

INDIA

LANCET COUNTDOWN ON HEALTH AND CLIMATE CHANGE DATA SHEET 2026

Health and Climate Change in India

The Lancet Countdown on Health and Climate Change tracks the connections between health and climate change. In its tenth iteration, the 2026 Global Report shows that the health impacts of climate change have escalated, and frequently accelerated, in the decade since the Paris Agreement came into force.

This document draws on findings from the 2026 Lancet Countdown Global Report to present key insights for India.



Increasing heat exposure is affecting health, physical activity, sleep and labour capacity in India, with substantial consequences for livelihoods, particularly in agriculture.



Changing environmental conditions are increasing the suitability for dengue, malaria and Vibrio transmission in India, highlighting the importance of climate-informed disease surveillance and preparedness.



Wildfire smoke is contributing to substantial premature mortality in India. While the extent of extreme drought has declined, periods of low freshwater storage have become more frequent, and coastal populations face risks from sea-level rise and warming marine waters.



Air pollution from fossil fuel and household fuel combustion contributes to substantial premature mortality in India.

Heat and Health

Exposure to high temperatures increases the risk of heat-related illness and mortality. Vulnerable groups, including older adults, young children, pregnant women, and those with pre-existing conditions, face the greatest risks. Heat can also disrupt sleep, limit safe physical activity and reduce people's capacity to work.



50% (5.3 out of 10.6) of the heatwave days that people in India were exposed to on average were directly attributable to climate change between 2016 and 2025. (Indicator 1.1.1)

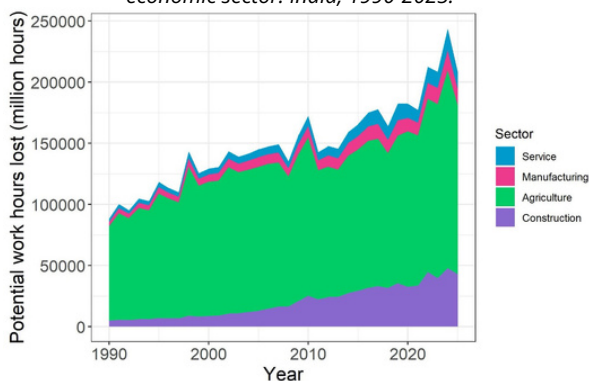


The average annual monetised value of heat-related mortality among people aged over 65 in India was US\$33.8 billion between 2021 and 2025, equivalent to over 1.9 million average annual incomes. This was a 205% increase compared with 2000–2004. (Indicator 4.1.2)



People in India were exposed to over 2,600 hours per year in which heat posed a moderate or higher risk of heat stress during moderate outdoor physical activity (e.g., brisk walking) between 2016 and 2025, over 200 hours more than the annual average in the 1990s. (Indicator 1.1.2)

Annual potential work hours lost, disaggregated by economic sector. India, 1990–2025.



LIVED EXPERIENCE

The heatwave led to a surge in heatstroke, dehydration, dizziness, and cardiovascular complications among vulnerable populations. Hospitals reported a severe increase in emergency visits for heat-related illnesses within a few weeks.

Dr Puneet Mishra, India



People in India lost an estimated 64 hours of sleep annually due to high night-time temperatures between 2021 and 2025, approximately 3 hours more per year than in 1986–2005. (Indicator 1.1.4)



Heat exposure caused an average annual loss of 193 billion potential labour hours in India between 2016 and 2025, 75% higher than the annual average in the 1990s. However, potential hours lost per worker increased by only 8.5% over the same period, indicating that growth in the exposed workforce contributed to the increase in total losses. Agriculture accounted for approximately 68% of these losses. (Indicator 1.1.3)



Heat-related labour capacity reduction in India caused an estimated potential earnings loss of US\$174 billion in 2025, equivalent to 4.2% of national GDP. Agriculture accounted for 54% of these losses. (Indicator 4.1.3)

Climate-Sensitive Infectious Diseases

Changes in temperature, rainfall and other environmental conditions can increase the suitability for transmission of mosquito-borne and waterborne diseases. Strengthening climate-informed disease surveillance is essential for identifying and responding to emerging health risks.



The transmission potential (R_0) of dengue spread by *Aedes albopictus* mosquitoes in India increased by 84% between 2016–2025 and 1951–1960, rising from below to above 1. Transmission potential for *Aedes aegypti* remained high, averaging 2.4 between 2016 and 2025.

The number of months environmentally suitable for malaria transmission in India increased by approximately 19% for *Plasmodium falciparum* and 18% for *P. vivax* between 2016–2025 and 1981–1990, reaching an average of approximately four months per year. (Indicator 1.3.1)



The length of India's coastline with conditions suitable for *Vibrio* transmission increased by 27% compared with 1982–1991, reaching approximately 2,740 km in 2025. Estimated vibriosis cases almost doubled between the 1982–1991 and 2016–2025, reaching an annual average of approximately 97,500 cases. (Indicator 1.3.2)

Wildfire Smoke, Water Security, and Coastal Health

Wildfire smoke increases the risk of respiratory and cardiovascular disease and premature mortality, while drought and reduced freshwater availability can threaten water security, food production and livelihoods. Coastal communities face additional health risks from sea-level rise and associated disruption to essential services, while warming sea surface temperatures can affect marine ecosystems and fish stocks, with implications for food security.



Wildfire smoke was associated with an annual average of approximately 90,300 deaths in India between 2021 and 2025, compared with 67,800 annually in 2003–2012, with the increase partly due to population growth. The mortality rate also increased from 5.8 to 6.3 deaths per 100,000 people. (Indicator 1.2.1)



An average of 13% of India's land area experienced at least one month of extreme drought annually between 2021 and 2025, compared with 34% in 1981–1990. (Indicator 1.2.2)

The frequency of months with low freshwater storage increased by 6.8% between 2006–2015 and 2016–2025. (Indicator 1.2.2)



Approximately 18.2 million people in India (1.3% of the population) lived in areas less than one metre above sea level in 2025, highlighting potential risks from coastal flooding, displacement and disruption to essential services. (Indicator 2.3.3)



Coastal sea surface temperatures around India were 0.4°C higher between 2023 and 2025 than in 1981–2010. Warming coastal waters can affect marine ecosystems and fish stocks, with implications for marine food security and livelihoods. (Indicator 1.4.1)

Energy Transition and Health

Fossil fuel combustion and the use of polluting household fuels contribute to harmful air pollution, increasing the risk of respiratory and cardiovascular diseases and premature mortality. Reducing dependence on polluting fuels can improve air quality and protect health, while also reducing greenhouse gas emissions.



Exposure to anthropogenic fine particulate matter ($PM_{2.5}$) was associated with over 2.2 million deaths in India in 2023, a 22% increase from 2016. Fossil fuel combustion contributed to 38% of these deaths, with coal responsible for 67% of fossil fuel-related air-pollution deaths. (Indicator 3.2.1)



Household air pollution from the use of polluting fuels was associated with approximately 617,000 deaths in India in 2023, compared with 783,000 in 2016. (Indicator 3.2.2)

The monetised value of premature mortality associated with air pollution in India reached approximately US\$517 billion in 2023, equivalent to 13.5% of national GDP. (Indicator 4.1.4)



Electricity accounted for only 0.1% of road transport energy use in India in 2023. (Indicator 3.1.3)

Electricity accounted for only 19% of household energy use in India in 2023. (Indicator 3.1.2)



Fossil fuel subsidies in India exceeded revenues from carbon pricing in 2024, resulting in net subsidies of US\$62.3 billion, equivalent to approximately 49% of national health expenditure. Reducing fossil fuel dependence can improve air quality and protect health. (Indicator 4.3.2)

Testimonials were collected by The Geneva Learning Foundation as part of efforts to elevate health worker voices and recognize their lived experiences as valuable evidence in climate and health policy.

Romanello M, Walawender M, Israelsson J et al. The 2026 report of the Lancet Countdown on health and climate change: A decade of escalating health harms and a decisive moment for all. The Lancet 2026; published online October 2026. [https://doi.org/10.1016/S0140-6736\(26\)01779-4](https://doi.org/10.1016/S0140-6736(26)01779-4)

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