1. **Soumya Swaminathan urges increased health-spending**
   In a talk at the Pune International Centre, Dr Swaminathan — former Chief Scientist at World Health Organization and now Principal Advisor for the National Tuberculosis Elimination Programme — said that India spends less than 2 % of its annual budget on health, whereas many BRICS nations allocate up to 8 %. To translate advances in technology and innovation into better outcomes, she stressed the need for stronger primary care, reliable data, a trained public-health workforce, and sufficient funding.

    - Why this matters: Without stronger funding and infrastructure, many innovations may remain under-utilised.

    - Possible implication: We might see future budget or policy announcements to boost health-expenditure.

2. **India creates three Guinness World Records under the health campaign "Swasth Nari, Sashakt Parivar Abhiyaan"**
   The campaign has achieved large-scale outreach: over 1.78 crore hypertension screenings, 1.73 crore diabetes tests, ~69.5 lakh oral cancer screenings, ~62.6 lakh antenatal check-ups, >1.43 crore vaccine doses administered.

    - Why this matters: Demonstrates the scale of preventive-health efforts and community outreach in India.

    - Note: While scale is large, equally important will be the quality, follow-up care, and sustained outcomes.

3. **State-level health-service quality push in Uttar Pradesh**
   The Uttar Pradesh Health Department is launching **monthly review and compliance-check meetings** to monitor healthcare programme implementation, infrastructure (e.g., signage, geo-tagging), staffing, drug supply, cleanliness, etc.

- Why this matters: Moves beyond infrastructure creation to active monitoring and accountability.

- For you in Andhra Pradesh: Similar model may roll out, so local facilities may be under more scrutiny.

4. **Medical tourism focus: Kerala's summit**
   The summit in Kerala underlined the potential of "medical-value travel" (MVT) from GCC countries and beyond. Last year ~7.4 lakh foreign nationals visited for medical/wellness treatment; revenue from Ayurvedic medical-tourism reached ~₹13,500 crore.

   - Why this matters: India is increasing focus on health-services as a source of revenue and foreign-patient inflow.

   - Implication: Possible more investment in private hospital infrastructure and wellness sectors.

5. **Staffing crunch: Punjab sets deadline for doctors to join service**
   The Punjab Health Department has given a **Nov 10** deadline for newly-appointed medical officers (703 letters issued) to join; many are yet to report. Entry-level salary and working conditions cited as deterrents.

   - Why this matters: Even when seats and positions are created, filling them remains a challenge.

   - Implication: Recruitment incentives, improved pay or conditions might be forthcoming.

6. **Doctors in Maharashtra plan statewide protest over safety & justice**
   In response to the death of a woman doctor at a government sub-district hospital, medical associations in Maharashtra will hold a candle march on Nov 2, and from Nov 3 suspend OPD services in government hospitals if demands aren't met.

- Why this matters: Shows growing discontent among healthcare workers around safety, working conditions, accountability.

- Implication: Possible disruption of services in the state; may spur policy responses.

7. **PG/UG medical-seat matrix released for counselling**
   The Medical Counselling Committee (MCC) released the final seat-matrix for the 2025 PG medical counselling: large number of vacant seats remain (e.g., 12,678 MD/MS/PG Diploma seats vacant under AIQ).

   - Why this matters: Highlights mismatch between seat availability and uptake; may affect future planning of medical education.

   - Implication: Could lead to reforms in counselling, incentives, or redistribution of seats.