



# **DAILY NEWS BULLETIN**

**LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day**  
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# The Two Test Neat Solution To The NEET Mess

Split medical exam in two parts, like JEE. NTA conducts the first nationwide screening. Those who qualify, take a second test in their home state. Each state will set their own questions. Paper-leakers will be outplayed

Varna Sri Raman



Medical aspirants will write NEET-UG again on June 21, as CBI investigates the leak of the NEET question paper, 42 hours before the May 3 exam, which was cancelled on May 12. This was, per media reports, the 89th public exam test paper leaked, or suspected to have been leaked in the last decade. For each, a case was filed and/or re-tests undertaken.

Around 120 of 180 questions, in the leaked paper that Rajasthan police recovered this year, matched the actual exam. None of what has followed - CBI probe, arrests of 'masterminds', MOs - is unfamiliar. But the administrative explanation has worn thin. Tighter security and better protocols have been govt's answer through every cycle. The Public Examinations (Prevention of Unfair Means) Act, 2004, in force since June 2004, has produced no convictions.

Looked at as a labour market problem, the picture changes. The arithmetic of the chase tells you why India admits about 1.29L students to MBBS programmes each year - about 22L young Indians compete for those seats. The 21L who do not get one, return for another attempt, and then again. A median aspirant invests roughly two years into a single afternoon test. At a private-sector entry wage of ₹15k a month, foregone earnings of failed aspirants come to about ₹60k cr a year. Add coaching fees of around ₹1L per student annually, and the country has burned over ₹7L cr on this exam since 2014. That exceeds India's cumulative central health budget over the same period and NREGA's total outlay since 2006.

The leak market has a documented price. The Bihar Economic Offences Unit priced a NEET seat in 2024 at

₹50L-₹60L. In Hazaribagh that year, one family sold a buffalo and two katha of land to make the first installment. Patna police recovered phones with call records of mothers asking for time to arrange money - by withdrawing savings for a daughter's marriage.

These are families of small farmers and govt school-teachers, pushing one child across a threshold they never crossed, because a govt MBBS seat unlocks a salary roughly six times the private-sector equivalent for comparable work. This is the development economics of the leak.

A test is supposed to sort candidates by ability. When the credential can be bought, it sorts on family wealth. The 22L aspirants chasing 1.29L seats are in what economists call an aspiration trap. The family has paid too much to walk away. The arithmetic doesn't allow them to succeed.

This cycle has a body count - 29 teens died by suicide in Kota in 2023, the highest annual count on record,

17 in 2024. S Anitha, a Dalit student from Ariyalur with 1,176 out of 1,200 in her Class 12 boards, took her own life in Tamil Nadu in 2017, when her board marks no longer counted for medical admission. The cycle has burnt money and cost lives families had given everything to save.

Given NTA's record in conducting 14 exams by 2024, a parliamentary standing committee in its review of autonomous higher education bodies, in Dec 2025, laid emphasis on pen-and-paper testing for NEET given "NTA's recent performance has not inspired much confidence."

GOI already runs a national exam that works on a different design. JEE is a two-stage test: JEE Main is the screening test, administered nationally by

NTA. JEE Advanced is the second-stage examination, administered by one of the seven IITs on a rotating basis, with its own paper-setting committees, syllabus and operations. Roughly 2.5L of the Main cohort qualify for Advanced each year. The two-stage design splits the value of any single leak. A compromised Main does not compromise Advanced.

NEET could follow JEE's template. NTA conducts national screening. State medical universities or state-level testing bodies conduct the second stage, with their own paper-setting committees. Class 12 board marks carry weighted consideration, alongside the second-stage score. Such a design halves the leak value of any single paper. State govts, politically accountable for their public health workforce, regain the ability to admit students from schools and languages their hospitals will serve.

Tamil Nadu has argued something close to this for almost a decade. Justice AK Rajan's committee documented in 2021 that Tamil-medium representation, in the state's MBBS admissions, had collapsed from above 15% before NEET, to under 2%, while CBSE-stream representation rose from 0% to over 25%. TN's exemption-from-NEET Act, re-passed in 2022, was denied President's assent. In Nov 2025, TN filed an Article 131 suit in SC, saying NEET violates federalism.

The aspirant phase young Indians spend years in-between school and labour market - calls for a different fix, beyond anti-cheating laws or jammers. The deeper repair, of course, is public sector employment growing alongside the labour force and admissions returning to govts politically accountable for the services they staff. The 2027 NEET should run on the JEE template, with state-level second stages and weighted board marks. That has worked for IITs for more than a decade. It's overdue at medical colleges.

The writer is an independent development economist



## Editorial

## Preparing India for a credible digital Census

**T**he house listing phase of the 2027 Census is now progressing in some States and the work in other States will be taken up soon. The questionnaire for this phase was pre-tested last year. It was reported that the inclusion of questions on caste has delayed the pre-testing of the questionnaire for the population enumeration phase of the Census. Field testing of the schedules is essential to ensure that the concepts and definitions are easily understood by the enumerators and respondents.

The question on caste is being included in the Census for the first time since Independence. The only recent experiences on the issues relating to enumeration of caste are from the surveys in Bihar and Karnataka. I am sure that the Census organisation would have conducted extensive research on the issues and possible solutions, and the pre-testing would help streamline the questions and instructions. The experience of Karnataka and Bihar suggests that, whatever the results, there will be communities that are not ready to accept their numbers.

The population figures from the 2027 Census will be used for the next delimitation of Lok Sabha and State Legislative Assembly constituencies. Neither the Constitution nor any other law talks about whether the Census has to count people on *de jure* or *de facto* basis. Census on *de jure* basis would mean that people have to be counted at the place where they reside. On the other hand, a *de facto* census would count people at the place where they are present during the Census.

**The method used**

The Indian Census has been following an extended *de facto* method. People found at their usual/normal place of residence when the enumerator visits the household, as well as members who are absent at that time but have stayed there for at least one night during the Census enumeration period, which normally lasts 20 days, are also enumerated. Also included are visitors who stayed with the household throughout the entire period of Census enumeration period. A household is defined to include all members, even if unrelated, who partake food from a common kitchen. Thus, household help living with household and paying guests should be enumerated there, if they have food from the same kitchen.

This enumeration process implies that the number of voters in an area may not correspond to the population enumerated there. A six-month residence is required for registration as a voter. Further, the voters' list would include those living abroad (non-resident Indians, or NRIs) who chose to register as a voter, whereas they are not part of the census at all. According to the website of the Ministry of External Affairs, there are about 1.58



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crore NRIs living abroad. This is more than 1% of the population of the country. If they were all counted in the Census in one State, it would get at least five Lok Sabha seats in the next delimitation.

While the NRIs may be from across the country, some States have proportionately more NRIs than others. Kerala, Gujarat, Punjab, Telangana and Tamil Nadu are known to have a significant number of people living abroad. The Kerala Migration Survey 2023 has estimated that about 22 lakh people from the State are living/working abroad. Not including them in the population of the State would result in the loss of one Lok Sabha seat. Some other States may also be similarly affected.

Some countries collect data on non-residents in the census by enumerating family members, if any, living abroad. This process cannot collect information on those households that have migrated abroad with all their members. Still, it would be a useful starting point and would provide better data for delimitation purposes. Therefore, I suggest pre-testing an appropriately worded question on NRIs.

**The problem areas**

The next Census is unique because the entire data collection process is planned to be carried out using mobile electronic devices, mostly smartphones. This can save time for the computerisation of data. Consistency checks on responses during data collection can result in improved quality of data and faster processing.

However, one has to allow for a significantly large portion of enumerators who are not savvy with smartphones, and tablets. During the recent Socio Economic and Caste Survey in Karnataka, there were reports of enumerators finding it difficult to handle the equipment for the survey. During the planning for the 2021 Census, it was indicated that enumerators would have the option to collect data using printed paper schedules, which could later be transferred to the electronic database from home. It is highly probable that a family member or a student of the teacher appointed as the enumerator may assist with this work. This could lead to accountability issues and may also compromise the confidentiality of the data. Therefore, a mechanism to detect and control data-entry errors is essential. There will also be an option for respondents to self-enumerate using a computer or smartphone as provided in the house listing phase.

The questions in the population enumeration stage are more complex when compared to those in the house-listing phase. Many of the questions require a thorough understanding of the instructions that even many enumerators find difficult. For example, the explanation of disability in the 2011 Census ran to about six printed pages. Even the seemingly simple

question, "Have you worked at any time during the last year?" was accompanied by more than two pages explaining what constitutes 'work'. The follow-up questions on industry, occupation, and related matters are also not easy for most people to understand.

It is too naive to expect that the respondents would read all the instructions before clicking on an item in the drop down menu. The three million plus enumerators may not equally understand the concepts, definitions and the need to ask the questions in an appropriate manner. The self enumeration facility can become worse unless the questions are well worded and explanations are given within the question. It is difficult to achieve this without significant simplification of the concepts and definitions.

**Guard against respondent fatigue**

Including too many questions in the online schedule in an attempt to obtain better responses can also lead to respondent fatigue, as the form has to be completed for every individual in a household. The possibility of respondents deliberately providing incorrect answers to certain questions in order to avoid follow-up questions cannot be ruled out.

Post-enumeration surveys from past censuses have indicated that distant relatives of the head of the household and unrelated persons, such as domestic helpers living with the household, have higher rates of omission. In a self-enumeration system, the chances of missing such persons are even greater. There is also the possibility of including children who are living in hostels and are therefore not eligible to be enumerated as part of the household. Better structuring of the questions may help ensure more accurate enumeration of such persons. For example, questions such as, "Is the person currently present in the house and, if not, was he or she present at any time after February 9 or likely to return before February 28?" (assuming that the census enumeration takes place during that period as in the past censuses), could be asked for every individual. Similarly, questions such as "Is there any other relative of the head of the household, or any unrelated person such as a servant, helper, or nurse, who shares meals from the same kitchen and lives with the household?" may also be included. While such measures may not ensure completely error-free enumeration, they could help reduce omissions and improve accuracy.

The possibility of fraudulent enumerations in some areas or by some groups using the self enumeration facility cannot be ruled out. The memory of cancelling the Census in some areas in 2001 is still fresh. The organisation needs to be vigilant and steps to prevent such incidents need to be field tested.

It requires accuracy, safeguards, training and careful planning

# Jaunpur case shows why incest survivors still fight alone

Two sisters in east UP lost their lives after sexual abuse by their father — one to neglect, the other to suicide. Their story shows very little has changed for survivors

11.4%  
Father/stepfather/mother's partner

15.2  
Relative

6.3  
Husband

22.7  
Boy friend

9.8  
Neighbour

26.5  
Other person

3.0  
Stranger

6.1  
Not specified

## IN 11% CASES, ACCUSED WAS FATHER OR STEPFATHER

If relatives, neighbours, and other known persons are included along with father, five such accused face risk to be accused in over 60% of abuse cases

RELATIONSHIP OF THE VICTIM TO THE PERPETRATOR ACCUSED (%)

## Conviction Rate Drops When Accused Is Father Or Relative

The conviction rate in cases where the accused is a neighbour is nearly double that for when it's the father or a relative

## Relationship of accused to victim and conviction rate (%)



Source: The incident of sexual abuse and conviction rate by relationship of accused to victim. Data based on 200 cases

mother often views the daughter not as a victim to be protected, but as a threat to the economic stability and social survival of the wider household. But, Srivastava adds, blaming the mother who may be economically dependent on the father or state a victim of domestic violence herself, is not the solution.

Tripti\* speaks in a frantic, breathless rush. Her words collide, scrambled to match her racing thoughts that she has struggled to process for nearly a decade. When her mind drifts towards the people she once shared a home with, her soon has a certainty. "I don't want to go back to them". In a world broken by systemic betrayal, this single conviction is the only certainty she has left.

Tripti was 10 years old when the abuse began. Her mother had died some years before and her father turned from a good man to a predator. It took her a year before she could confide in her two older siblings about the sexual abuse, but she was met with indifference. It was only when she gathered the courage to talk to a school teacher that the machinery of the state intervened. In 2011, a case was registered under the Protection of Children from Sexual Offences (POCSO Act, banning her life into a whirlpool of confusion, stigma, and trauma.

While Tripti was sent to a Delhi girl shelter, her siblings were jolted off to live with extended family. There began the second battle. Between 2010 and 2012, as her case wound its way through the judicial system, Tripti's friends ghosted calls and visits came to a screeching halt. Her siblings and relatives poured their grief and social blame on her, instead of supporting, often demanding she change her statement and withdraw the case. She did not backdo and eventually her father was booked for molestation in 2011. "I now know that abuse happens in a lot of families, but only a few like me have the courage to report it," she says.

## What The Data Says

A 2020 study by Tripoli IBA case registered in Uttar Pradesh (UP) and Bihar showed that 11% of the accused were fathers or stepfathers.



Utsav Deb

predator — either her biological father or the mother's partner — lived in the same household as the victim. For extended relatives, it was a near-identical 20.5%.

These low numbers reflect the immense, coordinated hostility a child faces from their own network when trying to sustain a legal battle.

The institutional pressures are echoed by lawyer Anshu Arora, C.S.J. director of legal intervention cells, who recently represented a survivor who had been abused by her grandmother's partner.

The grandmother, determined to protect her partner, continued to pressure the child to retract. It took years of active legal advocacy and counselling to keep the child safe. Finally in 2014, the legal team bypassed

because I'm a bad person." This psychological trap binds the child, ensuring their compliance and silence," he says.

According to Gupta, psychological damage does not vanish when abuse ends, it migrates. Because a child cannot safely express complicated feelings of shame, guilt, and terror, the trauma embeds itself directly into their physiology. It manifests later in life as chronic physical illnesses, severe eating disorders, and patterns of deliberate self-harm.

Many survivors become overachievers, driving themselves to academic or professional extremes as a subconscious strategy to compensate for, mask, and distance themselves from the deep trauma of the abuse. This physical lodging of trauma can be dormant for years, only to resurface during such psychological milestones as "introductory reaction" — a major life transition, a broken adult relationship, the death of the perpetrator, or the moment the survivor has a child of their own and fears they will be preyed upon.

## Crack In The Wall

In recent years there have been efforts to address the stigma and speak up. In India, All India Social Medical and other KhushiKosh Standee and in the West, talk show host Oprah Winfrey, author Audrey Juell and author Maya Angelou have spoken about being survivors of incest abuse. Film director Saif Hameed, whose film "No Paper", which tackled this of-

## MORE GIRLS IN SCHOOL, STRONGER REPORTING LAW

India now has near-universal primary enrolment for girls — up from 75% in late 1980s — putting more children in contact with teachers and counsellors who may spot distress. POCOA 2012 made it mandatory for anyone aware of child sexual abuse to report it to police. These changes help cases surface. But, for incest survivors, safety after disclosure remains the weakest link.

the family's interference and served a 10-year prison sentence for the abuse.

## Confronting Demons

In many homes, abuse happens behind closed curtains, beyond and unreported, says Anshu Gupta, founder of Rishi Foundation, that has been working for three decades with adult women survivors of incest abuse.

"Incest abuse is more difficult to talk about than any other kind of sexual abuse because it gets normalised within the family," Gupta says. Hence it usually results in domestic spaces, it remains entirely hidden (even on outside witness interviews). This lack of external validation creates a surreal, guilt-ridden life for the victim. "It makes the abuse feel 'secret', as if the child is simply imagining it," she adds. Without the language to articulate the trauma or the social confidence that others will believe them, children internalise the violation. "They repress the horror through self-blame. This being abused

isn't subject," she released in 2004, says the urge to say "Abuse" rather than "abuse" within families has to be fought. "It was by chance that I found out about a case of abuse within my family. I also realised that my aunt had told the survivor 'abuse' rather than confront the perpetrator. Around the same time, two young sisters that I knew also spoke about being abused by family members. It started something in me, and I hoped the film would start a conversation and find a wider audience," he said.

In recent years, evidentiary reporting of abuse by people in authority has brought to light many cases that may otherwise not have been reported. Post-charge of psychological and emotional abuse has also helped, but it's a drop in the ocean. Besides awareness and advocacy, Srivastava says that there has to be greater attention paid towards creating a safe space for reporting abuse, protecting privacy, creating approachable police stations and strengthening one-way helpline hotlines for support survivors.

"Women charged to prevent incest if you see a sign of sexual abuse or hear the words of 'abuse', come to us immediately. Call our helpline 011-263899999"

## The Price Of Speaking Up

"Survivors often have to face constant taunts, social stigma, and complete disorientation from the family," says Kamini Srivastava, executive director for at Contact in Sector-3, Indirapuram (GZ). A therapist working on trauma for child survivors of sexual abuse and children in conflict with the law. "The most heartbreaking thing for a survivor is to see someone who they do not find support from their father or guardian."

Srivastava recalls a case where a mother, enraged by her daughter's refusal to go to school, had threatened to throw her into the well. In many cases, the

# ई-फार्मसी के विरोध में देशव्यापी हड़ताल से 2.5 हजार करोड़ रुपये का कारोबार ठप

दिल्ली में 90 फीसदी दुकानें रहीं बंद, सरकारी अस्पतालों की दवा दुकानें और जनऔषधि केंद्र खुले रहे

अमर उजाला ब्यूरो

नई दिल्ली। दवाओं की अवैध ऑनलाइन बिक्री, बिना नुस्खे के होम डिलीवरी और भारी छूट के विरोध में ऑल इंडिया ऑर्गनाइजेशन ऑफ़ केमिस्ट्स एंड ड्रुगिस्ट्स (एआईओसीडी) के आह्वान पर बुधवार को देशभर में एक दिवसीय सांकेतिक हड़ताल सफल रही।

देशभर में 12.40 लाख से अधिक केमिस्टों और ड्रुगिस्टों ने अपनी दुकानें बंद रखीं। वहीं, व्यापारिक संगठनों के अनुसार, इस बंद से पूरे देश में करीब ढाई हजार करोड़ रुपये का खुदरा कारोबार प्रभावित हुआ।

दिल्ली में 20 हजार मेडिकल स्टोर्स में से 18 हजार यानी 90 फीसदी दुकानें बंद रहीं। सुबह से ही हरि नगर, सुभाष नगर, तिलक नगर,

12.40

लाख से अधिक केमिस्ट और ड्रुगिस्टों ने देशभर में दुकानें बंद रखीं

कोविड में योगदान याद दिलाया एसोसिएशन ने याद दिलाया कि कोविड महामारी के दौरान केमिस्ट फ्रंटलाइन वॉरियर बनकर दवाओं की निर्बाध आपूर्ति सुनिश्चित करते रहे। फिर भी अवैध ऑनलाइन गतिविधियों पर कोई ठोस कार्रवाई नहीं हुई। हड़ताल पूरी तरह शांतिपूर्ण रही। संगठन ने मानवीय दृष्टिकोण रखते हुए आपातकालीन और जरूरी दवाओं की उपलब्धता सुनिश्चित की। ऐसे में अब केंद्र सरकार से इस मुद्दे पर जल्द और प्रभावी कार्रवाई की उम्मीद की जा रही है।

**प्रधानमंत्री भारतीय जन औषधि केंद्र ने किया हड़ताल का बहिष्कार :** प्रधानमंत्री जन औषधि केंद्र (पीएमबीजेके) के रिटेलर्स ने इस हड़ताल में हिस्सा नहीं लिया और पूरा दिन दुकानें खुली रखीं। पीएमबीजेके के रिटेलर्स एसोसिएशन के महासचिव सुरेश मित्तल ने बताया कि इस हड़ताल से आम लोगों पर बहुत असर पड़ता है, इसलिए वह इसके समर्थन में नहीं है।

जनकपुरी, उत्तम नगर, पालम, महारौली, नजफगढ़, लक्ष्मी नगर समेत कई इलाकों में दवा दुकानों के शटर बंद रहे। हालांकि एम्स, सफ़दरजंग, राम मनोहर लोहिया

जैसे बड़े अस्पतालों के आसपास की दुकानें खुली रहीं। सरकारी अस्पतालों की फार्मसी, प्रधानमंत्री भारतीय जन औषधि केंद्र और कुछ बड़े रिटेल नेटवर्क भी चालू रहे।

प्रधानमंत्री को ज्ञापन सौंपा, रखीं मुख्य मांगें

एआईओसीडी के अध्यक्ष जेएस शिंदे और महासचिव राजीव सिंघल ने बताया कि हड़ताल के दौरान प्रधानमंत्री नरेंद्र मोदी के नाम ज्ञापन देशभर में जिला कलेक्टर, एमडीएम और तहसीलदारों के माध्यम से ज्ञापन सौंपा गया। इसमें अवैध और अनियंत्रित ई-फार्मसी (ऑनलाइन दवा बिक्री) पर सख्त रोक लगाने, बिना वैध प्रिस्क्रिप्शन के दवा बिक्री और होम डिलीवरी पर पूर्ण प्रतिबंध, ऑनलाइन प्लेटफॉर्मों द्वारा शिकारी मूल्य निर्धारण और डीप डिस्काउंटिंग पर कार्रवाई जैसी मांगें की गईं। इसके अलावा, मुख्य मांगों में कोविड काल की अस्थायी अधिसूचनाओं जीएसआर 817(ई) और जीएसआर 220(ई) को तुरंत वापस लेने का आग्रह किया गया। केमिस्ट संगठनों का कहना है कि दवाएं कोई सामान्य वस्तु नहीं हैं।





# Health survey factsheets ready for a year but not made public

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Factsheets generated from the sixth National Family Health Survey completed in Dec 2024 have been ready for over a year, according to sources, but they are yet to be made public.

In Aug last year, there were media reports that they would be out in a month. According to those who were part of conducting the survey and preparing the factsheets, those for key indicators can be released only after the approval of the health ministry. There was no response from the health ministry to TOI's queries on the reasons for the delay.

Though the preparations for NFHS-6 began in mid-2022, it was officially launched nationwide in Dec 2023. The survey was done in two phases over a year.

NFHS-5 was also conducted in two phases — Phase-I from June 17, 2019 to Jan 30, 2020 covering 17 states and five UTs, and Phase-II from 2 Jan, 2020 to 30 April, 2021 covering 11 states and three UTs. Despite being conducted during the Covid years, the Phase-I factsheets were out on Dec 12, 2020 (in less than 11 months) and the Phase-II factsheets on Nov 24, 2021, less than seven months after the survey.

The delay in the NFHS-6 factsheets being released is

## PAST TIMELINES

Survey	Conducted in	Factsheets released	Reports released
NFHS-4 phase 1 & II	Jan 2015 to Dec 2016	1st phase in Jan 2016, 2nd phase March 2017	Nov 2017 to Jan 2018
NFHS-5 phase 1	June 2019 to Jan 2020	Dec 2020	Dec 2020
NFHS-5 phase 2	Jan 2020 to Apr 2021	Nov 2021	State reports Nov 2021, national report May 2022

despite being, for the first time, carried out entirely using a digital platform through Computer Assisted Personal Interviewing, with built-in checks for real-time error detection and validation to improve data quality.

Questions in Parliament in Aug 2025 and Feb this year on the reasons behind the delay did not elicit any information. The answer to a question in Rajya Sabha on Feb 3, for instance, was: "The ministry ensures timely dissemination of NFHS data by conducting regular follow-ups with the nodal agency and regular meetings at higher levels to monitor progress and oversee intermediary steps."

NFHS-6 is expected to provide estimates of the levels of fertility, infant and child mortality, and other family welfare and health indicators by background characteristics at the national and district levels. This would provide important inputs for state-level policy

making, programme design and resource allocation.

NFHS-6 dropped questions on anaemia and disability, but added 58 new ones, including 10 on Covid and its vaccinations, bringing the total number of questions to 1,068. Other new topics surveyed include mobility and migration of people, women's self-help groups, and digital and financial literacy of women, especially on whether they use mobile phones for financial transactions. The decision on which topics to include or drop is taken by NITI Aayog and the health ministry along with the NFHS technical advisory committee.

Unlike earlier rounds of NFHS, which were done through collaborative funding from foreign agencies, the entire exercise this time was fully funded by the health ministry. For the first time, all aspects of the NFHS-6 survey were coordinated solely by International Institute for Population Sciences, Mumbai.

CEO Mukund Galgali. ZMC currently has 176 million subscribers

# Whey to Protein-rich Foods Gets Costlier on Global Supply Crunch

Price of key ingredient more than doubles forcing cos to hike rates of protein bars, powders

## Building Muscle

<b>Whey concentrate</b> ₹700/kg in FY24 to ₹2,700 now	<b>Whey isolate</b> ₹3,600/kg now from ₹800 in 2024
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Cos raise prices of protein powders by **10-25%**

Shilpa Ranipeta

Hyderabad: As protein shakes, bars and high-protein snacks move from gym bags to everyday Indian diets, the country's protein boom is colliding with a global supply crunch. Geopolitical friction, a massive international demand wave and shipping bottlenecks are driving up the price of raw whey—the key ingredient in protein powders, bars and high-protein foods—squeezing margins for brands and turning daily protein goals into a heavier financial lift for consumers.

A by-product of cheese-making, whey has seen unprecedented price inflation over the last two to three years. According to industry estimates, whey concentrate, which averaged around ₹700 per kg in FY24, is now trading at ₹2,700. The more premium whey isolate has soared to as high as ₹3,600 per kg from ₹800 in 2024.

This comes when protein has begun entering everyday diets, and the country has seen a surge in companies selling not only whey protein powder, but everything from high-protein breakfast bars and smoothies to meal replacements, beverages and snacks.

Companies such as The Whole Truth, Yoga Bar and Muscleblaze have increased prices of protein powders by 10-25% in the past few months to offset surging input costs. For some brands, the price hike is 40% compared with FY24.

"For protein powders, whey is more than 90% of cost of goods. We're raising prices, dropping marketing spends, cutting extraneous costs and absorbing a large part of impact so the consumer doesn't have to," The Whole Truth cofounder Shashank Mehta told ET.

A kilogram of whey powder that was earlier retailed for around ₹2,000 is now priced up to ₹3,500, while whey isolate costs around ₹4,500. A scoop of protein powder costs around ₹100-120 compared with ₹60 in 2024, and brands expect it to go further up to ₹140-150 in the coming months.

Nearly 90% of whey used by Indian brands is imported, mostly from Europe. Industry executives attribute the surge in price to a combination of geopolitical disruptions, global demand spikes and structural supply constraints. GLP-1 drugs, which are experiencing increasing popularity for weight management, are also a major contributor to demand.

"While awareness around protein has been rising across the globe, demand saw a sudden surge recently because of GLP-1 drugs, and doctors recommending high-protein diets to those taking these drugs," said Chirag Barjatya, founder of fitness coaching programme PFC Club.

Tejas Kulkarni, founder of whey protein startup TSA Tekk, said the price hikes for protein products barely covered the surge in input costs for companies. "But you can't burden consumers immediately in a market like India," he told ET. Brands say they are unable to fully pass on costs to Indian consumers because the category is nascent, growing and highly price sensitive. Industry executives say margins have collapsed as brands try to protect market share.

"The input prices have gone up, but we have taken a conscious call not to punish consumers for what we believe could be a temporary commodity cycle. Our margins have taken some hit, but operational efficiencies and scale have helped offset part of the impact," Yoga Bar cofounder Suhagini Sampath told ET.



# Audit ICU facilities across country: SC

Abraham Thomas

letters@hindustantimes.com

**NEW DELHI:** The Supreme Court on Wednesday ordered a nationwide audit of intensive care unit (ICU) facilities and gave states and Union Territories two months to assess infrastructural and manpower gaps and ascertain the equipment needed to bring critical care facilities at par with model guidelines by a court-appointed panel of experts.

The court simultaneously ordered a nationwide audit of nursing colleges, requiring the Indian Nursing Council (INC) to submit a report on hands-on training facilities available to students across the 800 colleges under it.

"States/UTs shall ensure gap assessment exercise is undertaken by them and completed in two months. Simultaneously, they will work out modalities of putting into place/implementation of the minimum standards required for having ICU in any institution, starting from Level 1 ICU," directed the bench of justices Ahsanuddin Amanullah and R Mahadevan.

The directions were passed in proceedings wherein the court is considering framing uniform (ICU) guidelines, in regard to which a draft document by a 17-member expert committee

consisting mostly of doctors across fields had earlier submitted a draft document, to which states and UTs were on April 20 ordered to respond.

The draft guidelines defines what a hospital ICU should provide based on parameters of personnel, infrastructure and treatment protocol, which provides for three tiers of ICU — the basic level (Level 1), followed by Level 2 and Level 3, depending on specialised care required.

Additional solicitor general (ASG) Aishwarya Bhati and court-appointed amicus curiae advocate Karan Bharioke, who were both part of the expert committee, informed the court that states and UTs sought a period of six to nine months to conduct "gap analysis", which the bench curtailed to two months. "India is in a critical stage where population is increasing by leaps and bounds with the healthcare facilities not able to match this demand," noted the court.

The petition concerned a case filed before the national consumer court filed by Asit Baran Mondal, who sought compensation for the death of his wife in a Kolkata hospital in 2013. In the course of proceedings, the Centre informed the court about Model ICU/CCU guidelines prepared by the Union Health Ministry in 2023.

## ICU patient dies after AC explodes in Doon

HT Correspondent

letters@hindustantimes.com

**DEHRADUN:** A 66-year-old woman was killed and 16 others injured after an explosion in an air-conditioning unit triggered a fire at a private hospital in Dehradun on Wednesday, officials said.

The incident took place at Panacea Hospital near Rispana Bridge at around 9.35am, and the deceased was identified as Veeravati. Officials said that the AC was in the hospital's intensive care unit (ICU). At the time of the incident, 14 patients were admitted in the hospital, out of which at least four to five people were admitted in the ICU.

Officials added that preliminary findings suggested a short circuit as the cause.

Teams from the district administration, police, fire services, and State Disaster Response Force (SDRF) took part in the rescue operation. They recovered around seven attendants, staff and others trapped in the premises, and transferred all patients to nearby facilities. Critically ill patients were prioritised for



Police officers at the scene of the fire on Wednesday. HT PHOTO

transfer, officials said.

They added that Veeravati's death was prima facie caused by inhalation of smoke. She was on a ventilator, said an official.

Three personnel from the police and fire services were injured during the rescue, he added.

The district administration has ordered a detailed probe into the cause of the fire.

"Due to heavy smoke and gas inside the ICU, several patients and some police personnel suffered breathing difficulties and were admitted to Kailash Hospital for treatment," said district SSP Pramendra Dobhal.

# Cloudnine to Acquire Apollo Units

Maternity and paediatric verticals valued at ₹1,550 cr; Apollo Health and Lifestyle to hold 9.9% in combined entity post deal

## Our Bureau

**Mumbai:** Cloudnine Hospitals, one of India's leading maternity and paediatric care chains, will acquire Apollo Cradle and Apollo Fertility, a network of maternity and infant care centres across the country.

Post the transaction, Apollo Health and Lifestyle Ltd (AHL) will hold a 9.9% stake in the combined entity, making it the largest non-financial shareholder. It will also have board representation through a nominee director, AHL announced Wednesday.

The deal valued AHL's standalone mother-and-child and fertility verticals at around ₹1,550 crore, comprising a mix of cash and equity in the merged platform.

ET was the first to report last October that Cloudnine has signed an exclusivity agreement to acquire Apollo Cradle and the proposed transaction is expected to value the business at around ₹1,500 crore. In June 2025, ET first reported that Apollo Hospitals Enterprises Ltd (AHEL) had appointed a banker to scout for buyers for Apollo Cradle.

Under Apollo Cradle, AHL operates a chain of dozen maternity centres in Hyderabad, Bengaluru, Chennai, Delhi NCR, and Punjab. Apollo Fertility runs 20 fertility centres across India. The combined entity will operate more than 55 centres across key markets in the country, combining the strengths of Apollo Cradle, Apollo Fertility and Cloudnine under a unified management

structure, according to a statement.

The platform aims to enhance access to specialised maternity, fertility, neonatal, and women's healthcare services across diverse geographies and income segments, while leveraging one of the country's largest pools of senior clinicians supported by global clinical governance standards, the company said.

Founded in 2006 by neonatologist Dr R. Kishore Kumar along with co-founders Rohit M.A., M. Ramachandra, and Vidya Kumar, Bengaluru-based Cloudnine Hospitals is a popular brand in maternity and paediatric healthcare.

## Deal Snapshot

**Deal Value**  
₹1,550 crore (cash + equity mix)

**Combined Network**  
55+ centres across India

**Market Size**  
₹30,000 cr mother & childcare segment



**Post-Deal Shareholding**  
Cloudnine: Majority control

AHL: 9.9% stake  
PE investors (True North, TPG NewQuest, Tomasek): Existing Cloudnine base (-77%)

Promoters: -10%



## THE ECONOMIC TIMES

A CLEAR BILL OF HEALTH

### Cloudnine Leads Race to Acquire Apollo Cradle

Post deal likely to value maternity and infant care hospital chain at ₹1,500 crore

In the Hunt



ET was the first to report on October 15 last year that Cloudnine has signed an exclusivity agreement to acquire Apollo Cradle

# दवा की दुकानों पर पसरा रहा सन्नाटा



**पड़ताल**

ई-फार्मसी, ऑनलाइन दवा बिक्री और एआई प्रिस्क्रिप्शन के विरोध में मेडिकल स्टोर संचालकों की हड़ताल से कई दुकानें बंद रहीं।

**24 घंटे खुलने वाले स्टोर भी बंद रहे**

**गोविंदपुरी व कालकाजी**

12:10 बजे, दोपहर

कालकाजी और गोविंदपुरी इलाके में मेडिकल स्टोर बंद रहे। ऑनलाइन फार्मसी नेटवर्क के विरोध में कई 24x7 आपातकालीन सेवाएं देने वाले स्टोर भी बंद रहे।

कालकाजी स्थित अपोलो फार्मसी पर ताला लगा मिला। दवा खरीदने वाले लोग भी नहीं दिखे। स्थानीय कर्मचारी ने बताया कि बंदी ऑनलाइन सेवाओं के विरोध में है।

**मेडिकल स्टोर पर दवाई लेने पहुंचे लोग निराश होकर लौट**

**बंगाली मार्केट**

01:00 बजे, दोपहर

हड़ताल का असर बुधवार को राजधानी के कई इलाकों में देखने को मिला। दवा की दुकानें बंद रहने के कारण लोगों को परेशानी का सामना करना पड़ा, हालांकि पूरे दिन कहीं भी विरोध प्रदर्शन या हंगामे की स्थिति नहीं बनी और हड़ताल शांतिपूर्ण रही।

मंडी हाउस के पास बंगाली मार्केट में जेएस फार्मसी एंड कॉस्मेटिक्स, गुप्ता

ब्रोज केमिस्ट सहित कई मेडिकल स्टोर बंद नजर आए। दवा लेने पहुंचे लोग शटर बंद देखकर निराश होकर लौट गए। स्थानीय कर्मचारी बबलू यादव ने बताया कि गर्मी के कारण उन्हें चक्कर और पेट दर्द हो रहा था, लेकिन मेडिकल स्टोर बंद होने से दवा नहीं मिल सकी। हालांकि, हड़ताल की जानकारी पहले से होने के कारण कई लोगों ने जरूरी दवाएं पहले ही खरीद ली थीं, जिससे कुछ हद तक राहत रही और अचानक होने वाली परेशानी कम हो गई।

## जनऔषधि केंद्र-थोक दवा बाजार खुला रहा

**मयूर विहार फेज-दो**

12:30 बजे, दोपहर

बंद के आह्वान के बावजूद राजधानी के कई इलाकों में निजी दवा दुकानें खुली रहीं और सामान्य बिक्री जारी रही। मंडी हाउस क्षेत्र में जन औषधि केंद्र सहित

कई दुकानों ने हड़ताल से दूरी बनाए रखी। एक पास के अस्पताल की फार्मसी भी खुली रही, जिससे मरीजों को राहत मिली। खिचड़ीपुर इलाके में भी बंद का खास असर नहीं दिखा। वहीं भागीरथ पैलेस स्थित थोक दवा बाजार में कारोबार सामान्य रूप से चलता रहा।

दिल्ली ड्रग्स डीलर्स ट्रेडर्स एसोसिएशन के अनुसार थोक बाजार में पूरे दिन सामान्य व्यापार हुआ। महासचिव आशीष ग्रोवर ने बताया कि वे हड़ताल में शामिल नहीं हुए। संदीप नांगिया ने कहा कि ई-फार्मसी प्लेटफॉर्म नियमों की डील का फायदा उठा रहे हैं।

## Here is a quiz on how Ebola infects, spreads, and survives

Vasudevan Mukunth

### QUESTION 1

Filoviruses come in five (known) genera. The two most famous are Ebola and \_\_\_\_\_. Their natural reservoir is almost certainly fruit bats of the Pteropodidae family of fruit bats, which are able to carry the virus without getting sick. Fill in the blank.

### QUESTION 2

The Ebola virus does not directly destroy tissue. Instead, it infects macrophages and dendritic cells early. This prompts the immune system to release a deluge of proteins called \_\_\_\_\_, which encourage inflammation and damage the vascular endothelium. Fill in the blank.

### QUESTION 3

The Ebola virus has a protein called VP30 that mimics X, which is a kind of RNA that the immune system's sensors

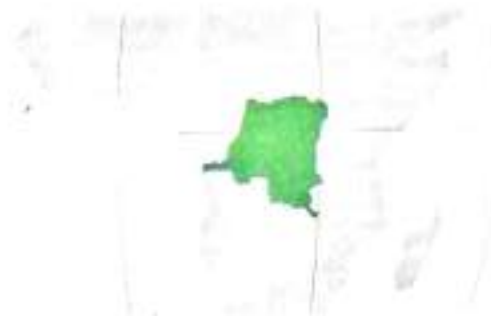
have learnt to recognise as a sign of infection. However, VP30 binds to them in such a way that they're occupied but not activated, and they can't "trigger" the immune system's defense. What is X?

### QUESTION 4

The Ebola virus can persist in immune-privileged sites in the body long after it has been cleared from the blood. These include the eyes' \_\_\_\_\_ and the central nervous system. Fill in the blanks.

### QUESTION 5

The Ebola virus first latches onto proteins on the cell surface. Then the cell swallows it whole, enclosing it in a bubble called a Y. Inside the Y, the cell's digestive enzymes accidentally help the virus by trimming part of its outer coat, revealing a hook that grabs on to a protein called NPC1. Then the virus fuses with the Y wall and gets into the cell proper. Name Y.



### Visual Question

Name this country. The disease is called Ebola virus disease, the virus is called Ebola virus, and the species label is "Z ebolavirus", where Z is the former name of the country.

### Questions and Answers of the previous day's daily quiz:

1. On this day in 1873, which clothing company's founders were granted a patent for trousers reinforced with rivets? **Ans: Levi Strauss**
2. Which American actor born on this day is known for his roles in films "You Can't Take It with You..." "The Philadelphia Story..." among others? **Ans: James Stewart**
3. This Asian country became independent on this day in 2002. On May 20, 2002, this became the first new sovereign state of the 21st century. **Ans: Timor-Leste**

4. This English philosopher and political economist conceived of liberty as justifying the freedom of the individual in opposition to unwritten state and social control. Who was he? **Ans: John Stuart Mill**
5. This French novelist and playwright was born on this day in 1796. Who was he? **Ans: Honoré de Balzac**

Visual: Identify the singer. **Ans: Cher**  
**Early Birds:** Sourmondra Banerjee | Aksh Kumar  
 Gos | Sagardeep Das | Adhuj Krishna | Ishika

## CLIMATE

# Rising night-time heat an urgent health hazard



AMITABH SINHA

WHILE MOST conversation about extreme heat during Indian summers centres on peak daytime temperatures and heatwave spells, it is slowly becoming evident that warmer nights could pose a greater health risk to human beings, particularly those living in low- and middle-income housing units.

Both day and nighttime average temperatures are rising in India, but recent data suggest that nighttime temperatures may be increasing at a faster rate. Experts say indoor thermal exposure could be a bigger threat to public health than exposure to daytime heat outdoors.

A cooler evening and night allow the human body to recover from the heat experienced during the daytime. But if nighttime temperatures also remain high, the body is unable to recuperate, and exposure to heat becomes prolonged and sustained, without any relief. People are confined in small spaces for several hours at a stretch. The situation gets aggravated inside houses without natural ventilation or access to air conditioning.

A recent study by Climate Trends, a Delhi-based climate-focused research organisation, in 50 houses in Chennai—all medium- and low-income residential units—showed that occupants were frequently sleeping in temperatures exceeding 32° Celsius. Sometimes, night-time temperatures even exceeded 35° Celsius, very similar to peak day-time temperatures in the city. "This study highlights the need for passive cooling solutions and structural changes in low-cost housing in urban areas. In the next phase, we plan to study the damage that indoor heat exposure is doing to our bodies," said Palak Balyan of Climate Trends, one of the authors of this study.

## Rising night-time temperatures

India's average temperature has increased by about 0.7° Celsius between 1961 and 2018, according to the 2020 comprehensive climate change assessment over the Indian region. Both day and night-time tem-

People standing near a shop selling air coolers in New Delhi. *iv*

peratures have increased during this time, but at different rates.

In the 30 years between 1986 and 2015, the temperature of the warmest day of the year increased by about 0.63° Celsius, while that of the coldest night increased by 0.4° Celsius. This suggests that the rise in day-time temperature was more pronounced than the nighttime temperatures, which is true for this period.

But the situation changes in future projections. The same assessment said that the temperature of the warmest day of the year could rise by 4.7° Celsius by the end of this century, while that of the coldest night could jump by as much as 5.5° Celsius. Night-time temperatures are all set to rise at a faster rate. This has already begun to happen, according to more recent data by the India Meteorological Department (IMD).

While the rapid rise in night-time temperatures is happening everywhere, it is more pronounced in urban spaces, mainly because of what is called the urban heat island effect. Concrete, roads, bricks and metal absorb the heat during the day and

## Relief measures

The Climate Trends study noted there are measures that can bring immediate relief to people living in cramped households.

Passive cooling solutions like reflective roof coatings or whitewashed roofs and walls can make a lot of difference.

radiate it at night. The lack of adequate vegetation and green spaces, loss of water bodies and dense clustering of high-rise buildings amplify this effect. Increasingly, the use of air-conditioners, which emit hot air outside, is emerging as a significant contributor. There could be a difference of 4-6° Celsius or more in the nighttime temperatures of a city centre or a dense residential area of a city, and its outskirts. As we build more, this effect is likely to get further aggravated.

Most of urban India goes to sleep in small houses that are poorly designed and lack natural ventilation. If these houses lack air-conditioners, there is little nighttime relief for the human body. Sleep discomfort, restlessness, exhaustion, and lack of energy are direct results of this condition, which affects people's productivity the next day. But there are major adverse health impacts as well, whose magnitude is still being assessed.

## Heatwave intermittent, heat perennial

Dileep Mavalankar, former director of

A cooler evening and night allow the human body to recover from the heat of the day. With hotter nights, heat exposure becomes sustained

the Indian Institute of Public Health in Gandhinagar who has done extensive work on heat and its health impacts in India, gave an insightful example. He said the Ahmedabad Municipal Corporation maintains a daily record of all-cause mortality in the city.

"Ahmedabad records about 100 deaths every day—deaths due to all causes. We have seen that on days when the maximum day-time temperature exceeds 45 degree Celsius, if the maximum night-time temperature is below 28 degree Celsius, there is not much of a change in the daily all-cause mortality. But if the night-time temperature rises to between 28 and 30 degree Celsius, all-cause mortality increases to about 165. If the night-time temperature is more than 30 degree Celsius, mortality goes up to as high as 265. This is an interesting correlation. Even without doing a full-scale analysis of the cause of death, we can see something very significant is happening here. The thresholds would be different for other cities, but there is a very clear indication that higher night-time temperatures are strongly linked to mortality," Mavalankar said.

At least 23 states and more than 200 cities now have heat action plans that get implemented every summer. A bulk of that is focused on dealing with heatwave-like situations. But a heatwave is a very specific event and is declared when very specific temperature criteria are satisfied. It happens maybe two or three times a month. Extreme heat, on the other hand, is a constant in Indian summer. And so is the trend of rising night-time temperatures.

One component of most heat action plans is about long-term measures needed to reduce impacts. These include coordinated efforts to improve urban infrastructure, come up with better low-cost housing, and increase green spaces. There is a need for paying greater attention to these aspects of the heat action plan.

The Climate Trends study on Chennai households noted there are measures that can be applied to bring immediate relief to people living in cramped households. Passive cooling solutions like reflective roof coatings or whitewashed roofs and walls can make a lot of difference. Some structural changes, like introducing natural ventilation, can also help.

बहुध्रुवीय विश्व व्यवस्था बनाने पर एक  
घोषणापत्र पर हस्ताक्षर किए हैं। एजेंसी

प्रतिबंधों से बचाने के लिए सीधे  
रुबल और युआन में किए जाएं।

अमर उजाला

# अफ्रीका में इबोला से 139 मौतें, अब तक 600 संदिग्ध मरीजों की पहचान वैकसीन नहीं होने से बड़ी डब्ल्यूएचओ की चिंता

अमर उजाला नेटवर्क

जिनेवा/किंशासा/कंपाला। अफ्रीका में इबोला संक्रमण ने एक बार फिर गंभीर स्वास्थ्य संकट का रूप लेना शुरू कर दिया है। डेमोक्रेटिक रिपब्लिक ऑफ कांगो (डीआरसी) और युगांडा में अब तक 139 संदिग्ध मौतों तथा करीब 600 संदिग्ध मरीजों का पता चल चुका है। संक्रमण बड़े शहरों तक पहुंचने और सीमापार फैलाव के बाद आसपास के देशों में भी दहशत का माहौल है।

तेजी से बिगड़ती स्थिति के बीच विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) ने इसे अंतरराष्ट्रीय स्तर पर सार्वजनिक स्वास्थ्य आपात स्थिति घोषित कर दिया है। डब्ल्यूएचओ महानिदेशक डॉ. टेड्रोस अधानोम गेब्रेयेसस ने कहा कि संक्रमण को नियंत्रित करने के लिए तत्काल

## स्वास्थ्यकर्मी भी संक्रमण की चपेट में

डब्ल्यूएचओ के अनुसार कई स्वास्थ्यकर्मी भी इबोला से संक्रमित हुए हैं। विशेषज्ञों का कहना है कि यदि चिकित्सा कर्मियों की सुरक्षा सुनिश्चित नहीं की गई तो स्वास्थ्य व्यवस्था पर अतिरिक्त दबाव पड़ सकता है। इबोला एक अत्यधिक घातक वायरल बीमारी है, जो संक्रमित व्यक्ति के शारीरिक द्रवों के संपर्क से फैलती है। संक्रमण गंभीर बुखार, कमजोरी, आंतरिक रक्तस्राव और कई मामलों में मृत्यु का कारण बन सकता है।

वैश्विक सहयोग और तेज कार्रवाई जरूरी है। खास बात यह है कि इसकी अब तक कोई वैकसीन नहीं है, इससे डब्ल्यूएचओ की चिंता और बढ़ गई है।



साईं चार करोड़ रुपये की लागत से  
जहाँ तो उस पर अधिक बोझ पड़ेगा  
दैनिक जागरण

# कैंसर रिसर्च का बड़ा केंद्र बनेगा डीयू, एआइ व मशीन लर्निंग से होगा कोशिकाओं का विश्लेषण

लखनऊ 27 अक्टूबर

नई दिल्ली: डीयू का जुलानी विभाग कैंसर अनुसंधान के क्षेत्र में बड़ी उपलब्धि हासिल करने जा रहा है। विभाग को मालिकवतुलर आंकोलाजी लैब में जल्द ही एक आत्याधुनिक मशीन लगाई जाएगी, जिसकी मदद से वैज्ञानिक कैंसर कोशिकाओं को बहुत बारीकी से देख और समझ सकेंगे। इससे यह जानने में मदद मिलेगी कि कैंसर कैसे बढ़ता है और कौन-सी दवाएँ उस पर बेहतर असर करती हैं।

विश्वविद्यालय के अनुसार, लैब में हाई कंटेनर आटोमेटेड कन्फोकल इमेजिंग, स्कॅनिंग एंड एक्सलिसिस सिस्टम स्थापित किया जाएगा। सरल शब्दों में समझें तो यह एक ऐसी उन्नत मशीन है, जो कोशिकाओं की तबकीरी लेकर उनका स्वतः विश्लेषण करती है। इससे शोधकर्ताओं को कम समय में बड़ी संख्या में कोशिकाओं का अध्ययन करने में मदद मिलेगी। परिश्रम का नेतृत्व प्रो अरुणक शर्मा भारतीय कर रहे हैं। उन्होंने बताया कि इस पर काम एम्स और जीटीवी अस्पताल के डाक्टर मिलकर करेंगे। पर प्रोजेक्ट तीन साल का होगा। इस मशीन के आने से गले और मुँह के कैंसर की जल्दी जांच कर सकेंगे। यह संयोजन इंडियन कार्सिनल आफ मेडिकल रिसर्च (आइएएमआर) के फंड से की जा रही है।

विश्वविद्यालय ने उपकरण



ट्यूमर कोशिकाओं के अध्ययन के लिए अलग सुविधा

परियोजना के तहत 3डी ट्यूमर स्कॅनर इस के अध्ययन के लिए विशेष सुविधा विकसित की जागी। इसमें हाइपोरिसिया इन्व्यूडेंट, बयोसेण्टी कैबिनेट, -80 डिग्री सेल्सियस प्रीजर और आधुनिक माइक्रोस्कोप जैसी सुविधाएँ होंगी।

उपलब्ध कराने वाली कंपनियों से 20 मई 2026 तक आवेदन मंगे हैं। विशेषज्ञों का मानना है कि यह सुविधा शुरू होने के बाद दिल्ली विश्वविद्यालय कैंसर अनुसंधान और बायोमैडिकल रिसर्च के क्षेत्र में देश के प्रमुख संस्थानों में अपनी मजबूत पहचान बनाएगा।

एआइ की मदद से होगा तेज़ और सटीक विश्लेषण : इस प्रणाली में आर्टिफिशियल इंटेलिजेंस (एआइ), मशीन लर्निंग और डीप लर्निंग जैसे आधुनिक तकनीकों का उपयोग होगा।

मालीवतुलर आंकोलाजी लैब में स्थापित होगी कन्फोकल इमेजिंग प्रणाली, नई दवाओं के परीक्षण को मिलेगी रपतार

## एक पेटाबाइट स्टोरेज और हाईटेक वर्कस्टेशन

इस सिस्टम से बहुत बड़ी मात्रा में डेटा तैयार होगा। इसे सुरक्षित रखने के लिए कम से कम एक पेटाबाइट स्टोरेज की व्यवस्था की जाएगी। यह इतनी बड़ी क्षमता है कि इसमें लाखों उच्च गुणवत्ता वाली तस्वीरें सुरक्षित रखी जा सकती हैं। इसके साथ दो शक्तिशाली कम्प्यूटर वर्कस्टेशन भी लगाए जायेंगे।

इन्की मदद से कम्प्यूटर खुद यह खोजना संभव कि कोशिकाओं में क्या बदलाव हो रहे हैं। इससे वैज्ञानिक यह समझ पायेंगे कि किसी दवा का कैंसर कोशिकाओं पर क्या प्रभाव पड़ रहा है।

यह मशीन 2डी और 3डी सेल कल्चर दोनों पर काम करेगी। 3डी सेल कल्चर में कोशिकाएँ उसी तरह विकसित होती हैं, जैसे वे शरीर के अंदर होती हैं। इसलिए इस तकनीक से मिलने वाले नतीजे अधिक सटीक माने जाते हैं।

# दिल्ली में लोगों की एनीमिया जांच के लिए बनेगा एक्शन प्लान: डा. पंकज

जागरण संवाददाता, दिल्ली: दिल्ली सरकार अब हर उप के लोगों की एनीमिया जांच के लिए बड़ा अभियान चलाने की तैयारी कर रही है। इसके लिए एक विस्तृत एक्शन प्लान बनाया जाएगा। यह निर्देश दिल्ली के स्वास्थ्य मंत्री डा. पंकज सिंह ने एक वक्तुअल समीक्षा बैठक में दिए।

समीक्षा भी की गई। सरकार पूर्ण टीकाकरण और विटामिन-ए सप्लीमेंट को यू.पिन रिखाई से जोड़कर प्रोत्साहन योजना शुरू करने पर विचार कर रही है।



डा. पंकज सिंह

बैठक में एनीमिया की जांच के नए और पुराने तरीकों की तुलना संबंधी पायलट स्टडी पर चर्चा की गई। स्वास्थ्य मंत्री ने खासतौर पर स्कूलों के बच्चों और अन्य संवेदनशील वर्गों में बढ़ते एनीमिया पर चिंता जताई। उन्होंने 'एनीमिया मुक्त भारत' अभियान के तहत सभी आयु वर्ग की स्कॅनिंग शुरू करने के निर्देश दिए।

बैठक में गंधेर कुपोषण से निपटने की व्यवस्था मजबूत करने, गर्भवती महिलाओं और नवजातों के स्वास्थ्य सेवाओं को बेहतर बनाने, गर्भनिरोधक सेवाओं की निरंतरता बढ़ाने और योग्य दंपतियों के लिए प्रो-

इसके अलावा बैठक में पोषण, मातृ एवं शिशु स्वास्थ्य, टीकाकरण और कुपोषण से जुड़े कई प्रस्तावों की

कांसेशन स्वास्थ्य सेवाएँ शुरू करने जैसे मुद्दों पर भी चर्चा हुई। स्वास्थ्य मंत्री ने सरदार कल्लभभई पटेल अस्पताल में योग और आयुष सुविधाओं से युक्त इंटीग्रेटेड न्यूट्रिशन सेंटर बनाने के प्रस्ताव की सराहना की। साथ ही अधिकारियों को इन योजनाओं को आगे बढ़ाने और बजट सहायता के साथ लागू करने के निर्देश दिए।

## पांच लाख रुपये चुराने वाले दो आरोपित धरे

जागरण संवाददाता, नई दिल्ली : हिमाचल प्रदेश के कांगड़ा से आभूषण खरीदने आए शिकायतकर्ता से पांच लाख रुपये चोरी करने वाले आठो रिक्शा चालक समेत दो आरोपितों को मॉडर मार्ग थाना पुलिस ने गिरफ्तार किया है। इनके कब्जे से चोरी की गई रकम के तीन लाख रुपये और आठो रिक्शा भी बरामद किया गया है। गिरफ्तार आरोपितों को पहचान

शिचंदौपुर के आठो चालक लक्ष्मण चव्हा उर्फ संतोष और त्रिलोकपुरी के प्यारे मिया के रूप में हुई है। पुलिस उपायुक्त सचिन शर्मा के मुताबिक बीती राई को शिकायतकर्ता त्रिलोक चंद ने रिपोर्ट दर्ज कर बताया था कि वह गहने खरीदने के लिए पांच लाख रुपये नकद लेकर दिल्ली आए थे। सलत राई को निर्माण विहार बस स्टैंड के पास उनके साथ वह घटना हुई थी।

The Hindu

# 'Ebola risk high at regional and national levels, low worldwide'

Agence France-Presse

GENEVA

The World Health Organization on Wednesday said the risk of the Democratic Republic of Congo's deadly Ebola outbreak was currently high at the national and regional levels but low worldwide.

WHO experts said that while investigations into its origins were ongoing, given the scale of the situa-

tion in the eastern DRC, the outbreak probably began a couple of months ago.

But the UN health agency's emergency committee said it did not currently meet the pandemic emergency threshold.

"WHO assesses the risk of the epidemic as high at the national and regional levels, and low at the global level," said the organization's chief Tedros Adha-

nom Ghebreyesus.

So far, 51 cases have been confirmed in the DRC, in the eastern provinces of Ituri and North Kivu, "although we know the scale of the epidemic in DRC is much larger", he told a press conference at the WHO's headquarters in Geneva.

"Beyond the confirmed cases, there are almost 600 suspected cases and 139 suspected deaths."

# स्वास्थ्य सेवाओं के क्षेत्र में तेजी से बढ़ रहा भारत: नड्डा

जिनेवा, एजेंसी। केंद्रीय स्वास्थ्य मंत्री जेपी नड्डा ने कहा कि विश्वव्यापी स्वास्थ्य कवरेज की दिशा में भारत तेजी से आगे बढ़ रहा है। देश में सस्ती, सुलभ तथा गुणवत्तापूर्ण स्वास्थ्य सेवाओं का विस्तार किया जा रहा है।

जिनेवा में आयोजित 79वें विश्व स्वास्थ्य सभा को संबोधित करते हुए नड्डा ने कहा कि भारत स्वास्थ्य क्षेत्र में बड़े पैमाने पर सुधार कर रहा है। सभी लोगों तक सस्ती, सुलभ और गुणवत्तापूर्ण स्वास्थ्य सेवाएं पहुंचाने का काम तेजी से हो रहा है। नड्डा ने बताया कि आयुष्मान भारत डिजिटल



जिनेवा में 79वें विश्व स्वास्थ्य सभा को संबोधित किया

मिशन के तहत भारत का डिजिटल स्वास्थ्य ढांचा लगातार मजबूत हो रहा है।

विश्व स्वास्थ्य सभा के इतर नड्डा ने नेपाल, भूटान और केन्या के स्वास्थ्य मंत्रियों से भी मिले। महिलाओं-बच्चों के स्वास्थ्य के प्रति प्रतिबद्धता दोहराई।

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में बाइक रैली निकाली गई। कोर्ट का पर सुरक्षित रखने की व्यवस्था बेंच ने वकील निर्णय आने से पहले दिवशा के सुनिश्चित की जाए।

दैनिक जागरण

# निजी अस्पतालों में गरीबों के मुफ्त इलाज की गाइडलाइन बने

जागरण ब्यूरो, नई दिल्ली : सुप्रीम कोर्ट ने दिल्ली सरकार को रियायती दर पर जमीन लेने वाले दिल्ली के निजी अस्पतालों में गरीबों के मुफ्त इलाज के बारे में दिशा-निर्देश और एसओपी तैयार करने का आदेश दिया है। कोर्ट ने दिल्ली सरकार की नर्सिंग होम सुपरिंटेंडेंट और इंडब्ल्यूएस इंचार्ज डा. कुसुम अरोड़ा को निर्देश दिया है कि वह 23 मई को शाम चार बजे विभिन्न विभागों और मंत्रालयों के अधिकारियों के साथ बैठक करके दिशा-निर्देश तय करें।

यह आदेश जस्टिस प्रशांत कुमार मिश्रा और जस्टिस एनवी अंजारिया की पीठ ने रियायती दर पर जमीन लेने वाले निजी अस्पतालों द्वारा गरीबों को मुफ्त इलाज देने के आदेश का पालन न करने के मामले में दिए हैं। मालूम हो कि सुप्रीम कोर्ट ने दिल्ली के 51 निजी अस्पतालों को नोटिस जारी कर सुप्रीम कोर्ट के आदेश के मुताबिक गरीबों को मुफ्त इलाज देने के अनुपालन का ब्योरा मांगा था। इस मामले में सुप्रीम कोर्ट ने वरिष्ठ वकील संजय जैन और वकील निनाद को कोर्ट की मदद करने के लिए न्यायमित्र नियुक्त किया था।

बैठक में नोटिस मिललने अस्पतालों के प्रतिनिधि, दिल्ली सरकार के परिवार व स्वास्थ्य विभाग के सचिव, भारत सरकार के भूमि विकास आफिस के निदेशक, भूमि की मालिक एजेंसी के वरिष्ठ अधिकारी, एमसीडी और एनडीएमसी के डिप्टी कमिश्नर स्तर के अधिकारी, डीडीए

- शीर्ष अदालत ने दिल्ली की नर्सिंग होम सुपरिंटेंडेंट को अधिकारियों की 23 मई को बैठक बुलाने को कहा
- कहा- इसमें रियायती दर पर जमीन लेने वाले अस्पतालों में गरीबों के इलाज की एसओपी तैयार की जाए

के निदेशक स्तर के अधिकारी और केंद्र सरकार के स्वास्थ्य एवं परिवार कल्याण मंत्रालय के सचिव होंगे। बैठक डा. कुसुम अरोड़ा बुलाएंगी और यह बैठक तब तक चलेगी जब तक कि दिशा निर्देश तैयार नहीं हो जाते। सुप्रीम कोर्ट इस मामले में 29 जुलाई को फिर सुनवाई करेगा। मालूम हो कि सुप्रीम कोर्ट ने 2018 में निर्देश दिया था कि दिल्ली में जिन निजी अस्पतालों को रियायती दर पर जमीन आवंटित हुई है वे गरीबों को मुफ्त इलाज देंगे। कोर्ट के इस आदेश के बावजूद विभिन्न अस्पताल गरीबों को आइपीडी यानी भर्ती मरीजों में दस प्रतिशत और ओपीडी में 25 प्रतिशत को मुफ्त इलाज देने में विफल रहे हैं। कोर्ट ने इस मामले में 51 अस्पतालों को नोटिस जारी किया था जिसमें से छह को छोड़कर बाकी ने अनुपालन हलफनामा दाखिल किया था।

क्र. सं.	वार्ड/विभाग/प्रतिकरण का नाम	एकसूत्रीय/क्याबिलियत की परीक्षा
1	एचवीपीएनएल	एकसूत्रीय/क्याबिलियत की परीक्षा
2	एचवीपीएनएल	137 के नीचे/क्याबिलियत की परीक्षा

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# *The Sunone Time* Apollo Hospitals Profit Soars 36%

## Revenue up 18% at ₹6,605 crore for quarter; core businesses drive growth

### Our Bureau

**Mumbai:** India's leading hospital chain Apollo Hospitals reported an 18% year-on-year increase in consolidated revenue to ₹6,605 crore for the fourth quarter ended March, while consolidated net profit grew 36% to ₹529 crore, the company said in a post-market hours press release on Wednesday.

For FY26, Apollo reported a 16% year-on-year increase in consolidated revenue to ₹25,229 crore, while consolidated net profit grew 34% to ₹1,942 crore.

The robust performance was driven by growth across its core businesses, including healthcare services, diagnostics and retail health, and digital and pharmacy.

"Our expansion strategy continues to be guided by India's long-term healthcare needs. During the year, we strengthened our footprint through new facility launches and continued progress on expansion projects across key cities," said Prathap C Reddy, Chairman, Apollo Hospitals Enterprises.

"We remain deeply committed to

improving access to high-quality healthcare in Tier 2 and Tier 3 markets. This is not only a strategic priority, but also a responsibility — to bring advanced healthcare closer to underserved communities while maintaining the highest standards of care," said Reddy.

He said the proposed demerger of Apollo's pharmacy and digital health businesses is a strategic step towards enabling sharper focus, accelerated growth, and long-term value creation.

The new entity is progressing towards a potential listing by Q4 FY27, he added.



reduced to zero. AP

# WHO: Risk of Global Spread of Ebola Low

**Geneva:** The head of the World Health Organization (WHO) said on Wednesday the risk of global spread of the Ebola outbreak in Congo and



**WHO DG said so far 51 cases have been confirmed in Congo in the northern provinces**

Uganda is high at national, regional levels but low at the global level. WHO Director-General Tedros Adhanom Ghebreyesus said so far 51 cases have been confirmed in Congo in the northern provinces of Ituri and North Kivu provinces in Congo, "although we know the scale of the epidemic is much larger." He said Uganda has also told the UN health agency of two confirmed cases in Uganda's capital, Kampala. "Beyond the confirmed cases, there are almost 600 suspected cases and 139 suspected," he said. "We expect those numbers to keep increasing." AP

GLP-1 WAVE LIFTS INJECTABLES MARKET

# No Cosmetic Job with Jabs, Warns Drug Regulator

CDSCO advisory says cosmetics can only be rubbed, sprayed or sprinkled on body

Teena Thacker

New Delhi: India's drug regulator has issued an advisory that warns against products being administered through injections as part of cosmetic procedures, a concern that's become acute as GLP-1 drugs get normalised as jabs used for aesthetic enhancement globally and similar trends are expected to widely reach Indian boutiques.

The notice issued by the Central Drugs Standard Organisation (CDSCO) cites provisions of the Drugs and Cosmetics Act, 1940, and the Cosmetics Rules, 2020.

Curbing Products' Misuse >> 10

## Tackling Ugly Side

Injectable beauty treatments on regulator's radar

Procedures such as skin-brightening glutathione drips, hyaluronic acid injections are carried out in a grey zone

CDSCO advisory may also cover Botox

Cosmetics not meant for treatment, only for cleansing & beautifying

Crackdown also on misleading product claims



SHORTAGES LOOM AS RAW WHEY 4x PRICIER IN 2 YEARS

## Protein Boom Loses its 'Whey'

Global turmoil and rising demand have raised whey prices by about four times in the last two years, squeezing margins for brands. Shilpa Ranipeta reports. >> 4

SEEKING END-TO-END ACCOUNTABILITY

# Registry to Trace Makers, Users of Medical Implants

The Economic Times

Yogima Seth

## Safety Monitor



Health ministry could be custodian of data

Repository to guide policy measures

Imports of medical implants (\$ m)



Source: Directorate General of Commercial Intelligence & Statistics

Will help keep low-quality imports in check

New Delhi: India plans to tighten oversight of implantable medical devices by creating a national registry to track products and patients, a move aimed at curbing overuse, fixing accountability and ensuring only certified devices are used.

"The proposal is being considered at the highest level and an announcement is expected soon," a senior government official told ET.

According to the official, registry data will help guide policy measures and improve procurement at the national level for government-run schemes with clear distinction between quality vis-a-vis low-cost devices. It will help check cheap and low-quality imports from neighbouring countries, the official added.

India's medical devices sector is projected to grow to \$50 billion by 2030.

During Global Device Recalls >> 11