G.L.Jogi

GS SNPWA

29-09-2026

Dear Comrades,

On 28-09-2026, GS / SNPWA, Com. D.C. Sharma, DGS /SNPWA Com. Anupam Kaul, DGS/AIBSNL PWA, and GS/MREWA Com. R. K. Mudgal had an extensive meeting lasting nearly 75 minutes with Respected Dr. Sunil Barnwal, CEO/NHA & AS/DG CGHS; Dr. Sunita Verma, AD/CGHS Headquarters; and Dr. Sunil Kumar, Vigilance Officer, CGHS Headquarters, to discuss several important issues concerning the health and welfare of CGHS beneficiaries.

The following issues were discussed in detail:

1. Provision of GLP-1 Receptor Agonists (GLP-1 RAs) to Chronic Diabetics.

The issue of providing GLP-1 RAs to chronic diabetic patients whose blood glucose levels remain inadequately controlled despite conventional medication was discussed at considerable length.

We explained in detail the serious implications of the restrictive guidelines presently governing access to these medicines.

The first eligibility condition requiring a BMI of 35 kg/m^2 or above effectively excludes the overwhelming majority of diabetic patients who may clinically require GLP-1 RA therapy. It was pointed out that, according to the data presented by us, this condition alone could exclude nearly 97% of the potentially eligible diabetic population.

We further explained that even a person satisfying the BMI criterion would have to suffer from one of the specified co-morbidities — cardiovascular disease, chronic kidney disease, or chronic liver disease.

This approach, we submitted, raises an important clinical concern. A substantial proportion of patients with long-standing diabetes are at risk of developing precisely these serious complications. The objective of effective diabetic management should, therefore, be not merely to treat complications after they develop but also to prevent or delay their occurrence through appropriate and evidence-based treatment.

We also pointed out that CGHS is already incurring enormous expenditure in treating beneficiaries suffering from cardiovascular, renal and hepatic complications

associated with diabetes. Appropriate use of GLP-1 RAs, wherever clinically indicated, could potentially reduce the incidence and severity of such complications and, consequently, the long-term financial burden on CGHS.

Although AD/CGHS Headquarters informed us that Semaglutide tablets are presently being provided, we emphasised that injectable GLP-1 RAs constitute an important and scientifically established therapeutic option and should not be unduly restricted where clinically indicated.

We also brought to the notice of DGCGHS the significant reduction in the cost of GLP-1 RA therapy following the availability of generic formulations in India. The availability of lower-cost alternatives, including the formulation marketed by Dr. Reddy's as Obeda, has substantially reduced the financial barrier compared with branded products from Novartis etc etc.

Relevant ICMR and IMA recommendations/guidelines were also placed before Dr. Barnwal, who examined the material keenly and the data submitted by us with considerable attention.

Initially, the view expressed was that the existing restrictions had been recommended by an expert committee. However, after we explained the potential clinical and financial implications in detail—including the possibility of reducing the substantial expenditure currently incurred by CGHS in treating serious diabetic complications—the matter received serious consideration.

After examining the material placed before him, DGCGHS assured us that the existing guidelines would be subjected to a fresh examination.

This assurance is significant, and we shall continue to pursue the matter vigorously.

2. Inclusion of Robotic സർജറി especially for Oncology Procedures.

A detailed discussion was also held on the inclusion of robotic surgery for oncology procedures under CGHS.

AD/CGHS Headquarters informed us that robotic surgery is presently permitted under CGHS for prostate cancer.

From our side, we explained that robotic-assisted surgery has increasingly become an important option in oncology, particularly because of the high degree of precision required in many cancer procedures. We pointed out that a number of oncology surgeons are

increasingly reluctant to undertake certain complex procedures without access to robotic assistance, where such technology is clinically appropriate.

The importance of extending CGHS coverage to appropriate robotic-assisted oncology procedures was therefore emphasised.

After careful consideration of the points raised, DGCGHS gave a clear indication that the issue of extending robotic surgery coverage to oncology procedures would be favourably examined.

3. Inclusion of Preventive Vaccines Particularly Pneumococcal Vaccine.

The inclusion of important preventive vaccines, including influenza and pneumococcal vaccines, was also discussed extensively.

During the discussion, DGCGHS indicated that pneumococcal vaccination could be considered as a priority at this stage.

We explained that newer vaccines, including single-dose pneumococcal vaccines such as Prevnar 20, are now available at a relatively affordable cost, around ₹4,000 per dose, depending on the prevailing price.

We also highlighted the enormous expenditure incurred by CGHS in treating serious cases of pneumonia among elderly and vulnerable beneficiaries. Preventive vaccination could potentially reduce both morbidity and treatment expenditure.

After considering the arguments placed before him, DGCGHS assured us that the inclusion of pneumococcal vaccination under CGHS would be examined.

He suggested that the issue of other vaccines could be taken up subsequently.

4. Serious Concerns Regarding Procurement of Indented Medicines.

A very serious issue relating to the procurement of indented medicines and the alleged leakage/pilferage of CGHS resources was also brought to the attention of DGCGHS.

We explained in detail the mechanism and loopholes in the existing system of procurement through local purchase vendors and the concerns raised by the Association regarding possible collusion and diversion of substantial public resources.

We also pointed out that, for the past nearly two years, the Association has repeatedly been assured that the loopholes in the existing tendering system would be rectified and that a

fresh tender incorporating adequate safeguards would be introduced. However, despite these assurances, the problem continues to be reported.

We even reported that billing for indented medicines is done as per the medicine actually prescribed, whereas substitute medicines are given to the beneficiaries who are completely unaware of all this kind of manoeuvring.

The magnitude of the issue and the possibility of substantial financial leakage understandably attracted the serious attention of DGCGHS.

After hearing the matter in detail, DGCGHS expressed serious concern and directed that the possibility of procuring indented medicines directly from the manufacturers be examined, thereby eliminating unnecessary intermediaries and strengthening transparency and accountability in the procurement process.

DGCGHS was visibly disturbed and concerned about the possibility of public resources being diverted through existing loopholes in the system that are not being plugged in.

5) Complete lack of effective monitoring mechanism for implementation of series of instructions issued by CGHSGQs by the Empanelled Hospitals.

DG CGHS was apprised that neither the Field Units of CGHS nor HQs are bothered about implementation of the instruction of CGHSHQs by the Empanelled Hospitals, with the result CGHS Beneficiaries are being held captives by Empanelled Hospitals, particularly when it comes to admissions. Not transparent mechanism exists in this regard to indicate availability of beds. Everything is being done in a opaque and hush-hush manner by the Empanelled Hospitals. Also, in a huge number of Hospitals, top specialists do not entertain CGHS Beneficiaries and it is their official stated policy about which officials of CGHS HQs must be definitely aware.

DG CGHS opined yes, this happens as Hospitals grow and needs to be curbed. It has to be ensured by CGHS officials that Empanelled Hospitals strictly adhere to the terms and conditions of M.O.U, DGCGHS, emphasised clearly.

Besides, a note was submitted to AD / CGHSHQs, D Sunita Verma, enlisting issues of immediate operationalization of WCs at Udaipur, Alwar, Warrangal, augumenting WCs by increasing strength of MOs and supporting staff, uninterrupted supply of life saving drugs, improved access to specialized treatment in Empanelled Hospitals and Diagnostic services etc etc.

A Meeting of Considerable Significance.

Comrades, the meeting was extremely important and encouraging.

All the issues raised by us were discussed frankly and in considerable depth. More importantly, the senior officers present gave serious attention to the concerns placed before them and indicated willingness to re-examine existing provisions, consider appropriate changes and strengthen the system wherever necessary.

The delegation placed before the authorities not merely the difficulties faced by individual beneficiaries, but also the clinical, preventive, financial and administrative implications of the issues involved.

We shall continue to pursue these matters with the concerned authorities until the assurances given during the meeting are translated into concrete decisions benefiting CGHS beneficiaries.

Comradely yours,

G. L.Jogi

General Secretary

SNPWA