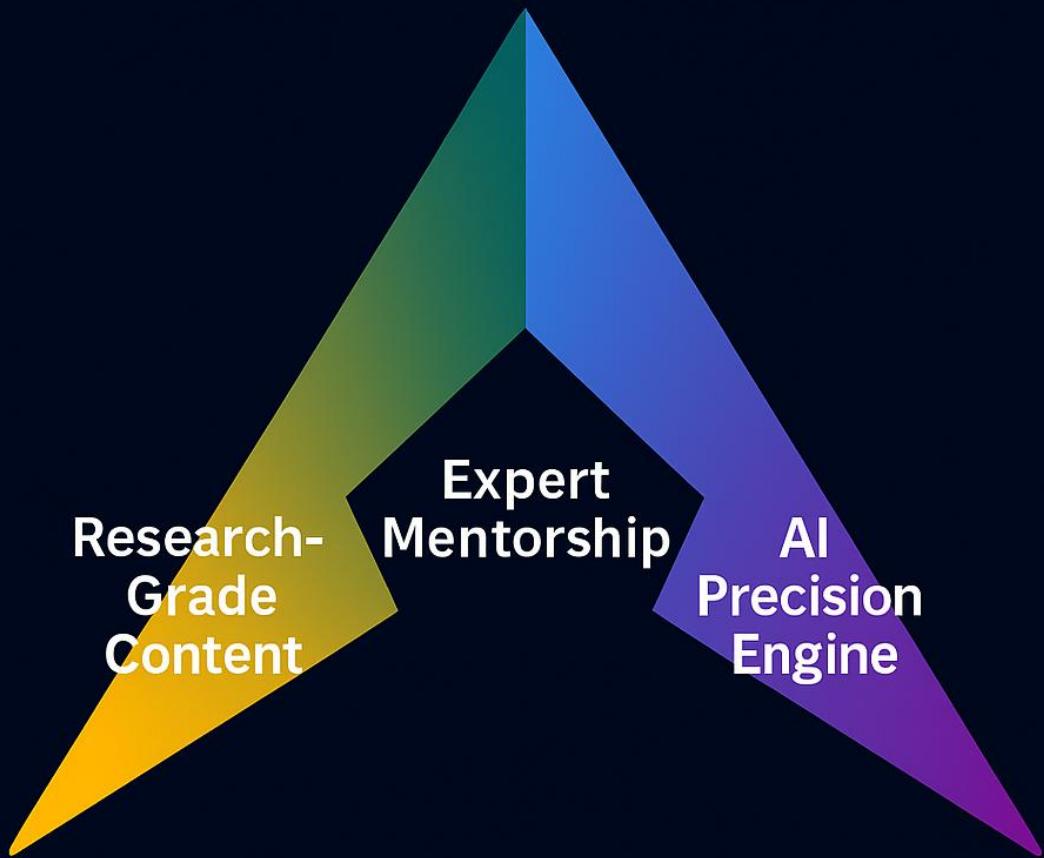


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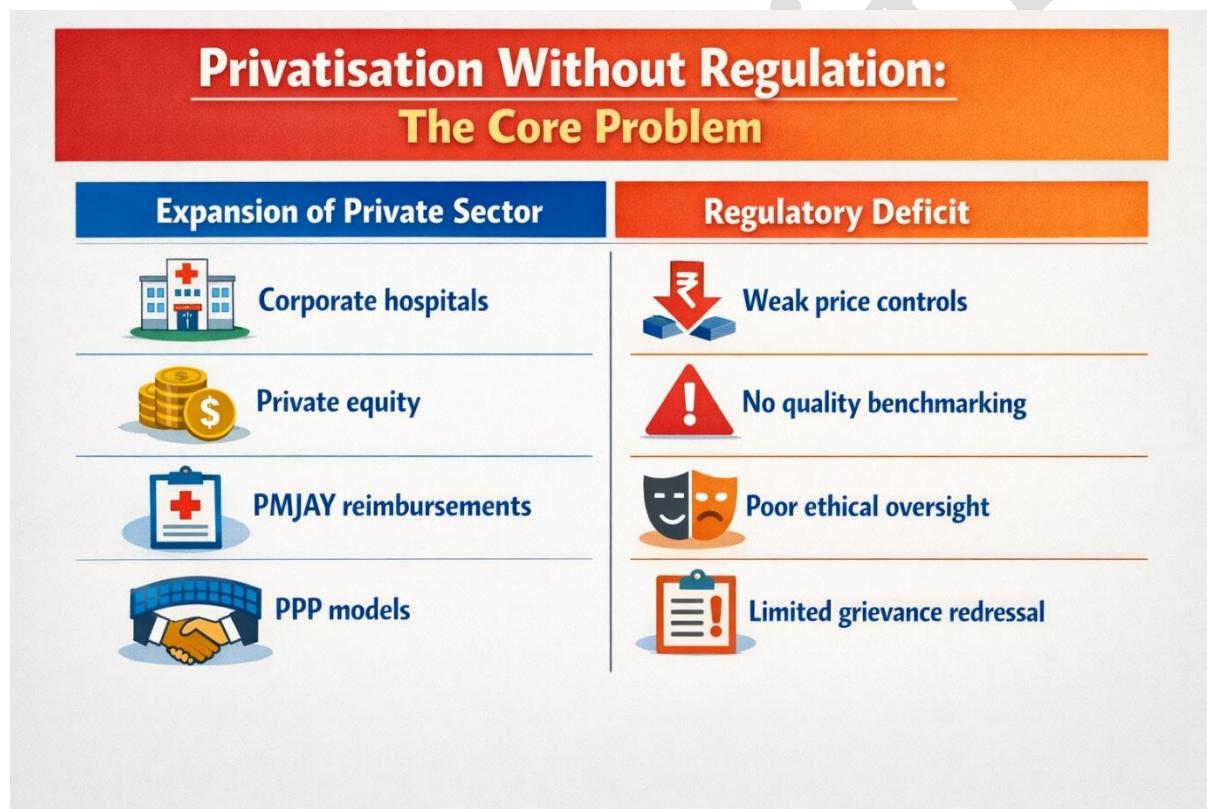
GS Paper II: Current Affairs

1. Privatisation, Policy Gaps and the Crisis of Public Health in India

a. Introduction

India's public health system is experiencing a deep and persistent structural crisis. This crisis exists despite notable advances in medical technology, rapid expansion of healthcare infrastructure, and the availability of skilled medical professionals. Paradoxically, the burden of disease, inequality in access to healthcare, and preventable suffering continue to rise across large sections of the population.

The roots of this paradox lie not merely in shortages of doctors or hospitals, but in chronic public underinvestment, unchecked privatisation, weak regulatory capacity, and policy failures far beyond the health sector itself. Health outcomes in India are increasingly shaped by economic choices, social inequalities, and governance priorities. Consequently, public health has emerged not only as a medical concern, but as a central issue of governance, social justice, and human development.



b. Constitutional and Conceptual Foundations of Public Health

The Indian Constitution places a clear responsibility on the State to safeguard public health.

Constitutional Mandate

- Article 21 (Right to Life)**
The judiciary has consistently interpreted the Right to Life to include the right to health and medical care, transforming health from a discretionary welfare measure into a justiciable right.
- Article 47 (Directive Principles of State Policy)**
The State is directed to improve nutrition, public health, and living standards, establishing health as a core governance obligation.

- **Federal Dimension of Health**
Since health is located in the State List, outcomes depend on cooperative federalism, coordinated financing, and institutional capacity at the sub-national level.
- **Global Commitments**
India's commitment to Sustainable Development Goal 3 reinforces health as an essential component of inclusive and sustainable development.

c. Structural Weaknesses in India's Public Health System

i. Chronic Public Underfunding

A central weakness of India's health system is persistently low public expenditure, which remains close to two percent of GDP, significantly lower than many comparable middle-income countries.

- **Overburdened Public Infrastructure**
Government hospitals remain overcrowded, with shortages of doctors, nurses, diagnostic facilities, and essential medicines.
- **Human Resource Stress**
Poor working conditions and excessive workloads contribute to burnout and attrition among healthcare personnel.
- **Neglect of Primary and Preventive Care**
Primary healthcare remains weak, forcing hospitals to function largely as crisis-management centres rather than systems focused on prevention and early intervention.

ii. Unchecked Privatisation of Healthcare

India follows a mixed healthcare model, but over the past three decades the balance has shifted decisively towards private provision.

- **Expansion of Private Sector Presence**
Corporate hospitals, private equity investment, public-private partnerships, and insurance-based models such as Ayushman Bharat-PMJAY have expanded rapidly.
- **Regulatory Deficits**
In the absence of strong regulation, treatment decisions are frequently influenced by profit incentives rather than medical necessity.
- **Financial Consequences for Households**
Unnecessary diagnostics and procedures inflate costs, while high out-of-pocket expenditure continues to push millions into poverty annually.
- **Public Funds without Public Accountability**
Increasing channelling of public funds to private providers has not been matched by effective regulation of pricing, quality, or ethical standards.

iii. Policy Failures Beyond the Health Sector

A large share of India's disease burden is policy-induced rather than biological.

- **Lifestyle and Regulatory Failures**
Non-communicable diseases are linked to promotion of ultra-processed foods and sedentary lifestyles.
- **Weak Control of Harmful Substances**
Cancer burdens are exacerbated by inadequate regulation of tobacco and alcohol.
- **Environmental Governance Failures**
Respiratory illnesses reflect poor air pollution control, while water- and sanitation-related diseases arise from unsafe water and inadequate sanitation.
- **Social and Infrastructure Deficits**
Maternal anaemia persists due to nutritional neglect and gender inequality; road injuries reflect weak transport planning; tuberculosis thrives in conditions of poverty, undernutrition, and poor housing.

d. Social Inequalities in Health Outcomes

Health outcomes in India are profoundly shaped by class, caste, gender, religion, and geography.

- **Delayed Access to Care**

Poor households often seek treatment late, when disease has already progressed to advanced stages.

- **Medical Poverty Trap**

High medical costs force families into debt or asset sales, reinforcing the cycle between illness and poverty.

- **Health as Privilege**

Access to timely and quality healthcare increasingly resembles a privilege rather than a universal right.

e. Impact on the Healthcare Workforce

i. Community-Level Health Workers

Accredited Social Health Activists and similar workers face low remuneration, job insecurity, and excessive workloads despite being central to preventive and outreach services.

ii. Doctors and Medical Education

- **Commercial Pressures**

High costs of private medical education—often exceeding forty to fifty lakh rupees—create financial stress.

- **Distorted Incentives**

These pressures incentivise commercialisation of medical practice.

- **Erosion of Ethical Training**

Medical training increasingly prioritises examination performance over clinical judgment, ethics, and social medicine.

f. Disease as a Social and Political Phenomenon

The nineteenth-century physician Rudolf Virchow argued that medicine is a social science and that disease arises from social and political conditions.

- **Social Determinants of Health**

Poverty, hunger, poor housing, lack of education, and political exclusion shape illness patterns as decisively as microbes or genetics.

- **Limits of Clinical Medicine Alone**

Sanitation, nutrition, housing, and education function as medical interventions as much as drugs or surgery.

g. Ethical Role of Doctors in Society

Doctors occupy a unique ethical position due to their proximity to suffering and the public trust they command.

- **Beyond Individual Patient Care**

Medical ethics includes concerns of justice, equity, and prevention of avoidable suffering.

- **Social Responsibility**

Silence in the face of structural injustice cannot be equated with neutrality.

- **Historical Role as Reformers**

Historically, doctors have used professional authority to expose conditions producing illness—a role that remains relevant today.

h. Treating Symptoms Versus Addressing Causes

India's health system can be understood through the analogy of an overflowing bucket.

- **Water Filling the Bucket** – rising disease burden
- **Mops** – diagnostics and treatment
- **Holes in the Bucket** – underfunding, privatisation, policy neglect
- **Open Tap** – political and economic decisions that generate disease

i. Way Forward

- **Increase Public Health Expenditure**
Raise spending to 2.5–3 percent of GDP, with emphasis on primary and preventive care.
- **Strengthen the Health Workforce**
Improve remuneration, working conditions, and institutional support.
- **Regulate Private Healthcare**
Enforce robust price, quality, and ethical regulation, especially where public funds are involved.
- **Health-in-All-Policies Approach**
Integrate health considerations into food systems, pollution control, housing, sanitation, nutrition, and education policies.

Conclusion

India's public health crisis is not simply a consequence of inadequate hospitals or insufficient doctors. It reflects deeper failures of governance, policy priorities, and social commitment. Chronic underfunding, unchecked privatisation, and neglect of social determinants have weakened the foundations of public health. Sustainable improvement demands political accountability, ethical responsibility, and a decisive shift from treating disease after it occurs to preventing it by addressing its structural causes.

GS Paper II: Current Affairs

2. Skilling in India: Structural Challenges and the Way Forward

a. Introduction

Skilling occupies a central position in the transformation of population into productive human capital. For a young country like India, effective skilling is essential to generate employment, raise labour productivity, and sustain long-term economic growth. Over the past decade, India has invested heavily in building one of the world's largest skilling ecosystems through national missions, sector-specific programmes, and an extensive institutional network.

However, despite this expansion, formal vocational training has not emerged as a first-choice or aspirational pathway for Indian youth. Employability outcomes remain uneven, wage gains are modest, and industry confidence in publicly funded skilling systems continues to be limited. This persistent gap between scale and outcomes points to structural weaknesses in India's skilling architecture, rather than merely to problems of implementation.

b. Conceptual Foundations of Skilling

Skilling refers to job-oriented training that equips individuals with practical, industry-relevant competencies required for productive employment.

Role of Skilling in Development

- **Complement to Formal Education**

Skilling complements general education by enabling smoother transition from school to work and supporting lifelong learning, reskilling, and upskilling.

- **Human Capital Formation**

Human capital theory emphasises that skills enhance productivity and wages, making skilling central to inclusive and sustainable growth.

- **Demographic Dividend Logic**

A youthful population becomes a demographic dividend only when it is employable; otherwise, it risks becoming a demographic burden.

- **Policy Recognition**

The National Education Policy (NEP) 2020 explicitly seeks to integrate vocational education with mainstream schooling and higher education, recognising skilling as a core development function.

India's Skilling Paradox: Expansion without Credibility



c. Current Status of Skilling in India

Despite large-scale interventions, only a small fraction of India's workforce has received formal vocational training. The overwhelming majority of workers remain in the informal sector, where certified skills command limited recognition or wage premiums.

While flagship programmes and institutions exist, outcomes vary widely across regions, sectors, and training providers. The central challenge, therefore, is not the absence of schemes or resources, but weaknesses in quality, credibility, and labour-market linkage.

d. Why Skilling Is Not a First-Choice Pathway

i. Low Aspirational Value

Formal academic degrees continue to carry high social status and are perceived as offering long-term mobility and security. In contrast, skill certifications do not reliably guarantee employment or higher wages.

For many families, vocational training is viewed as a second-best option, chosen only when academic routes are blocked. Importantly, this preference is rational rather than cultural, as skilling has not consistently delivered visible economic returns.

ii. Weak Employability and Wage Outcomes

Formal skill training does not consistently translate into stable employment, higher earnings, or clear career progression.

- **Informal Absorption**

Even trained candidates are often absorbed into informal jobs where certification is neither recognised nor rewarded.

- **Limited Quality-of-Life Gains**

When skilling does not lead to meaningful income or security improvements, trust in the system erodes.

e. Industry Disconnect from Public Skilling Systems

Although industry stands to benefit most from a skilled workforce, its engagement with public skilling initiatives remains weak.

- **Low Trust in Public Certifications**

Employers often do not treat public certifications as reliable hiring signals.

- **Alternative Hiring Practices**

Firms rely on internal training, informal referrals, or private and global certifications with clearer standards.

- **Limited Ownership**

Industry participation in curriculum design, assessment, and certification remains shallow, as firms are neither sufficiently incentivised nor meaningfully obligated to shape outcomes.

f. Structural Failure of Sector Skill Councils

Sector Skill Councils (SSCs) were conceived as industry-led bodies responsible for defining occupational standards, ensuring training relevance, and anchoring employability outcomes.

In practice, however, several structural flaws persist:

- **Fragmented Responsibilities**

Training, assessment, certification, and placement are handled by different entities.

- **Weak Accountability**

No single institution is responsible for whether trained candidates actually find employment.

- **Procedural Certification**

Certification often becomes a paperwork exercise rather than a credible signal of competence.

g. Importance of Credible Certification

Globally, effective skilling systems are built around trusted, industry-led certification frameworks.

- **Reputation-Based Value**

The value of certification depends on the credibility of the certifying body.

- **Rigorous and Graded Assessment**

Assessments are robust, transparent, and often graded rather than binary.

- **Clear Labour-Market Signalling**

Employers clearly understand what different certification levels signify.

Crucially, trust emerges when certification outcomes have consequences for the institution issuing them, not only for the candidate receiving them.

h. Apprenticeships as a Bridge Between Training and Employment

Apprenticeships combine classroom learning with real workplace exposure, making them one of the most effective skilling pathways.

- **Reduced Skill Mismatch**

Training occurs in real production settings, aligning skills with actual demand.

- **Lower Employer Risk**

Apprenticeships reduce recruitment and onboarding costs for firms.

- **Current Constraints**

Adoption remains uneven, especially among micro, small, and medium enterprises, due to regulatory and administrative burdens.

Strengthening apprenticeship frameworks can significantly improve transitions from training to employment, particularly in labour-intensive and emerging sectors.

i. Core Structural Problem: Absence of Accountability

At the heart of India's skilling challenge lies a failure of accountability.

- **Input-Focused Incentives**

Institutions are rewarded for enrolments and certifications rather than employment outcomes.

- **Outcome Blindness**

Wage gains, job retention, and career progression are rarely tracked or incentivised.

- **Erosion of Trust**

When incentives are disconnected from outcomes, both youth and industry lose confidence.

j. Way Forward

- **Integrate Skilling with Education**

Embed vocational components within degrees and diplomas, supported by flexible entry-exit options and credit transfer mechanisms.

- **Reform Sector Skill Councils**

Link funding and authority to placement outcomes and employer adoption of standards.

- **Deepen Industry Co-Ownership**

Incentivise industry participation in curriculum design, assessment, and hiring against defined standards.

- **Expand Apprenticeships**

Simplify compliance, extend coverage to MSMEs, and align training with future-oriented sectors.

k. Ethical and Social Dimensions of Skilling

Beyond economics, skilling has important ethical implications.

- **Dignity of Labour**

Non-degree pathways must offer respect, mobility, and security.

- **Social Justice**

Equal opportunity for skilled youth, regardless of social background, is essential.

- **Ethical Governance**

Public institutions must be accountable for outcomes, not merely intentions.

Conclusion

India's skilling challenge is not one of insufficient programmes, but of weak credibility and broken pathways from training to employment. Unless skilling is integrated into education, genuinely owned by industry, and anchored in accountability for outcomes, it will remain peripheral to economic transformation. Reimagining skilling as a central pillar of human capital development is essential for inclusive growth and for effectively realising India's demographic potential.

GS Paper III: Security

3. India–China Boundary Dispute and the Line of Actual Control

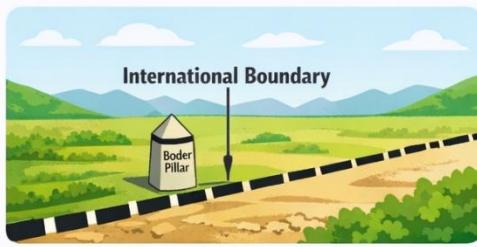
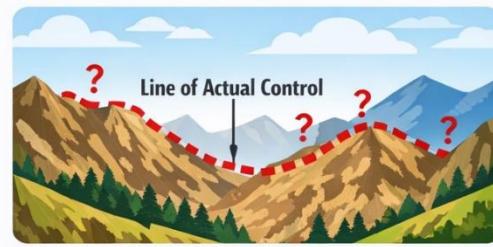
a. Introduction

The India–China boundary dispute remains one of the most complex and consequential territorial disagreements in Asia. At its core lies the absence of a mutually agreed and clearly demarcated boundary, with the situation on the ground being managed through the Line of Actual Control (LAC).

Far from being a settled arrangement, the LAC is itself contested, undefined in several sectors, and based on differing national perceptions.

In recent years, China has increasingly leveraged this ambiguity as a strategic instrument. By exploiting competing perceptions of the LAC, it has sought to exert pressure on India through calibrated actions that remain below the threshold of full-scale war. Understanding the historical origins of the dispute, the evolution of the LAC, and the strategic logic underlying China's behaviour is essential for assessing India's security challenges and foreign policy responses.

Boundary vs Line of Actual Control (LAC)

International Boundary	Line of Actual Control (LAC)
<ul style="list-style-type: none">● Mutually agreed● Legally demarcated● Fixed & final 	<ul style="list-style-type: none">● Not mutually agreed● Not demarcated on ground● Temporary measure 

KEY TAKEAWAY

LAC is not a boundary; it is a management mechanism, not a settlement.

b. Historical Origins of the Boundary Dispute

i. The McMahon Line and the Eastern Sector

- **Simla Conference (1913–14)**

The origins of the eastern sector boundary lie in the Simla Conference between British India, Tibet, and China. The boundary between India and Tibet was formally discussed, delineated on maps, and based on the principle of the highest watershed, a widely accepted norm in international boundary-making.

- **China's Objections**

China later rejected the Simla Convention. However, its objections related primarily to the status of Tibet, not to the physical alignment of the India–Tibet boundary itself.

- **India's Consistent Position**

India has consistently maintained that the McMahon Line is a legally valid and settled boundary in the eastern sector, corresponding broadly to present-day Arunachal Pradesh.

ii. China's Control over Tibet

- **Timeline of Control**

China established effective political and military control over Tibet only in 1950, decades after the Simla Conference.

- **Treaty-Making Authority of Tibet**

At the time the boundary was negotiated, Tibet exercised treaty-making authority, while China did not exercise administrative control over Tibetan territory.

- **Implication for Boundary Legitimacy**

This historical context strengthens India's legal position that the boundary agreement was legitimate and binding.

c. Emergence of the Line of Actual Control

i. Post-1962 Developments

- **Aftermath of the 1962 War**

Following the 1962 India–China war, the boundary was left undefined and undemarcated.

- **Chinese Proposal of the LAC**

China proposed a Line of Actual Control based on its claimed positions as of 7 November 1959, supported by a small-scale and imprecise map.

- **India's Rejection**

India rejected this formulation because it would legitimise China's occupation of Aksai Chin and because China's claim line had shown a tendency to shift westward over time.

ii. Acceptance of the LAC as a Practical Concept

- **1993 Peace and Tranquillity Agreement**

India accepted the concept of the LAC in a practical sense through the 1993 Agreement on the Maintenance of Peace and Tranquillity.

- **Nature of Acceptance**

This acceptance was not an endorsement of a Chinese-defined boundary, but a temporary confidence-building arrangement.

- **India's Core Position**

India has never accepted a frozen or unilaterally defined LAC based on Chinese claims.

d. Sector-wise Nature of the Boundary Dispute

i. Western Sector: Ladakh

- **Most Contested Sector**

The western sector remains the most sensitive and militarily contested part of the boundary dispute.

- **Chinese Claim Practices**

China asserts that the LAC broadly coincides with its shifting claim line, even though its military positions expanded beyond earlier claims after 1962.

- **Recent Developments**

Restrictions on Indian patrolling, incomplete disengagement, and creation of buffer zones in areas traditionally accessed by Indian forces have altered ground realities.

- **Strategic Impact**

These developments have increased mistrust and hardened India's security posture in Ladakh.

ii. Middle Sector: Himachal Pradesh and Uttarakhand

- **Relative Stability**

The middle sector has remained comparatively stable and less contentious.

- **Limited Claims**

China has raised limited claims south of the watershed in some pockets.

- **Confidence-Building Measures**

Both sides have undertaken map exchanges and CBMs, preventing escalation despite unresolved differences.

iii. Eastern Sector: Arunachal Pradesh

- **Earlier Acceptance**

China earlier accepted that the LAC broadly followed the McMahon Line.

- **Recent Shift in Chinese Posture**
China now refers to Arunachal Pradesh as “Zangnan” or South Tibet and undertakes symbolic actions such as renaming places and objecting to Indian leaders’ visits.
- **Ground Reality**
India retains effective administrative and military control over almost the entire region.

e. China’s Strategy of Ambiguity and Grey-Zone Tactics

i. Deliberate Ambiguity

- **Avoidance of Clarification**
China has consistently avoided clarifying the alignment of the LAC and resisted map exchanges, particularly in the western sector.
- **Strategic Utility**
Ambiguity allows China to contest territory flexibly, adjust claims over time, and avoid formal violation of agreements.

ii. Grey-Zone Operations

- **Nature of Tactics**
Grey-zone tactics include patrol intrusions, infrastructure construction, psychological signalling, and administrative measures.
- **Strategic Objective**
The aim is to incrementally alter ground realities while avoiding escalation into open conflict.

f. Collapse of LAC Clarification Efforts

- **Early Agreements**
Both sides had agreed to clarify the LAC through mutual exchange of maps.
- **Partial Progress**
Limited progress was made in the middle sector.
- **Chinese Refusal**
China refused to exchange maps in the western sector, leading to a complete stall by the mid-2000s.
- **Strategic Consequence**
Ambiguity evolved from a temporary confidence-building measure into a strategic advantage for China.

g. Changing Chinese Approach to Sovereignty

- **Earlier Separation**
Earlier Chinese positions distinguished between managing the LAC and negotiating final sovereignty.
- **Recent Shift**
China now increasingly links LAC-related issues with territorial sovereignty and its declared core interests.
- **Impact on Negotiations**
This shift has hardened China’s posture and reduced space for pragmatic compromise.

h. India’s Response

- **Firm Rejection of Claims**
India has consistently rejected Chinese claims over Arunachal Pradesh.
- **Military Preparedness**
India has strengthened border infrastructure, surveillance, and force posture along the LAC.

- **Diplomatic Position**
India emphasises that peace and tranquillity along the border are prerequisites for normal bilateral relations.

i. Key Safeguard: The 2005 Political Parameters Agreement

- **Core Principle**
The 2005 Agreement stipulates that any boundary settlement must safeguard the interests of settled populations.
- **Strategic Importance**
This protects areas such as Tawang and reinforces the political and demographic reality of Arunachal Pradesh within India.

j. Way Forward

- **Diplomatic Engagement**
Continue dialogue while firmly resisting unilateral changes and pressing for restoration of the status quo ante.
- **Military Deterrence**
Maintain credible deterrence through improved infrastructure, logistics, and surveillance.
- **Strategic Balancing**
Reduce asymmetries with China and deepen partnerships where appropriate, without compromising strategic autonomy.

Conclusion

The India–China boundary dispute persists due to the absence of a clearly defined boundary and China’s calculated use of ambiguity surrounding the Line of Actual Control. Through grey-zone tactics, China seeks to incrementally reshape ground realities while avoiding outright war. For India, managing this challenge requires firmness on sovereignty, preparedness along the border, and sustained diplomatic engagement grounded in strategic realism rather than misplaced optimism.

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While every effort has been made to balance depth with brevity, please keep the following in mind:

1. Orientation & Purpose

This compilation is curated primarily from the UPSC Mains perspective — with emphasis on conceptual clarity, analytical depth, and interlinkages across GS papers.

However, the PrepAlpine team is simultaneously developing a dedicated Prelims-focused Current Affairs Series, designed for:

- factual coverage
- data recall
- Prelims-style MCQs
- objective pattern analysis

This Prelims Edition will be released separately as a standalone publication.

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Some sections may feel shorter or longer depending on topic relevance and news density. To fit your personal preference, you may freely resize or summarize sections using any LLM tool (ChatGPT, Gemini, Claude, etc.) at your convenience.

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- lists
- tables
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