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EDITORIAL ANALYSIS

India's March Towards Self-Reliance in Med-Tech

 HINDUSTAN TIMES

8 August 2026

ECONOMY

SCIENCE & TECH

GS3

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India's March Towards Self-Reliance in Med-Tech

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 Every fact web-verified against primary sources

THE LIFT LINE

Reducing import dependence in syringes and stents is not the same achievement as building India's first domestically engineered surgical robot.

WHY THIS EDITORIAL MATTERS FOR YOUR EXAM

Economy answers on manufacturing self-reliance tend to cite the PLI scheme by name and stop there, as if naming the scheme were evidence of its success. This editorial requires distinguishing between import-substitution progress that is real and measurable (simpler device categories) and a much larger, unproven claim (leadership in advanced med-tech), a distinction examiners specifically reward.

GS Paper 3: Indian economy and issues relating to planning, mobilisation of resources, growth, development and employment; infrastructure; science and technology, **indigenisation** of technology and developing new technology.

CONCEPT	MEANING	WHY IT IS TESTABLE
PLI Scheme for medical devices	Production Linked Incentive scheme, launched March 2020 by the Department of Pharmaceuticals, Rs 3,420 crore outlay, 5% incentive on incremental sales	Named central scheme, exact figures are Prelims-testable
Medical Device Parks scheme	Central scheme funding common manufacturing infrastructure in approved states	4 states approved (UP, TN, MP, Himachal Pradesh), Rs 100 crore each
PRIP scheme	Promotion of Research and Innovation in Pharma-MedTech scheme	Distinguishes R&D-focused support from manufacturing-incentive support
Import dependence	Share of domestic medical device consumption met through imports rather than domestic manufacture	Commonly cited at 70-80%, with a reported improvement in domestic share from ~10% to ~30% over 5 years
Department of Pharmaceuticals (DoP)	Nodal department for both PLI and Medical Device Parks schemes, under the Ministry of Chemicals and Fertilizers	Institutional home of India's medical-device policy, distinct from the Ministry of Health

BACKGROUND AND CONTEXT

The op-ed comes from **JP Nadda, Union Minister of Health and Family Welfare**, published around the “**Atmanirbhar MedTech: Accelerating India's Journey towards Viksit Bharat**” conference organised by the **Department of Pharmaceuticals** and **FICCI** in New Delhi on 7 to 8 August 2026.

India's medical device sector has long been described as **import-heavy**, with import dependence commonly cited at **70 to 80 percent** across several device categories, a legacy of limited domestic manufacturing and testing infrastructure relative to established manufacturing economies. The government's response has centred on three instruments: the **PLI scheme** (manufacturing incentives), the **Medical Device Parks scheme** (common infrastructure), and the **PRIP scheme** (research and innovation support), each targeting a different part of the capacity-building problem.

THE ANALYSIS

1. The import-dependence baseline is real and the improvement is measurable, not merely claimed. A reported rise in domestic production's share of domestic requirement from roughly 10 percent to 30 percent over five years is a specific, checkable trend, distinct from the more sweeping claim that India is positioned to lead in advanced med-tech.

- 2. The PLI scheme's design targets manufacturing scale, not innovation.** A 5 percent incentive on incremental sales rewards volume of domestic production; it does not by itself fund the engineering and regulatory-testing capability that advanced device categories require, which is a separate gap the PRIP scheme is meant to address.
- 3. The Medical Device Parks scheme's reach is real but narrow.** Final approval to four states, out of proposals from sixteen, means the common-infrastructure benefit is concentrated rather than national, a fact the piece's framing of broad-based self-reliance elides.
- 4. The pharma-manufacturing analogy is the strongest genuine argument, and it has a real limit.** Decades of experience manufacturing generic drugs at scale gives India regulatory and manufacturing-process expertise that many countries attempting similar import-substitution lack. But drug manufacturing and precision-device engineering are different capability sets; the analogy supports optimism about simpler devices more than it supports optimism about robotic surgery systems or advanced imaging equipment.
- 5. Market-size and ranking claims should be treated as indicative, not exact.** India is commonly cited as Asia's fourth-largest medical device market, but market-size estimates vary meaningfully across sources and methodologies, and a Mains answer should cite such rankings with that caveat rather than asserting them as a single settled figure.
- 6. Independent assessment of the PLI scheme's actual performance is thin in the public domain.** Most available data on scheme utilisation and impact comes from government sources; a more complete assessment would draw on independent industry or think-tank evaluation, which is not easy to find, a gap worth naming rather than assuming resolved in the scheme's favour.

DATA AND INSTITUTIONS VAULT

PRELIMS-GRADE FACTS:

PLI Scheme for Medical Devices: launched March 2020, Department of Pharmaceuticals; outlay Rs 3,420 crore (2020-21 to 2027-28); incentive 5% of incremental sales for 5 years

Medical Device Parks scheme: 4 states given final approval, Uttar Pradesh, Tamil Nadu, Madhya Pradesh, Himachal Pradesh; each received Rs 100 crore; proposals received from 16 states/UTs

PRIP scheme: Promotion of Research and Innovation in Pharma-MedTech

Import dependence: commonly cited 70-80%; domestic share of domestic requirement reportedly grew from ~10% to ~30% over 5 years

India commonly cited as Asia's fourth-largest medical device market, after Japan, China, South Korea (ranking/market-size figures vary by source)

Nodal ministry: Department of Pharmaceuticals, under the Ministry of Chemicals and Fertilizers (distinct from the Ministry of Health and Family Welfare, which Nadda also heads)

WATCH THE TRAP: DO NOT CONFLATE THE MINISTRY OF HEALTH AND FAMILY WELFARE WITH THE DEPARTMENT OF PHARMACEUTICALS; THE PLI AND MEDICAL DEVICE PARKS SCHEMES FOR DEVICES SIT ADMINISTRATIVELY UNDER CHEMICALS AND FERTILIZERS, EVEN THOUGH NADDA, AS HEALTH MINISTER, IS A NATURAL VOICE ON THE SECTOR'S HEALTH-SYSTEM IMPLICATIONS.

THE DEBATE

Argument FOR the government's self-reliance record. India's decades of pharmaceutical manufacturing experience, regulatory familiarity, process-engineering talent, supply-chain infrastructure, is a genuine and relatively rare foundation to build medical-device manufacturing on top of, and the reported shift in domestic production share from roughly 10 percent to 30 percent over five years is a real, checkable achievement, not merely a talking point.

Argument AGAINST reading this as evidence of advanced-tech leadership. The capability gap between manufacturing simpler, high-volume devices and engineering advanced categories, AI-enabled diagnostics, robotic surgery systems, precision imaging, is substantial, and a manufacturing-incentive scheme is not designed to close that specific gap. Independent, non-government assessment of the PLI scheme's actual utilisation is thin, and market-ranking claims cited in support of the sector's scale vary by source, both of which counsel caution before accepting the piece's framing at face value.

Balanced verdict. The government's case is strongest where it is most specific and checkable, import-dependence reduction in target manufacturing segments, and weakest where it is most aspirational, positioning for leadership in advanced med-tech categories. A sound Mains answer credits the real, measurable progress while treating the advanced-technology claim as a stated goal rather than a demonstrated outcome, and calls for the testing, certification and R&D infrastructure investment that the harder categories specifically require.

HOW TO THINK ABOUT THIS

The transferable pattern: **when an industrial-policy op-ed cites a genuine foundational strength to support a much larger forward-looking claim, separate what the foundational strength actually demonstrates from what the forward claim requires, and check whether the instruments cited (incentive schemes, infrastructure parks) actually build the capability the forward claim depends on.**

Manufacturing-incentive schemes are well suited to scaling production of goods where the underlying engineering and regulatory pathway is already established; they are poorly suited, on their own, to building genuinely new engineering or R&D capability, which requires sustained investment in talent, testing infrastructure and research funding rather than sales-linked incentives. A claim of “positioned to lead” in an advanced technology category should be checked against which of these two problems the cited instruments actually solve.

This same structure recurs in electronics manufacturing, where PLI-driven assembly-stage growth is sometimes read as evidence of design and semiconductor-fabrication capability it does not by itself establish; in defence indigenisation, where domestic assembly of imported-design platforms is sometimes conflated with genuine indigenous design capability; and in renewable energy manufacturing, where cell-assembly capacity growth is distinct from the raw-material and advanced-cell-technology capability a fuller self-reliance claim would require.

DIAGRAM-IN-WORDS

INDIA'S MED-TECH SELF-RELIANCE CLAIM

WHAT THE INSTRUMENTS ACTUALLY BUILD

PLI Scheme (Rs 3,420 cr, 2020-2028)

- > incentivises manufacturing SCALE
- > works well for: simpler, high-volume devices

Medical Device Parks (4 states approved)

- > builds common manufacturing INFRASTRUCTURE
- > works well for: manufacturing clusters, not R&D depth

PRIP Scheme

- > supports RESEARCH AND INNOVATION
- > the instrument actually aimed at advanced-tech capability

DEMONSTRATED PROGRESS

Import dependence: ~90% -> ~70% of domestic requirement
(domestic share grew ~10% -> ~30% over 5 years)

|
v

REAL, in simpler device categories

CLAIMED PROGRESS

"Positioned to lead in AI diagnostics, robotics"

|

v

REQUIRES: deep engineering + regulatory-testing infrastructure

+ sustained R&D investment

|

v

NOT YET DEMONSTRATED by manufacturing-incentive uptake alone

GAP: scaling production of known-design devices

is not the same capability as engineering new,
advanced-technology devices

TAKEAWAY BOX

India has proven it can manufacture more of what it used to import. It has not yet proven it can engineer what it has never made.

*PLI Scheme for Medical Devices, launched **March 2020**, outlay **Rs 3,420 crore** (2020-21 to 2027-28), **5%** incentive on incremental sales; Medical Device Parks: **4 states** approved (**UP, TN, MP, Himachal Pradesh**), **Rs 100 crore** each, out of **16 state/UT** proposals; PRIP scheme (research and innovation); nodal department: **Department of Pharmaceuticals**; import dependence commonly cited **70-80%**, domestic share reportedly grew **~10% to ~30%** in 5 years; India commonly cited as **Asia's 4th-largest** medical device market.*

when a minister's own op-ed makes the government's case for its own scheme's success, what obligation does an aspirant, or a policy analyst, have to distinguish the government's self-reported metrics from independently verified ones before accepting the claim?

UPSC has repeatedly examined Make in India, PLI schemes across sectors, and indigenisation of technology; this editorial supplies a sector-specific case, medical devices, to test whether manufacturing-incentive success in simpler categories generalises to advanced-technology leadership claims.

"Import-substitution success in manufacturing scale does not automatically translate into leadership in advanced technology categories." Examine with reference to India's medical device sector and the instruments used to build it.

Sources: *Hindustan Times, PIB, Department of Pharmaceuticals*

Source: India's March Towards Self-Reliance in Med-Tech — Ujiyari.com | Free UPSC & State PCS Editorial Analysis

• KEY ARGUMENTS AT A GLANCE

JP Nadda, Union Minister of Health and Family Welfare, makes the government's case that India is building an independent medical-technology ecosystem through the PLI scheme, Medical Device Parks and the PRIP scheme, arguing the sector, now among Asia's largest medical device markets, is positioned to leverage India's pharmaceutical manufacturing expertise to cut import dependence and innovate in emerging areas like AI-enabled diagnostics and robotics.



SUPPORTING

- India's medical device sector has historically carried high import dependence, commonly cited at 70 to 80 percent for several device categories, though domestic production has reportedly grown its share of domestic requirement from around 10 percent to 30 percent over the last five years, a genuine improvement even if the sector remains import-heavy overall.
- The Production Linked Incentive (PLI) Scheme for medical devices, launched by the Department of Pharmaceuticals in March 2020 with a financial outlay of Rs 3,420 crore for 2020-21 to 2027-28, offers a 5 percent incentive on incremental sales of domestically manufactured devices in target segments for five years, and has resulted in greenfield manufacturing plants and bulk drug park projects being inaugurated.
- The Medical Device Parks scheme has given final approval to four states, Uttar Pradesh, Tamil Nadu, Madhya Pradesh and Himachal Pradesh, each receiving Rs 100 crore for common manufacturing infrastructure, out of proposals received from 16 states and union territories, indicating the scheme's reach so far is real but geographically limited.
- India is commonly cited as the fourth-largest medical device market in Asia, after Japan, China and South Korea, with market-size estimates varying by source and methodology, one widely cited estimate puts the market at roughly Rs 1,02,660 crore (about USD 12 billion) in FY24, growing at close to 15 percent annually, underscoring that ranking claims should be read as broadly indicative rather than precise.



COUNTER

Complex, high-precision medical devices, advanced imaging equipment, sophisticated diagnostics, implantable devices, require deep engineering and regulatory-testing infrastructure that manufacturing incentives alone may not quickly replicate, and there is a meaningful difference between import-substitution success in simpler, high-volume device categories and the genuinely advanced technology, AI-enabled diagnostics, robotic surgery systems, that the piece claims India is positioned to lead in; independent assessment of the PLI scheme's actual

utilisation and impact to date, beyond government-reported figures, is not easy to find in the public domain, which is itself worth noting rather than assuming away.

**WAY FORWARD**

Build on the genuine base, India's decades of pharmaceutical manufacturing and regulatory experience is a real foundation other import-substituting economies lack, while investing specifically in the testing, certification and engineering-talent infrastructure that advanced device categories require, rather than treating incentive-scheme uptake in simpler categories as evidence that the harder categories will follow automatically; publish independent, not only government-authored, assessments of PLI and Medical Device Park utilisation to make the sector's actual progress verifiable.


MAINS ANSWER FRAMEWORK
QUESTION

India's medical device sector has historically relied heavily on imports. Examine the instruments, PLI, Medical Device Parks, PRIP, that the government has deployed to build domestic manufacturing capacity, and assess whether import-substitution alone is sufficient for India to lead in advanced med-tech. (250 words)

INTRODUCTION

JP Nadda, Union Minister of Health and Family Welfare, uses a Hindustan Times op-ed to make the government's case for India's progress toward self-reliance in medical technology, citing the PLI scheme, Medical Device Parks and the PRIP scheme as the instruments driving this shift, at a moment when the sector has historically depended heavily on imports.

BODY

India's medical device sector has carried high import dependence, commonly cited at 70 to 80 percent for several device categories, though the government reports domestic production has grown its share of domestic requirement from around 10 percent to 30 percent over the past five years. The Production Linked Incentive Scheme, launched by the Department of Pharmaceuticals in March 2020 with an outlay of Rs 3,420 crore running to 2027-28, offers a 5 percent incentive on incremental sales in target device segments, and has produced greenfield manufacturing plants and bulk drug park projects on the ground.

The Medical Device Parks scheme has given final approval to four states, Uttar Pradesh, Tamil Nadu, Madhya Pradesh and Himachal Pradesh, each receiving Rs 100 crore for common infrastructure, out of proposals from 16 states and union territories, a real but geographically limited footprint so far. India is commonly cited as Asia's fourth-largest medical device market after Japan, China and South Korea, though market-size and ranking figures vary meaningfully by source and should be read as indicative.

The strongest genuine argument in Nadda's piece is that India's pharmaceutical manufacturing base, built over decades into a reputation as "the pharmacy of the world" in generics, is a real foundation for medical-device manufacturing that many other import-substituting economies simply do not have. The gap in the argument is between simpler, high-volume device categories, where incentive-driven import substitution is plausible and partly already visible, and genuinely advanced categories, AI-enabled diagnostics, robotic surgery systems, high-precision imaging, which require deep engineering and regulatory-testing infrastructure that manufacturing incentives alone do not quickly build, and for which independent, non-government assessment of actual progress is not easy to find in the public domain.

CONCLUSION

The honest reading credits the government with a genuine and measurable, if partial, achievement: reducing import dependence from roughly 90 percent to 70 percent of domestic requirement in simpler device categories over five years is real progress on a real problem. But treating that record as evidence that India is equally positioned to lead in advanced med-tech, AI diagnostics, robotics, requires a different and harder set of capabilities, engineering depth, regulatory-testing infrastructure, sustained R&D investment, that a

manufacturing-incentive scheme does not automatically deliver, and the piece's claim on this front should be read as an aspiration rather than an established fact.

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