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SWASTHYAM SARVESHAM: YOGA AS A PILLAR OF UNIVERSAL HEALTH COVERAGE

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ABSTRACT

Background: The 21st century presents a dual public health challenge — a rising burden of non-communicable diseases (NCDs) and deteriorating global mental health. The National Family Health Survey-6 (NFHS-6, 2023–24), spanning 715 districts and 6.79 lakh households, reflects India's progress in health insurance coverage (60.2%) yet underscores persistent regional disparities and NCD burden as critical barriers to achieving Sustainable Development Goal 3 (SDG 3). **Objective:** To evaluate yoga as a preventive, cost-effective, and culturally grounded intervention contributing to Universal Health Coverage (UHC) and global well-being. **Methods:** A narrative review of published clinical trials, health economic studies, WHO documentation, and classical yogic literature was undertaken to synthesize evidence supporting yoga's role in NCD prevention, mental health promotion, and healthcare cost reduction. **Results:** Mapping yoga against the eight-dimension UHC framework showed strong alignment with service delivery and population health status, supported by evidence of low-resource scalability and established musculoskeletal, cardiometabolic, and mental health benefits. Financial and economic infrastructure showed moderate alignment, supported by favorable cost-per-QALY data from workplace-based trials. Alignment with coverage, social infrastructure/sustainability, and stewardship/governance was weaker, constrained by uneven population uptake and reliance on policy-level rather than systemic evidence. Global

movements showed the weakest alignment, reflecting advocacy-driven rather than measured cross-country integration. Overall, yoga demonstrated robust evidentiary support for 3–4 of the eight dimensions, with the remainder representing aspirational rather than established contributions to UHC. **Conclusion:** Yoga offers a scalable, affordable, and holistic strategy addressing the dual crisis of NCDs and mental health deterioration. Its integration into national and global health frameworks presents a transformative pathway toward achieving Universal Health Coverage and the Sustainable Development Goals.

KEYWORDS: Yoga, Universal Health Coverage, NFHS-6, NCD Prevention, SDG 3, Mental Health, Global Wellness.

INTRODUCTION

The global burden of non-communicable diseases (NCDs) has reached alarming levels. Currently, NCDs cause 75% of non-pandemic deaths globally, up from 60% in 2000 and are expected to cost the global economy an estimated USD 47 trillion by 2030.[1] This escalating scenario points to the urgent need for scalable and cost-effective public health strategies. The main answer that the global health system has to this challenge is Universal Health Coverage (UHC) – the notion that all people and communities get essential health services without suffering financial hardship.[2] But advancement toward achieving UHC is dangerously slow. By 2030, some 4.6 billion people will still be without full access to essential health services at current rates. Critically, NCD service coverage has the lowest score of all health service sub-indices around the world, highlighting a systemic gap between policy intent and the ground reality.[3]

In this regard, Non-Pharmacological Interventions (NPIs) have drawn considerable interest as realistic, science-based complements to standard medical treatment. NPIs are noninvasive evidence-informed interventions to prevent or manage health conditions through biological and/or psychological mechanisms that result in a measurable impact on health outcomes, quality of life and/or behavioural determinants of disease. Most notable among NPIs is Yoga, a holistic system rooted in ancient Indian tradition that includes physical postures (āsana), breath regulation (prāṇāyāma) and meditative practices, and it stands out for its accessibility, low cost, cross-sectoral acceptability and a growing evidence base across several NCD domains.[4]

With the objective to show yoga's potential as an affordable, inclusive, and policyaligned

approach for advancing Universal Health Coverage within the Sustainable Development Goals, this study presents yoga as a multidimensional public health enabler that is methodically mapped across the eight dimensions of the UHC assessment framework, which span social sustainability, financial protection, population health, service delivery, coverage, governance, and global commitments.[5]

Reviewing the Eight Dimensions of Universal Health Coverage with Yoga as a Public Health Intervention

Dimension 1 & 2 — Social Infrastructure & Social Sustainability

From school-based yoga for kids (ages 6–17) to therapeutic yoga for seniors (65+), yoga is naturally inclusive and adaptable to all age groups. By increasing wellness literacy, lowering stress associated with poverty, and advancing health equity among economically inactive or informally employed groups, community yoga initiatives address socioeconomic determinants of health.[6]

Children's attention, behavior, and physical fitness have all improved as a result of yoga based school wellness programs, boosting academic success. Yoga is an accessible, low-cost intervention that directly addresses health disparities associated with unemployment and poverty for working-age individuals in the unorganized sector. It doesn't require any equipment or facility infrastructure.[7]

Dimension 3 — Financial and Economic Infrastructure

Yoga is an affordable public health approach that has been shown to lower medical costs. Yoga can lower out-of-pocket (OOP) expenditure (indicators 28–29), catastrophic health expenditure, and destitution due to health costs by preventing and controlling NCDs such diabetes, hypertension, and mental health disorders.[8]

Group yoga offered by AYUSH practitioners or trained community health workers has a high health-return-on-investment model with low infrastructure costs. By reducing reliance on expensive pharmacological interventions, yoga integration into national health programs (such as India's AYUSH framework) improves the efficiency of general government health expenditures.[9]

Dimension 4 — Population Health Status

This is the dimension in which yoga's evidentiary foundation is strongest. Research has indicated that yoga therapies can.

- Increase life expectancy and HALE by preventing NCDs, reducing stress, and promoting healthy aging.[10]
- Address the main cardiovascular and metabolic risk factors to lower the risk of adult death.[10]
- Lower maternal morbidity: Prenatal yoga lowers chances of premature birth, anxiety, and gestational hypertension.[12]
- Lower the prevalence of tuberculosis; yoga and pranayama have been shown to have a supplementary effect on TB patients' immune and lung function.[11]
- Delay the onset and lessen the severity of chronic disease to reduce Years of Life Lost (YLLs).[10]
- Boost immunity (Vyadhikshamatva); this is important for managing HIV morbidity and preventing infant sickness.[10]

Dimension 5 — Service Delivery

All four sub-axes of service delivery can incorporate yoga.

Benefit packages: The essential health benefits package for mental health, maternity health, and NCDs should include yoga therapy.[13] A precedent for policy is provided by India's Pradhan Mantri Jan Arogya Yojana (PM-JAY) and AYUSH integration.

Geographical access: No advanced facilities are needed for yoga. Delivery platforms that address the indicator of population access to primary health careinclude community halls, anganwadi centers, schools, and open public spaces. Tele-yoga increases access to underserved and remote communities.[13]

Care quality: Standardized yoga practices, such as the IAYT and S-VYASA protocols, guarantee repeatable, evidence-based quality. This would be captured by incorporating yoga readiness scores into facility assessment.[14]

Human Resources for Health (HRH): Community health workers (ASHAs trained in basic yoga), physiotherapists with yoga treatment training, and AYUSH yoga instructors all contribute to HRH density.[14] Without the lengthy training requirements of a medical specialization, yoga teacher training programs increase the number of health professionals.

Dimension 6

Coverage Financial coverage: Including yoga treatment in government-sponsored health insurance programs (such as CGHS, ESI, and PM-JAY) increases financial security, especially for vulnerable groups.[15]

Service coverage: National programmes such as the International Day of Yoga, Common Yoga Protocol, and AYUSH Wellness Centres represent institutionalised population-level service coverage.[16]

Population coverage: One of the biggest population-level health coverage events in history, mass yoga campaigns on June 21 (IDY) have touched hundreds of millions worldwide.[15]

Dimension 7 — Stewardship and Governance

India's National Health Policy 2017 shows governmental resolve and multi-sectoral commitment by officially including yoga and AYUSH into conventional healthcare delivery.

Among the important governing mechanisms are.

• Multi-sectoral strategies: Yoga is integrated into the fields of health, education (school yoga programs), labour (workplace wellness), and defence (yoga in the armed forces).[18]

• Integration into development plans: The Ayushman Bharat framework and India's SDG Voluntary National Review both include yoga.[18]

• The Central Council for Research in Yoga & Naturopathy (CCRYN), the Ministry of AYUSH, and the Morarji Desai National Institute of Yoga (MDNIY) are national UHCaligned organizations that serve as functional governing structures.[19]

• Impact evaluation: Evidence for socioeconomic impact assessment is provided by ICMRAYUSH collaborative research and CCRYN-funded experiments.[19]

• IEC strategy: Yoga community outreach initiatives, internet platforms, and national media campaigns support health education and increase access to vulnerable populations.[19]

Dimension 8

Global Movements and International Commitments Yoga is a unique approach to combine international diplomacy with health. The highest level of international political commitment to yoga as a public health tool is reflected in the United Nations General Assembly Resolution 69/131 (2014), which declared June 21 to be the International Day of Yoga.

Alignment to global objectives

- Yoga helps achieve SDG 3 (Good Health and Well-Being) goals for NCD prevention.
- SDG 1 and 10 (No Poverty, Reduced Inequalities): Accessible yoga lessens the health burden caused by poverty.
- WHO Global Action Plan on NCDs 2013–2030: WHO's suggested NCD prevention strategies are in line with yoga as a physical exercise and stress-reduction tactic.[20]

International financing and dedication.

- S-VYASA, Bangalore, and other WHO partnering centres for yoga are examples of institutionalized international research commitment.
- Yoga is increasingly being included in bilateral health cooperation initiatives as part of the sharing of alternative and traditional medicine.

CONCLUSION

The analysis examined in this paper presents yoga as a scalable, affordable nonpharmacological intervention (NPI) with observable effects on various aspects of universal health coverage, rather than only as a supplemental wellness activity. Yoga-based interventions consistently reduce the burden of non-communicable diseases, such as cardiometabolic disorders, hypertension, and stress-related conditions, within the service delivery and population health status dimensions. They also strengthen coverage by providing an equitable and accessible entry point to preventive care, especially at the primary health centre level. Given its versatility across age groups, socioeconomic circumstances, and literacy levels without requiring substantial infrastructure investment, its integration also speaks to the social infrastructure and sustainability factor.

To fully realize yoga's potential within UHC, however, intentional action on the stewardship/governance and global movements dimensions is needed. This includes standardizing training benchmarks, incorporating yoga into primary care and national health insurance protocols, and maintaining alignment with WHO's Traditional, Complementary, and Integrative Medicine strategy. In resource-constrained environments like India's AYUSH integrated system, yoga's cost-effectiveness as a public health asset is further highlighted by the financial and economic infrastructure factor.

To improve the evidence base for policy translation, future research should focus on largescale, methodologically sound randomized controlled trials with standardized yoga protocols, long-term outcome monitoring, and economic assessments. Yoga, which has its roots in traditional Indian wisdom but has been confirmed by modern public health science, provides

a culturally grounded and empirically backed route toward Swasthyam Sarvesam's aim of health as global health systems look for sustainable, people-centered approaches.

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