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EDITORIAL ANALYSIS

Counting Cancer: The Case for National Notification

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THE LIFT LINE

A country that cannot count its cancers cannot plan against them. India records an estimated 13.9 lakh new cancer cases (2020), yet it has no national law requiring every diagnosis to be reported, leaving the true burden invisible to the very state that must fight it.

WHY THIS EDITORIAL MATTERS FOR YOUR EXAM

This debate sits at the intersection of **federalism** (<https://ujyari.com/terms/federalism/>), **public-health governance** and the right to health, making it a prime source for both Prelims facts and Mains argumentation.

GS Paper 2: Issues relating to health; mechanisms, laws, institutions and bodies for the protection of vulnerable sections; government policies and interventions for development in the health sector; issues arising from the design and implementation of policies. Health as a State subject versus the need for a national data framework is a classic Centre-State theme.

Prelims angle: National Cancer Registry Programme (NCRP), ICMR-NCDIR Bengaluru, the difference between population-based (PBCR) and hospital-based (HBCR) registries, notifiable disease concept, CERVAVAC, NP-NCD (formerly NPCDCS).

Mains angle: Whether a non-communicable disease should be notifiable, the CoWIN-style real-time registry proposal, and the equity gap in cancer surveillance across states.

BACKGROUND AND CONTEXT

A notifiable disease is one that the law requires healthcare providers to report to public authorities, so the state can track incidence, plan resources and intervene. Because public health and sanitation is a State subject (State List) under the Seventh Schedule, notification has historically been done state by state. As of December

2024 at least 16 states had made cancer notifiable; Telangana joined them through an order dated 6 April 2026. There is, however, no national-level notification.

Surveillance instead runs through the National Cancer Registry Programme (NCRP), operated by ICMR’s National Centre for Disease Informatics and Research (NCDIR), Bengaluru. It currently comprises 38 population-based cancer registries (PBCRs) and 269 hospital-based cancer registries (HBCRs). Yet these together cover only about 11 to 16 per cent of the population, with large gaps in states such as Uttar Pradesh and Bihar. India’s projected burden is set to rise from about 13.9 lakh new cases in 2020 to roughly 15.7 lakh by 2025, and about one in nine Indians develops cancer in a lifetime, with tobacco-related cancers making up around 27 per cent.

The immediate trigger: on 12 December 2025 the Supreme Court sought responses from the Centre and States on a PIL, filed by former AIIMS surgeon Dr Anurag Srivastava, seeking nationwide notification and a real-time digital cancer registry “akin to CoWIN.”

THE CORE ARGUMENT / ISSUE

The gap: incomplete counting means incomplete planning

If only a sixth of the population is covered by robust registries, national cancer statistics are largely modelled estimates rather than counted realities. Screening targets, drug procurement, radiotherapy capacity and district-level infrastructure all depend on knowing where and how fast cancer is growing.

The government’s objection and the counter

The Centre’s stated reservation is that cancer is a non-communicable disease, and notification has traditionally been reserved for communicable threats where reporting enables outbreak containment. The counter is direct: snakebite, also non-communicable, was made notifiable in 2024. The logic of notification is not contagion but the public interest in accurate, actionable data.

DIMENSION	PRESENT SYSTEM (REGISTRY-BASED)	PROPOSED SYSTEM (NATIONAL NOTIFICATION)
Legal basis	Voluntary reporting to NCRP	Mandatory reporting by law
Coverage	About 11 to 16 per cent of population	Universal, all diagnoses
Data timeliness	Periodic, lagged	Real-time, CoWIN-style
Federal question	State-led, uneven	Needs Centre-State coordination
Equity	UP, Bihar under-covered	Uniform national picture

The policy scaffolding already in place

The programme once called NPCDCS was renamed NP-NCD in 2023 to 2024, with population-based screening for those above 30 through Ayushman Arogya Mandirs. CERVAVAC, India's first indigenous quadrivalent HPV vaccine (Serum Institute, 2022), underpins the nationwide HPV campaign for girls aged 9 to 14 launched on 28 February 2026. Budget 2025-26 promised day-care cancer centres in every district hospital within three years, with 200 in 2025-26.

HOW TO THINK ABOUT THIS (ANALYTICAL FRAME)

Frame this as a tension between constitutional form and functional need. Health is a State subject, so a uniform national mandate (<https://ujivari.com/vocab/mandate/>) raises federalism questions. But data is a national public good: fragmented state-by-state notification produces an incomplete map of a disease that does not respect state borders. The resolution lies not in a Centre takeover but in cooperative federalism, a national standard implemented through state machinery, much like GST harmonised a fragmented tax landscape without erasing state roles.

THE DIAGRAM IN WORDS

Picture two funnels. In the first, cancer diagnoses across India pour in, but only a narrow spout (16 per cent) is captured by registries; the rest spill out uncounted. In the second, a national notification law widens the spout to full width, and every diagnosis flows into a single real-time digital reservoir (the CoWIN-style registry) that feeds screening, drugs and infrastructure planning downstream.

WAY FORWARD

- Enact a national framework for cancer notification built on cooperative federalism (<https://ujivari.com/terms/cooperative-federalism/>), so states implement a common standard rather than each reinventing the wheel.
- Build the real-time digital registry incrementally, integrating existing PBCRs and HBCRs and prioritising under-covered states like UP and Bihar.
- Address privacy through the DPDP framework: mandatory reporting must be paired with strict data-protection safeguards.
- Link notification data directly to the day-care cancer centre rollout and NP-NCD screening so counting translates into care.

PYQ LINKAGE AND PRACTICE

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Relevant PYQ threads: 2015 GS2 on “public health system has limitations in providing universal health coverage”; 2018 GS2 on the role of NGOs and governance in health; and Prelims questions on health schemes and ICMR bodies.

Practice question (15 marks, 250 words): “Making cancer a notifiable disease is less a medical question than a question of federal governance and data as a public good.” Critically examine, with reference to the current cancer surveillance architecture in India.

Sources: The Hindu (<https://www.thehindu.com/>)

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