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EDITORIAL ANALYSIS

The Silent Pandemic: India and the Fight Against Antimicrobial Resistance

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The Silent Pandemic: India and the Fight Against Antimicrobial Resistance

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THE LIFT LINE

The next pandemic may not announce itself with a novel virus. It may arrive quietly, as a routine infection that no longer responds to any antibiotic. **Antimicrobial resistance (AMR)** is that slow emergency, and India, with its heavy overuse of powerful **Watch** antibiotics, is both a hotspot and a decisive battleground.

WHY THIS EDITORIAL MATTERS FOR YOUR EXAM

Public health governance has become a permanent fixture of the syllabus, and AMR is the sharpest current example of a crisis that is entirely man-made and entirely preventable. It rewards candidates who can connect prescribing behaviour, regulation and global surveillance.

The topic also fits the examiner's love of cross-cutting themes, since AMR spans human medicine, animal husbandry, agriculture and the environment, and can only be tackled through coordinated governance rather than a single ministry acting alone.

GS Paper 2: Issues relating to the development and management of the health sector, and government policies and interventions.

GS Paper 3: Developments in science and technology and their applications, here the microbiology and drug-development dimensions of resistance.

For **Prelims**, hold the specifics: **AMR** occurs when microbes evolve to resist the drugs used against them; the **WHO AWaRe classification** groups antibiotics into **Access, Watch and Reserve** categories, with a target that at least **60 per cent** of consumption be **Access** antibiotics; **Schedule H1** of the Drugs and Cosmetics Rules restricts over-the-counter sale of specified antibiotics; India runs a **National Action Plan on AMR** and follows the **One Health** approach; and the **Red Line campaign** marks antibiotic packaging to warn against misuse.

For **Mains**, the demand is to argue why prescribing behaviour and enforcement, not just new drugs, are the core of the answer.

BACKGROUND AND CONTEXT

Antibiotics were among the twentieth century's greatest gifts, turning once-fatal infections into minor episodes. But every use of an antibiotic is also a selection pressure that favours resistant microbes. Use them too often, too broadly or incompletely, and resistance spreads until the drug stops working for everyone.

India's problem is a specific pattern of misuse. Rather than reaching first for narrow-spectrum **Access** antibiotics, prescribers and pharmacies too often default to broad-spectrum **Watch** drugs such as fluoroquinolones and certain cephalosporins. Weak point-of-care diagnostics push doctors to prescribe broadly and blindly, and easy over-the-counter availability lets patients self-medicate and stop early.

The **WHO AWaRe** framework was designed precisely to correct this. Its target that at least 60 per cent of antibiotic use fall in the **Access** group is a simple, measurable yardstick of stewardship. India's consumption skews the wrong way, which is why it is repeatedly flagged as a country where resistance is accelerating.

THE CORE ARGUMENT / ISSUE

The overuse of Watch antibiotics

The heart of the problem is that the wrong antibiotics are being used far too freely. Broad-spectrum Watch drugs kill a wide range of bacteria, including harmless ones, breeding resistance faster and leaving fewer options when a serious infection strikes.

Diagnostics are the missing foundation

A doctor who cannot quickly identify the pathogen will reasonably reach for a broad-spectrum drug. Strengthening affordable, rapid diagnostics is therefore not a technical afterthought but the precondition for rational prescribing.

One Health, because microbes ignore boundaries

Resistant genes move between humans, animals and the environment. Antibiotics used as growth promoters in livestock and residues in water and soil all feed the same resistance pool, so surveillance must span all three domains.

AWARE CATEGORY	ROLE	INDIA'S PATTERN
Access	First-line, narrow-spectrum, target above 60 per cent	Underused
Watch	Broad-spectrum, higher resistance risk, use with care	Overused
Reserve	Last-resort drugs for severe multidrug-resistant cases	Must be protected

HOW TO THINK ABOUT THIS (ANALYTICAL FRAME)

Frame AMR as a **tragedy of the commons**. Each individual prescription that reaches for a stronger drug looks rational for that patient, yet the sum of these choices depletes a shared resource, the continued effectiveness of antibiotics, for everyone. That framing explains why voluntary appeals alone fail and why stewardship must be built into systems: diagnostics that make narrow prescribing easy, regulation that makes casual sale hard, and surveillance that makes misuse visible. The second lens is **equity**, since the poorest suffer most when cheap first-line drugs stop working and only expensive Reserve antibiotics remain. AMR is thus simultaneously a scientific, governance and social-justice problem.

THE DIAGRAM IN WORDS

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Weak diagnostics and easy OTC sale -> overuse of Watch antibiotics -> resistant microbes selected -> spread across humans, animals and environment -> routine infections untreatable -> the silent pandemic
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WAY FORWARD

1. **Enforce stewardship.** Make hospital antibiotic stewardship programmes and the AWaRe target operational, auditing prescriptions and steering use back toward Access drugs.
2. **Invest in diagnostics.** Roll out rapid, affordable point-of-care tests so clinicians can prescribe narrowly and confidently instead of defensively.
3. **Tighten enforcement.** Implement Schedule H1 and the Red Line campaign seriously, curbing over-the-counter sale and cracking down on unregulated pharmacy dispensing.
4. **Operationalise One Health.** Integrate human, animal and environmental surveillance under the National Action Plan, and phase out non-therapeutic antibiotic use in livestock.

PYQ LINKAGE AND PRACTICE

The UPSC has asked about public health delivery and the National Health Policy, and AMR extends that concern into a global commons problem. It also links to the 2019 theme on drug-resistant tuberculosis and the recurring focus on One Health after the pandemic.

Practice question: "Antimicrobial resistance is a silent pandemic driven as much by governance failure as by biology." Analyse the causes of rising AMR in India and suggest a stewardship-led way forward. (15 marks, 250 words)

Sources: Indian Express, Antibiotic overuse and AMR, World Health Organization, AWaRe classification

Source: The Silent Pandemic: India and the Fight Against Antimicrobial Resistance — Ujiyari.com | Free UPSC & State PCS Editorial Analysis

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