

Why India Must Rethink Health Governance



EARTH NEWS POLITICAL DESK

On this year's World Health Day 2026, the conversation around health has moved beyond the familiar terrain of hospitals, vaccines, and disease counts. The theme "Together for Health. Stand with Science" signals a deeper shift. It recognises that science alone does not secure societies; institutions do. Trust, coordination, and governance now stand as decisive variables in determining whether scientific knowledge translates into real protection for people, animals, and ecosystems.

The pandemic years did not merely leave behind a record of loss and disruption. They altered expectations in ways that are likely to endure. Citizens now look not only for cures but for competence. Governments are judged not simply by their ability to respond to crises, but by how effectively they anticipate them. In this evolving landscape, health security is no longer a narrow technical domain. It has become a measure of state capacity, reflecting how well evidence, institutions, and public trust can be aligned into a coherent system of action.

For India, this moment presents both an opportunity and a test. The country has emerged from recent years with enhanced scientific credibility, strengthened digital infrastructure, and a more assertive presence in global health discussions. Yet the real challenge lies ahead in converting this momentum into durable systems that can function seamlessly across sectors. It is here that the idea of One Health, long discussed but only recently institutionalised, assumes strategic importance.

The World Health Organization defines One Health as an integrated approach aimed at optimising the health of people, animals, and ecosystems. At one level, the concept appears straightforward. At another, it is profoundly demanding. It requires governments to move beyond siloed thinking and recognise that human health cannot be separated from the conditions in which it exists.

This is not an abstract proposition. A significant proportion of infectious diseases affecting humans originate in animals, and most new and emerging pathogens follow this pattern. In a country like India, where dense populations, extensive livestock systems, and close human animal interactions are part of everyday life, this reality is not peripheral but central to public health planning.

Yet the One Health framework extends far beyond zoonotic diseases. It encompasses food safety, antimicrobial resistance, environmental degradation, and the broader ecological pressures that shape health outcomes. The same forces that drive disease spillovers, including deforestation, urban expansion, agricultural practices, and climate change, also influence the safety of food systems and the effectiveness of medicines.

Seen in this light, outbreak response cannot remain confined to emergency rooms and containment zones. It must begin much earlier, in the governance of land use, animal health systems, water quality, and pharmaceutical regulation. One Health, therefore, is not merely a scientific framework but a doctrine of governance. It demands that disparate systems such as health, agriculture, environment, and urban planning function as parts of a unified whole.

India's engagement with One Health has moved decisively from rhetorical endorsement to institution building. The establishment of the National One Health Mission under the Prime Minister's Science, Technology and Innovation Advisory

Council marks a significant step in this direction. With the Indian Council of Medical Research serving as the implementing body, the Mission reflects an attempt to create a structured, cross-ministerial response to complex health risks.

Its design is ambitious and expansive. It brings together multiple ministries and departments under a coordinated framework supported by an Executive Committee led by the Union Health Minister and a Scientific Steering Committee chaired by the Principal Scientific Adviser. At its core lies the vision of integrating surveillance systems, strengthening early warning mechanisms, and promoting research into vaccines, diagnostics, and therapeutics.

The proposed National Institute of One Health in Nagpur is expected to serve as a critical anchor, providing both scientific leadership and operational coordination. Efforts to engage states and Union Territories through workshops and consultations indicate an awareness that national frameworks must ultimately translate into local action.

This architecture represents a notable shift in thinking. It treats health not as a sectoral responsibility but as a shared outcome shaped by multiple domains. It recognises that preparedness is not a static capability but a dynamic process requiring constant coordination, data sharing, and institutional learning.



The role of the National Centre for Disease Control further strengthens this approach. Its Centre for One Health connects various national programmes ranging from rabies control to zoonotic disease prevention and snakebite management. These initiatives demonstrate how the One Health framework can be embedded within existing public health efforts rather than functioning as a parallel structure.

Among these, the effort to eliminate dog-mediated rabies by 2030 stands out as a clear example of cross-sector coordination in action. It brings together veterinary services, municipal authorities, and public health systems in pursuit of a defined objective. Such programmes offer valuable lessons for scaling the One Health approach across other domains.

If One Health is to prove its worth, it must address one of the most pressing and complex challenges of our time, antimicrobial resistance. Often described as a silent pandemic, it cuts across clinical

medicine, veterinary practice, agriculture, and environmental management.

India's National Action Plan on Antimicrobial Resistance 2.0 for the period 2025 to 2029 represents an important step in acknowledging this complexity. Developed through consultations involving more than twenty ministries and sectors, it reflects an understanding that no single institution can govern the problem in isolation.

Antimicrobial resistance thrives in fragmentation. It emerges from the overuse and misuse of antibiotics in human medicine, their widespread application in livestock, and their presence in water systems contaminated by pharmaceutical waste. Addressing it requires coordinated action across regulatory frameworks, surveillance systems, and behavioural practices.

The One Health approach offers a pathway forward by integrating data from hospitals, veterinary clinics, agricultural systems, and environmental monitoring. It enables a more comprehensive understanding of how resistance develops and spreads. More importantly, it creates the possibility of coordinated interventions that align policies on drug use, strengthen infection control, and promote responsible practices across sectors.

Embedding One Health within antimicrobial resistance policy would not only enhance effectiveness but also signal a broader shift towards integrated governance. It would demonstrate that India is capable of moving beyond declarations to implementation, a transition that remains elusive in many parts of the world.

India's efforts unfold within a rapidly changing global landscape. International institutions have increasingly recognised the need for integrated approaches to health. The Quadripartite alliance, comprising the Food and Agriculture Organization, the United Nations Environment Programme, the World Organisation for Animal Health, and the World Health Organization, has advanced a joint plan of action to strengthen national capacities.

Similarly, the adoption of the WHO Pandemic Agreement 2025 underscores the importance of collaboration, preparedness, and regulatory coherence. These developments reflect a growing consensus that health security in an interconnected world cannot be achieved through isolated efforts.

For India, this context presents a significant diplomatic opportunity. As a coun-

As World Health Day 2026 urges the world to "Stand with Science," the deeper question is no longer about discovery but delivery. In an age where viruses leap from animals to humans, where food chains carry invisible risks, and where medicines themselves are losing power, health can no longer be contained within hospital walls. It lives in farms, forests, water systems, and cities expanding at restless speed.

India stands at a critical intersection. It has the science, the data, and the ambition. What it must now build is trust through coordination. The One Health approach offers a powerful lens, but only if it moves beyond policy documents into everyday governance. That means doctors speaking to veterinarians, laboratories speaking to local administrations, and environmental signals feeding into public health decisions in real time. The future of health security will not be decided in moments of crisis, but in the quiet efficiency of systems that work before crises emerge. Standing with science, then, is not an abstract commitment. It is a test of whether institutions can think, act, and respond as one.

tion across sectors remains uneven. Surveillance systems continue to operate largely within their respective domains, limiting the ability to detect patterns that cut across human, animal, and environmental health.

Laboratory networks, though expanding, are not yet fully interoperable. Data sharing is often constrained by institutional boundaries and differing protocols. Environmental intelligence, including wastewater monitoring and ecological indicators, has yet to be integrated into routine public health practice at the scale required. Variations in capacity across states and districts further complicate implementation.

These challenges are not unique to India. They reflect the inherent difficulty of transforming complex systems. However,

Trust is built through performance. Early detection of threats, clear communication during crises, and equitable access to solutions all contribute to public confidence. Conversely, delays, opacity, and fragmentation erode it.

The theme of this year's World Health Day captures this dynamic. Standing with science is not merely about defending it against misinformation. It is about embedding it within systems that work, systems that connect laboratories with local administrations, policies with practice, and expertise with public engagement.

A critical risk in India's approach would be to treat One Health as a crisis-driven framework. Such an approach would leave the country perpetually reactive, mobilising resources only when threats become visible.

Instead, One Health must become part of routine governance. It should inform urban planning decisions, agricultural practices, environmental monitoring, and healthcare delivery. It should shape the training of professionals across disciplines, from doctors and veterinarians to environmental scientists and administrators.

This requires sustained institutional redesign. Mission structures can initiate change, but long-term success will depend on embedding new practices within existing systems. It will involve rethinking incentives, strengthening capacities, and fostering collaboration across levels of government.

India stands at a decisive turning point in its public health trajectory. The foundations of a One Health framework are in place. The question now is whether they can be transformed into durable capability.

The answer will determine more than domestic outcomes. It will shape India's role in the global health landscape. A successful implementation would position the country not merely as a participant but as a leader, offering a practical model for integrating science, governance, and development.

The stakes are high. Health risks in the twenty-first century are increasingly interconnected, transcending national boundaries and sectoral divisions. Addressing them requires systems that are equally interconnected, systems capable of aligning diverse actors around a common purpose.

World Health Day 2026 should therefore be seen not as a symbolic occasion but as a call to action. It challenges India to move beyond intent and build institutions that can carry science across ministries, states, and ecosystems.

The task is complex, but the direction is clear. By strengthening coordination, investing in interoperability, and building trust, India can turn its One Health ambition into reality. In doing so, it can offer not just protection for its own population but a template for others navigating the same uncertain terrain.

Standing with science ultimately means standing with systems that work. India has begun that journey. The next step is to ensure that it reaches its destination.

they also highlight the central question facing the country, whether it can move from coordination on paper to coordination in practice.

The answer will depend on governance. It will require shared protocols, interoperable data systems, joint training programmes, and financing mechanisms that incentivise collaboration. It will also demand a cultural shift within institutions from siloed functioning to collective responsibility.

At its core, the One Health agenda is about trust. Scientific knowledge gains legitimacy not simply through discovery but through application. Citizens trust science when they see it translated into timely warnings, effective interventions, and transparent communication.

This places a responsibility on the state. Funding research is necessary but not sufficient. Governments must ensure that data informs decisions, that expertise reaches the frontlines, and that institutions operate with accountability.