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SUMMARY OF IMPORTANT EDITORIALS

7th May 2026

TOPICS:-

- 1. Understanding inequality in India's growth story**
(GS Paper III Economy)
- 2. Fixing structural deficits in India's health system**
(GS Paper I Society, GS Paper II Governance)
- 3. To teach or to research: We must be honest about what we want from our teachers**
(GS Paper I Society)

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1. UNDERSTANDING INEQUALITY IN INDIA'S GROWTH STORY

(GS Paper III Economy)

This editorial 'Understanding inequality in India's growth story' was published in **The Hindu** on 7th May 2026, highlights why **India's consumption-led growth** story masks deeper urban-rural, class-based and non-food expenditure inequalities.

Measurement and Data Concerns

- Inequality estimates require clarity on **measurement basis, social axis**, data source and comparability across surveys.
- Overall consumption-expenditure inequality in **HCES 2023-24** is estimated at Gini 0.29, above the **World Bank** estimate of 0.25.
- **NSS data** likely underestimate inequality because the superrich are poorly captured, with even the **richest 10%** including welfare beneficiaries.

Non-Food Consumption and Urban-Rural Inequality

- **Non-food expenditure** shows sharper inequality than food spending in both rural and urban sectors, reflecting unequal consumption capacity.
- **Urban inequality** remains higher than rural inequality, with urban overall Gini at 0.29 against **rural Gini** of 0.24.
- Average **urban non-food** monthly per capita expenditure is about 1.5 times the all-India average and twice the **rural level**.
- The **MPCE gap** is sharper in cities, where the top decile spends six times the bottom decile, against **4.5 times** in rural India.
- **Between-decile inequality** accounts for 67% of urban food inequality and 90% of **non-food inequality**, showing class concentration.

Class-Based Inequality and Policy Implications

- **Inter-class inequality** has deepened as urban owners, managers and professionals gained disproportionately, while **informal workers** and small farmers lagged.
- **Welfare measures** have not produced systematic change in class inequality, keeping the **growth-inequality nexus** central to India's urban transition.
- **Debt-led consumption** complicates inequality analysis, as higher spending may reflect vulnerability rather than **broad prosperity**.

BEYOND EDITORIAL

From Consumption Inequality to Capability Inequality

- **Health access:** Unequal health access converts income gaps into life-quality gaps, as NSSO health surveys show poor households depend heavily on costly private care.

- **Education divide:** Unequal schooling quality limits social mobility, as ASER repeatedly shows weaker learning outcomes among children despite rising school enrolment.
- **Nutrition deficit:** Consumption growth may hide nutritional inequality, as NFHS-5 shows persistent anaemia among women and children despite higher household spending.
- **Housing gap:** Urban growth can widen capability inequality, as slum clusters in Mumbai and Delhi face insecure housing and high living costs.
- **Digital exclusion:** Unequal access to devices and internet restricts opportunities, as rural students faced learning losses during COVID-19 online education.
- **Debt pressure:** Debt-led consumption can create welfare illusions, as farm and informal-worker households often borrow for health, education and ceremonies.
- **Mobility barrier:** Growth becomes unequal when groups cannot convert spending into better capabilities, as informal workers lack secure skills, health and livelihoods.

2. FIXING STRUCTURAL DEFICITS IN INDIA'S HEALTH SYSTEM

(GS Paper I Society, GS Paper II Governance)

This editorial 'Fixing structural deficits in India's health system' was published in **The Hindu** on 7th May 2026, highlights how India's **medical expansion** must be aligned with public-service needs, specialist deployment and operational health-system reform.

Medical Expansion Without Public-Service Alignment

- India approved **43 medical colleges** and **8,967 PG seats** for 2025-26, but lacks clear deployment rules for aspirational and underserved areas.
- Of these colleges, only **eight States** own eight institutions, while **private colleges** face no obligation to place trainees in government service.
- Capital spending alone cannot improve **remote healthcare** without adequate teaching capacity, as 11 of 18 AIIMS report around **40% vacancies** in faculty posts.

Specialist Shortage and CHC Dysfunction

- Rural Community Health Centres face **79.9% vacancy** among specialists, with only 4,413 available against a **21,964 requirement**.
- Despite 72,627 additional **PG seats** since 2014, the shortfall of CHC specialists remains around **17,500**, showing weak linkage between training and public need.

- Specialists avoid remote postings due to poor **working conditions**, including inadequate equipment, staff quarters, schooling and **peer support**.
- A CHC should serve 1.6-2 lakh people with **30 beds** and five specialists, but only **882 CHCs** can be fully operationalised.
- States keep building more **CHCs** for central funds, though many work like primary health centres and leave only one functional CHC per district for specialised care.

Budgetary and Planning Deficits

- Central health spending remains infrastructure-heavy, without matching allocation for **drugs**, diagnostics, ambulances, emergency care and temporary salaries.
- Health outcomes require operational capacity, not only **building construction**, because the remaining service costs must be managed by **State budgets**.
- New CHCs are often announced for **political mileage**, although existing centres lack specialists and functional capacity.
- PHCs and CHCs should be classified into **normal areas**, difficult areas and most difficult areas, as done in Chhattisgarh under the Rural Medical Corps Scheme.

Corrective Measures for Specialist Deployment

- Government-sponsored **PG seats** should be linked to existing specialist vacancies in CHCs or district hospitals.
- Candidates filling a **CHC vacancy** should get the same speciality seat and return after training through assured **posting rules**.
- Aspirant doctors may give undertakings for **government service**, with priority for 10-year bonds in difficult CHCs under the National Health Mission.
- Specialist posting must follow an **all-or-none** principle, placing all five specialists together or none, to avoid diluted and piecemeal services.
- Staff quarters, operation theatres, labour rooms, ICUs and **24-hour emergency** units must be upgraded in CHCs, especially **remote districts**.
- Team-based specialist posting improves **public trust**, reduces doctor workload and strengthens patient satisfaction through better communication.

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Public Health Cadre and Decentralised Health Governance

- **Cadre deficit:** India's health crisis is also administrative, as Tamil Nadu's public health cadre shows doctors alone cannot manage planning, surveillance and logistics.

- **District planning:** Strong district health teams, as seen in Kerala's local health planning, can identify disease burdens, vacancies and infrastructure gaps better.
- **Preventive focus:** A public health cadre can shift focus to prevention, as IDSP links surveillance with sanitation, immunisation and outbreak response.
- **Local coordination:** Decentralised governance can align doctors, nurses, ASHAs and panchayats, as Chhattisgarh's Mitadin model improved rural health outreach.
- **Crisis readiness:** Dedicated public health managers can improve preparedness, as Kerala's Nipah response showed the value of local surveillance and risk mapping.
- **Resource efficiency:** Better governance can make buildings, equipment, drugs and staff work together, avoiding underused CHCs despite fresh infrastructure spending.
- **Accountability chain:** Clear district and block responsibility can make outcomes measurable, as HMIS-style reporting links local performance with health-system monitoring.

3. TO TEACH OR TO RESEARCH: WE MUST BE HONEST ABOUT WHAT WE WANT FROM OUR TEACHERS

(GS Paper I Society)

This editorial 'To teach or to research: We must be honest about what we want from our teachers' was published in **The Indian Express** on 7th May 2026, highlights how forcing every academic to be both teacher and researcher weakens higher education."

Flawed Faculty Expectations

- Indian academia assumes every faculty member can be both **brilliant researcher** and **inspired teacher**, making hiring, promotion and rankings unrealistic.
- Faculty careers require an **PhD first** and continuous publication later, creating pressure for research even where teaching aptitude is stronger.
- Teaching and research are distinct **vocations** requiring different **skills**, temperaments and relationships with knowledge.

- Good teaching needs **clarity** and **adaptability**, while research needs uncertainty, rigour, originality and long periods of intellectual isolation.

Distorted Incentives and Institutional Damage

- Forcing all faculty into research creates **perverse incentives** as natural teachers produce papers without genuine aptitude.
- India's **predatory journals** thrive because compulsory publication creates demand for fee-based papers without meaningful peer review.
- Genuine researchers suffer from **teaching loads** and classroom-based evaluation, reducing uninterrupted time for reading, writing and revision.
- Students suffer when **researchers** are made to teach undergraduate basics despite lacking interest or **pedagogical skill**.

Ranking Pressure and Research Quantity

- Domestic and global **university rankings** heavily reward research output, pushing institutions to demand publication from all faculty.
- Institutional policies often privilege **bibliometric output** over **research quality**, encouraging self-citations and dubious collaborations.
- Kishore Paknikar criticises ranking-driven **publication counts** for weakening **conceptual depth** in research strategies.
- Rankings need better **teaching metrics** and evaluation transparency, but immediate reform requires separating teaching and research tracks.

Dual-Track Reform and Entry Standards

- Many countries already maintain **teaching-track** and **research-track** positions, treating both as legitimate and equally rewarded.
- Research-track entry should require a **PhD** assessed by **idea quality**, not publication quantity.
- Teaching-track entry should require strong **pedagogy certification**, not necessarily a PhD, because subject knowledge alone does not ensure teaching ability.
- The current **UGC-NET** neither tests teaching ability nor research ability, making it a relic needing fundamental redesign.

Balanced Academic Roles

- Researchers and teachers need not live in separate **academic worlds**, as guest lectures, seminars and elective courses can create useful bridges.
- Reform is urgent because rising **youth enrolment** cannot be sustained by a system that relies exclusively on research-active faculty.

BEYOND EDITORIAL

Student Learning Outcomes as the Missing Third Track

- **Learning centrality:** Higher education reform must judge institutions by student learning, as NEP 2020 stresses outcomes beyond publications and teaching hours.
- **Mentoring role:** Teachers should be rewarded for mentoring and feedback, as IITs and IIMs formally use faculty advisory systems.
- **Skill formation:** Universities must measure writing, reasoning and employability skills, as NAAC assessment already considers student progression and learning support.
- **Classroom quality:** Teaching evaluation should examine course design and engagement, as outcome-based education uses learning outcomes, rubrics and continuous assessment.
- **Equity lens:** Learning outcomes matter more for first-generation learners, as remedial coaching in central universities supports socially disadvantaged students.
- **Employability link:** Student-centred evaluation can link education with internships and practical exposure, as AICTE mandates internships in technical education.
- **Reform balance:** A third focus on student outcomes can balance teaching and research tracks, aligning faculty roles with NEP's learner-centric vision.