

EDITORIALS – 25TH JUN 2026

1. Clearing the road to timely trauma care in India

(GS Paper II Governance)

This editorial 'Clearing the road to timely trauma care in India' was published in The Hindu on 25th Jun 2026, highlights the Supreme Court's recognition of trauma care under Article 21 and the need for an integrated trauma-response system.

Constitutional Recognition and Trauma Burden

- The Supreme Court held trauma care integral to Article 21, extending from injury site to definitive hospital treatment.
- India records 4.67 lakh annual injury deaths, with road crashes alone causing nearly 1.77 lakh deaths.
- Trauma is the leading cause of death among Indians aged 18-45, making timely care a major public health need.
- The Law Commission linked half of road-crash deaths to delayed care, while NITI Aayog-AIIMS linked 30% deaths to emergency-response delays.
- The ruling builds on Parmanand Katara and Paschim Banga, covering the full chain from bystander to receiving facility.
- Trauma survival depends on integrated systems, as hospitals, ambulances or surgeons cannot compensate for delayed calls or transport.

Cooperative Federal Trauma-Care Framework

- Public health lies in the State List, making Union-State cooperation essential for uniform trauma-care standards.
- Compliance affidavits from 34 States/UTs showed willingness to adopt Union policies and standardised trauma-care mechanisms.
- The Court treated the Union as an enabler, while preserving federal powers and supporting existing frameworks like PM RAHAT and ERSS-112.

- Emergency numbers 100, 101, 102, 108, 1033 and 1091 must integrate with 112 within three months.
- States must create physical and digital grievance-redress systems for Good Samaritans, with nodal authorities at State and district levels.

Operational Directions and Accountability

- Registered ambulances must follow the National Ambulance Code, carry GPS, integrate with 112 and undergo structured audits.
- Trauma facilities must be transparently graded, while hospitals must adopt the EMT curriculum notified under NCAHP.
- States have eight weeks to operationalise PM RAHAT, as non-implementation will violate the Motor Vehicles Act.
- The Health Ministry must notify a national rescue protocol and Trauma Registry format linking State registries nationally.
- Chief Secretaries must receive orders, ATRs must reach the Court Registry, and the Attorney General must monitor implementation.

Implementation Challenge

- Implementation may remain difficult because State capacity, ambulance networks and helpline integration vary widely.
- The burden of inaction has shifted, as States must now show measurable progress before the Court.
- For ordinary victims, trauma care should no longer depend on uncertain helpline numbers, delayed help or unclear hospital capability.

Beyond Editorial

Building a Golden-Hour Ecosystem

- Prevention focus: Timely trauma care must be backed by safer roads, helmet enforcement and vehicle checks, as Tamil Nadu's road-safety drives show prevention reduces hospital load.
- Community responders: Trained police, drivers and toll staff can provide CPR and bleeding control, as NHAI highway corridors need help before ambulances arrive.

- Basic life support: Schools, colleges and transport hubs can mainstream BLS training, using Red Cross and St John Ambulance models for citizen-level emergency readiness.
- Crash mapping: Blackspot correction through MoRTH and iRAD data can prevent repeated crashes on high-risk stretches before they become recurring trauma points.
- Digital triage: GPS ambulances, live bed status and trauma-centre routing can reduce referral delays, as 108 ambulance models in States demonstrate.
- Inter-agency drills: Health, police, fire and transport departments need joint mock drills, as disaster-management practice shows response time improves through coordination.
- Behavioural change: Campaigns against overspeeding, drunk driving and wrong-side driving can reduce trauma demand, especially when backed by Motor Vehicles Act enforcement.

2. Sustaining India's low-fertility future

(GS Paper I Society)

This editorial 'Sustaining India's low-fertility future' was published in The Hindu on 25th Jun 2026, highlights India's shift to low fertility and the need to build income, care, health and migration systems for an ageing society.

Low Fertility and Uneven Demographic Transition

- India's latest Sample Registration System data places TFR at 1.9, below the global average of 2.2 and replacement level of 2.1.
- Fertility decline is uneven, with rural fertility near replacement level while urban fertility has fallen to 1.5.
- Delhi's fertility is ultra-low at 1.2, while Kerala, Tamil Nadu and West Bengal stand at 1.3.
- Bihar remains at 2.9, followed by Uttar Pradesh, Madhya Pradesh and Rajasthan, showing continued regional divergence.

- India has entered low fertility nationally, but not as a uniform demographic economy across States.
- Younger States need productive employment pathways, while older States need stronger income, care and health systems.

Weak Fiscal and Labour-Market Foundations

- Europe and Japan aged after industrialisation, formal jobs and wider tax bases, while India enters ageing with weaker institutional capacity.
- India's per-capita income is around \$2,800, while net direct taxpayers form only 6% of the population.
- State governments face high social-sector responsibilities despite already stretched fiscal capacity.
- Most workers remain in informal or semi-formal work, keeping old-age income security outside formal employment contracts.
- Contribution-based pensions suit stable formal jobs, but India's volatile incomes make sustained contributions difficult for most workers.

Old-Age Security and Care Burden

- Existing safety nets recognise vulnerability but remain inadequate, with NSAP pensions at ₹200 for ages 60-79 and ₹500 above 80.
- India has nearly 150 million people aged 60+, projected to reach 347 million by 2050, nearly one-fifth of the population.
- NITI Aayog notes 70% of the elderly depend on others, while 78% lack pension cover.
- India needs an inflation-indexed minimum pension floor as basic risk-pooling, not as a replacement for contributory pensions.
- Household-based welfare is weakening as urbanisation, migration, nuclear families and women's work aspirations reduce unpaid elderly care.
- Migration may improve remittances for elderly parents, but it can worsen loneliness and health vulnerability.
- Ageing will raise demand for long-term management of hypertension, diabetes, dementia, disability and palliative dependence.

Migration and Federal Adjustment

- Fast-ageing States will need workers from younger States, making inter-State migration central to national demographic balance.
- Younger States must invest in education, health and skills so migrants do not enter only low-wage informality.
- Older and richer States must treat migrants as citizens sustaining their economies, not temporary labour.
- Welfare systems cannot remain tied to domicile, as worker entitlements must become portable across State borders.
- International evidence shows low fertility can coexist with prosperity, but India is ageing before completing transitions that made ageing manageable elsewhere.

Beyond Editorial

Ageing as a Human Capital Opportunity

- Rights-based approach: Low fertility should avoid coercive population policy, as China's one-child legacy shows demographic control can create long-term ageing imbalances.
- Productive ageing: Healthy seniors can work, mentor and volunteer through flexible platforms, as Japan's Silver Human Resources Centres demonstrate.
- Care economy: Trained caregivers, day-care centres and home support can create jobs while reducing family pressure, as Kerala's Vayomithram model suggests.
- Women's work: Childcare, parental leave and crèche support under the Maternity Benefit Act can protect employment choices while easing fertility-related anxieties.
- Silver economy: Ageing can expand assistive devices, geriatric housing, telemedicine and wellness services, as Japan's eldercare market already shows.
- Preventive health: Screening for diabetes, hypertension and dementia through Ayushman Arogya Mandirs can reduce future dependence and improve elderly well-being.
- Social participation: Senior clubs, digital literacy and community networks can reduce loneliness, as Kerala's local self-government programmes indicate.

3. India's rise merits a seat at the UNSC

(GS Paper II International Relations)

This editorial 'India's rise merits a seat at the UNSC' was published in The Indian Express on 25th Jun 2026, highlights India's claim for permanent UNSC membership as essential to representation, legitimacy and effective global governance.

India's Global Weight and Functional Contribution

- India's permanent membership is framed not as aspiration, but as a test of whether the UNSC can adapt to geopolitical flux.
- India represents one-sixth of humanity and the world's largest democracy, making its exclusion a challenge to Council credibility.
- India ranks among the top three in PPP terms, with 2026 GDP PPP estimated above \$20 trillion.
- India influences trade flows, technology supply chains, energy markets and development finance, strengthening its systemic global relevance.
- India has one of the largest armed forces, a record \$86 billion defence budget and a credible nuclear triad focused on deterrence.
- India's long UN peacekeeping role since 1948, despite high fatalities, reflects sustained commitment to multilateralism and UN mandates.

Leadership Across Global Governance Domains

- India shapes outcomes in energy transitions, green finance and technological innovation, cutting across the North-South divide.
- The International Solar Alliance and G20 theme Vasudhaiva Kutumbakam reflect India's leadership in inclusive global governance.
- India is emerging as a hub in technology governance, adding relevance beyond traditional security concerns.
- In the Indian Ocean, India supports freedom of navigation and adherence to UNCLOS and related maritime institutions.

Representation Deficit and UNSC Reform

- Asia has around 60% of the world's population, yet only one Asian state holds a permanent seat.
- UNSC expansion can address Asian challenges more fairly while preventing dominance by any single country's narrow agenda.
- The G4 initiative by India, Japan, Brazil and Germany seeks six new permanent seats, including two each for Asia and Africa.
- Restricting veto power to five countries has created structural challenges, as permanent members' influence grew despite non-permanent expansion.
- Consensus-based decision-making has produced a de facto veto, allowing members to block or delay action through unanimity requirements.
- Equitable reform requires expanding permanent membership with veto power to ensure fair representation and institutional balance.

Beyond Editorial

The Hard Politics of UNSC Reform

- P5 resistance: Permanent members rarely dilute veto privileges, as decades of post-Cold War UNSC reform negotiations have repeatedly shown.
- Rival claims: Pakistan-backed Uniting for Consensus and China's reluctance complicate India's claim despite support from G4 partners.
- Consensus hurdle: UN reform needs broad agreement, but the Italy-led Uniting for Consensus group opposes adding new permanent seats.
- Veto dilemma: India must balance veto parity with feasibility, as Africa's Ezulwini Consensus also demands equal veto rights for new permanent members.
- Coalition-building: India needs wider support from Africa, Latin America and island states, as reflected in L.69 and Global South platforms.
- Reform sequencing: A phased model without immediate veto may be more workable, as several intergovernmental negotiation tracks have informally explored.
- Credibility test: India's case strengthens through sustained UN peacekeeping contributions in Congo, Lebanon and South Sudan.