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THE HINDU
INDIA'S NATIONAL NEWSPAPER SINCE 1878

Daily News Analysis

The Hindu Important News Articles & Editorial For UPSC CSE

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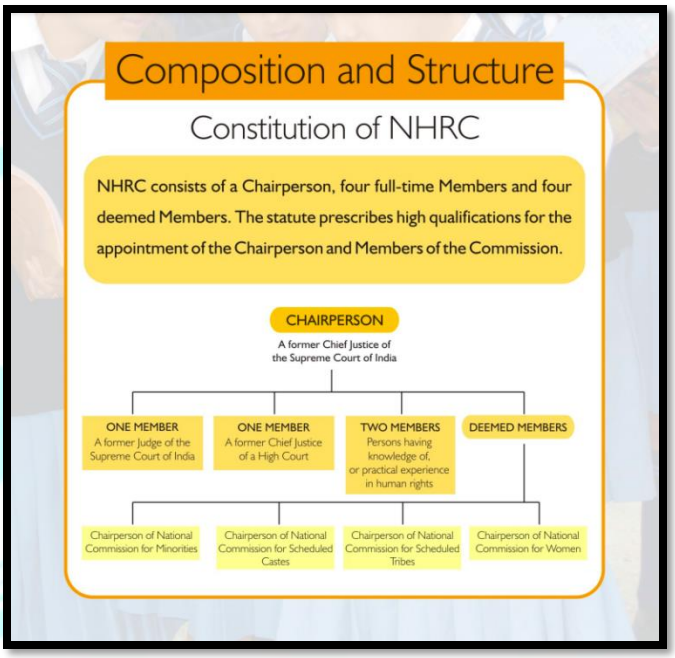
The National Human Rights Commission (NHRC) has intervened after receiving a complaint about poor infrastructure in government schools in Uttar Pradesh.

NHRC directs official to fix dismal condition of schools

The National Human Rights Commission (NHRC) has directed the district magistrate of Gautam Buddh Nagar district in Uttar Pradesh to take appropriate action within eight weeks to improve the dismal infrastructural facilities in the district's schools. NHRC was acting upon a complaint it received on October 16 earlier this year, which stated that dismal conditions of U.P.'s government run schools violate Right to Education (RTE) guaranteed to students. *The Hindu* accessed the copy of the complaint. "Hundreds of students studying in government schools in Gautam Buddh Nagar, Noida, U.P. are deprived of basic amenities like drinking water," the complaint stated.



- The complaint highlighted the lack of basic amenities, such as drinking water, affecting students' Right to Education (RTE). The NHRC has directed action within eight weeks.

National Human Rights Commission (NHRC):

- A statutory body established in 1993 under the Protection of Human Rights Act, 1993.
- Mandate: Protects and promotes human rights in India.
- Composition: Consists of a Chairperson (former Chief Justice of India or Supreme Court Judge), one member (former Supreme Court Judge), one member (former High Court Chief Justice), and three members with expertise in human rights.
- In addition to these full-time members, the commission also has the following 7 ex-officio members:
  - Chairperson of the National Commission for Minorities,
  - Chairperson of the National Commission for SCs,
  - Chairperson of the National Commission for STs,
  - Chairperson of the National Commission for Women,
  - Chairperson of the National Commission for BCs,
  - Chairperson of the National Commission for the Protection of Child Rights, and

- The Chief Commissioner for Persons with Disabilities.

Appointment of Members of NHRC:

- The Chairperson and members are appointed by the President.
- Appointments are made on the recommendations of a six-member committee:
  - Prime Minister (head)
  - Speaker of the Lok Sabha
  - Deputy Chairman of the Rajya Sabha
  - Leader of the Opposition in the Lok Sabha
  - Leader of the Opposition in the Rajya Sabha
  - Union Home Minister
  - A sitting judge of the Supreme Court or Chief Justice of a High Court is appointed after consulting the Chief Justice of India.

Term of Members:

- The term is 3 years or until the age of 70, whichever is earlier.
- Re-appointment is possible, but after the term, they are ineligible for employment under Central/State Governments.

Removal of Members:

- The President can remove members based on:
  - Insolvency, paid employment, unsound mind, or conviction.
  - Proved misbehaviour or incapacity (with Supreme Court inquiry).

Functions:

- Inquires into human rights violations.
- Intervenes in legal cases involving human rights.
- Recommends measures to improve human rights protection.
- Promotes human rights education and awareness.
- Studies international human rights instruments and recommends their implementation.

Powers:

- Can summon and examine witnesses.
- Can seek information from public authorities.
- Can recommend remedial measures to the government.
- Role: Acts as a watchdog to ensure human rights are upheld in India.

The DRDO successfully tested a new Long Range Land Attack Cruise Missile (LRLACM) with a 1,000 km range from Odisha's coast.

- Developed by the Aeronautical Development Establishment, it enhances India's standoff strike capabilities, similar to the U.S. Tomahawk.

DRDO carries out test of long-range cruise missile

The Hindu Bureau
NEW DELHI

Defence Research and Development Organisation (DRDO) on Tuesday conducted the maiden flight-test of a Long Range Land Attack Cruise Missile (LRLACM), with a range of 1,000 km, from the Integrated Test Range, Chandipur off the coast of Odisha from a mobile articulated launcher. This is a new variant of *Nirbhay* LRLACM with improved features, officials confirmed.

The Defence Acquisition Council had approved procurement of the LRLACM in July 2020.

The missile has been developed by the Aeronautical Development Establishment, Bengaluru.

The Long Range Land Attack Cruise Missile being launched off Odisha. SPECIAL ARRANGEMENT

Once inducted, the LRLACM, similar to U.S. Tomahawk cruise missile, will give Indian armed forces a long-range standoff capability to strike targets on land.

Long-Range Cruise Missile

- A long-range cruise missile is a guided missile designed for precise strikes on land or sea targets from a considerable distance, often exceeding hundreds of kilometres.
- It flies at a low altitude to avoid radar detection and has terrain-following capabilities.
- Powered by a jet engine, it maintains a constant speed, typically subsonic or supersonic.
- Cruise missiles are equipped with guidance systems such as GPS or inertial navigation to accurately hit targets.
- Unlike ballistic missiles, they follow a flat, controlled trajectory and can be launched from land, air, sea, or submarine platforms.
- Difference Between Cruise Missile and Ballistic Missile

India's Ballistic and Cruise Missiles

Feature	Cruise Missile	Ballistic Missile
Trajectory	Follows a flat, low-altitude, guided path	Follows an arc-like, high-altitude, ballistic path
Speed	Generally subsonic, sometimes supersonic	Can reach hypersonic speeds
Guidance	Guided throughout flight with GPS or terrain-following	Primarily guided in initial phase, free-falls later
Purpose	Used for precise, targeted strikes at close to mid-range	Primarily for long-range, strategic targets
Detectability	Harder to detect due to low-altitude flight	Easier to detect at higher altitudes

Page 06 : GS 2 & 3 – International Relations – Agreements involving India or affecting India's interests., & Environment

At COP29 in Baku, a landmark agreement was reached to establish a global carbon market, enabling countries to trade carbon credits as per the Paris Agreement's Article 6.

- This mechanism aims to reduce emissions while directing resources to developing nations. However, unresolved issues around credit ownership and transparency remain.

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Daily News Analysis

In Baku breakthrough, COP clears carbon credit trade

Such a market will allow countries to trade carbon credits among themselves; conference president says this will be a game-changing tool to direct resources to the developing world

Jacob Koshy
NEW DELHI

Countries assembled in Baku for the annual climate conference, COP29, voted on Tuesday to clear a much-delayed agreement to finalise a global carbon market. Such a market will allow countries to trade carbon credits – certified reductions of carbon emissions – among themselves, and the prices of these instruments are determined as a consequence of emission caps imposed by countries.

The market itself follows from Article 6 in the Paris Agreement. Sub-sections of the Article spell out how countries can bilaterally trade carbon among themselves (Article 6.2) and participate in a global carbon market (6.4).

Though most of the nuts and bolts to make operational such a carbon market supervised by a United Nations body have been in place since 2022, there were several niggles, particularly in ensuring that the carbon credits generated are genuine and its antecedents are transparent.

There have been several rounds of talks involving the parties (country signatories to the Paris Agreement) on these outstanding concerns that are raised. Last month, a UN supervisory body, which will be the ultimate arbitrator of the market, set out a draft text that laid out the standards for carbon removal and assessing projects.

Planetary mission: Delegates at the COP29 Climate Summit in Baku, Azerbaijan on Tuesday. AP

A senior official who is part of the Indian delegation told *The Hindu* days before COP29 commenced that even this version was not "entirely acceptable", but was something that could be ironed out.

A key issue surrounding carbon markets is accounting. Say, a company in a developed country finances an afforestation project in a developing country and this theoretically prevents 1,000 tonnes of carbon from being released into the atmosphere. Will this saved carbon be part of the developed country's ledger of saved credits when the actual prevention is happening elsewhere? At what stage of a renewable energy project's life-cycle will a generated credit be considered eligible for trade? Can countries claim credits generated in their own borders, financed by foreign companies, and count them towards their Nationally Determined Contributions (NDC)?

"This will be a game-changing tool to direct resources to the developing world," Mukhtar Babayev, COP29 president, said. "Following years of stalemate, the breakthroughs in Baku have now begun. But there is much more to deliver," he added.

Finalising Article 6 negotiations could reduce the cost of implementing national climate plans by $250 billion per year by enabling cooperation across borders.

"The decision on Article 6.4 is a major step forward. There is still some time till the rubber hits the road as now the methodologies for implementing have to be finalised but this should be fairly soon. However, this should not take the focus away from the New Collective Quantified Goal (NCQG) as carbon markets are one of the ways to deliver on the NCQG," Vaibhav Chauturvedi, an expert on carbon markets, Council on Energy Environment and Water, Delhi, told *The Hindu*.

Overview of COP29 and the Carbon Market Agreement

- At COP29 in Baku, countries voted to finalise a long-awaited global carbon market agreement, facilitating carbon credit trading among nations.
- This market aligns with Article 6 of the Paris Agreement, enabling countries to trade carbon credits to meet emission reduction targets through bilateral and global markets.

Article 6 Subsections and Carbon Trading Mechanism

- Article 6.2 allows bilateral trade of carbon credits between countries, while Article 6.4 focuses on establishing a global carbon market.
- Operational requirements for this UN-supervised carbon market have largely been in place since 2022, but challenges around transparency and authenticity of credits have delayed full implementation.

Key Challenges in Carbon Market Development

- Accounting Concerns: Clarification is needed on credit ownership, especially for cross-border projects like afforestation in developing countries financed by developed nations.
- Project Eligibility: Determining the point in a project's lifecycle when credits are valid for trade is another critical issue.
- There are also unresolved questions on whether countries can claim credits from projects within their borders funded by foreign entities for their Nationally Determined Contributions (NDCs).

Economic and Climate Benefits of the Agreement

- If implemented, Article 6 could cut climate plan costs by $250 billion annually by promoting global cooperation.
- The COP29 President emphasised the potential of this carbon market to direct much-needed resources to developing nations.

Next Steps and Broader Climate Goals

- Experts note that while the Article 6 decision is a significant achievement, attention should also remain on the New Collective Quantified Goal (NCQG) to ensure comprehensive climate action.

New Collective Quantified Goal (NCQG)

- The New Collective Quantified Goal (NCQG) is a global financial target aimed at enhancing climate action in developing nations.
- It is designed to replace the previous $100 billion annual commitment for climate financing.
- Expected to be established by 2025, the NCQG will focus on supporting climate adaptation, mitigation, and resilience in vulnerable countries.
- This goal aligns with the Paris Agreement's objectives and NCQG will provide a more ambitious and realistic financial framework to address climate change challenges in developing countries.

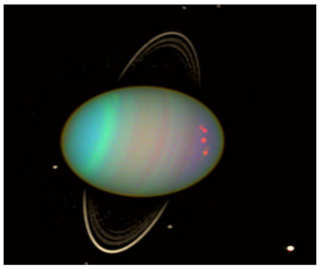
Page 07 : Prelims Fact

In 1986, NASA's Voyager 2 conducted a flyby of Uranus, providing key insights into the planet's magnetic field and plasma environment.

- Recent studies suggest that the data collected was misleading due to unusual solar wind conditions at the time.
- This new understanding alters previous conclusions about Uranus' magnetosphere and plasma characteristics.

More About Uranus:

- Uranus is the seventh planet from the Sun and the third largest in the solar system.
- It was discovered by William Herschel in 1781, making it the first planet discovered with a telescope. Uranus is the first planet to be discovered with the aid of a telescope.
- Uranus has a unique tilt, rotating on its side at an angle of about 98 degrees, which causes extreme seasons.
- It is an ice giant, primarily composed of hydrogen, helium, water, and methane.
- The planet's atmosphere is characterised by a blue-green colour due to methane gas, which absorbs red light and reflects blue.
- Uranus has 28 known moons, including Titania, Oberon, Miranda, Ariel, and Umbriel.
- It also has two sets of rings, made of dark, narrow bands of particles.
- The planet's magnetic field is tilted at a 59-degree angle relative to its rotation axis.
- Uranus has a very cold atmosphere, with temperatures reaching around -224°C (-371°F), making it one of the coldest planets in the solar system.
- Voyager 2 is the only spacecraft to have visited Uranus, conducting a flyby in 1986.



Uranus is the first planet to be discovered with the aid of a telescope. FILE PHOTO

Scientists uncover a mix-up about Uranus

Reuters

In 1781, German-born British astronomer William Herschel made Uranus the first planet discovered with the aid of a telescope. This frigid planet, our solar system's third largest, remains a bit of an enigma 243 years later. And some of what we thought we knew about it turns out to be off the mark.

Much of the knowledge about Uranus was gleaned when NASA's robotic spacecraft Voyager 2 conducted a five-day flyby in 1986. But scientists have now discovered that the probe visited at a time of unusual conditions – an intense solar wind event – that led to misleading observations about Uranus, and specifically its magnetic field.

The solar wind is a high-speed flow of charged particles emanating from the sun. The researchers took a fresh look at eight months of data from around the time of Voyager 2's visit and found that it encountered Uranus just a few days after the solar wind had squashed its magnetosphere, the planet's protective magnetic bubble, to about 20% of its usual volume. "We found that the solar wind conditions present during the flyby only occur 4% of the time. The flyby occurred during the maximum peak solar wind intensity in that entire eight-month period," said space plasma physicist Jamie Jasinski of NASA's Jet Propulsion Laboratory, lead author of the study published on Monday in the journal Nature Astronomy.

The Voyager 2 observations left a misimpression about the magnetosphere of Uranus as lacking in plasma and possessing uncommonly intense belts of highly energetic electrons

"We would have observed a much bigger magnetosphere if Voyager 2 had arrived a week earlier," Jasinski said.

Such a visit likely would have shown that the Uranus magnetosphere is similar to those of Jupiter, Saturn, and Neptune, the solar system's other giant planets, the researchers said. A magnetosphere is a region of space surrounding a planet where the planet's magnetic field dominates, creating a protective zone against solar and cosmic particle radiation. The Voyager 2 observations left a misimpression about the magnetosphere of Uranus as lacking in plasma and possessing uncommonly intense belts of highly energetic electrons.

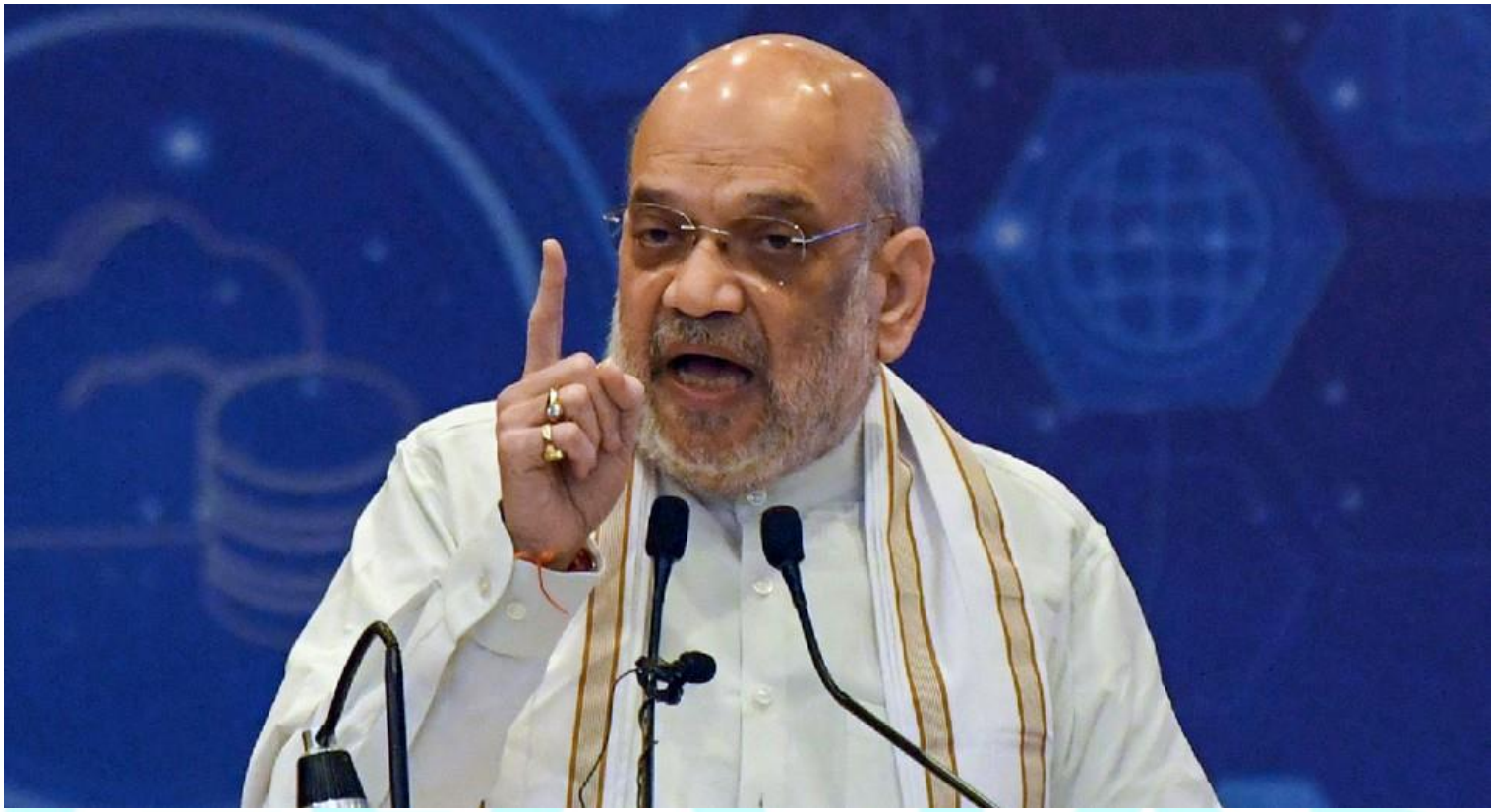
Plasma – the fourth state of matter after solids, liquids, and gases – is a gas whose atoms have been split into high-energy subatomic particles. Plasma is a common feature in the magnetosphere of other planets so its low concentration observed around Uranus was puzzling. "The plasma environment of any planetary magnetosphere is usually formed of plasma from the solar wind, plasma from any moons present inside the magnetosphere and plasma from the atmosphere of the planet," Jasinski said.

"At Uranus, we did not see plasma from the solar wind or from the moons. And the plasma that was measured was very tenuous," Jasinski said.

Uranus has 28 known moons and two sets of rings. The Voyager 2 observations had suggested that its two largest moons, Titania and Oberon, often orbit outside

In News : Inter-State Council

Recently, the Union government reconstituted the Standing Committee of the Inter-State Council (ISC) and named the Home Minister as its chairman.



About Inter-State Council:

- It is established under Article 263 of the Constitution of India to facilitate coordination and cooperation between the central government and the state governments.
- The formation of a permanent Inter-State council was supported by the Sarkaria Commission.
- The Inter-State council can be set up by the President If at any time it appears to the President that the establishment of such a council would be in the public interest. In 1990, the first such body was established by the presidential order.
- **The Council consists of;**
  - Chairman: Prime Minister
  - Members: Chief Ministers of all States
  - Chief Ministers of Union Territories having a Legislative Assembly and Administrators of UTs not having a Legislative Assembly – Members

- Six Ministers of Cabinet rank in the Union Council of Ministers to be nominated by the Prime Minister – Members

- **The Council is charged with the duty of:**
  - Inquiring into and advising upon disputes which may have arisen between States.
  - Investigating and discussing subjects in which some or all of the States, or the Union and one or more of the States, have a common interest.
  - Making recommendations upon any such subject and particularly recommendations for the better coordination of policy and action..

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Page : 08 Editorial Analysis

Debating the 'healthy longevity initiative'

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Once in a while, the World Bank publishes a visionary and profound report on an important aspect of human well being. A case in point is 'Unlocking the Power of Healthy Longevity: Demographic Change, Non-communicable Diseases, and Human Capital' that was published in Washington DC in September 2024. A significant demographic transformation is underway with a rapidly aging population. This transformation is accompanied by a shift in most Low-and Middle-Income Countries (LMIC) such that non-communicable diseases (NCD) are the leading cause of deaths. Most NCD deaths occur in LMICs, and the proportion of all deaths caused by NCDs is likely to surge among them.

Projections suggest a global surge in deaths from 61 million in 2023 to 92 million in 2050, as well as related increases in needs for NCD-related hospitalisation and long-term care. If LMICs can achieve ambitious yet feasible rates of progress, the world could avert 25 million deaths annually by 2050, effectively halving avoidable deaths and meeting the related Sustainable Development Goals (SDG).

Driven by this concern, the World Bank report proposes a healthy longevity initiative (HLI) which takes a life course approach. Briefly, healthy longevity entails sharply reducing avoidable death and serious disability throughout the life cycle, as well as increased levels of physical, mental, and social functioning through middle and older ages, and short period of time before inevitable death (World Bank, 2024). Whether this is feasible in LMICs, especially India, is debatable.

Curiously, it imagines a world in which health care is accessible, doctors and nurses, and para medical staff are competent, honest, and committed to proper patient care, hospitals are well-equipped, the monitoring of patients is systematic and digitised, and there is an awareness of benefits of early detection and treatment of NCDs. While the World Bank report discusses catastrophic health expenses and impoverishment, and inadequate state funding of health care, the chasm between the real world and that which is subsumed in the HLI is much too deep to be overlooked. Indeed, a world without quacks, corrupt doctors, exploitative hospitals, pharmaceutical companies pushing unsafe medicines, and patients with chronic conditions travelling hundreds of miles is rarefied.

The objectives and the strategy of reducing the surge in NCDs must, therefore, be modest and feasible. A recent study by the writers of this article of the growing burden of NCDs in India is a step in this direction.

India's elderly population, disease concerns

The older population of India is currently the world's second largest – 140 million people who are aged 60 years and above (compared to 250 million people in China). Moreover, the average annual growth rate of the older population is almost three times higher than the overall population growth rate of India.

The swift descent of the elderly in India (60 years-plus) into NCDs (for example, cardiovascular diseases, cancer, chronic respiratory diseases and diabetes) could have disastrous consequences in terms of an impoverishment of families, excess mortality, lowering of investment and a consequent deceleration of economic growth. Worse, the government has to deal simultaneously with the rising fiscal burden of NCDs and infectious diseases. As a report by *The Lancet* (2018) emphasises, failure to devise a strategy and make timely investment now will jeopardise achievement of SDG 3 ('good health and well-being') and target 4 of a one-third reduction in premature mortality from NCDs by 2030.

NCD morbidity and mortality as shares of total morbidity and mortality have risen steadily in India. In 1990, NCDs accounted for 40% of all Indian mortality and are now projected to account for three quarters of all deaths by 2030. Currently, cardiovascular diseases, cancer, respiratory illness and diabetes are the leading causes of deaths in India, accounting for almost 50% of all deaths (*The Lancet*, 2018).

Underlying these rising shares are growing risks that are common to several NCDs. These include tobacco use, alcohol abuse, and obesity due to sedentary lifestyles and diets that are getting to be increasingly high in simple carbohydrates and saturated fats. Many populations, particularly in remote rural areas, lack easy or frequent access to primary health-care practitioners who can provide regular screenings for common NCDs.

> The divide between the real world and the strategy to be adopted in the healthy longevity initiative is too wide to be ignored

Impact of social security schemes

The focus here is on diabetes and heart diseases. The writers of this article examine whether participation in social security measures/schemes reduces the prevalence of two specific NCDs followed by whether utilisation of medical services/hospital visits also reduces the prevalence of NCDs. As the India Human Development Survey 2015 is the only all-India panel survey to date, the analysis is based on this survey, supplemented by Longitudinal Aging Study in India (LASI 2017-18) conducted jointly by the International Institute for Population Sciences (IIPS) and Harvard School of Public Health.

Even though pension amounts are meagre, they supplement scanty resources of the elderly poor in covering health-care expenses and thus reduce the NCDs. For treatment of such diseases, hospital visits are unavoidable. However, travel costs, fees and costs of medicines impose a huge financial burden, resulting in large out-of-pocket expenditure and indebtedness and immiseration. While health insurance is useful in restricting the financial burden, this potential is far from fully realised due to limited awareness of eligibility requirements, elaborate documentation, delays in payments, and rejection of claims.

Diets high in refined grain intake cause an increased risk of premature coronary artery disease while rice intake beyond a threshold causes diabetes. Higher intake of red meats such as beef, pork and mutton also contribute to higher risks of diabetes and heart diseases. Besides, a rise in the price ratios of fat-dense foods (sugar and oil) aggravates the risk of both diabetes and heart disease.

Confirming the age gradient, the risks of diabetes and heart diseases are positively associated with age. There are various reasons why diabetes rises with age such as a sedentary lifestyle, high-calorie diet, visceral adiposity, and high genetic predisposition mellitus (type 2) diabetes among Indians at a much younger age and at a lower body mass index (BMI) than the western population.

Of particular importance is the Ayushman Bharat Scheme that aims to provide health insurance coverage to the bottom 40% of households. But its potential has been far from fully realised due to inadequate funding and stringent eligibility requirements, and colossal corruption as revealed by the Comptroller and Auditor General of India (CAG) 2023 (for example, large numbers of ineligible beneficiaries, long delays in empanelment of hospitals, surgeries performed after discharge, and utilisation certificates without signature of competent authorities). However, insurance alone might not be sufficient to achieve access to quality care, which depends on health-care infrastructure, provider availability, and local culture.

Hospital expenses

As private hospitals are notorious for inflated prices of health care, the Supreme Court of India directed the central government in February 2024 to find ways to regulate the rates of hospital procedures. As the Court observed, pricing decisions must be informed by a benchmark for price determination. While price caps do influence actors' behaviour by making them follow the regulations, these effects tend to be temporary when enforcement mechanisms are weak.

Behavioural changes are no less important, and perhaps also no less challenging. Lack of physical activity and unbalanced high-calorie diet promote weight gains. Obesity is a risk factor for cardiovascular diseases and diabetes and can aggravate risks of cardiovascular disease such as emphysema and bronchitis. Limiting tobacco consumption is expected to have benefits at the individual level but wider reduction in multi-morbidity prevalence requires taxation on unhealthy products.

In conclusion, if and when these policy reforms will be carried out is anybody's guess.

GS Paper 02 : Social Justice – Health

UPSC Mains Practice Question: Discuss the impact of demographic ageing and rising non-communicable diseases on India's economic and healthcare systems. What policy interventions can help mitigate these challenges, particularly for the elderly in low-income groups? (150 words/10m)

Context :

- The World Bank's 2024 report, Unlocking the Power of Healthy Longevity, highlights the global shift towards ageing populations and the rise of non-communicable diseases (NCDs), particularly in LMICs.
- India's ageing demographic faces increased NCD risks, causing economic strain.
- Addressing these challenges requires healthcare reforms, improved social security, and lifestyle changes.

Introduction to the Report

- The World Bank published a report in September 2024 titled Unlocking the Power of Healthy Longevity: Demographic Change, Non-communicable Diseases, and Human Capital.
- The report addresses the rising ageing population and the shift towards non-communicable diseases (NCDs) as the leading cause of death in Low-and Middle-Income Countries (LMICs).
- Projections indicate an increase in global deaths from 61 million in 2023 to 92 million by 2050, mainly due to NCDs, especially in LMICs.

Proposed Healthy Longevity Initiative (HLI)

- The HLI aims to reduce avoidable deaths and disability across life stages, promoting physical, mental, and social health into old age.
- The report envisions a healthcare system with accessible services, competent and committed staff, well-equipped hospitals, and effective early detection for NCDs.

Challenges in LMICs, Including India

- The vision presented in the HLI is challenging to achieve due to real-world issues like corrupt practices, lack of infrastructure, and high healthcare costs.
- The report suggests modest and feasible strategies for addressing the NCD burden in LMICs.

India's Aging Population and NCD Concerns

- **Demographics and Health Risks**
  - India has the world's second-largest elderly population (140 million aged 60+), growing at nearly triple the rate of the overall population.

- With increasing age, the elderly face a rapid rise in NCDs such as cardiovascular diseases, diabetes, and cancer, which can lead to economic strain and higher mortality.

- **NCD Statistics and Factors in India**
  - By 2030, NCDs are expected to account for three-quarters of all deaths in India, with cardiovascular diseases, cancer, respiratory illness, and diabetes already comprising nearly 50% of all deaths.
  - Common risk factors include tobacco use, alcohol abuse, sedentary lifestyles, and high-calorie diets with excessive carbohydrates and saturated fats.

Impact of Social Security Schemes

- **Role of Social Security in NCD Prevention**
  - Social security schemes, such as pensions, support the elderly by offsetting health expenses, though they remain inadequate.
  - Health insurance like Ayushman Bharat aims to cover the bottom 40% of households, but challenges like low funding, corruption, and complex eligibility limit its effectiveness.
- **Dietary and Lifestyle Risks**
  - Diets high in refined grains, red meat, and fat-dense foods contribute to increased risks of diabetes and heart diseases.
  - Aging and lifestyle factors, including sedentary habits and high-calorie diets, significantly heighten the risks of diabetes and heart disease in older adults.

Rising Hospital Expenses and Regulatory Efforts

- **Issues with Private Hospital Costs**
  - Private hospitals in India often charge inflated prices, leading the Supreme Court to urge government regulation of hospital rates.
  - Price caps on medical procedures could alleviate some financial strain if effectively enforced.
  - Behavioural and Policy Changes Needed
  - Reducing NCD risks also requires lifestyle changes, such as increased physical activity and better diets.
  - Taxing unhealthy products, like tobacco, could help decrease the prevalence of conditions like diabetes and cardiovascular diseases.

Conclusion

- The World Bank report emphasises the need for comprehensive policy reforms to improve access to quality healthcare and reduce the NCD burden.
- However, the timeline for implementing these changes remains uncertain.