

Editorial of the Day – 06.02.2026

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1. More, and less- On Budget 2026 and health-care spending (TH)

General Studies 2- Governance & Social Justice

Topic- Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

Sub Topic- Government policies and interventions for development in various sectors and issues arising out of their design and implementation.

Introduction

The Union Budget 2026-27 presents a mixed bag for India's health sector. While it introduces forward-looking initiatives like Biopharma SHAKTI to boost R&D and manufacturing, the overall allocation remains modest. Despite a nominal increase in absolute numbers, the budget draws criticism for missing the National Health Policy (NHP) 2017 target of increasing public health expenditure to 2.5% of GDP by 2025. The focus has shifted towards tertiary care, research, and workforce development, even as concerns persist regarding the declining central share in primary health missions.

Overall Financial Allocation & Trends

Total Allocation- ₹1.05 lakh crore allocated for the health sector.

Year-on-Year Growth- This represents a 10% increase over the Revised Estimates (RE) of the previous year.

Share of Total Budget- Health spending accounts for only 1.9% of total government expenditure.

Share of GDP- The allocation stands at approximately 0.26% of GDP, significantly lower than the global average and domestic targets.

Key Initiatives & Schemes

Biopharma SHAKTI (Strategic Investment)

Launch- A flagship scheme launched with an outlay of ₹10,000 crore over five years.

Objective- To position India as a global hub for biologics and biosimilars manufacturing.

R&D Focus- Aims to address long-standing gaps in health research and development capacity, moving beyond generic drug manufacturing.

Clinical Trials- Plans to establish 1,000 accredited clinical trial sites nationwide to accelerate drug discovery and testing.

Institutional Expansion & Modernization

NIPERs- Three new National Institutes of Pharmaceutical Education and Research (NIPERs) will be set up, and seven existing units will be modernized.

Mental Health Infrastructure- A second campus for NIMHANS (National Institute of Mental Health and Neurosciences) is planned in North India. Upgradation of two existing institutions into national mental health institutes.

Human Resources for Health (Capacity Building)

The budget acknowledges the demographic shift and the need for specialized care-

Allied Health Professionals- A target to train 1 lakh allied health professionals over the next five years to support doctors and nurses.

Elderly Care- Training for 1.5 lakh elderly care workers announced.

Significance- This is a timely intervention as India transitions towards a "grey nation" (aging population) due to falling fertility rates, requiring robust geriatric care.

Affordability & Relief Measures

Specific fiscal measures were introduced to reduce the out-of-pocket expenditure burden on patients-

Customs Duty Exemptions- 17 cancer drugs and specific treatments for rare diseases have been exempted from customs duties.

Tax Relief on Remittances- The Tax Collected at Source (TCS) on remittances for medical treatment and education abroad has been reduced from 5% to 2%.

Impact- These measures are expected to significantly lower the cost of life-saving treatments for critical illnesses.

Critical Analysis & Concerns

Despite the positive steps in R&D, structural issues remain unaddressed-

Missed NHP Target- The government has failed to meet the National Health Policy 2017 commitment to raise public health spending to 2.5% of GDP by 2025. Current spending is roughly one-tenth of this target.

National Health Mission (NHM) Cuts- Reduced allocation for the NHM is a major concern, as it serves as the backbone of primary healthcare in rural India.

Contradiction- Funding was cut despite strong utilization rates by states in the previous fiscal.

Declining Central Role- There is a trend of declining Central share in health spending, shifting the burden to States. These risks creating uneven health outcomes, where richer states have better healthcare than poorer states.

Equity Issues- The focus on high-end biopharma and tertiary institutions may overshadow the urgent need for strengthening primary healthcare centres (PHCs) and sub-centres.

Conclusion

The Budget 2026-27 signals a strategic pivot towards health security, research, and specialized workforce creation, aligning with India's pharmaceutical ambitions. However, the foundational goal of Universal Health Coverage (UHC) faces risks due to inadequate aggregate spending. Without a substantial increase in public investment to bridge the gap towards the 2.5% GDP target, the twin goals of affordability and equity for the common citizen may remain elusive. The path forward requires balancing high-tech R&D with robust funding for primary care missions.

Source- https://www.thehindu.com/opinion/editorial/more-and-less-on-budget-2026-and-health-care-spending/article70596060.ece#google_vignette

2. In India's first-ever Disaster Victim Identification guidelines, teeth hold the key (IE)

General Studies 3- Disaster Management

Topics- Disaster and Disaster Management.

Sub Topic- Institutional Framework, Preparedness, and Response Mechanisms.

Introduction

The National Disaster Management Authority (NDMA) has released India's first-ever Disaster Victim Identification (DVI) Guidelines and Standard Operating Procedures (SOPs). This landmark development aims to standardize the scientific identification and dignified handover of victims in mass fatality incidents. By adopting global best practices, India seeks to move beyond ad-hoc identification methods to a systematic, forensic-driven approach, ensuring legal certainty and psychological closure for grieving families.

Key Details & Significance

First National Framework- These are the first official guidelines establishing a uniform protocol for DVI across India.

Global Standards- The guidelines adopt Interpol's DVI standards, recognizing Dental records, DNA, and Fingerprints as the primary scientific identifiers.

New Integrations- For the first time, Forensic Odontology (teeth analysis) and Forensic Archaeology are formally integrated into India's disaster response mechanism.

Strategic Proposal- A recommendation has been made for a National Dental Data Registry to expedite future identifications.

Understanding Disaster Victim Identification (DVI)

Definition- The scientific process of identifying human remains following mass fatality incidents (e.g., earthquakes, floods, air crashes, industrial disasters).

Importance-

Humanitarian- Ensures the dignity of the deceased and provides closure to families.

Legal- Resolves issues related to inheritance, insurance claims, and criminal liability.

Administrative- Prevents misidentification and legal disputes.

The Four-Stage DVI Process (NDMA Guidelines)

The guidelines outline a systematic four-step workflow to ensure accuracy and chain of custody-

Stage 1- Recovery of Remains- Systematic retrieval at the disaster site. Tagging, documentation, and preservation to prevent the "commingling" (mixing) of body parts.

Stage 2- Post-Mortem Data Collection (PM)- Detailed examination of the remains. Collection of fingerprints, dental profiling, DNA sampling, and recording physical marks (scars, tattoos).

Stage 3- Ante-Mortem Data Collection (AM)- Collection of "before death" data from families and authorities. Includes medical/dental history, photographs, personal belongings, and DNA samples from relatives.

Stage 4- Reconciliation & Handover- Matching AM and PM data scientifically. Formal confirmation of identity by a board of experts. Dignified release of remains to the next of kin.

Role of Forensic Odontology (Why Teeth Matter)

High Survivability- Teeth are the hardest substance in the human body; they can withstand extreme heat, trauma, and decomposition where fingerprints and facial features are destroyed.

Unique Identifier- Dental patterns are unique to individuals.

Proven Success- Used extensively in the 2004 Tsunami, 9/11 attacks, and various aviation disasters.

Case Study- In the Air India Crash (Ahmedabad), forensic odontology was crucial in identifying over 250 victims from charred remains.

Strategic Proposals & Emerging Tools

National Dental Data Registry

Purpose- To create a centralized database of dental records.

Benefit- Allows for instant matching of ante-mortem records during mass disasters, significantly reducing identification time.

Challenges- Requires addressing data privacy concerns and standardizing dental reporting formats across clinics.

Forensic Archaeology

Definition- Application of archaeological methods to locate, exhume, and analyse buried or scattered remains.

Utility- Critical for landslides, earthquakes, and forest recoveries where remains are hidden or buried.

Current Application- Already being used in North East India (Arunachal, Manipur, Tripura) to recover WWII soldier remains.

Gaps & Challenges in Current Framework

Institutional Coordination- Lack of a dedicated DVI Incident Commander often leads to chaotic and fragmented responses at ground zero.

Skilled Workforce Shortage- Severe scarcity of trained Forensic Anthropologists, Odontologists, and DNA experts. Existing labs are often overburdened.

Operational Flaws- Inconsistent tagging of bodies. Weak Chain of Custody (tracking evidence handling). Poor documentation leading to misidentification.

Climate Change Factor- Increasing frequency of extreme weather events (floods, heatwaves) accelerates decomposition, making identification harder and time-sensitive.

Alignment with Disaster Governance

Sendai Framework– The guidelines align with the global Sendai Framework for Disaster Risk Reduction, emphasizing "Build Back Better" and institutional resilience.

Dignity-Centric Approach– Shifts the paradigm from just "rescue and relief" to the "ethical handling" of the dead.

Technology Integration– Encourages the use of Virtual Autopsy (non-invasive), GIS Mapping for body location, and Biometric Tools.

Conclusion

The release of India's first DVI guidelines is a critical step towards humane, scientific, and accountable disaster management. It addresses a long-standing gap in India's disaster response architecture. However, the roadmap to success lies in–

1. Infrastructure Investment– Upgrading forensic labs and storage facilities.
2. Capacity Building– Training specialized personnel in forensic odontology and anthropology.
3. Data Integration– establishing the National Dental Data Registry.

As climate-induced disasters become more frequent, robust DVI capabilities are not just a technical necessity but a moral imperative to uphold human dignity and public trust.

Source– <https://indianexpress.com/article/explained/explained-sci-tech/india-first-disaster-victim-identification-guidelines-10515916/>

