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Dear Friends,

We are delighted to present to you the June edition of the monthly newsletter by the [Lancet Citizens' Commission on Reimagining India's Health System](#). This month, we spotlight the continued urgency of building heat resilience across India, learnings from the conference titled 'India 2047: Building a Climate-Resilient Future.' Maharashtra's struggle with low birth weight rates highlights persistent gaps despite economic progress. At the global level, the World Health Assembly's pandemic agreement aims to strengthen future emergency governance—but raises important equity questions. Other pieces explore the cross-border nature of zoonotic disease spread. The newsletter examines how Indian women are increasingly asserting agency over their health, with pharma companies rushing to respond, and on International Day of Action for Women's Health, experts reiterated why investing in women's health is non-negotiable. Meanwhile, elderly-focused care remains a demographic necessity, especially as multimorbidity and rural climate stress intensify. Lastly, new research calls for attention to urban–rural equity in India's public health spending—crucial for achieving universal health coverage.

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Views & Opinions

[Focus on heat-resilience despite the monsoon](#)

At a national conference on climate and health



titled 'India 2047: Building a Climate-Resilient Future', recently, a trade union leader shared the lived reality of garment workers in sweltering factories, while a climate modeller spoke about wet-bulb temperatures — two equally important perspectives that are reflective of science and the lived reality. The conference showed the power of unlikely collaborations: paediatricians with architects, maternal health experts with city engineers, and academicians with policymakers, *write Nitya Mohan Khemka and Indu K. Murthy.*



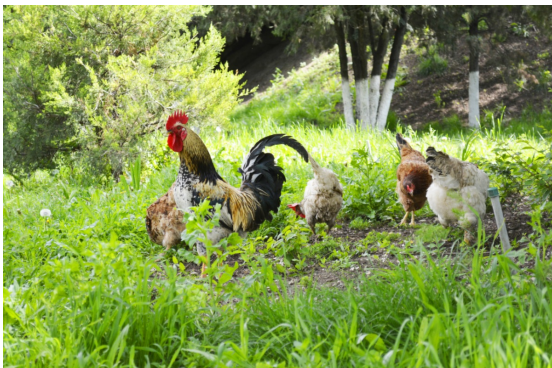
Maharashtra records high number of low birth weight babies despite economic progress

Along with Uttar Pradesh, Bihar and West Bengal, Maharashtra accounts for nearly 50% of the low birth weight babies born in the country, according to a review article published in BMJ Global Health, an Indexed journal that carries peer-reviewed articles. [...] The study's authors, including S V Subramanian from Harvard Centre for Population and Development Studies, said, "Despite the overall progress, the persistence of high prevalence of low birth weight in certain states highlights the need for ongoing efforts to address maternal and neonatal health disparities."



Geopolitics and Health Equity: A Complex Interplay

A pandemic agreement, laying out principles of governance to tackle future health emergencies was recently adopted at the World Health Assembly on May 20, endorsed by 124 countries. The result of three years of negotiation, the agreement aims at strengthening global cooperation in pandemic preparedness and response through equitable distribution of vaccines, diagnostics, and treatments, *writes Sandhya Venkateswaran.*



Crossing borders: Tracking the spread of zoonotic diseases

India is grappling with a deepening public health challenge, driven by shifting climate patterns and rising ecological disruptions. Zoonotic diseases, once sporadic and geographically contained, are now spreading across borders with greater speed and reach, threatening the health of both humans and animals and testing the limits of the country's healthcare systems. According to the World Health Organisation (WHO), zoonoses constitute a large percentage of new and existing diseases in humans across the world, *writes Udbhavi Balakrishna.*

Indian women are increasingly taking charge of their health and pharmaceutical majors are racing to meet their needs

The modern, empowered Indian woman is not whispering her needs anymore. She is owning her voice, and her health. Fuelled by increasing

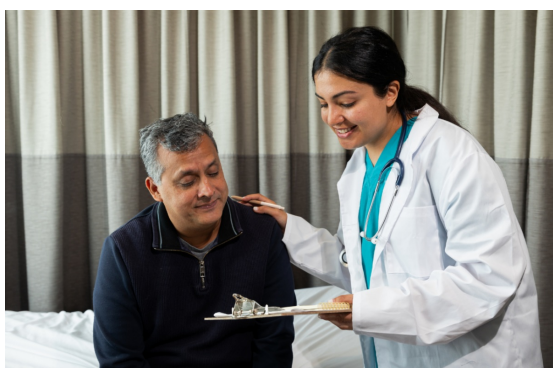


awareness, greater access to information, and a growing demand for autonomy over her well-being, she is transforming the healthcare landscape. In response, the Indian pharmaceutical sector is stepping up, *writes* Neetu Chandra Sharma.



[International Day of Action for Women's Health: Why investing in women's health is important](#)

The nation's strength lies not only in the infrastructure, or the GDP, but in the well-being and health of its people, especially the health of women. Access to women's healthcare services is not only a moral imperative but a strategic one. It helps in improving the well-being of women and reducing gender-based health disparities. Women are generally the primary care givers for their families, and their health influences the well-being of those around them, *writes* Rajeev Sibal.



[Elderly-focussed health care is a demographic imperative](#)

India's elderly face a health care ecosystem marked by structural gaps. A majority of the services are scattered and disjointed, leading to lack of coordination. India stands at a critical demographic crossroads — by 2050, the share of the elderly in the national population will double from 10.1% (2021) to 20.8%, fundamentally reshaping our social fabric and health care needs. This shift will disproportionately affect women and the oldest-old as they form increasingly larger proportions of this population, *write* Anupama Datta and Ritu Rana.



[How climate change is worsening physical and mental stress in rural India](#)

As the world turns its attention to carbon emissions and global temperature rise, a quieter yet devastating health crisis is unfolding in rural India, one that is deeply intertwined with climate change but rarely acknowledged. From heat-induced strokes and kidney failures to growing mental distress, experts warn that the human cost of extreme weather, especially on women, is rising sharply. [...] With each passing summer, doctors are seeing a surge in strokes, particularly among outdoor workers, *writes* Daphne Clarence.

Resources

[Benefit Incidence of Public Health Expenditure in India: Urban–Rural Equity Matters for Universal Health Coverage](#)

Benefit incidence analysis (BIA) is a tool to estimate the equity of healthcare benefits accrued to individuals across socio-economic groups. The results help to

illustrate the extent of the effectiveness of public health resource allocation on public health by the government in meeting the needs of vulnerable populations. This article represents the most recent BIA completed in India and presents an analysis of the distribution of public spending in outpatient and inpatient care, write *Jeetendar Yadav, Denny John, Rajaram Yadav, Dolly Kumari, and Priyanka Yadav*.



Modeling the spectrum and determinants of multimorbidity risk among older adults in India

India is passing through a parallel phase of demographic and epidemiological transition coupled with the shifting burden of multimorbidity. Unhealthy ageing and escalating morbidity burden have been identified as key drivers of this shifting multimorbidity risk among older adults in India. This study aims to assess the distribution of morbidities and multimorbidity, provide new estimates of multimorbidity risk by socio-economic and demographic factors and further evaluate the multimorbidity count risk conditioned on leading factors, write *Ajay Kumar and Bharti Singh*.



Featured Partner



SEWA (Self Employed Women's Association)

is the single largest Central Trade union with a membership of over 2.9 million poor, self-employed women workers from the informal economy across 18 states in India. The SEWA approach is to address the needs of the worker as a laborer, as well as a woman with new and innovative ways to fight poverty and vulnerability.



Help us develop a roadmap to achieve universal health coverage in India by visiting our website: <https://www.citizenshealth.in/>

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