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EDITORIAL ANALYSIS

When Fossil-Fuel Subsidies Exceed the Health Budget

DOWN TO EARTH

13 June 2026

ENVIRONMENT

ECONOMY

GS3

GS2



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 **Down to Earth**

13 June 2026

GS3
GS2

 Source: ujiyari.com — Free UPSC & State PCS Current Affairs


INTERVIEW ANGLE

"A rupee spent subsidising fossil fuels is a rupee not spent on health, and it also worsens the heat that fills hospitals. How should a developing country weigh affordable energy today against climate-driven health costs tomorrow?"

 Source: [Original editorial](#)
[Down to Earth](#)
 **Every fact web-verified against primary sources**
HOW

WHY THIS MATTERS NOW

A new analysis shows India's **fossil-fuel subsidies now exceed its health budget**, even as heatwaves fill hospitals. For an aspirant, this is a GS3 case on the **climate-health nexus, subsidy reform and fiscal priorities**, with a clear GS2 dimension on public health.

THE CRUX IN 60 WORDS

India's **fossil-fuel subsidies** keep emissions-intensive energy cheap, worsening the **heat and pollution** that drive hospital admissions, a self-defeating loop. The **Lancet Countdown** links rising heat to mortality and lost work hours. The subsidy bill, now larger than the health budget, could instead fund **climate-resilient health** and targeted support for the poor through a **just transition**.

THE ISSUE, DECODED

CONCEPT	WHAT IT MEANS	WHY IT MATTERS
Climate-health nexus	Climate change as a health driver	Heat and pollution fill hospitals
Fossil-fuel subsidy	Public money keeping fuels cheap	Sustains the emissions that harm health
Just transition	Phasing out fairly, protecting the poor	Avoids hurting vulnerable households
Opportunity cost	The health spending forgone	The money could fund resilient health

THE ANALYSIS: A SELF-DEFEATING LOOP

- ❶ **Subsidies sustain emissions.** Cheap fossil fuels keep demand high, worsening heat and air pollution.
- ❷ **Heat fills hospitals.** Rising temperatures raise mortality, admissions and lost working hours.
- ❸ **The burden is unequal.** Outdoor and informal workers bear the heaviest health costs.
- ❹ **The money is misallocated.** A subsidy bill larger than the health budget could fund adaptation instead.

DATA AND INSTITUTIONS VAULT

the **Lancet Countdown on Health and Climate Change** tracks heat-related mortality, hospital admissions and lost labour hours. **India's tools:** city and state **Heat Action Plans**; the National Programme on Climate Change and Human Health (NPCCHH). **The transition link:** India's net-zero-by-2070 target and the Carbon Credit Trading Scheme. **Concept:** just transition; opportunity cost; the climate-health nexus; targeted versus universal subsidy.

THE DEBATE

Argument for redirecting subsidies: Untargeted fuel subsidies worsen the climate that harms health and crowd out social spending; the money is better spent on resilient health and targeted support.

Argument for caution: Fuel subsidies shield poor households and farmers from price shocks; abrupt withdrawal is socially and politically costly and could hurt the very people it aims to help.

HOW TO THINK ABOUT IT

Frame the answer around the **double cost** of fossil-fuel subsidies: crowding out health spending and worsening the climate that harms health. Argue for **better targeting and a just transition**, not blanket withdrawal. Use the climate-health nexus to connect environment (GS3) and public health (GS2).

THE DIAGRAM IN WORDS

Picture a household pouring most of its money into a leaky heater that warms the room while filling it with smoke, then borrowing for the doctor the smoke makes necessary. Fixing the leak and clearing the smoke would cost less than the doctor and the heater combined.

PYQ LINKAGE

UPSC has asked about subsidy reform, climate change and public health. This editorial connects those into the integrated theme of the climate-health nexus and fiscal priorities.

THE ONE-LINE TAKEAWAY

Spending more to keep fossil fuels cheap than to keep people healthy pays twice; redirecting the money to climate-resilient health is both a health and a climate dividend.

Source: When Fossil-Fuel Subsidies Exceed the Health Budget — Ujyari.com | Free UPSC & State PCS Editorial Analysis

• KEY ARGUMENTS AT A GLANCE

India's fossil-fuel subsidies now exceed its health budget even as heatwaves drive rising hospital admissions and lost labour productivity, and redirecting these funds toward climate-resilient health infrastructure would yield measurable health and economic gains.

✓ SUPPORTING

- Fossil-fuel subsidies sustain demand for emissions-intensive energy, worsening the very heat and air pollution that fill hospitals, a self-defeating use of public money.

- The Lancet Countdown and similar assessments link rising temperatures to higher mortality, hospital admissions and lost working hours, especially for outdoor and informal workers.
- The opportunity cost is stark: subsidy money exceeding the health budget could fund cooling, heat-action plans and resilient health systems.

COUNTER

Defenders argue that fuel subsidies protect poor households and farmers from energy-price shocks, and that abrupt withdrawal is politically and socially costly.

WAY FORWARD

Phase out untargeted fossil-fuel subsidies through a just transition, redirect savings to climate-resilient health and targeted support for the poor, strengthen heat-action plans, and treat the climate-health nexus as a budget priority.

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MAINS ANSWER FRAMEWORK

QUESTION

"Fossil-fuel subsidies impose a double cost: they crowd out social spending and worsen the climate that harms health." Examine in the Indian context. (250 words)

INTRODUCTION

A budget is a statement of priorities. When a country spends more subsidising the fuels that heat the planet than on the health of its people, the priorities deserve scrutiny.

BODY

India's fossil-fuel subsidies have grown to exceed its health budget, a comparison that is more than rhetorical. Subsidies that keep emissions-intensive energy artificially cheap sustain demand for it, worsening the heat and air pollution that drive people into hospitals.

The result is a self-defeating loop: public money spent to make fossil fuels affordable today raises the

climate-driven health costs of tomorrow. The evidence base is growing.

Assessments such as the Lancet Countdown link rising temperatures to higher mortality, more hospital admissions and large losses of working hours, with the heaviest burden falling on outdoor and informal workers who cannot escape the heat. Against this, the opportunity cost of the subsidy bill is striking: money exceeding the entire health budget could instead fund cooling, urban heat-action plans, climate-resilient health facilities and targeted protection for vulnerable households.

The counter-argument, that fuel subsidies shield the poor and farmers from price shocks, is real, but it points to better targeting rather than indefinite untargeted support. A just transition would phase out blanket subsidies, redirect the savings to resilient health and climate adaptation, and protect the genuinely vulnerable through direct, targeted means.

The climate-health nexus is not a distant concern; it is showing up in this year's hospital wards, and the budget should reflect it.

CONCLUSION

Subsidising fossil fuels while under-funding health is a false economy that pays twice. Redirecting the money toward climate-resilient health is both a health and a climate dividend.

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