



**Sanskriti IAS**



**THE HINDU**



**The Indian EXPRESS**

# **SUMMARY OF IMPORTANT EDITORIALS**

*2nd May 2026*

## **TOPICS:-**

- 1. Work in progress**  
(GS Paper I Society)
- 2. Learning outcomes and child health are linked**  
(GS Paper I Society)
- 3. The Buddhist trail can be a civilisational highway**  
(GS Paper I Art & Culture)

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# 1. WORK IN PROGRESS

*(GS Paper I Society)*

This editorial ‘**Work in progress**’ was published in **The Hindu** on 2nd May 2026, highlights the need to **strengthen public hospital** capacity as insurance expansion alone cannot ensure affordable and universal health care.

## Insurance Expansion and Persistent Access Gaps

- The **80th round** health survey is the first comprehensive post-pandemic assessment after **PMJAY** reached maturity.
- Since **2018**, insurance coverage has expanded nearly threefold, increasing the insured share of **hospital care** financing.
- Hospitalisation has not recovered to the **2014 level**, showing that insurance cards do not ensure **bed access**.
- Low **reimbursement rates** under PMJAY and State schemes push private hospitals to recover costs through separate patient billing.
- State-funded insurance is subsidising **private providers** without enforcing regulated prices, quality checks, or integrated public-private safety nets.

## Disease Visibility and Out-of-Pocket Burden

- Reported illness has doubled as infectious diseases decline and **non-communicable diseases** rise, making more patients visible to the health system.
- While **OOPE** has roughly doubled, median hospital expenditure has fallen to ₹11,285, reflecting wider but uneven affordability.
- India’s health spending combines many low-cost consultations with fewer expensive **chronic interventions**, creating selective catastrophic financial risks.
- Public absorption of **primary care** and secondary care costs has improved affordability, but severe cases still threaten household finances.

## Limits of Coverage and Reform Direction

- The **AAM network** helps provide free medicines and diagnostics, but remains underfunded for chronic disease management.
- Poor households have nominal **insurance coverage** but are often excluded in practice where private sector delivery dominates.
- The insured middle class faces rising **catastrophic costs** when serious treatment exceeds scheme limits or requires private care.
- The next reform phase must shift from shielding care-seekers against poverty to building **institutional delivery** through stronger public hospitals.

## BEYOND EDITORIAL

### From Health Insurance to Health System Capacity

- **Preventive shift:** India must move beyond hospital-bill financing by expanding AAM-based screening for hypertension, diabetes, oral, breast and cervical cancers.
- **Primary-care depth:** Strong Ayushman Arogya Mandirs can reduce avoidable hospitalisation through early diagnosis, free drugs, diagnostics and eSanjeevani-linked follow-up care.
- **District capacity:** Strengthened district hospitals can improve referrals, reduce AIIMS-like tertiary overload and make specialist care accessible beyond major cities.
- **Human resources:** Public health expansion needs doctors, nurses, technicians and specialists, because IPHS norms cannot work through beds and insurance cards alone.
- **Price regulation:** Private participation under PMJAY must follow package rates, treatment protocols and grievance redressal to prevent informal billing and exclusion.
- **Digital accountability:** ABHA-linked health records can track claims, referral delays, fraud, outcomes and exclusion without increasing pressure on patients.
- **Equity focus:** Public healthcare must address rural, gender, elderly, disability and caste barriers, as Jan Aushadhi access alone cannot guarantee actual treatment.

## 2. LEARNING OUTCOMES AND CHILD HEALTH ARE LINKED

*(GS Paper I Society)*

This editorial ‘**Learning outcomes and child health are linked**’ was published in **The Indian Express** on 2nd May 2026, highlights how early **childhood nutrition, health, stimulation** and caregiving **shape learning outcomes** and inclusive growth.

### Early Childhood as a Development Foundation

- India’s **POSHAN Pakhwada** focus on women and children is timely, as early **brain development** shapes lifelong outcomes.
- Global evidence links **early-childhood investment** with higher earnings, better learning, and lower social costs than later remedial interventions.
- Advances in **neuroscience** show early childhood is a once-in-a-lifetime window where nutrition, health, stimulation, and caregiving shape the brain.

## Policy Commitment and Delivery Gaps

- India has built policy commitment through **NFSA**, **POSHAN Abhiyaan**, **ICDS**, maternity benefits, and school meals.
- The **National Education Policy 2020** recognises Early Childhood Care and Education as a foundational stage for universal pre-primary education by 2030.
- Despite policy progress, surveys report high **stunting**, wasting, and anaemia, along with persistent learning gaps.
- Full-spectrum care needs convergence across **health systems**, nutrition services, childcare, and early learning rather than isolated departmental objectives.
- Anganwadis provide scaled **nutrition support**, but their limited focus on childcare and early learning affects children aged below three.
- Working families in informal sectors face weak **childcare access**, forcing difficult choices between children's development and women's work.

## Models and Reform Priorities

- Karnataka's **Koosina Mane** shows community-based childcare can support children and working mothers through converged funding and panchayat leadership.
- Mobile Creches demonstrates feasible **worksite childcare** in urban informal settings, especially near workplaces.
- The Centre's **Palna initiative** reflects growing recognition that childcare can be integrated within existing service platforms.
- Care must become a defined **function** of existing frontline platforms, with anganwadis and primary health services guiding families during pregnancy and early childhood.
- Structured **caregiving messages** can be added to antenatal visits, immunisation days, home-based care schedules, and maternal well-being counselling.
- Anganwadi centres can better serve young children and caregivers through **adjusted schedules**, where feasible.
- Childcare should link more directly with **livelihoods programmes**, social protection, and enabling private-sector roles under clear guidance.
- Local governments can use converged **community funds** for childcare, especially in high-migration and informal-work settlements.
- Simple measures, such as locating centres near **worksites**, markets, or villages with high female labour participation, can reduce care-work trade-offs.

## Monitoring and Accountability

- Programme reviews should track **child development** outcomes alongside service delivery, not only nutrition inputs.
- Reviews often focus on **ration distribution**, while indicators on development, service quality, and equity remain underused.
- Better use of **existing data** across sectors can support local planning and accountability without increasing reporting burdens.

## BEYOND EDITORIAL

### Care Economy, Human Capital and Gender-Inclusive Development

- **Unpaid care:** Weak childcare systems shift care work to women, restricting employment and mobility across poor households, as seen in informal settlements.
- **Workforce participation:** Reliable childcare can improve women's work in agriculture, construction and services, where MGNREGA already provides worksite crèche facilities.
- **Time poverty:** Mothers lose work hours when nutrition, immunisation and childcare services remain scattered, making Palna-style integrated crèches more relevant.
- **Worksite support:** Crèches near farms, markets and construction sites can reduce the care-work conflict for daily-wage mothers, as Mobile Creches demonstrates.
- **Human capital:** Early childcare improves nutrition, learning readiness and emotional development, as ICDS combines supplementary nutrition with preschool education.
- **Local planning:** Panchayats can map childcare gaps around migration and seasonal work, as Karnataka's Koosina Mane links crèches with local governance.
- **Gender equity:** Childcare should be treated as social infrastructure because it supports children's development, women's work and household resilience simultaneously.

## 3. THE BUDDHIST TRAIL CAN BE A CIVILISATIONAL HIGHWAY

*(GS Paper I Art & Culture)*

This editorial 'The Buddhist trail can be a civilisational highway' was published in **The Indian Express** on 2nd May 2026, highlights how India can **convert its Buddhist heritage** into a civilisational, diplomatic, and tourism **asset** through better infrastructure and institutional support.

## Civilisational Significance and Tourism Potential

- India must present **Buddhist heritage** as an integrated civilisational highway, not as isolated sites such as Bodh Gaya, Sarnath, and Kushinagar.
- Buddhist tourism has large **economic potential**, as India received 99.5 lakh foreign tourists in 2024 with ₹2.9 lakh crore spending in 2023.
- Tourism supported 84.63 lakh jobs and 5.22% of **GDP**, yet Buddhist sites attract only about 6% of foreign arrivals.
- India received 7.3 lakh tourists from Buddhist-linked Asian countries in 2024, showing major untapped **pilgrimage demand**.

## Asian Linkages and Soft Power

- For Japanese pilgrims, Bodh Gaya connects with **Zen** and Pure Land traditions, making India central to living Buddhist memory.
- For Sri Lankans, links through the **Mahavamsa** and Ashoka's daughter Sanghamitta connect Indian sites with sacred Buddhist history.
- For Thai pilgrims, India is the source of **Theravada** traditions, yet even a small share of their Buddhist population remains transformative.
- India's task is to honour civilisational depth while building economic value from **Buddhist tourism**.

## Policy Window and Infrastructure Gaps

- The Centre has sanctioned Buddhist projects under **Swadesh Darshan**, while Budget 2026-27 proposed circuit schemes and training for 10,000 guides.
- BJP-led governments in **UP** and NDA-led Bihar create a political window for coordinated Buddhist heritage execution.
- A Buddhist Heritage and Pilgrimage **Development Authority** can coordinate action across the Centre and States.
- Bodh Gaya airport faces severe **capacity constraints**, with over 100 acres acquired but a terminal handling only 250 incoming and 250 outgoing passengers.
- The Buddhist circuit needs seamless **airport expansion**, international airport status, luxury-to-mid-range hotels, clean toilets, signage, pilgrim windows, and fast-track visas.

## Beyond Symbolism to Civilisational Reunion

- Buddhist relic diplomacy and **heritage exhibitions** have deepened ties with Asian partners, but symbolism must be matched by plumbing, paving, training, and humane visitor support.

- India's Buddhist geography extends beyond **UP-Bihar** to Andhra Pradesh, Telangana, Maharashtra, and Madhya Pradesh.
- Sites like **Nagarjunakonda**, Sravasti, and Dharamrajika require layered, confident, and hospitable storytelling.
- A strong Buddhist circuit can help India speak to its **civilisational neighbourhood** simultaneously as memory, diplomacy, and reunion.

## BEYOND EDITORIAL

### Sustainable Heritage Management and Community-Centred Cultural Economy

- **Conservation balance:** Buddhist tourism must protect ASI-monitored sites from overcrowding and insensitive construction, especially within AMASR-regulated heritage zones.
- **Carrying capacity:** Visitor-flow plans at Mahabodhi Temple can prevent heritage stress while preserving the spiritual experience of pilgrimage sites.
- **Local livelihoods:** Heritage circuits under Swadesh Darshan should support guides, artisans, homestays and vendors near Bodh Gaya, Sarnath and Kushinagar.
- **Community ownership:** PRASHAD-style pilgrimage projects should involve local communities in interpretation, maintenance and hospitality, not only external tourism operators.
- **Green mobility:** Electric buses, pedestrian routes and clean transport can improve last-mile access between Gaya airport, Bodh Gaya and nearby sacred sites.
- **Inclusive access:** Elderly pilgrims and differently abled visitors need ramps, seating and medical support, as Buddhist circuits attract many faith-based travellers.
- **Cultural authenticity:** Buddhist tourism should preserve Nalanda, Sanchi and Nagarjunakonda's ethical-philosophical depth, not reduce sacred heritage to commercial branding.