

DAILY **CURRENT AFFAIRS**

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Page 01&04 : GS 2 : International Relations/ Prelims

On 17 September 2025, Saudi Arabia and Pakistan signed a mutual defence pact in Riyadh, declaring that “an attack on one will be treated as an attack on both.” This agreement formalizes their long-standing strategic cooperation and comes at a sensitive time in West Asia, following Israel’s military strike on Qatar and escalating regional tensions.

Saudi-Pak. sign a defence pact that defines ‘attack on one as attack on both’

Associated Press
ISLAMABAD

Saudi Arabia and nuclear-armed Pakistan have signed a mutual defence pact that defines any attack on either nation as an attack on both – a key accord in the wake of Israel’s strike on Qatar last week.

The kingdom has long had close economic, religious and security ties to Pakistan, including reportedly providing funding for Islamabad’s nuclear weapons programme as it developed.

Analysts – and Pakistani diplomats in at least one case – have suggested over the years that Saudi Arabia could be included under Islamabad’s nuclear umbrella, particularly as tensions have risen over Iran’s atomic programme.

Signal to Israel

But the timing of the pact appeared to be a signal to Israel, West Asia’s only nuclear-armed state, which has conducted a sprawling military offensive since Palestinian nationalist Hamas’s October 7, 2023, attack on Israel stretching across Iran, Lebanon, the Palestinian territories, Qatar, Syria and Yemen.

The pact marks the first major defence decision by a Gulf Arab country since the Qatar attack.

Saudi Arabia’s Crown Prince Mohammed bin Salman signed the pact on Wednesday with Pakistan’s Prime Minister Shehbaz Sharif. While not specifically discussing the bomb, the agreement states “any aggression against either country shall be considered an aggression against both,” according to statements issued by both Pakistan’s Foreign Affairs Ministry and the state-run Saudi Press Agency.



Shehbaz Sharif, left, embraces Mohammed bin Salman after signing a joint defence pact in Riyadh, Saudi Arabia on Wednesday. AP

Will study pact to protect India’s interests, says MEA

Hours after Pakistan signed a defence agreement with Saudi Arabia, India said it was aware that the pact had been under consideration.

The External Affairs Ministry said India would study its implications for “our national security” and “regional stability”.

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dered an aggression against both,” according to statements issued by both Pakistan’s Foreign Affairs Ministry and the state-run Saudi Press Agency.

“This agreement... aims to develop aspects of defence cooperation between the two countries and strengthen joint deterrence against any aggression,” the statement said.

A senior Saudi official, speaking on condition of anonymity to *The Financial Times*, seemed to suggest that Pakistan’s nuclear protection was a part of the deal, saying it “will utilise all defensive and military means deemed necessary depending on the specific threat”.

Pakistan and Saudi Arabia have a defence relationship stretching back de-

acades, in part due to Islamabad’s willingness to defend the Islamic holy sites of Mecca and Medina in the kingdom. Pakistani troops first travelled to Saudi Arabia in the late 1960s over concerns about Egypt’s war in Yemen.

Retired Pakistani Brig. Gen. Feroz Hassan Khan, in his book on his country’s nuclear weapons program called *Eating Grass: The Making of the Pakistani Bomb*, said Saudi Arabia provided “generous financial support to Pakistan that enabled the nuclear programme to continue, especially when the country was under sanctions.”

Pakistan faced U.S. sanctions for years over its bomb – and saw new ones over its missile work at the end of the Biden regime.

India studying defence pact between Saudi, Pak.; vows to guard its interests

Any aggression against either country will be seen as aggression against both, says pact signed by Saudi Arabia and Pakistan; MEA says India was aware that such a pact was under consideration

Kallol Bhattacharjee
NEW DELHI

Hours after Pakistan signed a mutual defence agreement with Saudi Arabia, India has said that it was aware of the development and reiterated its commitment to “comprehensive national security”.

The Indian response came after Saudi Arabia and Pakistan issued a joint statement during the visit of Prime Minister Shehbaz Sharif to Riyadh that said, “Any aggression against either country shall be considered an aggression against both.”

“The government was aware that this development, which formalizes a long-standing arrangement between the two countries, had been under consideration. We will study the implications of this development for our national security as well as for regional and global stability. The government remains committed to protecting India’s national interests and ensuring comprehensive national security in all domains,” said the Ministry of External Affairs in response to the Saudi-Pakistan mutual defence agreement.

Following talks between Prime Minister Shehbaz Sharif and Crown Prince Mohammed bin Salman, the two sides issued a joint statement on September 17 in which they highlighted bilateral relations over the past nearly eight decades and said, “This agreement which reflects the shared commitment of both nations to enhance their security and to achieving security and peace in the region and the world, aims to develop aspects of defence cooperation between

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MINISTRY OF EXTERNAL AFFAIRS



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the two countries and strengthen joint deterrence against any aggression.” The agreement states that any aggression against either country shall be considered an aggression against both.

On September 15, Mr. Sharif had participated in the extraordinary Arab-Islamic summit held by the Organisation of Islamic Cooperation (OIC) in Doha, where Israel’s September 9 bombing of Qatar was condemned.

Saudi Arabia has close ties with India and had sent Foreign Minister Adel Al-Jubair to New Delhi, hours after India targeted locations inside Pakistan

under Operation Sindoor on May 7. He also visited Pakistan after his unannounced visit to Delhi.

Saudi Arabia, one of the top energy suppliers to India, is also a major employer of Indian blue and white collar expat workers in the Gulf and, in recent years, has gradually built military relations as well.

However, in comparison, the Saudi relations with Pakistan have been marked prominently by the generous support that Riyadh extended to Pakistan, especially after the humiliating defeat in the 1971 India-Pakistan war. Saudi Arabia first came to Pakistan’s rescue with a \$300 million assistance that King Faisal extended after meeting Prime Minister Zulfikar Ali Bhutto’s Foreign Minister in Riyadh in 1974.

Over the years, Pakistan has intensified defence cooperation with Saudi Arabia and in recognition of that, Saudi Arabia conferred the prestigious King Abdulaziz Medal of Excellent Class on then Pakistani Army Chief Qamar Javed Bajwa in 2022.

Current Context

- **The Pact:**
 - Signed between Crown Prince Mohammed bin Salman and PM Shehbaz Sharif.
 - Aims to strengthen defence cooperation, joint deterrence, and security cooperation.
 - Although it does not explicitly mention nuclear weapons, analysts see it as indirectly placing Saudi Arabia under Pakistan's nuclear umbrella.
- **India's Response:**
 - The MEA stated that India was aware of such a development and will carefully study its implications for national security and regional stability.
 - India reaffirmed its policy of "comprehensive national security."
- **Geopolitical Timing:**
 - Comes after Israel's strike on Qatar (Sept 9, 2025).
 - Seen as a symbolic move against Israel, the only nuclear-armed state in West Asia.
 - Revives questions about Saudi Arabia's role in financing Pakistan's nuclear programme during sanctions years.

Background

- **Saudi-Pak Ties:**
 - Long history of defence, economic and religious ties.
 - Pakistani troops have been stationed in Saudi Arabia since the 1960s.
 - Saudi Arabia reportedly provided financial support for Pakistan's nuclear programme.
- **Security Dimensions:**
 - Pakistan's willingness to defend Mecca and Medina enhanced Saudi trust.
 - Saudi Arabia has traditionally leaned on Pakistan for defence expertise.
 - Both countries coordinate in the Organisation of Islamic Cooperation (OIC).
- **India-Saudi Arabia Relations:**
 - Strategic energy partner; India imports a large portion of its crude oil from Saudi Arabia.
 - Large Indian diaspora (blue and white-collar workers) contributes to Gulf economies.
 - In recent years, India-Saudi relations have grown in defence cooperation and counter-terrorism.

Implications for India

1. **Strategic Concerns**
 - A formal Saudi-Pak defence pact may complicate India's regional security calculus.
 - Raises questions about nuclear proliferation and strategic balance in South Asia.
2. **Energy Security**
 - India must ensure its energy supplies are not affected by Middle Eastern instability.

3. Diplomatic Balancing

- India shares close ties with both Saudi Arabia and Israel, requiring a careful balancing act.

4. Regional Stability

- May increase Saudi–Iran and Israel–Saudi tensions, indirectly impacting India’s interests in the Gulf and West Asia.

Possible UPSC Prelims Pointers

- Defence Pact provisions: “attack on one = attack on both.”
- India’s official response (MEA statement).
- Saudi Arabia’s historical support for Pakistan’s nuclear programme.
- India–Saudi Arabia partnership: energy + diaspora.

Conclusion

The Saudi–Pakistan defence pact is a significant geopolitical event, signalling Riyadh’s reliance on Islamabad for defence cooperation amidst West Asia’s shifting power equations. For India, while Saudi Arabia remains a vital economic and energy partner, Pakistan’s deepening defence role in Riyadh complicates regional dynamics. A cautious, balanced, and proactive foreign policy approach will be critical to safeguarding India’s comprehensive national security.

UPSC Prelims Practice Question

Ques: With reference to India–Saudi Arabia relations, consider the following:

1. Saudi Arabia is one of India’s top energy suppliers.
2. A large Indian diaspora works in Saudi Arabia.
3. India and Saudi Arabia are members of the Organisation of Islamic Cooperation (OIC).

Which of the above is/are correct?

- (a) 1 and 2 only (b) 2 and 3 only (c) 1 and 3 only (d) 1, 2 and 3

Ans: (a)

UPSC Mains Practice Question

Ques: Growing defence cooperation between Saudi Arabia and Pakistan may impact India’s regional security environment. Evaluate India’s policy options in this context. **(250 Words)**

Recent findings from the CARTESIAN study (COVID-19 effects on Arterial Stiffness and Vascular Ageing), published in the *European Heart Journal*, suggest that COVID-19 survivors—especially women—show stiffer arteries equivalent to 5–10 years of additional ageing. With ~700 million global survivors, this points to a potential long-term healthcare burden.

Ageing arteries, lingering risks: COVID's quiet impact on heart health

A large, multinational investigation into pandemic's impact on the cardiovascular system has found that survivors, particularly women, are left with stiffer arteries, equivalent to an age about five to ten years older; with nearly 700 million people surviving COVID worldwide, long-term healthcare burden of accelerated ageing could be significant

Anirban Mukhopadhyay

What if a single COVID-19 infection could make your arteries behave as though they were five to 10 years older? That unsettling possibility emerges from the CARTESIAN study, the largest multinational investigation yet into the pandemic's hidden impact on the cardiovascular system. Recently published in the *European Heart Journal*, it tracked nearly 2,400 participants across 18 countries and found that survivors of COVID-19 had stiffer arteries – a recognised marker of “vascular ageing” – compared to those never infected. The effect was most pronounced in women, whose arteries showed changes equivalent to an extra decade of age.

“The pulse wave velocity in women after COVID corresponded to that of women five to ten years older,” said Rosa Maria Bruno, lead author and cardiologist at Inserm, France's National Institute of Health and Medical Research, in Paris.

Why it matters

As arteries stiffen, the heart pumps harder, blood pressure rises, and the risk of heart attack, stroke, kidney disease, and dementia increases. Unlike wrinkles, these vascular changes are invisible until serious events occur. That is what makes CARTESIAN worrying. The WHO estimates nearly 700 million people worldwide have survived COVID. If even a fraction experience accelerated vascular ageing, the long-term healthcare burden could be significant. Notably, stiffening appeared even in survivors of mild infections.

What the study did

CARTESIAN – short for COVID-19 effects on Arterial Stiffness and Vascular Ageing – asked whether COVID leaves a vascular imprint. Researchers from 38 centres across 18 countries recruited 2,390 adults, average age 50, about half of them women. Groups included uninfected controls and three survivor categories: non-hospitalised, hospitalised, and intensive care. Tests were performed around six months after infection, with follow-ups at twelve months.

The team measured carotid-femoral pulse wave velocity (PWV), a gold-standard indicator of arterial stiffness. PWV tracks how fast blood pressure waves travel: the stiffer the artery, the faster the wave. Comparing COVID-positive groups with controls revealed whether infection accelerated ageing.

Results were clear. Every COVID-positive group had stiffer arteries



Long-term impact: The effect was most pronounced in women, whose arteries showed changes equivalent to an extra decade of age. They showed higher stiffness regardless of illness severity. FILE PHOTO

than controls. After adjusting for age, sex, blood pressure, diabetes and smoking, survivors still showed PWV about 0.4 metres per second faster – equivalent to arteries five years older. The effect, however, was striking only in women. They showed higher stiffness regardless of illness severity, and ICU patients had the equivalent of an extra decade of ageing.

Persistent symptoms mattered. Women with fatigue, breathlessness or muscle aches months later – often labelled “long COVID” – had even stiffer arteries. “Women mount a stronger immune response, which protects them during infection, but if that response lingers, it can damage blood vessels,” Dr. Bruno explained.

Vaccination and recovery

One hopeful signal was that stiffening did not worsen indefinitely. In a subgroup followed for about a year, survivors' stiffness stabilised or slightly improved, while controls showed the gradual increase expected with normal ageing. Still, the damage did not vanish. “No return to baseline has been observed,” Dr. Bruno cautioned. “An improvement has been observed mostly in very severe cases, whereas PWV is mostly stable in most individuals.”

Vaccination blunted the impact, particularly in women. Those with at least one dose had lower stiffness than unvaccinated peers.

Not all cardiologists are convinced though. Balbir Singh, group chairman of

cardiac sciences at Max Healthcare, Delhi, urges caution. “I don't think we can make very firm conclusions based on the CARTESIAN study,” he said, citing the absence of pre-COVID baseline data as a major limitation. “These findings suggest arterial stiffness could be accelerated in patients who had COVID, but do not conclusively prove it.” From his own practice, Dr. Singh adds, he has not observed a marked shift. “Are we seeing higher hypertensive patients than before? I'm not seeing that. Am I seeing those who went into the ICU during COVID now coming back with heart problems? I'm not seeing that.”

Elsewhere, clinicians have been drawing different lessons from what they encounter. At the Cleveland Clinic, a nonprofit academic medical centre based in Ohio, U.S., Stanley Hazen has argued that a history of COVID-19 should inform preventive care, based on his research connecting the virus to heart problems, stroke, and death. “As clinicians, we should consider a patient's history of prior COVID-19 when formulating cardiovascular prevention plans – these effects [his findings] are not a small subgroup finding but a global signal that will translate into more cardiovascular disease,” he said.

Observations from other centres echo this. Dara Lee Lewis – writing from Brigham and Women's, a teaching hospital of Harvard Medical School, U.S. – described cases of myocarditis and persistent palpitations in previously

healthy individuals. Meanwhile, Bruce Levy, of the same hospital, points to autonomic dysfunction such as POTS (Postural Orthostatic Tachycardia Syndrome) – where the heart races upon standing – as an example of how COVID can disrupt vascular regulation in practice.

At Mount Sinai in New York, physicians using advanced imaging have detected signs of inflammation in the hearts and large vessels of patients who had only mild infections.

India's picture

CARTESIAN, like most large European studies, was not representative of South Asia. “A small proportion identified as Asian, and while their arteries appeared less stiff than Western participants in the uninfected group, this difference disappeared after COVID – suggesting the virus erased any ethnic advantage,” Dr. Bruno noted.

For India, that gap leaves open an urgent question. If COVID might accelerate vascular ageing elsewhere, what does it mean for a population already carrying one of the heaviest burdens of cardiovascular disease worldwide? Without rigorous home-grown data – the kind that is now guiding international researchers and physicians – the risk remains largely invisible.

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THE GIST

As arteries stiffen, the heart pumps harder, blood pressure rises, and the risk of heart attack, stroke, kidney disease, and dementia increases. Unlike wrinkles, these vascular changes are invisible until serious events occur

Recently published in the *European Heart Journal*, the study tracked nearly 2,400 participants across 18 countries and found that survivors of COVID-19 had stiffer arteries – a recognised marker of “vascular ageing” – compared to those never infected

One hopeful signal was that stiffening did not worsen indefinitely. In a subgroup followed for about a year, survivors' stiffness stabilised or slightly improved, while controls showed the gradual increase expected with normal ageing

Current Context

- **Study Details:**

- 2,390 participants across 18 countries, tracked for ~6–12 months.
- Measured Pulse Wave Velocity (PWV), a gold-standard indicator of arterial stiffness.
- Every COVID-positive group showed higher arterial stiffness than controls, even after accounting for age, diabetes, blood pressure, and smoking.

- **Key Findings:**

- Arteries aged by ~5 years post-COVID; up to 10 years in ICU patients.
- Effect stronger in women, irrespective of severity.
- Long COVID symptoms (fatigue, breathlessness) linked with worse outcomes.
- Vaccination reduced severity of arterial stiffening.
- No return to baseline even after one year, though stabilisation/improvement seen in severe cases.

- **Why it Matters:**

- Arterial stiffening → higher risks of hypertension, stroke, kidney disease, dementia.
- Unlike visible signs of ageing, these changes are silent until major health events.
- India already carries one of the world's highest cardiovascular burdens; lack of local data raises urgent concerns.

Background

- **Cardiovascular System Basics:**

- Arterial stiffness = reduced elasticity of arteries, leading to higher systolic pressure load on the heart.
- Pulse Wave Velocity (PWV): higher PWV indicates stiffer arteries.
- Risk factors: age, smoking, diabetes, hypertension, obesity.

- **India's Burden:**

- India accounts for ~60% of global heart disease cases.
- Non-communicable diseases (NCDs) already major public health challenge.
- COVID impact could accelerate these existing vulnerabilities.

Implications for India

1. Public Health Policy

- Need for Indian cohort studies like CARTESIAN to measure COVID's long-term vascular effects.
- Integration of post-COVID cardiovascular screening into public healthcare.

2. Women's Health

- Gender-specific monitoring, as women showed higher arterial ageing.

3. Preventive Medicine

- Promote vaccination to reduce vascular damage.
- Lifestyle interventions to counter long-term cardiovascular ageing.

4. Healthcare System Preparedness

- Strengthen cardiology infrastructure for a possible rise in long-term cases.
- Incorporate COVID history into cardiovascular risk assessments.

Criticisms and Limitations

- Lack of pre-COVID baseline data → difficult to prove causation.
- Most data from Europe, not representative of South Asia.
- Clinicians in India (e.g., Max Healthcare) have not yet reported a significant surge in post-COVID cardiovascular cases.

Conclusion

The CARTESIAN findings underline COVID-19's quiet but significant cardiovascular impact. While the results must be interpreted with caution, they raise red flags for India, where NCDs are already a major challenge. Strengthening preventive care, promoting vaccination, and conducting India-specific longitudinal studies are essential to mitigate a potential surge in cardiovascular disease burden in the coming decades.

UPSC Prelims Practice Question

Ques: Pulse Wave Velocity (PWV) is an indicator of:

- a) Lung capacity
- b) Arterial stiffness
- c) Kidney function
- d) Cardiac output

Ans: (b)

UPSC Mains Paper Practice Question

Ques : India already faces one of the heaviest global burdens of cardiovascular diseases. In this context, critically evaluate how post-COVID risks can be integrated into preventive healthcare strategies. **(150 Words)**

The recent publication of the Household Consumption Expenditure Survey 2024 by the NSSO has reignited debate on India's poverty and food security. While the World Bank (2025) estimated that extreme poverty in India has dropped to 2.3%, alternative methods like the "thali index" suggest that food deprivation remains a major issue. This raises important policy questions about how India can make its food subsidy regime more effective and equitable.

Equalising primary food consumption in India

The publication, in February 2024, of a household consumption survey by the National Sample Survey (NSS) Office, after a gap of over a decade, has made it possible to estimate the poverty rate in India. One such estimate, released by the World Bank in April 2025, has received the most attention. It points to the poverty rate being very low by now. To quote the World Bank, "Over the past decade, India has significantly reduced poverty. Extreme poverty (living on less than \$2.15 per day) fell from 16.2 percent in 2011-12 to 2.3 percent in 2022-23..." ('Poverty and Equity Brief: INDIA', 2025). If this is indeed an accurate description, it would be a source of satisfaction, for it suggests that extreme poverty has virtually disappeared from the country.

The 'thali meal' as a consumption metric
The conventional approach to poverty measurement, pioneered by the Government of India over half a century ago, entails first determining the income that would enable food intake of a specified caloric value, and then classifying those with less as poor. This is a physiological approach, and has some merit. But there could be other approaches, based on the consumption of goods, for instance. One such approach would recognise that humans are likely to approach food from an angle wider than just its caloric content, taking into account the energy it provides, which calories measure, nourishment, and the satisfaction it gives. We believe the *thali* meal reflects this thinking, making it a natural choice to measure food consumption in real terms.

As a combination of carbohydrates, protein and vitamins, the *thali* is a balanced and self-contained unit of food consumption in south Asia, even if the nomenclature may vary across it. With this in mind, we have estimated the number of *thalis* the monthly expenditure reported in the Household Consumption Expenditure Survey of 2024 would translate into. The rating agency, Crisil, has estimated the cost of a home-cooked *thali*, comprising rice, *dal*, vegetables, *roti*, curd and salad, as ₹30. Adopting this price, we found that in 2023-24, up to 50% of the rural population and up to 20% of the urban population could not have afforded two *thalis* per day at the food expenditure recorded. If two *thalis* a day is taken as the minimum acceptable standard of food consumption, our estimates point to much greater food deprivation in India than conveyed by the poverty figures from the World Bank.

A crucial reason why our findings differ is that



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we do not assume that all of a household's income is available for spending on food. A household needs to spend on rent, transportation, telephony, health maintenance and education to just remain in the workforce. Now, expenditure on food ends up as the residual. Therefore, we have based our estimates on the actual expenditure on food.

It tends to be assumed that the Public Distribution System (PDS) deals effectively with food deprivation. To assess this, we have computed the value of food consumption including the imputed value of supplies received via the PDS – both purchased and free of cost. With the value of consumption thus adjusted, the proportion of the population that cannot afford two *thalis* declines to 40% in rural areas and 10% in urban areas. Notably, food deprivation remains very high in the former even with subsidised food.

The role of PDS

To understand how the PDS can be leveraged to alleviate food deprivation, we estimated the subsidy per person across expenditure classes. What is interesting is that both PDS purchases and free food availed of by sections of the population that can afford more than two *thalis* a day are high. For instance, in rural India, the subsidy received by an individual in the 90%-95% fractile is 88% of the subsidy received by an individual in 0%-5% fractile, even as the first has a consumption expenditure more than three times greater, and going by our own *thali* index does not require further support. By contrast, in urban India, the subsidy regime is strongly progressive. But here too about 80% receive subsidised sales from the PDS and also free food, even when they too can afford more than two *thalis* per day.

Based on the data on food deprivation and the structuring of the food subsidy regime we make a proposal on how policy should evolve. This data point to what needs to be done and how it can be achieved. First, there is scope for restructuring the food subsidy, raising it at the lower end of the distribution and eliminating it altogether at the upper. However, we learn from the most recent consumption survey that there is a constraint to be faced: cereals consumption is almost identical for individuals in the 0%-5% fractile and the 95%-100% fractile.

This suggests that the desired level of consumption of cereals, both rice and wheat, has been reached, for the richest can afford to purchase all the cereals that they desire. While it points to the success of the PDS, in that it has

equalised the consumption of a staple food, at the same time, it points to the limits to using the PDS in its present form to end food deprivation. Not only has cereals consumption very likely reached its desired level across the population but also it constitutes only 10% of the average household's expenditure.

It is unreasonable, from considerations of both logistics and expense, to expect that a government can distribute the entire food basket to any section. There is a middle path though, and that is to expand the distribution of pulses through the PDS. In a further comparison of the consumption patterns at the two ends of the distribution, we find that unlike in the case of the cereals, the per capita consumption of pulses in the 0%-5% fractile is exactly half of that in the 95%-100% fractile.

Pulses consumption

The PDS can be leveraged to equalise the primary food consumption across the population. The expansion of the PDS to ensure desirable levels of consumption of pulses – for many Indians, the only source of protein and a very costly food item – is both desirable and feasible. The financial aspect can be addressed by restructuring the PDS. The per capita consumption of rice and wheat in the 0%-5% fractile implies that the PDS entitlement of rice and wheat is well above what is necessary for a significant number.

Expanding the subsidy regime to supply cereal to 80 crore people, as done by the central government in January 2024 and the particularly large entitlement of rice given to those below the poverty line in some States, do not reflect need. Also, they come at a cost to the economy, given the alternative uses of public funds. Trimming the current entitlement of cereals to levels indicated as needed by the recent consumption survey at the lower end of the distribution and eliminating it altogether at the upper end would also require lower stocking requirements for the Food Corporation of India, with substantial gains.

We have proposed an expansion of the PDS in the direction of the food most needed by the least well-off, namely pulses, accompanied by the elimination of subsidies for those whose food consumption exceeds a reasonable norm, such as two *thalis* a day. Right now, the PDS is both unwieldy and ineffective, as it spreads resources thin. Our proposal will render it compact, enabling the equalisation of primary food consumption in India by raising that of the poorest household to the highest level observed in the economy, a globally significant outcome.

Current Context (News)

- World Bank Report (2025): Claims extreme poverty has nearly disappeared.
- Thali Index (Crisil + CDS scholars): At ₹30 per thali, nearly 50% of rural and 20% of urban population cannot afford two thalis a day from their reported food expenditure.

- Role of PDS: After accounting for Public Distribution System supplies, deprivation falls to 40% rural and 10% urban — but remains high.
- Policy Proposal: Trim excessive cereal subsidies (where consumption is already saturated) and expand PDS distribution of pulses to equalize nutrition.

Static Linkages (UPSC relevance)

- **Poverty Measurement:**
 - Old method: Calorie-based poverty lines (e.g., Tendulkar, Rangarajan Committees).
 - New perspectives: Nutrition, health, and multidimensional poverty (NITI Aayog's MPI).
- **Public Distribution System (PDS):**
 - Established in 1940s; targeted under NFSA, 2013.
 - Provides subsidised rice, wheat, coarse grains to ~80 crore beneficiaries.
- Issues in PDS: Leakages, excess focus on cereals, inadequate nutrition coverage.

Key Issues Highlighted

1. Mismatch between poverty statistics & food deprivation – Extreme poverty may be low, but nutritional poverty persists.
2. Cereal saturation: Consumption of rice/wheat almost equal across poor and rich → cereals no longer a good poverty indicator.
3. Protein gap: Poor consume only half the pulses compared to the richest → widening nutritional inequality.
4. Inefficient subsidy distribution: Higher-income households still receive significant PDS benefits.

Way Forward / Policy Suggestions

- **Restructure PDS:**
 - Reduce excess cereal entitlement for higher-income groups.
 - Expand coverage of pulses and protein-rich foods.
- Targeting subsidies better: Focus benefits on bottom 40% of rural population.
- Nutrition-sensitive approach: Move beyond calorie intake → ensure balanced food basket.
- Use technology: Strengthen Aadhaar-seeding, DBTs, e-POS to minimise leakages.
- Complementary policies: Strengthen Mid-day Meals, ICDS, POSHAN Abhiyaan for holistic nutrition security.

Conclusion

India's poverty story has improved dramatically in the last decade, but the nutrition story lags behind. While the PDS has successfully ensured cereal security, the challenge ahead is nutritional equity. A restructured PDS — with greater focus on pulses and protein-rich foods and better targeting — can bridge this gap, ensuring that every Indian household can afford at least two nutritious thalis a day.

UPSC Prelims Practice Question

Ques: Consider the following statements regarding the Public Distribution System (PDS):

1. It mainly distributes rice, wheat, and pulses.
2. It was initially a universal system but later became targeted.
3. NFSA, 2013 makes access to subsidised food grains a legal right.

Which of the above are correct?

- (a) 1 and 2 only
- (b) 2 and 3 only
- (c) 1 and 3 only
- (d) 1, 2 and 3

Ans :b)

UPSC Mains Practice Question

Ques: The concept of a "Thali Index" offers an alternative way to measure food deprivation in India. Discuss its significance and limitations as a poverty measurement tool. **(150 Words)**

Every year, North India faces severe air pollution in October–November, largely aggravated by stubble burning in Punjab, Haryana and Uttar Pradesh. Despite laws, commissions, and judicial interventions, the problem persists, highlighting gaps in policy, enforcement, and incentives. The recent Supreme Court suggestion of prosecuting farmers reignited the debate on the best approach to address this complex challenge.

Current Context

- SC's View: Proposed prosecution of farmers caught burning stubble.
- **Extent of the Problem:**
 - Contributes significantly to PM_{2.5} levels in Delhi-NCR during winter.
 - Compounded by adverse meteorological conditions and emissions from vehicles, industry, and garbage burning.
- **Institutional Response:**
 - CAQM (Commission for Air Quality Management): Central body created in 2020 to coordinate across Punjab, Haryana, Delhi, UP, and Rajasthan.
 - However, the body has been ineffective due to political pressure and lack of independent enforcement.
- **Example of Weak Implementation:**
 - Delay in banning petrol/diesel for end-of-life vehicles in NCR after political pushback.
 - Failure to hold Punjab accountable despite inflated claims of reduced stubble burning.

Underlying Causes of Stubble Burning

1. Economic Structure of Agriculture

- Debt-ridden farmers cannot afford costly alternatives.
- Minimum time window (20–25 days) between paddy harvest and rabi sowing.

2. Policy Gaps

- Inadequate enforcement at the state level.
- Subsidy schemes for crop residue machinery often poorly implemented.

Holistic approach

India needs a multi-pronged strategy to deal with stubble burning

The Supreme Court of India has broached the possibility of prosecuting farmers, caught setting fire to their fields, to prepare for winter sowing or *rabi* crop. 'Stubble burning' is a major contributor to air pollution in Delhi, Uttar Pradesh, Punjab and Haryana, particularly in October and November, when the southwest monsoon has receded and adverse meteorological conditions trap toxic particulate matter emissions from vehicles, industry, garbage burning and agricultural waste. While the causes and the ways to reduce particulate matter pollution from agriculture are known, the efforts by the Centre to tackle the long-standing problem have been half-hearted. The creation of the Commission for Air Quality Management (CAQM), a central body with the power to reach out across the borders of Punjab, Haryana, Delhi, Uttar Pradesh and Rajasthan, was a positive step and an acknowledgement that air pollution in one State cannot be tackled without the cooperation of others. However, the four-year-old statutory body has failed to exercise its powers in a manner that is independent of political pressure. Take the example of its recent order to ban the sale of petrol and diesel in the National Capital Region to 'end-of-life' vehicles, from July 1. A public outcry in Delhi and its political leaders – largely on technical grounds – and the Court's intervention, forced its implementation to November this year, that too beginning with parts of the NCR that are not a part of the Delhi municipalities. In stubble burning too, the CAQM has not been able to impress upon the judiciary that stubble burning was due to recalcitrant farmers, limited enforcement by Punjab and Haryana and the structure of agricultural economics that left the average, debt-ridden farmer with little choice. In recent years, it has emerged that Punjab has been claiming a reduction in farm fires when it was in fact increasing. The CAQM chose not to disclose this.

In the absence of a transparent mechanism to evaluate and address an issue and being cowed down by imagined political repercussions, it is not surprising that suggestions such as to "jail farmers" to act as a deterrent to others are being bandied about. While no section of citizens – farmer or industrialist – can be considered to be above the law, creating better incentives, enforcing existing laws and being transparent about what is realistically achievable are more advisable steps than 'carrot and stick' approaches.

3. Social–Political Dimensions

- Political reluctance to act against farmers due to electoral sensitivities.
- Lack of transparency in reporting actual farm fires.

Way Forward (Holistic Strategy)

1. Economic Incentives

- Provide direct cash incentives for farmers adopting eco-friendly residue management.
- Strengthen the market for crop residue use in bioenergy, paper, and packaging industries.

2. Technological Solutions

- Wider adoption of Happy Seeder, Super SMS, and bio-decomposers.
- Scale up pilots like Pusa Bio-Decomposer across NCR states.

3. Institutional Strengthening

- Empower CAQM to act independently of political interference.
- Transparent monitoring via satellite and public disclosure of real-time data.

4. Policy Reforms

- Diversification away from paddy to less water-intensive crops.
- Adjust MSP incentives to discourage excessive paddy cultivation.

5. Legal–Social Balance

- Avoid criminalising farmers outright; instead focus on incentives + awareness + gradual enforcement.
- “Carrot and stick” only works if carrots are real and sticks are fair.

Static Linkages for UPSC

- Environmental Governance: Air (Prevention and Control of Pollution) Act, 1981; Environment Protection Act, 1986.
- Institutions: CAQM, CPCB, NGT, State Pollution Control Boards.
- Agriculture Policy Linkage: MSP system, farm mechanisation schemes, crop diversification.

Conclusion

Stubble burning is not just a law-and-order problem; it is a reflection of deeper agricultural, economic, and governance challenges. A holistic approach, combining incentives, technology, crop diversification, institutional reform, and transparency, is the only sustainable way forward. Short-term punitive measures like jailing farmers may provide deterrence but cannot solve the structural causes of this seasonal crisis.

UPSC Prelims Practice Question

Ques :Consider the following statements regarding the Commission for Air Quality Management (CAQM):

1. It was created through an ordinance in 2020.
2. It has jurisdiction only over Delhi.
3. It can issue directions to state governments to control air pollution.

Which of the above statements are correct?

- (a) 1 and 2 only
- (b) 2 and 3 only
- (c) 1 and 3 only
- (d) 1, 2 and 3

Ans: c)

UPSC Mains Practice Question

Ques : Criminalising farmers for stubble burning may worsen the agrarian crisis instead of solving air pollution. Critically evaluate and suggest alternative policy solutions. **(150 Words)**

India's recent condemnation of Israel's strike in Doha, Qatar, as a "violation of sovereignty" marks a notable departure from its earlier muted stance on Israel's military actions in the region. This signals not only the deepening complexities of West Asia geopolitics but also the balancing act New Delhi must perform between its ties with Israel, Gulf states, and its own energy and diaspora interests.

Why did India condemn Doha strike?

How does India's reaction differ from its past responses? Why is Qatar treated differently from other countries? What role do India-Qatar ties play? Why has India stayed largely silent on Gaza? What does this mean for India's West Asia policy?

EXPLAINER

Suhasini Haidar

The story so far:

India's condemnation of Israel's bombing in Doha last week as a "violation of sovereignty" is a shift from its more muted positions on previous Israeli operations in other countries, leading some to wonder if there's a larger change in New Delhi's stand on the crisis in West Asia. However, experts said that while the strong wording of the statement denotes growing distress over mounting civilian casualties in the war in Gaza, India's intervention has more to do with its close ties with Qatar and the Gulf region than with an assertion of principles of sovereignty and territorial integrity. This has become particularly important, given New Delhi's concerns over the Saudi-Pakistan mutual defence agreement signed in Riyadh on Wednesday.

Why did India criticise the Doha strike?

On September 16, India referred to the Israeli Defence Forces (IDF) bombing on September 9 of a home in Doha where leaders of Hamas gathered to discuss the United States' latest ceasefire proposal, as actions that "threaten peace, stability and security" in the region and worldwide. Israeli Prime Minister Benjamin Netanyahu defended the strike, which killed five, saying that it was "justified" as Qatar "harbours and funds" Hamas operatives.

"India is deeply concerned about the recent attacks in Doha and their impact on the security situation in the region. We unequivocally condemn the violation of the sovereignty of Qatar," said India's Ambassador to the UN Mission in Geneva Arindam Bagchi, speaking at the UN Human Rights Council, also invoking the UN charter and international law.

"Any escalation must be avoided, and respect for the sovereignty and territorial integrity of States must be upheld," Mr. Bagchi added, in a statement that built on an earlier statement by the Ministry of



A damaged building, following an Israeli attack on Hamas leaders, in Doha, on September 9. REUTERS

External Affairs, and another statement issued after Prime Minister Narendra Modi spoke to Qatari Emir Sheikh Tamim Bin Hamad Al Thani on September 10, expressing "solidarity with the Qatari people".

How does this differ from India's past reactions?

The statements are in stark contrast to New Delhi's reactions to Israel's bombings of several other countries in the region, including Lebanon, Yemen, Tunisia, Syria, and Iran.

When Israel bombed the Iranian Embassy in Damascus last April, the MEA had expressed some "concern", as it had when Israeli forces attacked a UN Peacekeeping post in southern Lebanon, but remained largely silent over other Israeli attacks on other countries. When Israeli intelligence detonated hundreds of pager bombs against Hezbollah in Beirut in September 2024, Indian Army Chief General Upendra Dwivedi called the operation a "masterstroke". On Iran – a country with close ties with India and where investments such as the Chabahar port are at stake – the government's reactions have been more puzzling. In June, India called for dialogue after Israeli

and U.S. strikes on Iranian nuclear facilities, which Iran responded to. However, New Delhi disassociated from a statement issued by the Shanghai Cooperation Organisation (SCO) days later, which condemned the strikes on Iran. In a subsequent flip-flop, India signed on to the SCO joint declaration on September 1 that "condemned" Israel and the U.S. for the June strikes.

Why is Qatar treated differently?

"India's ties with the other countries mentioned are not the same as ties with Qatar, with its large Indian diaspora and personal relations at the highest levels between PM Modi and the Qatari Emir," explained former Ambassador to the UAE and Egypt, Navdeep Suri. "Eventually, in an age of 'transactionalism', this is not as much about values and principles as about the bilateral relationship with each of these countries, including Israel," he told *The Hindu*.

The MEA declined to respond to a question from *The Hindu* on why the Modi government has taken conflicting positions on the issue. Experts said a number of reasons explained the varied statements, from geopolitical to regional and bilateral. According to former

Ambassador and author of *West Asia at War*, Talmiz Ahmad, India's response to the attack on Qatar had "no larger strategic purpose" but focused on Qatar being a "crucial supplier of gas".

He also pointed out that Israel's attack on Qatar had put Gulf countries that house U.S. military bases and count on the U.S. to guarantee security "on notice", indicating a "fundamental geopolitical shift in the region", which India may need to take note of.

"The message Israel has given is that every Arab country, every Gulf country, is within their target zone and put them all on notice. Israel has now ended the process of normalisation and made it clear that ties with other West Asian countries are not a priority over its operations. Thirdly, Israel has shown that the U.S. is no longer a guarantor of security for these GCC countries," Mr. Ahmad said, speaking at a seminar organised by the India-America Friendship Association on Tuesday.

The alarm among Gulf countries was visible at an emergency joint session of the Arab League and the Organisation for Islamic Cooperation (OIC) conference in Doha this week, which condemned Israel's actions, even as the Gulf Cooperation Council committed to building a "joint defence mechanism" to deal with future threats.

What does this mean for India's broader West Asia policy?

In addition, experts said India's silence on Gaza – where more than 65,000 have been killed, including at least 20,000 children, in Israel's incessant bombardment of Gaza, including the latest offensive against Gaza City – is straining its ties with the Arab world. In a rare response to media queries on August 27, the MEA called the killing of journalists and civilians by the IDF "shocking and deeply regrettable". India also voted in favour of a UNGA resolution endorsing the two-state solution for Palestine on September 12, indicating that, despite the steadfast relationship with Israel, the Modi government's shifts may indicate that it needs to factor in the rest of the region as well.

THE GIST

India condemns Israel's bombing in Doha as a 'violation of sovereignty' and expresses concern over regional peace and security.

The strong stance reflects India's close ties with Qatar and the Gulf region rather than a shift in principles on sovereignty.

India's silence on Gaza and varied reactions to other Israeli strikes show a careful balancing of strategic, regional, and bilateral interests.

Why Did India Condemn the Doha Strike?

- **Violation of Sovereignty:** India emphasised the UN Charter principle of respecting sovereignty and territorial integrity.
- **Concern for Regional Stability:** The strike was seen as a threat to peace and security in an already volatile region.

- **Qatari Sensitivities:** PM Modi directly expressed solidarity with the Qatari Emir; signals importance of bilateral ties.

How Does India's Response Differ from Past Reactions?

- **Muted in Other Cases:**
 - On Israeli strikes in Lebanon, Syria, Yemen, Tunisia, and even Iran, India has mostly issued mild "concern" or remained silent.
 - In some cases (e.g., Hezbollah pager blasts in Beirut, 2024), Indian officials even praised Israel.
- **Flip-flop on Iran:** India has alternated between condemning Israeli-U.S. strikes on Iranian nuclear sites and distancing itself from international criticism.
- **In Doha Case:** The reaction was sharply worded and issued both at the UN and bilaterally, showing a deliberate choice to side with Qatar.

Why is Qatar Treated Differently?

- 1. Energy Security:**
 - Qatar is India's largest supplier of LNG (Liquefied Natural Gas).
 - Strategic for India's clean energy transition.
- 2. Indian Diaspora:**
 - ~7.5 lakh Indians live and work in Qatar (a major remittance source).
- 3. High-Level Ties:**
 - Strong personal rapport between PM Modi and Emir Sheikh Tamim bin Hamad Al Thani.
 - Bilateral trade and investment linkages are significant.
- 4. Geopolitical Significance:**
 - Qatar hosts major U.S. military bases.
 - Israel's strike signals new vulnerabilities for Gulf states.

Why Has India Stayed Largely Silent on Gaza?

- **Strategic Balancing:** India values defence and technology ties with Israel (e.g., drones, missile defence).
- **Counter-Terrorism Lens:** India has often framed Hamas in the context of terrorism, avoiding direct criticism of Israel.
- **Domestic Political Calculus:** Government avoids alienating pro-Israel constituencies.
- **Yet Some Signals:** Voting for UNGA's two-state solution resolution (Sept 2025) indicates India does not want to drift away from Arab consensus.

Implications for India's West Asia Policy

1. Energy & Diaspora-Centric Diplomacy: Gulf states remain vital for India's energy security and expatriate livelihoods.
2. Shift Towards Pragmatism: India's statements vary by bilateral stakes rather than consistent principles.
3. Geopolitical Pressures: Saudi-Pakistan mutual defence pact, OIC condemnation of Israel, and rising Gulf insecurity may push India to recalibrate.
4. Maintaining Balance: India must continue the delicate balance between Israel (defence, tech, counter-terrorism) and Arab states (energy, diaspora, trade).

Static Linkages

- India–Qatar Relations: LNG supplier, diaspora.
- UN Charter Principles: Sovereignty, territorial integrity.
- OIC & Arab League: Important platforms shaping West Asia politics.
- India's West Asia Policy: Balancing Israel and Arab Gulf.

Conclusion

India's sharp criticism of the Doha strike underscores that energy security, diaspora welfare, and bilateral stakes often outweigh abstract principles in foreign policy. While India remains silent on Gaza to preserve its Israel ties, its strong response on Qatar shows that New Delhi's West Asia policy is increasingly pragmatic and transactional, guided by national interests rather than uniform values.

UPSC Prelims Practice Question

Ques: Consider the following statements regarding India-Qatar relations:

1. Qatar is a major LNG (Liquefied Natural Gas) supplier to India.
2. India and Qatar signed a defence cooperation agreement in 2008.
3. India-Qatar relations are limited only to energy trade.

Which of the above statements are correct?

- (a) 1 and 2 only (b) 2 and 3 only (c) 1 and 3 only (d) 1, 2 and 3 **Ans: a)**

UPSC Mains Practice Question

Ques: India's condemnation of Israel's strike on Doha reflects transactional diplomacy rather than principle-based foreign policy." Critically analyse in light of India's West Asia policy. **(150 Words)**

India needs more focus to reach SDG 3, a crucial goal

In June this year, India secured its best-ever position in the Sustainable Development Goals (SDG) Index, ranking 99 out of 167 nations in the 2025 edition of the SDG Report. This marked a significant improvement from its rank of 109 in 2024, reflecting steady progress since 2021. India has demonstrated advancement in areas such as access to basic services and infrastructure. Yet, the report also flagged pressing challenges in key sectors, particularly health and nutrition, where progress has been uneven, especially in rural and tribal communities.

There is still ground to be covered

In this backdrop, it is critical to ponder over SDG 3. Its goal is to “ensure healthy lives and promote well-being for all at all ages”, and is one of the most crucial, yet demanding, goals in India’s SDG journey. It encompasses specific targets that India has committed to achieve by 2030. Despite gains in some areas, the overall trajectory indicates that India is not on track in most targets. For example, the Maternal Mortality Ratio (MMR) – the number of mothers dying after childbirth per 100,000 live births – stands at 97 deaths per 100,000 live births, higher than the 2030 target of 70.

Even the under-five mortality rate remains at 32 deaths per 1,000 live births against the target of 25. In developed countries, it ranges between two and six deaths. Life expectancy now is only 70 years, falling short of the target of 73.63 years. Out-of-pocket health-care expenditure continues to burden families at 13% of total consumption, nearly double the targeted 7.83%. Even immunisation coverage, though commendably high at 93.23%, has not yet reached the universal target of 100%.

There are multiple reasons for these gaps. They include, first, lack of access to quality health care partially due to poor infrastructure and economic factors; second, non-economic factors such as poor nutrition, hygiene and sanitation and other lifestyle choices and, third, cultural



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Compulsory health education in schools is one measure that can help close the gap

practices and stigma around physical and mental health. These cultural practices and limited awareness often prevent communities from accessing even the health-care services available to them.

If India is to accelerate progress on SDG Goal 3, a three-pronged approach is essential and one that focuses on treatment and prevention of diseases. The first is providing Universal Health Insurance to the population. World Bank studies show that countries with robust insurance systems have lowered catastrophic health-care expenditure while ensuring greater equity in access. The second is to have high-quality primary health centres across the country and coordination of primary, secondary and tertiary care.

The World Health Statistics 2022 by the World Health Organization highlights that strong primary systems help in detecting diseases earlier, reducing hospitalisation costs, and achieving better long-term outcomes. This will also require harnessing the transformative potential of digital health tools. Telemedicine and integrated digital health records can bridge access gaps, especially in rural and underserved regions. Evidence from the Lancet Digital Health Commission shows how digital platforms have improved maternal health care and vaccination tracking in several low and middle-income countries, offering lessons that India can adapt.

Health education at the school level

Prevention of diseases is more cost-effective than treating them. To prevent diseases, we need to provide health education to all schoolchildren. Children need to be educated about healthy nutrition, good hygiene and sanitation, reproductive health, road safety, and on mental health topics.

At this young age, they need to improve their health behaviour and not just their knowledge. The health habits they develop at this age will be maintained as they grow to be adults. When girls

become mothers, they will be more educated about their health and advocate this for themselves and their family. Over the long term, the school health education initiative has the potential to reduce MMR ratio, under-five mortality and deaths due to road accidents. At the same time, it can increase life expectancy and immunisation rates.

Finland’s school-based health reforms in the 1970s, which wove lessons on nutrition, hygiene and lifestyle into the curricula, played a central role in reducing cardiovascular disease rates in the decades that followed. In Japan, compulsory health education has been linked to improved hygiene practices and longer life expectancy. A structured and progressive curriculum in India can achieve similar results.

Need for concerted actions

Therefore, closing the SDG gap requires action by policymakers to individual actions. Policymakers need to embed health education in school curricula while simultaneously investing in universal health coverage and primary health care.

All parents have an important role to play in the health education of youth. They can review their child’s school curriculum and determine whether topics on physical, mental and social health are being covered. If not, they should push for it by communicating this to the department of education.

India’s improved SDG ranking is encouraging. But it should not obscure the reality that only 17% of global SDG targets are currently on track to be achieved by 2030. Educating its youth about healthy behaviour, supported by stronger health-care systems, can act as the foundation for sustainable progress. And while 2030 is an important milestone to reach, the true vision lies further ahead – building a healthier and stronger India. A government that devotes its attention to embedding health education in school curricula can help achieve the goal of a Viksit Bharat 2047.

GS. Paper 02 – Social Justice

UPSC Mains Practice Question: Despite progress in the SDG Index, India is off-track in achieving SDG 3. Critically examine the reasons and suggest a comprehensive strategy to accelerate progress. (150 Words)

Context :

- ❖ SDG 3: “Ensure healthy lives and promote well-being for all at all ages”.
- ❖ India’s 2025 SDG Index rank: 99/167, up from 109 in 2024.

India’s recent improvement in the Sustainable Development Goals (SDG) Index—ranking 99 out of 167 countries in 2025—shows steady progress in access to basic services and infrastructure. However, SDG 3, which aims to “ensure healthy lives and promote well-being for all at all ages,” remains a critical challenge. Despite incremental gains, key health indicators such as maternal mortality, under-five

mortality, life expectancy, and out-of-pocket health expenditure show India is off-track for its 2030 targets.

Prelims relevance: SDG Index ranking, SDG 3 targets, key health indicators, India's current status.

Current Status & Challenges

1. Maternal Mortality Rate (MMR):

- 97 deaths per 100,000 live births vs. 2030 target of 70.

2. Under-Five Mortality Rate (U5MR):

- 32 per 1,000 live births vs. target of 25. Developed countries: 2–6.

3. Life Expectancy:

- 70 years vs. target of 73.63 years.

4. Out-of-Pocket Expenditure:

- 13% of household consumption vs. target 7.83%.

5. Immunisation Coverage:

- 93.23% vs. 100% universal target.

Indicator	Current Value	SDG Target (2030)	Notes
Maternal Mortality Ratio	97/100,000	70	Worse in rural & tribal areas
Under-5 Mortality Rate	32/1,000	25	Developed nations: 2–6
Life Expectancy	70 years	73.63 years	Improving slowly
Out-of-Pocket Expenditure	13%	7.83%	Economic burden on households
Immunisation Coverage	93.23%	100%	Universal coverage yet to be achieved

Challenges include:

- Poor health infrastructure, especially in rural and tribal areas.
- Non-economic factors: malnutrition, hygiene, sanitation, lifestyle choices.
- Cultural and social barriers: stigma around mental and reproductive health.
- Limited awareness preventing effective utilisation of available services.

Proposed Three-Pronged Strategy**1. Universal Health Insurance**

- Rationale: Reduces catastrophic out-of-pocket expenditure, ensures equitable access.
- Global Evidence: Countries with robust insurance systems show lower catastrophic health spending.

2. Strengthening Primary Health Care

- High-quality primary health centres (PHCs) integrated with secondary and tertiary care.
- Digital Health Tools: Telemedicine, integrated electronic health records to bridge rural access gaps.
- Evidence: WHO 2022 data and Lancet Digital Health Commission report show digital interventions improve maternal health, vaccination tracking, and disease detection.

3. Health Education at School Level

- Focus Areas: Nutrition, hygiene, sanitation, reproductive health, mental health, road safety.
- Rationale: Early intervention shapes lifelong health behaviour.
- Global Lessons:
 - Finland (1970s): School-based health reforms reduced cardiovascular diseases over decades.
 - Japan: Compulsory health education linked to improved hygiene and longer life expectancy.

Static Context

1. SDG 3 Targets (2030): Maternal mortality, under-five mortality, life expectancy, immunisation coverage, universal health coverage.
2. Current Indian Health Programs Relevant to SDG 3:
 - Ayushman Bharat (Health and Wellness Centres + PMJAY)
 - National Rural Health Mission (NRHM)
 - Immunisation programs (Mission Indradhanush)

3. Global Benchmarks: Life expectancy in developed countries ~80 years, U5MR <6 per 1,000 live births.

Analysis for Mains

- Gap Analysis: India's SDG ranking improvement is commendable but masks inequities—especially rural, tribal, and economically weaker sections.
- Policy Implication: Achieving SDG 3 requires preventive, promotive, and curative strategies simultaneously.
- Long-Term Approach: Health education for children ensures intergenerational benefits, reduces maternal and child mortality, and improves overall life expectancy.
- Investment in Health Systems: Adequate funding for PHCs, digital infrastructure, and insurance schemes is critical.
- Equity Focus: Policies must address socio-economic and cultural barriers for comprehensive health coverage.

Conclusion

India's journey toward SDG 3 illustrates the need for holistic action combining universal health coverage, strong primary care, and health education. While the 2030 targets are ambitious, embedding health education in schools, expanding insurance coverage, and leveraging digital health tools can provide sustainable progress. Ultimately, achieving SDG 3 is not just about meeting numerical targets—it is about building a healthier, stronger India, paving the way for a Viksit Bharat 2047