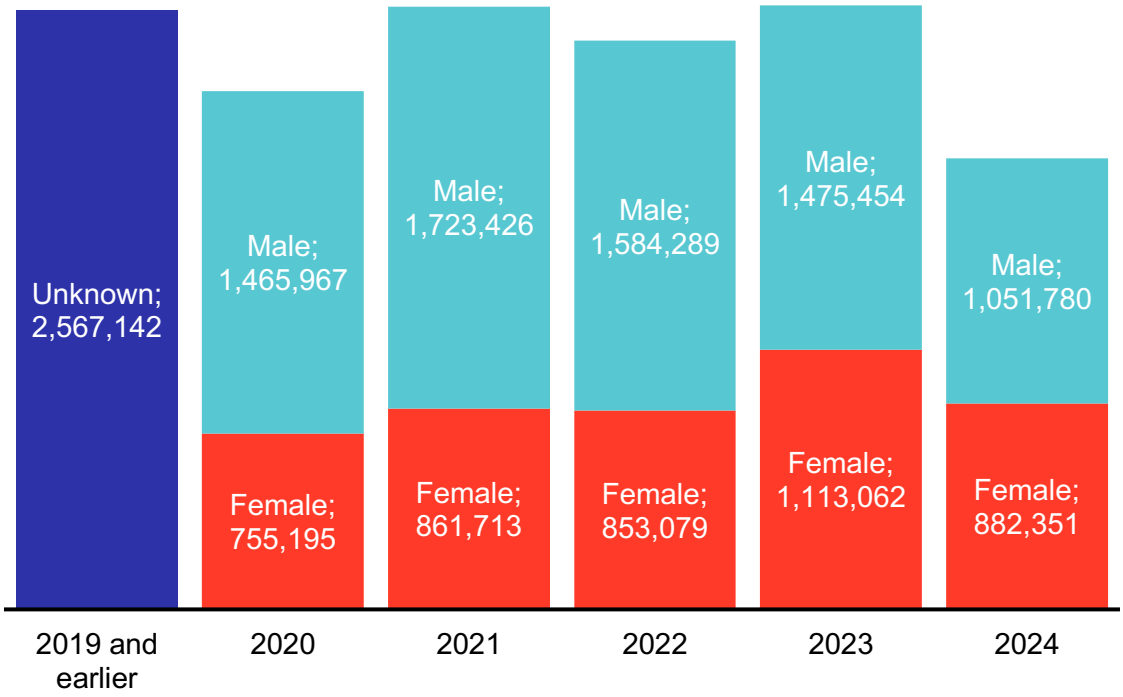
Prepared 09/05/25

The leading end to end healthcare platform for India, with the largest network of providers, hospitals, pharmacies, labs, and insurers.
[Visit the Medibuddy website]

I. FY2024 IMPACT METRICS

1. Unique patients by year and gender[1]

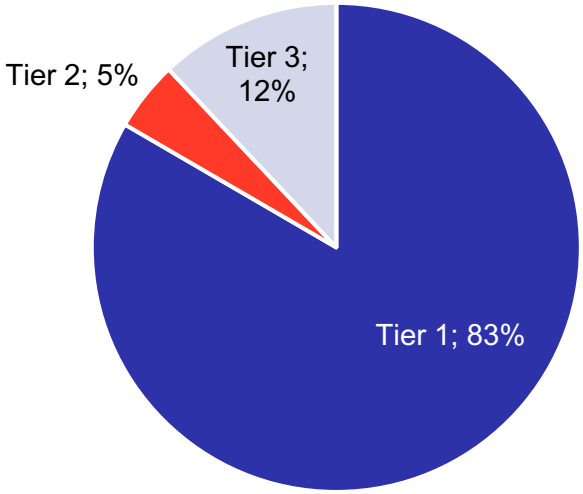
N = 1,934,131; 14,333,458 (cumulative)



[1] Breakdown on gender not available prior to FY2020

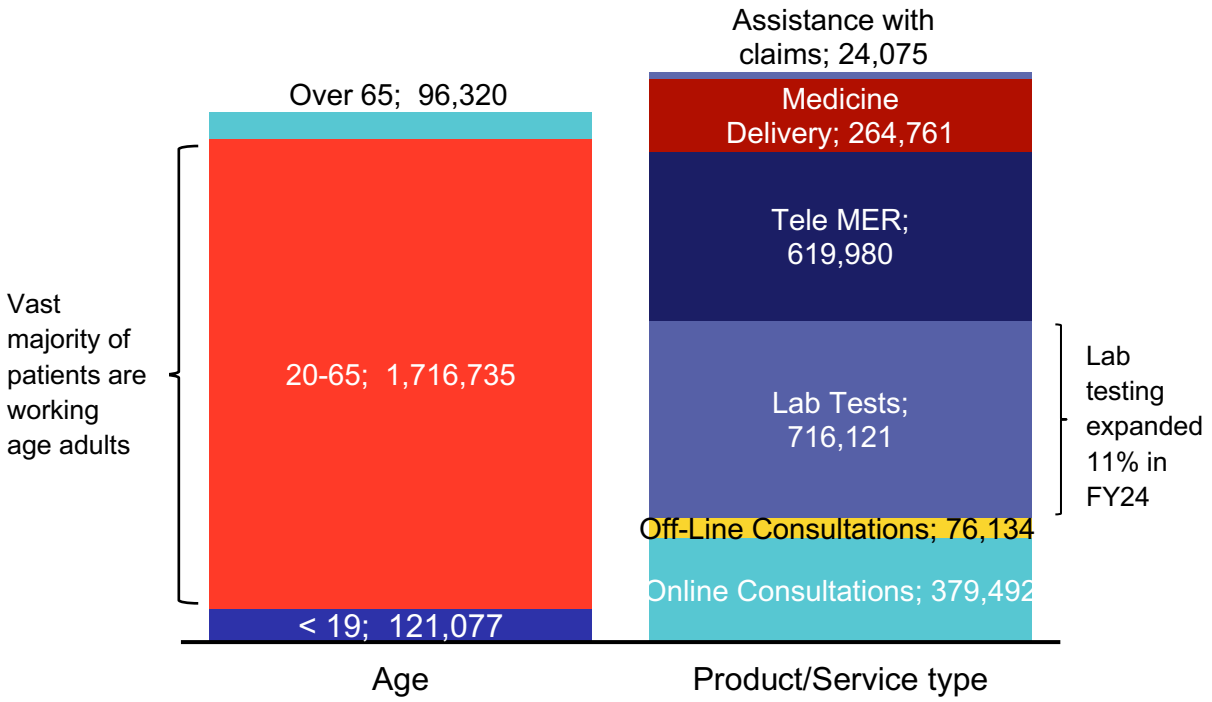
2. Unique patients by underserved status (2024)[2,3]

N = 1,934,131; 100+ cities represented



3. Unique patients by age and product service type

N = 1,934,131 (2024)

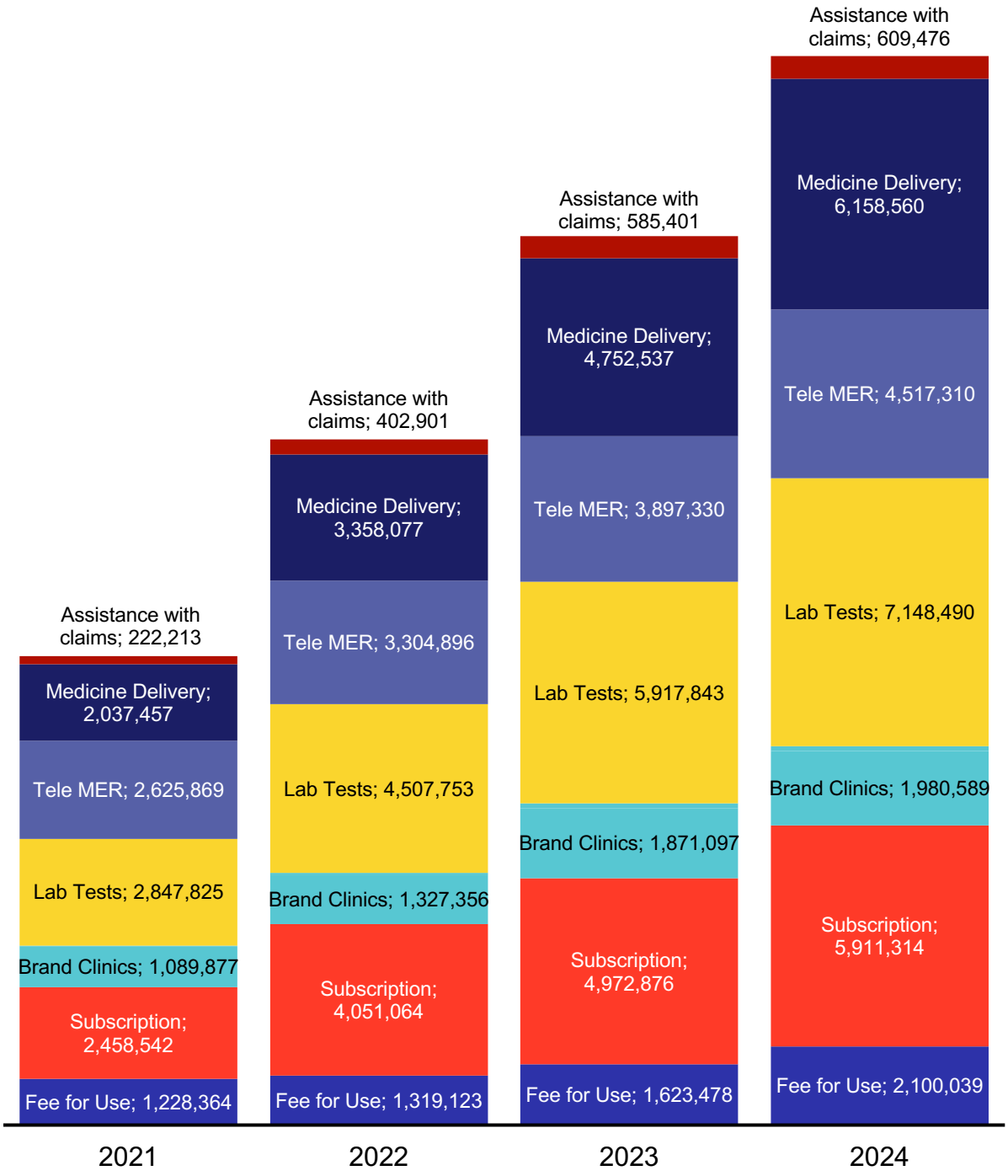


[2] Medibuddy defines underserved status based on the location of patients booking services. Tier 2, Tier 3, and Rural patients considered "underserved."

[3] The significant shift in patient mix toward Tier 1 cities in 2024 vs. 2023 was primarily driven by strong growth (30%+) in Medibuddy's B2B segment, whose patient population skews urban, and by a more modest decline in the retail business (down ~13%). We note that management anticipates the retail segment will recover to 2023 levels in the 2025 FY.

4. Patient services by Product/Service Type (Cumulative)[4]

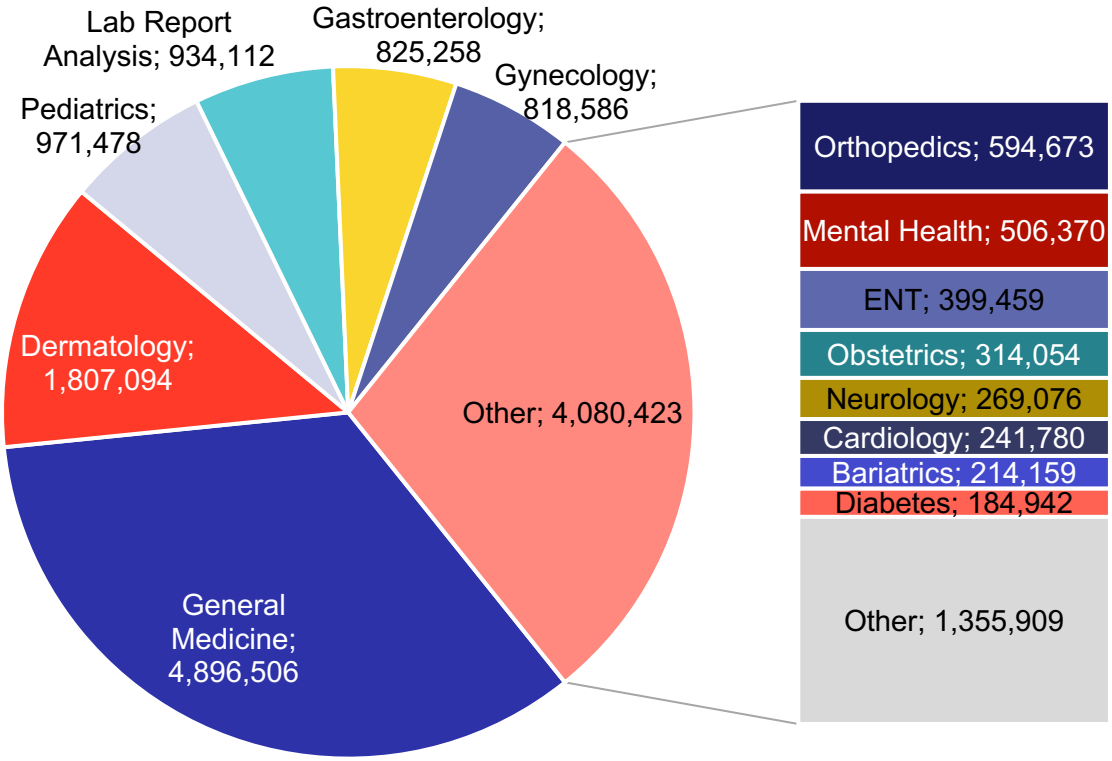
N = 4,817,966 (2024); 28,563,017 (cumulative)



[4] TeleMER refers to tele-interviews with patients to gather risk related personal information and medical history.

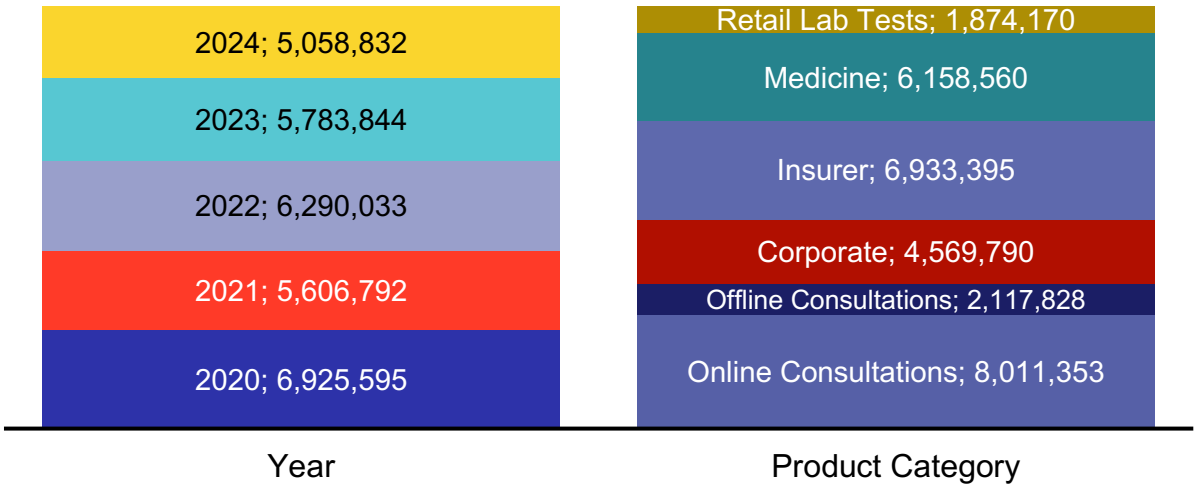
5. Unique Patients Profile by Disease (Cumulative)[5]

N = 14,333,458 (cumulative)



6. Units (Services) by year and Product Category (Cumulative)[6,7]

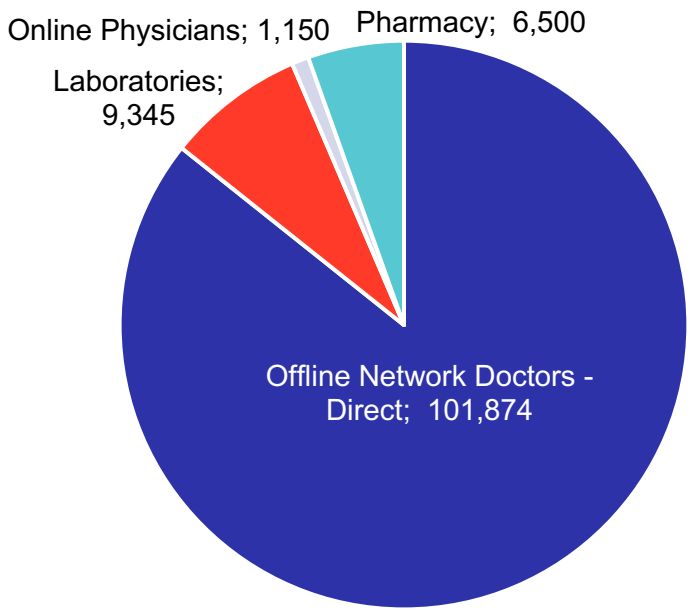
N = 5,058,832 (2024); 29,665,096 (cumulative)



[5] 27% of transactions were for primary care (pediatrics and general medicine)
[6] Transaction services by category equal to those by type. Insurer = (Labs – retail labs – corporate) +Tele Mer + assistance with claims
[7] Until FY2021, Medibuddy relied on third party aggregator to provide access to out of network physicians. In 2021, the company made the decision to focus on using providers from within their own network.

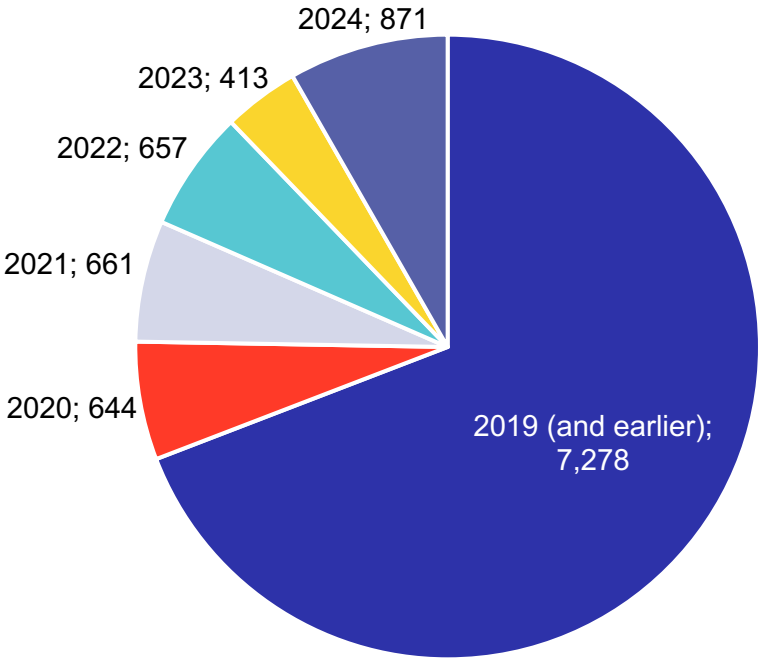
7. Provider Network Profile (Cumulative)[89]

N = 118,869 (cumulative)



8. Provider Training (number of people)

N = 10,524 (cumulative)



[8] Pharmacy total includes external partner pharmacies.
[9] Total network declined by 5,354 providers due to a laboratory network reduction of 54%.

II. EXPANDING MEDICAL ACCESS TO MANUFACTURING SECTORS IN INDIA

BACKGROUND:

Employee health and wellness in India's manufacturing industry is undermined by occupational hazards such as air pollution, noise, and chemical exposure, compounded by limited access to routine screenings and preventative services. As a result, workers face greater vulnerability to non-communicable diseases ("NCDs") like hypertension and cardiovascular illness, amplifying both individual and economic burdens. Between 1993 and 2025, the number of factories in India nearly tripled from 93,166 to 253,000 employing more than 14.6 million people. This rapidly expanding workforce faces not only acute workplace injuries linked to unsafe conditions, but also chronic illnesses driven by long-term exposure to extreme temperatures, toxic substances and pollutants.

In 2023, Medibuddy, partnering with large manufacturers, began supporting crucial **on-site** clinics for manufacturing workers. This expansion not only delivers timely care to India's manufacturing workforce, who face some of the **highest occupational injury rates globally**, but also offers **person-centered prevention, screening, and annual lab testing** services to a predominantly male workforce[10] that has historically encountered barriers to treatment.

This year, we will investigate the often underdiscussed topic of **workplace safety in the manufacturing sector**, explore the **benefits of extending healthcare services** directly to workplaces, and detail how **Medibuddy** is expanding these services while reducing financial burdens on the

[10] As discussed below, larger manufacturing companies, often referred to as the "formal sector" employ mostly males. Females are often employed by smaller entities (e.g. textiles), that utilize informal employment practices. Medibuddy's initiative to date has focused on the formal side of the manufacturing sector.

workforce through its innovative care model targeting a vital **lower- and lower-middle income population.**

Workforce injuries drive improvements in occupational health

"Make in India" was launched in 2014 with stated goals to increase manufacturing sector growth rates, create 100 million additional manufacturing jobs, and attract direct foreign investment to better position the country to offer an alternative to China (the so-called "China+1" supply chain risk diversification strategy). While the COVID-19 pandemic led to substantial challenges and many job losses, the Ministry of Statistics Annual Survey of Industries shows manufacturing employment rose 7.5% in FY2022-2023, putting the total number of workers at 2.2 million more than pre-pandemic figures.

Sector	2024 Revenue Estimate	Notes
Electronics & Semiconductors	$115B	Fastest growing manufacturing segment in India
Automotive & Auto Parts	$56.5B+	Primarily electric vehicles and their components
Pharmaceuticals & Biotech	$25B+ (exports)	Considered the "pharmacy for global health" - Improved production accuracy, traceability, and regulatory adherence
Metals & Minerals	≈$32 billion	India is the 2nd largest producer of aluminum, third largest lime producer. Mining sector grew by 7.5% in 2024
Chemicals & Specialty Chems	≈$220 billion (est 2022)	Employs estimated 2-5 million people, exports ≈$23.8 billion/year
Textiles & Apparel	≈$100-200 billion	Hires upwards 35 million people, and many more through informal contracts, **many of which are women**
Food & Beverage Processing	Exports ≈10.9 billion ≈13% of national GDP	Modern export oriented facilities are expanding for spices, ready to eat foods, juices and others. Informal and micro companies account for 75% of processing activities
Heavy Machinery & Engineering	Valued at $43.2 billion (FY22)	Mostly heavy electrical equipment worth upwards of $109 billion in exports per year

Unfortunately, occupational health in the manufacturing industry has not expanded as quickly as manufacturing capacity. Today, India has the highest annual occupational injury related rates globally, with an estimated **45,000 fatalities** (**45%** of the global burden), and **17 million non-fatal injuries** annually (**17%** of the global burden)[11,12]. Estimates suggest that

[11] Sau, A. et al. (2024) 'Global and Indian Scenarios of Fatal and Non-fatal Occupational Injuries: A Secondary Data Analysis', Indian Journal of Occupational and Environmental Medicine, 28(4), pp. 282–287. doi:10.4103/ijoem.ijoem_275_23.
[12] Masthi, N.R.R. (2017) NHPP22 – National Programme on Occupational Diseases Quadrant I. In: Mishra, C.P., Taneja, D.K. and Banerjee, B. (eds.) ePG-Pathshala Social Medicine and Community

productivity losses from occupational injuries and illnesses cost India **4.2% of their national GDP** – primarily due to worker absenteeism and disability. In the manufacturing sector, these impacts largely affect workers in their high productivity years, between 25-55 years old.[13] This represents a substantial burden to the nation from both economic and healthcare cost perspectives.

While India has a history of policies that aim to improve workplace safety and curb labor exploitation, enforcement of these policies by the government is weak due to poor oversight, and implementation by manufacturers has been uneven. Workers continue to suffer from occupational diseases such as silicosis and byssinosis (caused by cotton dust inhalation) at high rates[14], and work in unsafe environments where amputations and extreme heat exposure are common.[15,16,17] In the 2000s rising worker activism and NGO reports highlighted the unsafe conditions in garment manufacturing and construction industries, raising the profile of the issues faced by workers. In 2009, India established its first National Occupational Safety and Health ("OSH") policy and later digitized inspection and compliance in 2014. Further labor code reforms were implemented in 2020 creating a unified framework supporting stricter safety enforcement. Despite these reformation efforts, manufacturer compliance

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Health, pp. 1–12. New Delhi: University Grant Commission & Ministry of Human Resource Development, Government of India.

[13] Lai, J. et al. (2025) 'Global, regional and national burdens of occupational injuries, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019', Injury Prevention, 31(1), pp. 52–59. doi:10.1136/ip-2023-045149.

[14] Rupani, M.P. (2023) 'Challenges and opportunities for silicosis prevention and control: need for a national health program on silicosis in India', Journal of Occupational Medicine and Toxicology, 18(1), p. 11. doi: 10.1186/s12995-023-00379-1. PMID: 37434229; PMCID: PMC10337186.

[15] Anuja (2024) '"I feel dizzy but I can't stop": global heating is already making kiln workers' lives unbearable. And it will only get worse', The Guardian, 9 December. Available at: https://www.theguardian.com/global-development/2024/dec/09/global-heating-indian-kiln-workers-bricks-heat-stress-extreme (Accessed: 14 July 2025).

[16] Shukla (2022) "Workplace accidents: Inside India's 'factories of death.' BBC News. 4 Sept 2022. Available at: https://www.bbc.com/news/world-asia-india-62631699 (Accessed 4 Aug 2025)

[17] International Labour Organization (2014) Profits and poverty: The economics of forced labour. Geneva: International Labour Office. Available at: https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed_norm/%40declaration/documents/publication/wcms_379775.pdf (Accessed: 31 July 2025).

remains low, and few factories are inspected on an annual basis, undermining efforts to improve safety.[18,19,20]

Indian regulations and policies dictate a requirement for **on-site health facilities** and **emergency care at manufacturing sites** primarily to provide first-aid and initial stabilization of workplace injuries. Injuries caused by falling, crushed limbs, heatstroke, and respiratory distress due to chemical fumes and poor ventilation are among the most common and acute issues that require immediate medical attention.[21] In these circumstances, getting medical attention within the first hour is crucial to survival and limiting long-term damage. On-site clinics and rapid response systems therefore serve not only as life-saving measures for workers but also as critical safeguards that reduce the severity of injuries and prevent costly delays in treatment.

As workplace occupational health has become more available, mounting evidence shows employers who invest in improved workplace safety have

[18] Comptroller and Auditor General of India (2024) Compliance Audit – Part I: Chapter II, Report on Compliance Audit-II for the year ended 31 March 2022, Report No. 3 of 2024. Available at: https://cag.gov.in/uploads/download_audit_report/2024/Part-I-Chapter-II-Compliance-Audit-067d01d57c3a772.43574243.pdf (Accessed: 4 August 2025)

[19] Labour Bureau, Ministry of Labour & Employment, Government of India (2018) Report on Statistics of Factories 2018. Available at: https://labourbureau.gov.in/uploads/pdf/Stat_Factories_2018.pdf (Accessed: 4 August 2025).

[20] Unnikrishnan S, Iqbal R, Singh A, Nimkar IM. Safety management practices in small and medium enterprises in India. Saf Health Work. 2015 Mar;6(1):46-55. doi: 10.1016/j.shaw.2014.10.006. Epub 2014 Nov 4. PMID: 25830070; PMCID: PMC4371889.

[21] Masthi, N.R.R. (2017) NHPP22 – National Programme on Occupational Diseases Quadrant I. In: Mishra, C.P., Taneja, D.K. and Banerjee, B. (eds.) ePG-Pathshala Social Medicine and Community Health, pp. 1–12. New Delhi: University Grant Commission & Ministry of Human Resource Development, Government of India.

employees that are happier, are more likely to be retained, and are more productive than those that maintain unsafe practices.[22,23,24,25]

This competitive advantage has not only encouraged improvements in safety infrastructure in the relative absence of governmental oversight, but also has continued to draw attention to the hidden health risks that persist in many industrial settings. While workplace accidents might have driven the current need for on-site health clinics and ambulance services, it is often the unseen hazards and diseases that are the deadliest to the workforce.

The invisible threat - environmental and chemical exposures

According to the IHME Global Burden of Disease database, India has the highest number of deaths attributable to air pollution globally, driven by a national average particulate matter ("PM2.5") concentration of **35 µg/m^3**—nearly three times higher than the U.S. EPA's recommended annual limit of **12 µg/m^3**. In Uttar Pradesh, Haryana, and Delhi, air pollution has been known to exceed **130µg/m^3** which disproportionately impacts those

[22] Competition between small and medium enterprises (companies typically comprising <250 employees), which contribute to 45% of the nation's industrial output and 40% of their exports, drives improvements in occupational health. While this study did not look at the effects on large manufacturers (those with >500 employees), it is likely that these conclusions will extend to those entities as well.
[23] Dyreborg, J. (2024) 'Effectiveness of OHSAS 18001 in reducing accidents at work', Safety Science, 159, p. 105951. doi:10.1016/j.ssci.2022.105951.
[24] Prateek Kalia, Meenu Singla, Robin Kaushal; Human resource management practices and employee retention in the Indian textile industry. International Journal of Productivity and Performance Management 16 December 2024; 73 (11): 96–121. https://doi.org/10.1108/IJPPM-01-2022-0057
[25] ILMS Academy (2024) 'Building safer workplaces: key challenges and solutions in Indian manufacturing industry safety', ILMS Academy Blog, 8 May. Available at: https://www.ilms.academy/blog/safer-workplaces-indian-manufacturing-safety (Accessed: 14 July 2025).

manufacturing workers who work in these concentrated manufacturing areas.

Individuals with prolonged exposure to environmental pollutants are known to have a higher risk of morbidity and mortality related to major health issues, including respiratory disease, cardiovascular conditions, neurological disorders, and metabolic syndromes. While annual figures are not routinely reported, it is estimated that **160,000 deaths** are caused by occupational exposure to pollutants **in India**, including fine particulate matter (typically PM2.5), nitrogen dioxide ("NO_2"), and sulfur dioxide ("SO_2").[26] This data almost certainly an underestimate, and global estimates are as high as **8.1 million deaths** due to primary and secondary health issues caused by pollution. The chemical industry sector, where solvents and other noxious fumes are common, are also consistently listed as one of the **most hazardous** in terms of workplace injuries, as highlighted by state-level data from Gujarat Directorate General Factory Advice and Labour Institutes.[27]

As we will discuss below, many of these workers are men, a population that has been historically difficult to reach through traditional healthcare services.

The manufacturing workforce faces unique healthcare challenges

Approximately **80% of formal manufacturing** workers are **men** between the ages of **15-64** years old, a crucial statistic as this population has routinely been among the most challenging to reach for healthcare interventions. Men are well-known to be less likely to engage in healthcare for a variety of reasons, including[28,29]:

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[26] Fuller R, Landrigan PJ, Balakrishnan K, et al. Pollution and health: a progress update. Lancet Planetary Health. Published online May 17, 2022. DOI: 10.1016/S2542-5196(22)00090-0

[27] Paliath, S. 2023, 3 Workers Die Every Day In Indian Factories, Govt Data Show, IndiaSpend, 21 January, accessed 6 August 2025, https://www.indiaspend.com/special-reports/3-workers-die-every-day-in-indian-factories-govt-data-show-850083.

[28] Teo CH, Ng CJ, Booth A, White A. Barriers and facilitators to health screening in men: A systematic review. Soc Sci Med. 2016 Sep;165:168-176. doi: 10.1016/j.socscimed.2016.07.023. Epub 2016 Aug 1. PMID: 27511617.

[29] World Health Organization (2023) 'Reaching men with person-centred health services through evidence-based approaches and interventions', WHO News, 29 November. Available at:

1) **Social and gender norms** – Men often stigmatize illness care as showing "weakness," disincentivizing them from receiving routine care.
2) **Health system design, and opportunity costs** - Men often delay healthcare visits due to potential lost wages, as many healthcare services only operate during business hours.
3) **Risk perception and screening hesitancy** – Men routinely report lower perceived health risk, a fear of diagnosis, and fatalistic attitudes, which all contribute to lower uptake of preventative and screening services.
4) **Poor targeting by health outreach programs** – Many global health programs historically have focused heavily on women's health (including maternal and child health), and do not encourage programs that target male specific messaging or outreach.

It is clear from both the increase in pollution-related illnesses, and the ongoing challenges reaching men in the manufacturing sector, that there is a need to improve health-seeking strategies to provide greater occupational and preventative care, ideally through person-centered care models, and ideally, as well, at their place of employment. For many employees, this could represent substantial improvements in their lives. Such a **person-centered approach** also provides availability of routine services for individuals who are between low and middle-class incomes – those that don't qualify for free government health services – but struggle to afford private health services by themselves.

Despite the cost, government estimates suggest that between **66%-70%** of Indians rely on the private sector for their healthcare – driven by well-founded perceptions of superior access, convenience and quality of care. Compared to public sector staff, private practitioners spend approximately 3x longer with their patients,[30] provide more frequent exams, are more

https://www.who.int/news/item/29-11-2023-reaching-men-with-person-centred-health-services-through-evidence-based-approaches-and-interventions (Accessed: 4 August 2025).

[30] Bhatia, J. and Cleland, J. (2004) 'Health care of female outpatients in south-central India: comparing public and private sector provision', Health Policy and Planning, 19(6), pp. 402–409. doi:10.1093/heapol/czh055.

likely to explain the diagnosis to the patient, and have shorter wait times with better stocked pharmacies than their public sector counterparts.[31,32] But this preference comes at a cost. At the national level, approximately **80%** of outpatient care procedures are conducted in the private sector, where costs are substantially higher—an estimated **12 times** greater in private hospitals and **7 times** greater in private clinics—compared to public facilities. Because patients often need to provide full payment at the point-of-care, families borrow money or sell assets to pay for healthcare, potentially leading to financial catastrophe. Currently, over **60%** of all healthcare spending in India is paid directly out of pocket by families – one of the highest rates in the world.

This impact has real economic consequences for the country. Estimates suggest that upwards of **55 million people** are pushed below the poverty line every year in India due to these healthcare costs,[33,34] and **49%** of Indian households suffer from catastrophic healthcare expenditures ("CHE") (defined as spending >10% of annual income on health)[35].

Currently, Medibuddy's manufacturing sector initiative focuses on formal sector employees, it is important to note that the **informal sector** comprises between **70-80%** of the manufacturing jobs in India. Informal workers are exposed to many, if not more, of the same environmental and occupational pollutants as workers in the formal private sector, yet lack the supportive healthcare services. Women tend to occupy a higher proportion of jobs in the textiles, tobacco, and electronics industries, all of which regularly rely on informal hiring practices. Therefore, while

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[31] Ruairí Brugha, Anthony Zwi, Improving the Quality of Private Sector Delivery of Public Health Services: Challenges and Strategies, Health Policy and Planning, Volume 13, Issue 2, 1998, Pages 107–120, https://doi.org/10.1093/heapol/13.2.107

[32] Basu, S., Andrews, J., Kishore, S., Panjabi, R. and Stuckler, D. (2012) 'Comparative performance of private and public healthcare systems in low- and middle-income countries: a systematic review', PLoS Medicine, 9(6), p. e1001244. doi:10.1371/journal.pmed.1001244.

[33] Sriram S, Albadrani M. Impoverishing effects of out-of-pocket healthcare expenditures in India. J Family Med Prim Care. 2022 Nov;11(11):7120-7128. doi: 10.4103/jfmpc.jfmpc_590_22. Epub 2022 Dec 16. PMID: 36993034; PMCID: PMC10041239.

[34] Hooda SK. Out-of-pocket Payments for Healthcare in India: Who Have Affected the Most and Why? Journal of Health Management. 2017;19(1):1-15. doi:10.1177/0972063416682535

[35] Syenza News (2024) 'Addressing financial hardship in healthcare: A focus on older informal workers in India', Syenza News, 9 September. Available at: https://news.syenza.com/financial-protection-in-healthcare/ (Accessed: 14 July 2025).

underrepresented in the formal sector, women make up over **40% of the informal manufacturing sector**. **We believe that as workplace protections expand in India, greater attention should also be placed on these individuals through targeted strategies**.

In the following section of this report, we will discuss how Medibuddy is providing new opportunities for the manufacturing sector workforce, paid for by the employer to gain access to high quality healthcare services through on-site occupational health clinics that not only cover acute workplace injuries, but also chronic and non-communicable diseases ("NCDs") that plague manufacturing workers. Expanded person-centered healthcare models can help identify the patient's broader health needs, and, through prevention services and annual laboratory screening events, continue to monitor those needs. These on-site clinics expand the impact of Medibuddy's services and provide opportunities to reach new, underserved cohorts with their digital health technology.

Tackling the problem

Medibuddy is recognized as India's largest "full stack" digital healthcare platform with a mission to make high quality healthcare accessible to all Indians, through an affordable and convenient digital health system. The company leverages AI, teleconsultations, diagnostics, medicine delivery, insurance integration, and mental health support to provide care across the country. To support their mission, Medibuddy is helping to drive the national "**insurance for all by 2047**" strategy by building the backbone for

a cashless, tech-enabled, and fraud resilient healthcare delivery. Recently, Medibuddy and the Confederation of Indian Industry ("CII") crafted a report outlining the progression from the current situation of episodic care, to one grounded in "always-on, digital-first" health ecosystems. An analysis using Medibuddy data examined the impact of a transition from a reimbursement-heavy healthcare model, one where patients incur up-front costs and then submit reimbursement claims, to a "cashless-first" approach. This analysis revealed:

- **a 46%** reduction in total healthcare expenditure;
- **a 51%** lower average cost per claim;
- **reduced healthcare** spending by the employer; and
- **a 60%** reduction in claims processing time.

In 2024 Medibuddy pushed to expand their B2B offerings forging partnerships with over **700 corporate clients** to deliver digital health services to employees and their families, meaning over **5,000,000 people** now have access to Medibuddy's care network through B2B programs. These offerings currently consist of:

- **6,500** pharmacies covering **19,000** zip codes;
- **9,345** laboratories; and
- **101,000+** clinicians.

Through this network Medibuddy and their corporate partners provide support for lower-middle class employees who: a) struggle to pay for private services; b) are among the most vulnerable when it comes to catastrophic financial expenses from healthcare needs; and c) who previously had limited access to clinics and prevention services. Many of Medibuddy's manufacturing sector agreements are first-time customers, and the company works with the employers to craft smart healthcare options that are tailored to the needs of the company staff, bringing not only trauma and occupational care, but also prevention services and detailed annual checkups with blood analysis. The other services are important offerings, given estimates that over **70% of employees** exhibit at least one life-style related health risk such as high blood pressure or high blood

sugar that contribute to multiple, often interrelated NCDs.[36] Collectively, these illnesses are related to **63%** of all deaths in India.

In 2024, Medibuddy created approximately **350** occupational health clinics across multiple geographic states. These clinics can now serve as touchpoints for patients, many of whom travel considerable distances to reach their manufacturing site, and who may not be able to easily access routine medical care due to weekday work obligations and concerns regarding lost wages. Annual check-ups and preventative care offered by MediBuddy are especially important for the manufacturing sector, where workers face regular exposure to **high temperatures, chemicals**, **fine particles**, **extreme noise, and other forms of workplace pollution**.

For those patients that require routine medication, Medibuddy offers options for delivery at the place of work, to a local pharmacy, or to a person's home. In **2024**, Medibuddy supported **6.2 million** medicine deliveries, a **22.5%** increase over the number of deliveries in 2023, and more than **3x higher** than in 2021. The services requested through the Medibuddy App highlight the considerable demand for NCD-related tests. Of the ten most requested lab health checks, six are directly related to NCDs, diabetes, thyroid disorders, liver disease, and cardiovascular risks. Additionally, the pharmaceutical orders indicate:

- **28%** are anti-inflammatory/analgesic;
- **22%** are gastric related medications;
- **13%** are respiratory related; and
- **12%** are related to cardiac issues.

These figures highlight not only the importance of Medibuddy's services, but the vast opportunity for the manufacturing sector to impact more lives in the future.

[36] Oxfam India, "Inequality Report 2021: India's Unequal Healthcare Story."

Looking towards the future

It is difficult to overstate the importance of expanding routine, preventative, and annual checkups provided to working class individuals. With many formal manufacturing sites in India moving outside of major city centers due to land availability, lower costs, and the need for greater space, blue collar workers more frequently need to travel by bus to reach their destination, limiting the time they have available to access basic healthcare services. Expanded services, such as those supported by Medibuddy through occupational health clinics, is known to result in **20-25%** fewer sick-leave days, thereby improving worker productivity.[37] Through ongoing engagement with corporate manufacturers seeking to personalize service offerings based on the needs of employees, Medibuddy is helping to change a corporate culture in India that historically has been characterized by challenges such as high-risk working environments, limited awareness of preventative healthcare, access barriers for informal and contract

[37] 45. Aon, “Global Wellbeing Survey 2023-24 - India Insights.”

workers, and a focus on productivity over well-being.[38,39] Medibuddy's efforts seek to shift healthcare from being reactive to proactive, identifying NCDs earlier, and supporting preventative treatment and management strategies to reduce disabilities and healthcare costs over the life of the patient.

Reaching those left behind

While occupational and preventative health clinics for formal manufacturing workers have expanded over time and are an important opportunity for future expansion of the business, we would be remiss if we didn't also highlight the challenges faced by informal workers in the manufacturing sector. This cohort makes up an estimated **80%** of India's manufacturing workforce, who are subject to far fewer regulations and protections, but still exposed to hazardous working conditions, industrial pollutants, and repetitive strain injuries. While national statistics are not available, a local study in Karnataka indicated a **22% occupational injury rate** among adults in the informal manufacturing sector, with over half occurring in either the agricultural or garment industries.

If this data is indicative of national challenges, it makes women a key demographic in need of future support, as they tend to dominate the workforce in both of those industries. Statistically, women are more likely to be engaged in the informal manufacturing sector, making up approximately **43%** of all informal workers, and **91%** of informal agricultural workers[40,41]. While women are more likely to attend a clinic or hospital than men, those that lack employer-provided social insurance, paid vacation, and

[38] I. J. R. A. S. E. T. (2020) "Occupational Safety and Health Practices in Manufacturing Industry in the North India," International Journal for Research in Applied Science and Engineering Technology IJRASET. doi: 10.22214/IJRASET.2020.6371.
[39] Suri S, Das R. Occupational health profile of workers employed in the manufacturing sector of India. Natl Med J India. 2016 Sep-Oct;29(5):277-281. PMID: 28098082.
[40] Tiwari, S. (2023) 'The informal economy of India and women', TankhaPay Blog, 22 February. Available at: https://www.tankhapay.com/blog/the-informal-economy-of-india-and-women/ (Accessed: 4 August 2025).
[41] Dhamija, D. (2023) 'How many women does India's manufacturing sector employ?', India Development Review, 8 March. Available at: https://idronline.org/article/gender/how-many-women-does-indias-manufacturing-sector-employ/ (Accessed: 4 August 2025).

healthcare, are still more likely to delay care and endure catastrophic health related costs compared to their counterparts in the formal sector.[42]

While India should be commended for initiating a series of programs to establish a limited national insurance scheme for the informal workers and poor households, many gaps remain, and uptake of services continues to be low. We believe there are opportunities for Medibuddy to partner with state and national government to provide healthcare services to informal workers. Such partnerships would help reduce the amount of out-of-pocket expenses for healthcare and eliminate the cycle of illnesses leading to catastrophic financial situations for informally employed individuals.

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Medibuddy's expansion to occupational health clinics through corporate manufacturing partners, is expanding opportunities to more proactively address both acute injuries and chronic illnesses among factory workers through annual blood checkups, prevention services, and medication to help control and manage NCDs. In this setting, acute injuries can also be dealt with promptly on-site with triage to emergency care as needed. These collective efforts over time should help to reduce morbidity and mortality in the sector, and drive down costs for workers, employers, and the nation at large. We are excited to watch Medibuddy continue to grow this initiative, and believe that over the course of time, it will be well situated to design and deploy innovative healthcare solutions for both the formal and informal sectors.

[42] Chowdhury, P., Singh, A. Are Informal Older Workers Utilizing Less Healthcare Services? Evidence from the Longitudinal Ageing Study in India, Wave-1. Population Ageing 17, 721–749 (2024). https://doi.org/10.1007/s12062-024-09458-5