

Editorial of the Day – 24.11.2025

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1. The future of health lies in harmony-(TH)

General Studies 2 – Governance Topic – Issues relating to development and management of Social Sector/Services relating to Health.

Introduction

The world is currently grappling with escalating lifestyle diseases, environmental degradation, and social fragmentation. In this context, the Second WHO Global Summit on Traditional Medicine highlights the urgent necessity to rebuild harmony between humanity and nature, and between innovation and intuition. The summit aims to reinforce traditional medicine not just as a cultural heritage, but as a valuable scientific resource for a sustainable future.

1. Philosophy of Health – From Disease to Harmony

Health as Equilibrium – Traditional medicine redefines health not merely as the absence of disease, but as a state of inner and outer harmony within the body and with nature.

Modern Validation – The contemporary global push for "well-being" is essentially a rediscovery of this age-old wisdom, now being substantiated through evidence-based research.

Holistic Ecosystem – True well-being requires a balanced ecosystem that integrates the mind and body, humans and the environment, and science and spirit.

2. Global Status and Economic Potential

Widespread Usage – According to the WHO, nearly 90% of member states report the usage of traditional medicine.

Accessibility – For billions of people, particularly in low- and middle-income countries, it serves as the first line of care due to its affordability and accessibility.

Integrative Value – Beyond healthcare, traditional systems contribute significantly to biodiversity conservation, nutrition, food security, and livelihoods.

India's Market Growth – The Indian AYUSH sector has witnessed exponential growth, currently valued at \$43.4 billion, signaling a paradigm shift from reactive healthcare to preventive, proactive, and personalized models.

3. Institutional Framework – WHO Global Traditional Medicine Centre (GTMC)

Global Knowledge Hub – Located in Jamnagar, Gujarat, the GTMC serves as a central hub for evidence-based research, collaboration, and innovation.

Key Focus Areas –

1. Evidence and Learning.
2. Data and Analytics.
3. Sustainability and Equity.

Core Mandate – The Centre emphasizes respect for local heritage, resources, and rights while fostering shared global leadership in evidence-driven traditional medicine.

4. India's Leadership in Standardization and Innovation

Standardization Initiatives – India advocates that knowledge must benefit humanity collectively. Key steps include – Establishment of a dedicated AYUSH department at the Bureau of Indian Standards (BIS). Development of global standards for AYUSH systems through ISO/TC 249/SC 2.

Diverse Systems – India continues to demonstrate how traditional systems like Ayurveda, Yoga, Unani, Siddha, and Sowa-Rigpa can coexist synergistically with modern science.

5. The Gujarat Declaration (Outcomes of the 1st Summit)

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Context – The first summit (August 2023, Gandhinagar) successfully mobilized global political will and laid the groundwork for integrating traditional medicine into national health systems.

Key Pillars of the Declaration –

1. Protection of biodiversity.
2. Ensuring fair benefit-sharing.
3. Promoting digital innovation in traditional health.
4. Enabling equitable access to traditional health knowledge.

6. Roadmap – The Second WHO Global Summit

Timeline & Venue – To be co-hosted by the WHO and the Government of India in New Delhi (Dec 17–19, 2025).

Theme – “Restoring balance – The science and practice of health and well-being.”

Strategic Alignment – The summit will support the WHO’s Global Traditional Medicine Strategy (2025–34).

Future Vision – The goal is to lead traditional medicine into a future defined by scientific validation, technological integration, and ethical principles.

Conclusion

India’s approach to global health is anchored in integration—blending tradition with technology and well-being with sustainability. As the world convenes for the Second Summit, India presents a powerful message – health must heal rather than harm, and progress must sustain rather than consume. The summit represents a global moment of convergence, reaffirming that the future of healthcare depends on restoring harmony.

Source – <https://www.thehindu.com/opinion/op-ed/the-future-of-health-lies-in-harmony/article70314946.ece>

2. The disconnect – Why air pollution isn’t a public health priority–(IE)

General Studies 2 – Governance Topic – Issues relating to development and management of Social Sector/Services relating to Health; Government policies and interventions for development in various sectors.

Introduction

Air pollution in India has escalated into a severe 21st-century public-health crisis, causing an estimated 1.5–1.7 million premature deaths annually and reducing life expectancy. Despite its widespread impact, policy frameworks continue to treat it as a seasonal environmental issue rather than a structural, year-round health emergency. The lack of convergence between environmental regulation and the healthcare system has hindered sustained political priority and institutional accountability.

1. Why is Air Pollution Not a Public-Health Priority?

A. Invisible Sources & Low Public Visibility

Location of Polluters – Major contributors—such as coal-based power plants, industrial clusters, and brick kilns—operate away from the public eye, diluting the perception of immediate danger.

The “Seasonal” Illusion – The focus on winter smog creates a false narrative that pollution is temporary. In reality, harmful PM2.5 levels remain above WHO limits year-round.

Public Perception – Citizens often view pollution as a temporary discomfort rather than chronic exposure to disease-causing agents.

B. Complex Health Impact & Attribution Difficulty

No Single Illness – Unlike communicable diseases, pollution does not cause a single identifiable illness but worsens multiple Non-Communicable Diseases (NCDs), making clinical attribution difficult.

Systemic Health Consequences –

Respiratory – COPD, asthma, upper respiratory infections, and lung cancer among non-smokers.

Cardiovascular – Heart disease, stroke, and arrhythmia.

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Metabolic & Neurological – Hypertension, type-2 diabetes, neurological degeneration, and cognitive impairment.

Reproductive – Infertility, low birth weight, and pre-term delivery.

Demographic Impact – It causes a life expectancy loss of up to 8 years in the Indo-Gangetic belt.

Lack of Immunity – Unlike viruses, there is no vaccine, no cure, and the human body develops no immunity to pollution.

C. Data Weakness & Institutional Fragmentation

Data Disconnect – Hospital admission data is not linked to air-quality monitoring, preventing real-time health responses.

Limitations of AQI – The Air Quality Index (AQI) measures concentration but fails to capture toxicity, exposure levels, or organ-specific impacts.

Weak Surveillance – The lack of a robust medical surveillance system prevents predictive warnings and evidence-based policymaking.

Administrative Silos – There is no single nodal authority; responsibilities are fragmented between the MoEFCC, MoHFW, Transport, Energy, and State Pollution Control Boards.

D. Policy & Governance Disconnect

Regulatory Focus – Pollution is managed under environmental regulations rather than public health protection frameworks.

Role of Agencies – The National Clean Air Programme (NCAP) focuses on source reduction, leaving health agencies as peripheral actors rather than drivers.

Legislative Gaps – Unlike in Europe or the USA, Indian pollution legislation lacks health-based regulatory thresholds.

Implementation Failures – There is weak enforcement of constitutional environmental principles such as the Precautionary Principle, Polluter-Pays Principle, and Intergenerational Equity.

E. Social & Political Normalization

Adaptation – The public has adapted to chronic pollution, reducing the urgency for political action.

Economic Trade-offs – Economic priorities (coal energy, construction, transport) often overshadow health costs.

Episodic Pressure – Public outcry remains episodic (peaking during smog events) rather than sustained.

2. Way Forward

A. Integrate Public-Health into Pollution Governance

Emergency Status – Officially classify air pollution as a national public-health emergency, not just an environmental event.

Early Warning Systems – Develop health-based early-warning systems by integrating hospital data with AQI monitoring.

Surveillance – Establish a National Health & Pollution Surveillance Grid.

B. Strengthen Regulation & Accountability

Legal Mandate – Convert the NCAP into a legally enforceable mandate with strict penalties for non-compliance.

Enforcement – Strengthen the implementation of "polluter-pays" principles and mandate a transition to zero emissions for industries.

C. Structural Mitigation

Energy Transition – Accelerate the shift to renewables and reduce dependency on coal.

Sectoral Reforms – Promote electric mobility, congestion pricing, dust-suppression systems, and the modernization of brick kilns.

Scientific Planning – Implement city-specific action plans based on rigorous source-apportionment studies.

D. Vulnerable-Population Protection

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Target Groups – Focus protection efforts on children, the elderly, pregnant women, and the outdoor workforce.

Protocols – Issue health advisories, establish school-closure protocols during high AQI days, and plan for emergency care.

E. Behavioral & Community Awareness

Narrative Shift – Reframe the public narrative from "winter smog" to "invisible multi-organ toxin."

Engagement – Utilise school-based awareness programs, public data dashboards, and community monitoring networks.

Conclusion

Air pollution in India is a chronic, invisible, and multi-organ public-health threat. Unless health systems and environmental governance converge through accountability and evidence-based decision-making, India will continue to suffer preventable mortality, significant economic loss, and intergenerational damage.

Source – <https://indianexpress.com/article/opinion/columns/the-disconnect-why-air-pollution-isnt-a-public-health-priority-10382284/>

