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The Lancet Commission on a Citizen-Centred Health System for India

Newsletter

Dear Friends,

We are delighted to present to you the April edition of the monthly newsletter by [The Lancet Commission on a Citizen-Centred Health System for India](#). This month's newsletter examines the intersecting pressures shaping health outcomes in India from structural inequities and gendered vulnerabilities to environmental and economic constraints. It brings together perspectives on public health reform, gaps in health financing, and the global relevance of India's digital governance model, alongside emerging concerns around youth mental health, ageing, and the health impacts of climate change. The issue also features new research on the links between life-course social mobility and cardiovascular risk, as well as the influence of environmental conditions on reproductive health. Save the date for the upcoming webinar "Heart of a Nation: Disease and Medicine in Modern India," with Prof. David Shumway Jones of Harvard University and Prof. Kavita Sivaramakrishnan of Columbia University.

If you haven't yet explored the Lancet Commission report, we invite you to read it below.

Visit our Website

Upcoming Event



**Heart of a Nation:
Disease and Medicine in Modern India**

SPEAKERS

DAVID SHUMWAY JONES
A. Bernard Ackerman Professor of the Culture of Medicine at Harvard University

KAVITA SIVARAMAKRISHNAN
Associate Professor, Sociomedical Sciences at Columbia University

WHERE
Online on Zoom

WHEN
Wednesday, May 13, 2026
5:30–6:30 pm IST / 8:00–9:00 am EST

SCAN THE QR CODE TO REGISTER

[Webinar: Heart of a Nation: Disease and Medicine in Modern India](#)

Moving beyond a conventional medical history, the session, with **Prof. David Shumway Jones** of Harvard University and **Prof. Kavita Sivaramakrishnan** of Columbia University, will examine how heart disease emerged from being considered rare to becoming a leading public health challenge, and how Indian physicians, institutions, and policymakers shaped—and were shaped by—global scientific networks, political priorities, and economic transitions. The discussion will also reflect on the rise of corporate healthcare, persistent inequalities in access, and the continued tension between high-end treatment and preventive care, offering critical insights for understanding India’s current burden of non-communicable diseases and the future of its health systems.

Date: Wednesday, May 13, 2026

Time: 5:30–6:30 pm IST / 8:00–9:00 am EST

Venue: Online on Zoom

News & Opinions



[Youth suicides in India: When oppression forces people to choose death](#)

[...] Suicidal behaviour is shaped by social and economic conditions, in particular related to poverty, violence and exclusion, rather than individual psychopathology alone. Yet, this knowledge overlooks a major driver of youth suicide in India — the abyss between what young people aspire to and what society permits them to achieve. This may well be the reason for the paradox that the highest suicide rates are observed in the most developed states, notably Tamil Nadu and Kerala, while the lowest rates are reported at the other end of the development spectrum, in Bihar, *writes Vikram Patel.*



[Reforming public health in India](#)

The public sector is the only health system in India with a presence at every level of healthcare—from the remotest communities to the largest hospitals. With its widespread network of providers and the enormous resources at its command, it is well placed to offer not only Universal Health Coverage (UHC) but also good health for all. However, while this has happened in several countries globally such as Thailand and Sweden, in India, even after 70 years of its existence, there is no state where the public sector currently offers free, comprehensive, high-quality health care and ensures the good health of the entire population, *writes Nachiket Mor.*



[Datanomics: World Health Day highlights India's spending shortfall](#)

World Health Day, observed on April 7 each year, mobilises global action on pressing health issues. This year's theme — Together for Health: Stand with Science — highlights scientific collaboration and multilateral cooperation to translate evidence into action. In absolute terms, the Centre and states have increased health spending since FY15, reaching ₹88,032 crore and ₹3,14,693 crore, respectively, in FY25 (revised estimates). Yet, as a proportion of GDP, the combined expenditure falls short of the 2.5 per cent target set by the National Health Policy, 2017.



[Patriarchy's health wreck needs women in charge now](#)

It is a well-known fact that women form half the population of the world, but they remain discriminated against where distribution of power, resources, and access is concerned. The more patriarchal a society, the more evident this is. While the relative lack of power exhibits itself in all domains of life, health and access to healthcare stand out as matters of urgent concern since the consequences are grave not only for the women themselves but also their families and all of society. The sex ratio at birth is one of the strongest summary indicators of the ecosystem of patriarchy in the country, *writes Vandana Prasad.*



[Why India's Digital Governance Model Matters for Global Health](#)

[...] Over the past decade, India has developed a distinct approach to digital and AI governance centered on population-scale public infrastructure. This model integrates digital identity, payments, authentication, and data-sharing into welfare and health systems. It now underpins insurance enrollment, provider payments, disease surveillance, telemedicine, and pharmaceutical supply chains for hundreds of millions of people, *write Ilona Kickbusch, Anurag Agrawal, Catharina Boehme, and Karthik Adapa,*



[Why care environments are critical to child health outcomes](#)

The visible pillars of India's public health today are the expansion of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana initiative, the success of immunisation drives, and the strengthening of primary healthcare infrastructure in rural heartlands. In view of this, the discourse gravitates toward the fact that the most potent medicine for a child is not found in a medicine bottle, but in providing a loving and nurturing environment for them to grow up in and thrive. For a child in India, health is not merely the absence of disease; it is the presence of a stable, nurturing, and permanent family environment, *writes Sumanta Kar.*



[Climate crisis is now a health crisis: Illness from dirty air costs 2% of GDP](#)

Climate change is no longer just an environmental concern, it is now translating to health loss for India. What was once framed as an environmental challenge is increasingly showing up in hospital wards, maternity clinics and workplaces across the country. It is impacting how people fall sick, how long they can work, and how vulnerable communities survive. A new report warns that rising temperatures, air pollution and climate-linked stress are beginning to strain India's public health systems while also affecting the country's economic productivity, *writes Daphne Clarence.*



[Weak muscles, falling risk: AIIMS study finds gut link in elderly](#)

Muscle weakness in old age may not be just about growing older. It could be linked to changes in gut health, suggests a study from All India Institute of Medical Sciences, pointing to a new way of understanding why many elderly people lose strength and mobility. Published in *Geriatrics & Gerontology International*, the study led by Sudeep Mathew George and Prasun Chatterjee examined 30 adults above the age of 60 and found that those with sarcopenia—a condition marked by gradual muscle loss—had significantly less diverse gut bacteria, a marker of poorer overall health, *writes Anuja Jaiswal.*

Resources



[Association of Life-Course Social Mobility with Cardiovascular Disease and Modifiable Risk Factors: Evidence from the Longitudinal Aging Study in India](#)

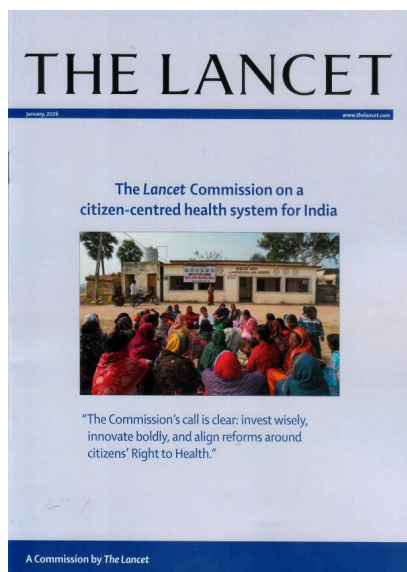
Assessing cardiovascular disease (CVD) risk in relation to life-course socioeconomic position (SEP) may provide insights into social mobility patterns; however, to the authors' knowledge this association remains unexplored in India. While studies from high-income countries demonstrate an inverse association between life-course SEP and CVD, results from lower-income countries remain heterogeneous. This study examines the association between life-course social mobility, CVD and modifiable risk-factors among middle-aged and older Indians, *write Longkumer I, Ko S, Bhatia R, Kim R, and Subramanian SV.*



[A cross-sectional study of environmental quality and the timing of menarche and menopause in India using national survey and environmental monitoring datasets](#)

Reproductive timing, including age at menarche and menopause, reflects endocrine health and long-term disease risk. Environmental conditions such as air pollution, groundwater chemistry, and land use may influence reproductive timing, yet evidence from India remains limited. This study evaluates associations

between airborne fine particulate matter, groundwater characteristics, land use, and delayed menarche and earlier menopause among Indian women, *write Chattopadhyay A, Biswas S, and Schilling K.*



After 5 years of extensive research, **The Lancet Commission on a Citizen-Centred Health System for India report is here!**

The report proposes a transformative approach to India's health system by placing the needs of citizens front and centre. The report's authors emphasise the urgent need to strengthen India's public healthcare and identify a several health system reforms needed to advance Universal Health Coverage. The Commission advocates for a rights-based, citizen-centred model that promotes community participation, transparency, and equity—key principles of UHC—aimed at ensuring high-quality, affordable care for all.

[Read the Report](#)



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

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