



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY

Friday

201901101

National Health Profile

Explained: What National Health Profile says about targeted, actual health spend (The Indian Express: 201901101)

<https://indianexpress.com/article/explained/national-health-profile-nhp-report-2019-healthcare-india-6096911/>

The National Health Profile (NHP) is an annual stocktaking exercise on the health of the health sector.

At a time when Universal Health Coverage has become the new buzzword of healthcare in India since Ayushman Bharat, the National Health Profile 2019 throws up sobering figures. Between 2009-10 and 2018-19, India's public health spend as a percentage of GDP went up by just 0.16 percentage points from 1.12% to 1.28% of GDP, and remains a far cry from the 2.5% GDP health spend that has been India's target for some years now

The National Health Profile (NHP) is an annual stocktaking exercise on the health of the health sector.

The current situation

“The cost of treatment has been on rise in India and it has led to inequity in access to health care services. India spends only 1.28% of its GDP (2017-18 BE) as public expenditure on health. Per capita public expenditure on health in nominal terms has gone up from Rs 621 in 2009-10 to Rs 1,657 in 2017-18,” NHP 2019 says.

Compare this with the average total medical expenditure per childbirth in a public hospital: Rs 1,587 in a rural area and Rs 2,117 in an urban area. Based on Health Survey (71st round) conducted by NSSO, average medical expenditure incurred during hospital stay during January 2013-June 2014 was Rs 14,935 for rural and Rs 24,436 in urban India.

In his Independence Day address in 2011, then PM Manmohan Singh had declared that financing of health would be upped to 2.5% of GDP, during the 12th Five Year Plan (a concept since discontinued). In 2018, Prime Minister Narendra Modi said at the Partners' Forum meeting in Delhi: "We are committed to increasing India's health spending to 2.5% of GDP by 2025, reaching to more than \$100 billion. This will mean an actual increase of 345 per cent over the current share, in just eight years."

Source: Health Ministry via National Health Profile 2019

Blueprint for meeting targets

In 2011, the High Level Expert Group of the erstwhile Planning Commission submitted its seminal report on the roll-out of Universal Health Coverage (UHC) in India. Recommendation 3.1.1 reads: "Government (central government and states combined) should increase public expenditures on health from the current level of 1.2% of GDP to at least 2.5% by the end of the 12th plan and to at least 3% of GDP by 2022."

The report adds: "Financing the proposed UHC system will require public expenditures on health to be stepped up from around 1.2% of GDP today to at least 2.5% by 2017 and to 3% of GDP by 2022. The proposed increase is consistent with the estimates by government as well as our preliminary assessment of financial resources required to finance the NHP. Even if we assume that the combined public and private spending on health remains at the current level of around 4.5% of GDP, this will result in a five-fold increase in real per capita health expenditures by the government (from around Rs 650-700 in 2011-12 to Rs 3,400-3,500 by 2021-22). There will also be a corresponding decline in real private out-of-pocket expenditures from around Rs 1,800-1,850 in 2011-12 to Rs 1,700-1,750 by 2021-22."

Universal Health Coverage, according to the World Health Organization, means that "all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship." The three objectives are: equity in access to health services; quality of health services should be good enough to improve the health of those receiving them; people should be protected against financial-risk, ensuring that the cost of using services does not put people at risk of financial harm.

Cyclone Maha likely to intensify into very severe cyclonic storm in 24 hrs

Source: WHO via National Health Profile 2019

The states

There are wide disparities in the health spend of states, the NHP points out. The Northeastern states had the highest and the Empowered Action Group (EAG) states plus Assam had the lowest average per capita public expenditure on health in 2015-16. EAG states are the eight socio-economically backward states of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttarakhand and Uttar Pradesh. Among the big states (erstwhile) Jammu and Kashmir leads with a 2.46% GSDP spend on healthcare – nearest to the ideal spend. Among

the NE states, the leaders in health spend were Mizoram with 4.20% GSDP spend and Arunachal Pradesh with 3.29%.

Even states seen as better performers on health parameters, such as Tamil Nadu and Kerala, fare poorly on the health finance index. Tamil Nadu spent 0.74% of its GSDP and Kerala 0.93% of its GSDP on healthcare.

India and world

The NHP does some very telling calculations on India's per capita health spend and how it stacks up against countries who are on the UHC path. In 2016, India's Domestic general government health expenditure stood at \$16 per capita. This is lower than Norway (\$6,366), Canada (\$3,274), Japan (\$3,538), Republic of Korea (\$1,209) and Brunei Darussalam (\$599). Among the 23 countries including India that the Central Bureau of Health Intelligence chose for that comparison, the highest per capita spender is the United States at \$8078. The American system, though, is considered neither ideal nor economical. This data has been sourced from the Global Health Expenditure Database of the World Health Organisation.

Other findings

The NHP also notes the change in disease profile of the country with a shift towards the non-communicable disease from communicable ones – a fact that has been minutely documented by the State Level Disease Burden Study that was released some years ago and the subsequent analyses of that data periodically published in various medical journals. “ It has been observed that the non-communicable diseases dominate over communicable in the total disease burden of the country. In a recent report of India Council of Medical Research, titled India: Health of the Nation's States: The India State-Level Disease Burden Initiative (2017), it is observed that the disease burden due to communicable, maternal, neonatal, and nutritional diseases, as measured using disability-adjusted life years (DALYs), dropped from 61 per cent to 33 per cent between 1990 and 2016. In the same period, disease burden from non-communicable diseases increased from 30 per cent to 55 per cent. The epidemiological transition, however, varies widely among Indian states: 48% to 75% for non-communicable diseases, 14% to 43% for infectious and associated diseases, and 9% to 14% for injuries,” the NHP notes. DALYs are an international standard of disease burden that measures how much of a normal life span of an individual is taken away by a disease related morbidity of mortality.

The NHP has also noted that medical education infrastructure has shown rapid growth over the past few years. “The country has 529 medical colleges, 313 Dental Colleges for BDS & 253 Dental Colleges for MDS. The total number of admissions for academic year 2018-19 in Medical Colleges is 58756. The Dental Colleges saw an admission of 26960 in BDS and 6288 in MDS in the academic year 2018-19,” it says.

WHAT INDIA SPENT ON HEALTH

Year	Actual spend (₹ crore)	Per capita spend	% of GDP
2009-10	72,536	621	1.12
2010-11	83,101	701	1.07
2011-12	96,221	802	1.1
2012-13	1,08,236	890	1.09
2013-14	1,12,270	913	1.00
2014-15	1,21,600.23	973	0.98
2015-16	1,40,054.55	1112	1.02
2016-17 (RE)	1,78,875.63	1397	1.17
2017-18 (BE)	2,13,719.58	1657	1.28

*Source: Health Ministry via
National Health Profile 2019*

WHAT COUNTRIES SPEND

Domestic general government health expenditure (GGHE-D) in constant (2016) US\$ per capita

US	8,078
Norway	6,366
Switzerland	6,175
Luxembourg	5,093
Sweden	4,769
Denmark	4,682
India	16

Source: WHO via National Health Profile 2019

Sleeping

India least active, 2nd most sleep-deprived in 18 nations: Fitbit (The Tribune: 201901101)

<https://www.tribuneindia.com/news/health/india-least-active-2nd-most-sleep-deprived-in-18-nations-fitbit/854407.html>

India is the second most sleep-deprived country with an average night sleep of 7 hours and 1 minute, while Japan is the most sleep-deprived nation globally as an average Japanese gets only 6 hours and 47 minutes' sleep, according to a survey by activity trackers and wearables maker Fitbit, released on Wednesday.

Based on aggregated and anonymised user data analysis from 18 countries—India, Argentina, Australia, Canada, Chile, France, Germany, Hong Kong, Ireland, Italy, Japan, Mexico, New Zealand, Peru, Singapore, Spain, the UK and the US—Fitbit said Indians get 77 minutes of rapid eye movement (REM) sleep, which is the lowest in the world, similar to the Japanese.

The study was conducted between August 1, 2018 and July 31, 2019.

"REM sleep is crucial for emotion regulation, memory and peak protein synthesis, which ensures that multiple processes in the body work properly," the company said.

People in the 75-90 years age group get the least sleep (6 hours and 35 minutes) compared with other age groups, whereas those in the 18-25 years age group go to bed more than an hour later than those in the 75-90 years age group.

According to Fitbit, Indians are the least active and log in only 6,533 steps a day, which is 3,600 steps less than the average of the most active country -- Hong Kong. — IANS

Green inhalers'

Green inhalers' can drastically cut down carbon footprint and med costs: Study (The Tribune: 201901101)

Switching to 'greener inhalers' can lead large cut down on carbon emissions, and may also reduce drug costs with the use of less expensive alternative brands, according to a study.

Looking at the prescription data from England in 2017, researchers, including those from the University of Cambridge in the UK, collated the carbon footprint data on inhalers—commonly used for conditions such as asthma—and compared the financial and environmental costs of different inhalers.

The study, published in the BMJ, noted that the commonly used metered dose inhalers (MDI)—that delivers a measured amount of medication as a mist patients can inhale—contained the propellant gas hydrofluoroalkane (HFA) which is a potent greenhouse gas.

The researchers found that about 50 million inhalers were prescribed in England in 2017, of which nearly 70 per cent were metered-dose inhalers.

According to the researchers, MDIs contributed the equivalent of almost 4 per cent of the global carbon footprint—the total amount of greenhouse gases produced to directly and indirectly support human activities.

They said that alternatives such as dry powder inhalers (DPI) and aqueous mist inhalers had much lesser carbon footprint, and large scale uptake of the DPIs could also reduce the costs.

The carbon footprints of MDIs were between 10-37 times those of dry powder inhalers, the study noted.

"For every 10% of MDIs changed to DPIs, drug costs decrease by £8.2M annually," the researchers wrote in the study.

Replacing one MDI out of every ten with a DPI would also reduce carbon dioxide equivalent emissions by 58 kilotonnes—roughly the same as would arise from 180,000 return car journeys from London to Edinburgh, the researchers said.

According to the researchers, at the individual level each MDI replaced by a DPI could save the equivalent of between 150 and 400kg of CO₂ annually which they said is similar to many actions that environmentally-concerned individuals are taking at home such as installing wall insulation at home, recycling, or cutting out meat.

"Any move towards 'greener' inhalers would need to ensure that replacements were cost effective," said study co-author Alexander Wilkinson of East and North Hertfordshire NHS Trust in the UK.

Wilkinson said that by switching to less expensive brands it would still be possible to make a positive impact on carbon emissions while at the same time reducing drug costs.

"It's important to stress that patients shouldn't stop using their usual treatments to reduce their carbon footprint. Instead we recommend patients review their condition and treatment at least annually with their healthcare professional and at this point discuss whether a more environmentally-friendly inhaler is available and appropriate in their situation," he said.

Study co-author James Smith from the University of Cambridge said switching to inhalers which are better for the environment could help individuals, and the NHS as a whole, reduce their impact on the climate significantly.

"This is an important step towards creating a zero carbon healthcare system fit for the 21st century," Smith said. — PTI

Air, water pollution

Air, water pollution on rise; PPCB fails to act (The Tribune: 201901101)

(The Tribune: 201901101)

The “failure” of the Punjab Pollution Control Board (PPCB) in curbing stubble burning has deteriorated air quality in the state, so much so that it has earned the wrath of the National Green Tribunal (NGT). This is not all. The PPCB has also failed to act tough against water-polluting industries and Municipal Corporations.

Noted environmentalist Balbir Singh Seechewal says, “Industrialists are the major fundraisers for political parties during elections, while farmers are a big vote bank. We are not against the industry or farmers. We are for implementing environmental laws. But the problem is PPCB field officers and seniors are in cahoots with the industry-farmer nexus. This has to stop. The PPCB needs to act now.”

Poor air quality

The PPCB passes the buck when it comes to stubble burning. It says the onus is on the district administrations to check the menace.

On Wednesday, the state recorded the highest number (3,135) of stubble burning incidents this harvesting season, as per the data of the Punjab Remote Sensing Centre. With this, the total number of farm fires has reached 19,869 so far. The state’s air quality index was 292, which falls in the “poor” bracket.

Karunesh Garg, PPCB member secretary, says: “We are monitoring the situation. The responsibility to fine or arrest farmers accused of burning stubble is with Deputy Commissioners.”

To a query that why the PPCB was waiting for the government nod to act against erring farmers even through it was an independent body, he said the board had forwarded some recommendations to the government and, soon, strict action would be taken against farmers.

Jalandhar tanneries

The Supreme Court had, on February 22, 2017, fixed a three-month deadline for industrial units across the country to establish effluent treatment plants (ETP), failing which they would not be allowed to operate. The PPCB had issued notices in that regard, but the industry and Municipal Corporations did not adhere to the direction.

On Wednesday, the Punjab and Haryana High Court ordered shutting down of all tanneries in Jalandhar's leather complex till further orders.

"The issue concerning Jalandhar tanneries is an internal tussle among industries. The PPCB is only a regulator," a PPCB official says.

Save Ghaggar: NGT

In September, a monitoring panel constituted by the National Green Tribunal to check pollution in the Ghaggar questioned the working of the PPCB. The Justice Pritam Pal-headed panel directed the PPCB to slap a fine of Rs50 lakh each as "environmental compensation" on four Patiala-based industries.

In the executive committee report submitted to the NGT on September 30, the panel also rapped the Punjab Pollution Control Board on the manner of its inspection of such industries.

The panel further found that 30 towns had been identified directly or indirectly discharging sewage into the Ghaggar, and recommended installation of sewage-treatment plants (STPs).

"The NGT orders expresses tribunal's point of view and I cannot comment on it. The board regularly monitors industries," PPCB member secretary Garg says.

Swine fever

Scientists say quarter of all pigs could die of swine fever (Business Standard: 201901101)

https://www.business-standard.com/article/pti-stories/scientists-say-quarter-of-all-pigs-could-die-of-swine-fever-119103100797_1.html

New vaccine to immunize wild boars against African swine fever

China says pork production recovering as swine fever cases decline

Philippines confirms African swine fever, culls 7,000 pigs

Around a quarter of the world's pigs are expected to die from African swine fever as authorities grapple with a complex disease spreading rapidly in the globalization era, the World Organization for Animal Health's president said Thursday.

A sharp reduction in the world's pig population would lead to possible food shortages and high pork prices, and it might also cause shortfalls in the many products made from pigs, such as the blood-thinner heparin that's used in people, said Dr. Mark Schipp, the organization's president.

The disease's spread in the past year to countries including China, which has half the world's pigs, had inflamed a worldwide crisis, Schipp told reporters at a briefing in Sydney.

"I don't think the species will be lost, but it's the biggest threat to the commercial raising of pigs we've ever seen," he said. "And it's the biggest threat to any commercial livestock of our generation."

African swine fever, fatal to hogs but no threat to humans, has wiped out pig herds in many Asian countries. Chinese authorities have destroyed about 1.2 million pigs in an effort to contain the disease there since August 2018.

The price of pork has nearly doubled from a year ago in China, which produces and consumes two-thirds of the world's pork. And China's efforts to buy pork abroad, as well as smaller outbreaks in other countries, are pushing up global prices.

"There are some shortages in some countries, and there's been some substitutions using other sources of protein, which is driving up the prices of other proteins," said Schipp.

Progress had been made toward a vaccine, but Schipp, who is also Australia's chief veterinary officer, said the work was challenging because the virus itself is large and has a complex structure. He said a big step forward was the announcement last week that scientists had unraveled the 3D structure of the virus.

African swine fever is spread by contact among pigs, through contaminated fodder and by ticks. It originated in South Africa and appeared in Europe in the 1960s. A recent reappearance in western Europe came from wild pigs transferred into Belgian forests for hunting purposes.

Its capacity to spread rapidly is shown by its spread from China in the past year, Schipp said. Mongolia, the Korean Peninsula, Southeast Asia and East Timor have had outbreaks as well.

He said the spread reflects the global movement of pork and of people but also the effect of tariffs and trade barriers, which sends those obtaining pork to seek out riskier sources. And Schipp said quality control was difficult for products such as skins for sausages, salamis and similar foods.

"Those casing products move through multiple countries," he said.

"They're cleaned in one, graded in another, sorted in another, partially treated in another, and finally treated in a fourth or fifth country. They're very hard to trace, through so many countries." An emerging issue in the crisis is a potential heparin shortage, Schipp said.

"Most of it is sourced from China, which has been badly hit. There are concerns that this will threaten the global supply of heparin," Schipp said. He praised China's efforts to battle the disease and said the outbreaks would change the way pigs are raised.

"In China, previously they had a lot of backyard piggeries. They're seeing this as an opportunity to take a big step forward and move to large scale commercial piggeries," Schipp said. "The challenge will be to other countries without the infrastructure or capital reserves to scale up in those ways.

(This story has not been edited by Business Standard staff and is auto-generated from a syndicated feed.)

Severe' pollution

Capital continues to choke under 'severe' pollution (The Hindu: 201901101)

<https://www.thehindu.com/news/cities/Delhi/capital-continues-to-choke-under-severe-pollution/article29847350.ece>

Level of PM2.5 is almost five times the safe limit

A thick blanket of smog covered the Capital on Thursday with the air quality remaining in the "severe" category for the second consecutive day.

Sex ratio improves

Sex ratio improves in country; birth and death rates dip(The Hindu: 201901101)

<https://www.thehindu.com/sci-tech/health/sex-ratio-improves-in-country-birth-and-death-rates-dip/article29846222.ece>

Total fertility rate in 12 States has fallen below two children per woman

India has registered an improved sex ratio and a decline in birth and death rates with non-communicable diseases dominating over communicable in the total

Air toxic

Air toxic for young lungs but schools remain open (Hindustan Times: 201901101)

<https://epaper.hindustantimes.com/Home/ArticleView>

CHILDREN MOST VULNERABLE

They breathe faster than adults, taking in more pollutants



99%

of children under 5 are exposed to dangerous levels of PM2.5

WHAT POLLUTION CAN CAUSE

FOR FETUSES

- Raised risk of preterm birth
- Underdeveloped lung, other organs
- Increased risk of infant mortality

FOR INFANTS

- Eye, lungs and skin allergies and infections
- Conditions like cough, pneumonia
- Chances of long-term cognitive impairment

FOR PRE-TEENS & TEENS

- Chronic coughs, bronchitis and/or asthma attacks
- Increased risk of cardiovascular disease and leukaemia

HOW IT WAS ON THURSDAY

AQI 425 at 11pm
(‘Severe’ level)

PM2.5 296.7 at 11pm
(Safe limit 60µg/m³)



HT Correspondents

letters@hindustantimes.com

New Delhi : The air in the national capital appeared set to enter the emergency zone on Friday but officials dithered on announcing a shutdown of schools citing a technicality, even as experts said young children should be kept indoors till pollution levels ease.

The 24-hour average concentration of PM2.5 ultra-fine particles reported by the Central Control Room for Air Quality Management-Delhi NCR’s dashboard was at 296.7µg/m³ at 11pm on Thursday, close to the 300µg/m³ level that is regarded as the threshold beyond which the pollution is considered to be at emergency levels.

The rise, which was consistent since the afternoon, coincides with a rapid rise in the number of farm fires reported in the neighbouring states of Punjab and Haryana – a key source of the pollutant that is considered to be the deadliest of all particles in the air. Since Wednesday, there were at least 5,300 incidents of farm fires – the effects of which are expected to be felt in the national capital region (NCR) soon.

“Morning time is worse for children to be outdoors since pollution is at its peak around that time. Their airways are developing, and are narrower, so they are prone to more injury when breathing in heavy pollutants,” said Dr JS Bhasin, senior Paediatrician, BLK Hospital.

“Apart from throat and lungs, pollution also affects their eyes and skin,” he added.

Authorities in Delhi and Noida have advised schools to cut down on outdoor activities, though no order has been given to shut schools for now. Pollution control authorities have cited a slight improvement that is expected in pollution levels by Sunday to resist from ordering more serious curbs such a ban on schools.

But experts said this showed the inadequacy of the air pollution plan, and highlighted how it was reactive rather than proactive in nature.

“It is time to have a re-look at the Graded Response Action Plan (Grap). In most countries, actions are taken based on forecast. But if we go by Grap, then we would have to wait for the “severe+” category air to last for at least two days to shut down schools,” said environment expert Chandra Bhushan, who asked: “What if pollution doesn’t reach the “severe+” category and remains few notches below in the severe category for a week? Shall we not take any extreme action and wait for the emergency category?”

Grap lays down sets of curbs that are enforced when AQI crosses certain thresholds – the most serious of these include a ban on trucks, odd-even road restrictions, an embargo on construction work, and an advisory to governments to shut schools.

According to CPCB officials, air quality is likely to improve gradually but will remain in ‘very poor’ to ‘severe’ zone over the next two days. It is expected to improve “significantly” on November 3, when surface wind speed is expected to pick up.

Sunita Narain, a member of Environment Pollution (Prevention and Control) Authority – the agency that orders governments to enforce curbs, said, “While shutting down of schools is listed under Grap and there is clearly a pollution emergency, the fact remains that children will still play outside even while at home.” The best option, she added, “is to reduce their [children’s] exposure to outdoor activities, which schools are already doing”.

“We are watching with great concern, as pollution is almost at emergency levels. We may have to come up with more measures,” Narain said.

The Delhi government had shut down all schools on November 8, 2017 for five days after the pollution remained in severe category.

This year, the air quality crisis has hit with similar intensity as recent years despite the problem being an annual crisis and leading to several efforts -- laws, fines and cleaner fuel -- to combat it. On Sunday, people flouted a Supreme Court-ordered rule to set off illegal fireworks, adding to the toxic combination of gases that has lingered on in the city since then.

Some measures of Grap had been applied pre-emptively last week, but benefits, if any, lasted only till the afternoon of Diwali before emissions from celebrations and smoke from farm fires covered the capital i

Killer morning smogBad

Schoolkids inhale killer morning smogBad Air Prolonged exposure to particulate matter can lead to respiratory distress, stunted growth and cognitive disorders among children; Experts: keep them indoors, avoid exertion (Hindustan Times: 201901101)

It is the young lungs, especially under five years of age, that suffer the maximum damage when air pollution levels peak, say doctors.

For children, the risk really begins very early — right from the womb and continues through till early childhood.

“Long-term, recurrent exposure to pollution is linked to underdeveloped lungs in children, low birth weight, heart diseases, stroke, and now, studies show associations of pollution with reduced cognitive abilities as well,” Dr BK Tripathi, professor of medicine, Safdarjung hospital, said.

Short-term impact

The exposure to air pollution leads to immediate breathing difficulties, respiratory symptoms, and irritation of the eye.

“Children and the elderly are the most vulnerable — whatever symptoms people are experiencing, they are more pronounced in them. In my clinic, people who already have existing conditions such as asthma and COPD are coming with exacerbated symptoms,” Dr Sandeep Nayyar, head of the department of respiratory medicine, allergy and sleep disorders, BL Kapur Super Speciality Hospital, said.

“When pollution is at its peak, children who already have minor breathing issues get aggravated symptoms that don’t allow them proper sleep at night. Lack of sleep over a period of time can lead to altered moods and memory issues,” Dr Manvir Bhatia, sleep medicine expert, said.

Doctors usually advise parents to ensure that their child stays indoors when pollution levels are high. “Parents should ensure that the child remains occupied with fun indoor activities to prevent them from having mood issues and becoming irritable,” Dr Rajesh Sagar, professor, psychiatry department, All India Institute of Medical Sciences (AIIMS), Delhi, said.

The WHO report stated that children are uniquely vulnerable to air pollution — they breathe faster than adults inhaling more pollutants, they live closer to the ground where pollution levels are concentrated, and they spend more time outdoors.

Long-term impact

Repeated exposure can lead to children developing asthma and other allergic respiratory symptoms later in life.

“There are studies that show that in children, exposure to high pollution levels can lead to them developing chronic respiratory conditions,” Dr Arup Basu, senior consultant, department of chest medicine at Sir Ganga Ram Hospital, said. “The allergic symptoms irritate the mucous membrane lining the airway and damage it. Recurrence of the symptoms leads to scarring and irreversible damage of the lining,” Dr Tripathi said.

An increase of 100 μ g/m³ in the PM_{2.5} during birth month was associated with a decrease of .05cm in height-for-age of child. This means a 5-year-old girl will be 0.24 cm shorter than average.

India's public health

India's public health spending lagging behind (Hindustan Times: 201901101)

<https://epaper.hindustantimes.com/Home/ArticleView>

New delhi : India released National Health Profile-2019 (NHP-2019) on Wednesday, and, at 1.28% of the GDP (2017-18 Budget Estimate), the country's public expenditure on health continues to remain the lowest globally, making it seem like an uphill task to meet the target of 2.5% of the GDP by 2025 that the government is aiming at.

The comparative data from 2016 mentioned in the NHP shows among the 10 South East Asia Region countries, India, at 0.93% of the GDP, was above only Bangladesh at 0.42%.

India's neighbours, such as Sri Lanka (1.68%), Indonesia (1.40%), Nepal (1.17%) and Myanmar (1.02%) are spending far more than India on healthcare, which could have an impact on its efforts to achieve Universal Health Coverage (UHC).

Per capita public expenditure on health in nominal terms has gone up from ₹621 in 2009-10 to ₹1,657 in 2017-18. The Centre:State share in total public expenditure on health was 37:63 in 2017-18.

Experts were also wary of India reaching the 2.5% target in next five years.

“If the spending is going by the same rate, both at the Central and state level, then it will hover around 1.2-1.3% of the GDP. In fact, it has stayed a little over 1% for the past 10 years. It's pretty much stagnant, so 2.5% seems unlikely,” said Dr Sakthivel Selvaraj, director, health economics and policy, Public Health Foundation of India.

“Two-thirds of country's public health spend is coming from the states and that has also stayed stagnant over the years. Despite the 14th financial commission recommendations that allocated more tax revenue to the states that was supposed to be used for health, it hasn't been really. It's unlikely to see a significant increase in the health spend in near future,” he added.

Anaemia continues to remain a huge health concern, with one in two women between 15-49 years suffering from lack of adequate blood and blood components in the body, shows the report. In children, the problem is more severe as close to 60% children between 6 and 59 months are anaemic. Iron deficiency is most common reason for developing anaemia, and affects human body function at every level.

“Anaemia is quite rampant in women and children in India, and it can create huge problems during childbirth if a pregnant woman is anaemic; the child can be born small or turn out to be malnourished, the woman could go into shock if there's bleeding and the count is low. In urban areas you still find mild anaemia but in rural areas it is worse,” said Dr Anuradha Kapur, senior gynaecologist, Max Hospital.

Faulty lifestyle has led to sharp rise in the number of people suffering from diabetes, hypertension or both.

The test results of people having undergone preventive screening at the government-run Non Communicable Diseases (NCDs) Clinic, shows of the 6.51 crore people screened, at least 6% people were diagnosed with hypertension (high blood pressure), and about 5% had diabetes. Heart disease, stroke and certain cancers were also on the rise with 0.30% having been diagnosed with heart diseases, 0.10% with stroke and 0.26% had cancer.

“The screening is being conducted as part of a national programme to know the exact burden of diabetes, hypertension, cardio vascular diseases, stroke and common cancers such as oral, cervix and breast. These are people who otherwise wouldn’t have known they had a health condition until till late. The government is ensuring people are diagnosed and put on treatment in time,” said a senior health ministry official, requesting anonymity.

India’s public health spending lagging behind

Rhythmia Kaul

letters@hindustantimes.com

New delhi : India released National Health Profile-2019 (NHP-2019) on Wednesday, and, at 1.28% of the GDP (2017-18 Budget Estimate), the country’s public expenditure on health continues to remain the lowest globally, making it seem like an uphill task to meet the target of 2.5% of the GDP by 2025 that the government is aiming at.

The comparative data from 2016 mentioned in the NHP shows among the 10 South East Asia Region countries, India, at 0.93% of the GDP, was above only Bangladesh at 0.42%.

India’s neighbours, such as Sri Lanka (1.68%), Indonesia (1.40%), Nepal (1.17%) and Myanmar (1.02%) are spending far more than India on healthcare, which could have an impact on its efforts to achieve Universal Health Coverage (UHC).

Per capita public expenditure on health in nominal terms has gone up from ₹621 in 2009-10 to ₹1,657 in 2017-18. The Centre:State share in total public expenditure on health was 37:63 in 2017-18.

Experts were also wary of India reaching the 2.5% target in next five years.

“If the spending is going by the same rate, both at the Central and state level, then it will hover around 1.2-1.3% of the GDP. In fact, it has stayed a little over 1% for the past 10 years. It’s pretty much stagnant, so 2.5% seems unlikely,” said Dr Sakthivel Selvaraj, director, health economics and policy, Public Health Foundation of India.

“Two-thirds of country’s public health spend is coming from the states and that has also stayed stagnant over the years. Despite the 14th financial commission recommendations that allocated more tax revenue to the states that was supposed to be used for health, it hasn’t been really. It’s unlikely to see a significant increase in the health spend in near future,” he added.

Anaemia continues to remain a huge health concern, with one in two women between 15-49 years suffering from lack of adequate blood and blood components in the body, shows the report. In children, the problem is more severe as close to 60% children between 6 and 59 months are anaemic. Iron deficiency is most common reason for developing anaemia, and affects human body function at every level.

“Anaemia is quite rampant in women and children in India, and it can create huge problems during childbirth if a pregnant woman is anaemic; the child can be born small or turn out to be

malnourished, the woman could go into shock if there's bleeding and the count is low. In urban areas you still find mild anaemia but in rural areas it is worse," said Dr Anuradha Kapur, senior gynaecologist, Max Hospital.

Faulty lifestyle has lead to sharp rise in the number of people suffering from diabetes, hypertension or both.

The test results of people having undergone preventive screening at the government-run Non Communicable Diseases (NCDs) Clinic, shows of the 6.51 crore people screened, at least 6% people were diagnosed with hypertension (high blood pressure), and about 5% had diabetes. Heart disease, stroke and certain cancers were also on the rise with 0.30% having been diagnosed with heart diseases, 0.10% with stroke and 0.26% had cancer.

"The screening is being conducted as part of a national programme to know the exact burden of diabetes, hypertension, cardio vascular diseases, stroke and common cancers such as oral, cervix and breast. These are people who otherwise wouldn't have known they had a health condition until till late. The government is ensuring people are diagnosed and put on treatment in time," said a senior health ministry official, requesting anonymity.

Pollution (Navbharat Times: 201901101)

<http://epaper.navbharattimes.com/details/71477-70297-1.html>



दिल्ली, पंजाब, यूपी, बिहार, सब प्रदूषण से बीमार सांस लेने में दिल्ली बेहाल, NCR का तो और बुरा हाल

Poonam.Gaur@timesgroup.com

■ नई दिल्ली : दिल्ली इस समय गैर-सुरक्षित है। एयर क्वालिटी इंडेक्स (एम्प्यूआई) 400 पर है, लेकिन यह दिल्ली एक्सप्रेसवे के शहर से अचानक है। देश में सबसे अधिक प्रदूषित दोन दिनों गुनिबबद है। चर्चा का एम्प्यूआई 482 है। गुनिबबद से सटे इलाक में 477 और फेर नोडल में 473 है। इंडिया के नेशनल ग्रीन जंजिर के अनुसार दिल्ली और गुनिबबद दोनों अत्यधिक खतरा हैं। चर्चा पर बायो मैनच और इंडस्ट्रियल वेस्ट जमा है। दिल्ली जैसे तेज फहरान से यहां नहीं हो रहे। इससे कहा कि दिल्ली में लोगों और सड़क एम्प्यूआई में प्रदूषण को लेना जाहकला आदि है, लेकिन एक्सप्रेसवे में अभी ऐसा नहीं हो पा रहा।

स्थिति गंभीर हुई

■ गुनिबबद, लखनऊ, फेर नोडल में एयर क्वालिटी इंडेक्स 470 के पर
■ राजधानी से भी ज्यादा प्रदूषित है, एक्सप्रेसवे के ज्यादातर रहने आवास भी प्रदूषण से घुल रहा है। केजल में एम्प्यूआई 465, मीरत में 459, कुनडवार में 453, भागलत में 442, कुनोजत में 418, बलरगढ़ में 414 एम्प्यूआई दर्ज हुआ। यही यह सब नगरी दिल्ली से ज्यादा प्रदूषित है। दिल्ली के राध-साध घुबे और रसियण के शहर भी तेज दमनेसे ओल रहे हैं। दिल्ली से इन शहरी में काम के सिलसिले में जानेवाले लोग भी इस फर्क को महसूस कर पा रहे हैं। साहियबद में काम करनेवाले छात्रों के दिना चल का

कहना है कि साहियबद में ठहरते ही उन्हें खांसी, गले में चुपन और आंखों में जलन की परेशानी बन जाती है। जाह-जाह घुबे में लगे जाप, गले की बन्धु, सड़कों पर धूल और धूल से चमकेवाले अति वनसे सेल खलब करते हैं। एक्सप्रेसवे में गुजरा, नोडल, फेर नोडल, फरीदबद में अभी भी बड़ी संख्या में धूलक अति चल रहे हैं। यह अति दिल्ली के बाहर पर लोगों को चढ़ाने है। इनक लाइल मुला भी प्रदूषण को बढ़ी बढा है। इंडिया के नेशनल ग्रीन जंजिर के अनुसार, इस पर रिपोर्ट नहीं गई है। अभी तक राज्य सरकारें संवेदनकक जवाब नहीं दे पाई हैं। दिल्ली में अकेल इंडस्ट्री पर दो घड़ी कार्यालय के बाद ये इंडस्ट्री एक्सप्रेसवे के शहरी में शिखर हुई है। इसी गैर ईमान इतिहास से रहा है। इन पर कार्यालय को जलत है।

एक्सप्रेसवे के दूसरे शहरी और