

## Mapping illness

In 2013, a World Bank report, *The Global Burden of Disease, Generating Evidence, Guiding Policy — South Asia*, suggested that India was going through an epidemiological transition. It argued that non-communicable diseases, like heart ailments, diabetes and chronic respiratory afflictions were “increasingly causing more premature mortality and disability” in India compared to the communicable diseases. Since then, several studies have tried to understand the contours of this shift in the country’s disease burden. Major national surveys, such as the National Family Health Survey and the Annual Health Survey, have provided valuable data on key health indicators, and several states have generated data on non-communicable diseases such as diabetes and heart ailments. However, a comprehensive assessment of every major disease across all states of the country, providing estimates over an extended period, has eluded policymakers. The India State Level Disease Burden Report, released on Tuesday, fills this gap.

The report, a product of a two-year long study undertaken by the Indian Council of Medical Research, Public Health Foundation of India and the Institute for Health Metrics and Evaluation in collaboration with the Ministry of Health and Family Welfare, has some good news for the country’s policymakers and many challenges for them. Life-expectancy at birth has improved from 59.7 years in 1990 to 70.3 years in 2016 for females and from 58.3 years to 66.9 years for males. But worryingly, the study upturns the widespread perception that states performing well on economic yardsticks are also doing well on health indicators. Kerala, Tamil Nadu, Maharashtra, Gujarat, Goa and Punjab have become hubs of non-communicable diseases, while communicable diseases and malnutrition continue to dog people in most parts of the country — Jharkhand, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Odisha and Uttarakhand being the worst affected.

The report presents a two-pronged challenge for policymakers. The large-scale variation in the disease patterns across the country means that one health policy and uniform health-related schemes are unlikely to work in all the states. But at the same time, the persistence of communicable diseases and malnutrition means that efforts to tackle these maladies have to be scaled up. One nugget of information in the report throws light on the enormity of this problem: Kerala had the lowest disease burden due to malnutrition in India, but even that was 2.7 times higher per person than in China. That said, policymakers in the country should see the report as an opportunity. After all, it addresses their longstanding grievance about the paucity of data on India’s disease burden.

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