Summary to be added from page 13-14

10. Health

Ensure universal access to affordable and quality healthcare and reduce premature mortality by a third

Maharashtra's achievements

Maharashtra has succeeded in improving life expectancy to 75 years for females and 71 years for males[153], higher than India average of 71 and 69 years respectively (2020). The state has also reduced its Infant Mortality Rate (IMR) to 16 and Maternal Mortality Ratio[154] (MMR) to 33, markedly better than the national averages of 28 and 97 respectively, owing to robust public health infrastructure and adequate availability of primary health care providers

- **The state has reduced the disease burden of communicable diseases** and eliminated deaths due to cholera, typhoid, pneumonia, driven by universal immunization programs[154]
- **Maharashtra has the highest number of registered doctors** and AYUSH practitioners (2.1L and 1.7L respectively) in India (2022, 2021)[154]
- **The state attracts 27% of international medical tourists[155]** visiting the country (2021), and has the highest number of JCI and NABH accredited hospitals in India (13 and 507 respectively in 2024 and 2025)[156]

Key opportunity areas

A. **Improve primary, secondary health care quality and affordability:** 36% of children in Maharashtra are underweight (higher than India at 32%). Only 20% households have health insurance as compared to 65%+ in Andhra Pradesh, Tamil Nadu (2020) Opportunity to strengthen public health infrastructure with skilled manpower and adequate medicines/diagnostics provisions, while reducing out of pocket expenses

B. **Increase tertiary care access to address evolving health profile of state: Non**-communicable diseases (NCD) contribute to 66% of the disease burden (2020), highlighting need to increase screenings and specialty care. Maharashtra's 60+ population is expected to double by 2047 to 33M+ (increasing from 13% of population currently to 23% by 2047), indicating the need to build best-in-class assisted living facilities with professional geriatric care providers

C. **Embed preventive care and wellness among citizens:** 24% of adults in Maharashtra are overweight/obese as compared to 15-20% in Rajasthan, Uttar Pradesh and West Bengal. Among adults, 34% of men and 11% of women in the

153 Source: Economic Survey of Maharashtra 2024-25

154 Source: Central Bureau of Health Intelligence, National Health Profile, 2023; NITI Aayog, Viksit Bharat 2047 Approach Paper

155 Source: Maharashtra State Data Bank, Health Sector Summary

156 Source: Joint Commission International website; Open Government Data, 2024

state consume tobacco compared to only 15-20% of men in Kerala, Tamil Nadu[157]. Opportunity to shift focus to wellness and nutrition at-scale

D. **Increase research expenditure and specialist workforce: India** spends <0.01% of GDP on health R&D (2017)[158], much lower than developed countries (Denmark and Singapore contributed >0.9% and >0.4% resp. in 2019-20)[159]. The state also has a low Postgraduate-to-Undergraduate seat ratio of 0.56 (compared to 1.85 in USA)[160]. Opportunity to boost research and nurture a highly specialized workforce

Vision and outcomes

To achieve the above, the State will track the following metrics:

Theme	Metric	MH Current	India Current	2029	2035	2047
Comprehensive primary healthcare and decentralized service delivery	Infant Mortality Rate (per 1000 live births)[154]	16	28	9	6	2
	Maternal Mortality Rate (per 100,000 live births)[154]	33	97	25	18	5

157 Source: National Family Health Survey, 2020

158 Source: Principal Scientific Advisor to Government of India, An Agenda for Reprioritizing Health R&D

159 Source: World Health Organization, Benchmarking Health GERD across countries, 2024

160 Source: Centre for Social and Economic Progress, Medical Education in India, 2023; Developed countries have built a much higher seat capacity at the PG level, to attend to a more complex disease burden, and navigate their demographic transition

Theme	Metric	MH Current	India Current	2029	2035	2047
	Share of underweight children (< 5 years, %)[161]	36	32	15	10	3
	Incidence of Tuberculosis (per lakh population)[162]	153	195	80	40	15
	Proportion of population with elevated blood pressure (%)[157]	24	22	20	15	10
	Out of pocket expenditure as share of total health expenditure (%)[163]	38	39	30	20	5
Preventive and promotive care, focused on NCDs, lifestyle diseases	Proportion of overweight / obese population (%)[157]	24	23	20	15	10
	Adolescent fertility (live births per 1000 women aged 15-19)[157]	47	43	30	15	5
Advanced specialty care and research	Ratio of specialists to generalists[163]	< 1	< 1	1:1	1.5:1	2:1
	Medical tourists per year (L)[164]	0.8	6.4	2	7	10

[161] Source: Press Information Bureau, Malnutrition-free India, 2021

[162] Source: Public Health Dept, Maharashtra, National Tuberculosis Elimination Program, 2025; WHO

[163] Source: Ministry of Health and Family Welfare, National Health Accounts Estimates for India, FY22

[164] Source: Press Information Bureau, Medical Tourism in the country, 2024

Key Initiatives:

1. Transform primary health via comprehensive Ayushman Arogya Mandirs with last-mile access

Objective: Guarantee health access for every citizen within 5km regardless of geography, income, or social status, attaining equal health outcomes

Key elements:

1.1 **Expand urban and rural primary healthcare coverage** through density-based expansion. Build 3000+ additional sub-centers and 400 primary healthcare centers (PHC) to ensure last-mile access. Expedite completion of under-construction facilities, in line with Indian Public Health Standards 2022 (IPHS), via dedicated Infrastructure Development Corporation

1.2 **Modernize infrastructure at sub-centers/PHCs** by upgrading them in line with the Ayushman Arogya Mandir initiative of Government of India. Provide emergency systems, 13+ essential services (including immunization, maternal care, family welfare, communicable disease, mental health, ayurveda, NCDs). Link ambulance services to referral hospitals with real-time information transfer about patient ailments and immediate care

1.3 **Ensure adequate recruitment and skilling** oh health workers in line with IPHS through Health Services Recruitment Board

1.3.1 Ensure minimum 5 approved specialists at community health centers. Train workers to operate advanced diagnostic equipment. Co-locate AYUSH practitioners at public health facilities

1.3.2 Improve service quality in tribal and remote areas by incentivizing healthcare workers to include these in preferred postings (e.g., priority in post-graduation admissions, salary benefits). Enable private practice by government doctors with fixed hours of service at public health facilities

1.3.3 Ensure low vacancy levels for administrative manpower at health facilities so that care providers attend exclusively to patients

1.3.4 Develop integrated last-mile care systems by merging ASHA workers, Anganwadis and self-help groups

1.3.5 Forge partnerships with eminent public health institutions for capacity building of staff

1.4 **Ensure 24x7 availability of all medicines** (including ayurvedic) and advanced diagnostic and screening equipment across all sub-centres and PHCs. Introduce procurement reforms, including streamlining of Essential and Desirable drug lists and commercial excellence (e.g., adoption of rate contracts for essential medicines for 1 year and for medical equipment for 2 years, single tender for all medicines with at-least 3 selected vendors)

1.5 **Institutionalize private management of public facilities to improve service quality:** Outsource management/selected services of public health facilities to private players via competitive bidding based on performance, including treatment outcomes, satisfaction, and efficiency

1.5.1 Improve ease of doing business (*Refer Governance chapter)*

1.5.2 Make urban PHCs flexible with PPP model (like the Nagpur model) where private partners help with design expertise, monitoring project execution, and technical training for health workers

1.5.3 Regulate private health facilities by determining standard treatment protocols, mandating transparency in fees/ prices and preventing over-prescription of medicines, tests or treatments. Enforce minimum infrastructure and equipment standards

2. Encourage community-driven preventive and promotive care with increased screening and diagnostics:

Objective: Transform Maharashtra into a prevention-first state through proactive, population-wide health screening and early intervention

Key elements:

2.1 **Conduct universal screening programs**:

2.1.1 **Communicable diseases:** Increase reach of preventive therapies for tuberculosis, leprosy and sickle cells. Drive adolescent and adult immunization, conduct specialized screenings for high-risk groups in tribal areas. Enroll health coaches to drive adherence to treatment and follow up on recommended therapies

2.1.2 **Non-communicable diseases:** Conduct widespread screening, prevention, control and management of NCDs, with annual preventive checkups for hypertension, diabetes, cancer. Implement universal immunization for cervical cancer. Promote AI and wearables for population-level screening. Extend Aapli Chikitsa Yojana to all urban public health facilities, providing basic and advanced blood tests. Increase availability of NCD tests and preventive medicines at PHCs. Station Mobile Medical Units in less accessible rural and tribal areas

2.1.3 **Reproductive, child and adolescent health:** Use Self Help Groups and ASHA network to promote screening (pre- and post-natal checkups, child vaccinations), immunization and preventive therapies. Build capabilities in preventive and promotive care (including adolescent awareness against substance use, family planning communication, etc.)

2.2 **Promote health-positive lifestyles:**

2.2.1 **Build infrastructure to improve physical health:** Introduce planning norms and retrofit existing buildings with recreational areas, parks, and gyms across public, educational, residential and commercial spaces. Provide Healthy Institute certifications for adherence

2.2.2 **Drive nutrition transformation:** Create a traffic-light-like food labelling system for packaged foods to mark them as healthy, moderate or unhealthy *(Refer case study)*. Collaborate with canteens in commercial, educational and public institutions and public distribution systems for nutritional sufficiency drives (protein increase, fruit promotion, millets focus). Put in place stronger disincentives for alcohol and tobacco consumption

2.2.3 **Transform rural areas into Arogya Dayi villages for community involvement:** Define norms for identifying and rewarding attitudinal and behavioral shifts in communities towards healthy diet, addiction prevention, elder care, male participation in maternal care, reduction in early marriage/pregnancies, etc. (e.g., provide wellness credits and micro-grants to panchayats/local bodies for community yoga/meditation sessions)

Case study: Singapore Nutri-Grade

Food labelling system grades products as A (green, healthiest), B, C, or D (red, least healthy) based on sugar and saturated fat levels. products that are graded "C" or "D" must display the Nutri-Grade label on product packaging and online listings

3. Ensure equity, accessibility, and high quality of tertiary healthcare for every citizen:

Objective: Guarantee timely, affordable and equitable access to quality tertiary care with best-in-class specialty and super-specialty hospitals and workforce

Key elements:

3.1 **Increase and upgrade tertiary care facilities**: Ensure facilities are equipped with advanced imaging (CT/MRI), critical care monitors, operation theatre tech, pathology and molecular testing labs etc. Align district hospitals across medical institutions with secondary and tertiary care facilities

- 3.1.1 Launch a 10-bed tele-ICU model and engage corporates to operate these in district hospitals. Offer elaborate teleconsultation, telemedicine and teleradiology services
- 3.1.2 Offer age-inclusive tertiary care, including comprehensive nursing homes, assisted living facilities and by launching hospital at home and pharmacy at home models for geriatric and palliative care
- 3.1.3 Build universal organ transplantation capacity in all tertiary and teaching hospitals with ethical oversight and donor coordination

3.2 **Establish a dedicated Cancer Care Grid**, supported by fully functional Level-2 and Level-3 cancer hospitals

3.3 **Increase specialist education** by having more post-graduate seats, advanced specializations, nursing centres of excellence and physician assistance programs. Embed AI tools, and simulation-based learning. Set up research CoEs in medical colleges at par with international standards

3.4 **Ensure continuous recruitment** and increase permanent staff instead of contractual, develop well-equipped residential facilities. Align the number of trained medical and paramedical professionals with WHO benchmarks

3.5 **Convert tertiary facilities to smart, AI-driven, carbon-neutral hospitals**, zero-infection facilities, with specialized hubs (oncology, neurosciences), integrated rehabilitation, pandemic-resilient systems

3.6 **Increase accredited hospitals and labs** through digital facilitation desks. Build NABL-accredited labs in all hospitals attached to public medical institutions/ mandate quality accreditations (NAAC, NABH, NABL, etc.). Encourage shared NABL-accredited testing facilities in pharma clusters

4. Reduce out-of-pocket expenditure to ensure affordability of good quality healthcare

Objective: Achieve universal, equitable financial protection against health risks by increasing access to comprehensive, cashless health insurance policies

Key elements:

4.1 **Increase coverage of health insurance:** Expand government schemes such as PM-Jan Arogya Yojana (PM-JAY) or Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) by increasing the sum insured, conducting enrolment drives and undertaking digital onboarding campaigns

4.2 **Broaden scope of services covered:** Include out-patient services, preventive screenings, diagnostic tests, mental health treatment, AYUSH, long-term management of diabetes, hypertension, and kidney disease (including dialysis consumables and regular medications). Include rehabilitation, geriatric, palliative care services, with at-home care

4.3 **Expand the network of empaneled hospitals,** focusing on areas with limited government health facilities. Implement near-universal cashless claim settlements which are portable across regions and offer top-up plans

4.4 **Equip the public health facilities with effective secondary and tertiary health care services** to match private sector quality and efficiency standards, reducing out of pocket expenditure on health

5. Establish 4-5 Medicities as ecosystems of specialty care and research:

Objective: Create centers of excellence across regions by integrating an ecosystem of medical education, tertiary care, AYUSH, research and clinical trials

Key elements:

5.1 **Create 4-5 integrated, self-sustaining Medi-cities,** of 500-600 acres each

5.1.1 Focus on multiple super specialty services such as oncology, neuroscience, cardiac care, neonatology, endocrinology etc. Potential locations include Nashik, Pune, Nagpur, Chhatrapati Sambhajinagar, Panvel (already identified by the state)

5.1.2 Standardize AYUSH institutes in all medicities (modelled on Ayurveda Institute, Delhi) with PPP-based panchakarma and herbal gardens to reduce cost of Ayurvedic medicine

5.1.3 Develop holistic commercial and recreational infrastructure including hotels, restaurants, gymnasiums, shopping centers, business centers, etc.

5.2 **Establish 8-10 world-class research centers** in biotech, clinical trials, rare diseases, AI-health tech, epidemiology, genomics, and translational medicine. Develop CHAKRA into a comprehensive, fully operational

research and innovation hub for genetic health, vaccines and therapeutics, tuberculosis, dengue, NCDs, etc.

5.3 **Setup One-Health research labs** across zones with a holistic focus on human, animal and environmental health to study infectious diseases (especially those that can move between animals and people), environmental health risks, antimicrobial resistance, and other health issues crossing species lines

6. Launch Cradle-to-Grave Health Technology Mission, facilitating evidence-based policymaking:

Objective: Build a unified, intelligent health infrastructure using real-time data, AI, and tech-enabled service delivery - ensuring continuous care throughout life

Key elements:

6.1 **Develop a citizen-facing application for digital health management** (building onto India's National Digital Health Mission) with robust privacy guardrails and data security enforcement:

6.1.1 Maintain detailed personal health records, diagnoses, prescription. Personalize nudges, reminders and scheduling suggestions. Offer virtual consult services with verified doctors, nutritionists etc. (either build or partner with existing marketplace to broaden offerings)

6.1.2 Develop a Composite Health Index for all citizens and leverage predictive algorithms to enable continuous monitoring and early warnings for emerging ailments. The composite index will constitute physical, mental, social, environmental health metrics and direct at-risk individuals to early interventions

6.2 **Build an interoperable state-wide health data platform**:

6.2.1 Integrate public and private records, build a network of diagnostic machines/results and anonymize the data bank

6.2.2 Offer anonymized public health data (diagnostics, outcomes) for pharma, biotech, and health tech R&D (within privacy guardrails)

6.3 **Establish Centralized Disease Surveillance and Control System leveraging state's digital health data** for real-time monitoring, rapid response, and effective management of emerging and existing health threats across the state. Conduct district-level disease profiling to prioritize resource allocation & health programs and synergize medical education research to emerging challenges and more resistant diseases (dengue/malaria/TB)

6.4 **Enable evidence-based policy making**:

6.4.1 **Build a state-level advisory committee** to drive inter-departmental coordination across Public Health, Medical Education, Food & Drug Administration, Water Supply & Sanitation, Woman & Child

Development, Urban Development, Animal Husbandry, Agriculture, Rural Development, Tribal Development etc. for policy design and implementation. Ensure representation from health-focused think tanks, independent experts, NGOs and private research institutes

6.4.2 **Empower District CEOs at Zilla Parishads and Municipal Commissioners** to seek citizen input in policy formulation and prioritize health programs, customized to the needs of each locality

6.4.3 **Restructure directorates** for dedicated focus on urban, primary, secondary and tertiary healthcare

6.4.4 **Setup Institute of Public Health** to conduct advanced research on public health issues and provide capability building/ technical assistance to public health institutions

Roadmap

Till 2029	2030-35	2036-47
1. Transform primary health via comprehensive Ayushman Arogya Mandirs with last-mile access		
• 40%+ existing SC/PHC converted to Ayushman Arogya Mandir (AAM) with 13 services as per IPHS, 75% posts filled • Performance-based payment policy for private sector management at public health facilities issued (2026)	• 75%+ facilities upgraded to AAMs with 85% posts filled • Revenue autonomy in district hospitals (not-for-profit trusts and nominal user charges)	• Quality primary healthcare access for 100% of the population within 5 km • 95% posts in public facilities
2. Encourage community-driven preventive, promotive care and increase screening and diagnostics		
• District-wise disease burden analysis, genomic/disease profiling done and priority action areas identified (2027) • 'Healthy village' campaign introduced (2025); 5% villages/wards achieve "Healthy village" status • NCD screenings done for 25% of eligible population • 8 advanced food testing labs operational	• 20% villages/wards achieve "Healthy village" status • NCD screenings done for 50% of eligible population • 100% HPV vaccine coverage for girls under 18 years • 18 food testing labs operational	• 50% villages/ wards achieve "Healthy village" status • NCD screenings done for 90% of eligible population • 35 food testing labs operational
3. Ensure equity, accessibility, and high quality of tertiary healthcare for every citizen		
• Medical colleges with ≥100 MBBS seats at each district, with PG:UG ratio >= 1:1 • 10 nursing & medical colleges co-located for academic & clinical integration (2027) • 10+ Centres of Excellence for specialized care operational • 75%+ institutional accreditation under NAAC, NABL, and NABH frameworks • Trial permissions decentralized to hospital-level with ethical SOPs (2026) • Incentives for the private sector to deliver assisted living and home-care facilities issued (2026)	• Regional Medical Hubs in Mumbai/ Thane, Pune, Nagpur & Chhatrapati Sambhaji Nagar • All medical institutes with simulation labs, AI-assisted teaching and international collaborations • 20+ CoEs for specialized care operational • All Hospitals with quality certificates (NAAC, NABH, NABL)	• All institutions are autonomous, with modern pedagogy, simulation-based learning and robust infrastructure • All facilities are smart, zero infection and carbon-neutral • 30+ CoEs for specialized care operational
4. Reduce out-of-pocket expenditure to ensure affordability of good quality healthcare		
• Revised Health Package 2.0 implemented, increasing services from 1350+ to 2300 • PMJAY beneficiaries from 1L to 2.5L and MPJAY beneficiaries from 5L to 7.5L. Empaneled hospitals from 1800 to 4500	• PMJAY, MPJAY beneficiaries to 5L & 11.5L resp. Empaneled hospitals to 6950	• PMJAY, MPJAY beneficiaries to 10L and 25L resp. Empaneled hospitals to 10,000
5. Establish 4-5 Medicities as ecosystems of specialty care and research		
• 1-2 Medi-cities operationalized with international accreditations • 3-4 research centers established (haemoglobinopathy, rare diseases) • CHAKRA fully operationalized • 6 One-Health research labs setup	• 3-4 medicities and 8 research CoEs operationalized • Disease-specific outcome gains realized (e.g., 5-year cancer survival rate)	• 4-5 Medicities operationalized • Global top 5 destination for advanced care and research

Till 2029	2030-35	2036-47
6. Launch Cradle-to-Grave Health Technology Mission, facilitating evidence-based policymaking		
• Unique digital health identifier for every resident issued; Individual records linked across providers and app-based personal health profiles launched • Central Health Data Authority setup; Policy for accessing anonymized private sector data issued (2027) • Health data at all public health facilities, and research centers de-identified	• Personalized health management plans for every citizen introduced • Open innovation sandbox for start-ups and drug companies launched to safely study de-identified data	• 100% of residents have cradle-to-grave longitudinal health file that travels seamlessly across India