

Headlines

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Text and Context - University of Hyderabad at Gachibowli

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**Be so good they
can't ignore you.**

— Steve Martin



New Pamban bridge an engineering wonder: PM

Modi inaugurates India's first vertical lift sea bridge built over the Palk Strait at a cost of ₹531 crore, and flags off new train services; he says it will have positive effects on the lives of lakhs of people

S. Sundar

RAMESWARAM

Prime Minister Narendra Modi on Sunday inaugurated the new Pamban railway bridge, which connects the Rameswaram island off the Tamil Nadu coast with Ramanathapuram on the mainland.

Constructed by Rail Vikas Nigam Ltd. at ₹531 crore, the 2.08-km bridge over the Palk Strait features a 72.5-metre vertical lift span that can be raised to a height of 17 metres, facilitating smooth ship movement underneath while improving rail connectivity. Mr. Modi flagged off new train services between Rameswaram and Tambaram, Chennai, laid the foundation stone for the four-lane work on the section of National Highway no. 40 from Walajahpet, near Chennai, in Tamil Nadu to the Andhra Pradesh boundary, and dedicated three other four-lane highway projects in Tamil Nadu.

The Prime Minister described the new bridge, India's first vertical lift sea bridge, as an "engineering wonder" that "brought together technology and tra-



Milestone structure: Prime Minister Narendra Modi waves as an Indian Coast Guard ship passes under the new Pamban bridge at Rameswaram in Ramanathapuram of Tamil Nadu on Sunday. ANI

dition".

With the completion of the bridge, a long-pending demand of the people had been fulfilled, he said. "The Pamban rail bridge will support both ease of business and ease of travel. It will have positive effects on the lives of lakhs of people," Mr. Modi said.

The new structure, which has replaced the now-defunct British-era old Pamban railway bridge, is expected to en-

hance connectivity while benefiting trade and tourism in Tamil Nadu. With the Palk Strait being a highly corrosive environment, the bridge has been constructed with stainless steel reinforcement and features high-grade protective paint, the government said. The new bridge is three metres higher than the existing one.

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'Teething trouble' in lift of bridge causes concern

RAMESWARAM

The vertical lift span of the new Pamban Rail Bridge, inaugurated by Prime Minister Narendra Modi on Sunday, caused concern when the centre span became stuck for some time as it was being lowered. A railway official dismissed the issue as a minor teething problem. » PAGE 12









Content.

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- Constructed by Rail Vikas Nigam Ltd. at ₹531 crore, the 2.08-km bridge over the Palk Strait features a 72.5-metre vertical lift span that can be raised to a height of 17 metres, facilitating smooth ship movement underneath while improving rail connectivity.
- The new bridge will replace the century-old original Pamban Bridge and is considered an engineering marvel with the tag of becoming India's First Vertical Lift Railway Sea Bridge. Built with stainless steel reinforcements and Polysiloxane Paint, the bridge is designed to withstand harsh marine conditions.
- Its expected lifespan is up to 58 years. It has an automated electro-mechanical lift system, which will help the bridge rise to 17 meters, allowing smooth ship passage.

Fact

- The new bridge has been built parallel to the old Pamban Bridge, India's first sea bridge which was opened in 1914. The new bridge will replace the old structure.
- The Rail Vikas Nigam Ltd (RVNL) has built the 2.10-km-long bridge. The new sea bridge is the country's first 'vertical lift span' bridge, featuring a 'vertical lift span' of 72.5 metres in the middle, which can lift upwards upwards 17 metres in 5 minutes, 30 seconds to allow ships to pass under it.
- The old bridge, on the other hand, was a cantilever bridge. It was opened manually, requiring 14 people for its operation. In contrast, the new bridge is fully automatic.

Only 12% of judges in High Courts have declared assets: data

Public disclosure

Judges of only six High Courts have declared their assets on the court websites



High Court	Number of judges who declared their assets as on April 5	Current strength of judges
Chhattisgarh	1	16
Himachal Pradesh	11	12
Madras	5	65
Punjab and Haryana	30	53
Delhi	7	38
Kerala	41	44

Source: Websites of respective High Courts

Soibam Rocky Singh

NEW DELHI

Among the 769 judges currently serving in the 25 High Courts of India, only 95 – or a mere 12.35% – have chosen to disclose their assets and liabilities on their official websites.

The alleged discovery of partially burnt currency notes at the residence of the High Court judge Justice Yashwant Varma has intensified discussions about transparency within the judiciary, including the broader issue of asset disclosure among judges.

In response to the issue, all 33 serving Supreme Court judges agreed in a Full Court meeting on April 1 to make their asset declarations public on the official top court website.

Currently, among the

six High Courts where judges have declared their assets, the Kerala High Court leads with 41 of its 44 judges having completed the disclosure, accounting for 93.18%. The Himachal Pradesh High Court follows closely, with 11 out of 12 judges (91.66%) having done the same.

In contrast, some courts report significantly lower disclosure rates. In the Chhattisgarh High Court, only one out of 16 judges has declared assets and the Madras High Court lags with just five out of 65.

The Delhi High Court has seven of its 38 judges declaring their assets – a sharp fall from 2018, when 29 of 35 judges had made public their assets.

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Content.

- The government has not accepted a proposal made by a parliamentary committee on official languages to record adverse remarks in annual performance reports of officials who do not work in Hindi.
- Anshuli Arya, Secretary, Official Languages Division, Union Home Ministry said on Friday that in the past, the committee has made such recommendation on one or two occasions that an entry should be made in the annual confidential report of government officials on usage of Hindi.
- The fourth Akhil Bharatiya Rajbhasha Sammelan to commemorate the completion of 75 years of Hindi becoming the official language will be inaugurated by Union Home Minister Amit Shah on Saturday.

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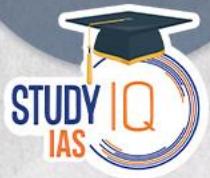
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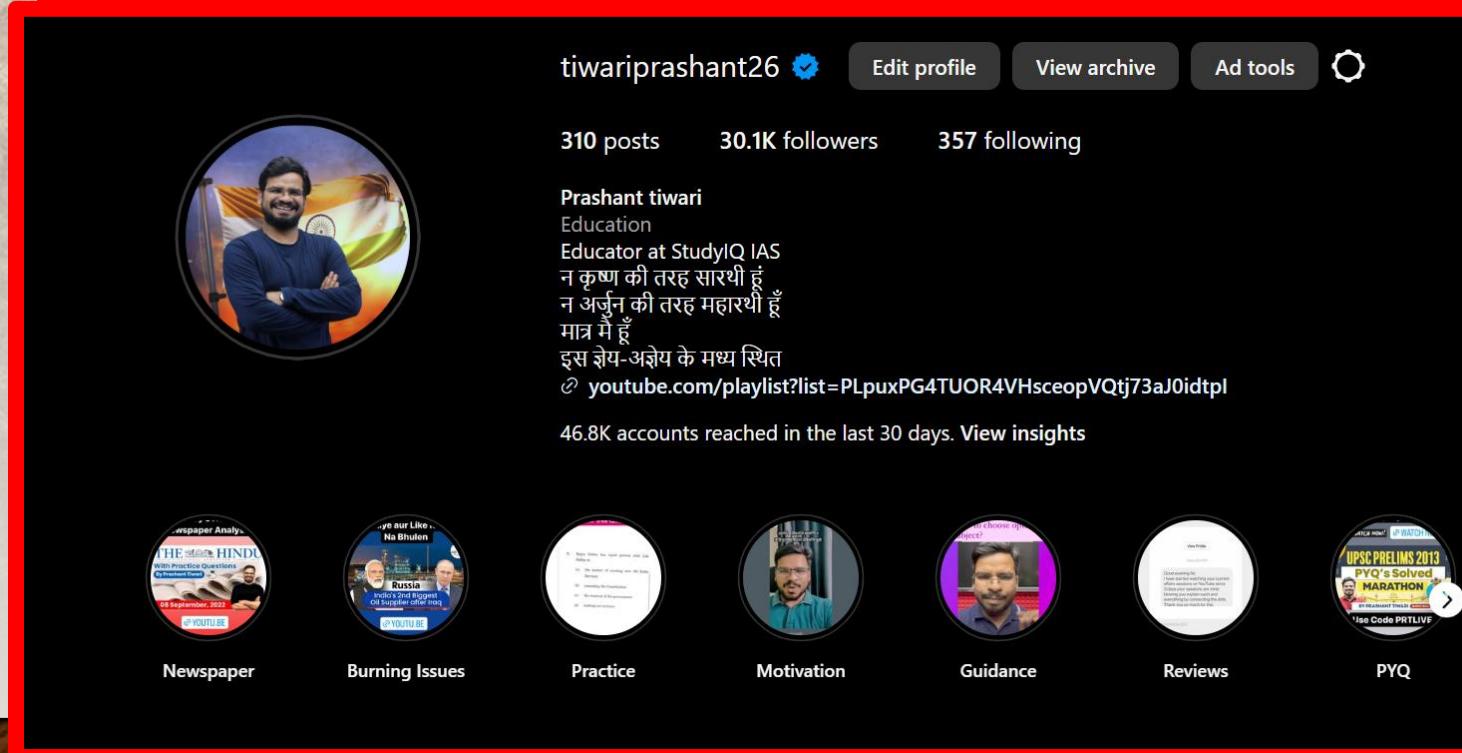
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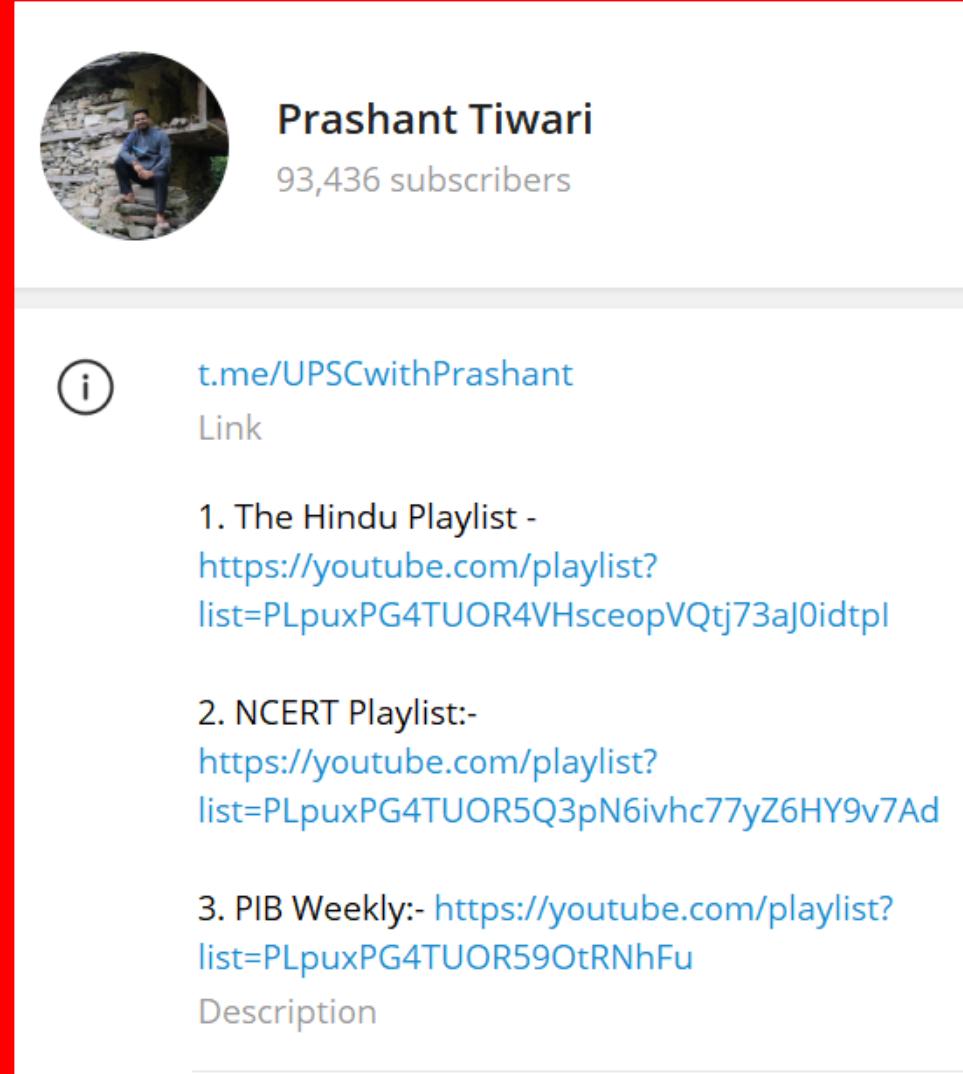
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Prashant tiwari
Educator at StudyIQ IAS
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Description

Modi launches Indian-aided railway projects on last day of Sri Lanka trip

Landmark railway modernisation projects implemented under the India-Sri Lanka development partnership represent a significant milestone in strengthening north-south rail connectivity in island nation, says PM; visit has reaffirmed deep cultural, spiritual ties between countries, he adds

Press Trust of India
COLOMBO

Prime Minister Narendra Modi on Sunday travelled to the historic city of Anuradhapura in north-central Sri Lanka and launched two Indian-assisted railway projects before wrapping up his three-day trip to the Island nation.

Mr. Modi, accompanied by Sri Lankan President Anura Kumara Dissanayake, visited the Jaya Sri Maha Bodhi temple and paid respects at the revered Buddhist shrine in Anuradhapura, a spiritual city around 200 km from Colombo.

Following the visit to the shrine, the two leaders inaugurated the 128-km Maho-Omantai railway line refurbished with Indian assistance of \$91.27 million.

This was followed by the launch of the construction of an advanced signalling system from Maho to Anuradhapura, built with Indian grant assistance of \$14.89 million.

"These landmark railway modernisation projects implemented under the India-Sri Lanka development partnership represent a significant milestone in strengthening north-south rail connectiv-



Cultural connect: Prime Minister Narendra Modi with Sri Lankan President Anura Kumara Dissanayake at the Jaya Sri Maha Bodhi temple in Anuradhapura, Sri Lanka on Sunday. PTI

ity in Sri Lanka," the Ministry of External Affairs said.

"They would facilitate fast and efficient movement of both passenger and freight traffic across the country," it said.

Before leaving for India, Mr. Modi said his visit to Sri Lanka had reaffirmed the deep cultural, spiritual and civilisational ties between the two nations. "Deeply grateful to President Dissanayake, the people and the Government of Sri Lanka for the warmth extended during my visit," he said in a social media post.

"It will surely add momentum to our bilateral relations," he said.

'Strong links'
At the Jaya Sri Maha Bodhi temple, the Prime Minister sought blessings from the head monk at the shrine.

"Offered prayers at the sacred Jaya Sri Maha Bodhi in Anuradhapura with President Dissanayake. It's a deeply humbling moment to be at one of the most revered sites in Buddhism," Mr. Modi said in a social media post.

"It is a living symbol of

peace, enlightenment and spiritual continuity. May the teachings of Lord Buddha always guide us," he said.

The Ministry said Mr. Modi offered prayers at the revered Mahabodhi tree at the temple. It is believed that the sacred Bodhi tree at the temple has its origin in India's Bodhgaya. The sapling from the Bodhi tree was brought by Theri Sanghamitta, the daughter of Emperor Ashoka from India, and planted there in the precincts of the temple.

Dissanayake says visit further solidifies bond

Press Trust of India
COLOMBO

of centuries, commitment to a prosperous future", further solidifying the bonds between India and Sri Lanka," President Dissanayake's office said in a statement. This visit has enhanced the economic, cultural, and historical relations between the two nations, it added.

His visit is expected to yield significant results through collaborative initiatives "fostering a path towards mutual growth and development," it said.

"The temple stands as a testament to the strong civilisational linkages that form the foundation of the close India-Sri Lanka partnership," the Ministry said.

Significant agreements
The Prime Minister arrived in Colombo on Friday evening after concluding his trip to Thailand. On Saturday, Mr. Modi and Mr. Dissanayake held extensive talks, following which they unveiled over 10 specific outcomes, including seven agreements to expand ties in several sectors such as

defence, energy and digitalisation.

The agreement on defence is considered significant as it signalled an upswing in the India-Sri Lanka strategic ties nearly four decades after the IPKF episode.

The two sides also signed up a total of seven pacts, including one on developing Trincomalee as an energy hub under a trilateral framework also involving the United Arab Emirates and another agreement on power grid connectivity.

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- The President of Sri Lanka, H.E. Anura Kumara Dissanayaka, today conferred on Prime Minister Shri Narendra Modi the Sri Lanka Mitra Vibhushana award, the country's highest honour bestowed on foreign leaders. This is the first time that an Indian leader is receiving this award.
- India's support for Sri Lanka's application to become a member of BRICS.
- Sri Lanka has extended its support to India's candidature for a non-permanent seat on the UN Security Council for 2028-29.

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HAMBANTOTA



Why were students protesting over Kancha Gachibowli?

What is the ownership status of the 400-acre land parcel known as Kancha Gachibowli? Why did the government decide to auction the land? Why were environmentalists worried?

Swathi Vadlamudi

The story so far:

The students of the University of Hyderabad at Gachibowli have been protesting ever since the news of the auction of a 400-acre land parcel known as Kancha Gachibowli within campus premises broke. The battle has now reached the Supreme Court, which has acknowledged the destruction of greenery and the existence of wildlife in the area, before taking it up *suo motu*. Three PILs have already been filed in the Telangana High Court against the auction.

Why were there protests?

Students state that the land is part of the university, a claim which has been vehemently denied by the government.

The land was part of the 2,324 acres granted to the University of Hyderabad at

the time of its establishment in 1974, as part of the six-point formula proposed by the then Congress government to assuage regional sentiments stoked by the Telangana movement of 1969. However, the land allocation was not formalised through title transfer. Subsequently, large tracts of land, unused by the university, were taken up by the government for various purposes including establishing the Indian Institute of Information Technology, the Tata Institute of Fundamental Research, and the Sports Authority of Andhra Pradesh to name a few. By 2010, more than 800 acres of land was taken away in 22 such instances.

What do documents say?

The 400 acres of land which is now under conflict was part of such diversions in 2004, under the then Telugu Desam Party (TDP) government. An MoU was signed with the University of Hyderabad, for the

transfer of 534 acres, in lieu of 396 acres allocated at another location. The land formed part of 850 acres allocated to IMG Academies Bharata for developing sports facilities. A sale deed was subsequently signed, just before Legislative Assembly elections in which the TDP was routed by the Congress. After winning the elections, the then Chief Minister cancelled the land transfer, leading to a long drawn out legal battle. The top court dismissed the Special Leave Petition, allowing the present government under Chief Minister A. Revanth Reddy to take up the land.

What are environmentalists saying?

Undisturbed for more than 20 years, the land has become home to a rich variety of native flora and fauna. Several migratory birds also visit the area. A recent compendium of biodiversity collated from the campus mentions 233 bird species, which is higher than the avian numbers in

the KBR National Park and the Mrugavani National Park. It also cited *Murricia hyderabadensis*, a unique spider, which is endemic to the Kancha Gachibowli forest, and found nowhere else. The document also lists at least three reptiles, and 27 bird species which are mentioned in Schedule-I of the Wildlife Protection Act, 1972, indicating their vulnerability and need for highest protection, besides 72 species of tree diversity.

Why did the govt. decide to auction?

The Congress government in the joint State of Andhra Pradesh under the leadership of Y. S. Rajashekhar Reddy was the first to begin the monetisation of government lands through open auctions, which was decried and denounced by many concerned citizens and political parties. However, such auctions have become the unstated State policy of all subsequent governments in Telangana, irrespective of the party in power.

The Congress party, which won the 2023 assembly elections inherited a State debt of nearly ₹4 lakh crore, which is set to cross ₹5 lakh crore by the end of FY 2025-26. Mr. Reddy's recent admission that he had no funds for capital expenditure reflects the true state of State coffers. The judgment about the ownership Kancha Gachibowli came just in time as a respite for the government, which decided to garner funds for welfare measures through auctioning the land.

THE GIST

The students of the University of Hyderabad at Gachibowli have been protesting ever since the news of the auction of a 400-acre land parcel known as Kancha Gachibowli within campus premises broke.

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- The land was part of the 2,324 acres granted to the University of Hyderabad at the time of its establishment in 1974, as part of the six-point formula proposed by the then Congress government to assuage regional sentiments stoked by the Telangana movement of 1969.

- However, the land allocation was not formalised through title transfer. Subsequently, large tracts of land, unused by the university, were taken up by the government for various purposes including establishing the Indian Institute of Information Technology, the Tata Institute of Fundamental Research, and the Sports Authority of Andhra Pradesh to name a few. By 2010, more than 800 acres of land was taken away in 22 such instances.
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Prescribe preventive medicine for a healthy India

Page No. 8, GS 2

India stands at the cusp of economic glory, aspiring to become a \$5 trillion economy and a global powerhouse. However, there is a "silent epidemic" of non-communicable diseases (NCDs) that threatens our economic and developmental ambitions. Today, NCDs are the leading cause of death in the country, accounting for roughly two-thirds of all deaths. To secure a healthy and prosperous future, India must urgently embrace a preventive health-care mindset – one that can heal before there is a need to heal.

The rising tide of NCDs, their economic toll

Over the past few decades, India has undergone an epidemiological transition. Communicable diseases such as infections have come under control but have been overtaken by NCDs. Chronic conditions such as heart disease, diabetes, cancers, chronic lung diseases, and stroke kill an estimated five million to six million Indians each year. What is particularly alarming is that NCDs are striking Indians at younger ages.

India's working-age population is increasingly affected – a disturbing trend when its GDP target relies on the youthful demographic dividend. In fact, 22% of Indians over 30 years are at risk of dying from an NCD before they hit the age of 70. We see this mirror in our hospitals every month with 30- to 40-year olds with heart ailments or in need of dialysis due to diabetic complications.

Beyond the human cost, the economic impact of NCDs is staggering due to the resulting loss of productivity and reduced workforce participation. Studies estimate that NCDs may already be costing India around 5%-10% of its GDP. A World Economic Forum (and Harvard School of Public Health) study projected that between 2012 and 2030, NCDs would inflict a loss of around \$3.5 trillion-\$4 trillion on the Indian economy. Hence, an investment in preventive health care is not an expense but an economic strategy. Prevention is our best insurance policy for sustainable development.

The good news is that most NCDs are largely preventable. Sedentary lifestyles, unhealthy diets, tobacco and alcohol use, pollution, and genetic predisposition are some of the key culprits. By modifying these, we can significantly reduce NCD risk. It is estimated that about 80% of



Dr. Prathap C. Reddy

is Chairman,
Apollo Hospitals

premature heart disease, stroke, and diabetes cases can be prevented by addressing lifestyle factors.

Today, around 22%-23% of adults are overweight, and there is an urgent need to tackle obesity. We must make physical activity a part of one's daily routine with at least 30 minutes of moderate exercise a day, be it in the form of walking, yoga, or sports. A healthy diet rich in fruits, vegetables, and proteins, and lower in sugar, salt, and unhealthy fats is a must.

Air pollution is a health emergency directly impacting rates of chronic obstructive pulmonary disease (COPD), lung cancer, and even heart attacks. We must view pollution control as part of preventive medicine.

Finally, the most important measure is regular health screenings. Detecting these conditions early, through screenings starting at the age of 40 years or earlier if there is family history, can literally be a lifesaver. Early detection means timely intervention – controlling blood pressure before it causes a stroke, or removing a precancerous polyp before it turns into colon cancer. Screening such as mammograms for breast cancer or HPV tests for cervical cancer can find early, curable stages of disease.

Technology can transform prevention

Digital health technology – from smartphone apps and wearables to big data analytics – is a game changer. India has over 750 million smartphone users, which means we have the ability to deliver health advice, reminders, and risk assessments in the palm of everyone's hand. Wearable devices and health trackers allow individuals to keep an eye on their health stats. The integration of such real-time data into preventive care plans is an exciting new frontier.

Most transformative is the role of Artificial Intelligence (AI) in predictive health modelling. AI algorithms can analyse vast datasets to predict an individual's risk for various NCDs with remarkable accuracy. AI tools can analyse an individual's profile and generate a "health risk score" that forecasts the likelihood of, say, a cardiac event or developing diabetes over the next decade. AI also helps in early diagnostics –

for instance, machine learning models can scan chest X-rays or computed tomography (CT) scans to detect early lung nodules or early signs of fatty liver that a human might miss, enabling pre-emptive action.

However, preventive medicine, augmented by AI, should always remain humane, compassionate, and patient-centric. Used responsibly, digital health and AI will be our greatest allies in making preventive care more proactive, precise, and accessible.



**WORLD
HEALTH DAY**

Fostering a 'preventive mindset'
Preventive medicine is not just a set of services but a mindset. I envision a future where every individual, community, corporate and government thinks "health-first" in every action and policy. Individuals must become the champions of their own health. I urge every reader to schedule that check-up you have been postponing and make small daily changes such as taking the stairs or cutting down on sugar to protect your well-being. Corporates and workplaces play a pivotal role by investing in employee wellness programmes – from annual health checks to in-house counsellors and fitness sessions.

Health-care providers must pivot from a reactive cure model to a preventive care model. The government's role is extremely important and initiatives such as the National Programme for Prevention and Control of NCDs and the establishment of Health and Wellness Centres that focus on screening and prevention are stellar steps. Beyond this, public policies should also be health-oriented: urban planning should create green spaces for exercise; education curricula should include health and nutrition, and food industry regulations should encourage reduced salt and sugar.

In the years that I have striven to make preventive care accessible and impactful, I have seen thousands of lives transformed because a disease was caught early or a risk factor was managed in time. Every individual has the power to make choices that guard their health. And those choices, scaled across 1.4 billion Indians, can help define our nation's health and happiness and ensure we reach our economic goals too.

- India stands at the cusp of economic glory, aspiring to become a \$5 trillion economy and a global powerhouse.
- However, there is a “silent epidemic” of non-communicable diseases (NCDs) that threatens our economic and developmental ambitions.
- Today, NCDs are the leading cause of death in the country, accounting for roughly two-thirds of all deaths.
- To secure a healthy and prosperous future, India must urgently embrace a preventive health-care mindset — one that can heal before there is a need to heal.
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Content.

- The good news is that most NCDs are largely preventable. Sedentary lifestyles, unhealthy diets, tobacco and alcohol use, pollution, and genetic predisposition are some of the key culprits. By modifying these, we can significantly reduce NCD risk. It is estimated that about 80% of premature heart disease, stroke, and diabetes cases can be prevented by addressing lifestyle factors.
- Today, around 22%-23% of adults are overweight, and there is an urgent need to tackle obesity. We must make physical activity a part of one's daily routine with at least 30 minutes of moderate exercise a day, be it in the form of walking, yoga, or sports. A healthy diet rich in fruits, vegetables, and proteins, and lower in sugar, salt, and unhealthy fats is a must.
- Air pollution is a health emergency directly impacting rates of chronic obstructive pulmonary disease (COPD), lung cancer, and even heart attacks. We must view pollution control as part of preventive medicine.

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- Finally, the most important measure is regular health screenings. Detecting these conditions early, through screenings starting at the age of 40 years or earlier if there is family history, can literally be a lifesaver.
- Early detection means timely intervention — controlling blood pressure before it causes a stroke, or removing a precancerous polyp before it turns into colon cancer. Screening such as mammograms for breast cancer or HPV tests for cervical cancer can find early, curable stages of disease.
- Preventive medicine is not just a set of services but a mindset. I envision a future where every individual, community, corporate and government thinks “health-first” in every action and policy. Individuals must become the champions of their own health.

Health and sanitation as the pillars of a healthy India

Page No. 8, GS 2

On this World Health Day (April 7), as nations reflect on the foundations of human well-being, India stands tall with a transformative lesson: health and sanitation are not separate pursuits, but are two sides of a coin. Under the leadership of Prime Minister Narendra Modi, India has undertaken a sanitation and water revolution that has not only changed the way we live but also how we thrive.

Rural missions that made a difference

The story of modern India cannot be told without acknowledging the contribution of the Swachh Bharat Mission (SBM) Grameen and the Jal Jeevan Mission (JJM). These programmes are not just about toilets and tap water alone. They represent a shift in the soul of the nation. These rural missions symbolise dignity, equity, and, above all, health.

When the Prime Minister launched the SBM from the ramparts of the Red Fort in 2014, he ignited a movement that has touched every Indian household, making it a people's movement – a Jan Andolan that was anchored in behavioural change and inter-generational equity. By 2019, India had declared itself Open Defecation Free (ODF) and taken significant steps towards achieving SDG 6.2 (it focuses on achieving access to adequate and equitable sanitation and hygiene for all by 2030) and also ending open defecation, 11 years ahead of time.

The SBM has been a powerful public health intervention. A World Health Organization (WHO) report estimated from 2014 to 2019, through the sanitation mission, over three lakh diarrhoeal deaths were averted. The Gates Foundation reported in 2017 that there were 58% higher cases of wasting among children in non ODF areas. A UNICEF study (2017) found that 93% of women felt safer after getting a toilet at home and ODF families saved ₹50,000 annually in health-care costs, ensuring higher savings. The SBM has improved environmental outcomes. Groundwater contamination in ODF villages is 12.7 times less likely, ensuring long-term health resilience in rural communities. A (2024) Nature study estimated that 60,000 to 70,000 child deaths are prevented every year due to improved sanitation access. These outcomes are not incidental, they



Swati Meena Naik

is Joint Secretary,
National Jal Jeevan
Mission (NJMM)

The story of modern India is connected to every link in the sanitation chain that results in a healthier and safer society

are the result of sustained political commitment, inter-ministerial coordination, and community ownership.

In 2019, the Jal Jeevan Mission was launched to ensure every rural household receives clean drinking water through a tap connection. This is more than infrastructure. It is an investment in human potential with far-reaching socio-economic impact. Research by Nobel Laureate Dr. Michael Kremer has shown that nearly 30% infant deaths can be reduced if safe water is made available to families for drinking and 1.36 lakh child deaths (under five years) can be prevented with universal tap coverage. WHO estimates suggest that the JJM could avert four lakh diarrhoeal deaths with safe drinking water supply at home. And, 5.5 crore hours are saved every day, mostly by women, who had earlier spent time fetching water. State Bank of India research finds that the availability of water within premises led to increased participation by women in agriculture and allied activities.

The Sujal and Swachh Gaon campaign, launched to integrate water, sanitation, and hygiene at the village level, has further galvanised communities. Thousands of villages have already been declared Swachh Sujal, which is an important marker of holistic public health transformation. Improved water and sanitation systems are also leading to reduced out-of-pocket expenditure for rural households, reinforcing the preventive health-care model.

On the ground

Sanitation and water are the first line of defence in public health. They are the invisible shield that protects communities from disease, women from indignity, and children from lost opportunity. A healthy nation is a productive nation. A clean nation is a resilient one.

Today, more than 80% of India's rural households have tap water connections. Over 96% villages have been declared as ODF Plus, more than 5.07 lakh villages have solid waste management systems, and 5.23 lakh villages have liquid waste management systems in place.

Women are not just beneficiaries, they are also water testers, sanitation entrepreneurs, and local leaders. Over 2.48 million women have been trained to test water quality, and women-led

Self-Help Groups are managing sanitation assets, recycling centres, and even sanitary napkin production. This is the vision of a Viksit Bharat where no child misses school because of a lack of water, no woman walks miles with a pot on her head, and no family loses a loved one to preventable illness.

The journey to health is the journey to dignity. A toilet brings privacy. Clean water brings opportunity. Waste management protects the environment.

Each link in the sanitation chain connects directly to a healthier, safer society. The lessons we have learnt highlight the importance of inter-ministerial collaboration which is non-negotiable.



**WORLD
HEALTH DAY**

It is about convergence

Since, health is not the concern of one Ministry alone, it is the outcome of converged action across water, sanitation, nutrition, education, and rural development. We must recognise that India's model is not insular, it is global. Our innovations, community-led models, and use of technology whether through real-time dashboards, Galvanizing Organic Bio-Agro Resources Dhan (or GOBARDhan) biogas plants, or plastic waste management units are blueprints for the world, especially the Global South. Lastly, we must continue to work through a mutual understanding that every rupee invested in Water, Sanitation and Hygiene (WASH) yields manifold returns in health, productivity, gender equity, and environmental sustainability.

India is committed towards progressing forward on the United Nations Sustainable Development Goals and this World Health Day, we need to acknowledge and remember that good health begins not in hospitals, but in homes with access to clean water, safe sanitation, and a shared resolve. As we move forward, India remains committed to sharing its journey, collaborating globally, and co-creating a cleaner, healthier, and more resilient world.

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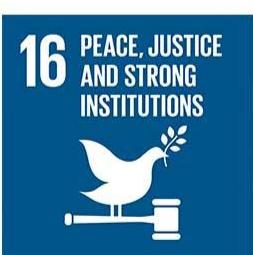
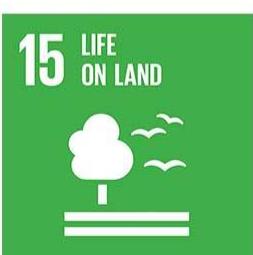
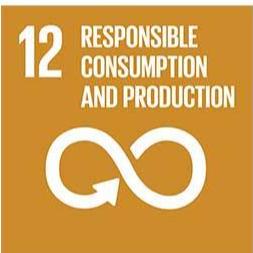
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- Sanitation and water are the first line of defence in public health. They are the invisible shield that protects communities from disease, women from indignity, and children from lost opportunity. A healthy nation is a productive nation. A clean nation is a resilient one.
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Three billion people cannot afford a healthy diet

A healthy, nutritious diet is much more expensive than a calorie sufficient one. As a result, three billion people cannot afford a healthy diet

DATA POINT

Hannah Ritchie & Pablo Rosado

A healthy diet is about much more than calories: we need a wide range of nutrient-dense foods to get all the vitamins and minerals that are essential for good health. In this piece, we look at the costs of diets around the world. Healthy diets are expensive – more than four times the cost of a basic, calorie-sufficient one. This is true in every country in the world. As a result, three billion people cannot afford a healthy diet, even if they spend most of their income on food.

Being able to eat a healthy, nutritious diet is one of our most basic human needs. Yet billions of people go without it; they suffer from ‘hidden hunger’, micronutrient deficiencies such as too little iron, calcium, vitamin A, or iodine.

There are many reasons why someone might not eat a nutritious diet. Often it’s because people cannot afford to. First, consider the most basic requirement: getting enough calories. These could come in any form, but the cheapest option in most countries is starchy foods and cereals. Living on this ‘energy sufficient’ diet would mean eating only maize flour or rice for every meal, a diet that is severely lacking all other important nutrients. In terms of diets in poor countries, people get most of their calories from starchy foods.

A person can eat an energy sufficient diet on less than \$1 a day, as per a study for the Food and Agricultural Organization’s ‘The State of Food Security and Nutrition in the World’ report. What does this mean for the affordability of a calorie sufficient diet? A diet is considered “unaffordable” when the diet cost plus expenditures for basic non-food needs are higher than incomes per person. In each country, food prices were measured at retail marketplaces specific to the local context. Non-food expenses

in each country are estimated by looking at how much low-income people typically spend on things like housing and transportation.

By comparing the cost of diets with income distributions across the world, researchers estimated that 1.1 billion people could not afford the most basic energy sufficient diet in 2021 (Map 1). That’s 14% of the global population. These are the very worst-off in terms of nutrition.

An important question is how subsistence farmers fit in. They are included in these numbers: the income measure used to calculate the affordability of diets does take the value of subsistence farming (i.e. home production) into account. When the FAO report states that these smallholder farmers cannot afford a calorie-sufficient diet, it means they cannot produce one.

What people really need is a diverse and nutritious diet. Getting enough calories is important, but it is not sufficient to live a healthy and productive life. Eating only cereals and starchy foods will leave you deficient in protein, essential fats, and the wide range of micro-nutrients that our bodies need to function optimally.

Most countries develop ‘food-based dietary guidelines’ which provide recommendations on what a ‘healthy diet’ would look like. This includes guidelines on what balance of foods across the many groups – cereals, fruits, vegetables, legumes, meat and dairy – is considered best for long-term health.

The researchers also looked at the lowest-cost options to meet these national food-based dietary guidelines. Of course, there is no universal ‘healthy diet’, particularly when we consider the strong cultural differences in what people eat. So, the researchers selected dietary guidelines which were regionally representative: this means that we are not expecting

that people in India or Japan will adopt the national dietary guidelines of the U.S., or vice versa.

Unsurprisingly, a diverse, healthy diet is much more expensive than a calorie-sufficient one. The researchers found that the average cost across the world was \$3.67 per day.

When we put these prices in the context of affordability, we find that almost three billion people cannot afford a healthy diet. In many of the world’s poorest countries – particularly across Sub-Saharan Africa – it’s unaffordable (or not producible) for most of the population. This is shown in Map 2 which gives these figures as a percentage of the total population. In many countries, a healthy diet is out-of-reach for more than 80%.

A useful way to bring context to food prices is to compare the cost of a healthy diet with the median income of countries across the world. In the poorest countries, the cost of a healthy diet is higher than the median income. Even if the average person in these countries spent all of their money on food, a healthy diet would be unaffordable. In some countries – India is the largest among them – dietary costs would be roughly equal to the median income. There, people would need to spend all of their income on food to afford a healthy diet.

In rich countries, median incomes are much higher than dietary costs. In these countries the median income earner can afford a healthy diet with a relatively small fraction of their income. The average person in France could spend just 6% of their income on food and in Denmark, just 5%.

What this comparison shows is how far most of the world is from being able to afford a healthy diet. We cannot spend all, or even most, of our income on food. We would have very little to spend on other essentials.



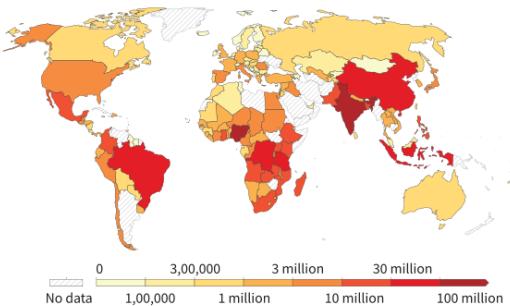
WORLD
HEALTH DAY

Two square meals

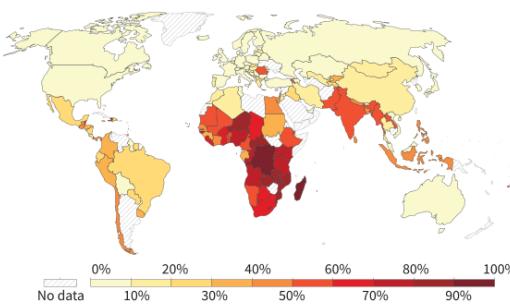
The maps were sourced from Our World in Data. Hannah Ritchie is the Deputy Editor and Pablo Rosado is the Principal Data Scientist at Our World in Data



Map 1: The map shows the number of people who cannot afford a calorie sufficient diet. Data for 2021



Map 2: The map shows the share of population that cannot afford a healthy diet. Data for 2022



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Content.

- A healthy diet is about much more than calories: we need a wide range of nutrient-dense foods to get all the vitamins and minerals that are essential for good health.
- Healthy diets are expensive — more than four times the cost of a basic, calorie-sufficient one. This is true in every country in the world. As a result, three billion people cannot afford a healthy diet, even if they spend most of their income on food.
- Being able to eat a healthy, nutritious diet is one of our most basic human needs. Yet billions of people go without it; they suffer from ‘hidden hunger’, micronutrient deficiencies such as too little iron, calcium, vitamin A, or iodine.
- There are many reasons why someone might not eat a nutritious diet. Often it’s because people cannot afford to.

Fact

- A diet is considered “unaffordable” when the diet cost plus expenditures for basic non-food needs are higher than incomes per person.
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- What people really need is a diverse and nutritious diet.
- Most countries develop ‘food-based dietary guidelines’ which provide recommendations on what a ‘healthy diet’ would look like.

Bridging gaps, building resilience

World Health Day, celebrated on April 7, serves as a global call to action for accessible and fair healthcare. The theme for 2025, 'Healthy Beginnings, Hopeful Futures', emphasises the critical role of maternal and newborn health, a particularly pertinent issue for India, which has a population exceeding 1.4 billion. India has made notable progress through programmes such as Ayushman Bharat, especially the Pradhan Mantri-Jan Arogya Yojana, which offers financial protection to more than 500 million beneficiaries. Health and Wellness Centres are designed to improve primary care, yet challenges such as staff shortages, inadequate diagnostic facilities, and irregular medicine supplies continue to exist. Although 70% of the population resides in rural areas, 35-40% of healthcare infrastructure is located there. To address disparities, India needs to invest more in Tier-2 and Tier-3 cities and encourage medical professionals to work in underserved regions. Policy support, enhanced infrastructure, and digital innovations like telemedicine are crucial for decentralising healthcare services.

Addressing disease burden
India faces a dual burden of persistent infectious diseases and rising non-communicable diseases, which now account for over 65% of all deaths. Sedentary lifestyles, poor diets, and tobacco use are driving conditions such as diabetes, heart disease, and cancer. The 2024 International Diabetes Federation reported 101 million Indians with diabetes. Air pollution accounted for 1.6 million deaths in 2019, according to *The Lancet*, further underscoring the urgency of environmental health measures. According to NFHS-5, 35% of children under five are stunted, and 57% of women aged 15-49 are anemic. These indicators reflect broader socioeconomic challenges – poverty, lack of



Jasna K.A.
Research Scholar and
Assistant Professor,
P.M. Government
College Chalakudy,
Thrissur



Vipin Benny
Assistant Professor
and Research
Supervisor, St.
Thomas College
(Autonomous),
Thrissur

A cohesive, inclusive, and well-funded health system is essential for achieving developed nation status

education, poor sanitation, and gender inequality. Government efforts such as Poshan Abhiyaan and the Integrated Child Development Services target malnutrition but require stronger data tracking, community engagement, and multi-sectoral coordination to be truly effective. While there has been progress, public health funding is still low. In the 2025-26 Union Budget, ₹99,858.56 crore (1.97% of the total Budget) was allocated to the Health Ministry. Moreover, high out-of-pocket spending continues to push 55 million Indians into poverty each year. A shift towards preventive healthcare – through screenings, school-based health programmes, and public health campaigns – is essential.

Harnessing digital health
India is experiencing significant progress in the realm of digital health. Programmes such as the Ayushman Bharat Digital Mission and eSanjeevani have collectively facilitated over 10 crore teleconsultations. Nonetheless, the advantages of digital healthcare are not evenly spread. A mere 37% of rural households have Internet connectivity, and numerous patients and healthcare workers lack the digital skills necessary to effectively use telehealth services. If this digital divide is not addressed, technology could exacerbate healthcare disparities. Additionally, concerns about cybersecurity and the lack of strong data privacy laws might undermine public confidence. To fully realise the potential of digital health, India needs to invest in rural Internet infrastructure, provide training for front line workers, and implement comprehensive data protection regulations. Emerging technologies such as AI diagnostics, wearables, and remote monitoring hold

transformative promise for early detection and disease management. These innovations must be adopted in a responsible and inclusive manner, ensuring that they benefit all communities, not just those in urban areas with tech-savvy populations.



**WORLD
HEALTH DAY**

India's health objectives are in line with Sustainable Development Goal 3, which emphasises good health and well-being. Developed nations focus on public health infrastructure, universal insurance, and early childhood interventions – areas where India needs to make rapid progress. By capitalising on its youthful population, digital infrastructure, and pharmaceutical sector, India has the potential to emerge as a global health leader. India's G20 presidency in 2023 served as a platform to demonstrate leadership in vaccine equity, digital public goods, and health diplomacy. Aligning domestic initiatives with global frameworks such as the International Health Regulations and the Global Health Security Agenda will bolster pandemic preparedness and international collaboration. Mental health and climate resilience are equally pressing issues. The Tele-MANAS helpline and the National Action Plan on Climate Change and Human Health are worthy initiatives.

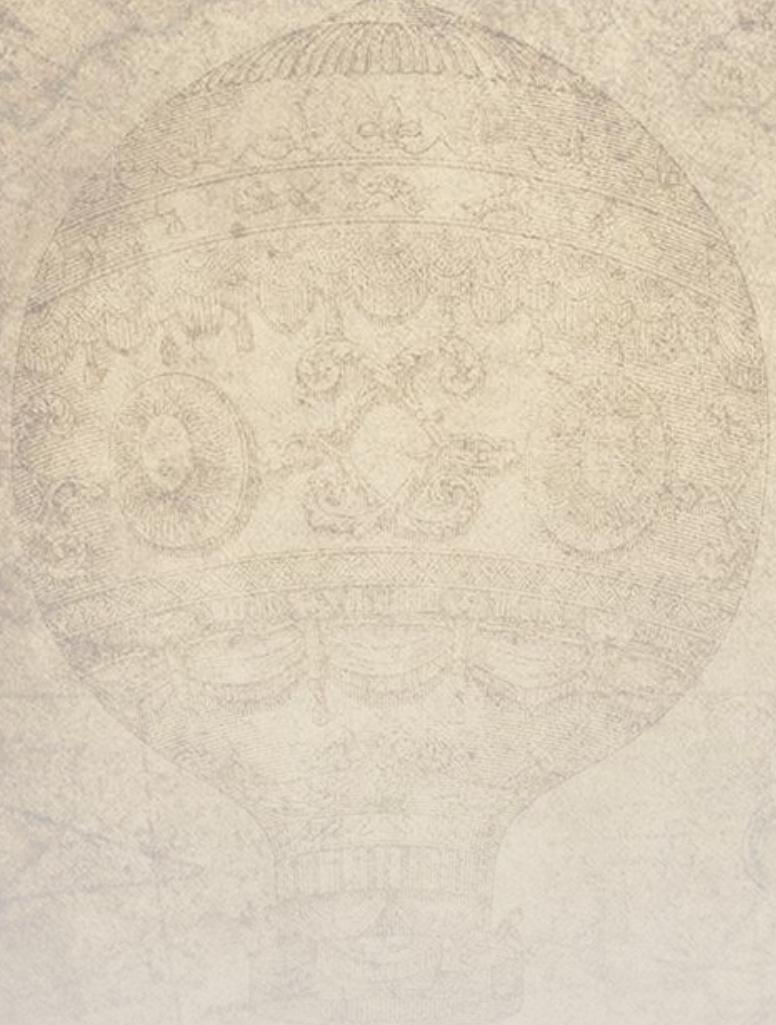
However, a 2023 NIMHANS study revealed that 14% of Indians suffer from some form of mental disorder, underscoring the need for increased investment and awareness. India must perceive health not merely as a social obligation but as a strategic investment. A cohesive, inclusive, and well-funded health system – rooted in innovation, equity, and resilience – is essential for achieving developed nation status. Through coordinated efforts across government, civil society, and private sectors, India can fulfil its vision of 'Health for All'.

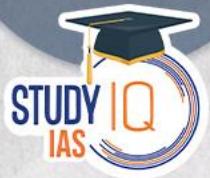
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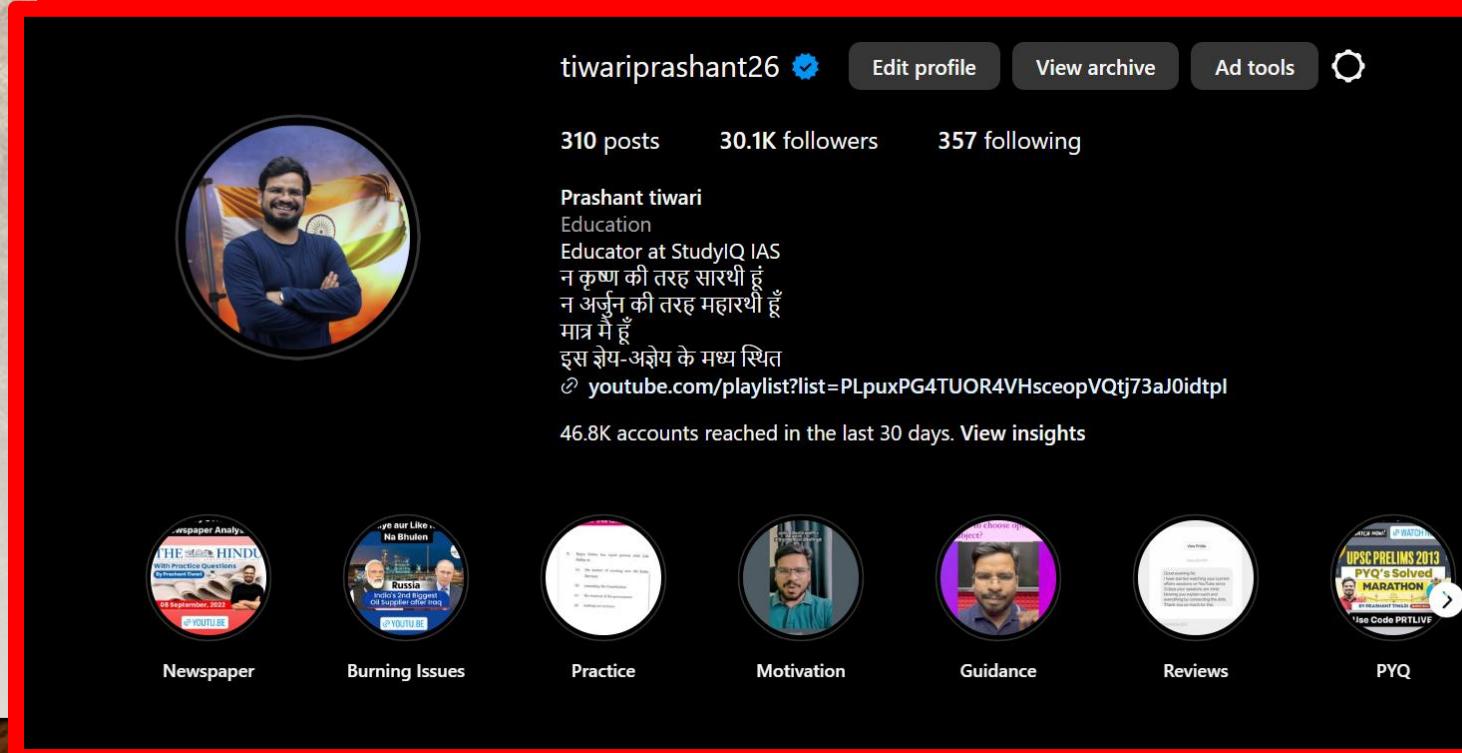
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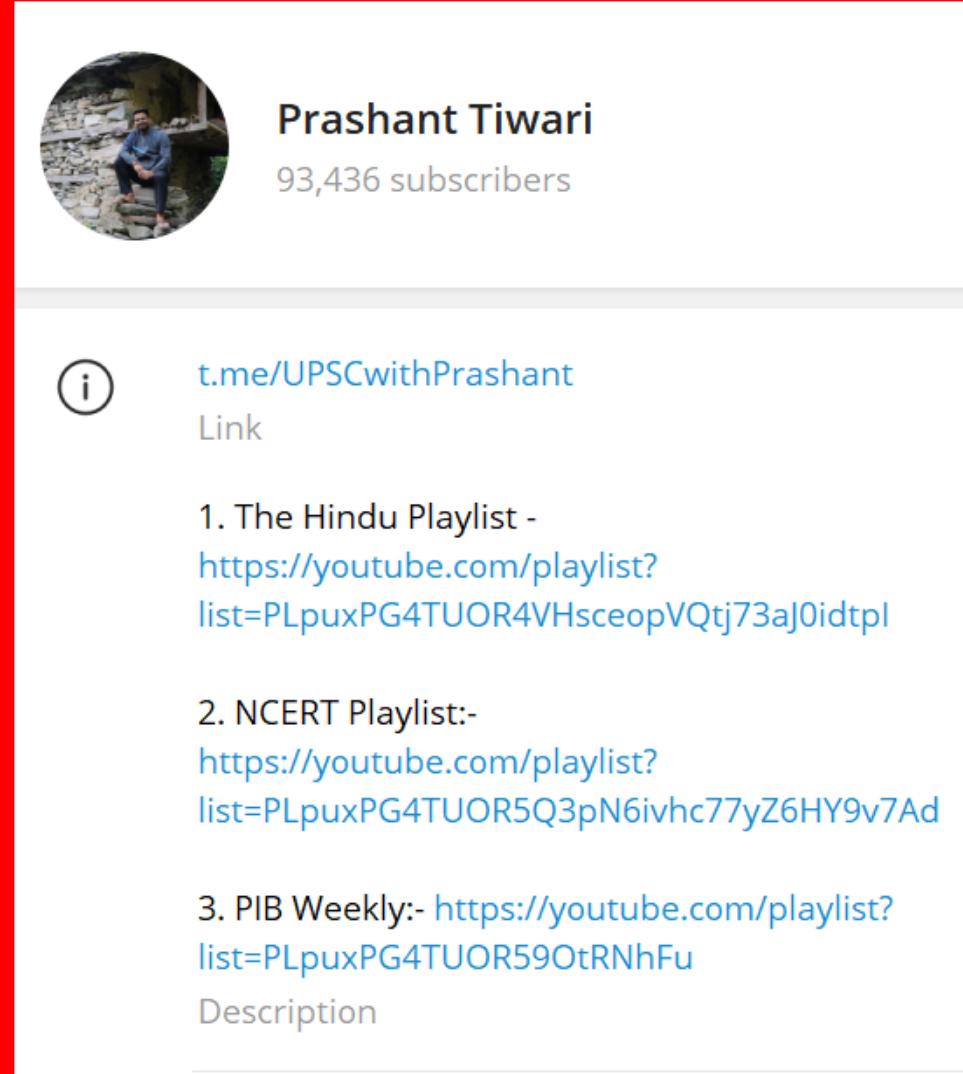
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