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EDITORIAL ANALYSIS

The Vaccine on the Plate: Feeding India Out of Tuberculosis

 **INDIAN EXPRESS**

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SOCIAL ISSUES ·**GS2** ·**GS3**

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The Vaccine on the Plate: Feeding India Out of Tuberculosis

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GS2
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THE LIFT LINE

India has been hunting for a tuberculosis vaccine for a century while the most effective one sat on the plate, unclaimed, in the form of enough food to eat.

WHY THIS EDITORIAL MATTERS FOR YOUR EXAM

The proposition that “food is the TB vaccine we already have” reframes India’s biggest infectious-disease burden as, at root, a problem of undernutrition. For the exam it links GS2 health governance, the National TB Elimination Programme and its schemes, with GS3 issues of poverty, food security and the social determinants of disease. The RATIONS trial gives the argument hard, India-generated evidence.

GS Paper 2: issues relating to development and management of the health sector; government policies and schemes; welfare schemes for vulnerable sections.

GS Paper 3: issues relating to poverty, hunger and food security; inclusive growth.

For **Prelims**, hold the specifics: the National TB Elimination Programme (NTEP) and India’s 2025 elimination target, the Ni-kshay Poshan Yojana cash support, and the RATIONS trial. For **Mains**, argue that nutrition is not a soft add-on to TB control but a primary, evidence-backed prevention tool.

BACKGROUND AND CONTEXT

India carries the world’s largest tuberculosis burden. In 2018 the government advanced the elimination goal to 2025, five years ahead of the global 2030 target, and renamed the programme the National TB Elimination Programme. That 2025 deadline has now passed unmet, though with real progress: WHO’s 2025 Global TB

Report recorded India's TB incidence falling and TB deaths declining over the 2015 to 2024 window.

Elimination here means **reducing incidence to a very low threshold** (<https://ujjayanti.com/vocab/threshold/>), **not zero** cases.

Undernutrition is the thread running through India's TB story. It is the single largest risk factor for the disease in the country, weakening immunity so that latent infection becomes active disease, and worsening outcomes and mortality once treatment begins. A malnourished population is a population primed for TB, which is why food and TB cannot be treated as separate problems.

THE CORE ARGUMENT / ISSUE

The RATIONS evidence

The RATIONS trial, run in four districts of Jharkhand and published in The Lancet in 2023, tested a simple idea: feed the household contacts of TB patients and see whether fewer of them fall ill. Contacts in the intervention group received monthly food rations and micronutrients. The result was striking, a 39 per cent reduction in all forms of TB and a 48 per cent reduction in microbiologically confirmed pulmonary TB among those contacts. In the patient cohort, a 5 per cent weight gain by two months was associated with a sharply lower risk of death. Nutrition, in other words, both prevents new disease and saves lives in existing cases.

The scheme India already has

India's answer is the **Ni-kshay Poshan Yojana**, a direct-benefit-transfer scheme giving every notified TB patient cash for nutrition during treatment. From November 2024 the monthly amount was doubled from Rs 500 to Rs 1,000, so a patient now receives roughly Rs 3,000 to Rs 6,000 across a course of treatment. The government also added energy-dense supplements for the most underweight patients and extended food-basket support to household contacts through the Ni-kshay Mitra initiative.

ELEMENT	DETAIL	SIGNIFICANCE
RATIONS result	39% fewer TB cases, 48% fewer pulmonary cases in fed contacts	Food prevents transmission, not just treats
Ni-kshay Poshan Yojana	Rs 1,000 per month (doubled Nov 2024)	Cash for patient nutrition during treatment
Household support	Food baskets to contacts via Ni-kshay Mitra	Extends prevention to the whole home
The gap	Cash may not equal adequate food where prices are high	Amount and delivery must match real need

The gap that remains

Evidence is not yet outcome. A cash transfer only prevents TB if it buys enough food, reaches patients promptly, and covers the contacts the trial showed also benefit. Where food prices are high or transfers are delayed, the scheme underdelivers. The task is to make the intervention as reliable as the evidence is strong.

HOW TO THINK ABOUT THIS (ANALYTICAL FRAME)

Distinguish the biomedical model of disease from the social-determinants model. The biomedical model treats TB as a bacterial infection to be met with drugs and, hopefully, a vaccine. The social-determinants model asks why the bacterium succeeds, and answers, in India, largely undernutrition and poverty. The transferable rule: when a disease tracks a social condition this closely, addressing the condition is not welfare charity bolted onto health policy, it is the health policy.

THE DIAGRAM IN WORDS

Undernutrition -> weakened immunity -> latent TB turns active + worse outcomes -> high incidence. Intervene with food: RATIONS shows 39-48% fewer cases in fed contacts + lower death risk -> scale Ni-kshay Poshan Yojana (Rs 1,000/month) + household food baskets -> nutrition as primary prevention -> faster progress to elimination

WAY FORWARD

- ① **Treat nutrition as primary prevention.** Position food support at the centre of the TB strategy, not as an adjunct (<https://ujjayari.com/vocab/adjunct/>), given the RATIONS evidence on incidence.
- ② **Make the transfer adequate and prompt.** Ensure the Ni-kshay Poshan Yojana amount buys real nutrition and reaches patients without delay; index it to food costs.
- ③ **Cover the household.** Extend nutrition support systematically to contacts, whom the trial showed benefit, through the Ni-kshay Mitra food-basket route.
- ④ **Integrate with food-security schemes.** Link TB nutrition to the PDS, POSHAN Abhiyaan and school-feeding programmes so support is layered, not isolated.

PYQ LINKAGE AND PRACTICE

UPSC has asked about the social determinants of health, about tuberculosis and India's elimination effort, and about the effectiveness of direct benefit transfers. This editorial connects those themes through fresh, India-generated trial evidence.

Practice question: “In India, tuberculosis control is as much a nutrition challenge as a medical one.”

Examine in light of the RATIONS trial evidence and the design of the Ni-kshay Poshan Yojana. (250 words, 15 marks)

Sources: *The Indian Express* (<https://indianexpress.com/section/opinion/>)

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