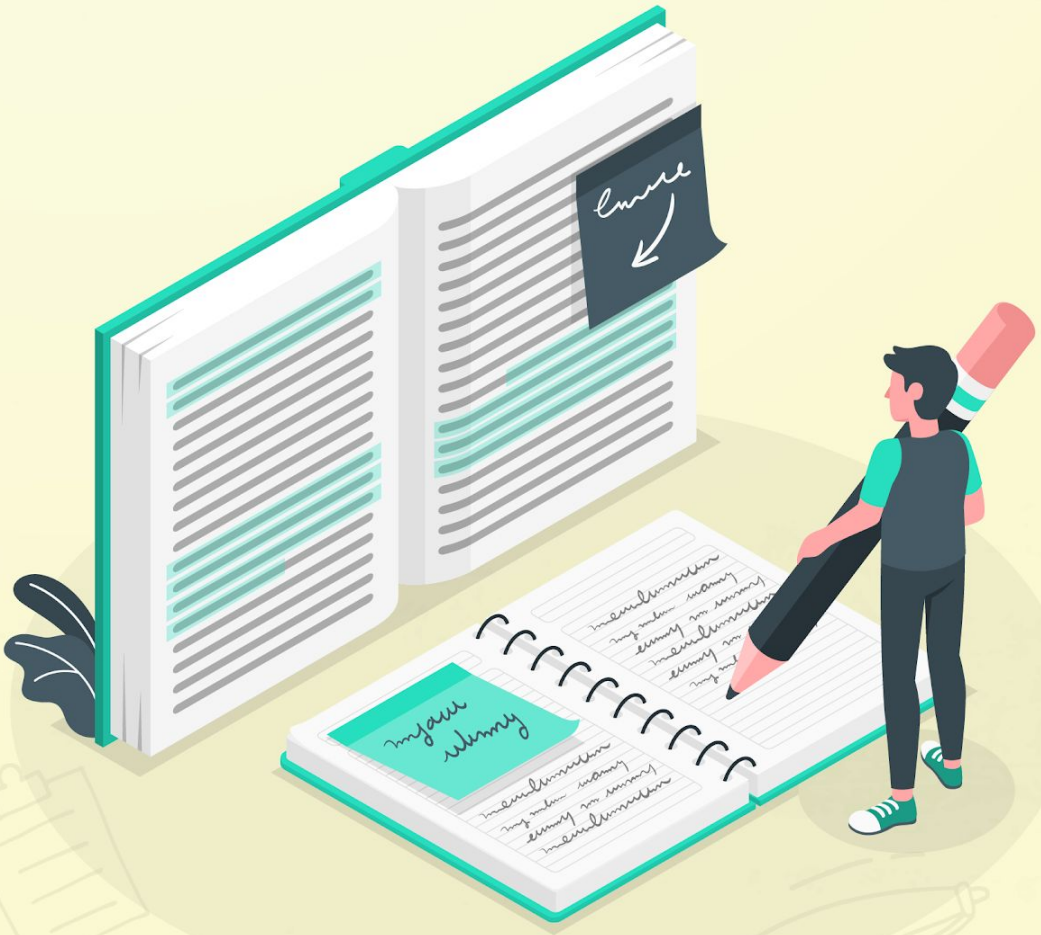
VAJIRAM & RAVI
Institute for IAS Examination

The Analyst

CURRENT AFFAIRS Handout

3rd August 2026



The Analyst Handout
3rd August 2026

Public spending in Healthcare

CONTEXT: Public spending on Healthcare

Why Health Matters

- Human Capital
- Universal Health Coverage (UHC)
- Health Equity
- Financial Risk Protection
- Preventive Healthcare
- Social Determinants of Health
- SDG-3

Constitutional Link

- Article 21
- Article 47

SDG-3

1.Health financing in LMICs remains inadequate, with **per capita public spending on Universal Health Coverage (UHC) at only about half of the minimum benchmark** (World Bank).

2.Although the **health expenditure gap (as % of GDP)** between LMICs and high-income countries narrowed from **2.05 percentage points (2000) to 1.68 percentage points (2023)**, the **per capita spending gap has widened**, indicating persistent resource inequalities.

3.Development Assistance for Health (DAH) is shrinking due to global fiscal stress, with aid cuts by the **USA (67%), UK (39%), France (35%) and Germany (12%)**, while the **OECD projects a 60% decline** from the 2022 peak.

4.Rising global public debt ($102 trillion in 2024; UNCTAD) and **developing countries' interest payments of $921 billion** are reducing fiscal space for public health investments.

5.The challenge is **not merely to spend more on health, but to spend better**, focusing on **efficiency, prioritisation and governance**.

6.Budget utilisation remains weak—LMICs execute only **85–90% of health budgets** (World Bank), while **India utilised only about two-thirds of allocations** for its flagship health infrastructure mission in 2024–25.

7.Within the **National Health Mission (NHM)**, **only 26% of funds earmarked for communicable and non-communicable disease programmes were utilised**, highlighting implementation deficits.

8.India's public health spending is **skewed towards curative care**, whereas **less than one-fourth** is spent on **preventive healthcare** (London School of Hygiene & Tropical Medicine).

9.Preventive healthcare—including **vaccination, sanitation, early disease detection and risk-factor management**—offers **higher social returns** than excessive investment in tertiary curative care.

The Analyst Handout
3rd August 2026

Public spending in Healthcare

CONTEXT: Public spending on Healthcare

10. Public spending yields the **greatest health gains** in **public health goods**, where **market failures** limit private sector provision (e.g., disease surveillance, immunisation and sanitation).

11.Good governance multiplies the impact of health spending; improvements in **budget credibility, procurement efficiency, operational efficiency and public financial management** translate into better health outcomes.

12.Increasing health expenditure alone cannot improve outcomes unless accompanied by **effective implementation, transparency and accountability**.

13. With increasing decentralisation of public services, **sub-national governance** and **local-level implementation capacity** have become critical determinants of healthcare delivery.

14.Flexible budgeting is essential to respond effectively to **pandemics, disasters and other unforeseen public health emergencies**, as demonstrated during COVID-19.

15. Countries with **strong governance systems** achieve **better returns on every rupee spent on health**, including improved access, vaccination coverage and infectious disease control.

16. The editorial advocates a **"Strong Health Systems"** approach built on **adequate financing, efficient resource utilisation, preventive care and accountable governance**.

Current Status of India's Health Sector

- Life Expectancy **~72 years**; steadily improving due to better healthcare and declining mortality.
- IMR- **27 per 1,000 live births**; declined from **39 in 2014**.
- MMR- **93 per 100,000 live births** ; down from **130 (2014–16)**
- Under-5 Mortality- **31 per 1,000 live births**; reduced from **45 in 2014**.
- Disease Burden- **Double burden of disease**—persistent communicable diseases alongside rapidly rising non-communicable diseases (NCDs).

The Analyst Handout
3rd August 2026

Public spending in Healthcare

CONTEXT: Public spending on Healthcare

CHALLENGES IN INDIA'S HEALTH SECTOR

1. INADEQUATE INFRASTRUCTURE

- Shortage of Hospitals, PHCs, CHCs, and specialty care centres
- Uneven distribution – urban-rural divide
- Poor maintenance and insufficient medical equipment

2. HUMAN RESOURCE CONSTRAINTS

- Shortage of doctors, nurses, and specialists
- Low doctor-population ratio (1:834 – far below WHO norm of 1:1000)
- Uneven distribution; reluctance to serve in rural areas

3. FINANCIAL CHALLENGES

- Public expenditure on health ~2% of GDP (lower than global average)
- High Out-of-Pocket Expenditure (OOPE) ~39% of total health expenditure
- Limited health insurance coverage outside formal sector

4. QUALITY OF CARE CONCERNS

- Variability in quality across public facilities
- Overcrowding and long waiting times
- Stock-outs of essential drugs and diagnostics
- Inadequate infection control

ACCESS. EQUITY, QUALITY.
AFFORDABLE HEALTHCARE FOR ALL

5. HIGH DISEASE BURDEN

- Double burden – communicable diseases + rising NCDs (diabetes, hypertension, cancer, heart disease)
- Mental health issues on the rise
- Emerging and re-emerging infectious diseases

6. PREVENTIVE HEALTHCARE GAP

- Low emphasis on prevention and health promotion
- Poor screening and early detection
- Lifestyle diseases linked to changing habits

7. RURAL-URBAN & REGIONAL DISPARITIES

- Better facilities in cities; rural areas underserved
- Inter-State disparities in health indicators and infrastructure

8. GOVERNANCE & SYSTEMIC ISSUES

- Fragmented health systems
- Bureaucratic delays and red tape
- Weak monitoring, data systems and accountability
- Low budget utilization in some states

9. DIGITAL DIVIDE

- Limited digital literacy
- Poor internet connectivity in rural areas
- Gaps in adoption of digital health solutions

10. SOCIAL DETERMINANTS OF HEALTH

- Poverty, malnutrition, poor sanitation, unsafe drinking water
- Low education levels and gender inequalities
- These factors impact overall health outcomes

THE WAY FORWARD

- Increase public investment and ensure efficient utilization
- Strengthen primary healthcare and health systems
- Invest in human resources and ensure equitable distribution
- Leverage technology with inclusion and data-driven planning
- Promote preventive care and address social determinants

The Analyst Handout
3rd August 2026

Public spending in Healthcare

CONTEXT: Public spending on Healthcare

GOVERNMENT INITIATIVES FOR A STRONGER HEALTH SYSTEM IN INDIA

AYUSHMAN BHARAT
PM-JAY
Health insurance cover of ₹5 lakh per family per year for secondary and tertiary care.

HEALTH & WELLNESS CENTRES
Strengthening primary healthcare through comprehensive primary care at the community level.

NATIONAL HEALTH MISSION (NHM)
Improving reproductive, maternal, newborn, child health and control of communicable diseases.

AYUSHMAN BHARAT DIGITAL MISSION (ABDM)
Building a digital health ecosystem for universal access to health services.

MISSION INDRADHANUSH
Ensuring full immunization coverage for children and pregnant women.

JAN AUSHADHI YOJANA
Providing quality generic medicines at affordable prices.

eSANJEEVANI
Telemedicine service connecting patients with doctors, especially in remote areas.

POSHAN ABHIYAAN
Addressing malnutrition through convergence, community participation and technology.

PM MATRU VANDANA YOJANA
Financial support to pregnant women for first living child.

NATIONAL PROGRAMMES FOR NCDs
Prevention and control of non-communicable diseases like diabetes, cancer, heart disease and stroke.

CROSS-CUTTING FOCUS AREAS

Universal Health Coverage | Preventive & Promotive Health | Equity & Inclusion (Leaving No One Behind) | Digital Health & Innovation | Public-Private Partnerships

International Best Practices

UK –
- Universal public healthcare (NHS)
- Strong primary care network
- Government funding, minimal OOPE

Thailand –
- Universal Coverage Scheme
- Strong focus on primary care
- Cost-effective healthcare delivery

Brazil –
- Unified Health System (SUS)
- Community health workers
- Focus on equity and access

Cuba –
- Strong primary healthcare
- Preventive care model
- Emphasis on health indicators

Sweden –
- High public spending on health
- Universal access
- Strong social welfare system

The Analyst Handout
3rd August 2026

Public spending in Healthcare

CONTEXT: Public spending on Healthcare

Way Forward:

1. Increase Public Health Investment

- Raise spending to **2.5% of GDP**
- Efficient budget utilisation
- Reduce Out-of-Pocket Expenditure (OOPE)

2. Strengthen Primary Healthcare

- Expand Health & Wellness Centres
- Upgrade PHCs & CHCs
- Strong referral system

3. Shift to Preventive Healthcare

- Screening & early diagnosis
- Immunisation & nutrition
- NCD prevention & health awareness

4. Improve Governance

- Better budget execution
- Transparency & accountability
- Data-driven planning & monitoring

5. Invest in Health Workforce & Technology

- Address doctor/nurse shortages
- Rural health incentives
- ABDM, Telemedicine & AI-enabled healthcare

6. Universal & Equitable Healthcare

- Universal Health Coverage (UHC)
- Focus on vulnerable groups
- Reduce regional disparities

MAINS PRACTISE QUESTION

"Building a resilient public health system requires not only higher public expenditure but also better governance and efficient utilisation of resources." Discuss in the context of India's health sector.

(250 words, 15 Marks)

The Analyst Handout
3rd August 2026

Nasha Mukt Yuva for Viksit Bharat Sankalp Abhiyan

CONTEXT: Launch of Nasha Mukt Yuva for Viksit Bharat Sankalp Abhiyan

Why is this in News?

- PM Narendra Modi launched the **Nasha Mukt Yuva for Viksit Bharat Sankalp Abhiyan**.
- More than **1 crore youth** participated.
- Supported by **125+ spiritual organisations, educational institutions and industry associations.**
- Campaign to continue for **100 weeks** through weekly activities.
- Objective:
  - Drug-free youth
  - Community participation
  - Healthy workforce for **Viksit Bharat@2047**

Nasha Mukt Yuva for Viksit Bharat Sankalp Abhiyan:

Objective

- Build a drug-free India through youth participation.
- Link public health with nation building.
- Promote preventive awareness rather than only enforcement.

Key Features

- 100-week campaign
- Every Sunday activities
  - Sports, Yoga, Meditation
  - Art & culture, Community service
- Schools
- Colleges
- NGOs
- Religious organisations
- Industrial associations

Core philosophy: Healthy Youth → Productive Workforce → Developed India

Magnitude of the Problem (Important Statistics):

National Survey on Extent and Pattern of Substance Use (AIIMS)

- Around **16 crore** alcohol users
- Around **3 crore** cannabis users
- Around **2.3 crore** opioid users
- Millions require treatment but only a small fraction receive it.

The Analyst Handout
3rd August 2026

Nasha Mukt Yuva for Viksit Bharat Sankalp Abhiyan

CONTEXT: Launch of Nasha Mukt Yuva for Viksit Bharat Sankalp Abhiyan

6. CAUSES BEHIND DRUG ABUSE

INDIVIDUAL
- Curiosity
- Stress
- Peer pressure

FAMILY
- Neglect
- Abuse
- Broken families

COMMUNITY
- Poor awareness
- Easy availability
- Social acceptance

STRUCTURAL
- Unemployment
- Urbanization
- Migration

INTERNATIONAL
- Cross-border trafficking

CONSEQUENCES OF DRUG ABUSE

SOCIAL
- Family breakdown
- Domestic violence
- School dropouts
- Juvenile crime

ECONOMIC
- Loss of productivity
- Healthcare burden
- Reduced demographic dividend

HEALTH
- Addiction
- HIV/AIDS
- Hepatitis
- Mental illness
- Overdose deaths

INTERNAL SECURITY
- Narco-terrorism
- Terror financing
- Organized crime
- Illegal arms

GOVERNANCE
- Corruption
- Weak border management
- Criminal networks

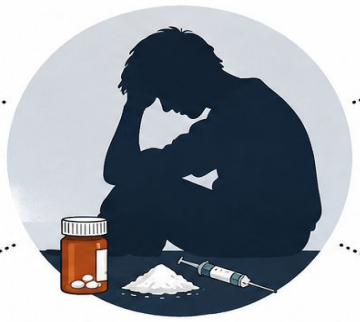
The Analyst Handout
3rd August 2026

Nasha Mukt Yuva for Viksit Bharat Sankalp Abhiyan

CONTEXT: Launch of Nasha Mukt Yuva for Viksit Bharat Sankalp Abhiyan

WHY DRUG ABUSE IS BECOMING A SERIOUS ISSUE

A combination of availability, vulnerability, and enabling ecosystem is fuelling the crisis



A. RISING AVAILABILITY

- Easy access to drugs through local networks
- Online trafficking, dark web, and social media
- Synthetic drugs are cheap, highly addictive and easily concealed
- Cross-border smuggling via land, sea and air routes

B. DEMOGRAPHIC FACTORS

- India has the largest youth population
- Unemployment and lack of opportunities
- Peer pressure and social influence
- Migration, urban stress and lifestyle changes

C. MENTAL HEALTH CRISIS

- Rising cases of depression, anxiety, loneliness
- Academic pressure and failure
- Lack of emotional support systems
- Drugs seen as an 'escape' from stress and trauma

D. ORGANIZED CRIME & NARCO-ECONOMY

- Drug trade is highly profitable and fuels organized crime
- Links with terror financing, arms trade and money laundering
- Weakens internal security and social fabric

E. BORDER & GEOGRAPHICAL VULNERABILITIES

- Proximity to Golden Crescent (Afghanistan–Iran–Pakistan)
- Proximity to Golden Triangle (Myanmar–Laos–Thailand)
- Long and porous land borders
- Vulnerable maritime routes through Indian Ocean and coastal areas
- Use of drones, small vessels and new-age concealment techniques

GOLDEN CRESCENT

GOLDEN TRIANGLE

Easy availability + vulnerable youth + mental health challenges + organized crime + porous borders = A serious and growing drug abuse crisis

LEGAL FRAMEWORK FOR COMBATING DRUG ABUSE IN INDIA

India's legal framework aims to prohibit, control and regulate narcotic drugs and psychotropic substances, ensure stringent punishment for offences and enable prevention of illicit trafficking.

1. NDPS ACT, 1985

- Principal law to combat drug trafficking and abuse.
- **Prohibits** production, manufacture, possession, sale, purchase, transport, import/export of narcotic drugs and psychotropic substances.
- Provides for **stringent punishment, confiscation of property** derived from drug trafficking and destruction of drugs.

2. PITNDPS ACT, 1988

- Provides for **preventive detention** of persons involved in illicit traffic in narcotic drugs and psychotropic substances.

3. OTHER RELEVANT LEGAL PROVISIONS

- **IPC:** Sections 273, 274, 275 – Sale of noxious drugs.
- **CrPC:** Provisions for search, seizure and investigation.
- **PMLA, 2002:** To tackle money laundering linked to drug trade.
- **IT Act, 2000:** To deal with online drug trafficking and illegal advertisements.
- **Customs Act, 1962:** Deals with import/export violations.
- **Foreign Trade (Development & Regulation) Act, 1992:** Regulates import/export of narcotics.
- **Drugs & Cosmetics Act, 1940:** Regulates manufacture and sale of drugs for medical use.

4. KEY FEATURES OF NDPS FRAMEWORK

- Strict liability (no mens rea required)
- Stringent punishments for offences
- Burden of proof on accused in certain cases
- Special Courts for speedy trial
- Confiscation of property & assets derived from drug trade

OBJECTIVE: To create a strong deterrent against drug trafficking, disrupt the supply chain and protect individuals and society from the menace of drugs.

The Analyst Handout
3rd August 2026

Nasha Mukt Yuva for Viksit Bharat Sankalp Abhiyan

CONTEXT: Launch of Nasha Mukt Yuva for Viksit Bharat Sankalp Abhiyan

INSTITUTIONAL MECHANISM

Multi-agency institutional structure for enforcement, coordination and intelligence sharing.

NARCOTICS CONTROL BUREAU (NCB)
Nodal agency under MHA. Coordinates with state agencies and international bodies.

DIRECTORATE OF REVENUE INTELLIGENCE (DRI)
Enforces provisions related to smuggling of narcotics.

CUSTOMS
Prevents illicit import/export of narcotics.

BORDER SECURITY FORCE
Curbing cross-border smuggling through land borders.

INDIAN COAST GUARD
Maritime surveillance and anti-drug operations at sea.

STATE POLICE
Investigation, enforcement, arrest and prosecution.

NATIONAL INVESTIGATION AGENCY
Handles narco-terrorism and cases linked with terror financing.

NARCO COORDINATION CENTRE
Multi-agency coordination platform for real-time information sharing.

Whole-of-Government approach with strong Centre–State and inter-agency coordination ensures effective action.

GOVERNMENT INITIATIVES

A multi-pronged approach focusing on prevention, treatment, rehabilitation and enforcement.

1. **NASHA MUKT BHARAT ABHIYAN (2020)**
   Mass awareness and outreach programme. Focus on prevention, community participation, capacity building and convergence.
2. **NASHA MUKT YUVA FOR VIKSIT BHARAT SANKALP ABHIYAN (2026)**
   100-week nationwide campaign with youth participation. Weekly activities on sports, yoga, culture, service, meditation, etc.
3. **NATIONAL ACTION PLAN FOR DRUG DEMAND REDUCTION (NAPDDR)**
   Focus on awareness, early intervention, treatment, counselling and rehabilitation.
4. **INTEGRATED REHABILITATION CENTRES FOR ADDICTS (IRCAs)**
   Provide treatment, counselling, de-addiction and after-care support.
5. **NATIONAL TOLL-FREE DE-ADDICTION HELPLINE: 14446 (MANODARPAN)**
   24x7 emotional support, counselling and referral services.
6. **MANAS PORTAL**
   National Mental Health & Neuroscience Support System for mental well-being and support services.
7. **NCORD (Narco Coordination Centre)**
   Real-time coordination among all LEAs for effective control of narcotics trade.
8. **ANTI-NARCOTICS TASK FORCE (ANTF)**
   Strengthens Centre–State coordination, intelligence sharing and joint operations.
9. **ENFORCEMENT & SEIZURES**
   Enhanced surveillance, intelligence-led operations, higher seizures and arrests.

Collective efforts for a Drug-Free Youth and Viksit Bharat @2047

The Analyst Handout
3rd August 2026

Nasha Mukt Yuva for Viksit Bharat Sankalp Abhiyan

CONTEXT: Launch of Nasha Mukt Yuva for Viksit Bharat Sankalp Abhiyan

International Cooperation: India cooperates with

- UNODC
- Interpol
- SAARC mechanisms
- BIMSTEC
- Bilateral intelligence sharing

Challenges

Enforcement

- Long borders
- Drones
- Dark web
- Cryptocurrency
- Corruption

Social

- Stigma
- Family denial
- Late treatment

Health

- Lack of rehabilitation centres
- Shortage of psychiatrists
- Poor follow-up

Governance

- Coordination issues
- Low conviction rates

What More Needs to be Done (Way Forward)

Prevention

- School awareness
- Life-skills education
- Sports infrastructure
- Mental health counselling

Detection

- AI-based surveillance
- Drone monitoring
- Coastal vigilance

Community Participation

- Parents
- Teachers
- Religious institutions
- NGOs
- Youth clubs

Governance

- Better Centre-State coordination
- Real-time intelligence
- Stronger prosecution

International Cooperation

- Border management
- Maritime cooperation
- Financial intelligence
- Intelligence sharing

MAINS PRACTISE QUESTION

"Drug abuse is not merely a public health issue but also a challenge to India's demographic dividend, internal security and socio-economic development." Discuss. Examine the effectiveness of the measures taken by the Government of India to address the menace.

(250 words, 15 Marks)

Mains Value Addition

Newspaper : The Indian Express **Page No : 08**

Between growth haves, have-nots, mind the lag

1. India's Ultra-Rich are Growing Rapidly

Finance Ministry (Lok Sabha Reply)

- Number of individuals reporting **gross total income above ₹100 crore**
  - **2021-22:** 142
  - **2025-26:** 576

2. India Has Nearly One Million Dollar Millionaires

UBS Global Wealth Report 2026

- India has **9.44 lakh dollar millionaires**
- Comparable with **Switzerland**
- Only slightly below **Spain**

3. Average Salary Remains Low: Periodic Labour Force Survey (PLFS) 2025

- Average monthly salary of regular employees
  = **₹22,699/month**
- Annual income
  = **₹2.7 lakh**

4. Casual Labour Wages: PLFS 2025

Average daily wage: **₹453/day**

5. Consumption Inequality

- Premium consumption rising
- Mass consumption remains weak

6. Rise of Gig Economy

Zomato + Blinkit

- Riders:
  10 lakh

Zepto

- **2024:** 49,278 riders
- **2026:** 2.21 lakh riders

The Analyst Handout
3rd August 2026

Asiatic Wild Buffaloes Conservation

SYLLABUS : Prelims : Environment & Ecology
Newspaper : The Indian Express **Page No : 07**

1. **Asiatic Wild Buffalo (Wild Water Buffalo)**
- Scientific name: *Bubalus arnee*
- Largest wild bovine in the world.
- Ancestor of the domestic water buffalo.
- Distinct from feral/domestic buffaloes.

2. **IUCN Status**
- **Endangered**

3. **Wildlife (Protection) Act, 1972**
- **Schedule I** protection.

4. **Distribution in India**
- India harbours **over 90% of the global wild buffalo population.**
- Largest population in **Assam**.
- Small populations in **Chhattisgarh**, **Meghalaya**, and **Maharashtra**.

5. **Major Threats**
- Habitat loss
- Poaching
- Hybridisation with domestic buffaloes
- Disease transmission
- Human–wildlife conflict

6. **Conservation Method Mentioned**
- **Species translocation**
- Radio-collaring
- Habitat restoration
- Genetic management
- Artificial insemination (as a contingency)

The Analyst Handout
3rd August 2026

Global Lepidoptera Hotspot

SYLLABUS : Prelims : Biodiversity
Newspaper : The Hindu **Page No :12**

Lepidoptera

- Lepidoptera is the **second-largest order of insects** (after Coleoptera—beetles).
- Includes:
  - Butterflies
  - Moths
- Characteristic feature:
  - Wings covered with **tiny overlapping scales**

India has **13,703 species** of Lepidoptera.

Around **8.25% of the world's Lepidoptera** occur in India.

Of these:

- **1,417 butterflies**
- **12,286 moths**

Butterfly vs Moth

Both belong to the order Lepidoptera (scaly wings)

Feature	Butterfly	Moth
Activity time	Mostly **diurnal** (active during day)	Mostly **nocturnal** (active during night)
Antennae	**Club-shaped** 	**Feathered / thread-like** (no club at tip) 
Body	Slender body	**Thick and hairy body**
Resting position	Wings folded vertically when at rest 	Wings spread flat or tent-like when at rest 
Colour	Usually bright and colourful	Usually dull and camouflaged
Flight	Graceful, fluttering flight	Faster, more erratic flight

Remember: Scaly wings + complete metamorphosis → Both are Lepidoptera.

The Analyst Handout
3rd August 2026

Global Lepidoptera Hotspot

SYLLABUS : Prelims : Biodiversity
Newspaper : The Hindu **Page No :12**

Life Cycle: Complete metamorphosis: Egg → Larva → Pupa → Adult.

5. Ecological Role: Pollinators, bio-indicators, and an important part of food chains.

6. Pollination

- **Butterflies:** Bright, nectar-rich flowers (day).
- **Moths:** White, fragrant flowers (night).

7. Threats: Habitat loss, pesticides, climate change, light pollution.

8. Mimicry

- **Batesian:** Harmless imitates harmful.
- **Müllerian:** Harmful species resemble each other.

9. Migration: Notable migrants: **Blue Tiger, Common Crow, Painted Lady**.

10. Protected Species: Several butterflies are protected under the **Wildlife (Protection) Act, 1972**.

State Butterflies

- **Maharashtra – Blue Mormon**
- **Karnataka – Southern Birdwing**

12. Largest Butterfly (India):Golden Birdwing

13. Largest Butterfly (World): Queen Alexandra's Birdwing

14. Smallest Butterfly (India):Grass Jewel

15. Largest Moth (India):Atlas Moth

16. Silk Moths: Mulberry, Tasar, Muga (Assam), Eri

17. Zoological Survey of India (ZSI)

- **Established:** 1916
- **HQ:** Kolkata
- **Role:** Faunal surveys & species cataloguing.

The Analyst Handout
3rd August 2026

Monetary Policy Committee Review

SYLLABUS : Prelims : Economy
Newspaper : The Indian Express **Page No :10**

Reserve Bank of India (RBI) conducts **Monetary Policy** through the **Monetary Policy Committee (MPC)**.

MPC consists of 6 members:

- RBI Governor (Chairperson)
- Deputy Governor (Monetary Policy)
- One RBI nominee
- Three members appointed by the Central Government

Primary objective: Maintain **price stability** while keeping in mind the objective of growth.

Inflation target (very important):

- **4% CPI inflation**
- **Tolerance band: 2%–6%**

Policy Repo Rate:

- Rate at which **RBI lends short-term funds to commercial banks**.
- **Repo ↑ → Loans become costlier → Demand & Inflation fall.**
- **Repo ↓ → Borrowing increases → Growth gets a boost.**

Current context (from the article):

- MPC is **likely to keep the repo rate unchanged (status quo)** due to uncertainty from **high crude oil prices, geopolitical tensions, and monsoon-related inflation risks**.

Factors influencing RBI's rate decision:

- Inflation (especially food inflation)
- GDP growth
- Crude oil prices
- Exchange rate (₹)
- Global developments/geopolitical risks

The Analyst Handout
3rd August 2026

Digital Arrest

SYLLABUS : Prelims : Cyber Security
Newspaper : The Hindu **Page No : 02**

What is Digital Arrest?

- **Not a legal term** under any Indian law.
- A **cyber fraud** where scammers impersonate police/CBI/ED/Customs/RBI officials and falsely claim the victim is under investigation.

2. Typical Modus Operandi

- Fake phone/video calls using official logos/uniforms.
- Victim is told they are under "digital arrest" and must stay on video call.
- Fear tactics: money laundering, parcel scam, tax evasion, etc.
- Victim is coerced into transferring money to so-called "safe" or "verification" accounts.

3. Key Red Flags

- Demand to remain on continuous video call.
- Threat of immediate arrest or asset seizure.
- Request for OTPs, bank details, or money transfers.
- Use of fake FIRs, warrants, or identity cards.

Legal Position

- **No agency** (Police, CBI, ED, RBI, Customs, etc.) conducts a "digital arrest."
- Arrests and investigations must follow procedures laid down under the **Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023**.

5. What to Do

- Disconnect the call immediately.
- Do not transfer money or share personal/financial details.
- Report the fraud on **National Cyber Crime Helpline: 1930** or the **National Cyber Crime Reporting Portal**.

The Analyst Handout
3rd August 2026

Daily Quiz

Q1. With reference to the Asiatic Wild Buffalo (Bubalus arnee), consider the following statements:

1. It is the largest wild bovine in the world and is the ancestor of the domestic water buffalo.
2. It is listed as Vulnerable in the IUCN Red List and is protected under Schedule I of the Wildlife (Protection) Act, 1972.
3. India harbours more than 90% of the global wild buffalo population, with the largest population found in Assam.

Which of the statements given above is/are correct?

a) 1 and 3 only
b) 2 only
c) 1, 2 and 3
d) 3 only

Answer: a

Q2. Consider the following pairs:

Butterfly	Description
Blue Mormon	State butterfly of Maharashtra
Golden Birdwing	Largest butterfly in the world
Queen Alexandra's Birdwing	Largest butterfly in India
Grass Jewel	Smallest butterfly in India

How many of the above pairs is/are correctly matched?

a) Only One
b) Only Two
c) Only Three
d) All Four

Answer: b

Q3. With reference to the Repo Rate, consider the following statements:

1. The Repo Rate is the rate at which the Reserve Bank of India provides short-term liquidity to commercial banks against eligible securities.
2. An increase in the Repo Rate generally raises the cost of credit in the economy, thereby moderating aggregate demand and inflationary pressures.
3. A reduction in the Repo Rate generally discourages credit expansion by commercial banks, thereby restraining economic activity.

How many of the statements given above is/are correct?

a) Only One
b) Only Two
c) All Three
d) None

Answer: b

Q4. Which of the following statements best describes the term "Digital Arrest"?

a) Temporary suspension of internet services by the Government.
b) A cyber fraud involving impersonation of law enforcement officials to extort money.
c) The legal detention of a person based solely on digital evidence.
d) Freezing of bank accounts by the RBI.

Answer: b

Q5. With reference to the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), consider the following statements:

1. It aims to provide quality generic medicines at affordable prices through dedicated Janaushadhi Kendras.
2. It is implemented by the Ministry of Health and Family Welfare through the National Health Mission.

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

Answer: a

VAJIRAM & RAVI

Institute for IAS Examination

A unit of Vajiram & Ravi IAS Study Centre LLP

9-B, Bada Bazar Marg, Old Rajinder Nagar,
New Delhi - 110060 • Ph.: 41007400, 41007500

New No. 62, P Block, 6th Avenue, Anna Nagar,
Chennai - 600040 • Ph.: 044-4330-2121
Visit us at : www.vajiramandravi.com