

## Delhi Health Minister Shri Pankaj Kumar Singh Orders Hospitals to Maintain Medicine Stock, Improve Patient Care

On 6th November 2025, Delhi Health Minister Pankaj Kumar Singh issued directives to ensure that all Delhi government hospitals maintained an uninterrupted supply of essential and life-saving medicines, along with necessary medical equipment. Chairing a review meeting with medical directors and superintendents at the Delhi Secretariat, he emphasised that safeguarding consistent medicine availability remained a top priority for the government. Senior officials from the Health Department also attended the meeting.

The minister instructed hospital heads to submit their complete requirements for medicines and medical equipment for the remainder of the 2025–26 financial year to the Central Procurement Agency (CPA) within ten days. He stated that timely submission would help guarantee smooth, continuous supply, and warned that accountability would be fixed in cases where hospitals failed to maintain adequate stock. Mr. Singh added that an efficient CPA-managed supply system was already in place to support uninterrupted patient care.

Hospitals were also advised to monitor their inventories daily and replenish shortages promptly through CPA channels or emergency local purchases. Reiterating the government's commitment to patient welfare, Singh urged doctors and hospital staff to treat all patients and their attendants with dignity, courtesy, and compassion. He stressed that no Delhi government hospital should face any shortage of essential medicines under any circumstance.







## Health Ministry, WHO Begin Consultation to Boost Nursing and Midwifery Sector

On 10th November 2025, The Union Health Ministry, in collaboration with WHO and Jhpiego, launched a three-day national consultation to review nursing policy priorities and best practices aimed at strengthening India's nursing and midwifery sector. The meeting sought to assess ongoing initiatives, identify emerging challenges, and share innovative models to improve nursing governance, education, and workforce management in line with national health priorities and the Sustainable Development Goals.

Union Health Secretary Punya Salila Srivastava highlighted that nurses and midwives formed a central pillar of India's healthcare system and, along with Ayushman Aarogya Mandir and ASHA workers, played a crucial role in advancing Universal Health Coverage. She noted that key reforms such as the establishment of the National Nursing and Midwifery Commission, competency-based curricula, and modernised regulatory frameworks marked major milestones in strengthening the ecosystem. She urged states to adapt and replicate best practices shared during the workshop.

The consultation brought together policymakers, senior officials, regulators, educators, professional associations, and development partners. NITI Aayog Member (Health) Dr. V.K. Paul emphasised the need to improve the quality of nursing education and expand in-service training. WHO Representative Dr. Payden praised India's progress and noted that regional shortages in the South-East Asia Region may decline by 2030 due to India's advancements. Participants deliberated on workforce distribution, quality assurance, leadership development, and career progression while stressing alignment with the State of the World's Nursing 2025 Report.



## India Launches NAP-AMR 2.0 to Combat Drug-Resistant Infections

On 18th November 2025, Union Health Minister Shri J.P. Nadda launched the National Action Plan on Antimicrobial Resistance (NAP-AMR) 2.0, updating the original 2017 framework to tackle rising drug-resistant infections. The revised plan outlined renewed strategies to strengthen laboratory capacity, bolster infection prevention and control in healthcare settings, and enhance stewardship across sectors. Mr. Nadda said the new plan addressed gaps identified in the earlier strategy by increasing ownership of AMR efforts, improving inter-sectoral coordination, and strengthening engagement with the private sector. He warned that widespread overuse and misuse of antibiotics had heightened risks for surgical procedures, cancer care and other critical interventions.

Development of NAP-AMR 2.0 began in 2022 through stakeholder consultations involving more than 20 ministries and departments, and the NCDC's compiled report of expert meetings highlighted shortcomings in the 2017 plan, such as inconsistent KAP methodologies, fragmented data consolidation, and weak stakeholder communication. The updated plan re-emphasised awareness, education, and training while recommending standardized approaches for monitoring and data integration. Officials noted that AMR had been a national priority since formation of the National Task Force in 2010 and the 2011 policy, and that the 2017 action plan had been launched to align with the Global Action Plan. NAP-AMR 2.0 aimed to create a more coherent, accountable national response to contain antimicrobial resistance.





## Global Measles Burden Declines Significantly, WHO Reports

On 26th November 2025, the World Health Organisation report stated that global measles cases fell 71% to about 11 million between 2000 and 2024 due to the improved vaccination coverage. Measles vaccination was credited with preventing nearly 59 million deaths over the 24-year period, and measles-related deaths declined nearly 88% to roughly 95,000. Despite these gains, the WHO noted an 8% rise in estimated cases last year compared with pre-pandemic 2019 levels, while deaths fell 11% because many infections occurred in middle-income countries with lower fatality ratios.

WHO Director-General Dr. Tedros Adhanom Ghebreyesus warned that measles would exploit any gaps in immunisation, and Kate O'Brien cautioned that small drops in vaccine coverage could trigger outbreaks of measles and other vaccine-preventable diseases. In 2024, 59 countries experienced large or disruptive measles outbreaks, the highest since the COVID-19 pandemic, and some high-income countries saw resurgences; Canada lost its elimination status after a prolonged outbreak.

The WHO also flagged deep funding cuts to the Global Measles and Rubella Laboratory Network and national immunisation programmes and warned these could widen immunity gaps. In 2024, about 84% of children received a first measles dose and 76% a second, below the 95% two-dose coverage needed for sustained prevention.

# Health Ministry Holds Two-Day Meet on Improving Cancer Care in Cities

The Union Health Ministry organised a two-day National Workshop on 'Strengthening Cancer Care and Urban Health' on 27th and 28th November 2025 at Sushma Swaraj Bhawan in New Delhi. Union Health Secretary Punya Salila Srivastava inaugurated the event and reaffirmed the government's priority to expand cancer services, highlighting the Union Budget 2025–26 commitment to establish Day Care Cancer Centres (DCCCs) in every district to decentralise treatment and ensure timely chemotherapy and follow-up care. During the opening session, she released the NP-NCD Training Modules, FRU Guidelines 2025, and Operational Guidelines for Strengthening Laboratory Services under the Free Diagnostics Initiative.

Experts from NHSRC, Tata Memorial Centre, AHPGIC Odisha, NCDC, and ICMR presented on DCCC models, standard treatment workflows, digital monitoring platforms, viral hepatitis screening integration, and quality assurance via NQAS. States such as Odisha, Tamil Nadu, and Madhya Pradesh shared scalable best practices in screening, community engagement, and district-level delivery. A national panel deliberated on building an integrated cancer-care ecosystem, improving early detection, and expanding district capacities, with states committing to roll out DCCCs and strengthen referral pathways.

On day two, the workshop shifted focus to the urban health agenda under NUHM; officials including Aradhana Pattnaik and Saurabh Jain stressed city-specific, integrated strategies and presented a revised draft NUHM framework. The Ministry pledged to refine governance, monitoring, and urban primary healthcare to make services more accessible, equitable and resilient, particularly for the most vulnerable.



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