THE EDITORIAL PAGE

INDIA'S QUEST FOR PEACE

Prime Minister Narendra Modi has once again called for an immediate end to the Russia-Ukraine conflict as he asked Russian President Vladimir Putin to move from "endless war to the end of war." From Mr President, this is not an era of war to asserting that a peaceful resolution of the conflict is humanity's shared priority", Modi once again pleaded for peace. He told Putin on the sidelines of the SCO summit in Kyrgyzstan that the world was looking for an end of the now four-year conflict that has consumed lives, disturbed the world and is still not ending. Using India's longstanding and special relation with Russia, Modi told Putin that the war was setting the humanity back with each passing day. He also told Putin that India, the land of Gandhi and Buddha, supports all efforts towards peace and will continue to do so. India has been consistent with this approach and not taken sides with either of the two neighbours, Unlike Europe or the US and its NATO allies, India has taken a position that was must end as negotiations directly between the two neighbours without any broker should begin.

Interestingly, the west wanted India to speak against Russia, but today it understands and appreciates New Delhi's stand. The West has drawn a blank on its strategy of stoking a war between Russia and Ukraine, and has now backed out of supporting Ukraine. The two neighbours keep throwing drones and bombs at each other occasionally while the West has got busy with the Gulf war. There is no way India would ditch its trusted friend, PM Modi also visited Ukraine to show support during the war. It's not our war and we don't have the habit of poking our nose in others affairs. India has traditionally been on the side of peace and negotiations and never taken side in a war between two countries.

Cash in hand, capacity in retreat?

Debdulal Thakur

As states commit ever larger sums to recurring transfers, a more difficult question is emerging: what happens to the long-term investments that build human capability and public capacity? The debate must move beyond the simplistic contest between welfare and "freebies" to examine whether today's cash transfers are coming at the cost of tomorrow's schools, hospitals and infrastructure. HireGrant Writers

The argument over welfare in India is still framed as a morality play: cash transfers are either social justice or "freebies". That binary misses the harder public-policy question. The issue is not whether states should put money directly into citizens' hands. It is whether recurring transfers are beginning to compete with the schools, health systems, nutrition networks and infrastructure that make welfare durable.

The numbers now make that question unavoidable. The Economic Survey 2025-26 estimates that states will spend about Rs 1.7 lakh crore on largely unconditional cash transfers, particularly to women, in FY26. PRS puts the corresponding estimate at Rs 1.68 lakh crore across 12 states, up from only two states in 2022-23; six of the 12 budgeted for revenue deficits. In individual states, these schemes are no longer marginal: PRS estimates they absorb 12.1 per cent of revenue expenditure in Jharkhand, 9.2 per cent in Karnataka and 8.9% in West Bengal in 2025-26.

The trend has not disappeared in the newest budgets. West Bengal has budgeted Rs 36,000 crore for Annapurna Bhandar in 2026-27-about 11 per cent of projected revenue receipts. Madhya Pradesh has allocated Rs 23,883 crore to Ladli Behna, while Maharashtra has set aside Rs 26,500 crore for Ladki Bahin. Karnataka's five guarantee schemes are budgeted at Rs 51,286 crore in 2026-27, roughly 12 per cent of expenditure excluding debt repayment. These are large, politically salient and often socially valuable commitments.

But they operate inside budgets that are already tight.

That fiscal context matters. PRS notes that states collectively devoted 53 per cent of revenue receipts in 2023-24 to salaries, pensions and interest payments, while outstanding state debt remained about 27.5 per cent of GDP in 2024-25. At the same time, the average allocation across states in 2025-26 was about 14.5 per cent of expenditure for education and 6.2 per cent for health. A rupee committed recurrently to one purpose is therefore a rupee whose alternative use deserves scrutiny.

This is not evidence that cash transfers are inherently wasteful. The Economic Survey cites estimates that such transfers equal 11-24 per cent of monthly income for female casual labourers and 11-87 per cent for self-employed women across seven studied states. Cash can smooth consumption, reduce distress and give recipients agency in ways that in-kind programmes sometimes do not. The policy error begins only when cash is treated as a substitute for public capacity rather than a complement to it.

There is some evidence that the trade-off can become real. In Karnataka, PRS cites the CAG's observation that expansion of the guarantee schemes increased revenue expenditure and the revenue deficit, while infrastructure spending in 2023-24 was Rs 5,229 crore lower than in the previous year. That does not prove that every transfer crowds out every public investment. It does show why the opportunity cost can no longer be dismissed as theoretical.

The political economy is straightforward. A monthly transfer has an identifiable beneficiary, a predictable payment date and immediate visibility.

A better Anganwadi network, a functioning primary health centre, more teachers or safer hostels produces benefits that are slower, dispersed and less electorally legible. Governments therefore face a structural incentive to prefer welfare that can be credited to a scheme over welfare embedded in institutions.

The answer is not to prohibit transfers. It is to make their opportunity cost visible. Every state introducing or substantially expanding a large recurring cash programme should publish a Social Investment Displacement Statement with its budget. It should show the scheme's five-year liability, financing source, beneficiary incidence and measurable outcomes, while disclosing whether real per-capita spending on education, health, nutrition, maintenance or capital formation is being compressed. It should also specify when the scheme will be independently reviewed.

This would improve the debate because "freebie" is an economic label pretending to be an analytical category. Some transfers may be powerful redistributive instruments; others may become fiscally difficult to sustain.

The distinction cannot be made from the mode of payment alone. It requires evidence on outcomes, fiscal durability and what the expenditure displaces.

India does not have to choose between cash and public services. Poor households often need both. A welfare state should ultimately be judged not by how efficiently it transfers money, but by whether it builds the capabilities citizens cannot purchase individually. HireAn Accountant

A bank transfer can reach a household. It cannot by itself staff a school, prevent malnutrition, run a hospital or build a functioning State.

The debate, therefore, is not about abandoning cash transfers but about restoring discipline to welfare policy. Direct payments can provide dignity, security and economic agency, especially to those living with persistent vulnerability. Yet no transfer can replace the public institutions on which lasting social mobility depends. States must make transparent what large recurring schemes cost over time and what other investments they may constrain.

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THE HORSE THAT WALKS TO THE WATER

Lucky Kulkarni

There is an old proverb that says, "You can take a horse to the water, but you cannot make it drink."

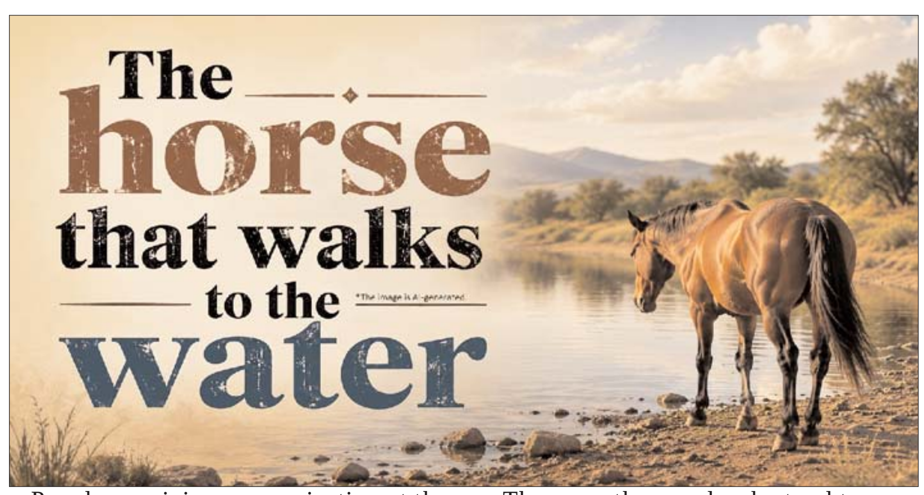
Over the years, I have often wondered if there is another perspective to this proverb. Why do we need to take the horse to the water in the first place? Perhaps we only need to tell the horse where the water is.

Then another question comes to mind. Why do we even need to tell the horse? Why can't the horse recognize its own thirst, understand where the water is, and walk towards it on its own?

This simple thought can separate employees who wait to be led from those who learn to lead themselves.

Today's organizations are no longer looking for employees who constantly need to be reminded, pushed, supervised or motivated. They are looking for people with an internal drive-individuals who naturally move towards learning, solving problems, creating value and taking ownership without waiting for instructions.

Every organization hires people to perform a job. But those who build exceptional careers go beyond merely performing their roles. They embrace responsibility and take ownership of outcomes.



People may join an organization at the same time, yet their careers can take very different paths. Some become managers, some emerge as leaders, while others remain in roles similar to the ones they started with. What creates this difference? It is rarely intelligence or experience alone, and certainly not only luck. One of the biggest differentiators is attitude.

Organizations quietly observe behaviours that may never appear on an appraisal form. Who takes initiative without being asked? Who identifies a problem before it becomes a crisis? Who remains accountable when things go wrong instead of looking for someone to blame?

These are the people who tend to grow faster.

A self-motivated employee does not wait for appreciation before giving their best, a promotion before demonstrating leadership, or instructions before solving a problem. Their motivation comes from within.

They constantly ask themselves: "How can I improve this process?" "How can I make my customer's experience better?" "How can I support my team?" "How can I reduce the organization's risk?" "How can I create more value than what is expected from my role?" GetExecutive Coaching

These questions gradually shape exceptional careers.

Organizations certainly appreciate hard work, but they ultimately value outcomes and the impact created.

The responsibility for career growth ultimately lies with the employee. Managers can coach. Organizations can provide opportunities. HR can design learning programmes. Leaders can create the right culture. But none of these can replace an individual's personal desire to grow.

As an HR professional, I have observed that promotions are not always earned by the most knowledgeable employees. More often, they are earned by those who consistently demonstrate ownership, accountability, dependability, initiative and a willingness to solve problems beyond their job descriptions.

The horse that recognizes its thirst and walks to the water on its own is unlikely to remain thirsty. Similarly, employees who continuously seek knowledge, responsibility and opportunities without waiting to be pushed are less likely to remain stagnant.

In today's corporate world, organizations are not merely looking for people who can do a job. They are looking for people who take responsibility, create value, inspire trust and move forward on their own.

They don't just succeed. They become trusted with greater responsibility.

Viksit Bharat demands annihilation of sick racket

Amitabh Ranjan

A patient cured is a customer lost also. Insurance advertisements never admit this, hospital brochures never print it. Illness, in India, is not merely a misfortune, but a perennial resource to be harnessed, monetised and prolonged.

A conspiracy everyone denies, and no one disrupts: the symbiotic alliance amongst insurers, hospitals, pharmaceutical companies and practitioners.

Insurers profit from premia collected today and claims delayed or denied tomorrow. Hospitals, particularly the large corporate chains which dominate metro healthcare, are answerable to their shareholders and quarterly targets, and that is why unnecessary diagnostics, extended ICU stays and needless surgeries performed to be safe have become quite routine. Pharma companies sponsor conferences, fund 'continuing medical education' and reward number of prescriptions with bounties ranging from gift vouchers to foreign tours; a sales promotion framed as scientific exchange. And practitioners, sworn on the Hippocratic Oath, find themselves sandwiched between their conscience and revenue targets, in a system which punishes the doctor who orders fewer tests and rewards the one who orders more. And this system has emerged the way most rackets do, from each participant rationally pursuing self-interest inside an opaque system with almost no accountability. Consequence: a healthcare economy in which the patient's well-being and the provider's profitability are poles apart. This is the context in which the Ayushman Bharat Health Account or ABHA, deserves a much more serious look. On paper, the idea is elegant: a portable, fourteen-digit digital health identity which allows a patient's records, like prescriptions, test results, diagnoses, discharge summaries, to travel with them across hospitals, cities and insurers, with the patient's consent, of course. India has already enrolled over 940 million people into the system and the pitch is simple; end the duplication of tests, end the loss of medical history between providers, and provide the patient, rather than the hospital, ownership of their own data. If it works as designed, ABHA is a genuine, if partial at the moment, answer to the customer lost syndrome.

A longitudinal, portable health record makes it harder for one hospital to repeat a scan earlier conducted, tougher for a doctor to prescribe indefinitely without a second opinion crossing their desk, and easier for regulators and insurers to spot patterns of over- or mistreatment across a patient's history rather than one hospital's silo. SchedulingVirtual Doctor Consultations

Transparency, at scale, is the enemy of a nexus constructed on information asymmetry. Yet, a digital ID may not fix a structural incentive. ABHA can make overtreatment more visible but not unprofitable. Without genuine enforcement- audits of billing patters, penalties for unwarranted procedures and insurers willing to actually use the data to push back on claims rather than simply process them faster, a health ID risks becoming an efficient recordkeeping layer sitting quietly on top of the same broken incentives. Containment is not correction.

If the practice of medicine has become commercialised, so has the path to becoming a doctor, but more brutally. NEET, even though a noble, innovative concept, has unintentionally fueled an entire shadow economy that extracts money from families, years before their children touch a patient.

Coaching institutes in cities built almost entirely around this one exam ecosystem charge fees which may exceed a family's annual income, promising a seat that statistically, for most aspirants, would never come. Around these coaching hubs has grown an ancillary economy of paying-guest accommodations and private hostels, mostly unregulated, overcrowded and expensive, housing teenagers separated from their families for years at a stretch under enormous psychological pressure, a pressure whose human cost surfaces frequently in tragic headlines. Then there is the exam itself, which is rocked by paper-leak scandals serious enough to reach the Supreme Court, with allegations of question papers being sold for sums only the wealthiest can afford, turning what is meant to be a merit-based gateway into, for some, a cash cow. And, for those who clear the exam but not with marks high enough for a government seat, private medical colleges wait with exorbitant fee structures running into crores, for a single MBBS degree; fee which virtually guarantees the graduates will spend their early career recouping the investment before they can practice medicine as a public service.

By the time, a NEET aspirant becomes a fully qualified doctor, an extraordinary amount of family gold, years of adolescence and psychological capital have already been spent. It should surprise no one that many enter the profession already thinking in terms of ROE - returns on investment. None of this is unfixable and the fixes are neither exotic nor untested; India already runs a comparable model for engineering admissions. First, cap the number of NEET attempts, the way JEE-Main or Advanced limits them, starting with 12th pass-year. Unlimited attempts do not reward merit but reward the ability to fund this dark economy of repeated years of coaching, PG; quietly converting the 'National Eligibility Test' into a 'Wealth Eligibility Test'. Second, move NEET decisively to a secure, multi-shift computer-based test format, as JEE Main already does. A single-day, pen-and-paper exam undertaken by over two million candidates and transported physically across the country is a leak waiting to happen; and the events of the past three months have proven this beyond argument. Experts' recommendations have repeatedly suggested a shift towards online or hybrid formats, staggered over multiple days, precisely because a single point of physical failure is not a security architecture; it is the invitation.

Third, regulate the coaching-hostel nexus with the same seriousness applied to the exam itself; safety standards, fee transparency and mental health support for adolescents living away from home under exam pressure.

Fourth and the toughest; cap or index private medical college fees to sanity, something a middle-class family can conceivably repay through an ethical medical career, rather than taking recourse to unethical practice. None of these reforms, alone, would dismantle this sick racket of insurers, hospitals and pharmaceutical companies which profit from keeping patients in illness.

However, together, they attack the pipeline that feed it, which presently looks not for the most compassionate future doctors but for the families with the deepest pockets and the students with the highest tolerance for extraction. Fix what feeds this racket and the system itself becomes easier to fix. India does not lack medical talent or infrastructure. What it lacks is an economy which rewards a doctor for making a patient well rather than for keeping them, quietly and profitably, unwell. And this economy, which promotes the sound body, in turn, housing a sound mind, is key to the dream of Viksit Bharat becoming a reality.