Department of Medical Health & Family Welfare
Government of Uttar Pradesh

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चार वर्ष
आयुष्मान
स्वास्थ्य-अमृत,
जन सम्मान

YEARS OF PMJAY

4 YEARS OF PM-JAY:
Paving The Way For Next-Gen Implementation & Cancer Care

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YEARS OF PMJAY

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Abbreviations

ANM: Auxiliary Nurse Midwife

ASHA: Accredited Social Health Activist

EHCP: Empaneled Health Care Provider

IIT: Indian Institute for Technology

HBP: Health Benefit Package

IMR: Infant Mortality Rate

IRMA: Institute of Rural Management-Anand

HWC: Health and Wellness Centre

MMR: Maternal Mortality Ratio

NHA: National Health Authority

NHM: National Health Mission

OOPE: Out of Pocket Expenditure

PM-JAY: Pradhan Mantri Jan Arogya Yojana

SACHIS: State Agency for Comprehensive Health and Integrated Services

SHG: Self Help Group

STG: Standard Treatment Guidelines

EXECUTIVE SUMMARY

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana was launched in India, and in Uttar Pradesh, on the 23rd of September 2018. Ayushman Bharat PMJAY is the world's largest health insurance scheme, providing coverage to over beneficiaries belonging to poor and vulnerable sections in Uttar Pradesh—thus ensuring hospitalization and treatment services free of cost.

On the occasion of the fourth anniversary celebration of PM-JAY in Uttar Pradesh, stakeholders associated with the program from across the fold shared the wins and challenges of the scheme, while also laying down the roadmap for the fifth year of implementation. The celebration was presided over by Shri Parth Sarathi Sen Sharma, Principal Secretary, Department of Medical Health & Family Welfare, and was kickstarted by a ceremonial lighting of the lamp.

Stakeholders from SACHIS, State Department of Medical Health & Family Welfare, and Bill and Melinda Gates Foundation addressed the audience in the inaugural session—setting the context for the program, lauding successes, and identifying challenges. Twelve cancer survivors who are on their road to recovery after receiving treatment under PM-JAY were felicitated for their perseverance on the dais; after which the top performing public and private hospitals under the scheme were also awarded. State-level officials from SACHIS, whose outstanding performance has contributed greatly to the card making process for beneficiaries, were also felicitated in the session.

A coffee table book on the journey of 75 beneficiaries from 75 districts to receiving medical treatment under PM-JAY was also launched at the event, along with a process evaluation report studying the early implementation strategies of the program.

The first technical plenary of the day discussed the findings of the process evaluation report and highlighted the need to empower beneficiaries, strengthen the supply as well as the administration. Increased and active participation in the scheme by private hospitals was the core focus of the session, as different stakeholders shared their recommendations on creating a value proposition for the private sector and ensuring the comfort of participating institutions.

The second technical plenary delved deep into provisions for cancer care under PM-JAY in Uttar Pradesh—which was also the focus of implementation for the program in the state last year. Oncology experts and stakeholders shared the current context of cancer care services, recommended measures for capacity building, allocation of greater resources and manpower, and creating awareness about the ailment amongst beneficiaries was the main agenda of the discussions.

Sangeeta Singh, CEO of SACHIS, concluded the event by summing up the key recommendations that came to the fore through the sessions—poising them as actionable points to be used for better service provision and implementation under Ayushman Bharat PM-JAY in Uttar Pradesh. She committed to analyzing the state's performance under the scheme against national figures. She highlighted prominent suggestions, like—toll-free number for beneficiaries, delving deeper into the issue of non—compliance by hospitals, facilitating smart payments and green channels, collaborating with SHGs for implementation of the program, helpline for hospitals, and partial service selection of hospitals for empanelment-addressing the need to incorporate them in the future. "*Thakna nahi hai*..." Echoing this sentiment shared by the principal secretary in his inaugural address, the CEO assured that SACHIS will enter the fifth year of PM-JAY with a renewed vigour, motivated than ever before.

Ayushman Bharat PM-JAY, The Journey So Far

The inaugural session of the fourth anniversary celebration of Ayushman Bharat PM-JAY was presided over by: Shri Parth Sarathi Sen Sharma, Principal Secretary, Department of Medical Health & Family Welfare; Ravinder Kumar, Secretary, Department of Medical Health & Family Welfare; Sangeeta Singh, CEO, SACHIS; Renu Varma, Director General, Family Welfare; Dr Sudha Chandrashekar, Executive Director, National Health Authority; Dr Devendra Khandait, Deputy Director, Bill & Melinda Gates Foundation; and Dr Balendra Pratap Singh, PM-JAY Nodal Officer, King George's Medical University.

> 66 We're starting the fifth year with more energy, and we're committed towards performing better and giving better service."
> - Sangeeta Singh

In her welcome address, Sangeeta Singh—the CEO of SACHIS, the implementation agency for the program in Uttar Pradesh—touched upon the progress made so far and the obstacles along the way. Highlighting the coverage of the program given to the beneficiaries, she said: *"We have 88,77,256 families where at least one member has been enrolled in the scheme and has a Ayushman card. This means that these families are aware of what the scheme is and how it can be availed."* She also added that 15.18 lakh people have already received benefits, and that 42% of services availed were actually pertaining to tertiary care—out of which procedures for cancer care, urology, and heart disease were done in large numbers.

Speaking about partner hospitals, singh shared statistics about the number of institutions empaneled in Uttar Pradesh under the scheme—a figure that skews towards a higher participation of private hospitals. "*We have been able to empanel 3,156 hospitals, out of which 1,111 hospitals are government owned and the rest 2,045 are privately run,*" she said, adding: "*Empanelment is an indication of the faith hospitals have in the scheme. And if private hospitals and medical colleges have come under the scheme, it's imperative to say that they not only want to serve but also see a quantum of benefit.*" Shedding light on the number of treatments availed by beneficiaries under the scheme since its launch four years ago, Singh spoke about how the number increased from 15,409 in 2018 to 5,11,779 so far in 2022. She attributed the steep rise in the graph to more hospitals being empaneled and more and more beneficiaries being made, enrolled.

Elaborating upon the contribution of the PM-JAY in India's sustainable development goals, Singh said: "*According to the SRS Bulletin, there is reduction in MMR in Uttar Pradesh by 30 points—which is a great credit to the public infrastructure and the way public health facilities have performed. The credit to Ayushman Bharat cannot be negated, as under the scheme deliveries of over 21,000 women with high-risk pregnancies were conducted.*" She also highlighted IMR statistics in UP, which dropped four points—partially made possible by the treatment of over 17,000 newborns in the state under the scheme, which also offers neo-natal packages.

Charting the path for the future, Singh spoke about cancer-care interventions—including training—focused webinars to promote partnerships with private institutions, as well as incorporating standard treatment guidelines. She stressed upon the need to fill the gap in the enrolment process for PM-JAY, deploying protocols to avoid fraud and misuse, and using the data from the last four years to suggest policy level changes to the government.

> ❝ Beneficiaries are the actual stakeholders for whom we're working."
>
> - Ravinder Kumar

Starting his address by stressing upon the importance of Ayushman Bharat PM-JAY, Ravinder Kumar—Secretary, Department of Medical Health & Family Welfare—said the scheme is crucial because it helps beneficiaries with insufficient means to access good health, while also addressing the long-term need of all individuals for insurance, given the rising cost of medical facilities at private hospitals.

Talking about his experience with the program, he highlighted the efforts to make more and more benefits available to beneficiaries—this being the primary goal of the scheme and its implementation team. He also emphasized on the need for a feedback loop to make corrections in the scheme, suggesting that all stakeholders need to keep the cycle for suggestions running.

> **❝ Reducing friction in the patient journey can help chart the way forward.”**
>
> – Dr Santhosh Mathew

Congratulating SACHIS and the Uttar Pradesh government for four successful years of PM-JAY, Dr Santhosh Mathew—Country Lead —Public Policy & Finance, Bill & Melinda Gates Foundation—said: "*In a short span of time and under the guidance of Ms Sangeeta Singh, SACHIS has done good work*." Putting forth his suggestions to make the program more easily accessible for beneficiaries, he emphasized on the need for a toll-free number where beneficiaries can call and describe their health condition, on the basis of which they're given ambulance, teleconsultation, or an appointment for a physical consultation. "*If the call center can ensure that the appointment given doesn't fail, then you can just imagine the benefit to the common man in Uttar Pradesh*," he said.

Speaking about the rich data under PM-JAY, courtesy of the claims filed, Dr Mathew suggested analyzing the data against standard operating guidelines and creating continuing medical education programs by the best experts in the state. Lastly, he addressed the need for making timely payments to empaneled healthcare providers. "*Recently, new rates of HBP under NHA for 2022 have been announced, which have been received very well by the market. But with the announcement of the rates, there's also a need for definitiveness of payments upon submitting papers for service providers, to enhance their level of comfort* ," he added, stressing upon the reduction of layers of governance involved in approving claims.

> **"** Taking a whole of the government approach is the way forward."
>
> – Dr Devendra Khandait

Speaking about how Uttar Pradesh is supporting India's progress in SDGs, Dr Devendra Khandait—Deputy Director, Bill & Melinda Gates Foundation—commended the "whole of the government" approach to capitalize on PMJAY, suggesting this is truly the way forward. He also applauded the unitized digital data system created by the government of Uttar Pradesh during Covid times that enabled seamless operations and actionable data between public and private medical institutions, while also aiding surveillance. "*It now has the potential to be used as an enhanced surveillance system in its own way*," he remarked. He closed the session with remarks urging for a collaborative effort between SACHIS, NHA, SHGs and other institutions.

In his keynote address, that concluded the inaugural session, Parth Sarathi Sen Sharma—Principal Secretary, Department of Medical Health & Family Welfare—lauded the efforts behind setting the systems for the scheme and onboarding partners, which enabled enrolment of 2.16 crore beneficiaries in the state.

"*To work on such a large target base—a population of 8 crores, which is more than the population of many countries—is both an opportunity and a challenge*," he said, highlighting the global opportunity the scheme brings. Setting the benchmark for the state, he motivated stakeholders to reach one-fifth of the national average in terms of deliverables for the scheme. Suggesting a way forward for hospital onboarding, he recommended exploring partial empanelment to allow institutions to only dole out a few of their services under the scheme. "*Today, we can rightfully congratulate ourselves for having done something; it is also the day to think about what more we can do*," he said.

He also stressed on the need to introduce interventions that ensures 'ease of living' for the beneficiaries . He noted that if a toll-free number that guides people on how and where to access services can facilitate ease of living for beneficiaries, and it can be "life changing for citizens"—. "*Half of the reason why there is so much pressure on the tertiary system is because there is no ease of living—there is nobody to guide people. So, this (toll—free number) can be very important; let's take it forward*," he concluded.

The inaugural session came to a close with a vote of thanks by Dr Rajendra Kumar, General Manager, Operations, SACHIS, who said: "*Nothing is impossible. And under the guidance and direction of our partners, we will make it happen*."

Apart from hosting conversations about implementation, the event also felicitated select private and public medical partners in the PM-JAY ecosystem, beneficiaries, and SACHIS' administrative staff.
Here are few highlights: ❯❯

The inaugural session of the fourth anniversary celebration of Ayushman Bharat PM-JAY also saw the launch of a coffee table book, that highlighted the stories of 75 beneficiaries who received treatment under the scheme free of cost. ❯❯

A process evaluation report—conducted by IRMA and IIT Madras, in collaboration with Access Health International—was also launched, detailing the implementation done in the last four years while suggesting measures for successful deployment in the future. ❯❯

The top five performing government hospitals under the scheme were also awarded on the stage of the anniversary event, along with the top five private institutions that provided quality cancer care to beneficiaries.

Top-performing district managers from SACHIS were also felicitated for their outstanding efforts in beneficiary enrollment.

Twelve beneficiaries—cancer survivors—who were given the gift of health protection by PM-JAY were also felicitated by SACHIS with "Swasthya Amrit Jan Samman", thus reinforcing the importance of looking out for the needs of the true stakeholders of the program—the beneficiaries.

TECHNICAL PLENARY-I

Next Generation of Implementation:– Improved Quality, Health Outcomes and Reduced Out of Pocket Expenditure

Chairperson: Parth Sarathi Sen Sharma, Principal Secretary, Medical Health & Family Welfare
Moderator: Himani Sethi, Director Program, ACCESS Health
Presenter: Dr Umakant Dash, Director, Institute of Rural Management-Anand
Discussants:

- Dr Sudha Chandrashekhar, Executive Director, Hospital Network & Hospital Management, National Health Authority
- Gomathi Venkatachalam, Head Financial Inclusion & Insurance, Karkinos Healthcare
- Dr Devendra Khandait, Deputy Director, Bill & Melinda Gates Foundation

Introduction

The session focused on the findings of the Report, Process Evaluation of PM-JAY Implementation in Uttar Pradesh, presented by Dr Umakant Dash, the director of IRMA. The report, for the assessment period of 2018 – 2021, highlights the best practices and challenges—particularly when it comes to supply. It also documents first-hand feedback of beneficiaries, from a household survey which was conducted with over 4,000 households. A panel discussion on the findings, followed with an objective of exploring means to strengthen hospital participation, improve quality of care, and empower beneficiaries.

Summary

The session kickstarted with findings from the process evaluation report that studied early implementation of PM-JAY in Uttar Pradesh. While presenting the explorations, Dr Umakant Dash shared that the aim of conducting the research was to "*identify challenges, draw lessons, and make short and medium-term policy recommendations for next generation of implementation*." A sample of 10 districts—that were chosen based on their performance under the scheme—was studied with an aim of diagnosing problems that stakeholders need to address in the mid-implementation phase of the program.

Report Findings: Empower Beneficiaries, Strengthen Administration

Commending SACHIS' efforts to adapt processes and instituting committees like an anti-fraud unit and quality cell to tackle challenges, Dr Dash said: "*More or less, things are in line with what is prescribed by the NHA*." He also spoke about dissipating human resource challenges, suggesting bigger the team, the better the implementation. Touching upon the perceptions of the beneficiaries that were obtained through a household survey, he shared that people prefer private hospitals over public ones. The findings also suggested that 48% of the beneficiaries travelled for more than 10 kilometers since most of the empaneled facilities were in district headquarters. Dr Dash also shared that around 70 – 75% of beneficiaries were aware of the features of PM-JAY available to them.

Sounding off policymakers about an implementation challenge that needs to be addressed, Dr Dash shed light on statistics that suggested one-fourth of the surveyed households didn't know the empaneled hospitals. He also indicated that more often than not beneficiaries only come to know of a facility's empanelment status after visiting the premises themselves or calling the helpline. "*Majority of them are confused where to go, and they only get to know when they visit the hospitals*," he elucidated, suggesting the need for a list that gives a sense of empaneled hospitals in every district to beneficiaries. The lack of awareness about post-hospitalization benefits in over half of the surveyed respondents was also emphasized. High satisfaction of beneficiaries from the scheme, high awareness of the helpline, and ease of enrollment were some of the other findings extracted from the beneficiary survey.

Elaborating on another challenge, Dr Dash indicated that the average OOPE for beneficiaries was two times higher in private hospitals—with a majority of expenses for medicines and consumables. "*The out-of-pocket expenditure cannot be zero, but we need to take corrective action to ensure the number is at a minimum*," he recommended. At the same time, the tabled findings also specified that 60% of beneficiaries who availed the scheme were able to reduce their OOPE by three times.

Highlighting the areas of consideration that need intervention, Dr Dash iterated the necessity for an audit of the hospital network to understand the actual availability and focusing on hospital expansion based on the need of the beneficiaries in the context of changing disease burden. On the matter of availability of services, he also recommended fixing gaps in private hospital empanelment, which is marginally low in some districts. Speaking about strengthening the administration, he stressed on mechanisms that allow for timely payments to ECHPs to motivate more hospitals to come onboard and provide quality services to more and more beneficiaries.

Panel Discussion: Strengthening Supply to Meet the Rising Demands

The panel discussion started off with a pertinent question on how the system can create a value proposition for private hospitals to increase participation. Creating a special ward in government hospitals for PM-JAY beneficiaries, and creating room for more beds in private institutions were some of the suggestions shared by Gomathi Venkatachalam—Head Financial Inclusion & Insurance, Karkinos Healthcare—based on her experience of the scheme in Tamil Nadu.

"*To engage and sustain the private sector, we could actually create support forums for the hospitals where they get any concern addressed immediately*," said Dr Sudha Chandrashekhar—Executive Director, Hospital Network & Hospital Management, National Health Authority—suggesting that this could curb the dropout rate of private hospitals who resign from the scheme upon realizing the

level of monitoring and evaluation involved. She also spoke of a hotline created by the NHA recently to help private institutions get in touch with the system and fast-track their grievances. Dr Chandrashekhar also recommended selective empanelment for targeted specialties for tertiary care, particularly in districts that don't have all medical services.

To empower beneficiaries, Dr Devendra Khandait—Deputy Director, Bill & Melinda Gates Foundation—recommended relying on the vast self-group network in the state and realizing the tremendous potential these entities can bring in, instead of just relying on ASHAs, ANMs, and other frontline workers for creating awareness.

The panel discussion concluded with an open round of questions with the audience that enquired about the different nuances of the program, medical packages for beneficiaries allocated to private versus government hospitals, referral systems in high-risk cases, and partial empanelment of private hospitals.

Prioritizing Cancer Care in Uttar Pradesh:– Drugs, Diagnostics, and Targeted Therapies – Current Context and Way Forward

Key Speaker: Dr Shankar Prinja, Executive Director, Health Policy & Quality Assurance, National Health Authority

Moderator: Dr Gaurav Aggarwal, Professor of Endocrinology & Breast Surgery and Chief Medical Superintendent, Sanjay Gandhi Postgraduate Institute of Medical Science, Lucknow

Presenter: Dr Kirti Srivastava, Radiation Oncologist, King George's Medical University, Lucknow
Discussants:

- Dr Anand Mishra, Professor & Head, Endocrine and Breast Diseases, King George's Medical University

- Dr Poonam Gupta, Senior Radiation Oncologist, Hanuman Prasad Poddar Hospital, Gorakhpur

- Dr Sanjeev Jasuja, Medical Superintendent, State Cancer Institute, Head of Department, Medical Oncology, Sawai Man Singh College, Jaipur

Introduction

This second and final session of PM-JAY's anniversary celebration focused on pathways created by the system to facilitate better cancer-care services to beneficiaries in the state. Understanding the current context for cancer-care in Uttar Pradesh and carving a way forward when it comes to drugs, diagnostics, and targeted therapies were on the agenda. The keynote speaker, Dr Shankar Prinja—Executive Director, Health Policy & Quality Assurance, National Health Authority—elucidated interventions under the program; while, Dr Kirti Srivastava—Radiation Oncologist, King George's Medical University, Lucknow—presented early findings of a qualitative case study on "Patient journey and current challenges in cancer treatment", currently being undertaken by KGMU and ACCESS Health, that suggested a road map for the future.
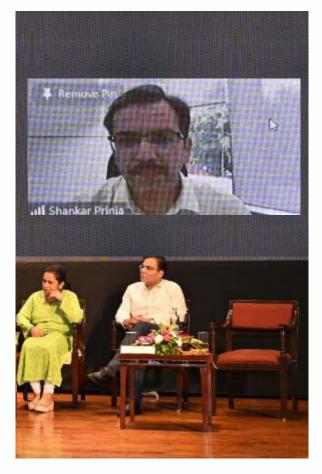
Summary

"*In the context cancer-care under PM-JAY, I would say the glass is one-quarter full. I say this because at least we have a glass now. We have some support, some government insurance for very expensive and trying treatments of cancer.*" Dr Gaurav Aggarwal—Professor of Endocrinology & Breast Surgery and Chief Medical Superintendent, Sanjay Gandhi Postgraduate Institute of Medical Science, Lucknow—commenced the session with this thought, signifying the progress PM-JAY has made in the cancer care landscape in the state.

Need to Include Newer Therapies and Strengthen Service Provision

In his keynote address, Dr Prinja summarized nuances about the cancer—care package and utilization in India, efficient cancer care using health technology assessment, solutions for financial risk protection for the beneficiaries, and quality of cancer care. "In the last four years, we have increased the number of packages in the oncology space five times," he said. He discussed the utilization of cancer—care packages in private versus public service providers, with the former taking 61% of the share of all utilizations.

Speaking of the new initiatives in the oncology space, he highlighted efforts to increase empanelment to increase the ambit of service delivery for beneficiaries. These included online form submission mechanisms on the NHA website inviting submissions for inclusion from private players and standardizing treatment guidelines. He also touched upon the use of e-RUPI—a paid voucher that enables beneficiaries to avail free diagnostic service at any empaneled lab—for cancer diagnosis. Dr Prinja also highlighted the need for medical stakeholders at facilities to comply with STGs, noting that in states where the utilization of packages is higher, so is adherence to the guidelines.

Identifying Challenges and Paving the Way for Cancer Care in The Future

Citing limited resources and manpower for cancer care in the current context in Uttar Pradesh, Dr Srivastava noted that the biggest challenge the system is facing is the high influx of cancer patients. "*The limited manpower is not trained for handling the cancer patients. Whatever resources we have, we are using them to treat patients coming to us in advanced stages, where there is very little impact on the outcome*," she said. She also attributed a lack of awareness about cancer—care packages to underutilization of packages by patients at the right time.

Elaborating on the resources required in the state for effective cancer treatment and management, she highlighted the **need for more resources**—medical oncologists across specialties, more equipment, provisions to procure newer drugs from time to time, and increased allocation of funds. "*We should map the existing manpower and do capacity building so that cancer can be detected in early stages, and engage them in providing care as a part of the cancer grid*," she suggested. She also highlighted the need for uniform distribution of services in the state, as only 64 empaneled hospitals under PM-JAY in UP provide cancer care—with most of

them limited to large urban centers.

Dr Srivastava also presented findings from a qualitative study charting a cancer patient's journey, which pointed to delays in screening and diagnosis, delays in reaching the right hospital, and delays in treatment initiation at hospitals due to high caseload and non-availability of drugs—amongst other challenges. She concluded her session with suggested initiatives to create awareness about the disease in beneficiaries and making services and schemes more accessible to them.

Similarly, while discussing the huge cancer burden in Uttar Pradesh, Dr Anand Mishra—Professor & Head, Endocrine and Breast Diseases, King George's Medical University—highlighted the gap between the discovery of the first symptom and starting treatment, and delays at the end of the provider. He also stressed upon the need to **amp up efforts for awareness and screening**, while working towards capacity building. Dr Mishra also recommended using HWCs at the grassroot level as platforms for creating awareness for early screening for cancer.

In her address, Dr Poonam Gupta—Senior Radiation Oncologist, Hanuman Prasad Poddar Hospital, Gorakhpur—suggested that **molecular therapies be made available** at facilities, especially as many patients become radiation-resistant during their cancer treatment.

A perspective on cancer care in the way it has been deployed in Rajasthan was also discussed in the technical plenary by Dr Sandeep Jasuja—Medical Superintendent, State Cancer Institute, Head of Department, Medical Oncology, Sawai Man Singh College, Jaipur. He shed light on the need for making cancer care available for beneficiaries at their doorstep, with facilities available across levels—from community to tertiary. **Sharing examples from Rajasthan**, he shared how screening examinations are done at the community level and the role of primary care physicians in spreading cancer awareness. Motivating stakeholders, he also spoke about innovative measures for service provision, like Cancer Preventive Mobile Van with diagnostic facilities that is utilized for mass screenings at the community level. He further highlighted the need of declaring cancer as a notifiable disease, already enacted by the Rajasthan government as per Government of India's notification, which is critical in understanding the real incidence on ground and a strategy to combat it.

THE WAY FORWARD

The day-long deliberations brought forth insights and concrete, actionable recommendations for the next generation of PM-JAY implementation in the state. These included a combination of demand, supply side and governance-related areas for programming. A summary of these is presented below:

Beneficiary empowerment & participation
Setting up a call center or strengthening an existing one that can facilitate the process of accessing health services for the beneficiaries under PM-JAY. The call centre can improve ease of living for the citizens and empower beneficiaries—with actionable information (entitlements, service availability, choice of provider, hospital admission and post discharge support, feedback, grievances) that aid navigation whilst seeking care. This builds and complements the existing work of SACHIS on continuum of care with the National Health Mission.

Increase private sector participation
Conduct a dipstick study to understand private EHCP's perception and understanding of the value proposition of PM-JAY, challenges faced while servicing the scheme, reasons for non-participation, and motivations and opportunities in the future. A dipstick study with 100 private EHCPs was also suggested to cull out information and insights to draft a private sector engagement plan for SACHIS.

Targeted empanelment strategy
This was suggested to increase supply of private hospitals, and bed strength and specialities per the HBP. The new guidelines from NHA, which allows empanelment of specific specialties (based on the set conditions and criteria) of the EHCP, could facilitate increasing specialties in areas where these are not available.

Timely payment to the EHCPs
Strengthen capacities for claims adjudication, including designing and developing smart payment solution. Additionally, the impact of existing initiatives like the 'green channel'—which has a provision of advance payments to the hospitals based on certain conditions—can be scaled up to build up motivation.

Making cancer a notifiable disease
The 139th report on "Cancer Care Plan and Management: Prevention, Diagnosis, Research & Affordability of Cancer Treatment" submitted to the Rajya Sabha chairman recommends that cancer be declared as a notifiable disease. While there are a few states that have already done that, the state of Uttar Pradesh can also consider making cancer a notifiable disease. This will alert government authorities of all cancer cases in the state, giving them critical information to monitor the disease and manage it well.

Strengthening cancer control & management program
Preventing delays in screening and diagnosis is necessary to reduce high rate of late-stage detection of cancer and creating room for better health outcomes. Further increasing financial allocations to build treatment infrastructure and human resource capacities for cancer management is thus recommended. For a state like UP at the current prevalence rates, the following provisions are needed: 1 megavoltage tele therapy unit (Linear or Cobalt) per 1000 new cancer cases; 1 brachytherapy unit per 1000 new cancer cases; 1 CT stimulator per 1000 new cancer cases; and 570 to 760 radiation oncologists; 380 medical and surgical oncologists; 380 pathologists; and 1140 to 1330 radiotherapy technicians. Additionally, expanding targeted therapy for cancer care under the HBP is important to provide standard of care as per global standards for achieving better patient outcomes.