



The Lakshmi Mittal and Family
SOUTH ASIA INSTITUTE
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Dear Friends,

We are delighted to present to you the December edition of the monthly newsletter by the [Lancet Citizens' Commission on Reimagining India's Health System](#). This month's newsletter includes a closer look at Ayushman Bharat's implementation in Gujarat, insights on strengthening India's health system, and progress toward universal health coverage. Reports expose gaps in Karnataka's public health policy and analyze the alarming rise in dementia cases. Features include a tribute to Richard Cash, the lifesaving innovator, disparities in cesarean delivery rates, barriers to telehealth adoption, and the underrepresentation of doctors in the national registry. The Union Health Secretary underscores the role of health in economic growth. Also, do check out the webinar on the purchaser-provider split and the public sector, hosted on Nov 14!

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Lancet Webinar Series

The Purchaser Provider Split and the Public Sector

The Lancet Citizens' Commission on Reimagining India's Health System and the Mittal Institute hosted a webinar, on November 14, to discuss discuss a reform option that seeks to combine a higher degree of trust and autonomy offered to health facilities with



greater accountability for outcomes, the “purchaser-provider split.” Panelists included **Rifat Atun**, Harvard T.H. Chan School of Public Health; **Jack Langenbrunner**, Aceso Global; **Inke Mathauer**, World Health Organization; **Shankar Prinja**, Post Graduate Institute of Medical Education and Research, Chandigarh, moderated by **Nachiket Mor**, The Banyan Academy of Leadership in Mental Health.

[Watch it here!](#)

Views & Opinions



[Ayushman Bharat under scanner in Gujarat: How state health agency is stepping up vigil, what's its role?](#)

After two beneficiaries of the Pradhan Mantri Jan Arogya Yojana (PMJAY), the world's largest health insurance scheme, died at the Khyati Multispeciality Hospital in Ahmedabad on November 11, following unnecessary angioplasty at medical camps organised by it, the Gujarat health authorities are considering new monitoring mechanisms. These are expected to rein in any money-making efforts by hospitals through surgeries and interventions just because patients have insurance cover, *writes Brendan Dabhi*.



[How to Strengthen the Foundations of India's Health System](#)

Socially, India continues to be one of the most fractured societies, where caste, gender, region, and class determine the boundaries of our existence. Birth continues to decide how long one will live and what opportunities one will have. For example, a poor Scheduled Caste (SC) woman in Uttar Pradesh (UP) has a life span that is 10 years lower than that of a poor woman in Kerala. Likewise, the difference in the average age at which women die during childbirth is about 15 years between women in SC communities and women in other social groups, *writes Sujatha K Rao*.



[Paving the path towards universal health coverage](#)

International Universal Health Coverage (UHC) Day falls in December. For India, the road to UHC starts with increasing government spending on health, a national priority as per the government's policy documents. The Ayushman Bharat programme provides the structure for translating such investment into concrete outcomes for the people. It includes Ayushman Arogya Mandirs for comprehensive primary health services — promotive, preventive, curative, palliative and rehabilitative care — without incurring any financial burden, *write Neethi Rao, Alok Kumar, Sandhya Venkateswaran*.

[CAG report says implementation of](#)



[Karnataka Integrated Public Health Policy was inadequate for 2016-22](#)

The report of the Comptroller and Auditor General (CAG) of India on Public Health Infrastructure and Management of Health Services has observed that the implementation of the Karnataka Integrated Public Health Policy was inadequate as norms were either not prescribed or the existing national norms were not adopted. In the instances where norms were prescribed, they were not in accordance with the national norms, stated the report that was tabled in the State legislature on Thursday. The report covers the period 2016-22.



[India's ageing population at high risk of dementia, cases to double by 2030](#)

With more than 15 per cent of the world's elderly population expected to reside in India by 2050, the burden of dementia is likely to increase significantly, warn experts. At present, around 7.4 per cent of people aged 60 and above in India are affected by dementia. This figure is projected to surge from the current 8.8 million to 17 million by 2036, an increase of nearly 97 per cent. The Alzheimer's and Related Disorders Society of India estimated 3.7 million cases in 2010, with the number expected to double by 2030, *writes Aneeka Chatterjee.*



[Richard Cash, the man whose invention saved over 80 million lives](#)

Richard Cash, physician and global health scholar, died on October 22 at the age of 83 in his home in Cambridge, US. Although American by citizenship, Richard's heart belonged in South Asia, particularly in Bangladesh and India, where he lived for extended periods and where his work contributed to saving tens of millions of lives. With his long-time collaborator, David Nalin, Richard conducted the first clinical trials of Oral Rehydration Therapy (ORT) in cholera patients in Bangladesh in the late 1960s, demonstrating that this low-cost intervention could effectively and safely reduce intravenous fluid needs, *writes Vikram Patel.*



[Of the 13 lakh doctors in India, only 284 are enrolled in national medical register](#)

The National Medical Register (NMR), the National Medical Commission's (NMC) centralised database of registered medical practitioners in modern medicine, launched in August, received only 6,484 applications until December 13. Of these, 6,198 were not approved and two were rejected. This means that only 284 modern medicine doctors are now registered in the database. This information was revealed in response to a query filed under the Right to Information (RTI) Act by Kannur-based ophthalmologist K.V. Babu, *writes A S Jayanth.*

[Healthy population fuels productivity, drives economic growth: Union Health Secretary](#)

Union Health Secretary Purnima Salila Srivastava on

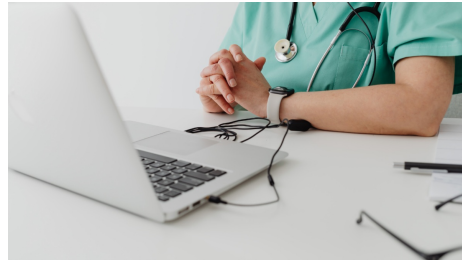


Thursday said that healthcare is not only a social imperative but also an economic necessity, underscoring that a healthy population fuels productivity, drives economic growth, and ensures social justice. Speaking at the 21st CII Health Summit here, Srivastava noted that India's healthcare agenda focuses on making healthcare affordable, accessible, and inclusive for every citizen.

Resources

[Barriers and facilitators for the use of telehealth by healthcare providers in India-A systematic review](#)

It is widely assumed that telehealth tools like mHealth (mobile health), telemedicine, and tele-education can supplement the efficiency of Healthcare Providers (HCPs). We conducted a systematic review of evidence on the barriers and facilitators associated with the use of telehealth by HCPs in India. A systematic literature search following a pre-registered protocol was conducted on PubMed. The search strategy, inclusion, and exclusion criteria were based on the World Health Organization's action framework on Human Resources for Health (HRH) and Universal Health Coverage (UHC) in India with a specific focus on telehealth tools.



[State-wise variation and inequalities in caesarean delivery rates in India: analysis of the National Family Health Survey-5 \(2019–2021\) data](#)

India's caesarean delivery (CD) rate of 21.5% suggests adequate national access to CD but may mask significant disparities. We examined variation in CD rates across states (geography), wealth, and health care sector (public versus private). We also aimed to determine relative inequality in CD rates across wealth quintiles.



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.



Get Involved

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

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