



GALLANT IAS ACADEMY

QUARTERLY

DECODED

Social Issues

Current Affairs Magazine
May to July 2026

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SECTION 1

Demography, Migration & Urbanisation

01 Sample Registration System Statistical Report 2024

Sample Registration System (SRS) Statistical Report 2024 released [Hindustan Times](#)

PRELIMS POINTERS

The **Sample Registration System (SRS)** is a large-scale demographic survey by the **Office of the Registrar General & Census Commissioner, India (ORGI)**. It estimates the birth rate, death rate, **infant mortality rate (IMR)** and fertility and mortality indicators. The 2024 report was published in **May 2026**.

Key findings

- **IMR fell to 24 per 1,000 live births** in 2024, from 30 in 2019, a substantial improvement in infant survival.
- The decline is linked to the expansion of **institutional deliveries**, though concerns remain over post-natal care, nutrition and quality of care.
- About **45.5% of deaths** in 2024 occurred **without medical attention** from a trained professional, showing continuing gaps in access to healthcare.
- The report gives crude birth rate, crude death rate and IMR at the **Natural Division** level, allowing regional comparison.

02 World Cities Report 2026

3.4 billion affected by housing crisis worldwide; 13 per 10,000 homeless in India: Report [Hindustan Times](#)

PRELIMS POINTERS

The **World Cities Report 2026**, released by **UN-Habitat**, examines the global housing crisis and the challenges of rapid urbanisation, including homelessness, unaffordable rents and insecure tenure.

Key findings

- **Housing crisis:** About **3.4 billion people** worldwide are affected by some form of housing inadequacy, including homelessness, overcrowding and insecure housing.
- **Homelessness:** About **300 million people** globally experience homelessness.
- **India:** About **13 homeless persons per 10,000** population, reflecting the continuing urban housing deficit.
- **Affordability:** Rising land prices, construction costs and rents are putting adequate housing out of reach of low-income groups.
- **Urban inequality:** The crisis is closely linked to poverty, informal settlements, poor basic services and spatial segregation.

03 World Migration Report 2026

India-UAE, India-US among top 10 migration corridors in 2024: UN [Hindustan Times](#)

PRELIMS POINTERS

The **World Migration Report** is the flagship report of the **International Organization for Migration (IOM)**, covering migration patterns, migrant workers, displacement and remittances. The 2026 edition uses estimates for **mid-2024**.

Key findings

- **304 million** international migrants by mid-2024, about **3.7%** of the world's population.
- **India-UAE** is among the world's largest corridors, with about **3.6 million** Indian-born migrants in the UAE; **India-US** has about **3 million**.
- Other major Indian corridors include **India-Saudi Arabia**, showing the Gulf's importance for Indian labour migration.
- India is the world's **largest country of origin** of international migrants and its **largest recipient of remittances**.
- **Work** is the main reason for migration, and migrant workers form the majority of international migrants.

MAINS POINTERS

Major issues associated with migration

- 1 **Brain drain:** Outmigration of doctors, engineers and IT professionals creates shortages and lowers returns on public investment in education.
- 2 **Exploitation:** Low-skilled workers may face wage theft, unsafe work, contract violations and trafficking, as seen in parts of the Gulf.
- 3 **Urban pressure:** Higher demand for housing, transport, water, sanitation, health and education in cities such as Mumbai, Delhi and Bengaluru.
- 4 **Informal settlements:** Lack of affordable housing pushes migrants into slums, raising risks of disease, eviction and disasters.
- 5 **Social tensions:** Competition for jobs and services can fuel xenophobia and regionalism.
- 6 **Family disruption and insecurity:** Separation from families, and informal migrants often lack portable social security, healthcare and pensions.

04 UNFPA Demographic Futures Survey 2026

Hopeful about the future, uncertain about family: What young Indians told a UNFPA survey [Down To Earth](#)

PRELIMS POINTERS

The **UNFPA Demographic Futures Survey 2026** surveyed **100,000 internet-connected adults aged 18-39** worldwide, including over **1,700 from India**. The India sample is **not nationally representative**, so its findings are indicative only.

Key findings

- **Optimism:** About **83%** of young Indian respondents felt positive about their future.
- **Insecurity:** **47%** were very worried about conflict, economic insecurity and inequality.
- **Fertility-aspiration gap:** Women aged 18-39 reported an ideal family size of **2.1 children**, yet women aged 35-39 had on average only **1 child**; for men the figures were 2.2 and 1.1.

- **Delayed parenthood:** Nearly **85%** of childless respondents aged 35-39 still wanted to be parents, suggesting low fertility reflects constraints more than rejection of parenthood.
- **Context:** India's **Total Fertility Rate is 1.9** as per the **Sample Registration System**, below the replacement level of 2.1.

SECTION 2

Education

01 Reforming the National Testing Agency

Experts flag need to review and structurally reform the NTA [The Hindu](#)

MAINS POINTERS

Issues with the NTA

- 1 **Weak institutional capacity:** Heavy reliance on outsourced staff and external agencies, with a small permanent cadre, weakens capacity and accountability.
- 2 **Security vulnerabilities:** Paper leaks and unauthorised access have exposed weaknesses in paper setting, printing, transport and digital systems.
- 3 **Over-centralisation** in a small leadership structure weakens checks and specialised oversight.
- 4 **Inadequate grievance redressal** on answer keys, results, normalisation and irregularities.
- 5 **Infrastructure gaps** in testing centres, secure logistics, trained staff and technology.
- 6 **Loss of public trust** after repeated controversies and re-examinations.

Way forward

- 1 **A dedicated NTA law** defining its mandate, powers and accountability.
- 2 **Professionalise the institution** with a permanent, domain-specialised workforce, as recommended by the **2024 Radhakrishnan Committee**, which also sought an expert leadership team.
- 3 **Stronger governance** through an empowered governing body with independent oversight of test audit, ethics, transparency and staffing.

02 Federalism in Higher Education

Negotiating federalism in higher education [The Hindu](#)

MAINS POINTERS

Constitutional basis: Education moved to the **Concurrent List** through the **42nd Amendment (1976)**, while **Entry 66 of the Union List** gives the Union power to coordinate and determine standards in higher education. This shared space lies at the heart of Centre-State friction.

Key issues

- 1 **Centralisation vs State autonomy:** Bodies such as the UGC, AICTE and NTA hold wide regulatory powers.
- 2 **Regulatory conflicts** over Vice-Chancellor appointments, university governance and curricula in State universities.
- 3 **Uniformity vs diversity:** National standards ensure comparability, but excessive uniformity ignores linguistic and socio-economic diversity.
- 4 **Fiscal dependence** of States on centrally sponsored schemes.
- 5 **Uneven regional development** in GER, faculty, research and institutional quality.
- 6 **NEP 2020 implementation:** Multidisciplinary education, the Academic Bank of Credits, multiple entry-exit and the National Credit Framework need close Centre-State coordination.

Way forward

- 1 **Cooperative federalism** through structured consultation.
- 2 **Clear division of powers:** Union authority over standards, with State flexibility in implementation and governance.
- 3 **Inter-governmental platforms** for consultation before major regulatory reforms.
- 4 **Outcome-based funding** linked to research, employability and inclusion.
- 5 **State-specific innovation** in curriculum, skilling, industry partnerships and regional research.

03 India's Transition to a Knowledge Civilisation

India and the next knowledge transition [The Indian Express](#)

MAINS POINTERS

The article argues that the changing global technological landscape gives India a chance to re-emerge as a **producer of ideas, institutions and knowledge systems**, rather than mainly a consumer or adapter of knowledge.

Dimensions of the transition

- 1 **From consumption to creation** of original research, theories, technologies and institutions.
- 2 **Reviving the intellectual tradition** in mathematics, medicine, astronomy, philosophy, linguistics and political thought, linked to modern science.
- 3 **Human capital** becomes a knowledge dividend only with quality education, research capacity and critical thinking.
- 4 **Technology as enabler:** AI, biotechnology, quantum, space and digital platforms.
- 5 **Institutions matter:** Autonomous, excellent and internationally connected universities and research bodies.
- 6 **Global knowledge leadership** using India's talent, diaspora and digital capabilities.

Challenges

- 1 **Low R&D investment** and research intensity.
- 2 **Weak university-industry linkages.**
- 3 **Brain drain** of researchers.
- 4 **Quality disparities** among institutions.
- 5 **Rote learning** that limits creativity.
- 6 **Fragmented knowledge ecosystems.**

Way forward

- 1 **Raise R&D investment** in basic and applied research.
- 2 **Greater autonomy** for universities.
- 3 **Industry-academia partnerships** for innovation and technology transfer.
- 4 **Multidisciplinary education** across sciences, humanities and technology.

04 Three-Language Formula

Language decorum on the three-language formula in CBSE schools [The Hindu](#)

MAINS POINTERS

The **Three-Language Formula (TLF)** was recommended by the **Kothari Commission (1964-66)** and adopted in the **National Policy on Education, 1968**. Under **NEP 2020**, the three languages are chosen by States, regions and students, with **at least two native Indian languages**, and **no language is to be imposed** on any State.

Benefits

- 1 **National integration** through communication across States.
- 2 **Preserves linguistic diversity**, which NEP 2020 explicitly links to multilingualism.
- 3 **Cognitive gains** in communication, flexibility and cultural awareness.
- 4 **Mother-tongue learning**: NEP 2020 recommends the home or regional language as the medium of instruction **until at least Grade 5, and preferably till Grade 8** and beyond, wherever possible.
- 5 **Mobility and employability** across States.
- 6 **Balances Indian identity with global exposure** through access to English and foreign languages.

Issues and challenges

- 1 **Fear of imposition**: Some non-Hindi-speaking States see the policy as favouring Hindi; the 2026 CBSE changes renewed the debate.
- 2 **Federalism concerns**: Education is a Concurrent subject, but language is closely tied to State identity.
- 3 **Curricular burden** of three languages.
- 4 **Teacher and material shortages**, especially in rural schools.
- 5 **Uneven implementation** across States.
- 6 **English proficiency concerns** if instructional time is poorly divided.

Way forward

- 1 **Respect State choice**, in line with NEP 2020's no-imposition principle.
- 2 **A flexible, not uniform, model** suited to regional realities.
- 3 **Invest in multilingual teachers** and digital resources.
- 4 **Reduce exam burden** by focusing on communication rather than rote learning.

05 Education to Employment and Enterprise Standing Committee

High-powered Education to Employment and Enterprise Standing Committee [PIB](#)

PRELIMS POINTERS

The **High-Powered "Education to Employment and Enterprise" Standing Committee**, proposed in the **Union Budget 2026-27**, aims to align education and skilling with emerging jobs and the needs of the services sector. It is chaired by the **CEO, NITI Aayog**, with Union Ministries, selected States, industry and academia.

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Focus areas

- 1 **Bridge the education-employment gap** by aligning curricula with industry needs.
- 2 **Services-sector growth**: Identify high-potential subsectors for jobs and exports.

- 3 **AI readiness:** Assess AI's impact on jobs and recommend reskilling and upskilling.
- 4 **Industry-relevant skilling** through stronger education-skills-employment pathways.
- 5 **Entrepreneurship** beyond job-seeking.
- 6 **Labour-force participation**, including the shift of workers to non-farm sectors.

Why it matters

- 1 **Demographic dividend** depends on converting education into productive work.
- 2 **Skill mismatch** from rapid technological change.
- 3 **AI-driven labour-market change** needs lifelong learning.
- 4 **Services-led growth** supports Viksit Bharat@2047.
- 5 **Education-industry disconnect** between degrees and employability.
- 6 **Centre-State-industry coordination** for a whole-of-ecosystem approach.

Challenges

- 1 **Qualification-skill mismatch** and low employability.
- 2 **Fragmentation** across school, higher education, vocational training and labour institutions.
- 3 **Unequal access** to quality skilling.
- 4 **Technological disruption** from AI and automation.
- 5 **Weak industry-academia links** in curriculum and apprenticeships.
- 6 **Informal work** and poor recognition of skills learnt outside institutions.

Way forward

- 1 **Industry-led curriculum reform.**
- 2 **AI-enabled skilling** with job-skill matching and AI literacy, keeping human-centric skills central.
- 3 **Integrated education-to-work pathways** through vocational education, apprenticeships and career counselling.
- 4 **Entrepreneurship support** through incubation, credit, mentorship and market access.

06 Sakura Science Programme

Indian students visit Japan under the Sakura Science Programme [PIB](#)

PRELIMS POINTERS

- Officially the **Japan-Asia Youth Exchange Program in Science**, run by the **Japan Science and Technology Agency (JST)** since **2014**; India has taken part since **2016**.
- **Exposure:** Short educational visits give students first-hand experience of Japan's science, technology and innovation ecosystem and its culture.
- **Experiential learning:** Supports NEP 2020's emphasis on holistic, experiential education and cross-cultural understanding.
- **2026 cohort:** **56 students and 4 supervisors** from **government schools** across 15 States/UTs, all recipients of the **National Means-cum-Merit Scholarship (NMMS)**.

07 Academic Bank of Credits and National Academic Depository

Academic Bank of Credits and National Academic Depository [PIB](#)

PRELIMS POINTERS

The **Academic Bank of Credits (ABC)** and **National Academic Depository (NAD)** are key parts of India's digital education architecture under **NEP 2020**. ABC handles the accumulation, transfer and redemption of credits, while NAD stores and verifies academic awards. With **APAAR** and **DigiLocker**, they create portable, lifelong academic records.

Academic Bank of Credits

- **Credit transfer:** Credits earned at recognised institutions can be accumulated and transferred, subject to regulations.
- **Multiple Entry-Multiple Exit:** Students can pause and resume studies without losing credits.
- **Flexible pathways** across institutions support lifelong learning.
- **APAAR integration** gives each student a lifelong academic identity.

National Academic Depository

- **Digital repository** of degrees, diplomas, certificates and mark sheets.
- **Easy verification** by employers, universities and agencies.
- **Prevents credential fraud** and loss of certificates.
- **DigiLocker:** NAD has operated through DigiLocker since **2020**.

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Significance

- 1 **Learner-centric:** Student-owned, portable credentials.
- 2 **Academic mobility** through transferable credits.
- 3 **Less paperwork** in admissions, scholarships and jobs.
- 4 **Lifelong learning** across higher, vocational and skill education.
- 5 **Digital public infrastructure:** APAAR, ABC, NAD and DigiLocker form an interoperable ecosystem.
- 6 **Transparency** through consent-based sharing of authenticated records.

SECTION 3

Gender & Women's Issues

01 The Persistence of Dowry

India's dowry laws are among the most powerful in the world. They're not enough [ThePrint](#)

PRELIMS POINTERS

Legal framework

- **Dowry Prohibition Act, 1961:** Prohibits giving, taking and demanding dowry.
- **BNS Section 80:** Dowry death, punishable with at least **seven years**, extendable to **life imprisonment**.
- **BNS Section 85:** Cruelty by the husband or his relatives (formerly Section 498A, IPC).
- **Bharatiya Sakshya Adhiniyam, Section 118:** Presumption as to dowry death (formerly Section 113B of the Evidence Act).
- **Protection of Women from Domestic Violence Act, 2005:** Protection, residence and monetary relief.

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India has a strong legal framework against dowry, yet the practice persists because it is rooted in social norms, economic expectations and marital power structures.

Why dowry persists

- 1 **Patriarchal norms** treat marriage as an economic transaction.
- 2 **Status and competitive consumption** in weddings.
- 3 **Women's economic insecurity:** Low labour-force participation and unequal property access make daughters seem a liability.
- 4 **Weak enforcement** despite strong laws.
- 5 **Low conviction rates** and prolonged litigation in dowry violence.
- 6 **Under-reporting** due to stigma, dependence and family honour.

Way forward

- 1 **Stronger enforcement** and time-bound trials.
- 2 **Institutional support** through Dowry Prohibition Officers, Women Help Desks and One Stop Centres.
- 3 **Reduce economic dependence** through education, jobs, property rights and financial inclusion.
- 4 **Change social norms** through schools, religious bodies, local governments and civil society.

02 Sovereign Debt and Women

Debt crisis deepens gender inequality, puts millions of women's jobs and lives at risk: UNDP [Down To Earth](#)

MAINS POINTERS

Rising sovereign debt has a **gendered impact**: fiscal consolidation and cuts in social protection fall hardest on women, who already face lower workforce participation, unequal pay and a heavier burden of unpaid care.

How debt affects women

- 1 **Cuts in social spending** on health, education, nutrition and social protection.
- 2 **Job losses** in health, education and care, where women dominate the workforce.

- 3 **More unpaid care** as public services shrink.
- 4 **Greater poverty** because women have lower incomes and fewer assets.
- 5 **Weaker maternal and reproductive health** and nutrition.
- 6 **Human-capital gaps**: Girls risk dropping out of school or early marriage.

03 Atta Satta Marriage

Rajasthan HC criticises the marriage custom of 'atta satta' [The Indian Express](#)

PRELIMS POINTERS

- **Atta Satta** is a custom in parts of **Rajasthan** and other regions in which two families **exchange daughters in marriage**: a son of Family A marries a daughter of Family B, and vice versa.
- Based on reciprocal obligation, it can involve **minors** and undermine **free consent**; the **Rajasthan High Court** likened it to "mutual hostage-taking".

04 AI and Gender Bias

UN Women warns AI is reinforcing gender bias and online abuse [Down To Earth](#)

MAINS POINTERS

AI systems learn from data and online content that already carry social biases, so they can **reproduce and amplify gender stereotypes**. A study of **133 AI systems** found **44%** showed gender bias and **25%** showed both gender and racial bias.

How AI reinforces bias, and its impacts

- 1 **Stereotyping**: Language models associate women with home and family and men with business and careers.
- 2 **Employment discrimination** in AI-based hiring, promotion and appraisal.
- 3 **AI-driven online violence**: Deepfakes, non-consensual intimate images and harassment disproportionately target women.
- 4 **Under-representation**: Women are only about **30%** of the global AI workforce, so design choices overlook their needs.
- 5 **Automation risk**: Women are nearly **twice as likely** as men to hold jobs at high risk of automation.
- 6 **Discriminatory access** to credit, insurance, healthcare and education through biased algorithms.
- 7 **Reduced public participation**: Online abuse pushes women out of politics, journalism and academia.

Way forward

- 1 **Gender-responsive AI governance**, as recommended by UN Women.
- 2 **A more diverse AI workforce**.
- 3 **Regular bias audits** before and after deployment.
- 4 **Representative datasets** with strong privacy safeguards.
- 5 **Accountability for online abuse** through rapid takedown of deepfakes and investigation of offenders.

05 Menstrual Health and Menstrual Leave

The caring period: Kerala's proposal for menstrual leave for schoolchildren opens a healthy debate [The Hindu](#)

MAINS POINTERS

Key issues in menstrual health

- 1 **Absenteeism** from pain and poor facilities.
- 2 **Inadequate facilities:** Private toilets, water, disposal and affordable products.
- 3 **Stigma and taboos** that discourage seeking help.
- 4 **Health conditions** such as dysmenorrhoea, endometriosis and anaemia.
- 5 **Period poverty** in low-income households.
- 6 **Gender inequality** in education and participation.

Benefits of menstrual leave

- 1 **Supports attendance and learning** without forcing students to attend while unwell.
- 2 **Recognises menstrual health** as a matter of health and dignity, reducing stigma.
- 3 **Gender-sensitive schools** responsive to adolescent girls.
- 4 **Helps students with severe pain** or medical conditions.

Concerns

- 1 **Reinforcing stereotypes** about women's capability.
- 2 **Missed classes** and assessments.
- 3 **Singling out** students who must disclose menstruation.
- 4 **Implementation** of records, make-up lessons and exams.
- 5 **Infrastructure still essential:** Leave cannot replace water, sanitation and affordable products.
- 6 **Evidence-based design** distinguishing routine discomfort from clinical disorders.

Way forward

- 1 **Comprehensive menstrual health management**, combining leave with products, toilets, disposal and pain management.
- 2 **Flexible, not compulsory**, leave.
- 3 **Menstrual education** for both boys and girls.

06 Gendered Wealth Inequality

Apparently, wealth is for men and work is for women [The Indian Express](#)

MAINS POINTERS

Dimensions

- 1 **Unequal ownership** of land and housing.
- 2 **Work-wealth paradox:** Women's paid and unpaid work does not turn into asset ownership.
- 3 **Unequal inheritance in practice**, despite legal equality.
- 4 **Unpaid care work** creates value but no independent assets.
- 5 **Poor access** to credit, land, technology and networks.
- 6 **Intergenerational inequality** in children's health, education and assets.

Impacts

- 1 **Economic dependence** and weaker household bargaining power.
- 2 **Vulnerability to shocks** such as divorce, widowhood or job loss.
- 3 **No "exit option"** without assets.
- 4 **Lower entrepreneurship** due to lack of collateral.
- 5 **Persistent poverty** across generations.
- 6 **Wider wealth inequality** concentrated among men.

Way forward

- 1 **Enforce inheritance rights** under the **Hindu Succession (Amendment) Act, 2005**, reinforced by **Vineeta Sharma v. Rakesh Sharma (2020)**, which confirmed daughters' coparcenary rights by birth.
- 2 **Joint ownership** of land and housing in government schemes.
- 3 **Financial inclusion** through accounts, credit, insurance and pensions.
- 4 **Care infrastructure** to reduce unpaid work and enable paid employment.

07 EAC-PM Working Paper on the Care Economy

EAC-PM paper moots fund, policy push to boost care economy [The Economic Times](#)

PRELIMS POINTERS

The **care economy** covers paid and unpaid childcare, eldercare, healthcare, disability support and domestic care, much of it unpaid and done by women. The **EAC-PM** working paper "**Re-imagining the Care Economy: From Private Burden to Social and Economic Infrastructure**" argues for treating care as infrastructure.

MAINS POINTERS

Key findings

- 1 **Rising demand:** Domestic demand for care workers is projected to exceed **30 million by 2050**, alongside international demand.
- 2 **Value of unpaid care:** Women's unpaid domestic and care work is estimated at about **15-17% of GDP**.
- 3 **Demographic transition:** Falling fertility, ageing and urbanisation weaken family-based care.
- 4 **Employment generator** at home and abroad.
- 5 **Gender dimension:** Formal care reduces women's time poverty and raises female labour-force participation.
- 6 **Shared responsibility** among the State, market and community.

Major recommendations

- 1 **Parivar Seva Kosh:** An outcome-based Government-to-Government Family Care Fund under the Ministry of Finance.
- 2 **Carepreneur Fund** for concessional finance to care entrepreneurs and cooperatives.
- 3 **CSR funding** for care infrastructure.
- 4 **Skilled care workforce** with standard training and certification.
- 5 **PPPs** through model concession agreements for care facilities.
- 6 **Parental leave reform:** Statutory paid paternity leave in the private sector, then gender-balanced parental leave.

Challenges

- 1 **Informal care work** without contracts or social security.
- 2 **Gendered distribution** of unpaid care.
- 3 **High cost** of formal care.
- 4 **Skill deficits** and no standard certification.
- 5 **Fragmented governance** across many ministries.
- 6 **Low recognition** of unpaid work in economic statistics.

SECTION 4

Health Policy & Systems

01 National Family Health Survey-6 (NFHS-6)

Key findings of the 6th round of the National Family Health Survey released [PIB](#)

PRELIMS POINTERS

NFHS-6 is India's sixth comprehensive survey on population, health, nutrition and family welfare, conducted in **2023-24** under the **Ministry of Health and Family Welfare**, with **IIPS, Mumbai** as the nodal agency. It covered about **6.79 lakh households** across **715 districts**. (Figures below compare NFHS-5 with NFHS-6.)

Key findings

- 1 **Maternal care:** Institutional deliveries rose from **88.6% to 90.6%**; antenatal care coverage from **92.6% to 95.9%**.
- 2 **Fertility:** TFR of **2.0**, below replacement (2.1); contraceptive prevalence rose from **66.7% to 69.1%**.
- 3 **Immunisation:** Full vaccination of children aged 12-23 months rose from **83.8% to 87.1%**; rotavirus coverage from **36.4% to 85.4%**.
- 4 **Child nutrition:** Stunting fell from **35.5% to 29.3%**; severe wasting from **7.7% to 5.2%**.
- 5 **Financial protection:** Households covered by health insurance or financing schemes rose from **41% to 60.2%**.
- 6 **Women's empowerment:** Women who have used the internet rose from **33.3% to 64.3%**; women with their own bank account from **78.6% to 89%**.

MAINS POINTERS

Emerging concerns

- 1 **Rising obesity:** 30.7% of women and 27.3% of men aged 15-49 are overweight or obese.
- 2 **Diabetes risk** rising among adults.
- 3 **Double burden of malnutrition:** Undernutrition alongside obesity.
- 4 **Hidden inequalities** across States, districts, rural-urban and social groups.
- 5 **Demographic transition** with implications for ageing.
- 6 **Need for prevention:** Health promotion, screening and behaviour change for NCDs.

02 Mental Health Care in India

Decentralising therapy can help bridge India's treatment gap [The Hindu](#)

PRELIMS POINTERS

The **National Mental Health Survey (2015-16)** estimated that about **10.6% of adults** live with mental disorders, with a **treatment gap of about 84.5%**.

Existing initiatives

- **National Mental Health Programme (1982)** to make minimum mental healthcare accessible.
- **District Mental Health Programme (1996)** for decentralised services and early detection.
- **Tele-MANAS (2022):** Tele-mental-health counselling and specialist support.

- **Ayushman Arogya Mandirs** as entry points for mental-health services in primary care.
- **Atmiyata**: Trained community volunteers who give basic emotional support and refer people for care.

MAINS POINTERS

Why the treatment gap exists

- 1 **Shortage of professionals** and a very low psychiatrist-to-population ratio.
- 2 **Urban concentration** of services.
- 3 **Stigma and low awareness**.
- 4 **Cost and access barriers** for repeated therapy.
- 5 **Over-reliance on medication** where therapy is unavailable.
- 6 **Weak continuity of care**.

Benefits of decentralising care

- 1 **Bridges the specialist shortage** through task-sharing.
- 2 **Rural access** to basic support.
- 3 **Lower costs**.
- 4 **Early identification** by ASHAs and primary-care workers.
- 5 **Less stigma** in familiar settings.
- 6 **Stepped care** linking community, primary and specialist levels.

Safeguards

- 1 **Clear scope of practice** for non-specialists.
- 2 **Specialist supervision**.
- 3 **Strong referral** for severe illness, suicide risk and trauma.
- 4 **Standardised training** and protocols.
- 5 **Data protection** on digital platforms.

03 Preventive Healthcare in India

Building a preventive health culture in India [The Hindu](#)

PRELIMS POINTERS

India faces a rising burden of **non-communicable diseases (NCDs)** such as diabetes, hypertension, heart disease and cancer. Preventive healthcare shifts the focus from treating illness to **preventing it and detecting it early**.

Government initiatives

- **Ayushman Arogya Mandirs**: Comprehensive primary care, including NCD screening, diagnostics and essential medicines.
- **National Programme for Prevention and Control of NCDs (NP-NCD)**: By March 2026, over **40.87 crore** people had been screened for hypertension and **8.73 crore** women for cervical cancer.
- **Population-based screening** for hypertension, diabetes and common cancers.
- **National Health Mission** for preventive and promotive care.
- **FIT India and Eat Right India** for healthier lifestyles.

MAINS POINTERS

Importance

- 1 Reduces disease burden.
- 2 Lowers out-of-pocket spending.
- 3 Improves productivity.
- 4 Early NCD detection at primary level.
- 5 Strengthens primary healthcare.
- 6 Promotes equity through community screening.

Challenges

- 1 Treatment-centric system.
- 2 Low health awareness.
- 3 Lifestyle risks: Sedentary living, poor diets, tobacco and alcohol.
- 4 Weak follow-up after screening.
- 5 Staff shortages.
- 6 Social determinants such as pollution, sanitation, nutrition and income.

Way forward

- 1 A prevention-first culture: risk, prevention, screening and early treatment.
- 2 Well-equipped Ayushman Arogya Mandirs.
- 3 Lifestyle modification in public-health programmes.
- 4 Universal risk-based screening.
- 5 Digital health through ABHA, ABDM and telemedicine.
- 6 Multisectoral convergence with nutrition, sanitation, environment and urban planning.

04 SEHAT Initiative

ICMR and ICAR launch the SEHAT initiative [PIB](#)

PRELIMS POINTERS

SEHAT (Science Excellence for Health through Agricultural Transformation) is a national mission-mode initiative launched jointly by **ICMR and ICAR** in **May 2026** to integrate agriculture, nutrition and public health.

Five priority areas

- 1 Biofortified and nutrient-dense crops against micronutrient deficiencies.
- 2 Integrated farming systems for dietary diversity, resilience and farm incomes.
- 3 Occupational health of farmers and agricultural workers.
- 4 Agriculture for NCD prevention through functional foods and nutritious crops.
- 5 One Health preparedness at the human-animal-environment interface.

05 Structural Deficits in India's Health System

Fixing structural deficits in India's health system [The Hindu](#)

MAINS POINTERS

Major structural deficits

- 1 **Expansion without distribution:** More medical colleges and PG seats have not put doctors where they are needed.
- 2 **Rural specialist shortfall:** Community Health Centres face a **79.9% shortfall** of specialists, with about **4,413** in position against a requirement of **21,964**.
- 3 **Geographical inequality** in favour of urban and developed regions.
- 4 **Infrastructure-staff mismatch:** New hospitals, including several AIIMS, carry large faculty vacancies.
- 5 **Low public spending:** Government health expenditure remains below the **2.5% of GDP** target of the **National Health Policy, 2017**.
- 6 **High out-of-pocket spending** despite insurance expansion.

Way forward

- 1 **Link medical education** to areas of shortage.
- 2 **Service-linked pathways** and incentives for rural postings.
- 3 **Strengthen primary care** at Ayushman Arogya Mandirs, CHCs and district hospitals.
- 4 **A time-bound roadmap** to 2.5% of GDP.
- 5 **Better working conditions** to retain staff in rural areas.

06 Fathers in Reproductive Health Interventions

Why are fathers missing in reproductive health interventions in India? [The Hindu](#)

MAINS POINTERS

India's reproductive and maternal health programmes have been **mother-centric**, treating fathers as secondary, even though paternal health, age, nutrition and environmental exposures affect fertility and child health. This is a gap in the **RMNCH+A** approach.

Why fathers are left out

- 1 **Pregnancy-centric healthcare.**
- 2 **Traditional gender roles** casting men as providers.
- 3 **Low male participation** in counselling and contraception.
- 4 **Stigma** around male infertility.
- 5 **Limited preconception care** for both partners.
- 6 **Evidence-policy gap** on paternal health.

Implications

- **Male infertility is under-diagnosed**, and the burden of treatment falls on women.
- **Lifestyle risks** such as smoking, obesity and toxins go unaddressed.
- **Stereotypes** that reproduction is a "women's issue" are reinforced.
- **Unequal family planning** responsibilities.
- **Lost entry point** for improving child nutrition and early development.

Way forward

- 1 **Bi-parental reproductive care** within RMNCH+A.
- 2 **Preconception counselling** for both partners.
- 3 **Male-friendly, confidential services.**
- 4 **Community awareness** through ASHAs and campaigns.

07 Fixed-Dose Combinations (FDCs)

Stay with the evidence on the ban on fixed-dose combination drugs [The Hindu](#)

PRELIMS POINTERS

- **FDCs** contain two or more active ingredients in a fixed ratio in one dosage form; they need a sound therapeutic, safety and efficacy rationale. **CDSCO** regulates them under the drugs and cosmetics framework.
- **Past bans:** 344 FDCs were banned in **2016** on the advice of the **Kokate Committee**, and **156 FDCs** in **2024** on expert-committee advice.

MAINS POINTERS

Advantages of rational FDCs

- 1 **Lower pill burden.**
- 2 **Better adherence.**
- 3 **Therapeutic synergy.**
- 4 **Convenience** in prescribing.
- 5 **Possible cost savings.**
- 6 **Public-health value** in TB and HIV treatment.

Concerns with irrational FDCs

- 1 **No therapeutic justification.**
- 2 **More adverse effects** and interactions.
- 3 **Dose inflexibility.**
- 4 **Hard to trace adverse reactions.**
- 5 **Antimicrobial resistance** from irrational antibiotic mixes.
- 6 **Polypharmacy.**

08 Pregabalin Moved to Schedule H1

Pregabalin moved from Schedule H to Schedule H1 [PIB](#)

PRELIMS POINTERS

- **What it is:** A prescription drug for **neuropathic pain**, fibromyalgia and some neurological conditions; it binds to the alpha-2-delta subunit of **voltage-gated calcium channels**, dampening abnormal nerve signalling. Its sedative and euphoric effects can lead to **misuse and dependence**.
- **In the news:** The Health Ministry moved Pregabalin from **Schedule H** to the stricter **Schedule H1** of the **Drugs and Cosmetics Rules, 1945**, through **G.S.R. 377(E)** (dated 13 May 2026, published 20 May 2026), after reports of misuse among youth and illegal sales.

- **What Schedule H1 means:** Sale only on prescription, with chemists required to keep a **separate register** recording the prescriber, patient, drug and quantity, retained for **three years**.

09 Sowa Rigpa

Promoting the Sowa Rigpa system of medicine [PIB](#)

PRELIMS POINTERS

- **Sowa Rigpa** ("science of healing") is a traditional medical system of the **Trans-Himalayan** region, practised in **Ladakh, Sikkim, Arunachal Pradesh, Himachal Pradesh** and **Darjeeling**, with close links to Tibetan medicine.
- India recognised it as a system of Indian medicine in **2010**; the **National Institute of Sowa Rigpa** is in **Leh**.
- **Approach:** Holistic and preventive, balancing physiological, environmental and behavioural factors, drawing on classical texts and the rich **Himalayan medicinal flora**.

10 Strategic Roadmap for Making Ayurveda Global

NITI Aayog releases the Strategic Roadmap for Making Ayurveda Global [PIB](#)

PRELIMS POINTERS

NITI Aayog released the "**Strategic Roadmap for Making Ayurveda Global**" on **2 July 2026**, setting out a phased strategy to **2047** (Viksit Bharat@2047) to make Ayurveda a globally recognised, evidence-informed and internationally regulated system.

Three pillars

- **Availability:** Qualified practitioners, education, products, services and research worldwide.
- **Acceptability:** Regulatory compliance, scientific evidence, collaborations and cultural adaptability.
- **Propagation:** Global brand, visibility, medical value travel and presence in international bodies.

Phase	Focus
Short term (to 2029)	Global information portal, Global Ayurveda Register, regulatory preparedness, stronger exports
Medium term (to 2035)	International collaborations, evidence generation, education and insurance integration
Long term (to 2047)	Global recognition, international payer contracts, medical value travel, presence in global institutions

MAINS POINTERS

Challenges

- 1 **Fragmented regulation** across countries.
- 2 **Limited clinical evidence**.
- 3 **Quality standardisation** of raw materials and products.
- 4 **Limited recognition** of practitioners abroad.
- 5 **Weak insurance coverage** outside India.
- 6 **Raw-material-heavy exports**.

Major recommendations

- 1 **Global Ayurveda Register** of practitioners and institutions.
- 2 **Region-specific regulatory strategies** for the US, EU, UAE, Australia and Canada.
- 3 **Export-grade pharmacopoeia** covering contaminants, heavy metals and chemical fingerprinting.
- 4 **Multi-country clinical research** and WHO-linked collaborations.
- 5 **Medical value travel** with accredited pathways and insurance.
- 6 **IP protection** by modernising the **Traditional Knowledge Digital Library (TKDL)**.

SECTION 5

Diseases & Medical Science

01 Ebola Virus Disease

WHO declares Ebola outbreak in Congo, Uganda a global public health emergency [The Hindu](#)

PRELIMS POINTERS

- **What it is:** A severe, often fatal viral **haemorrhagic fever** caused by viruses of the family **Filoviridae**.
- **In the news:** The 2026 outbreak in the **DRC and Uganda** involves the **Bundibugyo virus**; WHO declared it a **Public Health Emergency of International Concern (PHEIC)** on **17 May 2026** under the **International Health Regulations (2005)**.
- **Causative viruses:** **Zaire, Sudan, Bundibugyo and Tai Forest** viruses cause disease in humans; **Reston virus** infects primates and pigs but is not known to cause illness in people.
- **Transmission:** Contact with the blood or body fluids of infected people, unsafe healthcare practices and contact with the bodies of the deceased.
- **Symptoms:** Fever, weakness, muscle pain, headache and sore throat, then vomiting, diarrhoea, rash and, in severe cases, bleeding and organ failure.
- **Fatality:** Past Bundibugyo outbreaks had case-fatality rates of about **30-50%**.

02 Hantavirus

What is Hantavirus, the disease that has killed 3 cruise ship passengers? [Down To Earth](#)

PRELIMS POINTERS

- **Hantaviruses** are carried mainly by **rodents**; people are infected chiefly by **inhaling particles** from rodent urine, droppings or nesting material.
- **Diseases:** **Hantavirus Pulmonary Syndrome** in the Americas and **Haemorrhagic Fever with Renal Syndrome** in Europe and Asia.
- **Person-to-person spread** is uncommon and virus-specific.
- **Symptoms:** Fever, fatigue, muscle aches and headache, progressing to lung or kidney complications.
- **Prevention:** No universal vaccine; rodent control, sanitation and avoiding exposure are key.

03 Huntington's Disease

Huntington's patients seek rare disease tag and registry [The Times of India](#)

PRELIMS POINTERS

- A rare, **inherited neurodegenerative disorder** that progressively affects movement, cognition and behaviour.
- **Cause:** A mutation in the **HTT gene** with an expanded **CAG repeat**.
- **Inheritance:** **Autosomal dominant**, so each child of an affected parent has a **50%** chance of inheriting it.
- **Course:** Usually begins in **adulthood** (juvenile forms exist); involuntary movements, cognitive decline and psychiatric changes worsen over time. There is **no cure**.

- **In the news:** It is not on the **National Policy for Rare Diseases, 2021** list, so patients are seeking the rare-disease tag and a registry.

04 Lupus (Systemic Lupus Erythematosus)

World Lupus Day observed to raise awareness about the autoimmune disease [News On AIR](#)

PRELIMS POINTERS

- A chronic **autoimmune disease** in which the immune system attacks the body's own tissues, including skin, joints, kidneys, heart, lungs, brain and blood vessels. **World Lupus Day** is observed on **10 May**.
- **Multisystem** and **far more common in women**, especially in the reproductive years.
- **Symptoms** vary: fatigue, joint pain, fever and rashes are common, with periods of **flares and remission**.
- **No cure:** Treatment controls immune activity and prevents organ damage.

05 Polyendocrine Metabolic Ovarian Syndrome (PMOS)

PCOS name changed to PMOS: how this impacts women globally and in India [NDTV](#)

PRELIMS POINTERS

- **PMOS** is the proposed new name for **Polycystic Ovary Syndrome (PCOS)**, reflecting that it is a complex **endocrine and metabolic** condition rather than only an ovarian disorder.
- **Why the change:** The condition involves **insulin resistance** and **androgen excess**, and raises risks of obesity, type 2 diabetes, dyslipidaemia and heart disease.
- **Reproductive effects:** Irregular ovulation causes menstrual irregularity and infertility.
- **Better understanding:** The new name signals the need for long-term metabolic and hormonal management, not just treatment of ovarian cysts.

06 Spinal Muscular Atrophy (SMA)

Access to generic risdiplam sought under the policy for rare diseases [The Hindu](#)

PRELIMS POINTERS

- A rare **inherited neuromuscular disorder**, caused mainly by defects in both copies of the **SMN1 gene**, leading to loss of motor neurons in the spinal cord and progressive muscle weakness.
- Severe forms can cause **respiratory failure in infancy**; milder forms appear later.
- It is recognised as a **rare disease** in India; patient groups seek access to affordable **generic risdiplam**, a newer oral treatment that improves survival and quality of life.

07 Valley Fever (Coccidioidomycosis)

Valley fever: Indian techie in California dies of rare fungal infection [India Today](#)

PRELIMS POINTERS

- A **fungal infection** caused by **Coccidioides immitis** (associated with California) and **C. posadasii**, which live in soil and dust.
- **Transmission:** Inhaling airborne spores when soil is disturbed; it does **not** generally spread from person to person.

- **Distribution:** Endemic mainly to **Arizona and California**, also found in Nevada, New Mexico, Mexico and parts of Central and South America.
- **Symptoms:** Fever, cough, fatigue, chest pain and breathlessness, often mistaken for flu or pneumonia.

08 'Brain-Eating Amoeba'

Brain-eating amoeba cases in Kerala: tropical climate, poor water quality [The Indian Express](#)

PRELIMS POINTERS

- The term refers to **free-living amoebae** causing **amoebic meningoencephalitis**, a rare, often fatal brain infection. Kerala's cases have involved two organisms.
- **Naegleria fowleri** causes **Primary Amoebic Meningoencephalitis (PAM)**, an acute, rapidly progressive infection.
- **Acanthamoeba**, found widely in water, soil and dust, causes **Granulomatous Amoebic Encephalitis (GAE)**, which runs a slower course.
- **Infection route:** PAM occurs when contaminated water **enters the nose**; drinking such water does not normally cause it.

09 Shigellosis

Kerala warns unhygienic eateries amid shigellosis infections and deaths [Hindustan Times](#)

PRELIMS POINTERS

- An intestinal infection caused by **Shigella** bacteria (**S. dysenteriae, S. flexneri, S. boydii, S. sonnei**), causing diarrhoea.
- **Transmission:** The **faecal-oral route**, through contaminated food, water or poor hand hygiene; a **very low infectious dose** aids spread.
- **Symptoms:** Diarrhoea, fever, abdominal cramps and sometimes bloody stools; dehydration is a risk for children and the elderly.
- **Prevention:** Safe water, handwashing, food hygiene and sanitation.

10 Psychedelics

Global study reveals psychedelics dissolve brain hierarchy [The Hindu](#)

PRELIMS POINTERS

- **Psychedelics** are psychoactive substances that profoundly alter perception, cognition, mood and consciousness, for example **psilocybin, LSD, DMT and mescaline**.
- They act mainly on the **serotonin 5-HT2A receptor**.
- **In the news:** A global study found that psychedelics **flatten the brain's usual hierarchy** between sensory and higher-order networks, which may explain their effects on perception and thought.

11 CLEAR Technology for Cancer Research

'CLEAR' technology for advanced cancer research developed [PIB](#)

PRELIMS POINTERS

- **CLEAR (Cleavable Light-Erased Antibody Reporter)** is a multiplexed protein-imaging platform developed by **JNCASR, Bengaluru** (an autonomous institute under DST), with **IISc**.
- It lets scientists see **many proteins in the same sample** using a **single fluorescent marker**, overcoming the limits of conventional multi-colour imaging and aiding cancer research.

SECTION 6

Poverty, Welfare & Inclusion

01 Implementation Gaps in the Forest Rights Act, 2006

FRA 2006 needs urgent reforms to bridge the gap between promise and delivery [Down To Earth](#)

PRELIMS POINTERS

The **Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006** seeks to undo the historical injustice of not recognising forest communities' customary rights. It recognises **individual, community and habitat (PVTG) rights**, grazing rights, rights over **Minor Forest Produce (MFP)** and **Community Forest Resource (CFR)** rights, with the **Gram Sabha** at the centre.

Current status

- By **December 2025**, **44.34 lakh** claims had been settled (**85.4%** of claims received), while **18.90 lakh (36.41%)** had been rejected, including **53,766 community claims**.
- More than **47,900** Community Forest Rights/CFR claims have been rejected, and CFR recognition remains far below potential.

MAINS POINTERS

Major implementation gaps

- 1 **Individual over community rights:** CFR rights under **Section 3(1)(i)** remain under-recognised.
- 2 **High rejection rates** due to documentation demands and restrictive interpretation, especially for Other Traditional Forest Dwellers.
- 3 **Weak Gram Sabhas:** Their recommendations and Forest Rights Committees are sometimes bypassed.
- 4 **Exclusion of vulnerable groups:** PVTGs, women, pastoralists and nomads.
- 5 **Limited MFP benefits** due to curbs on collection, transport and marketing.
- 6 **Institutional deficits** in mapping, staffing and monitoring.

Other structural issues

- **Conflict with conservation institutions** such as JFMCs, Eco-Development Committees and CAMPA when Gram Sabha authority is ignored.
- **Relocation without settling rights** in protected areas.
- **Slow conversion of forest villages** into revenue villages.
- **Appeal and transparency gaps** in recording reasons for rejection.



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