



The Lakshmi Mittal and Family
SOUTH ASIA INSTITUTE
HARVARD UNIVERSITY
Harvard Global Research Support Centre India



Dear Friends,

We are delighted to present to you the February edition of the monthly newsletter by the [Lancet Citizens' Commission on Reimagining India's Health System](#). This month's newsletter presents a case for reforming private healthcare in India, emphasizing accessibility and affordability. It explores emerging trends and innovations in mental health, and uncovers promising yet concerning statistics on dialysis patients, particularly in rural areas. Experts advocate for an ASHA-like cadre to enhance community mental healthcare. It spotlights successful models like Kerala's palliative care and initiatives like India's Poshan Tracker, underscoring the importance of data-driven approaches in improving maternal and child nutrition.

Visit our
Website

Views & Opinions

[A case for reforming private health care](#)

The National Health Policy (2017) envisages “universal access to good quality health care services without anyone having to face financial hardship as a result”. This goal is a clear affirmation of the commitment to universal health coverage (UHC). The policy also recognises “the pivotal importance of Sustainable Development Goals”. These list UHC as target 3.8, to be

achieved by 2030, writes *K Srinath Reddy*.



[The Future of Mental Health: Emerging Trends and Innovations](#)

200 million Indians struggle with mental illness. The issue is made worse by the fact that eight out of ten do not receive therapy. We anticipate that this burden will double over the next ten years, with at least one member of every Indian home seeking to manage mental illness. Recent research suggests that mental health problems may also have their origins in childhood, write *Nachiket Mor and Iti Bhargava*.

[Lancet study finds 7 out of 10 dialysis patients in India survive beyond six months, rural mortality 32% higher](#)

A study has established the benchmark for survival among dialysis patients in India for the first time, estimating the raw survival rate at 71 per cent, implying that about 7 of every 10 patients survive beyond six months. Of the total sample studied, 28 per cent patients (6,637 patients) receiving haemodialysis died within 10 months, writes *Seema Prasad*.

[Experts suggest ASHA-like cadre for community mental healthcare](#)

In a conversation held recently, Vikram Patel, Paul Farmer Professor and Chair, Department of Global Health and Social Medicine, Harvard Medical School and R. Thara, vice chairperson, Schizophrenia Research Foundation (SCARF), explored the possibility of having a cadre similar to ASHAs to take community mental healthcare forward, writes *Serena Joesphine M*.

[This is India's moment and we are going to grab it](#)

The Interim Budget 2024–25, with an allocation of ₹ 90,171 crore for health, aims to improve access to healthcare services and infrastructure in India. The government's announcement to establish more medical colleges by utilising existing hospital infrastructure will address manpower shortages while also increasing access to healthcare education, writes *Gautam Khanna*



Why Kerala's palliative care model is making an impact

India is poised to become the first country to dissociate health care from wealth and the country will prove to the world that the wealth of the nation or that of a particular family has nothing to do with the quality of healthcare its citizens will enjoy, says Dr Devi Prasad Shetty, prominent cardiac surgeon and Founder and Chairman of Narayana Health, writes *Devi Shetty*.

Photo credits: Johanna Deeksha

Resources

India's Poshan Tracker: data-driven tool for maternal and child nutrition

Early detection and intervention are key for addressing undernutrition in children. Increased global coverage of mobile phones could be a game-changer for nutrition surveillance. By reducing the cost and increasing the coverage and speed of nutrition information systems, technology-enabled solutions hold the promise of transforming data-informed decision making. It also has the potential to improve the accuracy of nutrition monitoring data by automating complex calculations, such as the calculation of z-scores from the WHO Growth Tables, write *Lindsay M. Jaacks, Ananya Awasthi, and Apoorva Kalra*.



Featured Partner



PUBLIC
HEALTH
FOUNDATION
OF INDIA

Public Health Foundation of India (PHFI) is a public private initiative that has collaboratively evolved through consultations with multiple constituencies including Indian and international academia, state and central governments, multi & bi-lateral agencies and civil society groups. PHFI is a response to redress the limited institutional capacity in India for strengthening training, research and policy development in the area of Public Health.



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

[#ReimaginingIndiasHealth](#) [#HealthcareForAll](#) [#CitizensHealthIndia](#)

We love hearing back from you! Please send your comments, suggestions, and contributions for these newsletters, including research highlights and published features to citizenhealthin@gmail.com

Subscribe to our newsletter



Copyright © 2021 The Lakshmi Mittal and Family South Asia Institute, Harvard University, All rights reserved. | B- Block, 43, First Floor, Middle Circle, Connaught Place, Delhi, 110001 India

[Unsubscribe citizenhealthin@gmail.com](mailto:citizenhealthin@gmail.com)

[Update Profile](#) | [Constant Contact Data Notice](#)

Sent by citizenhealthin@gmail.com powered by



Try email marketing for free today!