Topic 1: How India Has Strategically Crafted a 'RCEP Minus China' Trade Path

Why in News?

India concluded negotiations on a bilateral Free Trade Agreement (FTA) with New Zealand during 2024–25, even as it continues to stay outside the Regional Comprehensive Economic Partnership (RCEP). This development is increasingly being interpreted as part of India's deliberate "RCEP minus China" strategy—where India seeks trade integration with RCEP members through bilateral or mini-lateral agreements, while deliberately excluding China from any preferential tariff framework. The approach aims to secure market access and supply-chain integration without absorbing China-centric trade vulnerabilities embedded within RCEP.

Relevance

GS-II (International Relations): Trade diplomacy, strategic autonomy, Indo-Pacific economic architecture
GS-III (Economy): External sector, FTAs, MSME protection, manufacturing competitiveness

RCEP — Snapshot Overview

RCEP was launched as the world's largest trade bloc, comprising ASEAN-10 along with China, Japan, South Korea, Australia, and New Zealand. It covers nearly 30% of global GDP and trade, with objectives of tariff liberalisation, rules-of-origin harmonisation, services liberalisation, and investment facilitation. India withdrew from negotiations in 2019, citing concerns related to import surges, especially from China, weak safeguards against dumping, unresolved issues in services and digital trade, and risks to agriculture, MSMEs, and domestic manufacturing.

India's Core Concerns with RCEP

India runs its largest bilateral trade deficit with China. Under RCEP, tariff reductions could have enabled Chinese goods to enter India indirectly via ASEAN economies, undermining domestic industry. India also flagged the absence of automatic safeguard triggers, weak enforcement mechanisms, and insufficient protection for vulnerable sectors such as dairy, agriculture, MSMEs, and labour-intensive manufacturing.

India's Alternative — 'RCEP Minus China' Strategy

India has chosen selective bilateral engagement with most RCEP members while excluding China from any tariff-reduction architecture. India has already concluded or upgraded FTAs with Australia (ECTA), UAE (CEPA), Mauritius, and is pursuing upgrades or negotiations with Japan, South Korea, ASEAN (review), the UK, EU, Gulf countries, and New Zealand. The objective is to secure trade access, investment flows, and resilient supply chains without China-dependent tariff exposure.

Why This Strategy Is Significant

This approach allows India to retain tariff autonomy while lowering systemic trade risks. It supports domestic manufacturing competitiveness, protects MSMEs, strengthens services mobility bargaining power, and promotes trusted supply chains aligned with Indo-Pacific frameworks. It also limits exposure to aggressive price undercutting in sensitive sectors such as electronics, steel, chemicals, toys, textiles, and dairy.

India–New Zealand FTA as a Case Study

The agreement expands access across agri-products, processed food, tourism, education, and services, while sensitive areas like dairy are handled through calibrated exclusions. It complements India's FTAs with Australia and ASEAN, enhancing India's Indo-Pacific economic integration.

RCEP vs Bilateral Strategy — Comparative View

Joining RCEP would have increased import diversion risks and tariff erosion before domestic industry maturity. In contrast, bilateral FTAs allow sector-wise safeguards, phased liberalisation, quota-based access, and policy space for industrial upgrading aligned with national priorities.

Limitations and Critiques

Fragmented bilateralism may increase compliance complexity and rules-of-origin costs. India also forfeits the opportunity to shape regional trade norms from within RCEP. Moreover, domestic challenges—logistics costs, scale inefficiencies, and technology gaps—must still be addressed to fully leverage FTAs.

Strategic Takeaway

India's "RCEP minus China" pathway supports China-plus-one diversification, resilient supply chains, and selective liberalisation while preserving strategic autonomy.

Topic 2: Twenty-First Century Solutions to Snakebite Envenoming

Why in News?

New research published in *Nature* (2025) has demonstrated promising progress toward next-generation, broad-spectrum antivenom using camelid-derived nanobodies—potentially replacing India's decades-old horse-serum antivenom system. Parallel research in India by the National Research Centre on Camel (Bikaner) has shown camel-antivenom efficacy against region-specific viper species, highlighting the feasibility of modern, indigenous antivenom platforms.

Relevance

GS-II (Public Health): Neglected tropical diseases, rural health inequity
GS-III (Science & Technology): Biotechnology, nanobody therapeutics, translational research

Scale of the Problem in India

India records approximately 58,000 snakebite deaths annually, with the highest mortality in agrarian and rural States. Snakebite disproportionately affects farm workers and rural households, qualifying as a neglected tropical disease under WHO classification. Mortality is exacerbated by delayed treatment, limited antivenom availability, transport barriers, and regional venom diversity.

Venom Types and Clinical Impact

Venoms cause haemotoxic, neurotoxic, and cytotoxic effects. India's antivenom is designed primarily for the "Big Four" species, despite over 60 venomous species and strong geographic venom variation—leading to frequent treatment mismatch.

Limitations of Conventional Antivenom

Horse-serum antivenom suffers from limited species coverage, batch variability, cold-chain dependence, adverse immune reactions, and high dosage requirements—often necessitating ICU support unavailable in rural settings.

Nanobody-Based Antivenom — The New Frontier

Camelids produce single-domain antibodies that are small, heat-stable, highly specific, and easily mass-produced. International studies show nanobodies neutralising 17 of 18 tested venoms. Indian research has demonstrated region-specific efficacy, opening pathways for decentralised antivenom design.

Why This Matters for India

Nanobody platforms promise lower mortality, reduced adverse reactions, cost efficiency, and alignment with WHO's 2030 snakebite reduction targets. They support rural health equity, indigenous biotech, and Make-in-India pharmaceuticals.

Challenges and Way Forward

Key hurdles include clinical trials, regulatory approval, GMP manufacturing, species-wise validation, and rural deployment. India must invest in venom banks, diagnostics, awareness campaigns, and integrated referral systems.

Topic 3: Health for All vs Ground Reality in India

Why in News?

India's universal health ambitions face mounting stress from antimicrobial resistance, TB elimination delays, pharma-quality failures, donor-funding shocks following U.S. withdrawal from WHO programmes, and rising NCD and climate-linked disease burdens.

Relevance

GS-II (Health & Governance): UHC gaps, AMR crisis, regulatory enforcement
GS-III (Economy): Health financing, public expenditure priorities

Key Health Challenges

India faces one of the world's highest AMR burdens, with widespread drug-resistant infections. TB elimination targets have been missed due to structural socio-economic factors despite diagnostic expansion. NCDs now account for over 60% of mortality. Air pollution and climate stress exacerbate disease burdens.

Funding and Capacity Constraints

Public health spending remains below 2% of GDP, far short of the National Health Policy target. Donor-funding disruptions have forced States to absorb programme gaps, exposing fiscal and institutional fragility.

Pharma Quality Failures

Recent contamination-related child deaths underscore systemic weaknesses in drug regulation, quality control, and post-marketing surveillance—threatening both domestic safety and export credibility.

Assessment and Way Forward

India has expanded diagnostics, insurance, and digital health, but weak primary care, regulatory gaps, workforce shortages, and climate-health neglect persist. Scaling investment, strengthening regulation, controlling AMR, and reinforcing primary healthcare are critical.

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30th December 2025: Daily MCQs

MCQ 1

With reference to India's "RCEP minus China" trade strategy, consider the following statements:

1. India has completely disengaged from trade negotiations with all RCEP members.
2. The strategy seeks market access without exposing India to China-led tariff liberalisation.
3. Bilateral FTAs allow India greater flexibility in applying sector-specific safeguards.

Which of the statements given above are correct?

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

Answer: (b)

Explanation:
India is actively pursuing FTAs with RCEP members except China. The core logic is selective integration with flexibility and safeguards. Statement 1 is incorrect.

MCQ 2

Consider the following pairs regarding snake venom effects and species:

Effect	Typically Associated With
Haemotoxic	Vipers
Neurotoxic	Cobras and Kraits
Cytotoxic	Sea snakes

Which of the pairs given above are correctly matched?

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

Answer: (a)

Explanation:
Cytotoxic effects are mainly linked to tissue necrosis caused by certain vipers, not sea snakes. Pair 3 is incorrect.

MCQ 3

Why is nanobody-based antivenom considered a major improvement over horse-serum antivenom?

1. Reduced risk of serum sickness and allergic reactions
2. Better thermal stability and reduced cold-chain dependence
3. Ability to neutralise geographically diverse venom variants

Which of the statements given above are correct?

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

Answer: (c)

Explanation:
Nanobodies are smaller, more stable, less immunogenic, and can be engineered for broad-spectrum coverage.

MCQ 4

With reference to India's "Health for All" agenda, consider the following statements:

1. India's public health expenditure has already crossed the National Health Policy target of 2.5% of GDP.
2. Antimicrobial resistance threatens the effectiveness of surgery, cancer therapy, and maternal care.
3. Diagnostics expansion alone is sufficient to achieve TB elimination targets.

Which of the statements given above is/are correct?

(a) 2 only
(b) 1 and 2 only

(c) 2 and 3 only
(d) 1, 2 and 3

Answer: (a)

Explanation:
India's health spending remains below 2% of GDP, and TB elimination requires nutrition, adherence, and social protection beyond diagnostics.

MCQ 5

Venezuela's economic collapse despite massive oil reserves best illustrates which of the following phenomena?

1. Dutch Disease
2. Rent-seeking political economy
3. Commodity-driven industrial diversification

Select the correct answer using the code below:

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

Answer: (a)

Explanation:
Venezuela suffered from currency appreciation, overdependence on oil, rent distribution, and institutional erosion—not diversification.

MCQ 6

Why does possession of rare-earth element reserves not automatically translate into strategic advantage?

1. REEs require complex chemical separation processes.
2. Mining and refining technologies are geographically concentrated.
3. REEs can be easily substituted with other metals in high-performance magnets.

Which of the statements given above are correct?

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

Answer: (a)

Explanation:
REEs are hard to substitute due to unique magnetic properties. The bottleneck lies in midstream refining.

MCQ 7

China's dominance in the rare-earth sector is most accurately attributed to:

(a) Exclusive ownership of global rare-earth mineral reserves
(b) Control over solvent-extraction and magnet-manufacturing stages
(c) Higher-grade ore quality compared to other countries
(d) Absence of environmental regulation

Answer: (b)

Explanation:
China dominates refining and magnet production, not reserves. This midstream control creates strategic leverage.

MCQ 8

Why does the discovery of the spiral galaxy "Alaknanda" challenge existing galaxy-formation models?

1. Spiral arms generally require long-term disk stability.
2. Early-universe galaxies were expected to be clumpy and merger-dominated.
3. High star-formation rates prevent disk settling.

Which of the statements given above are correct?

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

Answer: (a)

Explanation:
Alaknanda shows ordered spiral structure far earlier than predicted. High star-formation rates do not automatically prevent disk formation.

MCQ 9

PRAGATI, as a governance mechanism, primarily aims to address which of the following systemic weaknesses?

1. Inter-departmental coordination failures
2. Absence of real-time project monitoring
3. Lack of judicial oversight over executive action

Select the correct answer:

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

Answer: (b)

Explanation:
PRAGATI focuses on coordination, monitoring, and bottleneck resolution—not judicial oversight.

MCQ 10

The proposed State-level Data Strategy Units are primarily intended to:

(a) Replace traditional administrative decision-making
(b) Enable predictive, evidence-based governance
(c) Centralise all data under Union control
(d) Reduce the role of elected representatives

Answer: (b)

Explanation:
DSUs aim to improve policy design through analytics and data integration, not replace democratic or federal structures.

Mains: Reasonable restrictions on fundamental rights are constitutionally permissible for disciplined forces. In this light, evaluate the Indian Army's revised social-media policy from the perspective of national security and civil–military relations. (10 marks)