

EXECUTIVE SUMMARY

THE LANCET COMMISSION ON A CITIZEN-CENTRED HEALTH SYSTEM FOR INDIA

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India stands at a pivotal moment in its journey towards universal health coverage—a crucial component of the Government's *Viksit Bharat* vision to elevate it to the status of a developed country by 2047, 100 years since its formation as an independent nation. At this juncture, there is unprecedented political will for reform and sustained economic growth, creating a window of opportunity to advance transformative change and for India to leapfrog to a new health-care paradigm: a universal, citizen-centred, and technology-driven system that dissociates affluence from access to high-quality, comprehensive health care. The *Lancet* Commission on a citizen-centred health system for India was established in December, 2020, to identify the reforms needed to realise this vision. Our analyses are rooted in the lived experiences, expectations, and preferences of the people of India and guided by the principle that they enjoy a universal, fundamental, and inalienable Right to Health, and that the Government must be accountable for financing and operating the public sector and stewarding both the public and private sectors. To this end, the Commission engaged a diverse spectrum of expertise and drew systematically upon existing and new research to arrive at our recommendations.

This report presents a key shift in the conventional narrative of the barriers to realising universal health coverage (UHC) in India: these are no longer driven by a lack of political will, underfunding, inadequate human resources and physical infrastructure, or low demand for health-care services. Instead, uneven quality of care, inefficiencies in spending, fragmented delivery, inadequate design and implementation of financial protection programmes, and poor governance emerge as key challenges.

Our clarion call is for an integrated, citizen-centred health-care delivery system that is publicly financed and publicly provided as the primary vehicle for UHC, while shaping the private sector to leverage its strengths.

Variations in State and district health systems highlight the importance of decentralised processes in health system design, implementation, and evolution. Recognising this, we present our reforms as options for Governments to choose from based on local realities, consultations with civil society and health-care providers, and refinement through continuing evaluation.

GUIDING PRINCIPLES OF THIS COMMISSION

Several guiding principles underscore our reimagination of the health system:

- A transition from a facility-centric, reactive, and fragmented delivery system focused on specific diseases towards a comprehensive, coordinated, citizen-centred health system
- A transition from citizens being passive recipients of services to becoming active agents with rights who are engaged in the health system
- A transition from focusing merely on physical access to health-care services to ensuring high-quality health care that treats everybody with respect and dignity
- A transition from centralised governance to decentralised, citizen-centric governance informed by robust, comprehensive, and timely data that report local population-level outcomes
- A transition from providing weight to only professional qualifications to emphasising provider competencies, values, and motivations, and empowering frontline workers and practitioners of Indian systems of medicine (eg, Ayurveda, Yoga, Unani, Siddha, and Homeopathy)
- To responsibly and ethically leverage the power of innovative technology to support the reimagined health system and deliver citizen-centred care
- To explicitly acknowledge rights and health equity as a core value of universal health coverage and the reduction of inequities as a measure of progress across universal health coverage goals

PROGRESS AND CHALLENGES ON THE ROAD TO UNIVERSAL HEALTH COVERAGE

Recognising achievements while confronting inequities and emerging challenges

India has achieved remarkable improvements in life expectancy, maternal and child survival, and the control of infectious diseases. At the same time, progress has been uneven across States and districts, income groups, geographies, marginalised castes, tribes, and genders. Additionally, the rapid rise of non-communicable diseases accompanying population ageing, mental health conditions, antimicrobial resistance, and climate change present formidable health system challenges.

Expanding access while strengthening quality

Large-scale Government initiatives, such as the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), Ayushman Arogya Mandirs, the Ayushman Bharat Digital Mission, the e-Sanjeevani telemedicine platform, deployment of multiple cadres of medical and allied health professionals, and the establishment of new tertiary hospitals and medical colleges across the country, together with a vibrant private sector, have expanded coverage and are reshaping the delivery of care. India has achieved self-sufficiency in essential medicines and diagnostics through both public and private sector manufacturing and delivery, while nurturing a growing domestic biotech and medical technology industry. Yet, uneven care quality limits the value of expanded access and has resulted in low-value care. The conceptualisation and implementation of comprehensive primary health care have fallen short of meeting people's needs. Without care coordination, citizens are left to fend for themselves and obtain discontinuous care of uncertain quality from a myriad of providers, often at expensive hospitals rather than primary health-care facilities, undermining continuity, equity, and efficiency.

Increasing spending bolstered by the need for greater efficiency

Government spending on health has risen in absolute terms and is increasing in several States, with particularly strong growth during the COVID-19 pandemic. However, health expenditure, as a share of gross domestic product, remains low and has not grown in line with India's overall economic growth. Fragmented budgets, their suboptimal allocation, inefficient utilisation, and rigid financing mechanisms have constrained system responsiveness and weakened institutional capacities, especially at decentralised levels. The predominance of line-item budgets (in the public sector) and fee-for-service (in the private sector) as payment methods has limited the health system's flexibility to tailor services to population needs and promote rational care.

Enhancing financial protection

Financial risk protection has improved over the past decade, with expansions in affordable care and insurance coverage through the AB-PMJAY (covering 600 million people) and its State-level counterparts. However, insurance schemes are focused on hospitalisation, overlooking outpatient and chronic care. Consequently, out-of-pocket expenditure, driven by the costs of medication and diagnostics, remains a leading cause of financial hardship, especially for lower-income groups.

Building on citizen engagement and community action for health

India has pioneered models of community engagement. The National Health Mission (2013) and the National Health Policy (2017) have emphasised people's participation in universal health coverage through ongoing initiatives such as the Accredited Social Health Activist programme and Community Action for Health. The success of these initiatives can be reinforced by continued efforts to address information asymmetries and power imbalances and enhance accountability through citizens' engagement in governing health.

Effecting better regulations and responsive governance

The Government's digital e-governance tools and digital public infrastructure offer opportunities to strengthen accountability and trust, but require scaling-up and alignment with citizen priorities. Despite an array of health regulations covering payers, providers, and patients' rights, limited State capacity for oversight and enforcement, regulatory capture, and misaligned incentives have reduced their effectiveness. Shortfalls in timely and reliable health system data and weak health research networks are barriers to responsive governance.

A CITIZEN-CENTRED HEALTH SYSTEM

Reform action 1: enable meaningful citizen engagement by firmly building the health system upon people's participation

The existing platforms of local Government and civil society collectives must be strengthened with financial investments and capacity strengthening. Citizen participation should include access to adequate and timely information about entitlements, their health system's performance, how and where to seek care, and available recourse when rights are denied. It should also enable citizens to engage in health-promoting behaviours; share care experiences in ways that meaningfully inform priority-setting, governance, and purchasing decisions; and access to robust grievance redressal mechanisms, including a citizen-led complaints ombudsman. The health system must commit to addressing inequities arising from social determinants of health by prioritising the most vulnerable, integrating social services within health-care settings, and implementing regulations and grievance mechanisms against discriminatory practices.

Reform action 2: implement a citizen-centred health system through financing, purchasing, and service-delivery reforms in the public sector

The Government should increase health spending at the national and State levels, and enhance Central Government transfers of funds to States with large deficits and low fiscal capacity. Additional funds for UHC can be mobilised by enhancing tax-based allocations, consolidating fragmented health budgets to improve efficiencies of both existing and new funds, and expanding the Employees State Insurance Scheme (ESIS) to cover the entire formal sector, ultimately merging ESIS funds with tax resources. To enhance accountability, there is a need to implement a comprehensive purchaser-provider split and strategic purchasing by extending the legislative mandate, capacities, and autonomy of the National Health Authority and State Health Agencies, governed by a board representing diverse stakeholders (including citizens' groups), enabled for accountability, transparency, participation, and consensus-building.

The public sector should implement a decentralised, technology-enabled Integrated Delivery System (IDS) built upon the foundation of population-based comprehensive primary health care. The coordinating

node of each IDS unit could be a Government secondary hospital that strategically purchases primary health-care services from a network of affiliated public sector primary health-care providers throughout the hospital's catchment area and establishes referral linkages with tertiary hospitals and specialty services, including the private and not-for-profit sector. Community-based multidisciplinary teams with technology aids would be responsible for a defined catchment population enrolled with unique digital patient identification numbers, offering comprehensive, continuing, outreach-focused primary health care. Once primary health care achieves adequate quality, it will serve as a gatekeeper for higher levels of care. Digital technologies would support early diagnosis, clinical decision-making, referrals, and care coordination by health-care providers across the IDS. To motivate providers to deliver high-quality care, payment mechanisms would transition from current line-item budgets or case-based payments towards global budgets for secondary hospitals and capitation-based blended payments for primary health-care providers, supplemented with facility-based, team-based, or performance-based incentives.

Reform action 3: engage the private sector to align with UHC goals

India's private sector accounts for the majority of outpatient consultations and a substantial share of inpatient care, and the sector must be leveraged as a crucial partner in the country's UHC journey. Integrated care principles, along with the use of incentives, regulation, and competition, are essential for ensuring high-quality, cost-effective, and non-inflationary private sector care. This approach should prioritise disease prevention and continuing care for chronic conditions to optimise health outcomes, facilitate a network of providers and care coordinators, and transition provider payments from fee-for-service to a blended model incorporating capitation, global budgets, and value-based payments. Accompanied by necessary regulatory mechanisms to ensure patient rights, accountability, provider payment reforms, and price setting, voluntary health insurance should be used to pool and prepay for private sector services and require insurance products to cover all aspects of health care, including outpatient care, medicines, and diagnostics. To facilitate this, regulatory hurdles in insurance legislation that require large amounts of capital and prevent insurers and providers from incorporating integrated care principles would need to be addressed.

Reform action 4: invest in and scale up diverse technologies to catalyse all the reforms needed for UHC

This Commission embraces the convergence of advances in biotechnology, artificial intelligence, and digital public infrastructure—exemplified by the country's salutary capabilities to manufacture vaccines for the world and its digital platform for tracking and containing the pandemic—to offer a historic opportunity to realise UHC, relying almost entirely on domestic resources. The deployment of digital technologies can catalyse many of the reforms proposed by the Commission, for example to facilitate the integration of diverse, registered health-care providers with multiple types of payers and patients, facilitating health data exchange, structured care coordination, and communication among them. The rapid and widespread deployment of technologies, such as artificial intelligence and genomics, as well as capital-efficient technology innovations, can drive the health system towards point-of-need delivery of advanced diagnostics, preventive care, and citizen-centred care. Digital platforms could construct a loosely coupled version of the IDS, or, in the case of the voluntary health insurance option, the insurer could pay their empanelled providers registered on the integration platform based on its own criteria.

Reform action 5: enable transparent and accountable governance of the entire health system through decentralisation and strengthened regulatory capacities

To empower State, district, and local Government institutions to design and implement responsive reforms, there should be clear role definitions, enhanced financial and management autonomy, and strengthened capacities for local officials. Improving fund flow efficiency through digital tools, simplifying financial procedures, and reducing bureaucratic hurdles will enhance fund utilisation. Moving from line-item budgets to global budgets would support financial autonomy and motivate providers to deliver high-quality, citizen-centred care and, accompanied by reporting and evaluation criteria focused on health outcomes instead of inputs and outputs, would shift the culture of accounting to one of accountability and trust. Governance reforms in drug quality and procurement, provider education, and regulatory institutions are needed to ensure ethical and competent care standards, with decentralised enforcement authorities and independent regulators.

Reform action 6: foster a learning health system by embedding reflexivity, participatory approaches, and leadership that champions continuous learning and improvement

The Commission recommends that the proposed reforms must be supported by a Learning Health System (LHS), with the goal of integrating science, informatics, incentives, and a culture of continuous learning and innovation. By creating platforms for critical reflection and collective exchange, the health system can shift away from a compliance-driven mindset and embrace a culture of collaboration and trust, in which both successes and failures are openly discussed to foster a spirit of continuous improvement. For an LHS to be truly responsive, organisations must be designed to promote decentralised decision-making, which will require adequate funding to support researchers and domain experts, knowledge-sharing platforms, and collaborative networks involving diverse local stakeholders.

THE WAY FORWARD: A POLITICAL AND TRANSFORMATIONAL AGENDA

Many of our proposed reforms are already part of existing Central or State Government initiatives, and their inclusion in this Commission serves as an endorsement of these policies. However, some of our reform actions are novel, and we recognise that vested interests, fiscal constraints, implementation capacities, and ideological divides have the potential to slow or prevent progress on these actions. The Commission, therefore, emphasises that health system reforms are not merely technical—they are profoundly political. Their success will depend on strong leadership that aligns diverse interests, addresses resistance from powerful stakeholders, and fosters solidarity across sectors and political parties. Our recommendations must be carried forward through extensive consultations with civil society and other stakeholders across the country. Such dialogue is essential for assessing feasibility, ensuring acceptability, mitigating risks, and generating sustained political commitment.

By situating our reforms within the long-term aspiration of *Viksit Bharat*, India can build on its achievements while pursuing bold transformations. Encouragingly, public confidence in the Government has strengthened in recent years, creating an important foundation of trust to advance health reforms. Yet, progress will

also require confronting the ongoing challenges posed by social determinants of health, which, if left unaddressed, could undermine even the most well designed reforms. By strengthening citizen engagement, building integrated public delivery systems, aligning the private sector, harnessing technology, empowering decentralised governance, and fostering a culture of continuous learning, India can

move decisively towards universal, high-quality, and sustainable health care. The Commission's call is clear: invest wisely, innovate boldly, and align reforms around citizens' Right to Health. With courageous political leadership and active citizen participation, India can ensure that its path to becoming a developed country is anchored in a resilient, inclusive, and citizen-centred health system.

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