.
- Implementation of Integrated Health Management Platform (IHIP) for real time monitoring of cases & death across the country. All 36 States/UTs on boarded on IHIP VBD portal. 28 States/UTs successfully boarded on IHIP portal from paper to paperless reporting.
- ASHA incentive has been enhanced from Rs 75/- to Rs. 200/- per confirmed case of malaria for ensuring complete treatment
- At present, 35 States and UTs have made Malaria a notifiable disease and remaining States & UTs (Bihar) are under process to make malaria a notifiable disease.

- Malaria Surveillance Advisory pertaining to recording and reporting for surveillance and diagnostic protocol was issued to all 36 States/UTs on 29th September 2025.
- Advisory on Malaria Surveillance regarding the introduction of new formats for reporting asymptomatic malaria cases, modifications to the existing malaria reporting formats, and the introduction of revised malaria metric indicators to strengthen malaria surveillance and data reporting across all endemic areas was issued to all 36 States/UTs on 7th November 2025.
- Malaria microscopy has also been strengthened by National Refresher training and certification of a core group of Laboratory Technicians from different States. There are 41 Level-1 and 21 Level-2 WHO certified Laboratory technicians for strengthening microscopic activity and lab capacity building.
- With the implementation of the National Strategic Plan for Malaria Elimination under the National Framework for Malaria Elimination, it is envisaged to interrupt indigenous transmission of malaria in the country by the year 2027 and maintain malaria free status throughout the nation.

Kala-Azar

- During 2025 up to October end 424 Kala-azar cases have been reported in comparison to 444 cases reported during corresponding period of 2024, reporting a reduction of 5% of cases.
- All 633 endemic blocks have achieved the elimination target i.e. annual incidence of less than one case per 10,000 population at block level by the end of 2023 and are sustaining the same till October 2025.

Dengue & Chikungunya

- The number of identified Sentinel Surveillance Hospitals (SSHs) has been increased from 848 in 2024 to 869 in 2025 (till 30th November). These SSHs are linked with 27 Apex Referral Laboratories (ARLs) with advanced diagnostic facility.
- Case Fatality Rate (CFR) for Dengue (deaths per 100 cases) has been maintained at <1% (Prov. till 30th November).
- **Advisories:** (Total- 13) has been issued to sensitize the States.
- **Reviews:** (Total 9) have been reviewed including 2 from Hon'ble HFM on 10th and 15th September, 2025 to assess the preparedness and actions taken by the States.

- **High-level Inter-Ministerial meeting:** Joint meeting by Secretary (H) with Addl. Secretary, MoHUA to review the dengue situation and preparedness in 17 Municipal Corporations of 9 States on 2nd July, 2025.
- **IHIP VBD Portal:** For near real time reporting, implementation of IHIP-VBD portal *w.e.f.* 29th April, 2025 to 22nd May 2025.
- **Trainings for Entomologists:** Trainings organized on Malaria & other VBDs for Entomologist on 16th to 21st June 2025; 23rd to 27th June 2025; 8th to 12 September 2025; 22nd to 26th September, 2025 at NCVBDC, Delhi.
- **Webinar:** Organized Webinar series (6) from National Dengue Day on 16th May to World Environment Day on 5th June, 2025 (800 participants single day) and on 20th August, 2025 on the observance of World Mosquito Day.
- **Observance of National Dengue Day:** Observed National Dengue Day on 16th May and ‘Anti Dengue Month’ in July across the Country for intensification of preventive measures, advocacy, various IEC activities, disseminating messages on prevention and control for community sensitization before onset of Monsoon.
- **Field visits:** Gwalior, Madhya Pradesh (8-10 January), Dehradun, Uttarakhand (24-25 February); Telangana/Karnataka (5-7 March), Bengaluru (20-24 May); Deoghar, Jharkhand (4-6 June); Mumbai (4-6 July); Jharkhand (12-16 October); Arunachal Pradesh (27-28 October); Mizoram (20-22 November) and Odisha (19-22 November).

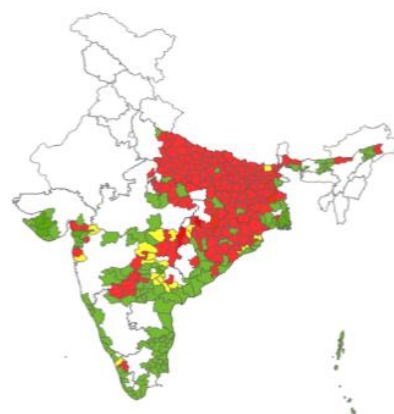
Lymphatic Filariasis

Lymphatic Filariasis (LF), commonly known as Elephantiasis (Haatipaon) is a serious debilitating and incapacitating disease transmitted through the bite of a culex mosquito. LF has been identified as a priority tropical disease, with the Government of India targeting its elimination by 2027 —well ahead of the global goal set for 2030.

Among 348 endemic districts (Figure 1- Country status)

- 174 (50%) districts across 14 states reported a microfilaria (Mf) rate exceeding 1% and continued to implement Mass Drug Administration (MDA).
- 143 districts (41%) have discontinued MDA after successfully clearing Transmission Assessment Survey 1 (TAS-1).

Figure 1: Country status



- 31 (9%) districts are currently undergoing various stages of assessment.

Key Activities/ Achievements

■ Stopped MDA	143
■ Under MDA	174
■ Under various assessments	

- 3,54,103 Morbidity Management and Disability Prevention

Kits were provided to lymphoedema patients and 63,370 hydrocelectomy surgeries conducted in 2024.

- **World NTD Day 2025** – On World NTD Day 30th Jan 2025, India Gate in New Delhi was illuminated in NTD colors, symbolizing the nation's commitment to eliminating neglected tropical diseases. The event featured cultural performances and extensive media outreach, generating over 65 national and 30 state-level stories.



NTD illumination at India Gate New Delhi on 30th Jan 2025

- **MDA Campaign Launch:** The annual MDA campaign was implemented in two phases. The Hon'ble Union Minister of Health & Family Welfare and Chemicals & Fertilizers, Shri J. P. Nadda, virtually launched the first phase of the Mass Drug Administration campaign for LF elimination on 10 February 2025, covering 111 districts across 13 states.



Launch of Feb 2025 MDA campaign (Phase 1)

The second phase of the Bi-annual Nationwide MDA campaign was conducted from 10 August 2025 across 50 districts in four states — Uttar Pradesh, Jharkhand, Odisha, and Telangana.



MDA Campaign launch 2nd Phase

- **Mass Drug Administration Reported Coverage:** In 2025, a total of **1090 blocks across 161 districts in 14 states** conducted the MDA in two phases, achieving an impressive **96% reported coverage among the eligible population** through **directly observed drug consumption** and **reached 18.48 crore eligible population**.



Directly observed consumption of MDA drugs

Japanese Encephalitis

- 341 districts covered under Routine Immunization (RI) out of 355 districts. 14 remaining districts are under surveillance.
- 42 districts (Assam (9), Uttar Pradesh (7) and West Bengal (26) have been covered under Adult JE Vaccination.
- 175 Sentinel Surveillance Hospitals (SSHs) and 15 Apex Referral Laboratories (ARLs) have been identified for diagnosis of JE.
- 619 JE IgM kits have been supplied in 2024 (till 30.11.2025)

27. Disaster Management Cell (DM Cell)

The Disaster Management Cell (DM Cell) is mandated to plan, coordinate, and strengthen preparedness and response to disasters with public health impact and other public health emergencies. The cell undertakes implementation of two Central Sector Scheme -Health Sector Disaster Preparedness and Response (HSDPR) and Human Resource Development for Emergency Medical Services (HRDEMS).

The HSDPR scheme aims to strengthen capacities of the health sector to prevent, mitigate and remain prepared to respond to the adverse outcome of disasters. This includes capacity building of manpower in various facets of disaster management through training programs: (a) Hospital preparedness for Health Emergencies for hospital administrators (b) Management of Public Health Emergencies for district health officers (c) Medical management of Radiological & Nuclear Emergencies and (d) Psycho-social care in disaster settings. Under these training programs, this year a total of 2,077 participants have been trained in 2025 (till 12.12.2025).

The HRDEMS scheme has provisions for setting up and equipping of National Emergency Life Support (NELS) Skill Centres at Government (Central/State) Medical Colleges in States/UTs for imparting skill-based trainings on emergency life support for different categories of health functionaries working in emergency departments and those providing pre-hospital care. A total of 110 NELS Skill Centres are being set up at Government Medical Colleges and Autonomous Institutes across the country and Training of Trainers (ToTs) for doctors, nurses and paramedics in NELS course have been initiated at the established centres on a Pan-India fashion. In 2025, till 11th December 2025, a total of 1044 doctors, nurses and paramedics have been trained as Master Trainers in NELS courses through 42 training programs.

Along with it, DM Cell is also establishing 16 Health Emergency Operations Centers (HEOCs) across the country at State Headquarters. These HEOCs are expected to function as a command-and-control Centres, equipped with Information Communication Technology (ICT) tools from where emergency management functions are performed targeting all phases of disaster management.

For providing necessary medical support at disaster site, 50 Bharat Health Initiative for Sahyog Hita & Maitri (BHISHM) Cubes have been deployed to the 22 identified AIIMS/INIs and the training has been imparted to all the institutes. BHISHM Cubes are portable, rapidly deployable and modular medical facility intended to provide on-site emergency lifesaving clinical care in event of disasters or other mass casualty events.

In 2025, the Cell updated and circulated this Ministry's Crisis Management Plan (CMP) for Biological Disasters and shared a template with all States/UTs to prepare State specific CMPs. Further, a National Pandemic Preparedness Plan for Respiratory Viruses has been drafted and circulated to State/UTs and concerned Ministries, after incorporating lessons from COVID-19 and adopting a whole-of-government, whole-of-society approach.

In April 2025, in collaboration with all States/UTs, a national Fire Safety Week was organized by the cell which has mobilized over 1 lakh public and private healthcare facilities for fire safety audits facilitated by standard check lists. An online course on Fire Safety at Healthcare Facilities” was also launched in the iGOT Karmayogi and SAKSHAM platform for mass awareness.

A nation-wide CPR Awareness Week was organized in October 2025 with the objective of enhancing public awareness and strengthening national capacity in by-stander Compression-Only Cardiopulmonary Resuscitation (CPR). The activity was undertaken in collaboration with all States/UTs as well as relevant Central Ministries/Departments. Overall, more than ten lakh citizens were oriented/ trained on Compression-Only CPR through various activities conducted during the week.

Additionally, as Secretariat to the Screening Committee for Research Proposals, the Cell has reviewed 288 proposals in 2025 involving foreign collaboration to ensure safety, security, and equitable benefits.

DISASTER MANAGEMENT CELL

The Disaster Management Cell (DM Cell), established under the Ministry of Health and Family Welfare in December 2020, is mandated to plan, coordinate, and strengthen national preparedness and response to disasters with public health impact and other public health emergencies. This includes major epidemics, pandemics, and other health emergencies. The Cell is also responsible for coordinating responses to these public health emergencies and addressing the health impacts resulting from natural and manmade disasters.

Monitoring of disasters and preparedness

The Disaster Management Cell was involved in monitoring the progress and health impact of Cyclone Montha (October, 2025) that affected State of Andhra Pradesh, Telangana, Odisha, and

Tamil Nadu. Prior to the landfall of the cyclone, communication was made with all the costal State/UT for necessary public health preparedness measures.

During Myanmar earthquake (March, 2025), as per directions received, multi-disciplinary medical teams were kept in a state of readiness for deployment.

Preparedness activities for disaster management

(a) Crisis Management Plan for Biological Disasters:

In accordance of Cabinet Secretariat's National Crisis Management Plan 2019, the Crisis Management Plan (CMP) for Union Ministry of Health & Family Welfare is prepared and update annually. For the year 2025, Crisis Management Plan has been updated and also circulated among all concerned Central Ministries/departments as well as States and UTs.

Also, pursuant to the directions received from Cabinet Secretariat, in context of need for strengthening preparedness measures and as well as to maintain continuity of essential services, the State specific model crisis management plan template for managing Biological Disaster as prepared by this Ministry has been circulated with all State/UTs with the request to consider suitably adapting and adopting State/UT specific Crisis Management Plans on preparedness and response to biological disasters, while also to consider the issuing of similar directions to all districts in this regard.

(b) National Pandemic Preparedness Plan for Respiratory viruses (NPPP-RV)

A Pandemic Preparedness Plan for Respiratory viruses (NPPP-RV) has been prepared in consultation with experts and officials from institutes/ organizations and has been circulated for comments with relevant Ministries/Departments/ Organization for seeking their comments/ inputs. The said plan is based on leaning from India's COVID-19 management, contemporary developments in global health governance and follows a phase wise, whole of government, whole of society approach to guide actions during all phases of pandemic management.

(c) Fire safety at health facilities:

To promote fire safety at healthcare facilities, **Fire Safety Week** was conducted from **21-25 April, 2025**. All State/UTs were requested to conduct Fire Safety Audit in their respective healthcare facilities. To facilitate the same a checklist on Fire & Electrical safety audit was also shared with the State/UTs and provisions were created in the Integrated Health Information Platform (IHIP) for submission of data. A total 52,368 public and 48,076 private healthcare facilities across the nation participated in this activity. After the completion of the Fire Safety Week and directions received from Hon'ble HFM, communication was sent to State/UTs on the necessary fire preventive preparedness activities including fire safety audits.

DM cell in collaboration with National Fire Service College, Nagpur conducted one-day workshop on “Preparation of Patients for Safe Evacuation during Fires” on 27th April, 2025. The workshop focused on evacuation strategies, critical disconnection procedures, and effective fire response coordination in healthcare settings, aiming to strengthen preparedness and ensure patient safety during fire emergencies. A number of participants from AIIMSs,



Central Government hospitals and partner training institutes attended the training program.

(d) National Workshop on Health Sector Disaster Preparedness and Response & Fire Safety in Healthcare Facilities:

A second National Workshop on “Health Sector Disaster Preparedness and Response & Fire Safety in Healthcare Facilities” was held on 6 -7 May, 2025 at Dr. Ambedkar International Centre, New Delhi. The objective of the workshop was to cultivate a culture of safety and preparedness in healthcare institutions across the country from various disasters including fire incidences at healthcare facilities.



The workshop was inaugurated by Hon'ble Union Minister of Health and Family Welfare, Government of India in presence of Member and HoD, National Disaster Management Authority (NDMA), Secretary (Health), Director General (Health Services) and Additional Secretary (PH&P). The workshop brought together key stakeholders: NDMA, National Institute of Disaster Management; Bhabha Atomic Research Center; Directorate General Fire Services, Civil Defence & Home Guards; National Fire Service College, Nagpur; National Center for Disease Control; AIIMS New Delhi, Central Design Bureau; WHO – India Country office and representatives of various Central Government hospitals along with representatives from State/UTs.

To promote capacity building of healthcare professionals, Hon'ble Union Health Minister also launched an **online course on 'Fire Safety in Healthcare Facilities'** on the iGOT Karmayogi (available at:

https://portal.igotkarmayogi.gov.in/public/toc/do_1143052789530787841562/overview). The course has launched with an aim to provide accessible and structured learning to personnel across various levels of the healthcare system. Best performing State/UTs during the pan-India Fire Safety Week, 21-25 April, 2025 were also felicitated during the workshop.

The workshop covered several key areas: Challenges posed by climate change, preparedness and response to Biological Emergencies, Response to Radio-nuclear emergencies, Role of Health Emergency Operations Centers (HEOCs) in health sector disaster management, Mass Casualty Incident Management, Crisis Management Plan, Fire Safety at Healthcare Facilities etc.



Interactive table-top exercises were also conducted on fire safety at healthcare facilities as well as other disaster scenarios including public health emergencies. The exercise engaged participants in structured, scenario-based discussions, fostering critical thinking and collaborative problem-solving. Attendees provided practical inputs and response strategies aligned with established emergency protocols.

(e) Cardiopulmonary Resuscitation CPR Awareness Week

The Ministry of Health and Family Welfare organized a pan-India CPR Awareness Week from 13 to 17 October 2025 with the objective of enhancing public awareness and strengthening national capacity in Compression-Only Cardiopulmonary Resuscitation (CPR). The initiative sought to sensitize citizens to the critical importance of early bystander intervention during cardiac arrest and other medical emergencies, particularly in light of India's low bystander CPR rates compared to global benchmarks.



The event was inaugurated with a pledge taking ceremony under Union Secretary (Health) which was followed by a physical demonstration and hands-on training on CPR for senior officials of this Ministry. This was followed by a series of coordinated activities conducted throughout the week to promote CPR knowledge across diverse population groups. A national pledge and live CPR demonstration were conducted through the online platforms, joined by 14,701 participants, while 83,733 citizens took the digital CPR pledge on the MyGov portal. A panel discussion on “CPR Techniques and the Role of Bystanders”, featuring experts from various Central Government Hospitals, engaged 10,129 participants and included demonstrations of CPR and the use of Automated External Defibrillators (AEDs).



Extensive hands-on training sessions were conducted by States and UTs, various Central Ministries/ Departments/ Organizations as well as professional bodies, resulting in 8,28,221

individuals being trained nationwide. Demonstration sessions were also organized at Nirman Bhawan throughout the week. Citizen engagement was further enhanced through a national CPR Quiz hosted on MyGov and MyBharat, in which 60,742 participants took part, supported by 380 youth volunteers under the Volunteer for Bharat initiative.\



The CPR demonstration held on 13th October in the presence of the Secretary (Health) received extensive media coverage through Doordarshan and other agencies. Additionally, DD News broadcast a special programme on 19th October titled “Total Health – Medical Emergency”, featuring expert discussions and live CPR demonstrations from AIIMS New Delhi.

Overall, more than ten lakh citizens were engaged through various activities conducted during the week, and 8,28,221 individuals received hands-on CPR training, significantly enhancing national preparedness and capacity for timely bystander response in medical emergencies.

(f) **Operation Sindoor:** During Operation SINDOOR, Union Ministry of Health and Family Welfare deployed BHISHM Cubes to UT Administration of Jammu & Kashmir to enhance the Union Territory’s capacities for on-site triage, stabilization, and referral, in the face of high-impact emergencies. Further, a 24x7 helpline was activated in the Cell to coordinate intra- and inter-sectoral response in case of any exigencies.

Programme areas: The division implements two Central Sector Schemes

(i) Human Resource Development for Emergency Medical Services (HRDEMS): The scheme has provisions for setting up and equipping of National Emergency Life Support (NELS) Skill Centres at Government (Central/State) Medical Colleges in States/UTs for imparting skill-based trainings on emergency life support for different categories of health functionaries working in emergency departments and those providing pre-hospital care.

A total of 120 NELS Skill Centres is being set up at Government Medical Colleges and Autonomous Institutes across the country and Training of Trainers (ToTs) for doctors, nurses and paramedics in NELS course have been initiated at the established centres on a Pan-India fashion. In 2025, till 11th December 2025, a total of 1044 doctors, nurses and paramedics have been trained as Master Trainers in NELS courses through 42 training programs.

Further, for wider access to a larger population, the NELS course for paramedics has been digitized and is available on the SAKSHAM portal (<https://lmis.nihfw.ac.in/course/index.php?categoryid=86&short&instructor=0&class=nmcn&categoriesFetched=false&restrict=0&page=0>).



(ii) Health Sector Disaster Preparedness and Response (HSDPR): The scheme aims to strengthen capacities of the health sector to prevent, mitigate and remain prepared to respond to the adverse outcome of disasters. This includes capacity building of manpower in various facets of disaster management through training programs mentioned below:

- **Hospital preparedness for Health Emergencies for hospital administrators:** It includes preparedness of hospitals during the pre –disaster period at the management level of the hospital for up gradation of its infrastructure, skill and knowledge for disaster management. In 2025, till 11th December 2025, a total of 580 healthcare functionaries has been trained



through 17 trainings under this program.

- **Management of Public Health Emergencies for district health officers:** It includes preparedness of the district health sector during the pre – disaster period for effective response and mitigation during a disaster. In 2025, till 11th December 2025 a total of 603 healthcare functionaries has been trained through 17 trainings under this program.



- **Medical management of Radiological & Nuclear Emergencies:** It includes medical management of cases during Radiological and Nuclear disasters. In 2025, till 11th December 2025, a total of 351 healthcare functionaries has been trained through 12 trainings under this program.



- **Psycho-social care in disaster settings:** It includes necessary psychosocial support to victims and dear ones to cope with the disaster situation. In 2025, till 11th December 2025, a total of 543 healthcare and allied functionaries has been trained through 14 trainings under this program.

Details of all trained healthcare professionals have been made available at State/UT level to State (Disaster) Nodal Officers using the IHIP- DM Cell portal for their further utilization at the time of crises and/or to undertake further trainings at peripheral levels.

The scheme also includes infrastructure development for medical management of Chemical, Biological, Radiological and Nuclear emergencies in the country by providing for setting up of CBRN medical management centres. Of these works related to establishment of two tertiary level CBRN medical management centres (one each) (with Integrated Bone Marrow Transplantation Centre) at Chengalpattu Medical College, Chengalpattu, Tamil Nadu and Bhopal Memorial Hospital and Research centre (BMHRC), Bhopal has been initiated.

(iii) DM Cell components under PM-ABHIM:

As a part of initiatives aimed at strengthening of disaster and epidemic preparedness, the following activities were undertaken by DM Cell:

- **Establishment and operationalization of sixteen Health Emergency Operations Centres (HEOCs) in identified States/UTs:** These HEOCs are expected to function as a command-and-control Centres, equipped with Information Communication Technology (ICT) tools from where emergency management functions are performed targeting all phases of disaster management. MoUs have been signed with all sixteen identified States/UTs for the setting up of the HEOCs, including Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Nagaland, Odisha, Puducherry, Rajasthan, and Uttarakhand.
- **Procurement and operationalization of fifty Bharat Health Initiative for Sahyog Hita & Maitri (BHISHM) Cubes in identified twenty-two Central Government hospitals:** The BHISHM Cubes are portable, rapidly deployable and modular medical facility intended to provide on-site emergency lifesaving clinical care in event of disasters or other mass casualty events. Each BHISHM cubes has the capacity to handle about 200 cases of diverse nature in emergency situations such as trauma, bleeding, burns, fractures, etc. Apart from procurement, the doctors and nurses in these institutes have also been trained on use of BHISHM Cubes.

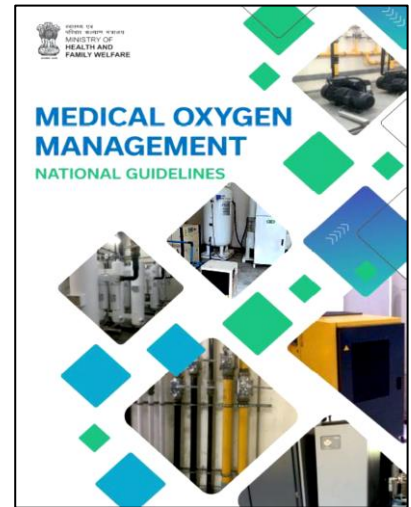
Fifty BHISHM Cubes have been deployed to the twenty-two identified central institutions/hospitals and the training has been imparted to all the institutes. The draft SOP framework for the deployment of the BHISHM Cubes has been prepared.

Other activities undertaken by DM Cell

1) Medical oxygen management

Ministry of Health and Family Welfare released National Guidelines on Medical Oxygen Management on 27th March 2025 in a significant step toward strengthening the country's medical oxygen infrastructure and ensuring uniform best practices in oxygen management across healthcare facilities.

In 2025, to assess operational readiness of Medical Oxygen Infrastructure, the Ministry has organized two rounds of pan-India PSA plant mock drill from 2nd April- 2nd June and 22nd September- 4th November respectively. The PSA mock drill was aimed to evaluate the functionality of PSA plants, ensuring preparedness to meet any future surge in medical oxygen demand.



- **Clinical Trainings - Capacity Building Programme for Medical & Nursing Officers on Medical Oxygen Management and its use (AIIMS, New Delhi)** –A total of 448 master trainers have been trained from AIIMS, INIs, premium medical institutes across the regions and, State Nodal Officers (SNOs) for Oxygen management through seven regional workshops.
- **Technical Training- Capacity Building Programme for Technical Personnel on Operation and Maintenance of Medical Oxygen Equipment (NIHFW, Delhi)** - Till 11th December 2025, a total of three training workshops for biomedical engineers, PSA plant operators, manifold technicians and other staff responsible for operation and maintenance of medical oxygen equipment has been held, with approx. 320 participants trained.

2) Department of Health and Family Welfare's Screening Committee for Research Proposals (SCRPP)

A Department of Health and Family Welfare (DoHFW's) Screening Committee for Research Proposals (SCRП) was constituted to undertake a review of research proposals on life sciences (including research studies in humans, animals, plants and environment) by Government entities involving foreign collaboration/funding.

The Disaster Management Cell under the Ministry of Health & Family Welfare, as Secretariat to the SCRП, receives proposals through the Department of Biotechnology's BIORRAP portal and undertakes the process for review in terms of National safety and security, Potential benefits for the country, sharing of equitable benefits, Ethical sharing of data and samples, Benefit to Indian researchers in aspects beyond mere data collection and scrutinize the research proposals (for necessary approvals) before presenting the same during SCRП meetings.

Since its inception, till 11th December 2025, the Screening Committee for Research Proposals (SCRП) reviewed 287 research proposals received through the Biological Research Regulatory Approval Portal (BioRRAP) under Department of Biotechnology.

27. Central Drugs Standard Control Organisation (National Drugs Regulatory Authority of India)

1. Introduction of Online Risk Classification Module for Medical Devices

To simplify regulatory approval procedures and promote ease of doing business, CDSCO introduced a Risk Classification Module on the CDSCO Online System for Medical Devices for medical devices other than In-Vitro Diagnostic (IVD) medical devices. The module has been made functional for all stakeholders with effect from 27.11.2025 at <http://cdscomdonline.gov.in>.

2. Mandatory Display of PvPI QR Code at Pharmacies

On 20.11.2025, CDSCO issued a circular to all State Licensing Authorities, mandating that all retail and wholesale pharmacies across India prominently display the Pharmacovigilance Programme of India (PvPI) QR Code along with the toll-free number. This initiative aims to simplify reporting of adverse drug reactions (ADRs) by the public and healthcare professionals through India's PvPI ADR Monitoring System.

3. Risk-Based Inspections of Drug Manufacturing Premises

To assess regulatory compliance of drug manufacturing premises, CDSCO, in coordination with State Drugs Controllers (SDCs), has conducted Risk-Based Inspections of more than 960 manufacturing units since December 2022. Based on inspection findings, over 860 regulatory actions, like issuance of show cause notices, stop production order, suspension,

cancellation of licenses /product licenses, warning letters have been taken by the State Licensing Authorities.

4. Digital Monitoring of High-Risk Solvents through ONDLS

CDSCO implemented a digital monitoring system on the Online National Drugs Licensing System (ONDLS) portal for tracking the supply chain of high-risk pharmaceutical solvents. Vide letter dated 22.10.2025, all State/UT Drug Controllers were directed to ensure that manufacturers of pharma-grade solvents obtain manufacturing licenses through the ONDLS portal. Manufacturers are required to upload batch-wise details, including quantity manufactured, Certificates of Analysis, and details of vendors to whom solvents are sold from time to time.

5. Digitization of Certificate of Pharmaceutical Product (CoPP)

To streamline the application and grant process of the Certificate of Pharmaceutical Product (CoPP), CDSCO mandated that, with effect from 15.07.2025, CoPPs issued by State Drugs Controllers under the WHO-GMP Certification Scheme for international commerce shall be applied for and granted to applicant through the ONDLS portal.

6. Launch of SHRESTH Index for State Drug Regulatory Systems

On 12.08.2025, Union Health Ministry through CDSCO launched for the first time a virtual gap assessment tool for states to assess their current position and help towards maturity certification called SHRESTH Index. SHRESTH Index will enable targeted improvements in human resources, infrastructure, and digitization across states, ensuring drug safety is guaranteed for every Indian, regardless of geography.

7. Guidelines on Disposal of Expired/Unused Drugs

On 26.05.2025, CDSCO issued guidelines for the safe and environmentally sound disposal of expired and unused drugs.

8. Inclusion of Certain Modified-Release Formulations as New Drug

On 24.02.2025, CDSCO informed all State Drug Controllers that Gastro-Resistant Tablets/Capsules and Delayed-Release Tablets/Capsules have been included under the definition of “New Drugs” as per Rule 2(1)(w) of the New Drugs and Clinical Trials Rules, 2019.

9. Drug Sample Testing in 2025:

Till date, a total of 16,548 drug samples were received in CDSCO laboratories in FY 2025-26, of which 1,014 samples were declared as Not of Standard Quality (NSQ).

Indian Pharmacopoeia Commission, Ghaziabad (Autonomous body):

- **International Recognition of Indian Pharmacopoeia:**

Indian Pharmacopoeia recognized and accepted as a book of standards in 19 countries, including Afghanistan, Bhutan, Botswana, Cuba, Ghana, Guyana, Fiji, Liberia, Malawi, Maldives, Mauritius, Mozambique, Nauru, Nepal, Nicaragua, Solomon Islands, Sri Lanka, Suriname, and Trinidad & Tobago.

Ongoing efforts to expand acceptance in Central Asia, South Asia, Africa, Europe, South America, and Latin America, enhancing India's global regulatory footprint.

- **National Role under Central Sector Scheme:**

IPC functions as the National Coordination Centre (NCC) for the Pharmacovigilance Programme of India (PvPI). PvPI implemented as a Central Sector Scheme to collect, collate, and analyze adverse events related to medical products, ensuring patient safety and favorable benefit–risk balance of medicines.

- **Expansion of Adverse Drug Reaction Monitoring Centres (AMCs):**

Recognition of healthcare institutions, medical colleges, and pharmacy colleges as AMCs under PvPI. 95 new AMCs enrolled in 2025, increasing the total to 1,120 AMCs nationwide. AMC presence established in all States and Union Territories, with a goal to cover every district.

- **Contribution to Global Pharmacovigilance (WHO-VigiBase):**

1. 139,911 Individual Case Safety Reports (ICSRs) submitted during the index period.
2. Total of 1,055,954 ICSRs submitted to WHO-VigiBase.
3. India ranked as the 8th largest global contributor of ICSR.
4. Highest average completeness score of ICSR among all reporting countries.

- **WHO Collaborating Centre Status:**

Continued recognition of IPC-PvPI as a WHO-Collaborating Centre for Pharmacovigilance in Public Health Programmes and Regulatory Services.

- **Drug Safety Communication and Regulatory Support:**

Issuance of 11 Drug Safety Alerts, 2 Signals, and 4 Package Insert Leaflet (PIL) update advisories. Strengthened stakeholder awareness and monitoring of identified drug–ADR combinations.

- **Capacity Building and Training:**

Conducted 2,228 training programmes. Trained 1,80,518 healthcare professionals and consumers, strengthening national pharmacovigilance capacity.

- **National Pharmacovigilance Week (NPW) 2025:**

Organized 5th National Pharmacovigilance Week from 17–23 September 2025 across the country. Theme: “Your safety, just a click away: Report to PvPI”, promoting digital ADR reporting.

- **Public Awareness and Outreach Initiatives:**

Launch of pharmacovigilance comic “RRR: Endgame of Side Effects” in 13 vernacular languages (Assamese, Bengali, English, Gujarati, Hindi, Kannada, Malayalam, Marathi, Oriya, Punjabi, Tamil, Telugu, and Urdu). Released during NPW inaugural ceremony at Bharat Mandapam, New Delhi.

- **Digital and Patient-Centric Reporting Systems:**

Launch of upgraded Toll-Free IVRS Helpline (1800-180-3024) in 10 multilingual options for ADR reporting. Introduction of QR Code–based online ADR reporting platform, enabling direct reporting by patients and caregivers.

- **Knowledge Dissemination:**

Publication of two quarterly PvPI newsletters (Vol. 15, Issue 1 & 2), sharing pharmacovigilance updates with stakeholders.

- **Employment Generation and Future Expansion:**

Expansion and continuation of the Central Sector Scheme PvPI to support employment of trained contractual pharmacovigilance professionals across AMCs, subject to performance and fund availability.

National Institute of Biologicals, Noida (Autonomous body):

- **Statutory and Regulatory Role:**

Continued functioning as a notified Central Drugs Laboratory (CDL) and Central Medical Device Testing Laboratory (CMDTL). Ensured quality, safety and efficacy of biologicals, immunobiologicals and in vitro diagnostic (IVD) devices under the Drugs & Cosmetics Act, 1940, associated Rules, and the Medical Devices Rules, 2017.

- **Testing and Quality Assurance:**

Tested 2,106 biological samples referred by CDSCO, its zonal/port offices, and State/Government Medical Supplies Corporations during 2025. Undertook comprehensive quality control testing, including biochemical, immunological, molecular and in vivo assays. Issued Certificates of Analysis (CoAs) in a timely manner. Identified 76 samples as Not of Standard Quality (NSQ), preventing substandard products from reaching patients and safeguarding public health.

- **Accreditation and Quality Systems:**

Sustained ISO/IEC 17025:2017 accreditation for chemical and biological testing laboratories.

- **Expert Contributions and National Representation:**

Scientists actively contributed to expert committees and bodies such as BIS, IPC, ICMR, CDSCO and MedTech Mitra. One NIB scientist selected to the AAALAC International Council, enhancing India's global representation in laboratory animal care and accreditation.

- **Capacity Building and Training:**

Organized multiple training programmes, Continuing Medical Education (CME) activities and expert lectures for regulators, scientists and healthcare professionals. Strengthened regulatory science, laboratory competence and compliance nationwide.

- **Regulatory Inspections and Technical Support:**

Provided technical expertise during joint inspections of: Manufacturing premises with CDSCO, Animal facilities with CCSEA, International accreditations with AAALAC, and Testing laboratories as NABL assessors. Supported effective enforcement and implementation of standards in India.

- **Advancement in Diagnostic Testing:**

Made progress towards establishing quality control testing for Malaria IVD kits, aligned with national disease elimination goals.

- **Haemovigilance Programme of India (HvPI):**

Continued as the national anchor for HvPI. Expanded enrolment of blood centres and conducted expert-led data reviews to enhance transfusion safety across the country.

- **Research and Scientific Output:**

Published 14 peer-reviewed research articles and book chapters. Engaged in national and international research collaborations.

- **Institutional Outreach and Coordination:**

Hosted laboratory visits and orientation programmes for senior government officers and technical delegations. Enhanced institutional visibility and inter-agency coordination.

- **Overall Impact:**

Reinforced NIB's role as a cornerstone institution supporting the Ministry of Health & Family Welfare (MoHFW) in regulatory assurance, public health protection, capacity building and scientific excellence. Prepared for expanded testing mandates and emerging national health priorities in 2025 and beyond.

28. Central Government Health Scheme (CGHS)

The Central Government Health Scheme (CGHS) is a health scheme of the Government mainly for serving / retired Central Government employees and their dependent family members. The scheme was started in Delhi in the year 1954. Over the time, it has spread to 81 cities. It serves nearly 15, 93,741 primary cardholders and 42, 30,229 beneficiaries through a network of 342 Allopathic Wellness Centres and 111 AYUSH Units.

I. Salient Features of CGHS facilities available to CGHS beneficiaries

CGHS provides comprehensive healthcare services to its beneficiaries through a wide network of Wellness Centres, polyclinics and laboratories offering OPD facilities and medicines. For investigations and indoor treatment, CGHS has empanelled hospitals and diagnostic centres across various cities. Beneficiaries are referred by CGHS Wellness Centres to Government hospitals or specialists of empanelled hospitals for expert consultation, and based on such recommendations, are further referred to private empanelled hospitals for indoor treatment wherever required. A CGHS Medical Officer/CMO permits OPD consultation with specialists at empanelled private hospitals on referral, while beneficiaries aged 70 years and above are entitled to direct specialist consultation at empanelled hospitals. Medicines are issued as per prescriptions of CGHS or other Government doctors in accordance with the CGHS formulary and are supplied through CGHS dispensaries; medicines not available in the dispensary are procured through Authorized Local Chemists and provided to beneficiaries.

II. The Ministry has taken following recent initiatives for improvement of CGHS:

- a) A sanction order for opening of 22 new CGHS Wellness Centres across the country has been issued by this Ministry in accordance with the approval from DoPT as well as Department of Expenditure. The 22 new Allopathic Wellness Centres shall be located at Bhilai, Durg, Narmadapuram , Bahdurgarh, Rewari, Rohtak, Jamshedpur, Sabarmati, Bharatpur, Alwar, Haldwani, Nainital, Dharmshala, Kangra, Patiala, Udupi, Shivamogga, Warangal, Tirupathi, Navi Mumbai, Hapur and Mangalore.
- b) Rates for nearly 2000 tests/investigations have been revised which came into effect from 13.10.2025. The applicability of these revised rates shall be governed by the tier-wise classification of cities, namely Tier-I, Tier-II and Tier-III. Health Care Organizations (HCOs) situated in these cities shall now be eligible for empanelment under CGHS as per the revised norms. CGHS beneficiaries shall be entitled to avail medical services directly from such empanelled hospitals in accordance with the existing CGHS guidelines.
- c) CGHS has made significant strides in adopting technology to enhance service delivery. A major achievement is the customization and deployment of "E-Sushrut," a Hospital Management Information System (HMIS) developed in partnership with the Centre for Development of Advanced

Computing (CDAC). This system integrates critical modules such as the CGHS Card Module, Registration Module, and Medical Reimbursement Claim Module etc.

d) The digital transformation extends to beneficiary engagement through the "myCGHS 2.0" mobile application. This app allows beneficiaries to book appointments, access medical history (medications and referrals), and download electronic CGHS cards and geo-locate CGHS wellness centres and offices.

e) To ensure the availability of essential medicines, CGHS has implemented the Drug & Vaccine Distribution Management System (DVDMS). This web-based supply chain solution manages the distribution and demand prediction of drugs across the network, featuring a central dashboard for oversight. The system ensures that common medicines are dispensed immediately from wellness center stocks, while non-available items are indented through Authorized Local Chemists (ALC) and typically made available by the next working day.

III. Details of CGHS Hospitals and Wellness Centres:

The CGHS has 453 CGHS Wellness Centres and Units (342 Allopathic and 111 AYUSH) in the country at different locations / cities providing medical care to its members in Allopathic, Homeopathic, Ayurveda, Unani and siddha systems of medicine.

In addition, hospitals functioning under CGHS are as indicated below-

- (1) Maternity and Gynae Hospital, R.K. Puram, New Delhi - a 40-bedded hospital; and
- (2) Ayurveda Hospital, Lodhi Road, New Delhi - a 25-bedded hospital.

CGHS Wellness Centers according to different Systems of Medicine State-wise.

30. National Programme for Prevention and Management of Trauma and Burn Injuries (NPPMTBI)

The Ministry of Health & Family Welfare has established 196 Trauma Care Facilities (TCFs) and 47 Burn Units during 11th & 12th Five-year Plans under National Programme for Prevention & Management of Trauma & Burn Injuries (NPPMT&BI). Financial support is provided in terms of release of the

balance central share. The Programme has approval to be continued till 31.03.2026 under the umbrella scheme- National Tertiary Care Scheme (NTCS).

Objectives of the programme are as follows:

- To reduce the mortality and morbidities occurring due to injuries (including trauma and burns), by developing a system of services at pre- hospital & hospital level and continuum of care through rehabilitation.
- To promote Training and Research in the field of Emergency, Trauma and Burn Care.
- To generate awareness about prevention and first aid for emergency & trauma care among the general masses and vulnerable age groups by developing and disseminating IEC material.
- To develop linkages with other Stakeholders for coordinated efforts in preventing injuries.
- To provide technical support & knowledge assistance to create centre of excellence from trauma and Burn Care in existing Government Medical Colleges by undertaking needs assessment and providing guidance.
- To develop a model of Integrating Emergency Departments & Trauma Care Facilities for optimal utilization of available resources.

Key achievements for the Year 2025-2026 (up to Dec-2025):

- 7 Medical Colleges/Institutes have been declared as Centre of Excellence (CoE) under NPPMT&BI vide order dated 23.10.2025 in addition to existing 07 CoEs.
- Standard Treatment Guidelines for Trauma care management and Standard Treatment Guidelines for Management of Burns have been developed.
- Capacity building- approx. 2100+ Healthcare Professionals such as doctors, nurses and other para medical staff have been trained by COEs and Dr. RML Hospital.
- Sensitization cum National Review Meeting has been held in AIIMS, New Delhi under NPPMT&BI.

31. National Programme for Prevention and Control of Non-Communicable Diseases

In order to prevent and control major NCDs, the Government is implementing the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) with focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral.

Under NP-NCD, 770 District NCD Clinics, 233 district Cardiac Care Units, 372 District Day Care Centre, 6410 CHC NCD Clinics have been setup across the country.

A population-based initiative for prevention, control and screening for common NCDs i.e. diabetes, hypertension and common cancers has been rolled out in the country under National Health Mission (NHM) and also as a part of Comprehensive Primary Health Care. Under the initiative, persons more than 30 years of age are targeted for their screening for five common NCDs (Hypertension, Diabetes, Oral, Breast & Cervical Cancer) of 30+ population.

National NCD Portal enables population enumeration, risk assessment and screening for five common NCDs. Till 22nd December 2025, Pan India, total enrolment (30 years+) through NCD application is 74.97 crore and 51.53 crore were screened and their record is maintained in NCD application (including State using own application and sending aggregate data.).

National NCD Workshop (Hyderabad, 8–9 January 2025)

The Ministry of Health and Family Welfare, in collaboration with the Government of Telangana, organized a National Workshop on NCDs to review progress, challenges, and best practices in prevention, screening, and management of diseases such as hypertension, diabetes, cancer, CKD, and NAFLD.



Key sessions highlighted priorities under the National Programme for Prevention and Control of NCDs (NP-NCD), showcasing initiatives like the India Hypertension Control Initiative and National NCD Portal. States including Assam and Rajasthan shared innovative models for community-based interventions.



Sessions on health promotion emphasized campaigns such as Fit India Movement, Eat Right India, and Tobacco-Free Youth, alongside AYUSH's role in integrating yoga for wellness. The research session underscored the need for digital health, AI applications, and community-based studies to strengthen evidence-based action.

Further discussions expanded the NP-NCD scope to STEMI, CKD, and NAFLD, highlighting scalable models from Himachal Pradesh and Uttarakhand. Sessions on cancer care and service strengthening showcased state innovations like Kerala's HPV vaccination, Telangana's hub-and-spoke diagnostic model, and Tamil Nadu's home-based care scheme, reinforcing India's commitment to comprehensive and equitable NCD care.

Special Days pertaining to NCD like National Cancer Awareness Day (7th November), World Hypertension Day (17th May), World Stroke Day (29th October), World Heart Day (29th September), World COPD Day (15th November), World Diabetes Day (14th November), World Cancer Day (4th February), World Kidney Day (10th March), World Liver Day (19th April) were observed through different social media handles of the Ministry.

Pradhan Mantri National Dialysis Program (PMNDP):

Pradhan Mantri National Dialysis Programme (PMNDP) was launched for chronic kidney disease during year 2016-17 to support in all district hospitals in-house mode / Public Private Partnership (PPP) mode under NHM. Haemodialysis services are provided under the program. Peritoneal Dialysis is also included 2020 onwards.

The PMNDP portal was launched on 05 May 2022. It is integrated with ABHA ID. The PMNDP portal provides for portability and integration of dialysis centres under NHM.

Status- PMNDP has been implemented in total 36 States/UT in 751 Districts at 1750 centres with 12575 hemo-dialysis machines. Total 29.79 lakh patient availed dialysis services and 382.94 Lakh Hemo-dialysis sessions held- as on 22nd December 2025.

Strengthening of Tertiary Cancer Care Centres Facilities Scheme

Since 2014-15, the Central Government implements the Strengthening of Tertiary Cancer Care Centres Facilities Scheme in order to enhance the facilities for cancer care at tertiary level. Under this scheme, 19 State Cancer Institutes (SCIs) and 20 Tertiary Cancer Care Centers (TCCCs) have been approved. Under the scheme, there is provision of providing one time grant up to Rs. 120 crores

for SCI and up to Rs. 45 crores for TCCC including State share. The funds sharing ratio between Centre and State is 60:40 while for NE and Hilly States the ratio is 90:10. 20 SCIs, 19 TCCCs and 439 DCCCs are functional and offering patient care services.

National Workshop on Strengthening Cancer Care (27th-28th November 2025)

The Ministry of Health & Family Welfare organised the National Workshop on Strengthening Cancer Care at Sushma Swaraj Bhawan, New Delhi. The workshop was inaugurated by Ms. Punya Salila Srivastava, Secretary (Health & Family Welfare), and witnessed participation from the Principal Secretaries, Mission Directors (NHM), senior officials, and State/UT Nodal Officers working in the areas of NCDs and cancer control. The one-day deliberations on cancer care reflected the Government's strong commitment to improving access, quality, and decentralised management of cancer services across the country.



In her keynote address, the Health Secretary reaffirmed that the Government of India has placed cancer care high on the national health agenda, with a special focus on expanding services closer to communities. She emphasised that the establishment of Day Care Cancer Centres (DCCCs) in all districts, as announced in the Union Budget 2025–26, is a visionary reform that will significantly reduce the burden on tertiary cancer institutes and ensure timely follow-up chemotherapy, supportive care, and improved referral linkages for patients. She stressed that India is moving towards a robust continuum of cancer care from community-level prevention and screening to district-level treatment and advanced

care at regional cancer centres under the National Health Mission through the National Programme for Prevention and Control of Non-Communicable Diseases.



Non-Alcoholic Fatty Liver Disease (NAFLD) is known and leading cause of liver failure globally as well as in India. NAFLD interventions have been included within the broad structure of NP-NCD in 2020 to guide a range of strategies including health promotion activities which are crucial to prevent NAFLD. Operational guidelines for NAFLD were developed and disseminated to enhance the capacity of the program managers at the state, district and sub- district level. Revised Operational guidelines for NAFLD have been developed and released on 27th September 2024.



Liver Health Camp (World Liver Day – April 2025)

In observance of World Liver Day, the Ministry of Health and Family Welfare (MoHFW), in collaboration with the Institute of Liver and Biliary Sciences (ILBS), organized a two-day Liver Health Camp for the officers and staff of Nirman Bhawan on 21st and 22nd April 2025.



The camp was inaugurated by the Hon'ble Minister of Health and Family Welfare, in the esteemed presence of the Hon'ble Minister of State for Health and Family Welfare, the Director General of Health Services, the Additional Secretary (Public Health), MoHFW, and the Director of ILBS.

Chronic Obstructive Pulmonary Diseases (COPD): COPD and asthma are major public health problems. Chronic respiratory diseases resulted in 10.9% of all deaths in India (ICMR 2016). Tobacco use, air pollution, allergen, occupational agents, unhealthy diet, physical inactivity, obesity are few of the risk factors. Early detection, management, appropriate referral and continuum of care, the care for COPD patients under the NP-NCD programme is initiated. Main focus of awareness is on indoor air pollution. Support has been provided to the States/UTs for equipment and drugs under NHM.

32. National Viral Hepatitis Control Program (NVHCP)

The National Viral Hepatitis Control Program (NVHCP) was launched in 2018 under National Health Mission in line with Sustainable Development Goal (SDG) 3.3 with the aim to combat hepatitis. The key strategies adopted under the program include preventive, promotive and curative

interventions with a focus on awareness generation, increasing access and promoting diagnosis. Under the program free diagnostics and treatment are provided to all eligible patients. During 2018– September 25, it has screened nearly 18.23 crore individuals through the health systems and treated more than 5.46 lakh patients through 1140 treatment sites across the country.

Currently, services for the diagnosis and treatment of viral hepatitis are available in all the states and UTs. The program has collaborated with existing programs such as the National Program for Surveillance of Viral Hepatitis (NPVSH), Reproductive Maternal Newborn Child Adolescent Health plus Nutrition (RMNCAH+N), Universal Immunization Program (UIP), National AIDS Control Program (NACP) etc. for its effective implementation. The program has paperless data recording & reporting on NVHCP Management Information System (NVHCP-MIS) for robust monitoring & evaluation.

S. No.	Indicator	Achievements (January – September 2025) (approx.)
1.	Total number of persons screened for hepatitis B and C	4,20,29,000
2.	Total number of new patients initiated on treatment for hepatitis B and C	1,11,000

Source: NVHCP MIS portal

32. National Programme for Prevention and Control of Deafness (NPPCD)

Hearing loss is the most common sensory deficit in humans today. As per WHO estimates (done in 2001), in India, approximately 63 million people, suffered from significant hearing impairment, i.e. 6.3% in Indian population.

To manage this huge burden of deafness / hearing impairment, the Government of India launched the **National Programme for Prevention and Control of Deafness (NPPCD)** in year 2007, on pilot mode. Currently, in year 2024, the programme is under implementation in a total of 587 districts of our country, spread over 36 states/UTs.

The goal of the programme is to eliminate “Preventable-Deafness”, decrease the prevalence of deafness to <1% and to empower the hearing-impaired persons.

Hearing aids are provided to identify hearing impaired persons as per terms and conditions of Scheme of Assistance to Disabled persons for Purchasing/ Fitting of aids/ appliances (ADIP Scheme) under Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment.

Objectives of NPPCD

- Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness
- Preventing avoidable hearing loss on account of disease or injury
- Rehabilitation of persons of all age groups suffering with Hearing Impairment
- Developing institutional capacity for ear care services by providing support for equipment, material and trained manpower
- Strengthening inter-sectoral linkages for rehabilitation

Newer Initiatives/ Focus Areas

- Modification of operation guidelines for National Programme for Prevention and Control of Deafness to a latest version with inclusion of universal screening of neonates and noise induced hearing loss.
- Budget provision for conducting providing hearing aid under the programme.

Major achievements of the Programme activities in 2025

Indicator	January-December
Total no. of persons screened for deafness	3536436
Total no. of hearing aids fitted	37235
Total Surgeries performed	74232
Total no. of persons referred for rehabilitation	194580

Note: This is a provisional/estimated data till 31/12/2025 based on the reports received from states

Projections/Estimates for 01/01/2026 - 31/03/2026

Indicator	Jan-March 2026
Total no. of persons screened for deafness	884108
Total no. of hearing aids fitted	9309
Total Surgeries performed	18557
Total no. of persons referred for rehabilitation	48645

IEC Campaigns/activities:

Under NPPCD program, World Hearing Day is celebrated on 3rd March and The International Day of Sign Languages and the International Week of the Deaf is celebrated in the last week of September every to raise awareness about preventing deafness and hearing loss, and to promote ear and hearing care.

At IITF 2025, visitors were screened for ear problems by ENT residents and counselled regarding safe listening practices.

The activities under NPPCD programme in the North-Eastern States

The status of NPPCD activities in the North-Eastern states are as follows:

I. Physical progress of North east Region in 2025:

Indicator	January-December
Total no. of persons screened for deafness	166670
Total no. of hearing aids fitted	1332
Total Surgeries performed	1524
Total no. of persons referred for rehabilitation	8796

Note: -This is a provisional/estimated data till 31/12/2025 based on the reports received from states

II. Projections/Estimates for 01/01/2026 - 31/03/2026

Indicator	Jan-March 2026
Total no. of persons screened for deafness	41667
Total no. of hearing aids fitted	332
Total Surgeries performed	380
Total no. of persons referred for rehabilitation	2199

The State NPPCD Cell of North Eastern States observed **World Hearing Day** on 3rd march, 2025 and **International Week of Deaf** in the last week of September 2025. Various programmes such as IEC activities, free ear screening camps including information about sign language were given to the public during “**World Hearing Day**” and “**International Week of Deaf.**”

33. National Programme for Control of Blindness and Visual Impairment (NPCBVI)

National Programme for Control of Blindness and Visual Impairment (NPCBVI) was launched in the year 1976 as a centrally sponsored scheme (now 60:40 in all States and 90:10 in NE States and hilly States) with the goal of reducing the prevalence of blindness. The programme continues to focus on development of comprehensive eye care services targeting common blinding disorders viz., Cataract, Refractive Errors, Glaucoma, Diabetic Retinopathy, Childhood Blindness, Corneal Blindness etc. to combat blindness and visual impairment in the country.

The goal to reduce the prevalence of blindness to 0.20% by 2030.

The following benchmark activities are being marked as key performance deliverable for regular monitoring and evaluation of the NPCBVI program:

1. Cataract Surgeries
2. Distribution of spectacles to school children
3. Corneal Collection

Progress report in respect of NPCBVI for the period from January 2025 to December, 2025

Activities	Average Target 2025-26	Achievement (January, 2025 to September, 2025)	Projection (October to December, 2025) *	Projection (January 2026 to March, 2026)
Cataract Operation	100,00,000	54,46,454	23,63,867	17,64,974
No. of free spectacles provided to school children suffering from refractive errors	18,00,000	90,5347	3,50,796	6,72,741
No. of donated eyes collected	85,000	60,176	13,855	32,644

* The report is provisional as final reports for the month of October to December, 2025 are awaited from most of the State/UTs due to time taken in collection of data from lower units and further consolidation at State Headquarters before reporting to the Central Programme Division.

IEC Campaigns/activities:

Under NPCBVI program, World Sight Day was celebrated on 9th October, Glaucoma week from 8th - 14th March 2025 and Eye donation Fortnight from 25th August to September 8th 2025 every to raise awareness about preventing blindness and promote eye hygiene ad awareness about corneal donation.

At IITF 2025, vision testing and eye check-up was conducted by Ophthalmology residents. About 1306 visitors were screened for eye problems and 41 referred. In addition, 83 visitors diagnosed with Diabetes underwent fundus screening for diabetic retinopathy, out of which 20 were referred for further examination.

34. Institutes of National Importance (INIs)

1. All India Institute of Medical Sciences (AIIMS), New Delhi:

AIIMS New Delhi is a pioneer in the field of medical education, research and healthcare in India since its establishment in 1956. AIIMS was created with the vision of providing high-quality medical education and comprehensive healthcare services. Over the decades, AIIMS has evolved to become not just a premier medical college, but also a research centre, contributing significantly to advances in various fields of medicine. Academically, AIIMS New Delhi retained its No.1 rank in NIRF Medical College Rankings for the eighth consecutive year (2018-2025).

With nearly 3700 operational beds, the Institute recorded approximately 50 lakh outpatient visits, 3.6 lakh in-patient admissions and nearly 2.6 lakh surgeries during 2024-25. Over 11 lakh ABHA IDs and 30 lakh ABDM Scan-and-Share tokens were generated, strengthening digital health records and continuity of care. These achievements highlight AIIMS' sustained commitment to clinical excellence while ensuring equitable access to advanced healthcare.

A project for establishment of state-of-the-art cybersecurity and IT infrastructure at AIIMS New Delhi with the support of Bharat Electronics Limited (BEL) is under implementation at the Institute. The project aims to safeguard patient data, enhance system resilience and support Institute's expanding digital healthcare ecosystem.

In order to make National Cancer Institute (NCI) at Jhajjar and Mother & Child Block of AIIMS fully operational, 720 posts for NCI and 520 posts for were created during the year.

The Institute conducted major national examinations such as INI-CET and INI-SS (Common Entrance Test for Post Graduate and Super-Specialty Courses), Nursing Officer Recruitment Common Eligibility Test (NORCET) and Common Recruitment Examination (CRE), in which over 7.24 lakh candidates competed. The Institute awarded 326 degrees at its Convocation in 2025, reaffirming its leadership in shaping India's health workforce and advancing medical research.

2. Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh:

Established as an Institute of National Importance in 1967, the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, is one of India's leading tertiary healthcare, medical education, and research institutions. Patient care services have expanded significantly from the original Nehru Hospital to multiple specialized facilities, including the New OPD Block, Advanced Pediatric Centre, New Emergency Block, Advanced Eye Centre, Drug De-addiction Centre, Advanced Cardiac Centre, and Advanced Trauma Centre. Reflecting its continued excellence, PGIMER secured the 2nd rank in the medical category of the National Institutional Ranking Framework (NIRF) 2025.

PGIMER currently has a bed strength of 2,233 across 47 Specialty and super-specialty departments. Annually, the Institute records approximately 27 lakh outpatient visits, nearly 1 lakh inpatient admissions, and performs over 95,000 surgeries. Under the PM-JAY scheme, 1.81 lakh patients were treated during the period. On 11.08.2025, 174 posts of faculty, non-faculty were created for 300 bedded Advanced Neurosciences Centre at PGIMER, Chandigarh.

The Institute also performed 250 kidney transplants, reinforcing its leadership in renal transplantation. The Institute also retained its leadership in Simultaneous Pancreas-Kidney (SPK) transplantation, completing 11 procedures in 2025 and 67 since inception.

The PGIMER satellite centre at Sangrur, Punjab, continues to develop as a major healthcare hub for the Malwa region, serving 1.27 lakh outpatients and 824 inpatients during the year. With a view to make the PGIMER Satellite Centre, Sangrur fully operational, 35 regular (faculty and non-faculty) posts have been created on 12.08.2025.

Academically, PGIMER achieved a major milestone in 2025 with the graduation of 1,024 candidates across medical, nursing, and allied health sciences.

To manage patient inflow and enhance patient experience, PGIMER partnered with the National Service Scheme (NSS) under Project SARATHI. Through this initiative, 1,500 volunteers contributed nearly 90,000 hours of service, significantly improving patient navigation and support services.

3. Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry:

Established in 1956, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry, is a premier institution providing undergraduate, postgraduate, and super-specialty medical education, advanced research, and comprehensive tertiary healthcare. The Institute has a bed strength of 1,828 and annually caters to over 15 lakh outpatient visits, nearly 80,000 inpatient admissions, and approximately 45,000 surgeries. JIPMER retained its 4th rank in the NIRF 2025 medical category.

Healthcare infrastructure was significantly strengthened with the commencement of services at the renovated Emergency Medicine and Trauma Care Block on 27 May 2025. The facility features eight ambulance bays, advanced triage and resuscitation areas, upgraded emergency wards and trauma theatres, and can handle 350–400 emergency cases daily. To enhance the quality of patient care services and medical education, 557 posts of additional Faculty and Non-Faculty Posts in JIPMER Puducherry have been created on 02.07.2025.

The JIPMER Multispecialty Consulting Unit at Yanam, operational since February 2024, expanded services in 2025 with the addition of dialysis, inpatient, and operation theatre facilities. In 2025, 243 students were admitted across the Puducherry and Karaikal campuses.

In 2025, the Innovation, Incubation and Entrepreneurship Cell was established, and 13 patent applications were filed, of which nine were granted. A robust comprehensive ABDM compliant Hospital Information Management System developed by C-DAC is under implementation.

Also, during 2024–25, the Institute undertook 218 research projects with a total sanctioned funding of ₹119 crore.
