

An Initiative by

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**UK FUTURE
FORUM
INDIA**

**CHARTING GLOBAL
HEALTH PREPAREDNESS**

UK-India Lifesciences in Action

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ABDM

➤ Ayushman Bharat Digital Mission

CA

➤ Conformity Assessment

CDSCO

➤ Central Drugs Standard Control Organisation

DHSC

➤ Department of Health and Social Care

EDAP

➤ Epidemiological Data Access Platform

EHRs

➤ Electronic Health Records

EMA

➤ European Medicines Agency

EVA

➤ Early Value Assessment

FTA

➤ Free Trade Agreement

HTA

➤ Health Technology Assessment

HTAIn

➤ Health Technology Assessment in India

ICs

➤ Integrated Care Systems

IMDRF

➤ International Medical Device Regulators Forum

ISO

➤ International Organisation for Standardisation

JETCO

➤ Joint Economic and Trade Committee

MHRA

➤ Medicines and Healthcare products Regulatory Agency

NHS

➤ National Health Service

NICE

➤ National Institute of Care Excellence

UKCA

➤ UK Conformity Assessed

UKHSA

➤ UK Health Security Agency

UNICEF

➤ United Nations International Children's Emergency Fund

WHO

➤ World Health Organization



On 19 June, as part of IGF London 2025 - 'Forging Winning Partnerships', UK-India Future Forum (UKIFF) convened a roundtable discussion on 'Charting Global Health Preparedness – UK–India Lifesciences in Action' at the Science Museum. Chaired by Rt Hon Dame Patricia Hewitt, Former Secretary of State for Health and Social Care in the UK, the session brought together senior UK government representatives, NHS stakeholders, industry leaders, startups, and global health experts to explore how UK–India collaboration can accelerate access to innovation, regulatory alignment, and shared preparedness in the life sciences sector.

This was the fourth in a series of high-impact roundtables hosted by UKIFF on pharmaceuticals, pandemic preparedness, and global health collaboration — building on previous sessions chaired by Lord James O’Shaughnessy, Dr Maheshi Ramasamy, and Lord Jim O’Neill, and attended by leading figures such as Sir Andrew Pollard and Sir Adrian Hill, with a special keynote by the Secretary of State for Health and Social Care, Rt Hon Wes Streeting MP in 2024.

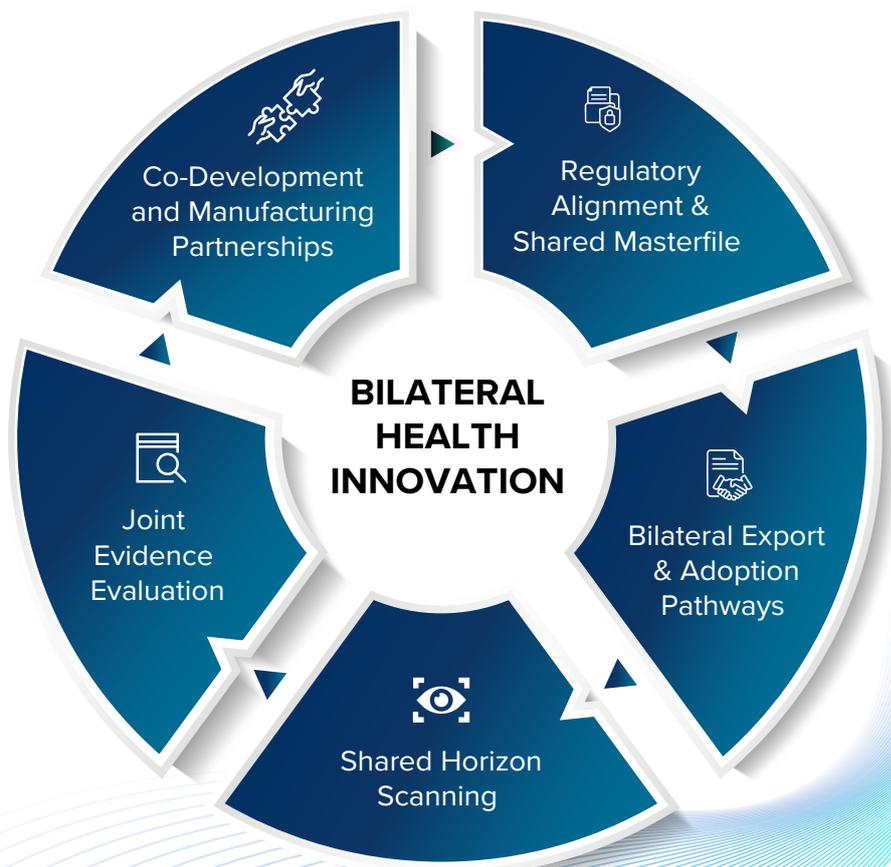
The UK–India MoU on Life Sciences marks a strategic turning point in global healthcare collaboration (Department of Health and Social Care, 2025).¹ This roundtable discussion explored how both countries can translate their complementary strengths, India's frugal innovation and manufacturing scale, and the UK's clinical depth and regulatory rigour, into real-world solutions. Set against the backdrop of a completed Free Trade Agreement (FTA) and the NHS 10-Year Plan: Fit for the Future, this conversation identified joint opportunities in regulation, innovation, infrastructure, and preparedness.²³⁴ This report examines UK-India healthcare collaboration opportunities, focusing on regulatory harmonisation, digital health innovation, and leveraging India's cost-effective healthtech solutions for NHS transformation. Key recommendations include expanding the existing Life Sciences MoU with milestone-based deliverables, creating UK-India innovation corridors, developing shared regulatory frameworks and "masterfiles" to streamline approvals, and establishing bilateral health data exchange systems. The report emphasises moving beyond incremental change toward system-wide transformation, utilising India's frugal innovation model and AI expertise to address NHS pressures while positioning both countries as global regulatory leaders in digital health.

Emerging Policy Priorities in UK Health Innovation

- India’s low-cost, high-impact healthtech aligns with the NHS goal of delivering care that is “better, faster, safer, for less.” With growing system pressures, the NHS must shift from incremental change to system-wide transformation — making care scalable, digital, and innovation-ready. The 10-Year Plan, published in July 2025, prioritises interoperability, frugal innovation, and bottom-up, locally led solutions as part of a broader strategy to transform the NHS through digital integration and decentralised care delivery (Fit for the future: 10 Year Health Plan for England - executive summary, 2025).
- The UK’s Medicines and Healthcare products Regulatory Agency (MHRA) is actively repositioning itself as a global regulatory leader, particularly in AI and digital health. In June 2025, it joined a new global network on AI in healthcare, aimed at shaping international standards for safe and effective AI deployment (Medicines and Healthcare products Regulatory Agency, 2025). As the MHRA expands its work, its call for collaboration with pioneer countries makes India a close-fitting partner — given its track record in digital innovation, scalable healthtech, and regulatory ambition.
- NICE recognises that market access for digital health tools is fragmented compared to pharmaceuticals, in part because it is not possible to evaluate every technology in the same way as medicines—of the approximately 2 million technologies available, around 0.5 million are currently in use in the UK. Though NICE continues to improve its formal prioritisation pathways for identifying high-impact technologies, it was noted that topic selection for NICE evaluation is just as important as establishing proportionate pathways to adopt long tail of digital health tools that don't qualify for NICE evaluation (which DHSC is working on via its recent MedTech Compass system).⁵
- In India, India's Ayushman Bharat Digital Mission (ABDM) integrates over 240 applications centrally (ABDM-Insights, 2025).⁶ This presents a bilateral opportunity: the UK can adopt India's streamlined integration approach, while India can benefit from UK’s expertise in clinical evaluation and regulation to jointly enhance innovation uptake. NICE is taking steps to drive their technology integration into the NHS, and India would be a key partner in accelerating this mission (NICE announces proposals to transform its HealthTech programme to drive more technology into the NHS, 2025).⁷

Reaffirming the Case for UK–India Regulatory Harmonisation

- Harmonising regulatory frameworks across both the countries has been a consistent recommendation across conversations on improving pharmaceutical capacity at UKIFF, with multiple stakeholders calling for formal mechanisms to streamline approval processes and remove duplication.
- In IGF’s Pharmaceuticals and Pandemic Preparedness Dialogue on October 2024, there was a proposal to create a UK–India regulatory “masterfile”—a shared data and standards repository for vaccine and therapeutic platforms, akin to WHO and EMA approaches, to reduce redundancy and enable faster approvals across both markets. This would help avoid practical barriers that regulatory misalignment can cause in the rollout of critical drugs (eg., Covishield) during crises.⁸
- The establishment of the UK Regulatory Innovation Office, announced in October 2024 by the UK Government, also marks a pivotal development. Its remit is to work across departments to support agile, science-based regulation in high-growth sectors—including health and life sciences (Lovell, 2024).⁹ Participants acknowledged it would be “very interesting to see how this pans out,” especially if the Office can also become a platform for sustained international regulatory collaboration—India being the natural starting point.



Building Data-Driven Infrastructure and Evaluation Systems

- One of the biggest challenges facing healthcare innovation remains horizon scanning – which technologies get prioritised for long-term integration into national health institutions? The sheer volume of emerging health technologies far outpaces the ability of regulators and evaluators to keep up and demands significant resources and efforts.
- The UK's Epidemiological Data Access Platform (EDAP), an ongoing programme by UKHSA, continues to be highlighted as a major step forward in digital preparedness (UKHSA et al., 2024).¹⁰ EDAP is unifying outbreak and patient data across NHS and public health systems into one integrated source – not just for internal use, but also for international sharing, with India identified as a key partner. This aligns with recent efforts to jointly address shared disease burdens like tuberculosis, where UK-developed AI-driven diagnostics are currently being trialled and refined with Indian collaborators (Department for Science, Innovation and Technology, 2023).¹¹
- The project exemplifies how bilateral collaboration can accelerate faster, AI-enabled disease detection, using India's analytical capacity and clinical relevance to modernise UK tools for global impact. Similarly, India's AI expertise can be tapped to help the UK screen antiviral compounds in silico during emerging health threats – speeding up early-stage therapeutic decisions (UK-India Technology Security Initiative factsheet, 2024).¹²

Leveraging Existing Talent, Infrastructure, and Community Assets

- UK and India both have underutilised assets that can be empowered to accelerate innovation. Clinicians, frontline health workers, and diaspora professionals in the NHS form a natural bridge.
- A case in point: Feebris, an AI-driven diagnostics company, began by training community health workers in Mumbai to detect childhood pneumonia using machine learning tools. At the time, pneumonia was killing over 800,000 children under five each year globally, accounting for 15% of all child deaths — despite being preventable and treatable (UNICEF, 2024).¹³ The Feebris enabled early diagnosis and triage in low-resource settings, later evolving into an NHS-wide solution for elderly care and in-home diagnostics.
- NHS clinicians frequently develop innovations, but lack formal pathways to scale them. Meanwhile, India offers both manufacturing capability and digital scalability. Unlocking value lies in connecting ground-level insight with national systems and enabling cross-border co-production.

COMPLEMENTARY HEALTH INNOVATION STRENGTHS: UK–INDIA LANDSCAPE

	UK	INDIA	NEXT STEPS
HEALTHTECH EVALUATION CAPACITY	NICE deployed Early Value Assessment (EVA) in 2022 to accelerate identification of promising medical technologies	Department of Health Research (DIHR) employs Health Technology Assessment in India (HTAI _n) for evaluations	Explore alignment between India’s evolving HTA standards and NICE processes—building on NICE’s early support for HTAI _n (Meek, 2013)—to enable mutual evaluation, market exchange, and increased medtech imports ¹⁴
DIGITAL PENETRATION IN HEALTHCARE	88% of NHS trusts have Electronic Patient Records (EPRs), but only 65% meet national usability standards. Integration across care settings remains poor, with limited patient access and inconsistent data sharing between primary, secondary and social care (Lawrence et al., 2025) ¹⁵	Over 770M Health IDs and 530M health records digitised under the Ayushman Bharat Digital Mission (ABDM), with strong uptake across public and private providers. However, gaps in infrastructure, digital literacy, and provider onboarding persist in Tier 2/3 regions (Miltzer, 2025) ¹⁶	Both countries are investing in improving interoperability and digital maturity. There is scope for joint UK–India pilots that test digital health tools in low-access or rural populations, leveraging India’s large-scale platforms and the UK’s regulatory and evaluation expertise
REGULATORY LEADERSHIP	MHRA has positioned itself as a global thought leader in agile, proportionate regulation—especially through its post-Brexit reforms, international collaboration platforms, and leadership in digital and device regulation	India is a member of the IMDRF and has made progress through CDSCO reforms, but regulatory pathways remain fragmented, with evolving frameworks and gaps in implementation, particularly for healthtech and digital tools	Both countries can work towards harmonising regulatory processes, building on India’s participation in the IMDRF and the UK’s global regulatory leadership. A shared UK–India regulatory masterfile—building on bilateral cooperation—could facilitate joint product registration, streamline market entry, and support co-developed innovations

COMPLEMENTARY HEALTH INNOVATION STRENGTHS: UK-INDIA LANDSCAPE



INNOVATION
SCALING
INFRASTRUCTURE

UK

Clinician-driven innovation landscape with robust academic links, but limited commercialisation and scaling pathways within the NHS

INDIA

Strong R&D and manufacturing ecosystem, with a proven track record of scaling frugal, high-impact innovations through public-private partnerships

NEXT STEPS

Building a UK-India Horizon Scanning and Innovation Prioritisation Hub — alongside joint EVA (Early Value Assessment) priority lists — would enable smarter, faster evaluation of high-impact healthtech, support shared foresight, and align emerging innovation with bilateral health priorities



TRADE &
COLLABORATION
PLATFORMS

The UK-India FTA, Lifesciences MoU, and newly formed Regulatory Innovation Office provide a framework for deeper regulatory cooperation and bilateral market access

Strong biopharma export base; exploring co-regulation and deeper health provisions under the UK-India FTA and Lifesciences MoU

Operationalise the Lifesciences MoU with dedicated working groups for mutual recognition, trade barriers, and co-development platforms

Next Steps for Operationalising the MoU

- ✓ The UK–India MoU on Life Sciences needs to be expanded further by defining milestone-based deliverables around regulation, innovation pilots, and workforce training.
- ✓ It should move beyond national-level cooperation and actively align with region-specific innovation ecosystems in India. Hyderabad, already home to one of the world’s leading health wearables companies and competitive biosensing, represents a natural partner for British startups and medtech SMEs seeking reliable, scalable manufacturing partners.
- ✓ This highlights the need to replicate and formalise UK–India innovation corridors specifically for healthtech; connecting regions like Hyderabad with UK clusters such as Cambridge, Manchester, and London. These corridors can replicate successful partnerships such as those between Zydus’s excellent manufacturing facilities with UK’s Northampton site.

Adapting Lessons from Successful Partnerships

- Leveraging proven commercial entry models like Zydus' UK expansion, which combined Indian R&D and manufacturing strength with UK market access to fast-track over 75 pharmaceutical filings and bring 15 products to market within a year would be vital. Their investment in a Northampton-based R&D site (Liquidnet) for novel oncology and epilepsy treatments demonstrates how Indian innovation can directly support NHS priorities (Pilla, 2023) — delivering cutting-edge care at lower cost. Future UK–India collaborations should enable similar dual-market innovation and regulatory acceleration pipelines.¹⁷
- Making a case for increased NHS spending must go beyond headline figures and instead focus on systemic enablers — such as interoperability, seamless clinical communication, and digital integration (Treasury, 2025).¹⁸ They are far more critical to improving outcomes than siloed investments in medicines or technology alone as even expanded budgets can result in net health losses if not matched by effective, system-level coordination (London School of Economics and Political Science, 2024).¹⁹
- With MHRA's ambition to not only lead globally but also to serve as a launchpad for international innovators, India is being seen as a strategic partner. Notably, India already recognises the UK's CA (Conformity Assessment) mark for medical devices, enabling greater regulatory reciprocity and potential fast-tracking of Indian products into the UK ecosystem (UKCA marking: conformity assessment and documentation, 2024).²⁰

Harmonising Regulation

- Exploring the development of a UK–India mutual recognition framework for site inspections and quality assurance protocols — particularly in areas like generics, biosimilars, and digital diagnostics can be useful. Such an approach, inspired by how European Medicines Agency (EMA) relies on MHRA, would lay the groundwork for a bilateral regulatory roadmap to emerge from the UK–India MoU and FTA negotiations.
- As suggested earlier, developing a shared regulatory “masterfile” to reduce duplication and accelerate product approvals across UK and India would be key. The UK’s new Regulatory Innovation Office can be leveraged for bilateral regulatory innovation.
- Integrating a risk-proportionate approach into future MoU deliverables can ensure that digital health, software, and AI products are assessed using adaptive, fit-for-purpose pathways.
- Engaging with the International Medical Device Regulators Forum (IMDRF) could enable the UK and India to align on diagnostics regulation, reduce trade barriers, and shape global standards — a strategic opportunity given both countries' current limited participation.
- While MHRA’s ambition to lead in AI and digital health regulation is widely welcomed, recent UK parliamentary discussions have raised concerns about its current capacity and independence — citing underperformance in post-market surveillance and delayed responses to safety alerts (Euro Roundup: Politicians call for ‘substantial reform’ of MHRA, 2025).²¹ With ~75% of its funding from industry, questions around regulator neutrality persist. In response to this, UK–India collaboration can be leveraged not only for platform diversification and regulatory innovation, but also for shared accountability standards, transparency, skills and robust safety oversight in fast-evolving domains like AI-enabled diagnostics.

Building Infrastructure for Scalable, Risk-Tiered, and Evidence-Led Innovation

- Developing a bilateral health data exchange framework and piloting interoperable electronic health records (EHRs) across NHS Trusts and select Indian state health systems can begin with pandemic-related surveillance and diagnostics. The UKHSA’s EDAP system offers a blueprint.
- Establishing joint pandemic response committees based on public–private models will help embed lessons from COVID-19 collaborations, such as the Oxford–Serum Institute partnership. Oxford Nanopore’s genomic sequencing hubs — active across 30+ UK sites — offer a scalable model now being explored for Indian metros.
- Building a UK–India Horizon Scanning and Innovation Prioritisation Hub — alongside joint EVA (Early Value Assessment) priority lists — would enable smarter, faster evaluation of high-impact healthtech, support shared foresight, and align emerging innovation with bilateral health priorities and would directly address the difficulties with horizon-scanning for emerging technologies in healthcare.
- India’s own HTA ecosystem is also evolving, with John et al. (2024) proposing a digital health evaluation framework tailored to Indian contexts.²² Aligning this with NICE’s Early Value Assessment process could strengthen evidence interoperability and reduce duplication across both systems.
- Applying a risk-based regulatory framework to distinguish low-risk wellness tools from high-risk clinical interventions. This tiered approach can prevent over-regulation while safeguarding safety, particularly as AI and wearables blur medical and lifestyle boundaries.

Utilising Trade and Strategic Platforms

- There is a need to formalise NHS innovation export pathways by supporting clinician-led ideas that can scale through Indian R&D and manufacturing partnerships. This builds on observed trends of frontline NHS innovation and India's capacity to commercialise cost-efficient solutions. Establishing shared IP frameworks and bilateral innovation programmes would help create sustainable dual-market pathways.
- ✓ Formalising and championing export pathways that connect NHS clinicians with Indian digital health teams for product co-creation. This builds on observed potential within the NHS for frontline-led innovation and India's capacity to scale. Similar pilots in regions like Saudi Arabia and the UAE highlight the global viability of this model.
- ✓ The ongoing UK–India Free Trade Agreement (FTA) discussions can be leveraged to formalise shared frameworks on life sciences trade, digital health product movement, and regulatory alignment.
- ✓ The UK–India Joint Economic and Trade Committee (JETCO), an active bilateral platform between the two countries, can also be used to promote bilateral investment in healthtech infrastructure and knowledge exchange.



The UK-India health partnership represents a strategic convergence of complementary strengths: Britain's regulatory expertise and clinical evaluation capabilities paired with India's frugal innovation model and digital scalability. As the NHS confronts mounting pressures requiring system-wide transformation, India's proven track record in cost-effective healthtech solutions offers a vital pathway forward. The proposed regulatory harmonisation framework, bilateral data exchange systems, and innovation corridors connecting regions like Hyderabad with Cambridge can accelerate both nations' health security objectives. Success demands moving beyond traditional diplomatic cooperation towards operational integration—establishing shared standards, joint evaluation frameworks, and streamlined pathways that transform bilateral potential into measurable health outcomes for both populations whilst positioning the partnership as a global exemplar.

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