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for Health Research (NIHR) outside the submitted work. MGS is Chair of the Infectious Disease Scientific Advisory Board and a minority shareholder in Integrum Scientific LLC, Greensboro, NC, USA, a company that has interests in COVID-19 testing but not with lateral flow technology, and reports grants from the NIHR, the Medical Research Council, and the Health Protection Research Unit in Emerging and Zoonotic Infections, University of Liverpool. MJM reports research funding by the US National Institutes of Health Director's Early Independence Award DP5-OD028145 and from Open Philanthropy and Good Ventures. TEP is supported by the NIHR Health Protection Research Unit in Healthcare Associated Infections and Antimicrobial Resistance at Oxford University in partnership with Public Health England (PHE), the NIHR Biomedical Research Centre, Oxford, and worked with PHE Porton on validation of LFT.

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Reimagining India's health system: a Lancet Citizens' Commission



The COVID-19 pandemic and response are having profound impacts on India's people, leading to myriad health-care challenges, a looming economic recession, and humanitarian crises.¹ The long-standing need for universal health coverage (UHC) in India has been brought into sharp focus by the pandemic. The mission

of the Lancet Citizens' Commission on reimagining India's health system is to lay out the path to achieving UHC in India in the coming decade.

A guiding principle for this Commission is that structural change towards UHC can only be attained through consultative and participatory engagement

Published Online
December 10, 2020
[https://doi.org/10.1016/S0140-6736\(20\)32174-7](https://doi.org/10.1016/S0140-6736(20)32174-7)



with the diverse sectors involved in health care and, most importantly, with India's citizenry. We expect that the Commission will formulate a roadmap for realising a resilient health system that offers comprehensive, accountable, accessible, inclusive, and affordable quality health care to all citizens in India. Although we recognise the important role that social determinants have in influencing health, the focus of the Commission will be on the architecture of India's health system.

Health care in India was in dire need of reform long before the COVID-19 pandemic. Despite considerable progress across health indicators such as maternal and infant mortality, disease burden in India is disproportionately high, less than two-thirds of children were fully immunised in 2017–18,² and malnutrition and other risk factors for disease and injury are widespread.^{3,4} The pandemic has highlighted structural weaknesses in India's health system, ranging from inadequate medical supplies and insufficient numbers of health-care workers in public hospitals⁵ to irrational treatments and profiteering by private hospitals.^{6,7} Out-of-pocket payments for health care in India continue to be among the leading causes of poverty for many households.^{8,9} In a country with low public spending per capita on health care relative to its middle-income peers,¹⁰ the COVID-19 pandemic has further eroded an already fragmented health system.¹¹

The situation is exacerbated by structural inequities of caste, class, gender, geography, and community in India that translate into health inequalities and

are amplified by the state of the health system. Poor and marginalised populations, particularly children, adolescents, and older people, among others, are more likely to suffer than the wealthy when afflicted by the same health condition. An estimated 400 million people could fall deeper into poverty¹² in the coming year as India's gross domestic product contracts by a projected 10.3%.¹³ The pandemic could worsen health disparities since much of the public health system has been redeployed in the COVID-19 response, disrupting routine health services. Data from India's National Health Mission showed there was a 64% decrease in child immunisation, a 50% drop in BCG vaccinations, and a 39% fall in oral polio immunisation in April, 2020, compared with January, 2020.¹⁴ At the heart of this crisis is the lack of accountability of the health system and a breakdown of trust between the public and the health system. A broad societal coalition is needed to remedy this trust deficit by working towards an adequately resourced and well governed system that responds to the health needs of all sections of India's population.

Dating at least as far back as the 1943 Bhole Committee, many expert committees, a 2011 Series in *The Lancet*,¹⁵ a High-Level Expert Group on UHC constituted by the Indian Government, and government national health policies in 1983, 2002, and 2017 have wrestled with the challenges of delivering quality health care in India. Our Commission will build on this important body of work and is guided by four principles of UHC. First, UHC covers all health concerns. Second, it includes the prevention of mental and physical health problems and long-term care, not only clinical treatment. Third, financial protection must be in place for all health-care costs, beyond health insurance cover for hospitalisation for a section of the population. Fourth, the UHC vision aspires to a health system that can be accessed by all people who enjoy the same quality of care.

Underpinning the Commission's work is a normative commitment to strengthening India's public health system in all its dimensions, including promotive, preventive, and curative care. The state must take a leadership role as provider, financier, regulator, and steward of the health system. But for the state to fulfil this role, it must grapple with the complex and fragmented architecture of India's health system. Key

questions include: negotiating the intersections and complementarities between public and private health provision and the design of a regulatory structure that holds each component of the health system accountable; addressing the role of traditional systems of medicine;¹⁶ negotiating the federal dimensions and associated heterogeneity of health systems' capacity across India's states to articulate the distinctive roles and responsibilities of the central, state, and local governments in delivering and regulating health care; and building health system capacity for enabling and regulating the use of technology in a way that supports and strengthens health delivery while protecting citizens' rights. There are inherent tensions across these domains that need careful negotiation. The Commission will seek to unpack these tensions to identify the core principles of a health system that is inclusive, equitable, and accountable for the provision of quality health care.

This Commission will base its recommendations on a consultative and participatory effort that brings together key stakeholders across India's health-care landscape. The Commissioners include leaders from diverse sectors, including academia, the scientific community, civil society, and the private health-care industry, with a strong representation of women. We also recognise it is necessary to go beyond the traditional boundaries of expertise to actively engage stakeholders whose voices have rarely been heard in previous reports: those who deliver health care and those who receive it. Thus, we frame our goal as a Citizens' Commission that will invite and elicit the opinions of medical providers, hospital chiefs, front-line and primary health-care workers, and a wide cross-section of people from diverse socioeconomic backgrounds. The Commission will enable participatory public engagement to develop a citizens' blueprint for the implementation of UHC. The work of the Commission could also serve as the foundation for propelling a citizens' movement to demand the practical realisation of the aspiration of health as a fundamental right. To this end, we now launch the *Lancet* Citizens' Commission website and invite any persons or organisations who wish to contribute or partner in this initiative to contact us through the website.

While the COVID-19 pandemic has shown that health care is a crucially important investment for the economy,

such an investment must be accompanied by a social compact that all Indians must have access to a similar quality of care without the risk of impoverishment. Health care cannot be viewed through the prism of charity for the poor and a commodity for the rich, but as an essential, fundamental element of sustainable development for the entire nation. The deep, historical, and structural problems that have afflicted health care in India must be addressed and the *Lancet* Citizens' Commission aims to make recommendations that can improve the country's ranking among the world's health systems.¹⁷ Our Commission seeks to work with citizens, those who work in the health system, and the Indian Government to realise this aspiration. We aim to publish our Commission's report by Aug 15, 2022, when India will have completed its 75th year as an independent nation.

VP is a founder of Librum, a mental health consulting firm, and co-founder of Sangath, India. KM-S is the Chairperson and Managing Director of the biopharmaceutical company Biocon. TK is a co-founder of Jana Care, a chronic disease diagnostics company but does not have any operating role or board stewardship role in the company. GK serves on the Boards of the Coalition for Epidemic Preparedness Innovations and Hilleman Laboratories Pvt Ltd. PD declares no competing interests. VP, KM-S, GK, and TK are the Co-Chairs of this Commission. We thank Shyamli Badgaiyan and Shubhangi Bhadada for their support in the launch of this Commission and help in the preparation of this Comment. Funders who have committed to support this Commission so far include the Azim Premji Foundation, Rohini Nilekani Philanthropies, Vikram Kirloskar, and The Lakshmi Mittal and Family South Asia Institute, Harvard University. The Commissioners of the *Lancet* Citizens' Commission are: Yamini Aiyar (President and Chief Executive, Centre for Policy Research), Mirai Chatterjee (Director, Social Security Team, Self-Employed Women's Association [SEWA]), Armida Fernandez (retired professor of neonatology and Dean, Lokmanya Tilak Municipal Medical Hospital and College, Mumbai; Founder Trustee of SNEHA), Yogesh Jain (public health physician, Chhattisgarh), Gagandeep Kang (Co-Chair), Kiran Mazumdar-Shaw (Co-Chair), Nachiket Mor (visiting scientist, The Banyan Academy of Leadership in Mental Health), Poonam Mutreja (Executive Director, Population Foundation of India), Vikram Patel (Co-Chair), Bhushan Patwardhan (Distinguished Professor, Interdisciplinary School of Health Sciences, Savitribai Phule Pune University; Vice Chairman, University Grants Commission; Chairman Additional Charge, Indian Council of Social Science Research, New Delhi), K Sujatha Rao (former Secretary of Health and Family Welfare, Government of India), K Srinath Reddy (President, Public Health Foundation of India), Sharad Sharma (Co-founder, iSPIRT Foundation), Devi Shetty (Chairman, Narayana Hrudayalaya Limited), S V Subramanian (Professor of Population Health and Geography, Harvard Center for Population and Development Studies and Department of Social and Behavioral Sciences, Harvard T H Chan School of Public Health), and Rajani Ved (former Executive Director, National Health Systems Resource Centre).

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For the website of the *Lancet* Citizens' Commission see www.citizenshealth.in

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Cardiology and big data: a call for papers

Published Online
April 6, 2021
[https://doi.org/10.1016/S0140-6736\(21\)00778-9](https://doi.org/10.1016/S0140-6736(21)00778-9)

The Lancet and *The Lancet Digital Health* are seeking research Articles on big data and cardiology. We are interested in research that uses artificial intelligence to analyse data, such as echocardiograms, electrocardiograms, and physiological measurements from wearable devices, to predict risk factors and provide recommendations for early diagnosis and prognosis of cardiovascular diseases. We welcome submissions for consideration to both journals and we will consider high-quality original research papers that have the potential to influence clinical practice, especially those that describe the results of randomised trials and interdisciplinary research that provide a deeper understanding of diagnosis, management, and

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Please submit your paper via the online submission system for *The Lancet* or *The Lancet Digital Health* and state in your covering letter that the submission is in response to this call for papers. The deadline for submissions is May 31, 2021.

We declare no competing interests.

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