

"If you can't fly then run,  
if you can't run then walk,  
if you can't walk then crawl,  
but whatever you do,  
you need to

**KEEP MOVING FORWARD**

Martin Luther King Jr.



# **Important Issues of the Day**

- **Trump pauses strikes – Page No. 1, GS 2**
- **Delimitation – Page No. 1, GS 2**
- **Tuberculosis – Page No. 8, GS 2**
- **Index of Eight Core Industries – Page No. 8, GS 3**
- **Iran-Pakistan-India (IPI) Pipeline – Prelims**

# Trump pauses strikes on Iran, says deal is possible

Attacks on power infrastructure in Iran will be 'postponed' for five days, says U.S. President; major 'points of agreement' reached in 'good and productive talks', he says; Iran rejects Trump's claims

**Stanly Johny**

**U**.S. President Donald Trump, who issued a 48-hour ultimatum to Iran on Saturday to reopen the Strait of Hormuz or face strikes on its power infrastructure, said on Monday that he would postpone the attacks for five days after "very good and productive" talks with Tehran.

"I am please[d] to report that the United States of America and the country of Iran have had, over the last two days, very good and productive conversations regarding a complete and total resolution of our hostilities in the Middle East," Mr. Trump wrote in a social media post.

Later in Washington, Mr. Trump told pressper-



**Taking hits:** A residential building damaged by a strike, amid the U.S.-Israeli conflict with Iran, in Tehran on Monday. REUTERS

sons that the Islamic Republic and the U.S. had "very, very strong talks" and there were "major points of agreement" between the two countries with a "real possibility of making a deal".

Iranian Parliament Speaker Mohammad-Bagher Ghalibaf, however, de-

nied negotiations with the U.S., saying that "fake news is intended to... escape the quagmire in which America and Israel are trapped".

Iranian Foreign Ministry also denied Mr. Trump's claims while the Islamic Revolutionary Guard Corps (IRGC) said it

## Two more Indian vessels cross Strait of Hormuz

**CHENNAI**

Two Indian-flagged LPG carriers, *Jag Vasant* and *Pine Gas*, have transited through the Strait of Hormuz on Monday evening. They are together carrying nearly 93,000 tonne of LPG, as per the inter-Ministerial briefing held on Monday. » **PAGE 12**

launched a new wave of missile and drone attacks targeting the U.S. Fifth Fleet in Bahrain and U.S. bases in other West Asian countries.

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» **PAGE 12**

**LONG-TERM IMPACT: PM**

» **PAGE 12**

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- **Iranian Parliament Speaker Mohammad-Bagher Ghalibaf, however, denied negotiations with the U.S., saying that “fake news is intended to... escape the quagmire in which America and Israel are trapped”.**
- **Iranian Foreign Ministry also denied Mr. Trump’s claims while the Islamic Revolutionary Guard Corps (IRGC) said it launched a new wave of missile and drone attacks targeting the U.S. Fifth Fleet in Bahrain and U.S. bases in other West Asian countries.**
- **India is closely monitoring developments, External Affairs Ministry spokesperson Randhir Jaiswal said on Monday shortly after U.S. President Donald Trump announced that he would postpone attacks on Iran’s power infrastructure for five days.**
- **Another senior official termed the move “positive”, while emphasising that the government was keeping an eye on the developments.**

**On Monday evening, External Affairs Minister S. Jaishankar held talks with the Ambassadors of the**
- **GCC countries, namely Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the UAE.**

### **Mains Question**

*Persistent instability in West Asia has reshaped regional alliances and global power dynamics. Critically examine its implications for India's foreign policy. (250 words)*

पश्चिम एशिया में जारी अस्थिरता ने क्षेत्रीय गठबंधनों तथा वैश्विक शक्ति संतुलन को प्रभावित किया है। भारत की वर्तमान नीति पर इसके प्रभावों का समालोचनात्मक परीक्षण कीजिए। (250 शब्द)

# Centre signals early delimitation, women's quota for 2029 polls

**Nistula Hebbar**

NEW DELHI

The Union government has indicated that it will bring an amendment Bill proposing a delimitation exercise based on the 2011 Census to ensure the implementation of the Women's Reservation Act, 2023, ahead of the 2029 Lok Sabha election.

Under the proposed amendments, the number of Lok Sabha seats will increase from 543 to 816, with 273 seats, 33%, reserved for women. The amendments could be brought in the ongoing Budget Session or in a Special Session called for the purpose.

### **States' concern**

Though the draft of the amendments are yet to be circulated, it is understood by sources that care would be taken so that the existing proportion of seats will



The Bill will enable delimitation based on the 2011 Census to implement the 2023 quota Act.

be maintained for all States, amid concerns that States that had showed success in population control programmes would lose out on representation *vis a vis* more populous States. Southern States had in particular expressed this concern. Overall, each State is likely to see a 50% rise in seats, but the pro rata basis would be maintained.

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» PAGE 12

- **The Union government has indicated that it will bring an amendment Bill proposing a delimitation exercise based on the 2011 Census to ensure the implementation of the Women's Reservation Act, 2023, ahead of the 2029 Lok Sabha election. Under the proposed amendments, the number of Lok Sabha seats will increase from 543 to 816, with 273 seats, 33%, reserved for women. The amendments could be brought in the ongoing Budget Session or in a Special Session called for the purpose.**
- **Though the draft of the amendments are yet to be circulated, it is understood by sources that care would be taken so that the existing proportion of seats will be maintained for all States, amid concerns that States that had showed success in population control programmes would lose out on representation vis a vis more populous States.**

- **Delimitation means the process of fixing the number of seats and boundaries of territorial constituencies in each State for the Lok Sabha and Legislative assemblies.**  
**It also includes determining the seats to be reserved for Scheduled Castes (SC) and Scheduled Tribes (ST) in these houses.**  
**This 'delimitation process' is performed by the 'Delimitation Commission' that is set up under an act of Parliament.**
- 
- **Delimitation Commissions have been set up four times — 1952, 1963, 1973 and 2002 under the Acts of 1952, 1962, 1972 and 2002.**  
**The Constitution of India mandates that the allocation of seats in the Lok Sabha should be based on the population of each state so that the ratio of seats to population is as close as possible to being equal across all states.**

- the Constitution was amended 42nd Amendment Act of 1976 froze the allocation of seats in the Lok Sabha to the states and the division of each state into territorial constituencies till the year 2000 at the 1971 level.  
The 84th Amendment Act of 2001 empowered the government to undertake readjustment and
- rationalisation of territorial constituencies in the states on the basis of the population figures of 1991 census.  
The 87th Amendment Act of 2003 provided for the delimitation of constituencies on the basis of 2001 census and not 1991 census.
- The Commission is appointed by the President of India and works in collaboration with the Election Commission of India.
- 

**Composition:**

- Retired Supreme Court judge
- Chief Election Commissioner
- Respective State Election Commissioners

- **The Constitution (106th Amendment) Act, 2023, reserves one-third of all seats for women in Lok Sabha, State legislative assemblies, and the Legislative Assembly of the National Capital Territory of Delhi, including those reserved for SCs and STs. The reservation will be effective after the publication of the census conducted following the Act's commencement and endures for a 15-year period, with potential extension determined by parliamentary action.**
- **The rotation of seats allocated for women will be governed by parliamentary legislation after each delimitation process.**
- **Currently, around 15% of the total members of the 17th Lok Sabha (2019-2024) are women while in state legislative assemblies, women on average constitute 9% of the total members.**

**With reference to the Delimitation Commission consider the following statements:  
(2012)**

- 1.The orders of the Delimitation Commission cannot be challenged in a Court of Law.**
- 2.When the orders of the Delimitation Commission are laid before the Lok Sabha or**

**State Legislative Assembly, they cannot effect any modification in the orders.**

**Which of the statements given above is/are correct?**

**(a) 1 only (b) 2 only (c) Both 1 and 2 (d) Neither 1 nor**

**2**

## Mains Question

*Despite constitutional guarantees of equality, women remain underrepresented in the Indian Parliament.*

**Examine the factors responsible for low representation of women in Parliament and suggest measures to enhance their participation in politics. (250 words)**

संवैधानिक समानता के बावजूद भारतीय संसद में महिलाओं का प्रतिनिधित्व अभी भी सीमित है।

संसद में महिलाओं के कम प्रतिनिधित्व के कारणों की समीक्षा की जाए किता सीति में उनकी भागीदारी बढ़ी के उपाय सुझाए।(250 शब्द)

## Grim future

### India's economic fundamentals need a realistic reassessment

**T**he economy has recently been yielding some discomfiting data, even before the war in West Asia began. The most recent of these was the February 2026 data on the Index of Eight Core Industries. This release showed that growth in the overall Index had dropped to a three-month low in February, half the rate of what it saw in January. This was not a case of a high base effect, either, with growth in February 2025 having been just 3.4%. The sector-wise data reveal further issues. The domestic crude oil industry has been contracting for six consecutive months. In fact, the sector has contracted in 20 out of the last 24 months. The natural gas sector, too, has contracted for the last 20 consecutive months. As context, from about the middle of last year, it had been increasingly clear that there would be some sort of escalation between the U.S. and Iran, even if the exact nature of the war now could not have been predicted then. It is no secret that India is highly dependent on energy imports, especially from the region that would have faced the brunt of any such escalation. As a matter of fact, a large part of the contraction in domestic production was likely because imports were coming cheap. Yet, as tensions increased, it might have been more prudent to have increased domestic oil and gas production over the last eight months so as to at least build reserves, if not

Permanently reducing such dependence will take time, but a temporary domestic production push – as is belatedly underway – might have considerably alleviated the current supply crunch. Hindsight is 20-20, but that does not excuse a lack of foresight or an inability to learn. The Pradhan Mantri Ujjwala Yojana of 2016 should have triggered a concerted policy to secure LPG supplies and reserves.

This poor core sector performance comes on top of the new series of GDP data showing that the Indian economy is actually smaller than previously thought. Further, between 2022-23 and 2025-26, the contributions to GDP of key engines such as private consumption, capital formation, exports and imports have all fallen. The share of 'change in stocks' has nearly doubled, however, meaning that there is production but not enough sales. Soon, that production too will reduce to fall in line with the subdued demand. All of this leads into the impact of the current crisis. With commercial fuel sources curtailed, oil prices at more than \$100 a barrel, and global economic uncertainty at a high, economists and rating agencies are already downgrading India's growth outlook to about 6.5%. Perhaps, India's much-vaunted macroeconomic fundamentals and resilience need a more realistic assessment.

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- 

-

- **It covers eight core industries viz. Coal, Crude Oil, Natural Gas, Refinery Products, Fertilizers, Steel, Cement, and Electricity.  
They comprise 40.27% of weight of items in Index of Industrial Production (IIP).**
- **Released by: Office of the Economic Advisor, Department for Promotion of Commerce and Industry, Ministry of Commerce.**
- **It is published monthly with the base year as 2011-12.**

# The evolving diagnostic landscape for tuberculosis

Page No. 8, GS 2

**T**wo weeks ago, in the run-up to World Tuberculosis (TB) Day (which falls on March 24), the World Health Organization (WHO) formally recommended the use of new near point-of-care (NPOC) molecular tests for diagnosing TB. WHO also endorsed the use of tongue swab samples for TB testing and sputum pooling strategies to potentially improve testing efficiencies at scale. These are the latest developments in what has been an unusually remarkable decade for the TB diagnostic landscape, a decade when new technologies have not only emerged but have also been tested, swiftly recommended and utilised to advance global efforts to eliminate TB.

Probably the best example is the rapidly expanding use of portable chest X-ray (CXR), in tandem with artificial intelligence (AI) solutions for TB screening. In India, the National Tuberculosis Elimination Programme (NTEP) has made available hundreds of portable CXR machines that are being utilised for the Pradhan Mantri TB Mukh Bharat Abhiyaan, in an effort to take active TB screening into the community.

Until recently, X-ray access was limited to hospital settings and dependent on the availability of technicians and radiologists to record the X-ray and interpret the findings. Today, active case-finding efforts are in full swing through mobile vans equipped with portable CXR with AI, making it more convenient. While this takes diagnostic services into the community, we must ensure on-the-spot collection of sputum samples for those with any CXR findings to significantly reduce attrition in the diagnostic cascade. Further, those with CXR lesions other than TB (for example, lung cancer) must get the referral and treatment services they need. Systematic microplanning will also help to refine these screening efforts to focus on those who are most vulnerable, particularly in urban and tribal settings.

The use of AI also presents a credible option for opportunistic screening. Tens of thousands of X-rays are performed daily across India in public and private clinics and hospitals for various reasons. Installing AI algorithms in digital X-ray machines that can swiftly identify suspicious lesions, whether for TB or other respiratory disorders, can reduce delays in diagnosis. Building health system capacity, particularly at the service delivery level, to use AI effectively is an important first step.

**The diagnostic landscape is shifting** India has long relied on sputum smear microscopy as the primary test for diagnosing TB, despite its low sensitivity and inability to identify drug-resistance. In 2016, India began scaling up molecular testing – starting with the Cartridge-based Nucleic Acid Amplification Test



**Dr. Soumya Swaminathan**

is Chairperson of the M.S. Swaminathan Research Foundation and National Science Chair, Anusandhan National Research Foundation (ANRF)

Strengthening the tuberculosis testing infrastructure with an expanded diagnostic toolbox will improve outcomes and support TB elimination efforts

(CBNAAT) and later adopting the indigenous Truenat in 2020. Today, many more Indian products are available, and decentralised access to molecular testing is central to the TB programme.

However, access to up-front molecular testing remains uneven. To achieve 100% testing through NAAT prior to treatment initiation, we must also strengthen sputum collection and transportation mechanisms, especially for the elderly, people with disabilities, and those who live in hard-to-reach areas. To complete the diagnostic cascade swiftly, we must reduce delays in first-line and second-line drug resistance testing and work with the general health system to leverage diagnostic human resource capacity. Minimising test turnaround time will ensure that people with drug-resistant TB are started on the correct treatment regimen at the earliest.

With WHO's endorsement of near point-of-care Nucleic Acid Amplification Tests (mPOC-NAAT), there are now more options for molecular testing at the primary-care level that are not heavily dependent on infrastructure. The use of non-sputum samples, such as tongue swabs, are especially useful for those who find it difficult to produce a good sputum sample, including children.

It is important to acknowledge that none of these tools is a complete solution in itself. What this growing collection of new tests offers is a comprehensive toolbox for TB diagnosis. Diagnostic network optimisation can help identify which tools to best use, individually and in combination, and where they should be located, to establish a diagnostic cascade that is accessible, affordable and person-centered. India must field-test these tools through robust implementation research that matches the pace of innovation, so that solutions can be tested in specific settings and decisions taken for scale-up.

Indian innovators have made a significant contribution, bringing to the market screening and diagnostic tools for global use, and will continue to play an important role in taking them to scale across the country. Over the years, we must examine the evidence to evolve clear diagnostic algorithms that are operationally feasible, involving the use of both AI-enabled CXR and molecular tests for diagnosing TB and identifying any antibiotic resistance.

## Research and innovation priorities

Simultaneously, we must streamline innovation assessment and procurement pathways so that all evidence is rigorously reviewed by the Indian Council of Medical Research (ICMR), comprehensive health technology assessments address clinical, social, economic, and ethical concerns, and only recommended tools are

procured and distributed in both public and private sectors. Several areas still require research and innovation.

First, as India is scaling up testing for TB infection and access to TB preventive therapy (TPT), we need more cost-effective and easy-to-use biomarkers that can identify and predict those at high risk for disease progression. Studies have shown that 'test and treat' approaches are more likely to convince people with TB infection to start on TPT, if they are at higher risk for disease, particularly in the private sector.

Second, the National TB Survey shows that asymptomatic TB is a serious issue, making symptom-based screening alone insufficient. Increased access to chest X-ray is a step in the right direction but we also need faster, less invasive diagnostic tools that use saliva and other non-sputum samples. More feasibility studies are required to understand utility and performance in real-world settings, particularly among individuals with low bacterial load.

Third, diagnosing TB in children remains challenging. Children cannot produce sputum as they often have low bacillary levels. Testing using stool samples has been tried in some countries and we need more implementation research in this area. We need far greater investment – and urgency – in finding the right new tools for diagnosing TB in children.

Finally, diagnosing extra-pulmonary TB (EP-TB) – which is almost a quarter of India's TB burden – remains difficult, often inaccessible and very expensive. Misdiagnosis as well as delayed diagnosis of EP-TB contributes to both catastrophic costs for families and poor outcomes for individuals. There are some pilots being done globally using AI-enabled portable ultrasound devices alongside molecular testing using new tools; we need India-specific evidence on this, including on cost-effectiveness.

Investing in strengthening the diagnostic landscape can be the greatest return on investment for the public health system. The sooner a person with TB is diagnosed, ideally before they are very ill, the more likely they are to recover fully, with fewer long-term post-treatment morbidities. Early diagnosis can not only improve treatment outcomes and long-term lung health but also dramatically reduce transmission within communities. A careful but swift and streamlined public sector expansion of diagnostics can also significantly reduce out-of-pocket expenditure for families affected by TB. An evidence-based, strong and expanded diagnostic toolbox can be a powerful lever to accelerate pathways to TB elimination in India.



WORLD TB DAY

- **World Tuberculosis (TB) Day (which falls on March 24)**  
**TB screening**
- **In India, the National Tuberculosis Elimination Programme (NTEP) has made available hundreds of portable CXR machines that are being utilised for the Pradhan**
- **Mantri TB Mukh Bharat Abhiyaan, in an effort to take active TB screening into the community.**
  
- **diagnosing extra-pulmonary TB (EP-TB) — which is almost a quarter of India's TB burden — remains difficult, often inaccessible and very expensive.**

# A decade of building India's TB Champion movement

In early 2017, at a workshop in New Delhi, Cedric Fernandes, a tuberculosis (TB) survivor and advocate from Maharashtra, said to a room full of other TB survivors, "It has been very lonely having this disease. I am fed up with the loneliness and I hope all of you are too." Addressing the organising team at the workshop, he gently admonished us: "I am so glad that someone is finally bringing us together ... but what took so long?"

India diagnoses and treats over 25 lakh people with TB every year, which means that there are hundreds of thousands of individuals such as Cedric, who are coming to terms with the disease and fighting to overcome it. Their path, from diagnosis to cure, is often fraught with challenges in an ecosystem where stigma and social exclusion continue to thrive within communities. TB remains one of the most stigmatised illnesses in both urban and rural India; stigma and discrimination uniquely impact women, men, transgender communities, children and adolescents, the elderly and other socially vulnerable groups.

## Challenging the belief

One of the early criticisms of the global TB response was that it remained stubbornly biomedical, focusing solely on clinical interventions whilst excluding communities and devaluing lived experience. Back in 2016, when we first began to imagine and build our wish list for how TB-affected communities – people with TB, TB survivors and their families – could play a greater role, there were many sceptics. Most of all, we were told that TB survivors, unlike people living with HIV, would want to move on with their lives once they had completed treatment, and would not be interested in becoming peer supporters or advocates. Ten years later, the evolution of the TB Champion movement in India has firmly dispelled this notion. TB Champions are survivors who are passionate, motivated and committed individuals, firm in their conviction



**Dr. Nalini Krishnan**

is Co-Founder and Executive Secretary of the Resource Group for Education and Advocacy for Community Health (REACH), a non-profit organisation working on tuberculosis (TB) for 27 years and a pioneer of the TB Survivor to Champion model



**Anupama Srinivasan**

is Deputy Director, Resource Group for Education and Advocacy for Community Health (REACH)

Survivors become 'TB Champions', supporting treatment, awareness and community engagement

that they have an important role to play in India's response to TB.

India's National TB Elimination Programme (NTEP) provides access to high-quality free diagnostics and treatment. Over the last few years, diagnosis and case-finding have accelerated, and treatment outcomes have steadily improved, which means that more people are being cured and mortality has reduced, with fewer people dying of TB. Newer strategies – Artificial Intelligence-enabled screening, active case-finding within communities, shorter and less toxic treatment regimens, expanded nutrition support, differentiated care approaches – have been adopted. But even the most robust health system cannot achieve elimination of any disease on its own, without active community participation. This is where TB Champions are uniquely poised to draw on their own personal experiences of TB to be powerful communicators and advocates for changes.

## 'Empower, support, educate'

In the early years of working with TB survivors, our focus was on developing the 'Survivor to Champion' training curriculum, which has since been formally adopted by the NTEP.

The involvement of TB Champions has reaffirmed a conviction that we have held from our inception – that a person with TB needs emotional support and motivation to get them through the treatment period, as much as they need high-quality clinical care. TB Champion-led peer counselling, through both one-to-one communication and support groups, has helped to improve treatment literacy and empowered people with TB with the knowledge they need. We have found a greater level of confidence and comfort among people with TB who have been supported by TB Champions and a significant reduction in self-stigmatisation.

Even today, myths and misconceptions about

TB persist. TB Champions have played a critical role in dispelling these and in improving knowledge of TB, the symptoms of the disease and where to seek care. They literally reach the last mile through regular community meetings, where they talk about the disease, share their own stories and reassure people that TB is a treatable and curable disease. This has been a powerful anti-stigma strategy, enabling people to come forward to seek diagnosis and treatment.

## Building networks, looking ahead

In addition, over the last decade, TB Champions in several States have come together to form survivor-led networks. These collective entities are naturally designed to be a powerful bridge between those seeking care and those providing services, especially among social vulnerable groups. Importantly, networks have become a source of strength for TB survivors, many of whom continue to experience the physical, social and

economic toll of the disease even after being cured. However, the long-term future and sustainability of networks remains uncertain, given that they are dependent on external resources for funding. The next challenge is to test and build self-sustaining socio-economic models for survivor-led networks.

Over the last 10 years, we have been humbled by the trust that thousands of TB Champions from across the country have placed in us. They have travelled long distances to attend our workshops, sharing their TB journeys and stories, their pain and successes. They have become empowered local leaders, unafraid to use the TB Champion moniker to refer to themselves. They remain staunchly committed to working with their communities – supporting people with TB and their families, talking about stigma, meeting their panchayat leaders – and doing all of this for one simple, powerful reason – 'so that no one else should suffer like I did'.



- **TB Champions are TB survivors trained to act as peer supporters, role models, and advocates for Tuberculosis elimination.**
- **They utilize their personal experiences to provide emotional support, promote treatment adherence, reduce stigma, and connect patients with care and social benefits, playing a key role in community-based initiatives.**
- **Tuberculosis (TB) rarely presents as a standalone disease in an individual. Many people with TB have other comorbidities or disease conditions that they must simultaneously cope with, while being on treatment for TB.**  
**The need to integrate nutrition in TB care**
  -
- **Mental health of TB patients should not be overlooked**

- **Tuberculosis (TB) is an infectious disease caused by Mycobacterium tuberculosis. TB commonly affects the lungs (pulmonary TB) but can also affect other parts (extrapulmonary TB).**  
**Transmission: It spreads from person to person through the air when people infected with TB cough, sneeze or otherwise transmit respiratory fluids through the air.**
- 
- **However, people with latent TB (when the infections do not show any symptoms) do not spread the disease.**
- **The most common risk factor associated with TB is HIV and other conditions that impair the immune system.**



- It is a curable disease. Treatment depends on whether it is **drug-resistant** or **simple** tuberculosis.

**Common drugs  
for treatment**



Isoniazid (H)  
Rifampicin (R)  
Pyrazinamide (Z)  
Ethambutol (E)  
Streptomycin (S)

## **BPaLM Regimen for MDR-TB**

- It consists of a four-drug combination - **Bedaquiline, Pretomanid, Linezolid and Moxifloxacin.**
- It is a **highly effective** and **shorter** treatment option than the previous MDR-TB treatment procedure.



**Loss of weight**



**Loss of appetite**



## **National TB Elimination Programme (NTEP)**

- **NTEP: In 2020, the Revised National Tuberculosis Control Program (RNTCP) was renamed the NTEP with the goal to eliminate TB in India by 2025, five years ahead of the global target of 2030.**

**The Sustainable Development Goal targets for TB include 80% reduction in incidence, 90%**

- **reduction in mortality, and zero TB patients facing catastrophic costs.**

**The program is guided by the National Strategic Plan (2017-2025) under the strategic pillars: Detect– Treat– Prevent – Build (DTPB).**

- **Pradhan Mantri TB Mukta Bharat Abhiyaan (PMTBMBA): Launched in 2022 as part of NTEP, it**

- 

**focuses on providing nutritional, diagnostic, and vocational support to improve treatment outcomes and accelerate India's TB elimination goal. P**

- **Prevention:** The Bacille Calmette-Guérin (BCG) vaccine is given to infants to prevent TB.
- **Transmission:** TB spreads through the air when an infected person coughs, sneezes, or spits, releasing germs that others can inhale.
- **Treatment:** Standard TB treatment lasts 4-6 months. Incomplete treatment leads to drug-resistant TB.
- **Multidrug-resistant TB (MDR-TB):** It is resistant to isoniazid and rifampicin (medicines used to treat TB), treatable with costlier alternatives.
- **Extensively Drug-Resistant TB:** It is more severe, with limited treatment options.
-

### **Mains Question**

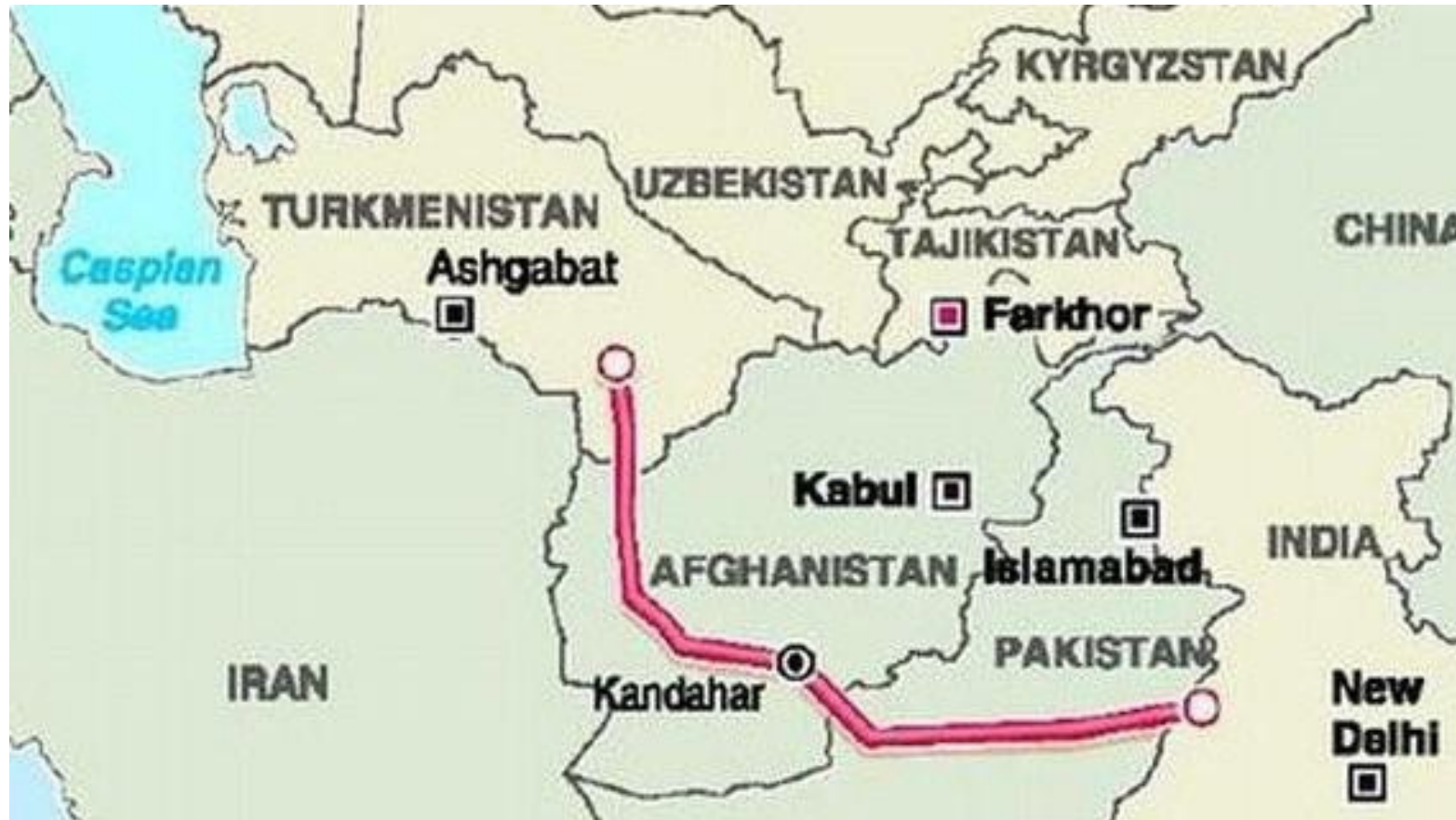
*India accounts for the highest number of tuberculosis (TB) cases globally despite various national health interventions.*

**Discuss the major challenges in eliminating TB in India and suggest measures to achieve the target of TB elimination. (250 words)**

ववशभन्न राष्ट्रीय थवाथय् कायक्रयमों के बावजूद भारत में ववचव में सबसे अधधक तपेहदक (टीबी) के मामले पाए जाते हैं।

**भारि में टीबी उन्मूलि की चुौतियों की चचा ाकीजिए िथा इसके उन्मूलि के ललए आवश्यक उपाय सुझाइए।(250 िब्द)**

## Iran-Pakistan-India (IPI) Pipeline



- **This has revived discussion on past pipeline projects like the Iran–Pakistan–India (IPI) and Turkmenistan–Afghanistan–Pakistan–India (TAPI)**  
**A proposed 2,775 km natural gas pipeline designed to transport gas from Iran’s South Pars field to Pakistan and India. Often referred to as the Peace Pipeline, this project was intended to link the energy-rich Persian Gulf with the energy-starved South Asian economies.**
- **Established In: Conceptually originated in the 1990s; gained significant diplomatic momentum between 2004 and 2005.**
- **Aim: To provide a cost-effective, land-based alternative to expensive Liquefied Natural Gas (LNG) imports for India and Pakistan’s industrial and power sectors.**

## **The Turkmenistan-Afghanistan-Pakistan-India (TAPI)**

- **An 1,814 km trans-regional pipeline project supported by the Asian Development Bank (ADB) to bring gas from Central Asia to South Asia. Following the stalling of IPI, India shifted its focus to this Central Asian alternative, which enjoyed broader international and institutional backing.**
- **Established In: India officially signed the intergovernmental agreement in 2010, though the idea dates back to the mid-90s.**
- **Aim: To diversify India's energy basket away from West Asian volatility by tapping into the world's second-largest gas field.**
- **Source: Originates from the Galkynysh gas field in Turkmenistan.**