Q5

The increase in life expectancy in the country has led to newer health challenges in the community. What are those challenges and what steps need to be taken to meet them ?

UPSC Civil Services Mains 2022 · GS III · 10 marks · Indian Economy

Indian Economy and issues relating to planning, mobilization of resources, growth, development and employment.

Core demand of the question

- Explain how rising life expectancy has created newer health challenges
- State steps needed to meet those challenges

Revision summary

Rising life expectancy shifted India's burden toward non-communicable disease, multi-morbidity and old-age care.

Healthy life expectancy lags years lived; out-of-pocket chronic care can impoverish households.

Infections and antimicrobial resistance remain, so the system must handle a double burden.

Steps are Health and Wellness Centre screening, essential NCD drugs, PM-JAY, elderly programmes, and control of tobacco, diet and air pollution.

Geriatric, mental-health and palliative capacity must grow at primary level, not only in metros.

Introduction

Indians now live longer than a generation ago because of vaccines, safer births, and control of many infections. **Life expectancy** rose; the **disease mix** shifted. Hospitals built for diarrhoea and tuberculosis now also face diabetes, cancer, dementia, and long COVID-type aftercare. That is a **newer health challenge**, not a simple victory.

Body

Newer challenges from longer lives

- **Epidemiological transition:** non-communicable diseases (diabetes, hypertension, heart disease, stroke, chronic lung disease, cancers) now cause a large share of death and disability.
- **Multi-morbidity:** an older person often has two or three conditions; a single vertical programme does not fit.
- **Mental health and dementia:** longer life without social support raises depression, isolation and care needs that families still carry unpaid.
- **Geriatric and palliative care** are thin outside a few cities; most primary health centres were not designed for them.
- **Out-of-pocket cost:** long treatment for cancer or dialysis can impoverish even when the first infection was prevented.

- **Healthy life expectancy** lags years lived: people survive but with pain, disability and poor nutrition in old age.
- **Infections have not vanished: TB, dengue, antimicrobial resistance** sit on top of the NCD pile, so the system must do both.

Steps

- **Primary care first:** screen blood pressure, sugar and common cancers at Health and Wellness Centres / Ayushman Arogya Mandirs; do not wait for a tertiary bed.
- **Ayushman Bharat - PM-JAY** for hospital cover of the poor, plus State schemes; pair with **free essential NCD drugs** at the clinic.
- **National Programme for Prevention and Control of Non-Communicable Diseases** (earlier NPCDCS) needs staff, diagnostics and referral that actually function.
- **Healthy ageing:** National Programme for Health Care of the Elderly, home-based care, and pensions that buy food and medicines.
- **Risk factors:** tobacco, trans-fat, air pollution, and inactivity need tax, FSSAI labelling, and city design-not only hospital bills.
- **Human resources:** geriatric, oncology, mental-health and mid-level provider posts; task-sharing so a doctor is not the only door.
- **Data and surveillance:** civil registration of cause of death, and NCD registers, so policy follows burden.

Flow diagram

Higher life expectancy -> Epidemiological transition

Epidemiological transition -> NCDs multi-morbidity

Epidemiological transition -> Geriatric mental palliative

NCDs multi-morbidity -> HWC screening essential drugs

Geriatric mental palliative -> HWC screening essential drugs

HWC screening essential drugs -> PM-JAY and NP-NCD

HWC screening essential drugs -> Tobacco food air risk control

Conclusion

- **Longer life is a development gain. It creates a second burden:** chronic disease, old-age care and catastrophic cost. The response is primary screening, affordable medicines, insurance for the poor, and healthy-ageing services-not only more tertiary towers.

Facts & figures

Ayushman Bharat PM-JAY

National public hospital insurance for eligible poor and vulnerable families.

Health and Wellness Centres

Upgraded primary centres meant to screen and manage NCDs closer to home.

NP-NCD
National Programme for Prevention and Control of Non-Communicable Diseases (successor framing of NPCDCS).

NPHCE
National Programme for Health Care of the Elderly: dedicated geriatric services in the public system.

FSSAI
Sets labelling and trans-fat limits that affect diet-related NCD risk in packaged food.