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The NCD Challenge That Will Shape Viksit Bharat 2047

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In the *Dhammapada Atthakatha* of Buddhist literature, Kisa Gotami requests the Buddha to revive her dead child. The Buddha asks Gotami to find a household that had never known death and get a few mustard seeds to bring back her son to life. She went from house to house but found that every family had experienced loss. The lesson was that death, however painful, is a part of every human life.

Today, another reality touches an increasing number of Indian households: cardiovascular disease (CVD). A heart attack or stroke can alter not just one life, but an entire family's health, finances, and future. In addition, it also impacts a nation's economy as most people are developing heart attacks or strokes at a young age.

This is why India's approach to healthcare must evolve. As the country works towards becoming a developed nation by 2047, economic growth, digital transformation, and world-class infrastructure will be important measures of progress. But so will the health of its people. India has made significant strides in diagnosing and treating illness, yet much of healthcare remains focused on managing disease after it occurs. Chronic diseases often develop silently over many years, making prevention and early detection equally important. For India, the next step must be to make staying healthy as important as treating illness.

Non-communicable diseases (NCDs), including hypertension, diabetes, obesity, heart and lung diseases, cancer, and mental health disorders, contribute to over two-thirds of deaths and disabilities in India. These conditions are often seen as problems of later life, but that is increasingly not the case. Take a 40-year-old professional diagnosed with heart disease while supporting a family. Regular medication, medical expenses and time away from work can affect not only their health but also their household finances. When NCDs affect people during their working years, the consequences extend beyond the individual to families, workplaces, and the wider economy.

The latest ICMR-INDIAB study estimates that 101 million Indians have diabetes and 136 million have pre-diabetes. Nearly 315 million have hypertension, while 254 million are living with generalised obesity. These figures point to a growing metabolic health burden. The urban-rural gradient is also concerning, with urban prevalence twice that of rural populations. Rapid urbanisation, sedentary lifestyles, unhealthy diets, stress and inadequate sleep could add to this burden and put India's demographic dividend at risk. The demographic dividend refers to the economic growth potential created by a large working-age population. Keeping this population healthy is therefore as important as creating jobs and expanding economic opportunities.

The encouraging news is that many of these conditions can be prevented. According to the World Health Organisation, up to 80% of premature heart disease, stroke and type 2 diabetes can be prevented by addressing risk factors such as unhealthy diets, physical inactivity, tobacco use, harmful alcohol consumption, and air pollution and treating hypertension and diabetes and maintaining optimal body weight. Prevention must therefore be a public health priority. It can reduce the financial and emotional burden of chronic disease on families, help people remain productive, and ease pressure on healthcare systems. These benefits extend far beyond the health sector and are central to building a healthier, more resilient India.

A preventive healthcare ecosystem needs action at multiple levels. Regular health screenings, monitoring of blood pressure and blood glucose, better health literacy, healthier workplaces, improved nutrition, and opportunities for physical activity can all help identify disease early and control it to prevent future catastrophe. This also means strengthening the continuum of care, from primordial prevention, which addresses risk factors before disease develops, through early diagnosis, treatment, and rehabilitation. India already has platforms that can support this approach.

Examples include the Ayushman Arogya Mandirs, which bring preventive and primary healthcare closer to communities, while the Pradhan Mantri Ujjwala Yojana reduces household exposure to smoke by enabling access to LPG connections. Strengthening such programs, along with reliable medicine supply chains and longer-duration prescriptions, can make preventive and continuous care more accessible.

Technology can further support this shift, but only if it is designed for scale. Artificial intelligence, connected diagnostics, predictive analytics, and digital health platforms can help identify risks earlier, monitor patients remotely, and extend care beyond hospital walls. Yet expensive devices and smartphone-dependent solutions will reach only a fraction of India's population.

The focus should therefore be on affordable technologies that can work through existing primary healthcare networks and community health workers. The measure of success should not be how advanced a technology is, but how many people it can help reach and keep healthy.

Creating a healthier India cannot be the responsibility of the healthcare sector alone. Employers can promote healthier workplaces. Schools can help children develop healthy habits early. Urban planners can design neighbourhoods that make walking and physical activity easier.

Policymakers can strengthen access to preventive services, while communities can help build awareness and encourage healthier behaviours. Health has to become a consideration across sectors, not an issue addressed only when someone enters a hospital.

A developed India is ultimately built by healthy people. For Viksit Bharat 2047 to be more than an economic ambition, prevention must become a defining part of India's healthcare strategy. The goal should not simply be to *add years to life* but to *add life to years*.

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