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SECTOR SPECIFIC REPORT

HEALTHCARE

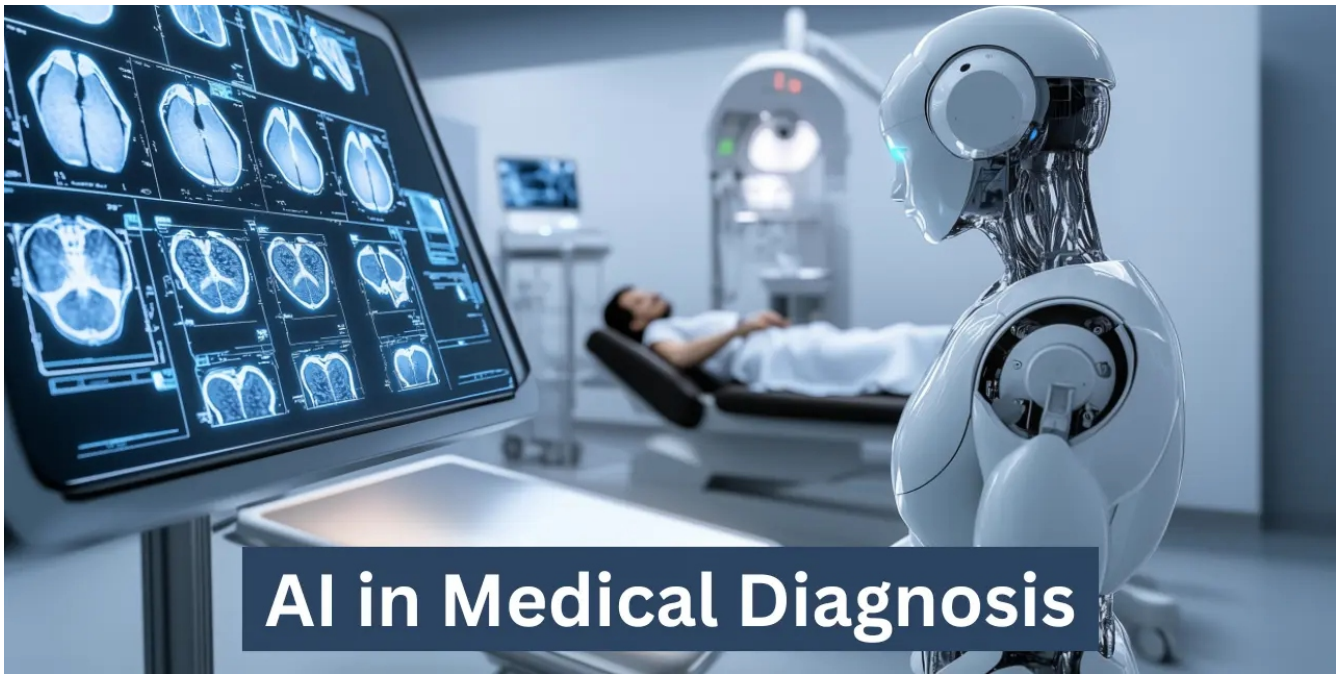
01

New Knowledge Paper Highlights India's Path to Responsible AI-Enabled MedTech

India is taking steps towards responsible adoption of Artificial Intelligence (AI) in medical technology, with a new knowledge paper examining how AI can be integrated into healthcare at scale. Titled ***AI in MedTech: Revolutionizing Healthcare Through Artificial Intelligence***, the paper examines India's emerging AI-enabled MedTech landscape and the conditions required to support wider adoption. It reflects growing attention to the **role of AI in strengthening healthcare delivery and medical technology**.

Source: https://newsonair.gov.in/health-minister-nadda-releases-knowledge-paper-on-ai-in-medical-technology/

MedTech offers significant opportunities for applying AI across diagnostics, clinical decision-making, medical devices and healthcare operations. AI can help incorporate specialist capabilities into medical technologies and extend their reach to healthcare facilities. Diagnostics are expected to be among the areas where AI-enabled MedTech could see early large-scale use. This could be particularly relevant for primary and secondary healthcare facilities, where access to specialist expertise can remain limited.



Source: https://www.techsciresearch.com/blog/revolutionizing-healthcare-the-role-of-ai-in-medical-diagnostics-in-india/4663.html

However, wider adoption will require India to address gaps across the healthcare and MedTech ecosystem. **Fragmented health data, limited clinical evidence, evolving regulatory requirements and reimbursement challenges** can make it difficult for promising technologies to progress beyond individual applications. Building stronger foundations for adoption will therefore be important as AI-enabled solutions move towards routine healthcare use across diverse clinical and operational settings nationwide.

FIVE PRIORITIES FOR RESPONSIBLE AI-ENABLED MEDTECH

MedTech as a Scalable AI Opportunity	Building the Ecosystem for Scale	Moving from Pilots to Routine Clinical Adoption	AI-Enabled Diagnostics as an Early Large-Scale Application	Coordinated Action Across Stakeholders
Embed specialist expertise in medical technologies and expand access to quality healthcare	Strengthen the ecosystem needed to support responsible AI adoption in MedTech	Address data, evidence, regulatory, procurement and reimbursement requirements	Extend specialist expertise to primary and secondary healthcare facilities	Bring together government, regulators, healthcare providers, payers, industry and academia

India has already established important foundations through initiatives including the **Ayushman Bharat Digital Mission, IndiaAI Mission, SAHI, BODH and the National Medical Devices Policy, 2023**. The country can also leverage its software capabilities, digital public infrastructure, diverse clinical environment and growing medical device manufacturing base. These strengths position India to develop and scale AI-enabled MedTech while addressing its own evolving and diverse healthcare requirements.

Source: https://smarthealthasia.com/blog/medtech-medical-technology/

The knowledge paper highlights the **importance of coordinated action across the healthcare and MedTech ecosystem**. Effective implementation will require collaboration across this ecosystem to support responsible AI adoption. Together, these efforts can help India move towards wider use of AI-enabled medical technologies and strengthen its position in the global MedTech landscape through responsible and sustainable AI adoption.

02

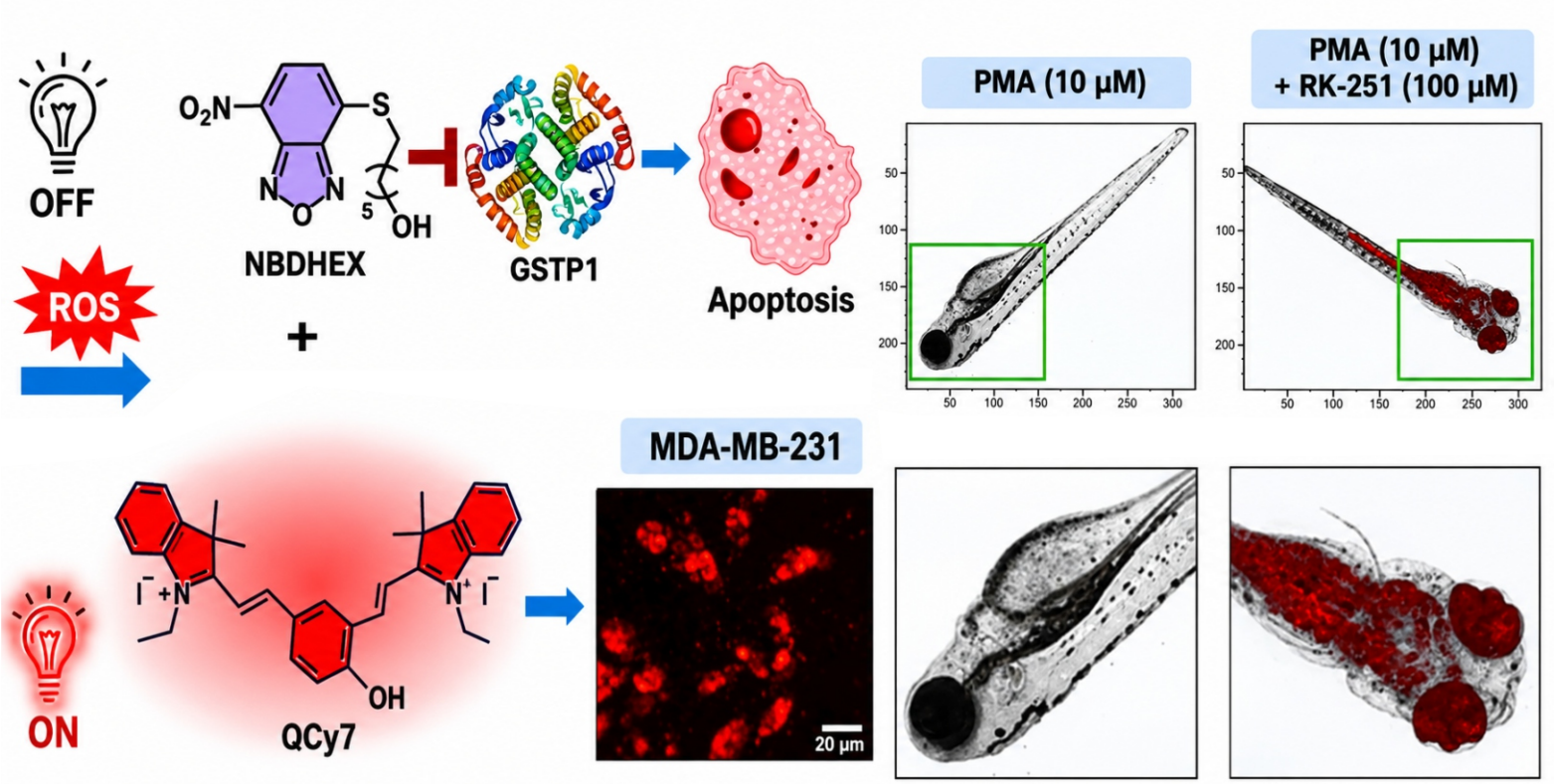
RK-251: A Smart Cancer Drug Designed as an Alternative to Chemotherapy

Cancer treatment often faces the challenge of destroying tumour cells without extensively damaging healthy tissues. Conventional chemotherapy can affect both cancerous and normal cells, leading to significant side effects. Addressing this limitation, **Indian scientists have developed RK-251, a "smart" cancer drug designed to become active primarily inside cancer cells**, offering a more targeted approach as a potential alternative to conventional chemotherapy.

Source: https://www.medindia.net/news/healthinfocus/rk-251-what-we-know-about-indias-new-smart-cancer-drug-224798-1.htm

RK-251 was developed through collaborative research led by Dr. Asis Bala of the Institute of Advanced Study in Science and Technology (IASST) and Dr. K.P. Bhabak of the Indian Institute of Technology-Guwahati. **The research was published in the *Journal of Medicinal Chemistry*** and focuses on using biological differences between cancerous and healthy cells to achieve selective drug activation.

Many cancer cells produce high levels of reactive oxygen species (ROS) and an enzyme called GSTP1, which can help them survive and resist certain anticancer drugs. **RK-251 is designed as an inactive prodrug that responds to elevated ROS levels inside cancer cells.** After activation, it releases NBDHEX, an anticancer agent that blocks GSTP1, potentially increasing cancer cells' sensitivity to treatment. NBDHEX is incorporated into RK-251 because its poor water solubility and absorption limit its effectiveness as a standalone drug.



Source: https://ddnews.gov.in/en/indian-scientists-develop-smart-cancer-drug-that-targets-tumour-cells-while-sparing-healthy-cells/

FROM CHEMOTHERAPY TO A MORE TARGETED APPROACH

Conventional Chemotherapy	RK-251 Strategy	Potential Benefits	Future Potential
• Broad treatment action • Healthy-cell impact	• Cancer-cell-focused activation • Greater treatment selectivity	• More selective treatment • Reduced impact on healthy cells	• Promising preclinical approach • Further clinical evaluation needed

RK-251 also carries a fluorescent molecule called QCy7. When the prodrug is activated, it produces near-infrared fluorescence, allowing researchers to track the activation process while the anticancer compound is released. **In preclinical studies, RK-251 showed strong activity against aggressive triple-negative breast cancer cells while having much less effect on healthy cells.** Tests in

zebrafish embryos also showed no obvious signs of toxicity and produced the expected fluorescence in the presence of ROS.

Source: https://indianexpress.com/article/lifestyle/health/rk-251-india-new-smart-cancer-drug-treatment-chemotherapy-10841517/

Despite these encouraging findings, **RK-251 remains at the preclinical stage and has not yet been tested in human patients**. Further studies are needed to establish its safety, effectiveness and suitability for clinical use. RK-251 therefore represents a promising approach toward more selective cancer treatment and a potential alternative to conventional chemotherapy, rather than an established replacement at present.

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03

New Drug Safety Restrictions Aim to Protect Young Children from Potential Risks of FDCs

The Government of India has introduced **new safety restrictions on fixed-dose combinations (FDCs) containing chlorpheniramine maleate and phenylephrine hydrochloride** to protect young children from potential medicine-related risks. The move forms part of efforts to strengthen age-specific safeguards in medicine use. The latest notification restricts the manufacture, sale and distribution of all such FDCs for use in children below four years of age.

Source: https://ddindia.co.in/2026/08/government-restricts-chlorpheniramine-phenylephrine-fdcs-for-children-below-four/

FDCs combine two or more active pharmaceutical ingredients in a single formulation. While such combinations may be useful in certain circumstances, their suitability can differ across age groups. The government has determined that **FDCs containing chlorpheniramine maleate and phenylephrine hydrochloride may pose risks to children below four years**, particularly when safer alternatives are available. The restriction is therefore intended to prevent inappropriate use of these medicines in this vulnerable age group.

NEW FDC SAFETY RESTRICTIONS

Potential Risk	Expert Assessment	Regulatory Expansion	Safety Labelling	Protection Goal
Possible risks associated with the combinations in children below 4 years	Recommendations from the Expert Committee and DTAB	Restriction extended to all relevant formulations containing both ingredients	Age-specific warning required on labels, package inserts and promotional literature	Safeguarding the health and safety of young children

The decision follows recommendations from an Expert Committee and the Drugs Technical Advisory Board (DTAB). The government has taken this step in the interest of public health and the safety of young children. The measure extends the earlier restriction to other FDCs containing chlorpheniramine maleate and phenylephrine hydrochloride, bringing all relevant formulations under the same age-specific safety requirement.

Source: https://raceias.com/current-affairs/drugs-technical-advisory-board

Manufacturers are required to include a clear age-specific warning on the label, package insert and promotional literature of these medicines. The warning states that the FDC should not be used in children below four years of age. This requirement is intended to improve awareness among healthcare professionals, caregivers and consumers and help reduce inappropriate administration.

Source:https://www.thehindu.com/scitech/health/governmentrestrictsfixeddosecombinations-containing-2-chemical-compoundsforyoungchildren/article71376736.ece

The notification has been issued under Section 26A of the Drugs and Cosmetics Act, 1940, in the interest of public health, and took effect upon publication in the Official Gazette. The move reinforces the importance of age-specific considerations in medicine use and regulatory oversight for vulnerable populations. By extending the restriction across relevant formulations and strengthening warning requirements, the government aims to minimize avoidable risks and promote safer medication practices for young children.

04

National Workshop Highlights Risk-Based Care and Digital Monitoring to Strengthen Child Health Under SSBSK

The Union Ministry of Health and Family Welfare convened a **two-day National Workshop on the Samagra Shishu Bal Swasthya Karyakram (SSBSK) on August 24–25, 2026**, in Chhatrapati Sambhajinagar, Maharashtra. The workshop brought together senior officials, State Nodal Officers for Child Health and ASHA programmes from all 36 States and Union Territories, technical experts and development partners to strengthen implementation.

Source: https://www.pib.gov.in/PressReleasePage.aspx?PRID=2303141&reg=1&lang=1

The workshop highlighted a shift towards early identification, risk-based follow-up and timely action for vulnerable newborns and young children. **SSBSK integrates Home-Based Newborn Care (HBNC) and Home-Based Care for Young Child (HBYC) into a unified continuum of home- and community-based care from birth to 36 months.** Under its risk-differentiated approach, at-risk children receive intensified follow-up, additional home visits, closer monitoring and stronger referral support. Joint visits by frontline workers and primary healthcare teams are intended to improve assessment, counselling and continuity of care. **The approach also recognizes the first 28 days for newborn survival and the first three years for optimal brain development and early learning.**

Digital monitoring emerged as another major focus, with the Shaishav App supporting digital identification and line-listing of at-risk children, longitudinal health profiling, home-visit tracking, referral follow-up and programme monitoring. The system is intended to strengthen continuity of information and help health teams follow vulnerable children more effectively.

Source: https://www.pib.gov.in/PressReleasePage.aspx?PRID=2303141&reg=1&lang=1

KEY PILLARS OF STRENGTHENED CHILD HEALTH UNDER SSBSK

Risk-Based Care

Targeted support according to individual risk.

Integrated Care

Linking home, community and primary healthcare services.

Digital Monitoring

Real-time visibility of child-health follow-up.

Referral Continuity

Ensuring children remain connected to appropriate care.

Early Intervention

Timely identification of health and developmental concerns.

Family & Community Engagement

Supporting sustained care beyond health facilities.

The workshop also emphasized community platforms such as Village Health, Sanitation and Nutrition Days and Ayushman Arogya Mandir–Sub Centres for regular screening, developmental assessment and follow-up. **Discussions covered maternal, postnatal and mental health, infant and young child feeding, growth and development, nurturing care, danger-sign identification and referral mechanisms.** Participants also examined implementation preparedness, operational challenges, training and capacity-building needs, convergence mechanisms and State-specific strategies.

Source: https://www.pib.gov.in/PressReleasePage.aspx?PRID=2303141&reg=1&lang=1

By bringing together risk-stratified care, coordinated frontline action and digital tracking, SSBSK seeks to strengthen child health during the critical first three years of life. The workshop reinforced the importance of State leadership, workforce capacity, effective coordination and family engagement to ensure that vulnerable children are identified early, followed consistently and connected to appropriate care.

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05

NLEP Review and Capacity Building Workshop Advances India's Efforts to Interrupt Leprosy Transmission

India has intensified efforts to interrupt leprosy transmission through a **two-day National Leprosy Eradication Programme (NLEP) Review-cum-Capacity Building Workshop** held in Indore, Madhya Pradesh, on August 19–20, 2026. Organized by the Central Leprosy Division (CLD), Ministry of Health and Family Welfare, the workshop brought together more than 70 health officials, technical experts and development partners to assess programme implementation and strengthen last-mile interventions.

Source: https://www.pib.gov.in/PressReleaseDetail.aspx?PRID=2301249&reg=48&lang=1

The workshop focussed on translating programme performance and field experience into targeted action. **Discussions reviewed the epidemiological situation, implementation gaps and strategies for early case detection, contact tracing, timely treatment, disability prevention and intensified surveillance.** The sessions also emphasized strengthening field-level capacity to implement these measures more effectively. Strengthening these interventions can help identify cases earlier and reduce opportunities for continued transmission.

NLEP REVIEW & CAPACITY BUILDING WORKSHOP

Programme Review
- Epidemiological situation
- Programme performance
- Implementation gaps

Detection & Surveillance
- Early case detection
- LCDC strengthening
- Retrospective & reverse contact tracing

District Capacity
- Field-level challenges
- Best practice sharing
- Last-mile implementation

Collaborative Action
- Health & technical experts
- Development partners
- APAL/community participation

Technical sessions examined focussed strategies under NLEP and ways to improve the quality of the Leprosy Case Detection Campaign (LCDC). Particular attention was given to retrospective and reverse contact tracing, which can help identify missed or undiagnosed cases and provide insights into transmission patterns. The discussions highlighted the importance of using these approaches to strengthen case finding in areas with ongoing transmission. Programme data were also highlighted as a tool for identifying priority areas requiring intensified surveillance and intervention.

Source: https://sairamayur.edu.in/student-participation-in-leprosy-case-detection-campaign-lcdc/

District-level experience sharing was another key component. District Leprosy Officers from Madhya Pradesh discussed operational challenges, field-level practices and approaches to strengthening detection, treatment and disability prevention. Such peer learning can support the adoption of effective approaches across districts. **The participation of the Association of Persons Affected by Leprosy (APAL) also highlighted the importance of involving affected communities in programme implementation.**

Source: https://ddindia.co.in/2026/08/health-ministry-workshop-focuses-on-early-detection-contact-tracing-to-curb-leprosy-transmission/

The workshop reinforces India's focus on data-driven surveillance, targeted case finding and stronger district-level capacity. It also provides an opportunity to align district-level implementation with national priorities for reducing transmission and preventing disability. By strengthening detection, contact tracing and timely treatment, **NLEP is supporting the national goal of bringing the prevalence rate below one case per 10,000 population and advancing efforts to interrupt leprosy transmission**.

06

Eminent Insight

"India's approach is moving towards building a larger, more diverse and geographically well-distributed health workforce, with sustained emphasis on underserved areas and shortage specialities."

Shri J.P. Nadda
Ministry of Health and Family Welfare & Ministry of Chemicals and Fertilizers
Government of India

Resources

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