

Voices to Action. Action to Impact.



# International Patients' Union Conference 2026



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India International Centre, New Delhi



# Outcomes Report

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# Foreword

Healthcare systems across the world are standing at a defining crossroads. Despite extraordinary advances in medicine, diagnostics, digital technologies, and pharmaceuticals, the majority of patients continue to experience confusion, exclusion, financial distress, delayed care, lack of empathy, and fragmented healthcare journeys. The question before humanity is no longer whether healthcare has advanced, but whether healthcare has become truly humane, equitable, and accountable.

The International Patients' Union Conference 2026 was conceived with this very purpose: to move the patient voice from the margins of healthcare conversations to the center of healthcare transformation.

This Outcomes Report is not merely a documentation of discussions. It is a collective mirror held up to the healthcare system by patients, caregivers, clinicians, policymakers, researchers, nurses, industry leaders, and civil society voices who came together with uncommon honesty and courage. What emerged was not a simplistic narrative of blame, but a deeper acknowledgment that healthcare systems globally are facing a trust deficit: between patients and providers, between affordability and access, between technology and humanity, and between policy intent and ground-level reality.

One of the most powerful insights from the conference was that patients do not merely seek treatment; they seek dignity, clarity, empathy, continuity, safety, and trust. The conference highlighted that while healthcare often celebrates infrastructure, innovation, and advanced interventions, the lived experience of patients frequently remains disconnected from these achievements.

The discussions during the conference also reinforced a critical reality: the future of healthcare cannot be built only around hospitals and diseases. It must be built around prevention, patient empowerment, community-based care, digital trust, health literacy, responsible innovation, ethical pharma, strengthened nursing systems, inclusive policies, and above all, accountability to the people whom the system exists to serve.

A particularly significant dimension of the conference was the diversity of voices represented. From persons with disabilities and transgender communities to caregivers of neurodivergent children, cancer survivors, nursing leaders, public health experts, regulators, technologists, and young medical students, each perspective added an essential layer to understanding the complexity of modern healthcare. These voices collectively reminded us that healthcare cannot be designed for patients without patients.

This report captures not only the concerns raised, but also the pathways proposed.

At the International Patients' Union, we believe that patients are not passive beneficiaries of healthcare. They are stakeholders, participants, and co-creators of better health systems. The era of patient-centricity must now evolve into patient-driven healthcare.

I extend my sincere gratitude to every speaker, participant, institution, partner, volunteer, and patient who contributed to the conference and to this report. Their honesty, lived experiences, and commitment to reform made this gathering meaningful and transformational.

The journey from “Voices to Action. Action to Impact.” must now continue beyond conference halls and reports. The true success of this dialogue will be measured not by the quality of conversations, but by the quality of change that follows.

Healthcare systems do not transform through technology alone. They transform when humanity, ethics, policy, science, and patient voices move together with shared purpose.

Let this report serve as both a reflection and a call to action.

A handwritten signature in black ink, appearing to read "Rajendra", with a long, sweeping underline.

**Dr. Rajendra Pratap Gupta, PhD**

Founder,

International Patients' Union

## Opening Address by Dr. Rajendra Pratap Gupta



“What technology is doing is replacing the average care that we deliver. You challenge a system; technology will come and try to solve it. So, if there is average care, technology will try to give you better than average.”

Dr. Rajendra Pratap Gupta opened IPUC 2026 by presenting findings from two primary studies conducted by IPU in the lead-up to the conference with over 150 patient responses offering a data-driven mirror to India's healthcare system.

### Key Research Findings

- Almost 80% of respondents rate the quality of care they receive as average or poor.
- 7 out of 10 patients do not understand their own prescription, the most critical document they receive in any healthcare encounter.
- Only 23% of people go for preventive care, and even that is largely employer-sponsored, with 1 out of 2 stating that the quality is fair to poor.
- Only 8% of respondents in metro cities rate the quality of healthcare as excellent; in towns, the figure is 0%.
- 65% did not receive adequate communication about their care; only 1 in 5 gets clear communication about healthcare.
- Nearly 1 in 2 respondents believe hospital billing is part of a fully corrupt nexus.
- Affordability is not merely a lower-income problem: 7 out of 10 upper-class respondents also feel healthcare is expensive.

Dr. Gupta noted that IPU is a catalyst organization, not an activist one, working within the system, not against it. He reiterated that the time has come to acknowledge a broken health system before any meaningful repair can begin, and called for the entire ecosystem, including government, providers, and patients, to work together towards genuine, outcome-driven reform.

“Cost is a universal barrier whether rich, middle class, or poor, it is the same. Communication is a big crisis. The quality gap is gender-agnostic.”

“  
“We fail to accept the broken health system. We have started appreciating the problems, and I think the time has come that we should accept first that there is a broken health system—only then can we change it.”  
”

## From Patient-Centric to Patient-Driven: Turning Voice into Action & Impact



**Dr. Harsh Aggarwal, Project Director,  
International Patients' Union (Moderator)**

- A routine blood transfusion turned life-threatening due to a lack of proper compatibility checks, exposing serious gaps in patient safety.
- The current system should truly serve the patients, emphasizing that both under-resourced care in government hospitals and over-commercialization in private institutions compromise patient dignity and outcomes.
- Doctors working under extreme pressure and targets struggle to provide time, empathy, and accurate care.
- There should be a shift from a system-driven approach to a patient-driven one, where time, empathy, respect, and accountability form the foundation of care.

“  
A patient is not just a number, not just a file, not just a target. They are someone just like my mother.  
”

“  
Is this the healthcare system we are building? A system where one side lacks basics and the other risks overuse.  
”

## Mr. Arman Ali, Executive Director, National Centre for Promotion of Employment for Disabled People (NCPEDP)

### *(Challenges in Accessible Healthcare Systems)*

- Highlighted the double burden faced by persons with disability in accessing healthcare: they are labelled as 'sick' even for routine ailments, their specific care needs go unaddressed, and doctors lack training in disability-inclusive care.
- Shared that despite being willing to pay a premium, he spent seven years before being able to obtain private health insurance as a wheelchair user. A friend paying the same premium gets INR 1 crore coverage; for the same premium amount, he gets only INR 5 lakh of coverage.
- Cited NCPEDP research showing that 80% of persons with disability earn less than INR 1 lakh per annum, yet pay premiums of over INR 40,000 with minimal coverage and health expenses of INR 5,000 monthly.
- The urgent need to prioritize disability-inclusive healthcare policies, including equitable insurance coverage and access to assistive technologies across all income groups.
- There is a huge invisibility shown to persons with disabilities within healthcare systems, especially in rural areas, where access to even basic services remains severely limited.



*The moment people see disability, you are labelled as someone who is sick, and the focus shifts to fixing you, not supporting you. So how do we bring the voices of millions of people with disabilities into a system that does not even give them access?*



## Dr. Aqsa Shaikh, Professor of Community Medicine, Hamdard Institute of Medical Sciences and Research

- Highlighted that LGBTQ+ patients, particularly transgender individuals, continue to face pathologization, stigma, and erasure within healthcare settings.
- Shared her personal experience of being admitted to her own hospital during COVID-19 and having her transgender identity not recorded, leading to medical errors.
- Noted that gaps in medical curricula regarding transgender and intersex health contribute to both fetishization and systemic invisibility.

- Called for inclusive curricula, gender-affirming care protocols, and legal recognition of gender identity in medical records.
- Spotlighted that outdated medical education has historically pathologized gender identity, leading to biases in clinical practice and compromising equitable patient care.

“ Just a few decades ago, transgender people were pathologized considered ‘diseased’ and isolated as a disease. This wasn’t just social stigma; it was reinforced by medical systems and education. ”

### Mr. Ram Narayan, Plumbing Technician (Caregiver to TB Survivor)

- Returned to the stage to share an update on his wife’s ongoing TB treatment, which has extended over 8–10 months, with long delays in diagnostic tests, lack of clear communication from doctors, and no medication provided during the testing phase.
- Described the patient, weighing only 34 kg, yet having blood drawn 25 times, with no one available to explain what was happening or provide a care roadmap.
- Noted that access to care at government hospitals depends heavily on having connections (‘approach’) or money.
- Perceived faster relief from informal providers (*jholachhap doctors*) highlights delays in treatment initiation in formal healthcare due to over-dependence on diagnostics.



“ इलाज पाने के लिए या तो पहुँच चाहिए या पैसा वरना आप रातों-रात अस्पताल पर पड़े रहेंगे और फिर भी इलाज नसीब नहीं होगा। ”

“ मंत्रियों का इलाज तो उनके घर पर ही हो जाता है, लेकिन आम आदमी का क्या? ”



**Mr. Saleem Malik**  
**(Caregiver to a family member living with ADHD)**

- Raised the challenge that awareness campaigns for conditions like Autism and ADHD remain confined to hoardings and slogans, with very little on-the-ground support.
- Highlighted the immense financial burden on families: doctor fees, speech therapy, occupational therapy, and review fees together make treatment unaffordable for most.
- Called for government-empaneled specialist doctors, speech therapists, and occupational therapists at accessible locations, and subsidized care for neurodiverse children.

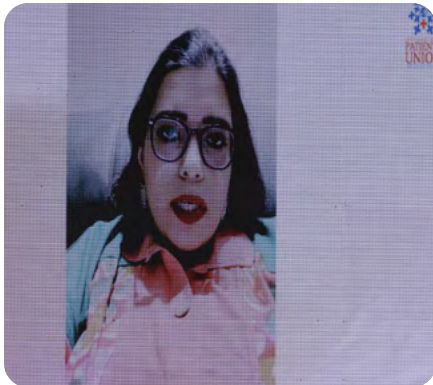
“ सिर्फ जागरूकता के अभियान चलाने से कुछ नहीं होता — यह सुनिश्चित करना होता है कि क्या हम उस बीमारी का इलाज भी मुहैया करा पा रहे हैं। ”

**Mr. Abuzar Abbas, Student**  
**(Living with HIV/AIDS and Survivor of Metastatic Cancer and Tuberculosis)**

- Shared an extraordinary story of surviving metastatic cancer (diagnosed while in Class 11), HIV, and TB simultaneously, having never visited a private hospital since arriving in Delhi.
- Underwent 23 chemotherapy sessions and 49 radiation sessions at GTB Hospital. Continued his studies from the hospital bed and appeared for his Class 12 exams during treatment.
- Expressed deep gratitude for government doctors, challenging the narrative that public healthcare is uniformly poor.



“ मैं आज आपके सामने बैठा हूँ और ये गवर्नमेंट अस्पताल की वजह से है। सब डॉक्टर एक जैसे नहीं होते उन्होंने मेरे लिए बहुत मेहनत की है। ”



**Ms. Urvashi Prasad, Senior Fellow, Pahle India Foundation; Former Director, Office of Vice Chairperson, NITI Aayog, Govt. of India; Honorary Professor of Public Health, De Montfort University, Leicester**

- Shared her journey of being diagnosed with Stage IV ALK-positive lung cancer (non-smoker's cancer) in 2022, now four years into targeted therapy.
- Identified three systemic gaps: under-investment in public health and prevention; the shortage of quality allied health human resources; and the lack of indigenous clinical research for affordable diagnostics and drugs.
- Called for insurance coverage to include modern therapies like immunotherapy and targeted treatments, not just outdated chemotherapy regimens.
- Urgent call for investment in indigenous research, clinical trials, and affordable innovations for Indian patients.

*“ We have been a very cure-focused, hospital-focused health system, but for a country like India, most of our focus needs to be on public health and prevention. ”*

*“ We need not just more doctors, but more empathy, ethics, and trust in the healthcare system. ”*

# From Coverage to Care: Insurance, Assurance and Real Cost of Healthcare

**Dr. K. Srinath Reddy, Founding President, Public Health Foundation of India (PHFI) (Session Chair)**



- Distinguished between Universal Health Coverage (UHC)—a paper promise—and Universal Health Assurance (UHA)—timely, quality, affordable, accessible services for all.
- Called for greater investment in health literacy, nutritional literacy, digital literacy, and insurance literacy to enable citizens to effectively navigate and demand the system.
- Highlighted the need to reduce the gap between life expectancy and healthy life expectancy, emphasizing that while India aims for longer lives, the focus must shift towards ensuring those additional years are lived in good health, especially addressing the larger gap seen in women.
- Advocated for a shift from insurance-based healthcare coverage to a broader concept of “universal health assurance,” where services are not just promised but actually delivered with quality, affordability, and accessibility.
- Highlighted the absence of an integrated healthcare system in India, stressing the need for strong primary healthcare linked effectively with secondary and tertiary care, along with proper referral and back-referral mechanisms.
- Stressed the importance of improving population-level literacy, including health, nutrition, digital, and insurance literacy, to empower individuals and reduce overdependence on clinical care systems.

“ *It is not enough to provide coverage on paper. We must ensure that services are delivered in time, with quality, and in an affordable and accessible manner. We must move beyond universal health coverage to universal health assurance.* ”



### Shri Vikram Pagaria, Director (Strategy and Policy), National Health Authority

- Shared that the foundational Digital Health infrastructure is now in place: 80 crore ABHA IDs registered, facilities and professionals linked, and Digital Health records accessible.
- The focus now shifts from building roads to enabling vehicles to fly, ensuring hospitals, citizens, and providers actively use the infrastructure.
- Described AI-enabled registration kiosks at government hospitals that scan ABHA cards and auto-populate OPD systems, reducing wait times and eliminating manual paperwork.

- Proposed a triage system using AI chatbots to direct patients to appropriate care levels (PHC vs. tertiary) based on symptoms shared from home.
- Promote the integration of Digital Health systems into routine care, enabling seamless access to patient records across locations to support continuity of care, especially during emergencies.
- Recommended simplifying hospital processes through digital tools like ABHA-based registration and QR-enabled systems to reduce queues and improve patient flow in healthcare facilities.



*We have been able to put the requisite technology in place, what we are now aiming at is that hospitals and citizens use that infrastructure. Just as UPI is now internalized in our day-to-day life, can we use technology in healthcare and solve some of the inefficiencies?*



### Dr. Shuchin Bajaj, Founder and Director, Ujala Cygnus Healthcare

- Identified prevention as the most neglected domain in Indian healthcare.
- Advocated for systemic incentives for doctors, governments, and facilities to prioritize primary and preventive care over tertiary interventions.
- Noted that the true total cost of disease must account for lost earnings, child school dropouts, and family economic collapse, not just direct medical bills.
- Addressed the lack of accessible healthcare in rural and remote areas, emphasizing the need to bring quality healthcare services closer to communities to prevent delays and loss of life during transit.



- It is important to design healthcare systems based on patient realities, where financial outcomes are considered as critical as clinical outcomes for vulnerable populations.
- Prioritize primary and preventive healthcare, shifting focus from reactive “sick care” to proactive health management to reduce disease burden and long-term societal impact.

“ *There is no money in prevention, there is no fame in it, there is no power in it—that is the system we need to change. Because real healthcare is not about treating disease, but preventing it. The first thing that we need to do to solve for this is build trust within the three main actors in this whole system: the payer, the provider, and the patient.* ”



**Dr. Abhitabh Gupta, Chief Business Executive,  
Ace Insurance Brokers Pvt. Ltd.**

- Identified the absence of a connected Digital Health ecosystem as the root cause of repeated tests, fragmented records, and avoidable errors.
- Argued that once clean, connected digital data flows across the system, a significant number of problems will resolve themselves.
- It is important to have continuity and trust in insurance relationships; users keeping a long-term association with a single insurer improves claim outcomes and reduces disputes.
- Promote early adoption and long-term continuity of health insurance policies to ensure better coverage stability and reduce complications during claims.

“ *We do not have a connected healthcare ecosystem in the country. There is no data, no prior information. Once we have a connected digital ecosystem, most of these problems will go away.* ”

“ *In India, we don't have comprehensive care products—the absence of comprehensive healthcare insurance products that integrate both OPD and IPD services limits the effectiveness and usability of insurance coverage.* ”

# Longevity vs. HALE: Are we living longer or living healthier?

**Dr. Dharmesh Lal, Scientist-E (Deputy Director General), Indian Council of Medical Research (ICMR) (Moderator)**



- Establish a nationally integrated universal screening program ensuring early detection of NCDs across all population segments, with seamless linkage to primary healthcare systems.
- Strengthen preventive healthcare frameworks by embedding routine screening protocols into existing public health programs such as Ayushman Bharat and Health & Wellness Centres.
- Develop a national monitoring and evaluation architecture to track preventive health outcomes, with specific indicators aligned to HALE improvement.
- Institutionalize population-level health risk profiling to enable targeted interventions and resource allocation.

“ Indians are living around 73–74 years, but the quality years free from disease are only about 63–64. ”

“ We have a full decade gap to close, and that requires a shift towards prevention. ”



**Dr. Vinod Kumar, Senior Consultant - Ageing, Geriatrics & Diabetes; Patron, Indian Academy of Geriatrics; Former Professor of Medicine, AIIMS, New Delhi; Former Prof. & Head, Endocrinology, PGI Chandigarh**

- Integrate comprehensive geriatric care models across all levels of healthcare, including home-based, community-based, and institutional care.
- Introduced the '5Ms of Geriatrics' framework: Matters Most (goals and aspirations); Mind (cognitive health); Mobility; Medications (polypharmacy); and Multi-complexity (multi-morbidity and social determinants).
- Highlighted the problem of ageism in medicine: a phenomenon called 'geriatricism', a professional aversion to caring for older patients, is prevalent and must be addressed.

- Proposed 'Ten Commandments of Healthy Ageing' to be adopted as national policy: balanced diet, regular exercise, social engagement, cognitive activity, spiritual engagement, annual health check-ups, good sleep, personal cleanliness, environment management, and cultivating happiness and contentment.

“ Healthy ageing is a lifelong process, not something you start at old age. ”

“ Living not only longer, but also better, is a cherished dream of humankind. But to achieve this, we must address the complexities of care across all stages—from self-care to home care to end-of-life care. ”

### Dr. Nitish Naik, Padma Shri Awardee; Senior Cardiologist, AIIMS New Delhi

- Rising incidence of cardiovascular diseases among younger populations (20s–30s) driven primarily by lifestyle changes; calls for early-life interventions and awareness.
- Shift from infectious to lifestyle diseases accelerated by sedentary habits, poor diet, and globalization; necessitates community-level prevention programs across urban and rural areas.
- Emphasized that CVDs begin silently early in life, making routine screening (BP, sugar, cholesterol) essential across all age groups.
- Highlighted that primary prevention, not advanced procedures, has been most effective globally, urging policy focus on behavioral change (diet, exercise, tobacco control).
- Stressed the need for patient-centric, realistic treatment decisions, balancing affordability and effectiveness rather than over-reliance on advanced therapies.



“ Lifestyle becomes a key determinant of reducing cardiovascular disease in the future, and this has to be addressed both at the community level and at an individual level. It is important to seek medical attention early, but at the same time not get lost in the model of advanced care- treatment must be practical, affordable, and designed around the patient. ”



### Dr. Neelam Mohan, National President, Indian Academy of Paediatrics

- India has made significant gains in child survival but must now shift focus to “thriving” through holistic child health and wellness.
- Highlighted the triple burden of malnutrition—undernutrition, overnutrition, and micronutrient deficiencies (anemia); calls for comprehensive nutrition and behavior change interventions from early childhood.
- Emphasized that poor early-life nutrition and lifestyle habits directly fuel adult NCDs, underscoring the need for a life-course approach starting from adolescence and preconception.
- Identified rising risks from sedentary lifestyles, high screen time, poor diets, and environmental factors; recommends community and school-based interventions to build healthy habits early.
- Urged a systemic shift from hospital-based, illness-focused care to community-driven, preventive and wellness-oriented child health models, including routine monitoring (growth, nutrition, BP, development).

“ Survival was a victory of science, but thriving will be the victory of society. ”

“ If you want healthier adults and elderly, you have to start with children. ”

## Responsible Pharma: Is the Pharmaceutical Industry truly Patient-driven?

### Dr. Rajendra Pratap Gupta, Founder, International Patients’ Union (Moderator)

- Highlighted the need to move beyond “Responsible AI” to “Responsible Pharma,” emphasizing ethical accountability of the pharmaceutical industry in shaping healthcare outcomes.
- Recognized pharma as one of the most influential stakeholders in healthcare, with the capacity to address systemic gaps if aligned with patient-centric goals.
- Acknowledged the presence of ethical actors within the industry, while stressing that responsible practices must become the norm, not the exception.



- Raised concerns around unchecked promotion of OTC products and pharmaceutical advertising, calling for stronger regulatory oversight to prevent long-term public health risks.

*“ We keep talking about responsible AI, but what about responsible real intelligence? ”*

*“ If pharma does its job responsibly, most of the healthcare challenges we discussed would be addressed. ”*



**Dr. Raman Kumar, Founder & Chairman Emeritus, Academy of Family Physicians of India (AFPI)**

- Emphasized that clinicians’ primary accountability is to patients and the community, not industry or institutional interests; calls for strong ethical grounding in clinical decision-making.
- An increasingly aware and informed patient population, trust and credibility depend on consistent, patient-centric choices.
- Overdiagnosis and over-treatment are driven by systemic and commercial pressures, advocating for greater self-regulation and rational care practices.
- Raised concerns over the rise of “digital prescribing” and unregulated medical advice on social media, contributing to risks such as antimicrobial resistance (AMR) and unsafe self-medication.
- Existing legal frameworks (consumer protection and medical codes of conduct) already govern doctors but require better enforcement in digital spaces.
- Noted that clinicians alone have limited power to regulate the ecosystem, calling for stronger partnerships between doctors and patient communities to counter misinformation.

*“ My employers are my patients; I have an obligation to serve their interest. ”*

*“ Every consultation is a test, and every patient is judging you. ”*

## Mr. Sanjiv Navangul, Managing Director and CEO, Bharat Serums and Vaccines Limited



- Emphasized that “Responsible Pharma” extends beyond affordability, requiring a broader focus on access, reach, quality, patient safety, and awareness.
- Identified limited access and healthcare reach as the primary barrier in India; calls for strengthening last-mile delivery and health system penetration.
- Highlighted the need for pharma to address unmet medical needs, including antimicrobial resistance and dependence on imported therapies, by driving innovation and local manufacturing (“Make in India”).
- Advocated for capacity building and clinician education, citing large-scale training initiatives as a key responsibility of the industry.
- Supported strong regulatory frameworks (e.g., quality standards) and stressed the role of pharma in developing future leadership committed to systemic healthcare improvement.

“ *Responsible pharma is much more than just affordability, it is about access, quality, safety, and awareness.* ”

“ *In India, the bigger challenge is not affordability alone, but access and reach.* ”



## Mr. Abhijit Ghosh, Assistant Drugs Controller & Licensing Authority, Department of Drugs Control, Government of NCT of Delhi

- Underlined India’s robust federal regulatory framework, with coordinated efforts between central and state authorities to prevent substandard, spurious, and unauthorized drug distribution.
- Stressed the evolving role of regulators from enforcement to facilitation, supporting innovation, quality improvement, and capacity building in pharma manufacturing.
- Pointed to the importance of price monitoring and transparency mechanisms, urging stronger implementation to protect patients from overpricing and ensure market accountability.
- Identified quality inconsistencies across manufacturers, where differences in materials and technology can produce inaccurate or non-standardized diagnostic outcomes.
- Emphasized that diagnostic accuracy depends on the entire ecosystem, not just the device, including reagents, consumables, and usage practices.

- Recommended end-to-end standardization and regulation, covering devices, consumables, and service providers to ensure reliable and consistent diagnostic outputs.

“  
Regulators are always for the patient. Regulation of pharma is only for the patient to provide good quality, affordable, and safe medicine. That is the most important responsibility of the regulators.”

“  
Regulation must go beyond devices to the entire diagnostic ecosystem.”

### Dr. Sanjeiv Geeta Chaudhry, Former Managing Director, SRL Diagnostics & Former Area Director, South Asia, E.I.Dupont India

- Emphasized that diagnostics form the backbone of clinical decision-making, with up to 90–95% of treatment decisions dependent on accurate diagnostic results.
- Raised serious concerns over the lack of quality assurance in diagnostics, highlighting that a vast majority of labs in India remain unaccredited, leading to risks of misdiagnosis, and noting that aggressive, consumeristic advertising further promotes unnecessary testing and commercializes healthcare decision-making.
- Advocated for greater regulatory focus on quality rather than price control, suggesting that market-driven pricing with strong quality oversight would improve overall standards.
- Highlighted the widespread push for pre-packaged “health check-up bundles,” often driven by pricing incentives rather than clinical necessity; calls for rational, need-based test prescriptions.
- Focused on the need for greater self-regulation within the diagnostics industry, leveraging professional bodies and platforms to discourage unethical promotion practices.
- Noted that clinical judgement cannot be replaced by DIY testing or consumer-driven choices, reinforcing the importance of physician-led decision-making.



“  
Never ever control the price of anything. There is no greater wisdom than market forces—because the moment you control price, quality gets compromised, innovation slows down, and the system begins to weaken.”

# Open Mic



## Open Mic

This session brought together questions, lived experiences, and perspectives from a wide range of audience contributors, patients, caregivers, clinicians, researchers, and industry voices, alongside consolidated responses from Dr. Rajendra Pratap Gupta and Prof. (Dr.) K. Srinath Reddy.

### Mr. Girish Agarwal, Chartered Accountant

- Concern raised over lack of regulation on refined oils despite potential health risks and reported side effects.
- Highlighted the need for clearer guidelines and awareness, as evolving evidence on cholesterol and the impact of refined oil remains confusing for patients.
- Long-term lived experience of depression highlights gaps in managing psychosomatic conditions and the significant side effects of prolonged medication use.
- Integrative approach through Ayurveda, yoga, and meditation demonstrates the potential for holistic healing and patient-led recovery journeys.
- Systemic gaps in Ayurvedic care settings, including inconsistent treatment environments, non-compliant dietary practices, and limited patient-centricity, highlight a strong need for innovation and improvement.

### Ms. Kilaparthi Ramalakshmi, Nursing Faculty

- Highlighted severe manpower shortages and an overburdened healthcare workforce impacting quality of care across both public and private sectors.
- Limited doctor-patient interaction time due to high patient load leads to patient dissatisfaction and perceived gaps in care quality.
- Emphasized the need to address workforce challenges and ensure adequate staffing to improve patient experience and care delivery.

### Ms. Vidhu Saxena, Market Access Manager, Rare Disease, Ikris Pharma Network Pvt. Ltd.

- While the National Policy for Rare Diseases 2021 policy provides a INR 50 lakh grant, actual treatment costs for rare diseases often exceed this, leaving significant financial gaps for patients.
- Despite efforts to reduce drug costs and improve access, affordability continues to remain a major challenge across the treatment journey.
- There is a need for stronger public-private collaboration, with private stakeholders stepping in to support patients beyond existing government provisions.
- Highlighted the importance of ensuring continuity of care, so that patients are not forced to discontinue treatment midway due to financial or access barriers.

### Dr. Chhaya Chandrasekhar, Palliative Care Physician, Shanti Avedna Sadan Hospice, Delhi

- Delayed diagnosis driven by low health awareness and socio-economic vulnerabilities led to advanced-stage cancer, limiting treatment possibilities.
- Extreme caregiving and access challenges for marginalized families, especially with disabled caregivers and a lack of social support.
- Urgent need to address structural determinants of health and to strengthen and remodel public health systems to enable timely access and equitable care.

### **Mr. Ankur Agarwal, Founder, Medkart**

- Lack of consistent regulation on prescribing generic names leads to confusion due to multiple brands and similar-sounding drug names, increasing the risk of medication errors.
- Highlighted the absence of effective implementation of policies mandating generic prescriptions, making it difficult for both providers and patients to understand medications.
- Low patient understanding of prescriptions further amplifies safety risks, emphasizing the need for clearer, standardized prescribing practices.
- Emphasized the need for a robust “trace and track” system to monitor medicines from manufacturing to patient level to ensure accountability and safety.
- Suggested that strengthening pharmacy regulation, similar to pharma manufacturing reforms, can help eliminate non-compliant practices over time.

### **Ms. Sushmitha Subramani, Psycho-Oncologist, Joint PhD Scholar, National Institute of Health and Family Welfare and Jawaharlal Nehru University**

- Prolonged and unexpected hospitalization of elderly patients places a huge physical, emotional, and logistical burden on entire families.
- Gaps in insurance access and continuity of care extend the impact beyond the patient, leading to caregiver strain and overall family health deterioration.

### **Mr. Nawal Anand, Living with Quadriplegia, Survivor of Hospital-Acquired Pneumonia**

- Highlighted concerns over profit-driven practices in diagnostics, where unnecessary or expensive tests may be promoted over essential clinical needs.
- Referred to misuse during COVID testing as an example of gaps in regulation and accountability in diagnostic services.
- Acknowledged Jan Aushadhi as a positive step in reducing medicine costs but pointed out ongoing issues with availability of essential drugs.
- There is a need to balance affordability with consistent supply and responsible practices across diagnostics and pharmaceuticals.
- Persistent gap between what healthcare systems promise and what is actually delivered on the ground.
- Lived experience of prolonged hospitalization due to quadriplegia, leading to lasting complications including drug-resistant infections such as Klebsiella pneumonia and UTI.
- Hygiene in hospital care remains a critically overlooked area, reinforcing the need for stronger patient voice and accountability.

### **Mr. Deepanshu Goyal, Group Vice President, Digital & AI, Medanta**

- Highlighted lack of standardization in diagnostics, prescriptions, and medical records across hospitals, limiting interoperability and continuity of care.
- There must be standardized investigation protocols and medication coding (India-specific) to enable seamless data sharing and improve healthcare efficiency.

### **Dr. Sunanda K. Reddy, Consultant, Developmental Pediatrics**

- Limited access to care in peri-urban communities persists due to long hospital queues, systemic barriers, and a lack of direct approach pathways.
- Digitalization without adequate digital literacy has further complicated access, especially for vulnerable families seeking appointments and services.
- Critical gaps in primary and secondary care linkages, particularly for neurodevelopmental conditions, highlight the need for strengthened local healthcare capacity and NGO integration.
- Experiential learning is essential; integrating internships with NGOs and community organizations into medical education can build empathy, improve patient understanding, and bridge the gap between clinical knowledge and real-world patient needs.
- Medical training needs a human-centric shift: alongside technical skills, doctors must be trained in communication, empathy, and patient perspective, which are often missing in traditional, academically focused curricula.

### **Ms. Yashika Bharti, Final-Year Medical Student, VMMC & Safdarjung Hospital**

- Perceived disparity in treatment prioritization across diseases highlights inequities in access, waiting time, and care pathways.
- Need for future healthcare professionals to address systemic imbalances while balancing patient load, mental well-being, and quality of care.

### **Brig. Dr. Rakesh Datta, ENT Surgeon, O/o DGAFMS, Ministry of Defense**

- Inclusion of patient voices in decision-making platforms such as the International Patients' Union enhances the impact and relevance of healthcare systems.
- Strong emphasis on a collaborative, multi-stakeholder approach to effectively address systemic healthcare gaps.

### **Ms. Kavya Bhardwaj, Suicide Helpline**

- Empathy and active listening are critical gaps in healthcare, with medical arrogance often breaking patient trust.
- Doctor-patient communication must be treated as a core clinical skill and systematically trained and monitored.
- A severe shortage of mental health professionals demands scalable solutions through trained counsellors and community-based support systems.
- Patient feedback and accountability mechanisms are essential to drive transparency and improve behavior in healthcare delivery.

### **Dr. Shalya Anand, Founder & Managing Trustee, SmileAge Initiative Trust**

- Strengthening health literacy empowers patients to ask the right questions, use limited consultation time effectively, and engage in informed, shared decision-making with doctors rather than relying solely on online information.

### **Col. Ajai Tomar, CEO, Indian Cancer Society, Delhi**

- Cancer survivors face a major post-treatment gap in financial protection, as insurance systems continue to treat them as high-risk despite being disease-free for years.
- Lack of credible, standardized data on survivorship risk and cost prevents insurers from designing inclusive products, making evidence-based representation critical.
- Policy change in insurance is possible but slow, requiring sustained advocacy, just as inclusion of AYUSH treatments took years of regulatory engagement.

### **Ms. Amrita Sarkar, Advisor, Transgender Wellbeing & Advocacy, Alliance India**

- Healthcare access for transgender and marginalized communities is hindered not just by policy, but by weak last-mile implementation and denial of services at listed facilities.
- A truly universal healthcare system must adopt a 360-degree, community-led approach that actively includes underserved and stigmatized populations.
- Engagement with grassroots and community-based organizations is essential to design responsive, inclusive, and accountable healthcare delivery systems.

### **Ms. Vandana Aggarwal, Healthcare Leader**

- Neurodevelopmental conditions like autism and ADHD are influenced by a combination of maternal health, early-life factors, and environment, highlighting the need to focus on adolescent health, high-risk pregnancies, and low birth weight prevention.
- Diet, gut microbiome, and lifestyle (sleep, stress, environment) play a critical role in child development, making early nutrition diversity more important than over-reliance on single foods like milk.
- Simple, scalable nutrition awareness, like promoting a balanced “food pyramid” with local, affordable foods, can significantly improve long-term child health outcomes.
- Overtraining and non-physiological diets (e.g., excessive protein, unrealistic fitness goals) can paradoxically increase cardiac risk, especially without proper medical screening.
- Environmental factors like air pollution (AQI) are emerging contributors to heart disease, affecting multiple organs and increasing long-term cardiovascular risk.

### **Ms. Mamta Kataria, General Manager, Systopic Laboratories Pvt. Ltd.**

- Drug price differences are largely driven by branding, packaging, and marketing costs, not by the efficacy or quality of the medicine, as the active ingredient remains the same under regulatory standards.
- There is a critical need to strengthen awareness and trust in generic medicines, so patients can make informed, cost-effective choices without compromising on treatment quality.

### **Ms. Mithilesh Pandey, Assistant Manager, OptiMann**

- Scalable impact in preventive and mental health requires a mass “Andolan” approach, aligning government, NGOs, media, and communities around one unified message and action.
- Anganwadi centres and schools are critical entry points to reach rural and underserved populations, especially for early intervention across adolescent–mother–child health.

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### **Mr. Mohit Singh Bhandari, Senior Product Manager, Systopic Laboratories Pvt. Ltd.**

- Patient-centricity must move beyond marketing claims and be embedded through end-to-end regulatory oversight, from clinical trials to retail delivery, ensuring that every drug reaching the patient is authentic, safe, and quality-assured, with accountability enforced at every stage.

### **Dr. Vansh Sharma, LN Medical College, Bhopal**

- Food adulteration and poor soil quality directly impact nutrition, making government-led initiatives like soil enrichment, organic farming, and food fortification critical for long-term solutions.
- Consumer awareness is equally important; simple practices like proper washing (salt water, vinegar, etc.) can reduce exposure to contaminants.
- Nutrition must be viewed across the life cycle, from children to the elderly, as healthy early habits ensure healthier ageing and sustained national productivity.
- AI regulation in healthcare is still evolving, so strengthening data protection and interoperable health systems is a critical first step.
- AI should be viewed as a supportive tool, not a replacement, with human judgement and empathy remaining central to medical practice.
- For future doctors, strong fundamentals and continuous adaptability are essential to effectively work alongside rapidly advancing AI technologies.

## Recommendations by Dr. Rajendra Pratap Gupta, Founder, International Patients' Union

- Establish a regulatory body for food materials such as refined oils that adversely affect cholesterol levels.
- Balance innovation incentives with patient access in rare disease drug development to address the high cost of these therapies.
- Adopt differential pricing by pharma companies for developing countries, instead of uniform global pricing.
- Bridge the gap between the existing INR 50 lakh government grant for rare diseases and the actual full treatment costs through supplementary funding mechanisms.
- Mobilize the private sector and CSR contributions to bridge affordability gaps and support patients beyond government provisions.
- Avoid strict price controls that may negatively impact research and development and reduce future treatment availability.
- Strengthen multi-stakeholder platforms such as Health Parliament to enable structured, future-focused health workforce planning.
- Recognize and protect the nursing workforce—currently overworked and underpaid—through fair compensation, improved working conditions, and stronger system-level support.
- Develop a balanced regulatory framework for drug prescribing that addresses both doctor-led brand influence and pharmacist-driven substitution.
- Ensure that neither doctors nor pharmacists hold absolute control over prescribing; implement a balanced, regulated approach that fully protects patients.
- Curb unethical pricing practices in diagnostics, particularly the upselling of low-cost packages into expensive tests that increase patient financial burden.
- Strengthen regulation against profit-driven diagnostic practices and ensure ethical professionals are not penalized for prioritizing patient interest.
- Clearly differentiate between fair profit and profiteering, with stronger accountability and action against exploitative practices.
- Institutionalize platforms for raising patient voices and enabling collective dialogue to challenge unethical practices and drive system-level change.

## **Recommendations by Prof. (Dr.) K. Srinath Reddy, Founding President, Public Health Foundation of India (PHFI)**

- Increase healthcare workforce numbers, strengthen skill development, and offer better incentives to retain professionals within the system.
- Drive joint action by central and state governments to address workforce gaps through structured policies and schemes.
- Leverage digital technology, self-care, and community-based care to support healthcare workers and reduce their burden.
- Build a skilled and adequately distributed healthcare workforce, without which healthcare entitlements cannot effectively reach patients.
- Mandate prescribing of medicines in generic names, in capitals and clear, legible formats, while putting safeguards in place against pharmacist-driven substitution with higher-priced brands.
- Guard against the unintended transfer of prescribing power from doctors to pharmacists when shifting from brand to generic prescribing.
- Empower patients through transparency tools (e.g., digital displays of drug options and prices) to enable informed choices and prevent exploitation.
- Discourage excessive diagnostic testing, which increases the chances of false positives and leads to unnecessary further investigations.
- Prevent over-prescription of tests that can mislead patients and create avoidable clinical and financial burden.
- Make standard treatment guidelines mandatory across both public and private healthcare systems, with strong implementation mechanisms.
- Develop clear diagnostic pathway guidelines specifying what tests to use and when, to reduce variability in care.
- Standardize diagnostic and treatment practices, with built-in flexibility for clinical judgement supported by proper justification.
- Strengthen clinical observation and bedside skills, which remain essential to accurately interpret data and AI outputs.
- Build indigenous evidence by developing Indian datasets and research-driven algorithms for more relevant and effective healthcare solutions.

# Educating and Empowering Patients: A critical but overlooked pillar of care



**Ms. Mevish P. Vaishnav, President,  
International Patients' Union (Moderator)**

- Marked a fundamental shift from passive patients to active, digitally enabled participants, driven by widespread use of online platforms and AI tools.
- Highlighted that access to information is not the same as access to correct information, with misinformation posing a significant risk to informed decision-making.
- Noted that Digital Health infrastructure in India (ABHA, telemedicine platforms) provides a strong foundation, but awareness and effective utilization remain limited.

“ Patients are no longer passive recipients—they are active participants in their care. ”

“ Access to information is not the same as access to the right information. ”

## **Dr. Ravinder Singh, Scientist D, Non-Communicable Diseases, Indian Council of Medical Research (ICMR)**

- Highlighted the rise of AI-informed patients, noting that while digital tools enhance awareness, clinical decision-making must remain guided by medical expertise.
- Emphasized that healthcare is dynamic and context-specific, requiring personalized decisions beyond standardized AI-generated advice.
- Recognized the value of patient empowerment in improving treatment adherence, reducing costs, and enhancing outcomes.
- Advocated for balanced integration of patient awareness with physician guidance, ensuring that digital information supports—not replaces—clinical judgement.
- Suggested that empowered patients can drive prevention and health promotion, reduce overall disease burden when guided appropriately.



“ *An empowered patient improves compliance, reduces cost, and improves outcomes.* ”

“ *The decision of a doctor is much more valuable than what AI alone can provide.* ”



### Dr. Abhishek Sen, Co-Founder, Butterfly Learnings

- Underscored systemic gaps across the entire lifecycle of neurodivergent care, from delayed diagnosis to lack of long-term support; calls for a continuum-based care model.
- Identified delayed diagnosis and late intervention (often after age 4) as a critical failure, despite early childhood being the most effective window; recommends early screening and India-adapted diagnostic tools.
- Emphasized severe capacity gaps in trained professionals (therapists, developmental pediatricians), urging large-scale workforce development.
- Pointed out that education systems are not inclusive, with limited teacher training and infrastructure to support neurodivergent children; calls for school-level integration and capacity building.
- Highlighted the importance of family and peer support ecosystems, recommending structured parent communities and guided support models to help navigate conflicting advice and improve care continuity.

“ *We are failing neurodivergent children at almost every stage of their journey.* ”

“ *Intervening for 40 minutes is not enough—the entire family has to be part of the solution.* ”

### Ms. Malti Jaswal, Founder, Inspiring Seniors Foundation

- Highlighted that the gap is not awareness but conversion from awareness to action, requiring behavioral nudges and sustained engagement for preventive care adoption.
- Identified low uptake of adult vaccinations and screenings due to gaps across the ecosystem, limited doctor advocacy, weak delivery systems, and low public trust.



- Emphasized the role of fear, denial, and misinformation among seniors, recommending positive reinforcement messaging focused on healthy ageing rather than fear-based communication.
- Stressed that trust is the biggest barrier in the digital age, calling for multi-stakeholder, unified communication (government, clinicians, industry) to build credibility.
- Recommended combining public health campaigns with strong last-mile delivery mechanisms, ensuring availability, accessibility, and continuity of preventive services.

“  
Awareness to action to behavior  
to impact is a long journey.  
”

“  
Trust has been the biggest  
casualty in the age of information.  
”

## Guest of Honor Address



**Ms. Manmeet Kaur Nanda, IAS,  
Additional Secretary, Department  
of Empowerment of Persons with  
Disabilities, Ministry of Social Justice  
& Empowerment, Govt. of India**

- Asserted that patients, especially persons with disabilities, must be placed at the center of healthcare governance, not treated as peripheral stakeholders; calls for institutionalizing patient voice in policymaking.
- Acknowledged the major gap between policy intent and ground-level outcomes, particularly for vulnerable populations; recommends stronger accountability and last-mile implementation frameworks.
- Stressed the urgent need for early identification and intervention in neurodevelopmental conditions, noting that delayed diagnosis leads to lifelong social and economic exclusion.
- Identified fragmentation across ministries (health, education, social justice) as a major barrier; calls for convergence-driven governance models at district level for effective service delivery.

“  
Patients are no longer the periphery of healthcare conversations.  
They are at the very center of it.  
”

- Raised concerns over severe shortage and uneven distribution of trained professionals (psychologists, therapists, special educators); recommends scaling workforce capacity and adopting short-term training pathways.
- Underscored the importance of trust, awareness, and caregiver support systems, noting that families—especially mothers—are often the first identifiers but lack institutional backing.
- Advocated for public-health-driven awareness campaigns and community-level engagement, combined with strong delivery mechanisms, to ensure inclusion and access.

## Who really guarantees care when the healthcare system fails? Who failed whom?

**Dr. K K Talwar, Former Chairman, Medical Council of India; Former Head, Dept. of Cardiology AIIMS, New Delhi & Former Director, PGIMER, Chandigarh (Session Chair)**



- Highlighted the erosion of patient trust in healthcare, transitioning from blind faith to growing mistrust; calls for renewed focus on patient-centric care and ethical practice.
- Raised concerns over declining standards in medical education, emphasizing that merit-based systems like NEET were introduced to counter inequities in private medical admissions.
- Identified high and unregulated fees in private medical colleges as a major barrier, excluding meritorious students and risking compromise in the quality of future doctors.
- Recommended reinstating fee regulation mechanisms and introducing financial support systems (e.g., interest-free loans) to ensure equitable access to medical education.
- Underscored the need to attract and retain high-quality talent in medicine, noting declining appeal due to low remuneration and systemic challenges.

“ Patient trust is shifting from blind faith to cautious mistrust we must earn it back. ”

“ It is better not to have a doctor than to have a bad doctor. ”



**Dr. T. Dileep Kumar, President, Indian Nursing Council (INC); Board Member, ICN (SEARO); Ex-Nursing Adviser, Govt. of India**

- Emphasized that nurses are primary patient advocates, spending the most time with patients, yet remain undervalued within the healthcare system; calls for greater recognition and inclusion in decision-making bodies.
- Identified severe disparities in remuneration, especially between public and private sectors, as a key driver of migration of nurses abroad; recommends standardized and fair compensation frameworks.
- Highlighted critical workforce shortages and poor nurse-patient ratios, impacting quality of care and contributing to patient dissatisfaction and trust deficits; urges strict implementation of staffing norms.
- Advocated for system-level investment in nursing, aligned with global priorities—workforce expansion, leadership development, and service delivery strengthening.
- Recommended integrating patient voices into healthcare governance, including representation in regulatory councils, to ensure patient-centric policy design.

“  
Nurses are the true patient advocates—they spend the most time with patients.  
”

“  
It is not the capability, but the system conditions that are limiting nursing in India.  
”

**Dr. Prem Aggarwal, Founder, Medical Director and Consultant Cardiologist, Sanjeevan Hospital; Chairman, Medical Dialogues**



- Highlighted a critical failure in access to emergency care, even in urban settings, where timely treatment for conditions such as stroke or heart attack remains highly limited; calls for decentralized emergency infrastructure at the district level.
- Emphasized that accountability in healthcare is diffused and unclear, with responsibility shifting between doctors, hospitals, and systems; recommends clear accountability frameworks centred on patient outcomes.
- Described the current system as “islands of excellence,” where advanced care exists but remains inaccessible due to cost or geography; urges equitable distribution of basic life-saving services.
- Identified administrative and implementation gaps in schemes like Ayushman Bharat, stressing the need for stronger execution, monitoring, and provider participation.

- Advocated for patient-centric system design, prioritizing timely, affordable, and essential care over high-end infrastructure, with strengthened public health systems and referral networks.

*“ The system does not fail; the design of the system fails. ”*

*“ The patient should be at the center of planning, not an afterthought. ”*



**Mr. Zaw Ali Khan, Founder & CEO,  
Criterion Tech Pvt. Ltd.**

- Highlighted the role of real-time Digital Health systems (e.g., e-ICU dashboards) in transforming care from episodic monitoring to continuous, data-driven decision-making.
- Demonstrated how high-frequency patient data (second-by-second monitoring) enables early detection of clinical deterioration, thereby improving outcomes and reducing preventable complications.
- Emphasized that technology can strengthen accountability through audit mechanisms, enabling transparent review of outcomes (e.g., death audits) and continuous system improvement.
- Argued that technology enhances healthcare capacity by enabling more efficient utilization of limited specialist resources, particularly in critical care settings.
- Addressed cost concerns, noting that scalable digital solutions can reduce long-term costs (by up to ~50%) compared to manpower-intensive systems, making them economically viable when deployed strategically.

*“ Technology shifts healthcare from snapshots to a continuous live stream of patient data. ”*

*“ If used correctly, technology can both prevent deterioration and improve accountability. ”*

## Dr. Deepit Divyanshu, President, Medical Students' Association of India (MSAI)



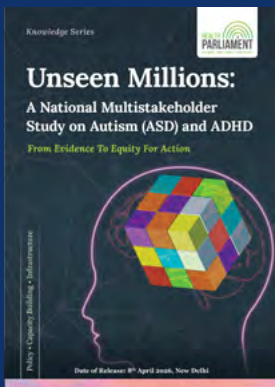
- Highlighted critical gaps in primary healthcare access, particularly in tier-2 and rural settings, where delays in accessing care led to preventable deaths; calls for strengthening primary and emergency care infrastructure.
- Emphasized that while policy and curriculum frameworks exist, their implementation on the ground remains weak, especially in rural postings and primary health centres.
- Raised concerns about low public health spending, recommending increased investment in primary healthcare to improve accessibility and quality.
- Drew attention to doctor well-being and burnout, noting extreme working hours; advocates for better working conditions to ensure quality patient care.
- Positioned technology as an enabler—not a replacement—for human care, suggesting its use to reduce administrative burden and enhance doctor–patient interaction.

“We talk about primary healthcare in policies, but on the ground, it is almost non-existent. Many deaths could have been prevented with timely access. If we improve infrastructure, increase funding, and support healthcare workers, both accessibility and quality of care will improve.”

“Technology should make doctors more human, not replace them.”

# Launches

## Unseen Millions: A National Multistakeholder Study on Autism (ASD) and ADHD



The report *Unseen Millions: A National Multistakeholder Study on Autism (ASD) and ADHD* was formally launched at the International Patients' Union Conference 2026 in New Delhi. Developed over a year through extensive consultations with clinicians, educators, researchers, policymakers, caregivers, and families, the study presents a grounded assessment of the current neurodiversity landscape in India. Anchored in the pillars of policy, capacity building, and infrastructure, the report highlights systemic gaps and lays out a practical framework for more coordinated, inclusive, and responsive approaches to Autism and ADHD, with the aim of informing policy and strengthening on-ground implementation.

## Moving from 'All for Few' & 'Few for All' to 'Healthcare for All': Through the New AIIMS Model



The report *Moving from 'All for Few' & 'Few for All' to 'Healthcare for All'* through the new AIIMS Model builds on the vision of the National Health Policy to achieve "Health for All" through a practical, cost-effective, and scalable model. It addresses the current imbalance in healthcare access, where quality services are limited to a few, placing a heavy burden on the common population.

Drawing inspiration from AIIMS New Delhi's global recognition, the report proposes the "New AIIMS Model"—a framework that can be adopted at the district level to deliver world-class healthcare across India, ensuring equitable, accessible, and high-quality care for all without excessive financial strain.

# Pathfinder Awards

## Pathfinder Awards Jury



**Dr. Indu Bhushan**

Founding CEO, National Health Authority;  
Former Director General, Asian Development Bank



**Ms. Sujaya Krishnan**

Former Joint Secretary, MoHFW, Govt. of India;  
Chairperson, Venu Charitable Society and Member, Guild of Service



**Dr. Atantra Das Gupta**

South-West Asia Head, Samsung HME



**Mrs. Jyoti Patil Shah**

Chief Executive Officer, V Care Foundation

## Winners



**Dr. Rajeev Raghuvanshi**

Drugs Controller General of India, CDSCO, Govt. of India



**Mr. Arman Ali**

Executive Director, National Centre for Promotion of Employment for Disabled People (NCPEDP)



**Dr. Aqsa Shaikh**

Professor of Community Medicine, Hamdard Institute of Medical Sciences and Research



**Dr. T. Dileep Kumar**



**Dr. Raunaq Pradhan**



**Dr. Manika Kansal**



**Asuman Healthtech Private Limited**



**Sachin Sarcoma Society**



**Atovio**

## Vote of Thanks by Ms. Mevish P. Vaishnav



“  
*Healthcare will not transform because of policy alone; it will transform when patients are heard, respected, and empowered.*  
”

**Ms. Mevish P. Vaishnav, President,  
International Patients' Union**

- The International Patients' Union Conference 2026 concluded with a Vote of Thanks delivered by Ms. Mevish P. Vaishnav, President, International Patients' Union, who expressed a deep sense of gratitude and responsibility, noting that the conference served as a conscious center for healthcare where the patient is at the very heart of the system.
- She extended heartfelt thanks to the esteemed speakers, global experts, and thought leaders for challenging the status quo and reminding the assembly that healthcare is built on dignity, trust, and people rather than just systems.
- A special note of appreciation was shared for the Guest of Honour, Ms. Manmeet Kaur Nanda, Additional Secretary, Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, Govt. of India, for his presence and support.
- Ms. Vaishnav addressed the patients, caregivers, and advocates directly, reaffirming that the platform belongs to them and that their stories are the vital evidence and power driving this movement forward.
- She expressed sincere gratitude to the supporting organizations and partners—National Human Rights Commission, Sawablamban, BHASHINI, IHBAS, Internet Governance Forum, Bombay College of Pharmacy, CAHO, Bharat Serums and Vaccines, and Systopic for their shared belief in making healthcare inclusive and accessible.
- She further acknowledged the critical role of media partners Medical Dialogues, Express Pharma, and Express Healthcare for amplifying these conversations and ensuring the patient's voice reaches a global audience.
- In her closing remarks, she applauded her tireless team at IPU for their behind-the-scenes efforts in building this movement and invited everyone to continue the journey together, expressing her excitement to welcome everyone back next year.

# Recommendations

## 1. Shift from Coverage to Assurance:

Move beyond measuring health insurance enrolment to ensuring actual, timely, quality, and affordable service delivery. Establish a Universal Health Assurance framework with enforceable service standards across all levels of the public system.

## 2. Invest in Primary and Preventive Care:

Create financial, career, and reputational incentives for doctors to serve in primary health centres and community settings. Allocate sustained funding for preventive healthcare programs at parity with curative care.

## 3. Make Digital Health Infrastructure Mandatory and Usable:

Mandate hospital integration with ABHA under the ABDM within a defined timeline. Launch public awareness campaigns comparable in scale to the promotion of Unified Payments Interface (UPI). Integrate Digital Health literacy into medical, nursing, and pharmacy curricula.

## 4. Ensure Disability-Inclusive Healthcare Access:

Mandate inclusive health insurance coverage for persons with disabilities across all ages and income groups, including assistive technologies. Institutionalize disability-responsive training across all medical and allied health education programs.

## 5. Embed LGBTQ+ Inclusive Care:

Incorporate gender identity and sexual orientation in medical records. Integrate transgender and intersex health into undergraduate medical curricula. Train healthcare workers in affirming and non-discriminatory clinical practices.

## 6. Address the Nursing Workforce Crisis:

Enforce statutory nurse-to-patient ratios. Standardize and improve nurse compensation in the private sector. Create and formally recognize specialized nurse practitioner roles.

## 7. Strengthen Geriatric Care Infrastructure:

Develop a national geriatric care policy using the 5Ms framework. Mandate geriatrics in undergraduate medical education. Promote community-based eldercare models to reduce avoidable hospitalization.

## 8. Reform Pharmaceutical and Diagnostic Regulation:

Make NABL accreditation mandatory for all diagnostic laboratories within a phased 3–5-year timeline. Align regulatory oversight under the Ministry of Health. Update the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, to include digital and social media health advertising.

## 9. Bridge the Patient Communication Gap:

Mandate patient-friendly prescription summaries in local languages. Require hospitals to provide clear, documented care plans at every interaction. Integrate communication skills training across all healthcare education programs.

**10. Build Neurodiversity Support Systems:**

Train school teachers in neurodivergent inclusion. Integrate developmental screening into school health programs. Provide subsidized access to occupational therapy, speech therapy, and specialist assessments.

**11. Prioritize NCD Prevention and Early Care:**

Establish community-level lifestyle intervention programs with defined incentives. Strengthen early screening and referral pathways. Expand affordable district-level capacity for cardiovascular and NCD care.

**12. Regulate Online Health Information:**

Enforce standards for health-related content on social media, including disclosures by medical professionals and influencers. Develop a government-endorsed Digital Health information platform.

**13. Establish a National Patient Data Registry:**

Create a consent-based, interoperable national patient data registry to support evidence-based policymaking, AI applications, and clinical research aligned with Indian population needs.

**14. Expand Adult Vaccination Coverage:**

Launch a national adult vaccination program to increase coverage beyond the current ~1% baseline. Integrate adult immunization into primary care and workplace health systems.

**15. Institutionalize Patient Participation in Policy:**

Mandate patient and caregiver representation in national health policy bodies. Submit IPU Outcomes Report recommendations to NITI Aayog and the Ministry of Health and Family Welfare for formal consideration.

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