

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 2977
TO BE ANSWERED ON 3rd AUGUST, 2018**

AVERAGE LIFE

**2977. SHRI HARISH MEENA:
PROF. SAUGATA ROY:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has conducted any study on the differences of the tenure of life of people in various States of the country and if so, the details thereof;
- (b) the present tenure of average life of various States, male and female;
- (c) whether the use of chemicals and pollution has caused various ailments and ill-health of the people of the country; and
- (d) if so, the details thereof and the action taken in this regard?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b): According to India: Health of the Nation's States - The India State-Level Disease Burden Initiative report prepared by the Indian Council of Medical Research (ICMR), the Public Health Foundation of India and the Institute for Health Metrics and Evaluation which is published as a part of Global Disease Burden study 2016 through funding from Indian Council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India, and the Bill & Melinda Gates Foundation, life expectancy at birth in India in 1990 was 58.3 years for males and 59.7 years for females. By 2016, life expectancy at birth increased to 66.9 years for males and 70.3 years for females. India has made substantial progress in improving the life expectancy at birth. However, life expectancy varied widely between the states of India. In 2016, the range was from 66.8 years in Uttar Pradesh to 78.7 years in Kerala for females, and 63.5 years in Assam to 73.8 years in Kerala for males. Life expectancy at birth is defined as the average number of years that a newborn could expect to live if he or she were to pass through life subject to the age-specific mortality rates of a given period. State wise Life expectancy at birth in 2016 is annexed.

(c) & (d): As per the above mentioned report the contribution of air pollution to disease burden remained high in India between 1990 and 2016, with levels of exposure among the highest in the world. It causes burden through a mix of non-communicable and infectious diseases, mainly cardiovascular diseases, chronic respiratory diseases, and lower respiratory infections. The burden of household air pollution decreased during this period due to decreasing use of solid fuels for cooking, and that of outdoor air pollution increased due to a variety of pollutants from power production, industry, vehicles, construction, and waste burning. Household air pollution was responsible for 5% of the total disease burden in India in 2016, and outdoor air pollution for 6%.

Ministry of Health & Family Welfare had constituted a “Steering Committee on Air Pollution and Health related issues” with the objectives of collating and critically appraising evidence available both at Indian and global level linking air pollution to adverse health effects, and providing recommendations for policy and programmatic responses across sectors which can both enable mitigation of exposure and adaptation for harm reduction. Important recommendations of the committee include, reduction in household air pollution by the use of clean sources of energy for cooking, reduction in emissions from vehicles: promotion public transport, better quality of engines and fuel; enforcing ban on agri-waste/trash burning and/ or to find alternative mechanisms for the same, discourage the use of diesel generator sets regular monitoring of emissions from Industries, construction sites; regular monitoring of air quality; public awareness on effects of air pollution on health focusing on vulnerable groups: elderly, pregnant women, mothers and under 5 children; early diagnosis and management of diseases caused by air pollution.

Control of Air Pollution needs multisectorial action. The report of the committee had identified important actions on the part of some departments. The report was circulated to different stakeholders and a multisectorial workshop was conducted with different stakeholders for sensitization.

To build capacity within the Ministry, an Environment Health and Climate Change Cell (EH&CC Cell) has been created in the Directorate General of Health Services (Dte. GHS). Also separate Divisions have been created for (a) Environmental & Occupational Health and (b) Climate Change and Health, at National Centre for Disease Control, Delhi under the Dte.GHS.

In order to combat major Non Communicable Diseases (NCDs), the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was launched in 2010, with focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral for interventions up to district level activities. This programme has been scaled up and NCD clinics have been set up in 435 districts in the country. Interventions of prevention and management of Chronic Obstructive Pulmonary Disease (COPD) are included under the programme to prevent and manage the chronic respiratory diseases.

The initiatives taken by other Ministries / Departments include the following:

Central Pollution Control Board (CPCB) under Ministry of Environment Forests & Climate Change (MOEF&CC) is doing real time monitoring of air pollution level in major cities including Delhi and NCR. The environmental appraisal of development project is undertaken as per the provision of Environment Impact Assessment(EIA) notification 2006. As of now, only consultants accredited with Quality Council of India (QCI)/ National Accreditation Board for Education and Training(NABET) are allowed to prepare EIA. For prevention of trash burning etc. rules are notified. States and CPCBs have given guidelines for controlling pollution in brick clin / stone crushing plants.

Department of Agriculture Cooperation & Farmer's Welfare has taken various initiatives regarding management of crop residue. The Ministry of Power has directed NTPC Ltd to source up to 10 percent of its thermal fuel requirements from straw pellets. The move is aimed at luring farmers away from stubble burning.

Ministry of Road Transport and Highways (MoRTH) has taken initiatives to promote alternate fuels in vehicles. Electric vehicles are being given push by MoRTH. India's first multi modal Electric vehicle passenger transport project was launched in Nagpur with integrated solution of buses, taxis and E-Rickshaws.

Urban transport and metro policies aim to promote healthy transport. Swachh Bharat Mission - Urban (SBM-U) is under implementation in 4,041 statutory towns in the country which aims at making urban India free from open defecation and achieving 100% scientific management of Municipal Solid Waste.

Pradhan Mantri Ujjwala Yojana (PMUY) aims to safeguard the health of women & children by providing them with a clean cooking fuel – LPG, so that they don't have to compromise their health in smoky kitchens or wander in unsafe areas collecting firewood.

Life expectancy in 2016 (years)		
	Male	Female
Andhra Pradesh	67.3	71.9
Arunachal Pradesh	68.2	72.7
Assam	63.5	66.9
Bihar	67.7	67.7
Chhattisgarh	64.6	68.3
Goa	73.0	78.4
Gujarat	67.3	71.5
Haryana	65.0	71.3
Himachal Pradesh	71.0	76.9
Jammu & Kashmir	68.3	71.8
Jharkhand	67.0	67.8
Karnataka	67.1	71.1
Kerala	73.8	78.7
Madhya Pradesh	65.3	69.3
Maharashtra	65.3	69.3
Manipur	68.0	72.8
Meghalaya	66.8	72.4
Mizoram	68.3	73.8
Nagaland	69.1	74.5
Odisha	66.1	68.6
Punjab	68.0	72.2
Rajasthan	65.5	70.1
Sikkim	70.5	75.8
Tamil Nadu	68.9	73.5
Telangana	69.4	73.2
Tripura	66.3	71.5
Uttar Pradesh	64.6	66.8
Uttarakhand	65.3	71.1
West Bengal	68.1	71.3
Delhi	70.8	74.7

Note: information for UTs not available except for Delhi.

Source: India: Health of the Nation's States- the India State-Level Disease Burden Initiative report (2017).