

Editorial Note

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It is with distinct privilege that we introduce the inaugural issue of Health Empirics. This publication is realized through an overwhelming response from the research community, characterized notably by the robust submissions of emerging scholars dedicated to the rigorous inquiry on health-related topics.

The nomenclature of this journal, Health Empirics, is deliberate. In the contemporary landscape of public policy, the demand for meaningful, actionable research has shifted decisively toward the empirical. While theoretical frameworks remain foundational, the complexity of modern health challenges necessitates evidence-based governance. We posit that the most effective bridge between observation and intervention is constructed upon rigorous data analysis. Thus, this journal is established to prioritize empirical scrutiny as the bedrock of policy formulation.

Distinguished from publications that operate within the siloes of clinical science, population health, or pure economics, Health Empirics adopts a multidisciplinary mandate. We recognize that health is multifaceted, existing simultaneously as a biological reality, an economic asset, and a social indicator. By fostering the interdisciplinary convergence, we aim to elucidate complex policy connections and provide contributions that are not only academically sound but pragmatically transformative.

While the empirical evidence in this inaugural issue is primarily drawn from the Indian context, a nation navigating a profound epidemiological and demographic transition, the scope of Health Empirics extends well beyond these borders. We view India as a critical case study with significant extrapolative value for developing economies; however, our mandate is inclusive. We actively invite research contributions from the broader Global South and emerging markets to foster a comparative and comprehensive discourse on health and development.

In the current discourse on human well-being, health occupies the center stage, particularly as we strive to sustain the accomplishments of increased longevity and maximize the dividends of development. The opening analysis by Ahluwalia et al. offers a granular decomposition of India's multidimensional poverty. While the

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study confirms a commendable secular decline in headcount ratios, it concomitantly exposes deep-seated persistence in nutritional deprivation, identified here as the primary structural brake on further progress. However, the escape from poverty remains precarious. In a complementary analysis of household expenditure by Rajpal et al., this issue presents compelling evidence on the fragility of financial protection. With nearly half of inpatient cases necessitating ‘distress financing’, forced borrowing, or asset liquidation, the research highlights that without universal insurance coverage, the medical poverty trap remains a potent threat to economic stability.

Parallel to these economic challenges, the epidemiological landscape is undergoing a profound transition. We present two studies that map the contours of this shift. At the national level, Bhowmick et al. provide new estimates of the obesity epidemic, revealing a stark gendered vulnerability and a strong correlation with urbanization, signaling that ‘diseases of affluence’ are becoming entrenched. Simultaneously, a micro-level investigation by Das and Kar exposes the socioeconomic gradients of chronic disease among the elderly in Bankura district. Together, these contributions illuminate a complex reality where the vulnerabilities of aging are increasingly intersecting with the rising tide of non-communicable diseases. Finally, we turn to the industrial and labor dynamics examined by Rohilla and Nagarjuna that undergird the health sector. The efficiency of the pharmaceutical industry is examined through data envelopment analysis, where findings attribute superior technical progress in foreign firms to direct investment, linking macroeconomic policy directly to sectoral productivity. Yet, this industrial lens must not obscure the human cost of production. Another significant exploration of this issue is Nayak et al.’s assessment of the informal workforce in tobacco processing, revealing an abysmal landscape of occupational hazards. This serves as a stark reminder of the often-invisible health costs embedded within the supply chain.

This collection offers a nuanced, evidence-based outlook on the varying domains of health-related vulnerabilities. It stands as an exemplary assembly of works, indicating the potential for the scientific treatment of data to aid intervention. The evidence generated on this platform aims not merely to inform the discourse but to reform the course of action toward realizing our collective targets for a healthier society.

Finally, the realization of this inaugural issue would not have been possible without a collective effort. I extend my sincere gratitude to the Indian Health Economics and Policy Association, Editorial Board of Health Empirics, the Associate and Managing Editors, the reviewers and the journal support staff for their unwavering dedication to bringing this vision to fruition.