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EDITORIAL ANALYSIS

# The Silent Pandemic: On Antimicrobial Resistance

BUSINESS STANDARD

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# The Silent Pandemic: On Antimicrobial Resistance

Business Standard 10 June 2026 GS3 GS2

Source: ujiyari.com — Free UPSC & State PCS Current Affairs

**INTERVIEW ANGLE**

*"Antibiotics that once cured routine infections are failing as resistance spreads. How should India curb the misuse of antimicrobials without denying access to those who genuinely need them?"*

Source: Original editorial ↗ Business Standard

Every fact web-verified against primary sources HOW

## WHY THIS MATTERS NOW

The **unchecked use of antibiotics** is accelerating **antimicrobial resistance (AMR)**, a slow-moving public-health emergency that rarely makes headlines until a routine infection turns untreatable. For an aspirant, this is a strong **GS3 (science and technology, health) and GS2 (governance) lead**, and a textbook case for the **One Health** approach. India, with heavy antibiotic use and a high infection burden, is among the most exposed.

## THE CRUX IN 60 WORDS

Misuse of antibiotics, over-the-counter sales, self-medication, incomplete courses, and heavy use in **livestock** and via **pharmaceutical effluent**, is breeding **resistance**, turning treatable infections deadly. AMR raises mortality and costs and threatens modern surgery and cancer care, hitting the poor hardest. The fix is a **One Health** strategy: prescription discipline, **stewardship**, **surveillance**, effluent regulation, and investment in diagnostics, vaccines and new drugs.

## THE ISSUE, DECODED

| ELEMENT | WHAT IT IS | WHY IT MATTERS |
|---|---|---|
| **AMR** | Microbes evolving to resist drugs | Makes infections untreatable |
| **Antibiotic stewardship** | Rational, prescription-based use | Slows resistance |
| **One Health** | Human, animal, environment as one | AMR crosses all three |
| **Pharmaceutical effluent** | Antibiotic-laden factory waste | Breeds resistance in the environment |

## THE ANALYSIS: WHY RESISTANCE SPREADS

1. **Misuse drives it.** Over-the-counter sales, self-medication and incomplete courses accelerate resistance.
2. **It is not only human.** Non-therapeutic antibiotic use in livestock and aquaculture spreads resistance widely.
3. **The environment matters.** Pharmaceutical effluent contaminates water with antibiotic residues.
4. **The stakes are vast.** AMR endangers surgery, cancer care and transplants, and hits the poor hardest.

## DATA AND INSTITUTIONS VAULT

*the* **National Action Plan on AMR (NAP-AMR)***; the* **One Health** *approach; WHO's listing of AMR among the top global health threats.* **Surveillance:** *the* **National AMR Surveillance Network***; the* **Red Line campaign** *on antibiotic packaging;* **Schedule H1** *of the Drugs and Cosmetics Rules restricting certain antibiotics.* **Cross-sector:** *non-therapeutic antibiotic use in* **livestock and aquaculture***; pharmaceutical effluent standards.* **Concepts: antibiotic stewardship***; broad- versus narrow-spectrum drugs; rapid diagnostics; the thin new-antibiotic pipeline.* **Linkage:** *public health, equity, the economy and food safety.*

## THE DEBATE

**Argument for access:** Restricting antibiotics risks denying them to those who genuinely need them, especially the poor with limited healthcare access.

**Argument for conservation:** Unchecked use is destroying the effectiveness of antibiotics for everyone; without action, the drugs will simply stop working.

**The balanced verdict:** Access and conservation are not opposites. Both require the drugs to keep working, so the answer is **smarter regulation**, prescription discipline and stewardship that curb misuse while protecting genuine access, under a One Health strategy.

## HOW TO THINK ABOUT THIS (TRANSFERABLE SKILL)

> *A weak answer treats antibiotic use as a private choice. The strong answer sees the shared resource, the effectiveness of antibiotics, that each misuse erodes for everyone. The move is to manage a common good through stewardship and regulation rather than leaving it to individual incentives. The same lens applies to vaccine hesitancy, groundwater and fisheries.*

## DIAGRAM-IN-WORDS

`OTC sales + self-medication + incomplete courses + livestock use + pharma effluent -> rising antimicrobial resistance.` The consequence: `untreatable infections + higher deaths and costs + modern medicine at risk.` The response: `One Health (prescription discipline + stewardship + surveillance + effluent rules + new diagnostics, vaccines, drugs) -> antibiotics that keep working.`

## THE WAY FORWARD

1. **Enforce prescription-only sales** and hospital antibiotic stewardship.
2. **Strengthen surveillance** of resistance patterns nationwide.
3. **Curb non-therapeutic antibiotic use** in livestock and regulate pharmaceutical effluent.
4. **Invest in rapid diagnostics, vaccines and new antimicrobials**, under a One Health strategy.

## THE TAKEAWAY BOX

*"Antimicrobial resistance is a slow-moving public-health emergency that demands a One Health response." Discuss India's vulnerabilities and the way forward. (250 words)*

*"If antibiotics fail, modern medicine fails with them; AMR is the pandemic that arrives one prescription at a time."*

*National Action Plan on AMR · One Health · Schedule H1 · Red Line campaign · antibiotic stewardship · pharmaceutical effluent · National AMR Surveillance Network.*

*How should India curb antibiotic misuse without denying access to those who genuinely need them?*

*Connects to GS3 PYQs on public health, science and technology and the One Health approach; a probable question is the AMR-and-One-Health framing above.*

*static GS3 on health and biotechnology and GS2 on health governance; the wider theme of preventive public health.*

*Sources: Business Standard, WHO, ICMR*

Source: The Silent Pandemic: On Antimicrobial Resistance — Ujiyari.com | Free UPSC & State PCS Editorial Analysis

### KEY ARGUMENTS AT A GLANCE

**Rampant and unregulated use of antibiotics in humans, animals and agriculture is accelerating antimicrobial resistance, threatening to render common infections untreatable; India, a high-burden country, needs stewardship, surveillance and prescription discipline under a One Health approach before its medicines stop working.**

#### ✓ SUPPORTING

- Over-the-counter sales, self-medication and incomplete courses drive resistance, turning treatable infections into life-threatening ones.
- Heavy antibiotic use in livestock and aquaculture, and environmental contamination from pharmaceutical effluent, spread resistance beyond hospitals.

- AMR raises mortality, lengthens illness and inflates health costs, hitting the poor hardest and threatening modern medicine that relies on effective antibiotics.

### ⚠ COUNTER

Some argue that restricting antibiotics risks denying access to those who genuinely need them, especially the poor with limited healthcare access.

### → WAY FORWARD

Enforce prescription-only sales and antibiotic stewardship, strengthen surveillance, curb non-therapeutic use in livestock, regulate pharmaceutical effluent, invest in diagnostics, vaccines and new drugs, and pursue a One Health strategy.

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## ✍ MAINS ANSWER FRAMEWORK

**QUESTION**

***"Antimicrobial resistance is a slow-moving public-health emergency that demands a One Health response." Discuss India's vulnerabilities and the way forward. (250 words)***

**INTRODUCTION**

Antimicrobial resistance is the rare crisis that arrives quietly, one failed prescription at a time. It does not make headlines like an outbreak, yet it may prove to be the slowest and most dangerous pandemic of all.

**BODY**

The mechanism is simple and unforgiving: every time an antibiotic is used, especially when it is misused, surviving microbes evolve resistance, and over time the drug stops working. In India, the drivers are everywhere.

Antibiotics are sold over the counter and taken without prescription; courses are left incomplete; and broad-spectrum drugs are used where none are needed. The problem is not only human: large quantities of antibiotics are used in livestock and aquaculture, often to promote growth rather than to

treat disease, and pharmaceutical effluent contaminates water with antibiotic residues, breeding resistance in the environment.

The consequence is that once-routine infections become hard or impossible to treat, raising deaths, prolonging illness, inflating costs and endangering the surgeries, cancer treatments and transplants that depend on working antibiotics, with the poor hit hardest. The genuine counter-concern, that tightening access could deny antibiotics to those who truly need them, must be addressed, but it argues for smarter regulation, not inaction.

The way forward is a One Health strategy that treats human, animal and environmental health as one: enforce prescription-only sales and hospital stewardship, strengthen surveillance of resistance patterns, curb non-therapeutic antibiotic use in animals, regulate pharmaceutical effluent, and invest in rapid diagnostics, vaccines and new antimicrobials. Access and conservation are not opposites; both require the drugs to keep working.

**CONCLUSION**

If antibiotics fail, modern medicine fails with them. India must act now, quietly and decisively, to keep the silent pandemic from becoming a loud one.

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