

Health System

New Thinkers Colloquium

March 2026, Faridabad

Outcomes vary by economic growth and health system

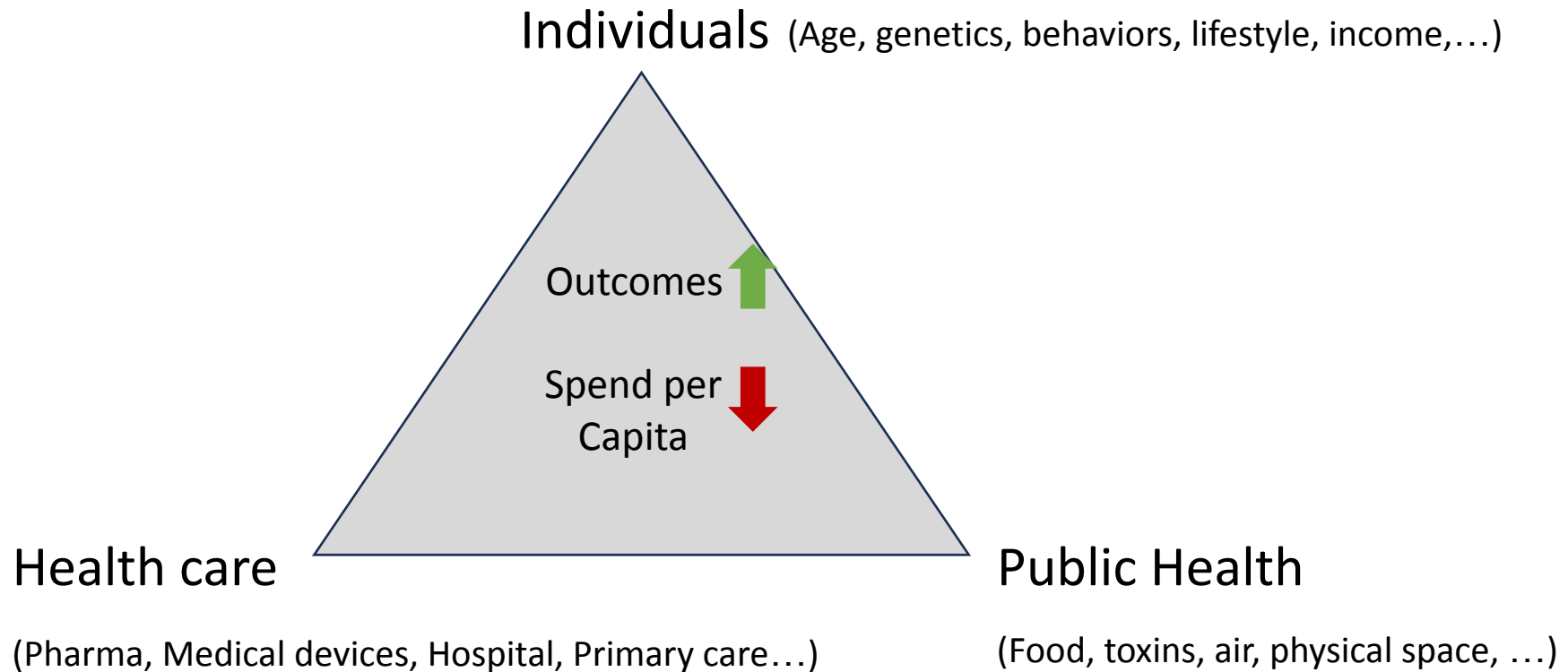
Life expectancy vs. GDP per capita, 2022

The period life expectancy at birth, in a given year. GDP per capita is adjusted for inflation and differences in living costs between countries.

Life expectancy at birth



What is a health system



Indian evolution – a fragmented patchwork

Healthcare	Major Efforts	Ministry
2001	Private Health Insurance	IRDAI/DFS
2005	NRHM	MoHFW, State
2007-2008	Arogyasri, RSBY	AP, Ministry of Labour (now MoHFW)
2008	Jan Aushadhi	MoHFW
2010	CEA	MoHFW, State
2013	NUHM	MoHFW, State
2017	Medical Device Rules (MDR)	CDSCO, MoHFW
2018	Ayushman Bharat	MoHFW, NHA, state
2019	NMC Act	MoHFW, NHA
2019	New Drugs and Clinical Trials	CDSCO, MoHFW
2020–	AB-Digital Mission	MoHFW, NHA
2021	Health Infra Mission	MoHFW

Public Health	Major Efforts	Ministry
2010	National Green Tribunal	Ministry of Environment (now Ministry of Law)
2013-2018	National Food Security Act, Poshan Abhiyaan	Ministry of Consumer Affairs, Food, Nutrition
2014	Swachh Bharat Mission	Jal Shakti, MoHUA
2016	Ujjwala Yojana	Ministry of Petroleum and Natural Gas
2019	Jal Jeevan Mission	Jal Shakti
2020	New labelling system, Food safety compliance system	FSSAI
2025	National Biomonitoring Prog. for Chemical Toxicants	NCDC, MOHFW
2026	Solid Waste Management Rules (Mercury thermometers etc)	Central Pollution Control Board

Indian evolution – marginal change in trajectory

‘Input, equity, controllable, morals’



Limited shift to outcomes, efficiency, evidence based

‘Healthcare’ focused



Continued. Limited proactive Public health focus

Supply side, largely govt. delivery



Nascent market engagement – policy, financing

Disease-wise programs (MNCH, CD)



Early horizontal efforts, NCDs

Union (dominant via CSS)/State led



Slow pace of experimentation; Limited local leadership

Structural gaps remain. Why?

Information Asymmetry

- Individual <> healthcare. Value for money difficult to track today
- Individual<>Public Health: Food & product quality/labelling - legibility
- Individuals: Behavior, adherence tracking
- Limited data sets on healthcare, public health, population disease burden

Incentives

- Individual<>healthcare<>public health mis-aligned incentives
- Financing signals: Fragmented small and uncoordinated incentives
- Public health vs other department priorities (*Asbestos in Affordable Housing*)

Governance

- Conflicted roles of MoHFW/state dept.
- Fragmented payor regulators vs fragmented providers
- City government/Municipality role and accountability

India does not have a 'SYSTEM'

A minimum agenda

HEALTH CARE

PUBLIC HEALTH

Information Asymmetry

- Large scale rapid adoption of AI by actors
- Individuals: Include low-cost trackers in insurance
- Unlocking data sets with payors (HIRA) and govt.

- Data collection efforts on public health at city/state levels
- Dissemination to communities
- Local audits, bans

Incentives

- Payor regulation coordination & minimum standardization (coding, package etc.)
- Payors experiment towards outcomes (HMO, AI+ human etc). ESI – managed competition.

- Innovation fund, guarantees, subsidies to discover & scale substitutes

Governance

- MOHFW/state health dept. org revamp – Policy, Regulation, Financing, Delivery, Public health
- Common regulator/coordinator of all payors; Payor <> Provider coordination platform

- Urban local body mandate, role and capacity

Create a self improving 'SYSTEM'

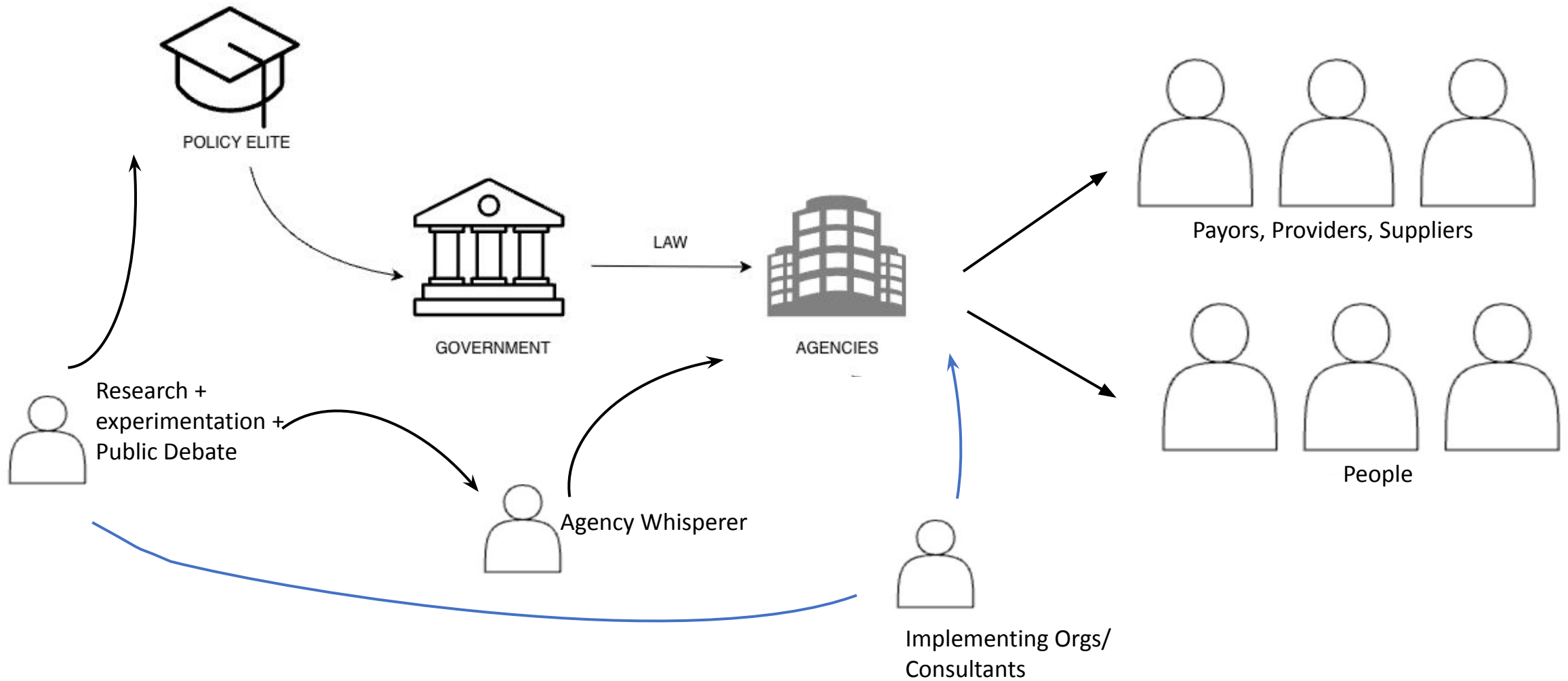
System gap vs efficient frontier is widening

- Demographics – ageing
- Economic growth vs health perception
- Country and Households budgets are stressed.
- Innovation/disruptions (Biotech, genomics, GLPs, gene editing, AI)



- Shifting disease burden (age, other)
- Value for money/efficiency

'How'



How do we do this?

**The current
paradigm is not
working. Why.**

**Urgency, case for
change, switching
cost**

**What should be the
new paradigm?
Let's debate.
Evidence based.**

**How would this
work in our
context? Specifics.
Experimentation.**