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# **SUMMARY OF IMPORTANT EDITORIALS**

*7th April 2026*

## **TOPICS:-**

**1. Arrest the grief**

(GS Paper III - Economy)

**2. Climate change as a public health emergency**

(GS Paper III - Environment)

**3. Reinforcing the case for a One Health approach**

(GS Paper III - Science and Technology, GS Paper I - Society)

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# 1. ARREST THE GRIEF

*(GS Paper III - Economy)*

This editorial ‘**Arrest the grief**’ was published in **The Hindu** on 7th Apr 2026, highlights how **illegal sand mining** in the Chambal region is sustained by weak enforcement, inter-State gaps and livelihood distress.

## **Ecological damage and criminal entrenchment**

- The **National Chambal Ghariyal Sanctuary** protects a fragile **lotic ecosystem** across Rajasthan, Madhya Pradesh and Uttar Pradesh.
- Its sandbars sustain the **gharial**, red-crowned roofed turtle and **Ganges river dolphin**, making sand extraction ecologically destructive.
- Organised **sand mining** has steadily removed this habitat, prompting the **Supreme Court** to describe the mafia as “modern dacoits”.
- The mafia expanded with rising **construction demand** in north India and exploited **jurisdictional gaps** across three States.
- Despite bans by the **Court** and **NGT**, illegal extraction continued with administrative passivity and political buck-passing.

## **Violence, enforcement failure and State response**

- Between **2017 and 2024**, illegal miners attacked forest and police personnel during raids and reportedly even fired at police.
- By **2023**, syndicates in the Gwalior-Chambal region were reportedly using **semi-automatic weapons** and outgunning local departments.
- Miners also used local villagers to track official movement through **mobile apps** and **GPS**.
- Madhya Pradesh and Rajasthan tried to legalise **sand mining** in parts of the sanctuary after failing to contain it.
- The **NGT** stalled Madhya Pradesh’s proposals, while the **Court** blocked Rajasthan’s similar proposal in March.
- The Court later took **suo motu** cognisance and reminded Rajasthan of the **National Security Act** and State Goonda Act.

## **Livelihood roots and the editorial’s core lesson**

- Traditional **agriculture** is difficult in the Chambal ravines, pushing many young men toward **mining** for survival.

- The mafia recruits these men as **foot soldiers**, leaving officials exposed to local hostility when acting against syndicates.
- The editorial argues that **force alone** cannot dismantle an economy built on **grievance** and deprivation.
- Sweeping **crackdowns** may deepen local resentment and further entrench the social base sustaining illegal mining.
- Durable change requires restoring lawful **livelihoods** alongside credible, even-handed **enforcement**.

## BEYOND EDITORIAL

### Resource federalism and the political economy of illegal extraction

- **Jurisdictional gaps:** Illegal sand networks thrive in border zones, as seen in **Chambal** and recent **Yamuna** cases involving multi-agency or inter-State oversight.
- **Rent nexus:** Sand extraction often survives through local patronage chains, as repeated NGT interventions on the **Cauvery** and **Yamuna** indicate.
- **Construction pull:** Rising infrastructure and real-estate demand make river sand highly profitable, as reflected in continuing disputes over **Yamuna** and **Cauvery** riverbed mining.
- **Regulatory weakness:** Poor monitoring in remote riverine terrain lets mining continue despite bans, as seen in the **Chambal** review and **Shamli Yamuna** findings.
- **Supply laundering:** Weak permit tracking and transport checks allow illegal sand to enter formal markets, as alleged in recent **Ghaziabad** and **Uttarakhand Yamuna** proceedings.
- **Social embedding:** Fragile local livelihoods make youth available as labour and local protectors, a pattern long visible in the **Chambal** sand economy.
- **Reform imperative:** Lasting control needs cooperative resource federalism through joint enforcement, as even NGT committees on the **Yamuna** have had to emphasise.

## 2. CLIMATE CHANGE AS A PUBLIC HEALTH EMERGENCY

*(GS Paper III - Environment)*

This editorial ‘Climate change as a public health emergency’ was published in **The Hindu** on 7th Apr 2026, highlights how climate change is already driving a broad-based **public health crisis** in India.

### Water, disease and expanding exposure

- More frequent **waterlogging** and excess **rain** in cities are creating conditions for cholera, typhoid, hepatitis A and leptospirosis.
- Recurrent **flooding** overwhelms **sanitation** systems, contaminates clean water supplies and exposes urban populations to serious illness.
- In drought-prone regions, worsening **water scarcity** pushes communities toward unsafe **sources**, raising diarrhoeal disease and dehydration risks.
- Shifting **seasonal patterns** are increasing **infections**, allergies and vector-borne diseases by disrupting established disease cycles.
- Disease **windows** are expanding geographically, while previously unexposed **communities** lack immunity and health systems remain unprepared.
- Rising **temperatures** have made new areas suitable for mosquitoes, accelerating **climate-driven** disease spread.
- The editorial cites measurable shifts in **dengue** patterns in **Delhi-NCR**, with cases now beginning as early as November.
- **Malaria**, once concentrated in endemic zones, is now being reported in cooler **Himachal Pradesh** where it earlier had minimal presence.

### Air pollution, heat and organ damage

- Hotter summers increase **air conditioning** use and **greenhouse gases**, worsening air pollution alongside climate stress.
- Elevated **PM2.5** enters the lungs and bloodstream, damaging the **lungs**, heart and kidneys.
- Fine particulate **matter** causes inflammation, reduces lung function and worsens asthma and **chronic obstructive pulmonary disease**.
- These particles also damage **blood vessels** and raise risks of hypertension, heart attack and **stroke**.

- Chronic **exposure** can impair **kidney** function, reduce filtration efficiency and worsen chronic kidney disease.
- Greenhouse **gases** trap more **heat**, creating a feedback loop that intensifies the crisis through greater cooling demand.
- Severe **heat stress** forces the **heart** to work harder, increasing cardiovascular strain and acute complications.

### Vulnerable groups and loss of recovery capacity

- Outdoor **workers** without adequate **shelter**, including manual labourers, face extreme exposure during prolonged heat conditions.
- Parts of **Odisha**, Telangana and **Vidarbha** are reporting a rising number of heat-stroke-related deaths.
- Rising **night-time temperatures** in **Delhi-NCR** and Mumbai are eroding the body's critical recovery window after daytime heat exposure.
- **Infants** face increasing **risk**, as extreme heat and air pollution are linked to preterm births and low birth weight.
- The burden falls hardest on groups with weak **adaptive capacity** and high daily **exposure** to extreme conditions.

### Food security and the public health framing

- The health effects of **climate change** extend into **food systems** through disrupted crop cycles and reduced agricultural productivity.
- Extreme weather and unseasonal **rain** contribute to food **shortages** and declining nutritional quality of crops.
- Rising prices alongside poorer crop **nutrition** deepen micronutrient deficiencies and chronic **malnutrition**, especially among children.
- Higher **temperatures** also reduce **milk production** as cattle face heat stress, worsening infant and child nutrition.
- These cascading effects weaken **immunity** and increase disease **vulnerability**, especially among children and the elderly.
- The editorial's central claim is that **climate change** is no longer a distant environmental issue but a present **medical emergency**.

## BEYOND EDITORIAL

### Need for climate-resilient public health systems

- **Surveillance upgrade:** Climate-sensitive health systems need real-time disease tracking, building on **IDSP** and the **National Programme for Climate Change and Human Health**.
- **Heat preparedness:** Local heat plans should combine alerts and cooling access, as shown by **Ahmedabad's Heat Action Plan** and **NDMA** guidance.
- **Primary care readiness:** Climate-linked illness first appears through dehydration, infection and respiratory distress, making local **primary care** and **district surveillance** indispensable.
- **Urban resilience:** Public health planning must align drainage, water quality and air control, a need reflected in **NCDC** and **NDMA** climate-health guidance.
- **Targeted protection:** Outdoor workers and informal settlements need focused safeguards, as **NDMA** heat-wave material specifically stresses vulnerable population protection.
- **System capacity:** Hospitals must prepare for seasonal surges in admissions and medicine demand, which **MoHFW** links to rising **climate-sensitive health issues** since 2019.
- **Whole-of-government approach:** Climate-resilient health systems require convergence across health, urban bodies and disaster agencies, exactly the model promoted by **NDMA** frameworks.

## 3. REINFORCING THE CASE FOR A ONE HEALTH APPROACH

*(GS Paper III - Science and Technology, GS Paper I - Society)*

This editorial 'Reinforcing the case for a One Health approach' was published in **The Hindu** on 7th April 2026, highlights the need for **coordinated, science-based** One Health systems to strengthen pandemic preparedness and response.

### Concept and intellectual foundations

- The editorial uses **Outbreak** and **COVID-19** to show how zoonotic threats can move rapidly from fiction to public crisis.

- **One Health** rests on the **interconnectedness** of human, animal and environmental health.
- The term gained policy relevance during **2003-04** with **SARS** and the spread of avian influenza H5N1.
- The **Manhattan Principles** of **2004** helped frame links between animal health, human health and ecological disruption.
- The editorial stresses that most **zoonotic diseases** emerge from human-driven **ecosystem** change, land-use shifts and wildlife interaction.

### Why coordination is indispensable

- One Health is presented as an **integrated** and **unifying** approach to optimise the health of people, animals and ecosystems.
- It requires collaboration across multiple **sectors** and **disciplines**, rather than isolated departmental action.
- The editorial notes that fragmented **departments** and competing **institutions** often obstruct effective crisis response.
- **COVID-19** exposed both the cost of weak **coordination** and the gains from scientific collaboration.
- Collective sharing of **SARS-CoV-2** data and study of human **genetic factors** supported rapid vaccine development.

### Institutional and global responses

- The **WHO Pandemic Agreement**, adopted on **May 20, 2025**, is presented as a legal framework for future pandemic prevention and response.
- Its focus includes **equity** and **preparedness**, especially through pathogen access and benefit-sharing arrangements.
- The system aims to improve rapid **data sharing** and fairer **vaccine** and treatment access.
- International agencies including **WHO**, **FAO**, **UNEP** and the **World Organisation for Animal Health** launched a One Health Joint Plan of Action in October 2022.
- The ongoing **One Health Summit** in **Lyon** is described as a platform to build international and interdisciplinary consensus.

### India's response and emerging priorities

- Post-**COVID**, India fast-tracked collaborative **positions** to address future health crises.
- The **National One Health Mission** was launched to integrate human, animal and environmental health sectors.

- Its stated goals include stronger **pandemic preparedness**, disease **surveillance** and zoonotic control.
- The editorial links One Health not only to infectious disease, but also to **AMR** and **climate change** stressors.
- It argues that extreme climate events and ecological disruption make stronger **monitoring** and **mitigation** essential.

### State-level examples and policy direction

- The editorial cites **Odisha** as a State example of climate-linked **budget tracking** relevant to resilient development.
- It also points to **Kerala, Meenangadi** and Tamil Nadu initiatives as replicable subnational efforts.
- One Health is tied to broader goals such as sustainable **food systems** and reduced **pollution** exposure.
- The article's final logic is that increasingly interconnected risks require equally **interconnected** and **coordinated** institutions.

## BEYOND EDITORIAL

### Institutional challenges in operationalising One Health

- **Departmental silos:** One Health often stalls because human, animal and environmental agencies work separately, even though **NOHM** spans more than **16 ministries/departments**.
- **Data fragmentation:** Early warning remains weak when disease, wildlife and climate information are collected separately instead of through interoperable **One Health** platforms.
- **Veterinary gaps:** Uneven veterinary capacity across States can delay detection in animal populations, which is why **NOHM** explicitly integrates animal-health institutions.
- **Federal coordination:** Responses slow when outbreaks cross sectors and regions, making **State/UT engagement workshops** under **NOHM** especially important.

- **Funding fragmentation:** One Health needs sustained pooled financing, but implementation still depends on multiple departmental streams rather than a single **institutional architecture**.
- **Skill deficit:** Doctors, veterinarians and ecologists rarely train together, which is why the **Nagpur 2026** workshop stressed operational **frameworks** for State action.
- **Implementation challenge:** Effective operationalisation needs clear mandates and accountable coordination, not broad intent alone, despite **Cabinet-approved NOHM** and high-level policy backing.