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Crime dipped, pending cases didn't in 2024

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NEW DELHI: India recorded 5.89 million crimes in 2024, down 5.7% from 6.24 million in 2023, according to the Crime In India report for 2024 released by the National Crime Records Bureau (NCRB) on Wednesday. The rate of crime per hundred thousand people in 2024 stood at 415, down from 448 in 2023 and the lowest since 2019, when this number was 385.

Crimes recorded under the Indian Penal Code (IPC) and the Bharatiya Nyaya Sanhita (BNS) - the new version of the IPC, which came into effect in the middle of 2024 - were responsible for most of the decline in total crimes. From the previous year, IPC/BNS crimes decreased by 0.22 million to 3.54 million in 2024. Crimes under special and local laws (SLL) decreased 0.14 million to 2.34 million.

To be sure, chargesheeting rate and pendency with police as well as conviction in court remained similar to 2023 levels. Chargesheeting rate of IPC/BNS crimes decreased marginally from 72.7% in 2023 to 72.2% in 2024. Pendency increased from 29.2% to 31.2%. Chargesheeting of SLL crimes rose marginally from 56.9% to 57.7%; but so did pendency from 23.9% to 28.4%. Conviction rate of IPC and SLL crimes by courts was 51.2% and 29.2%, respectively, compared to 54% in 2023 and 28% in 2022.

Which individual crimes were responsible for the most for bringing down the overall number? This question is harder to answer in 2024 because India's criminal laws changed mid-year and not all heads under BNS have a like-for-like comparison with 2023.

Keeping to comparable numbers available from 2023 - they account for around 90% of the IPC/BNS crimes - total IPC/BNS crimes have decreased by 80,557 to 3.28 million. Among the seven major heads of IPC/BNS crimes, the ones most responsible for the decline in the overall number for this category are "offences against the human body", which declined by 188,777 to 908,006; "miscellaneous IPC crimes", which declined by 97,657 to 733,480; and "offences against property", which declined by 76,948 to 801,359.

The overall number shows a

NCRB data on crimes between 2023 and 2024

CATEGORY	CRIME	2023	2024
AFFECTING THE HUMAN BODY	Hurt	188,207	181,989
	Causing Death by Negligence	168,971	169,493
	Kidnapping and Abduction	712,344	66,079
	Attempt to Commit Murder	94,548	88,864
	Wrongful Restraint/Confinement	12,575	56,181
AGAINST PUBLIC TRANQUILITY	Rape	28,076	29,738
	Murder	73,227	73,049
	Theft	689,888	631,845
	Burglary	103,979	101,032
	Riots	19,168	19,348
MISCELLANEOUS IPC CRIMES	Robbery	38,389	39,143
	Criminal Breach of Trust	32,789	32,221
	Rash Driving or Public way	126,885	133,173
	Obstruction on Public way	91,446	102,118
	Disobedience to order duly promulgated by Public Servant	52,987	56,987
RELATING TO DOCUMENTS & PROPERTY MARKS	Obscene Acts and Songs at Public Places	32,796	46,879
	Forgery (Cheating & Fraud)	91,366	102,182
OFFENCES AGAINST PROPERTY (TOTAL)	Offences against Property (Total)	978,207	891,338
	SLL	Total Cognisable SLL Crimes	3,428,447

SOURCE: NCRB

relatively modest decline because these big reductions have been made up by a growth of 285,824 in "other IPC crimes" category, for which no breakdown is available.

Offences related to documents and property marks also increased, but by a modest number of 10,814 to 193,238, almost the entire growth coming because of "forgery, cheating and fraud".

Significant bodily offences (those with at least half a percent share to overall IPC/BNS crimes) that registered a decline in 2024 are murder, rape, kidnapping and abduction, and hurt. Murders declined 2.4% to 73,049; rape declined half a percent to 29,738; kidnapping and abduction declined 13.4% to 96,079; and hurt declined 30.6% to 181,986. Wrongful restraint/confinement, however, increased 56% to 56,181. Similarly, causing death by negligence increased 2.1% to 169,493.

"Rash driving on public way" and "obstruction on public way" are the two biggest sub-heads under miscellaneous IPC/BNS

crimes. Cases registered under the former decreased 17% to 435,173 and under the latter by 6.2% to 142,118.

All four big sub-heads under property offences - theft, burglary, robbery, and criminal breach of trust - declined in 2024. Theft, which is the most common crime, among the four declined 5.8% to 621,845.

Similarly, the number of robbery cases declined 13% to 39,143. However, the 107,532 burglary cases recorded in the year are only 41 fewer than in 2023. Criminal breach of trust cases decreased 6.8% to 32,221.

SLL heads that contributed the most to the decline in this category (other than miscellaneous categories) are cases from laws related to liquor & narcotic drugs, environment and pollution, and arms/explosives, crimes against women, and children. Part of this is also because they are among the most common crimes. Lapsar and drugs cases declined 2% to 1,239,554;

environment and pollution cases declined 16% to 57,670; arms/explosives cases declined 13% to 67,571; crimes against women cases under SLL decreased 17.5% to 15,117; and cases related to laws for children decreased 3.7% to 74,284.

However, two other major SLL heads - ITDP related laws, and finance and economic laws - recorded a growth. Cases under these increased 11% and 1.5%, respectively, to 46,840 and 23,202.

Thematic data in the report shows that crimes against SCs and STs also declined. Crimes against SCs declined from 57,789 in 2023 to 55,699 in 2024. Crimes against STs declined from 12,960 in 2023 to 9,966 in 2024.

On the other hand, cyber crimes continued to record big growth, although the rate slowed in 2024. ILLS cyber crimes were recorded in 2024, up 17% in 2023. While the rate is big, it is somewhat lower than the 21% growth recorded in 2023 and 24% growth recorded in 2022.

Number of suicides in '24 22.7% higher than in 2019

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NEW DELHI: For every 100 people who died in accidents in India in 2024, 36.5 died by suicide. This ratio is lower than 38.6 in 2023 and the Covid-era peak of more than 40 in 2020 and 2021. The latest decline, however, does not mean India's suicide burden has returned to its pre-pandemic level.

According to the 2024 edition of the National Crime Records Bureau's Accidental Deaths and Suicides in India report, released on Wednesday, 1,70,746 people died by suicide in 2024, down marginally from 1,70,468 in 2023. The suicide rate, or suicides per hundred thousand people, fell from 12.10 to 12. This is still well above the 2019 rate of 10.4.

In absolute terms, the number of suicides in 2024 was 22.7% higher than in 2019.

The reason the ratio of suicides to accidental deaths fell more sharply in 2024 is that accidental deaths rose at a much faster pace. India recorded 4,67,857 accidental deaths in 2024, up 5.3% from 4,44,104 in 2023. This is the highest absolute number of accidental deaths recorded in any GI date since 1967. To be sure, between 2019 and 2024, suicides increased by 22.7%, while accidental deaths increased by 11.1%. In other words, the post-pandemic rise in suicides has been faster than the increase in accidental fatalities, even after the jump in accidents in 2024.

Reported suicide rates remain very uneven across states

Suicide rates vary sharply across states and Union territories. Among major states, Kerala had the highest suicide rate at 30.2, followed by Telangana at 28.4, Chhattisgarh at 26.0 and Tamil Nadu at 25.9. Bihar, at 1.0, and

FAMILY PROBLEMS REMAINED THE SINGLE LARGEST REPORTED CAUSE OF SUICIDES IN 2024, ACCOUNTING FOR 33.5% OF ALL CASES. ILLNESS WAS THE SECOND LARGEST CAUSE

Uttar Pradesh, at 3.8, were among the lowest. However, these differences should be read with caution. NCRB data is based on information furnished by state and Union territory police, and large inter-state differences can reflect reporting practices as well as underlying social and economic conditions.

The national decline in suicides in 2024 was also not uniform. Bihar reported a 94.4% increase in suicides over 2023, although from a low base. Telangana saw a 3.7% increase, Tamil Nadu 2.5%, Assam 5%, and West Bengal 0.9%. On the other hand, Maharashtra, Kerala, Karnataka, Andhra Pradesh and Madhya Pradesh reported declines.

The profile of suicide victims points to economic vulnerability

Family problems remained the single largest reported cause of suicides in 2024, accounting for 33.5% of all cases. Illness was the second largest cause at 17.9%, followed by drug abuse or alcoholic addiction at 7.6%, marriage-related issues at 5%, loss affairs at 4.6%, and bankruptcy or indebtedness at 4.4%. There has been a 15% rise in suicides due to bankruptcy or indebtedness compared to 2023.

The occupational profile gives a clearer indication of vulnerability. Daily wage earners accounted for 31% of all suicide

victims in 2024, far higher than any other occupational category. Housewives accounted for 13%, self-employed persons 10.5%, professionals and salaried persons 9.9%, unemployed persons 8.7%, students 8.5%, and persons engaged in the farming sector 6.2%. To be sure, profession-wise data only shows the occupation of the person who died by suicide and should not be read as the cause of suicide.

The economic and educational profile points in the same direction. Almost 63% of suicide victims had an annual income of less than Rs 1 lakh, and another 36.6% had an income between Rs 1 lakh and Rs 5 lakh. Only 0.6% had an annual income of Rs 10 lakh or more.

Accidental deaths were driven by traffic, sudden deaths and climate-linked causes

Traffic accidents remained the biggest cause of accidental deaths in 2024. They accounted for 1,99,443 deaths, or 42.6% of all accidental deaths. Of these, road accidents alone caused 1,75,142 deaths. Two-wheeler riders accounted for 48.3% of road accident victims, followed by SUV/car/jew occupants at 13.6%. Over-speeding was recorded as the cause of 61.2% of road accidents and 1,01,649 deaths.

But the rise in accidental deaths in 2024 was not only about road accidents. Deaths classified as "sudden deaths" rose 15.5% to 76,024. Within this category, heart attack cases rose from 38,725 in 2023 to 38,596 in 2024. Deaths due to forces of nature also saw a sharp rise. They increased 22.6%, from 6,444 in 2023 to 7,903 in 2024. Lightning remained the largest natural cause, accounting for 2,825 deaths. Heat or sun stroke deaths more than doubled, from 804 in 2023 to 1,832 in 2024.

Fixing structural deficits in India's health system

In March 11, 2026, the Minister of State for Health, Anupriya Patel, informed Parliament that 43 new medical colleges have been established and 11,682 MBBS seats along with 8,967 postgraduate seats have been approved for the 2025-26 academic year.

Will this address India's problem of non-availability of doctors in the public health system? Of the 8,967 new postgraduate doctors, how many will actually have the inclination to serve in aspirational districts or underserved areas? Of the 43 newly sanctioned medical colleges, only eight are under State governments, eight are in the Employees' State Insurance (ESI) sector, and 27 are in the private sector. Private medical colleges, after charging high capitation fees, have no obligation to post their trainees in government service, nor can they be compelled to do so. There is also no clearly defined policy or stipulations to ensure that public health institutions benefit maximally by filling existing vacancies in specialist cadre posts.

Merely investing in capital expenditure and infrastructure alone will not yield the desired improvement in health services in hilly, tribal, and other remote underserved areas. Eleven out of 18 All India Institutes of Medical Sciences report around 40% vacancies in their teaching and research faculty positions. Without adequate research and teaching capacity, how can we effectively train specialists?

Glaring vacancy rate

According to The Health Dynamics of India 2022-23 report, the vacancy rate in 5,491 rural Community Health Centres (CHC) across 757 districts in India is 79.9%, with only 4,413 specialists available against a requirement of 21,964. Since 2016, the shortfall of specialists in CHCs has remained at around 17,500, despite the creation of additional postgraduate medical seats - 72,627 across 731 medical colleges.

Newly graduated specialists are often unwilling to work in remote and underserved areas due to inadequate facilities, including lack of equipment, decent staff quarters, schools for their children,



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The Hindu

There needs to be greater alignment between medical education and public service

and adequate peer medical support. If specialists were available at CHCs, patients from rural and tribal areas would not need to travel long distances to district headquarters hospitals or medical colleges.

A CHC serves as a first referral unit for a population of about 1.5 lakh to 2 lakh and is expected to have 30 beds with five specialists - physician, surgeon, obstetrician, paediatrician, and anaesthetist. However, the majority of CHCs remain crippled due to a persistent shortage of specialists, a problem that has continued for many years.

Yet, States continue to construct more CHCs to utilise available central government funds, even though many of them function effectively as primary health centres. There are 5,491 CHCs across 785 districts - about seven CHCs per district - which is not a feasible model. With only 4,413 specialists available at present, just 882 CHCs can be fully operationalised, effectively leaving only one functional CHC per district in addition to the district hospital for specialised care.

Flawed budgetary focus

The central health Budget is largely focused on infrastructure, without matching allocations for drugs, diagnostics, ambulance services, emergency care, or salaries for temporary staff. If the goal is to improve people's health, it must prioritise operational outcomes rather than merely investing capital in building construction, leaving the rest to be managed by State budgets.

How do we manage better with what we have in hand? We need to put the brakes on overly enthusiastic declarations of new CHCs, which often serve populist political mileage rather than functional need.

Classify all PHCs and CHCs into normal, difficult, and most difficult areas based on defined criteria, as was done in Chhattisgarh under the Rural Medical Corps Scheme. The most difficult areas are those with persistently high staff vacancies over long periods. Introduce special incentives such as additional

compensatory financial allowances, priority for postgraduate seats, staff quarters, and quality schooling facilities for children, among others.

Additional steps to take

Hereafter, all government-sponsored postgraduate seat allocations must be linked to existing vacancies in CHCs or district hospitals. Candidates willing to fill a specialist vacancy in a CHC should be allowed a seat in the corresponding speciality, with the assurance that upon completion of training, they will be posted there immediately.

Conversely, aspirant doctors must provide an undertaking to serve in the designated government facility first. Priority may be given to those who commit to a 10-year service bond in difficult-area CHCs, along with additional incentives under the National Health Mission. We must strictly follow an "all or none" principle in posting specialists - either all five specialists are placed in a CHC or none at all - avoiding piecemeal deployment or the dilution of services by spreading specialists too thinly.

Urgent construction of staff quarters and renovation of operation theatres, labour rooms, intensive care units, and 24-hour emergency units must be undertaken in such CHCs, which may number two or three per district. Similar undertakings and post graduate training can be awarded to nurses willing to serve in remote needy areas.

When adequate specialists are posted as a team at the sub-district or town level, the image of government hospitals improves in the public eye. The workload is better distributed, and optimal sharing reduces stress on doctors on duty. Interpersonal communication with patients also improves. This, in turn, enhances patient satisfaction and reduces conflicts between the public and doctors and other health staff.

We can no longer afford to see nearly 70,000 specialists graduating from 731 medical colleges without adequately filling the vacant posts in the public health system, which remains the only source of care for the poor and marginalised.

Capital tops metros in crimes by juveniles

Shrimansi Kaushik
NEW DELHI

Delhi recorded the highest number of crimes committed by juveniles among all metropolitan cities in the country, according to the National Crime Records Bureau's (NCRB) 'Crime in India 2024' report released on Wednesday.

The national capital and 18 other metropolitan ci-

ties also recorded a slight uptick in the number of crimes by juveniles in 2024 compared to 2023 figures, the report stated.

As per the NCRB data, Delhi reported 2,306 cases of crimes committed by minors in 2024. This is slightly higher than the 2,278 cases recorded in 2023, but below the 2,336 cases recorded in 2022.

Delhi reported the high-

est number of such crimes, far ahead of other metropolitan cities such as Chennai (466), Bengaluru (386), Hyderabad (316), and Ahmedabad (295).

Crimes against elderly

The Capital also reported a decline in crimes against senior citizens between 2022 and 2024, though it still recorded the highest number of such cases

among all metropolitan cities. In 2024, Delhi reported 1,267 such cases, down from 1,361 in 2023 and 1,313 in 2022.

Mumbai reported the second-highest number of such crimes at 791, followed by Bengaluru (660), Kochi (263), and Nagpur (204). Meanwhile, Delhi's rate of filing chargesheets in these cases was only 51.6%, the report stated.

Health dept notifies 12,078 TB cases in ^{H/T} detection drive

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NEW DELHI: The Delhi health department has detected 12,078 cases of tuberculosis (TB) in the Capital during a screening drive between March 24 to May 5, according to data shared by the department pertaining to the Delhi National TB Elimination Programme (NTEP). The drive is ongoing, officials clarified.

Of the total notified cases, 1,323 (11%) are paediatric patients, and the rest 10,755 (89%) are adults, the data shows.

In terms of gender distribution, 6,360 cases (52.6%) are

male, 5,715 (47.3%) female, and three cases have been reported among transgender persons.

Health minister, Pankaj Singh told HT that it is unfortunate that TB cases still prevail in the country. "Under this program, we have covered the high risk 38 wards in all Delhi districts for TB screening which will help the affected individual get faster treatment, reduce further transmission and mortality rate. Those detected, are also provided patient support system, including screening for their family," said Singh.

According to the India TB Prevalence Survey (2019-2021),

Delhi has the highest TB burden in the country, with a prevalence of 747 cases per 100,000 people and an average infection rate of 61%. Of the total TB cases notified in the drive, 42% (5,073) of the total caseload comprised extrapulmonary tuberculosis (EPTB), marking one of the highest proportions in the country. According to "India TB Report 2024", prepared by the Central TB Division, EPTB accounts for around 20-24% of all TB cases nationally, while Delhi's 42% share is significantly higher.

Extrapulmonary TB refers to infection occurring in organs other than the lungs, including

lymph nodes, bones and joints and the central nervous system.

Diagnosing EPTB remains a challenge as it does not present typical pulmonary TB symptoms. Detection often requires invasive procedures, such as biopsies or advanced imaging, which may not be uniformly available. While EPTB cases are generally less infectious unless pulmonary involvement is present, delayed diagnosis can increase morbidity and mortality, as per the India TB Report 2024. "The reporting of EPTB is higher in Delhi because more advanced diagnostic techniques are available for its early detec-

tion. EPTB is usually difficult to diagnose, but in Delhi, which receives patients from neighbouring states and has a higher diagnostic load, screening numbers are correspondingly higher," said a health official.

According to the Delhi health department data, 71,603 people across the city were screened during the drive, marking a 16.8% positivity rate. The screening was carried out through 984 Ayushman Arogya Shivers, including 224 camps in high-risk wards, and 79 conducted in congregate settings. Delhi has identified 38 high-risk wards for targeted intervention.

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Overall crime rate drops 6%; cybercrime up by 17%: NCRB

Deaths due to drug overdose saw a 50% increase in 2024 from the previous year's figures; T.N. records the most fatalities; 5,194 cases of offences 'against the state' registered, a rise of over 6%

Vijaita Singh
NEW DELHI

Tu Hikal

The overall crime rate in India declined in 2024 from the 2023 figure, but there was an increase of over 17% in cybercrime cases, show the Crime in India, 2024 report released by the National Crime Records Bureau (NCRB) on Wednesday.

A total of 1,01,928 cybercrime cases were registered in 2024 over 86,420 such cases in the previous year.

"During 2024, 72.6% of cybercrime cases registered were for the motive of fraud (73,987 out of 1,01,928 cases) followed by sexual exploitation with 3.1% (3,190 cases) and extortion with 2.5% (2,536 cases)," the report said.

The NCRB recorded 58.86 lakh cognisable crimes across the country in 2024, marking a 6% decline from the previous year's figure. Of these, 35.44 lakh cases were registered under the Indian Penal Code and the Bharatiya Nyaya Sanhita (BNS) and 23.41 lakh cases under special and local laws. There

Grim numbers

As many as 1,70,746 persons died by suicide in 2024, according to figures from the National Crime Records Bureau. A look at the percentage distribution according to profession shows that nearly a third of them were daily wage earners



were 5,194 cases of offences "against the state" registered in 2024 as against 4,873 in 2023, showing a rise of 6.6%.

"Out of 5,194 cases, 4,395 (84.6%) cases were registered under The Prevention of Damage to Public Property Act, followed by 649 (12.5%) cases under The Unlawful Activities (Prevention) Act," the report said.

Crime against SC/ST

The report revealed that a total of 55,698 cases were registered for crimes

against Scheduled Castes (SCs), showing a decrease of 3.6% over the 2023 figure of 57,789 cases. Crimes against Scheduled Tribes showed a sharp decline of 23.1%, dropping to 9,966 cases from 12,960 in 2023.

The NCRB released the Accidental Deaths & Suicides in India (ADSI), 2024 report according to which 1,70,746 suicides were recorded in 2024. Those associated with the agriculture sector, the unemployed, and daily wage workers accounted

for a substantial share of suicidal deaths.

A total of 10,546 persons involved in the farming sector (consisting of 4,633 farmers/cultivators and 5,913 agricultural labourers) died by suicide in 2024, accounting for 6.2%.

Out of 4,633 farmer/cultivator suicides, a total of 4,481 were by men and 152 by women, the report said. Around 31% of the total suicides were reported among the daily wagers, the report said. The number of unemployed people who died by suicide was 14,778 while the number of students and homemakers who ended their lives stood at 14,488 and 22,113, respectively.

Deaths due to drug overdose saw a 50% increase in 2024 from the previous year's figure. The report stated that 978 people died due to drug overdose in 2024, up from 650 deaths in 2023.

Tamil Nadu reported 313 deaths, the highest number of drug overdose deaths, followed by Punjab with 106, Madhya Pradesh 90, Rajasthan 69 and Mizoram 65, according to the NCRB data.

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Delhi most unsafe for women and children, show new NCRB data

Ashna Butani
Shrimansi Kaushik
NEW DELHI

Delhi recorded the highest number of crimes – 13,396 – against women among all metropolitan cities, according to the National Crime Records Bureau's (NCRB) 'Crime in India 2024' report, which was released on Wednesday.

The Capital saw an increase in crimes against women, with 13,366 offences reported in 2023, even as the total number of criminal cases declined year on year.

Delhi also topped the list for rapes (1,058), kidnappings and abductions (3,974), and dowry deaths (109) among the 19 major cities. Additionally, 78 cyber offences against women were documented in the city in 2024. Its overall crime tally dropped from 3,43,483 in 2023 to 2,97,666 in 2024, yet it still topped the list among metro cities.

The city's crime rate for women, defined as the number of crimes against women per one lakh people, for 2024 stood at 176.8. One acid attack case was reported in 2024, a decrease from 2023 when six such cases were recorded.

Most murder cases

The national capital also witnessed the highest number of violent crimes (12,569) and murder cases (504) among all the metropolitan cities.

It also recorded the highest number of thefts (1,29,675) and snatchings

The city saw a rise in crimes against SCs and STs in 2024, when 137 cases were reported, as against 128 in the previous year

The Ministry

(3,105), as well as the highest number of cases (1,553) registered under the Protection of Children from Sexual Offences (POCSO) Act among the major cities. Regarding crimes against children, 7,662 cases came to light in 2024, a marginal decrease from 7,731 in 2023. In 2022, the national capital reported 7,468 such cases, as per official data.

Delhi's crime rate against children was 138.4, significantly above the national average of 42.3. The number of kidnappings and abductions of children stood at 5,404, which was significantly higher than in other metro cities.

Two cases of foeticide and four cases registered under charges of murder with rape/POCSO were also reported in the city. Notably, the city saw a rise in crimes against Scheduled Castes (SCs) and Scheduled Tribes (STs). A total of 133 crimes were reported against persons belonging to SC communities, up from 126 in the previous year, and four such crimes against STs, up from two in the previous year. Meanwhile, with 404 cases, the Capital reported fewer cybercrimes, down from 407 in 2023 and 685 in 2022. Among the metro cities Bangalore registered most such incidents – 17,561.

Mitigating SO₂ from coal power plants could prevent over 1.24 lakh deaths annually in India, says IIT Delhi study

Sophiya Mathew
New Delhi, May 6

INDIA COULD prevent an estimated 1.24,564 deaths every year by fully mitigating sulphur dioxide (SO₂) emissions from coal-fired power plants (CFPP), according to a study conducted by researchers from IIT Delhi, published in the *Nature* journal this week.

The study is among the first comprehensive attempts to quantify how SO₂ from CFPPs contributes not only to ambient SO₂ levels, but also to the formation of secondary fine particulate matter, or PM_{2.5}.

The researchers found that a decrease in these emissions could reduce annual PM_{2.5} exposure by 0.3-12 microgrammes per cubic metre and ambient SO₂ levels by 0.1-13.6 parts per billion across states.

The CFPPs emit SO₂, which reacts in the atmosphere to form secondary inorganic aerosols, including sulphate, nitrate and ammonium. These pollutants add to PM_{2.5}, the fine particulate matter linked to cardiovascular and respiratory diseases.

"Multiple existing source apportionment studies show that the energy sector is the leading contributor to air pollution. Along with the household sector, thermal power plants are also among the leading contributors. So, we wanted to quantify the exact contribution from this sector," Debajit Sarkar from IIT Delhi, one of the co-authors of the study, said.

"The overall goal was to check if we can quantify and

provide to different states their specific emissions volume, so that they could make specific policies," he said.

The researchers used air pollution models and satellite data on SO₂ emissions from CFPPs. They also used the 'Global Burden of Disease' framework - which measures the impact on health across places, time, age, and sex - to estimate deaths that could be prevented from diseases linked to air pollution, including heart and respiratory illnesses. Further, they matched air quality data with National Family Health Survey-5 data - conducted in 2019-23 - to see how the benefits would differ across gender, caste and income groups.

The study found that complete mitigation of SO₂ emissions from CFPPs could prevent 14,777 cardiovascular deaths and 8,476 respiratory deaths annually, apart from the all-cause mortality reduction.

Maharashtra, Tamil Nadu and Karnataka were estimated to see the highest number of avoidable deaths due to high population exposure to pollution. Chhattisgarh and Odisha were expected to see the biggest improvement in air quality because they have several coal power-based pollution hotspots.

Further, the study found that the benefits would not be evenly distributed. People from Other Backward Classes, Scheduled Castes and Scheduled Tribes, and poorer and middle-income groups are expected to see larger air quality gains than wealthier and gen-

• THE IIT DELHI STUDY, IN A NUTSHELL

Importance of the study

- Coal-fired thermal power plants (CFPP) emit atmospheric sulfur dioxide (SO₂)
- Major precursor of secondary pollutants, which pose health risks
- Main pollutants produced include sulfate, nitrate, and ammonium aerosols

Current trend

- India's emissions have spiked significantly due to rapid socio-economic changes and heavy coal reliance
- Globally, CFPP-SO₂ emissions declining

The findings

- India could reduce annual PM_{2.5} levels by 0.3-12 microgrammes per cubic metre by cutting down CFPP-SO₂

The recommendations

- Proper implementation of SO₂ emission norms, which remains slow, localised and uneven in India
- More use of FGDs that are viewed as expensive
- Fully enforcing limits could cut SO₂ and PM_{2.5} emissions

eral category groups. According to the researchers, this makes SO₂ mitigation not only an air pollution issue, but also an environmental equity issue. "We made sure that meteor-



- Can prevent 1,24,564 deaths annually
- States like Chhattisgarh and Odisha would see greatest improvements
- Socio-economically disadvantaged groups would see highest health benefits
- Health-related monetary gains likely to surpass costs of installing emission-control technologies like flue gas desulfurization (FGD)

by over 80% by 2030

- Developing domestic expertise in pollution-control technologies to support SO₂ mitigation efforts

- Policymakers should prioritise hotspot sub-regions

SOURCE: NATURE

ology and emissions were both included in the study model. Season-specific contribution of pollutants was also important. During winter, power plants see major contributors to pollu-

tion," Sarkar said, adding that location, transported air pollution and population exposure were all significant in assessing the health impact of SO₂ emissions.

The study comes amid continuing debate over the installation of flue gas desulfurisation (FGD) systems in CFPPs. The FGD is a technology that removes SO₂ from exhaust gases of fossil fuel power plants and industrial boilers, reducing acid rain and air pollution.

A key argument against FGD installation has been that Indian coal has relatively low sulphur content, making the technology expensive. The study, however, argues that health-related monetary gains from reduced emissions are likely to outweigh the cost of installing emission-control technologies.

Manoj Kumar, a researcher at the Centre for Research on Energy and Clean Air, said the findings are significant because earlier estimates did not fully quantify SO₂-linked health impacts. "The observations are significant, especially that the cost of saving lives will outweigh FGD-related expenses."

Kumar said the findings should be read in the context of the 2015 emission norms for thermal plants and subsequent delays in compliance. "These kinds of assessments were not taken into account during the reversal of the 2015 policy. Most importantly, the study shows the health impacts on vulnerable people and also the distribution among states," he said.

On December 7, 2015, the Union Ministry of Environ-

ment, Forest and Climate Change had introduced mandatory emission norms for CFPPs, targeting significantly lower levels of SO₂, nitrogen oxides, mercury and particulate matter. On July 11, 2023, the Centre relaxed the 2015 emission norms for CFPPs, exempting roughly 79% of coal-fired units from installing FGD systems to curb SO₂ emissions.

According to the IIT Delhi study, while SO₂ emissions from CFPPs declined globally between 2005 and 2021, India moved in the opposite direction. Satellite-derived estimates showed India's SO₂ emissions rose from 2.36 thousand kilotonnes per year in 2008 to 5.01 thousand kilotonnes per year in 2021, with a further increase of about 30% in 2023.

The study said that stronger implementation of SO₂ emission norms, wider adoption of FGDs and related control technologies, and prioritisation of hotspot regions are essential. "India needs to strictly enforce SO₂ emission rules, expand the use of FGDs and pollution-control technology in power plants, and prioritise highly-polluted areas. Also, use of cleaner cooking fuels and electric vehicles, as well as decrease in stubble burning incidents are necessary," said Sarkar.

The study also said that implementation of SO₂ emission norms remains "slow, localised and uneven" in India, and that fully enforcing current limits could cut coal power plant-linked SO₂ and PM_{2.5} emissions by over 80% by 2030.

रेफरल से पहले ईडब्ल्यूएस बेड की उपलब्धता जांचें

अनु अनु

अमर उजाला ब्यूरो

नई दिल्ली। रेफरल व्यवस्था को मजबूत बनाने के लिए दिल्ली सरकार ने दिल्ली आरोग्य कोष योजना के तहत संशोधित कार्यान्वयन निर्देश जारी किए हैं। यह कदम मरीजों को दूसरे अस्पतालों में भेजने की प्रक्रिया को अधिक आसान बनाने, पारदर्शिता बढ़ाने और सरकारी सहायता प्राप्त स्वास्थ्य ढांचे के प्रभावी उपयोग को प्राथमिकता देने के लिए उठाया है।

दिल्ली आरोग्य कोष इकाई के अंतर्गत स्वास्थ्य सेवा महानिदेशालय द्वारा जारी संशोधित दिश-निर्देशों के अनुसार अब किसी भी आर्थिक रूप से कमजोर वर्ग (ईडब्ल्यूएस) मरीज को निर्धारित

ईडब्ल्यूएस मरीजों के रेफरल पर सख्ती



29 मार्च को प्रकाशित खबर

सर्जरी या इलाज के लिए किसी चिन्हित निजी अस्पतालों में रेफर करने से पहले अधिकारियों के लिए आईपीएच के भीतर उपलब्ध निशुल्क ईडब्ल्यूएस बेड की उपलब्धता का गहन मूल्यांकन करना अनिवार्य होगा। किसी भी

उपचार या इमेंजिंग के लिए कोई भी रेफरल प्रोसेस करने से पहले मरीज को डीजीईएचएस, सीजीएचएस और दूसरी अन्य बीमा योजनाओं के अंतर्गत उपलब्ध मेडिकल कवरेज का सत्यापन अनिवार्य किया है। यह सत्यापन मरीज द्वारा दिए स्वयं पुष्टि के माध्यम से किया जाएगा। जिससे स्वास्थ्य देखभाल सुविधाओं के बीच बेहतर तालमेल सुनिश्चित होगा और साथ ही कवरेज के दोहराव को रोका जा सकेगा।

स्वास्थ्य मंत्री डॉक्टर पंकज कुमार सिंह ने कहा कि सरकार एक अधिक जवाबदेह, प्रभावी और मरीज-केंद्रित स्वास्थ्य व्यवस्था के निर्माण के लिए प्रतिबद्ध है। दिल्ली आरोग्य कोष के संशोधित निर्देश सरकारी स्वास्थ्य संस्थानों के

विवेकपूर्ण ढंग से उपयोग को सुनिश्चित करेंगे। साथ ही जरूरतमंद मरीजों को निर्बाध रूप से गुणवत्तापूर्ण इलाज की सुविधा उपलब्ध कराते रहेंगे। रेफरल प्रोटोकॉल को अधिक मजबूत करके और पारदर्शिता बढ़ाकर स्वास्थ्य सेवाओं में बेहतर सुशासन की दिशा में महत्वपूर्ण कदम उठा रहे हैं।

दिल्ली की मुख्यमंत्री रेखा गुप्ता के कुशल नेतृत्व और मार्गदर्शन में सरकार दिल्ली के हर नागरिक के लिए सुलभ स्वास्थ्य सेवाएं उपलब्ध कराने के लिए लगातार काम कर रही है। स्वास्थ्य विभाग ने सभी संबंधित अधिकारियों और अस्पतालों को व्यवस्था का सख्ती से पालन सुनिश्चित करने के निर्देश दिए हैं।



दिल्ली में एआई से रखेंगे प्रदूषण पर नजर आईआईटी कानपुर के साथ होगा एमओयू

अमर उजाला ब्यूरो

नई दिल्ली। दिल्ली में बढ़ते एयर पॉल्यूशन से निपटने के लिए सरकार अब टेक्नोलॉजी का सहारा ले रही है। पर्यावरण विभाग आईआईटी कानपुर से जुड़े ऐरावत रिसर्च फाउंडेशन के साथ मिलकर एआई आधारित सिस्टम लागू करने जा रहा है।

पर्यावरण मंत्री मनजिंदर सिंह सिरसा ने बताया कि सरकार जल्द ही आईआईटी कानपुर से जुड़े एआरएफ के साथ एमओयू साइन करेगी। इसके जरिए एयर क्वालिटी की निगरानी और नियंत्रण के लिए एआई, सेंसर और डेटा एनालिटिक्स

वैज्ञानिक आधारित डाटा पर बढ़ा विश्वास

पर्यावरण मंत्री ने कहा कि सरकार डेटा और वैज्ञानिक तरीकों पर आधारित समाधान को प्राथमिकता दे रही है। उनका कहना है कि सिर्फ पारंपरिक उपायों से अब काम नहीं चलेगा, बल्कि टेक्नोलॉजी के जरिए सटीक और असरदार कदम उठाने होंगे। इस एमओयू के तहत शुरुआती चरण में सरकार पर कोई आर्थिक बोझ नहीं पड़ेगा। यह एक नॉलेज पार्टनरशिप होगी, जिसमें एआरएफ अपनी एआई आधारित तकनीकों का इस्तेमाल कर अध्ययन करेगा। इसके बाद आगे की रणनीति तय की जाएगी। ये साझेदारी सिर्फ तकनीक तक सीमित नहीं रहेगी, बल्कि सरकारी सिस्टम की क्षमता बढ़ाने पर भी ध्यान दिया जाएगा।

का इस्तेमाल किया जाएगा। इसका मकसद दिल्ली में प्रदूषण को बेहतर तरीके से समझना और उस पर समय रहते कार्रवाई करना है। इसके तहत हाइपरलोकल मॉनिटरिंग, यानी मोहल्ला स्तर तक हवा की गुणवत्ता

पर नजर रखी जाएगी। साथ ही भविष्य में प्रदूषण की स्थिति का अनुमान (फोरकास्टिंग), प्रदूषण के स्रोतों की पहचान और बेहतर फैसले लेने के लिए सिस्टम तैयार किया जाएगा।

उपचार में होंगे सहायक

कालकाजी में चिल्ड्रन पार्क का

जीएसटी कटौती, फिर भी स्वास्थ्य बीमा महंगा

राजीव कुमार • जागरण

नई दिल्ली: पिछले साल 22 सितंबर को जब स्वास्थ्य व जीवन बीमा पर लगने वाले 18 प्रतिशत जीएसटी को समाप्त किया गया तो ग्राहकों को लगा था कि अब इंश्योरेंस प्रीमियम का कम भुगतान करना होगा, पर ऐसा हुआ नहीं। उल्टे पिछले साल की तुलना में भुगतान बढ़ गया। वर्ष 2025 में सितंबर से पहले 10 लाख के स्वास्थ्य बीमा के लिए चार सदस्यों वाले जिस परिवार ने 40 हजार का भुगतान किया था, उन्हें 2026 में 45 हजार से अधिक का भुगतान करना पड़ा। सभी कंपनियां जीएसटी की दरों में कटौती के बाद पहले के मुकाबले अधिक प्रीमियम वसूल रही हैं।

कंपनियों का तर्क है कि मेडिकल सेक्टर की महंगाई दर पिछले साल की तुलना में 15 प्रतिशत तक बढ़ गई है। जीएसटी कटौती से पहले कंपनियों को इनपुट टैक्स क्रेडिट वापस मिल जाता था, लेकिन अब यह सुविधा बंद हो गई है। क्लेम



- स्वास्थ्य बीमा बेचने वाली सभी कंपनियां पहले के मुकाबले अधिक प्रीमियम वसूल रही
- तीन में से एक स्वास्थ्य बीमा के भुगतान में किसी न किसी रूप में आती है दिक्कत

की संख्या और उम्रदराज लोगों की संख्या बढ़ने से उनकी लागत बढ़ रही है और यह भी स्वास्थ्य बीमा महंगा होने का एक कारण है। वहीं, तीन में से एक स्वास्थ्य बीमा के भुगतान में किसी न किसी रूप में दिक्कत आती है। या तो उन्हें रिजेक्ट कर दिया जाता है या फिर उनका पूरा भुगतान नहीं किया जाता है। पुरानी बीमारी को छिपाना, बीमा खरीदारी के तुरंत बाद क्लेम करना (जबकि क्लेम खरीदारी की एक निश्चित अवधि के बाद मिलता है) जैसी वजह भी क्लेम रिजेक्ट के कारण बताए जाते हैं।

इरडा के डिजिटल पोर्टल से मिलेगी राहत: भारतीय बीमा और विकास प्राधिकरण (इरडा) के सूत्रों का कहना है कि उपभोक्ताओं की समस्याओं को हल करने के

लिए इस वर्ष बीमा सुगम डिजिटल मार्केट प्लेस लांच किया जाएगा। इस डिजिटल प्लेटफॉर्म की शुरुआत मोटर इंश्योरेंस से होगी और कुछ महीनों बाद स्वास्थ्य बीमा को भी इसमें शामिल किया जाएगा। डिजिटल खरीदारी से एजेंट को कमीशन नहीं देना पड़ेगा, जिससे बीमा की कीमत कम होगी।

एजेंट के कमीशन को भी रेगुलेट करने की इरडा योजना बना रही है और प्रीमियम पर एजेंट के कमीशन की जानकारी दी जाएगी। इरडा के डिजिटल प्लेटफॉर्म पर पब्लिक इंश्योरेंस रजिस्ट्री की सुविधा होगी, जिससे सभी कंपनियों और ग्राहकों का पूरा डाटा उपलब्ध होगा। इससे क्लेम को अनावश्यक रूप से रिजेक्ट नहीं किया जा सकेगा।

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Understanding inequality in India's growth story

The Hindu

There have been some significant policy changes in the recent past – this includes the implementation of the new Labour Codes and the Viksit Bharat-Guarantee for Rozgar and Ajeevika Mission (Gramin) Bill, 2025 replacing the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) – which have raised serious concerns regarding the welfare of informal workers and those belonging to rural India. These changes are accompanied by the official understanding that inequality is much less of a concern today than it was in the early 2000s, even though data comparability itself is an issue.

Inequality estimates, initial observations
Analysis of inequality warrants clarification on a few issues, among other things.

The first is inequality of what – income, wealth, consumption expenditure? Second, how is it measured? Third, along which axis it is assessed – caste, class, gender, religion? and fourth, data source and comparability of estimates generated from multiple surveys, if



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marked with methodological changes. Our estimate from the Household Consumer Expenditure Survey (HCES 2023-24), conducted by the National Sample Survey Organisation (NSSO), suggests that overall consumption expenditure inequality, measured by the Gini index, is 0.29 – higher than the widely cited World Bank estimate of 0.25. The World Bank's method too, in this regard, came under scrutiny. With further disaggregation, one finds that urban, as expected, is more unequal than the rural sector. India's consumption boom during the last couple of decades has been primarily driven by non-food expenditure. We find that inequality is much higher for the same compared to food expenditure. This is true for the rural and urban sectors, the inequality for both being higher in case of the urban sectors, and relatively more for non-food expenditure.

Since most growth-inducing activities are urban-centric and agricultural distress persists, it is imperative to examine the urban-rural gap, which is shown by the mean ratio here. A higher than unity mean ratio would reflect a relatively better position than the respective all-India average. Lesser than unity would imply otherwise. There is a substantial gap between urban and rural sectors in this regard and the disparity is more striking in the case of non-food expenditure. For example, average urban non-food monthly per capita expenditure (MPCE) is about 1.5 times higher than the all-India average, while that for rural is much lower than the same point of reference.

Our disaggregated analysis also reveals a considerable gap between the consumption share and per-capita spending of overall MPCE based deciles. In the urban sector, the top 10% of the population alone contributes 27% of the total non-food expenditure, implying that the rest of the 90% contributes only 73% of the same. The mean MPCE of the topmost decile is six times that of the bottom most decile for the urban sector, compared to 4.5 times in the rural sector. Strikingly, the mean MPCE of the top most decile in the urban sector is nine times that of the bottom most decile in the rural sector. Once we proceed a step further and decompose total inequality into within- and between-group components, it appears that: in urban India, within-decile and between-decile inequalities account for about 33% and 67% of food expenditure inequality, respectively, and about 10% and 90% of non-food expenditure inequality. The relative importance of between-decile group

inequality for non-food consumption holds true for the rural sector too. Further, the per-capita consumption expenditure of the richest 5% is six times higher than that of the poorest 5% in the rural areas; the same is nine times for urban areas. In short, the urban sector, which is more affluent, is more unequal than its rural counterparts.

Inequality dynamics in India

First, it is almost unanimously agreed upon that the superrich segment of the Indian population is hardly captured by the NSS surveys (consumption or wealth); thus any inequality estimation based on the same is a gross underestimation. Our own calculation based on this data suggests that about one fourth of even the richest 10% in India benefited from the Pradhan Mantri Garib Kalyan Yojana (PMGKY) and about 13% of them have access to Below Poverty Line (BPL) ration cards.

Second, for a nuanced understanding of inequality dynamics in India, one must go beyond inter-personal or solely income/spending groups-based (for example, decile; percentile) inequality calculations and analyse disparity along various socio-economic axes such as caste and class. Deploying an alternative class-based analysis alongside a closer examination of the growth process and policy changes since independence, Vamsi Vakulabharanam of the University of Massachusetts, Amherst, in his book, *Class and Inequality in China and India, 1950-2010*, shows that since the 1980s (even before the 1991 reforms), urban owners, managers, and professionals have gained disproportionately, contributing to India's consumption boom.

In contrast, urban informal workers, rural small farmers, and agricultural labourers have lagged markedly behind. All these added to increasing between-class inequality vis-à-vis within-class inequality in India's evolving urban landscape. Over the last decade or so, there has not been any systemic change despite various welfare measures, to counter or reverse such trend in class-based inequality. Typical explorations of inequality often overlook this growth-class-inequality nexus. Moreover, a large share of Indians remains engaged in debt-led consumption. The complexities involved in the issue of inequality in India warn us that policies formulated on the presupposition of lower disparity could be misleading and may produce adverse, albeit unintended, welfare implications.

Consumption expenditure inequality in India

Locating inequality by space and consumption type

Source: Authors' calculation and illustration using unit level data of Household Consumption Expenditure Survey 2023-24.

Note: We disaggregate the overall consumption expenditure into food and non-food consumption expenditure.

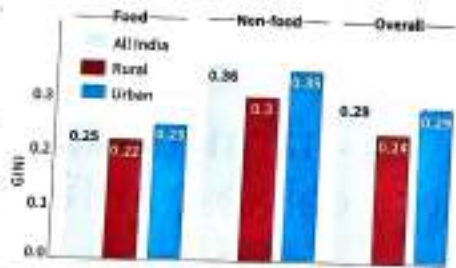


Figure 2: Urban - rural gap by consumption type

Source: Same as Figure 1. Respective mean ratio is in parenthesis.

Note: Here, mean ratio implies the ratio of sectoral average MPCE to All India MPCE.

For example, mean ratio for urban non-food consumption is calculated as the ratio of average urban non-food MPCE to that of all India (rural and urban combined) average non-food MPCE.



CHALLENGES REMAIN

The economy turns?

Top Pvt Hospitals May Drop Out Of Govt Health Plans

Payment delays, low reimbursements and pricing curbs impacting margins

Alejith K Johny

Bengaluru: The contribution of government health schemes to the revenues of India's leading private hospital chains is declining, a possible sign that private healthcare providers may be reevaluating their participation. Experts said profitability squeeze due to payment delays, low reimbursements and pricing curbs may be the reasons. While hospital chains have not announced that they are limiting their participation in government health programmes, Max Healthcare, Narayana Health, Fortis Healthcare and HealthCare Global are among those that have reported revenue impact and highlighted challenges in managing these schemes.

Typically state-backed health schemes, such as the Central Government Health Scheme (CGHS) and the Ex-Servicemen Contributory Health Scheme (ECHS), account for about 25% of revenue at most top private hospitals, according to data from business advisory firm Praxis Global Alliance.

A Reset

25%

Share of revenue from state-backed health schemes at most top pvt hospitals

Govt schemes set rates for empanelled pvt hospitals

Pressure is from two directions: Lower reimbursement rates & slow payments



Praxis Global Alliance told ET that the revenue share of government schemes could drop by 3-5% by the first quarter of FY27 through selective de-empanelment or capped bed allocation. While CGHS covers central government employees and pensioners, ECHS serves defence personnel and their families. Both set rates for empanelled private hospitals and have been central to the current dispute.

Although the signs of discontent have been visible since 2020, industry voices have grown louder only over the last one year.

Apollo Hospitals has not explicitly spoken about government schemes, as they form only a small share of its business. According to its management, in the third quarter of FY26, 83% of inpatient revenue came from insurance and cash patients. The figure implies that all other categories, including government schemes, accounted for a smaller part of the remaining 17%.

An email query sent to Apollo Hospitals remained unanswered till as of press time.

Experts said the pressure is from two directions—lower reimbursement rates and slow payments. "We estimate that hospitals are trying to change their payer mix, moving towards payers with shorter collection periods to maintain healthier working capital," said Akhil Puligadda, practice member, healthcare and life sciences, Praxis Global Alliance. Max Healthcare has quantified its losses. On its Q3 earnings call, it estimated a ₹200-crore revenue impact from joining CGHS. Under its memorandum of understanding, it must offer a 30% discount on chemotherapy drugs.

"We discontinued supply of drugs where the margin was less than 30%. Where the margin is more than 30%, we still supply but at lower revenue," chief financial officer Yogesh Sareen, said in an earnings 2call. After netting out oncology and GST effects, he pegged the ongoing hit at ₹140 crore. "That is the net impact on an ongoing basis, not one time."

Chairman Abhay Sol said, "What they asked is to sell below purchase cost. So obviously everybody has discontinued it." He said that ECHS rate revisions only took effect in December, so the full financial impact is still unfolding. Narayana Health made a conscious decision to cap scheme volumes at hospitals in its northern region, driven by delayed payments and drug reimbursement caps.

डब्ल्यूएचओ ने कहा-पारा युक्त स्किन-लाइटनिंग उत्पादों की बढ़ती खपत रोकने के लिए बदलनी होगी सोच

त्वचा गोरी करने वाले उत्पाद सेहत के लिए बेहद खतरनाक

अमर उजाला नेटवर्क

जिनेबा। त्वचा को गोरा करने वाले उत्पादों के बढ़ते इस्तेमाल और उनसे जुड़ी गंभीर स्वास्थ्य समस्याओं को देखते हुए विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) को अब सोचे इसाधेप करना पड़ा है। संगठन ने पारा युक्त स्किन-लाइटनिंग उत्पादों के खिलाफ नया व्यवहारिक नज़रिया टूल्किट जारी किया है, जिसका उद्देश्य केवल इन को बिक्री रोकना ही नहीं बल्कि लोगों में इनके प्रति बढ़ती मानसिक और सामाजिक स्वीकार्यता को चुनौती देना है। डब्ल्यूएचओ ने चेतावनी दी है कि ऐसे उत्पाद लंबे समय में दिमागी नुकसान, हार्मोन संबंधी गड़बड़ियां, गर्भस्थ शिशुओं पर असर जैसी गंभीर समस्याओं को जन्म दे रहे हैं। डब्ल्यूएचओ के अनुसार समस्या केवल अकेले यह जहरीले उत्पादों तक सीमित नहीं है, बल्कि यह उस सामाजिक सोच से भी जुड़ी है जिसमें गोरी



त्वचा को सुंदरता, सफलता और आत्मविश्वास का प्रतीक मान लिया गया है। यही कारण है कि अब वैश्विक स्वास्थ्य एजेंसियां केवल प्रतिबंध लगाने के बजाय लोगों के ज़ख्खार, विज्ञापनों के प्रभाव और सामाजिक दबाव को समझकर मांग कम करने की रणनीति पर काम कर रही हैं। सोशल मीडिया, फिल्म उद्योग और ब्यूटी विज्ञापनों

पारा का असर शरीर से लेकर पर्यावरण तक

डब्ल्यूएचओ ने कहा है कि कई स्किन-लाइटनिंग क्रीम और लोशन में पारा का इस्तेमाल किया जाता है। पारा एक जहरीला धातु है, जो शरीर में जमा होकर तंत्रिका तंत्र को नुकसान पहुंचा सकती है। इससे पाददश, मानसिक विकास और दिमागी कार्यप्रणाली प्रभावित हो सकती है। गर्भवती महिलाओं के मामले में इसका असर गर्भस्थ शिशु तक पहुंच सकता है, जिससे बच्चे के विकास पर खतरा बढ़ जाता है। उनके लगातार प्रयोग से त्वचा में जल्दी झुर्रियां पड़ जाती हैं। विशेषज्ञों के अनुसार इन उत्पादों के रसायन पानी के जरिये बाहर निकलते हैं तो मिट्टी और जल स्रोत भी प्रदूषित होते हैं। इससे पर्यावरण और जलीय जीवन पर दीर्घकालिक असर पड़ सकता है।

ने इस बाजार को नई प्रति दी है, जहां गोरी त्वचा को आकर्षण और सफलता से जोड़कर पेश किया जाता है। विशेषज्ञों का कहना है कि बड़ी संख्या में युवा इन उत्पादों को आत्मविश्वास बढ़ाने या सामाजिक स्वीकार्यता पाने के साधन के रूप में देखने लगे हैं। यही वजह है कि चेतावनियों और प्रतिबंधों के बावजूद इनकी मांग कम नहीं हो रही।

केवल प्रतिबंध नहीं सोच बदलने पर जोर

डब्ल्यूएचओ का कहना है कि कई देशों ने पहले भी पारा युक्त उत्पादों पर प्रतिबंध लगाए, लेकिन केवल कानून से समस्या खत्म नहीं हुई। इसी वजह से संगठन ने नया व्यवहारिक टूल्किट तैयार किया है। इसके जरिये यह समझने की कोशिश की जाएगी कि लोग ऐसे उत्पादों तक कैसे पहुंचते हैं, कौन-सी चीजें उन्हें प्रभावित करती हैं और वे लगातार उनका उपयोग क्यों जारी रखते हैं। डब्ल्यूएचओ का मानना है कि जब तक इन मानसिक और सामाजिक कारणों को नहीं समझा जाएगा, तब तक मांग को कम करना मुश्किल रहेगा।

HEALTH

How hantavirus is deadlier than Covid, but slower

Anagha Jayakumar & Anonna Dutt

New Delhi, May 6

The Deccan Chronicle

A GROUP of people on a Dutch cruise ship was found to be infected by the deadly hantavirus earlier this week. Seven cases — two laboratory confirmed and five suspected — have been identified among the 147 passengers and crew onboard the MV Hondius, which was travelling from Argentina to Spain. Three of them have died while one is seriously ill. Three others are reporting mild symptoms, according to the World Health Organization (WHO).

The vessel is currently stationed in Cape Verde, off West Africa. The WHO said Wednesday that three suspected patients had been evacuated from the ship to receive medical care in the Netherlands. These cases created global concern, though WHO said that at this stage the "overall public health risk remains low".

The virus

Named after South Korea's Hantan River, hantavirus is a family of rodent-borne viruses that can cause serious illness and death in humans. Human infection primarily occurs through contact with the urine, faeces or saliva of infected rodents or by touching contaminated surfaces. One can also get infected by breathing in air containing viral particles stirred up from these droppings, according to the US Centers for Disease Control and Prevention.

These viruses are generally not known to spread between people. Some human transmission has, however, been recorded in the past for the Andes strain, found in Argentina and Chile. The people on the ship are suspected to have been infected by the Andes hantavirus.

The type of hantavirus varies across regions. Each hantavirus is specific to a different rodent host. Hantavirus pulmonary syndrome is endemic to the Western Hemisphere and caused by "New World" hantaviruses. These are the deadlier of the two variants, killing a third of those who develop respiratory symptoms.

So-called Old World hantaviruses, found primarily in Europe, Africa and Asia, cause haemorrhagic fever with renal syndrome. This variant is known to affect around 1,50,000 people annually, killing 1-15% of those infected. The Hantaan and the Dobrava strains are the most severe.

Similarities with Covid-19

Hantavirus and coronavirus are both zoonotic, meaning they are transferred from animals to humans. The initial mode of transmission — and subsequent spread — is different. Hantavirus rarely transmits from one person to another. Coronavirus, on the other hand, jumped from bats to humans, and then freely spread between humans.

Both hantaviruses and the coronavirus that caused Covid-19 result in serious respiratory illnesses. In hantavirus, the spread is relatively slow and limited, but the fatality is high. According to WHO, hantavirus infections have a fatality rate of up to 50% in the Americas whereas it is less than 15% in Asia and Europe.

Covid had spread at a much faster rate and infected hundreds of millions of people worldwide, but its fatality rate was relatively low: about 1-2% of those infected died.

"The pandemic potential of this infection (hantavirus) is low, considering patients may start experiencing symptoms or die before they pass it on to others," said Dr Ekta Gupta, virologist from the Institute of Liver and Biliary Sciences and a part of the Covid-19 consortium INSACOG.

Sporadic hantavirus cases have been reported from India since the early 2000s. There were at least 28 cases reported in a 2008 study among patients with chronic kidney disease, warehouse workers and those from the Irula tribe in Tamil Nadu known for catching snakes and rats.

डेंगू के डंक ने अप्रैल में पांच वर्षों का रिकॉर्ड तोड़ दिया

चिंताजनक

गंदगी को लेकर आप, भाजपा आमने-सामने

नई दिल्ली, वरिष्ठ संवाददाता। राजधानी में डेंगू के बढ़ते मामलों ने चिंता बढ़ा दी है। दिल्ली नगर निगम (एमसीडी) के मुताबिक बीते अप्रैल माह में डेंगू के 52 मामले आए हैं, जोकि पिछले पांच वर्ष के दौरान इस अवधि का सर्वाधिक आंकड़ा है। इस साल अप्रैल तक डेंगू के कुल 107 मामले सामने आए हैं।

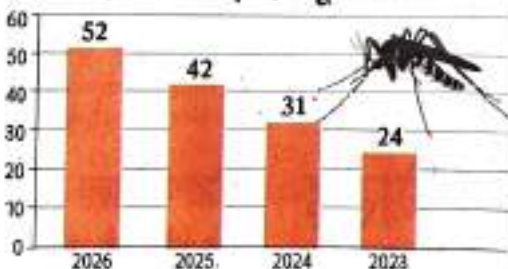
एमसीडी के आंकड़ों के अनुसार, अप्रैल 2025 में डेंगू के 32 मामले आए थे, जबकि इसी माह में 2024 में 35, 2023 में 18 और 2022 में 20 मामले दर्ज किए गए थे। आंकड़ों पर नजर डालें तो इसमें साल दर साल वृद्धि हो रही है। वहीं, पहले चार महीनों में मलेरिया के मामले भी सामने आए, जो हाल के वर्षों में शुरुआती मौसम में सीमित प्रखर को दिखाता है। रिपोर्ट के अनुसार अप्रैल तक मलेरिया के 29 मामले सामने आए हैं, जो 2025 में इसी अवधि के दौरान 39 मामले और 2024 में 35 और 2023 में 15 मामले दर्ज किए गए थे।

फॉर्मिंग और निरीक्षण किया तेज : अधिकारियों ने अक्सर में हुई

शहर में गंदगी को लेकर आप और भाजपा बुधवार को आमने-सामने आ गईं। आप के राष्ट्रीय संयोजक अरविंद केजरीवाल ने आंबेडकर नगर में गंदगी का एक वीडियो साझा किया और भाजपा पर निशाना साधा। उन्होंने कहा कि एक साल में ही दिल्ली का वधा हाल कर दिया। इस पर पलटवार करते हुए दिल्ली भाजपा अध्यक्ष वीरेंद्र साहदेवा ने कहा कि केजरीवाल ने 13 वर्षों से अपने ही विधायक और पार्टी की विफलता की पोल खोली है। उन्होंने कहा कि इस क्षेत्र के लोग लगातार आप के विधायक रहे अजय दत्त से शिकायत करते रहे हैं, लेकिन न कभी इन्होंने सुनवाई की और न खुद मुख्यमंत्री रहते हुए अरविंद केजरीवाल ने शिकायतों पर ध्यान दिया।

बारिश को मच्छर-जनित बीमारियों के मामलों में वृद्धि का एक कारण बताया है। उन्होंने कहा कि एमसीडी ने एहतियाती उपायों के तहत निर्माण स्थलों और आवासीय क्षेत्रों में लार्वा-रोधी अभियान, फॉर्मिंग और निरीक्षण तेज कर दिए हैं।

अप्रैल में इतने क्यों बढ़ रहे डेंगू के मरीज



असामान्य बारिश और नमी

इस वर्ष अप्रैल का महीना पिछले 18 वर्षों में सबसे अधिक बारिश वाला रहा, जिसमें लगभग 30 मिमी बारिश दर्ज की गई। रुक-रुक कर होने वाली बारिश से पानी जगह-जगह जमा रहा, जिससे मच्छरों को अंडे देने और प्रजनन चक्र पूरा करने के लिए अनुकूल वातावरण मिल गया।

इस दौरान क्यों नहीं फैलता

आमतौर पर डेंगू का प्रकोप मानसून (जुलाई से नवंबर) के महीनों में देखा जाता है। उस समय वातावरण में नमी अधिक होती है और जलभराव व्यापक रूप से होता है। मार्च और अप्रैल शुष्क और गर्म होते हैं।

तापमान का बढ़ना

इस वर्ष गर्मी की शुरुआत जल्दी हुई और तापमान 35 डिग्री से ऊपर पहुंच गया। गर्म तापमान में मच्छरों (खासकर एडीज एजिटी मच्छर) की सक्रियता और प्रजनन की दर बहुत तेजी से बढ़ जाती है।

मानव-जनित स्रोत

घरेलू उपयोग के लिए छतों पर रखी पानी की टंकियां और निर्माण स्थलों पर रखे टैंक नर्मियों में भी मच्छरों के पनपने का मुख्य केंद्र बन जाते हैं।

