

India's first health atlas mirror's a health emergency

The India State-level Disease Burden Initiative released last week was at once both revealing and frightening. For the first time, it comprehensively identified the disease burden of the country; at the same time though, it revealed the extent of disease burden, which if unaddressed on a war footing as it were could nix the country's enormous growth potential.

This is something that Bill Gates, who coincidentally was in town last week, captured in a wide-ranging interview unrelated to the health study published in *The Times of India* on 18 November. "Every other country that moved to middle-income status spends over 3% (of its gross domestic product, or GDP) on public health. If you are (paying) out of your pocket (for healthcare) it can bankrupt your family," he said, before highlighting the consequences of not prioritizing spending on healthcare: "Most countries that moved to middle-income status, provide insurance—either through the private sector, through government or some weird mix." In short, Gates is laying down the red line: spend on healthcare or stay stuck as a low-income nation.

In a nutshell [the health study](#), conducted jointly by the Indian Council of Medical Research, Public Health Foundation of India and Institute for Health Metrics and Evaluation, revealed that between 1990 and 2016 the life expectancy improved significantly.

But the disease burden underwent a structural shift: six out of 10 Indians now die due to non-communicable diseases (like a heart attack), even while child and maternal malnutrition continue to cause premature deaths (an estimated six million children die before they are five years old) and tuberculosis, with the highest incidence in the world, continues to be a threat.

The study captures the disease burden expressed as the number of years lost due to ill-health, disability or early death—it was nine-fold for diarrhoeal diseases and tuberculosis, and seven-fold for lower respiratory infections in 2016. Lest we forget, not too long ago, the epidemic of AIDS all but destroyed a generation of South Africa's workforce.

Ideally, this health atlas (because that is what it is doing by drilling down to the state level with such detail) should have been published decades ago. It would have helped policy planners immensely in customizing curative solutions, instead of universalizing the strategy as there was rarely any big data to fall back upon. As the cliché goes, better late than never.

While this is indeed the case, it does not in any way absolve regimes over the last seven decades, including the present one, for their failure to prioritize health—it averages a little over 1% of GDP. Part of the problem, like in the case of pollution, is that this falls in the realm of the Union government and the states. And unless it is in your face, politicians seldom find it worthwhile to react.

But the health atlas reveals that this is a luxury politicians may not have for too long. While it shows a dismal national picture, the regional story is even more depressing. The inequalities in the disease burden suggest that regional growth disparities will only widen. It's only a matter of time before people start checking off their aspirations against those in better off regions and start asking politically uncomfortable questions—the 2014 general election is a great example of how aspirations can trigger structural political change.

The writing is on the wall as it were for the country. Heed the message captured in the study or rue a missed opportunity.

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