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NE to be gateway for trade with Southeast Asia: Modi

Why in News?

▪ India's Act East Policy

Syllabus

▪ **GS Paper 2** – International Relations

NE to be gateway for trade with Southeast Asia: Modi

Inaugurating Rising Northeast Summit, PM says region is no longer a 'frontier, but a 'frontrunner of growth'; the region offers a wide range of economic and industrial opportunities, he points out

Kallol Bhattacherjee
NEW DELHI

India's Northeast is not a "frontier region" any more, it is the "frontrunner of growth", Prime Minister Narendra Modi said on Friday, pitching for investments in the eight States that constitute the region.

Inaugurating the Rising Northeast Summit, the Prime Minister said that the region offers a wide range of economic and industrial opportunities. India has "new dreams" for the Northeast, he said, adding that the region would emerge as a gateway for trade with Southeast Asia over the next decade.

The event comes against the backdrop of the May 17 order by the Directorate General of Foreign Trade to close land ports with Bangladesh. Officials have said that the decision will provide the Northeast a level playing field to develop the commercial potential of its own supply chains, and an impetus to manufacture competitively.

Manifesting a dream: Prime Minister Narendra Modi addresses the Rising Northeast Investors Summit 2025 in New Delhi on Friday. PTI

The Prime Minister paid tribute to the diversity of the region, reflected in its products and people. "India is termed as the most diverse nation in the world. But our Northeast is the most diverse part of our diverse nation. From trade to tradition, textile to tourism, Northeast's diversity is a very big strength of the region," Mr. Modi said.

'Powerhouse of energy'

He listed the bio-economy, bamboo, tea production, petroleum, sports and eco-tourism as some of the areas where the region is an emerging hub. "Northeast is the powerhouse of energy," said Mr. Modi, describing the region as 'Ashta Lakshmis' or the eight forms of Goddess Lakshmi.

He said the Northeast would emerge as a gateway to trade with the ASEAN bloc over the coming decade. "Northeast will be a strong bridge of trade with Southeast Asia. We are working on the necessary infrastructure to realise that goal," Mr. Modi said.

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Key Takeaways from the Article

- **What is Act East Policy?**
  - The **Act East Policy**, announced in November 2014, is an upgraded and more proactive version of India's earlier **Look East Policy.**
  - It is a diplomatic initiative aimed at strengthening **India's economic, strategic, and cultural relations** with countries across the vast AsiaPacific region.

- **Aim:**
  - To promote economic cooperation, deepen cultural ties, and build strategic partnerships with countries in the **Indo-Pacific region.**
  - To catalyze the economic development of India's **North Eastern Region (NER),** which acts as a gateway to Southeast Asia.

- **Key Features of Act East Policy:**
  - Focus on **ASEAN countries** and the broader East Asian region.
  - Emphasises **economic integration** and **security cooperation** with partner nations.
  - India's Prime Minister has highlighted the **4Cs** of the policy - ?
  - Security forms a critical dimension of the policy - ?
  - India seeks to secure **freedom of navigation** and assert its role in the Indian Ocean, with initiatives like - ?

- **Key Initiatives to Enhance Connectivity:**
  - Agartala–Akhaura Rail Link
  - Kaladan Multimodal Transit Transport Project
  - India-Myanmar-Thailand Trilateral Highway Project
  - India-Japan Act East Forum (established in 2017)
  - Amrit Kaal Vision 2047

The Act East Policy announced in 2014 is the upgrade of the Look East Policy which was promulgated in 1992

A medical oxygen access gap SE Asia must bridge

Why in News?

▪ Rising Covid-19 cases in India

Syllabus

▪ **GS Paper 2** – Governance

A medical oxygen access gap SE Asia must bridge

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Governments, global health agencies, industry and civil society must address the vulnerabilities in oxygen infrastructure that were exposed during the COVID-19 pandemic

Oxygen is a life-saving essential medicine with no substitute. Because of the complexity of the industrial production process, there are many challenges in access to medical oxygen such as availability, quality, affordability, management, supply, human resources capacity and safety. Some five billion people around the world lack access to safe, quality, and affordable medical oxygen.

The Lancet Global Health Commission on medical oxygen security highlights a stark reality – that South Asia and East Asia and the Pacific have the highest unfulfilled demand for medical oxygen (the oxygen service coverage gap in these two regions is 78% and 74% respectively), and there is a clear and urgent need for action to rectify this.

The COVID-19 pandemic exposed vulnerabilities in oxygen infrastructure, particularly in low- and middle-income countries (LMICs). While that crisis did trigger emergency interventions to alleviate the situation, long-term progress has been slow.

A World Health Organization (WHO) report (2022), "Promising practices and lessons learnt in the South-East Asia Region in accessing medical oxygen during the COVID-19 pandemic", points out that sustained investments and policy commitments are required to ensure that oxygen is available where it is needed most. WHO's Access to Medical Oxygen Resolution and *The Lancet Global* Health Commission on Medical Oxygen Security provide a road map for scaling up solutions, but its implementation requires urgent action. Governments, global health agencies, industry and civil society must come together to close the oxygen gap. This is an opportunity to create lasting and equitable access to a life-saving medical intervention.

Challenges hindering oxygen access

Several systemic barriers hinder the availability of medical oxygen, preventing its integration into health-care systems. The first is the shortage of equipment – only 54% of hospitals in LMICs have pulse oximeters and 58% have access to medical oxygen. Consequently, this gap in basic monitoring and supply infrastructure leads to delayed diagnoses, inadequate treatment and preventable fatalities, a deficiency that intensifies dramatically during severe respiratory outbreaks, let alone pandemics. Without the necessary diagnostic tools, health-care providers struggle to detect and manage oxygen deficiencies effectively.

However, the issue extends beyond equipment availability. The financial burden associated with increasing oxygen access remains a major obstacle. Bridging the global oxygen gap requires $6.8 billion, with South Asia alone needing $2.6 billion. The reality is that many LMICs face competing health-care priorities, making it difficult to allocate substantial funding toward oxygen infrastructure. Therefore, efforts to improve oxygen access risk being short-lived without sustainable financing mechanisms.

Compounding the challenge is the acute shortage of trained biomedical engineers and technicians. Even when oxygen plants and concentrators are available, a lack of skilled professionals to install, maintain and repair them can lead to frequent breakdowns. These deficiencies exacerbate disparities in access, especially in rural and underserved communities, where alternative solutions are often unavailable.

There needs to be a long-term and multi-pronged approach that integrates innovation, investment and policy action. Transparency, data-driven decision-making, and a strong policy framework will be crucial. The WHO Access to Medical Oxygen Scorecard is a key tool in tracking progress and ensuring accountability, playing a pivotal role in monitoring progress on the WHO Oxygen Resolution. The resolution calls for reporting 'on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030'.

National governments should develop medical oxygen scale-up plans with support from WHO, to strengthen oxygen ecosystems, allocate resources effectively, and address infrastructure gaps. Tailoring these strategies to health-care needs can create sustainable, resilient oxygen delivery models.

In South-East Asia, WHO has facilitated intra-regional cooperation between countries to build capacity. In partnership with Nepal's National Health Training Center, WHO facilitated training for biomedical engineers and technicians, leading to the installation of state-of-the-art PSA oxygen plants in Bhutan. The training will ensure sustainable operations and maintenance, and this model of cross-border collaboration can be replicated across LMICs.

Infrastructure is insufficient

Ensuring a stable oxygen supply requires strong partnerships between governments, the private sector and international organisations. WHO emphasises local manufacturing to reduce import dependence, cut costs, and improve accessibility. Decentralised production can address supply imbalances and enhance last-mile delivery.

Innovations such as portable oxygen concentrators, solar-powered generators, booster pumps and community-based hubs can bridge accessibility gaps, especially in remote areas. Integrating these solutions into health-care plans can ensure that life-saving oxygen reaches every patient.

Power disruptions hinder oxygen production in South-East Asia, as in many LMICs. In these low-resource settings, solar-powered oxygen systems are a cost-effective and low-maintenance innovation that ensures uninterrupted supply, lower costs and reduced grid dependence. Ethiopia and Nigeria have successfully implemented solar-powered oxygen delivery systems in remote health-care facilities, improving access and saving lives. The South-East Asia region should promote and invest in the solarisation of oxygen plants to ensure a stable supply amid energy insecurity and health crises.

Strengthening oxygen ecosystems

Bridging the oxygen gap requires a unified, multi-stakeholder approach. Governments should lead the way by integrating oxygen access into universal health coverage and emergency preparedness plans. A clear regulatory framework should be established to ensure the quality and the safety of medical oxygen, along with standardised protocols for storage, transportation and distribution. These measures will be needed for sustaining long-term availability of quality medical oxygen.

The private sector must also invest in local production and supply chain optimisation. Industry players have a crucial role in developing cost-effective, scalable solutions that cater to the specific needs of LMICs. Further, global health agencies must ensure that oxygen access remains a funding priority, facilitating financial support for infrastructure development, equipment procurement and workforce training.

Academia and research institutions can contribute by focusing on low-cost, innovative oxygen solutions tailored for LMICs. Prioritising affordability, efficiency and adaptability will be key. Using digital technologies for real-time monitoring, predictive demand analytics and supply chain management can further enhance the efficiency of oxygen delivery systems.

The oxygen crisis is a solvable problem that demands coordinated action, sustainable financing, and strong political will. Our success in installing PSA oxygen plants in countries demonstrates that strategic investments, cross-border collaboration, and workforce training can yield long-term solutions.

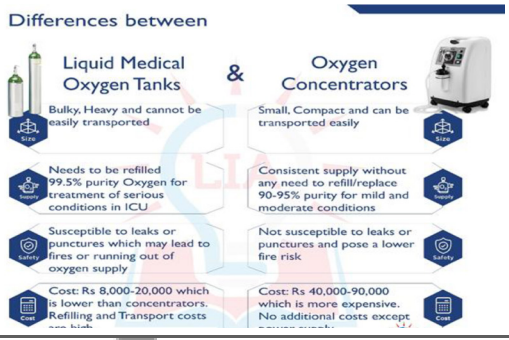
To maximise COVID-era investments in PSA oxygen plants, countries must ensure operational readiness. Ideally, donors who have already shown support for these initiatives during the pandemic should continue to support ongoing efforts. Surplus capacity should be distributed to peripheral facilities using booster pumps. WHO stands ready to provide technical support.

As *The Lancet Global* Health Commission on medical oxygen security reminds us, access to medical oxygen is not just a health issue but also a matter of equity and human rights. Oxygen should never be a privilege but rather a fundamental right for all.

Instead of crisis-driven approaches, sustainable investments in oxygen infrastructure can – and must – be made, ensuring that no one is left behind in their moment of need.

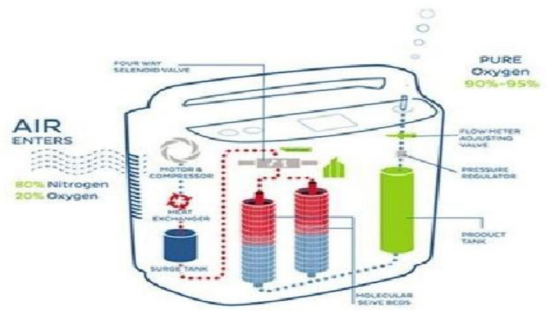
Key Takeaways from the Article

- **Oxygen as Essential Medicine:** Medical oxygen is a critical, life-saving treatment with no substitute. Globally, 5 billion people lack access to safe, affordable medical oxygen.
- **Oxygen Access Gap in South-East Asia:** The region has one of the highest oxygen service coverage gaps — 78% in South Asia and 74% in East Asia and the Pacific.
- **COVID-19 Impact:** The pandemic exposed oxygen infrastructure vulnerabilities in lowand middle-income countries (LMICs), especially in South-East Asia.
- **Infrastructure Challenges:**
  - Only **54% of hospitals** in LMICs have pulse oximeters; **58% have medical oxygen access.**



- **Power disruptions** severely hamper oxygen production.
- Acute shortage of trained **biomedical engineers and technicians** for maintenance.

- **Financial Constraints:**
  - Bridging the global oxygen gap needs **$6.8 billion;** South Asia requires **$2.6 billion.**
  - **Competing health priorities** limit resource allocation
- **Innovative Solutions:**
  - Promotion of **local manufacturing** to reduce import dependence.
  - **Solar-powered oxygen plants** to ensure uninterrupted supply.
  - Portable **oxygen concentrators, booster pumps, and community-based oxygen hubs.**
- **Regional Cooperation:**
  - WHO's intra-regional collaboration facilitating **capacity building and technology transfer.**
  - Training programs for biomedical engineers and technicians in **Nepal and Bhutan.**
- **Private Sector and Research:**
  - Need for **industry investments** in costeffective oxygen solutions.
  - Research focused on **affordable, efficient, and adaptable oxygen delivery technologies.**
- **Oxygen as a Human Right:**
  - Access to medical oxygen should be **recognized as a fundamental right**, not a privilege.



The 5 Step Concentrator Process:

1. Takes air from the room.
2. Compresses the oxygen.
3. Takes out nitrogen from the air.
4. Adjusts the way the air is delivered.
5. Delivers the purified air.

Oxygen Concentrators VS Oxygen Cylinders

Prelims PYQs (2016)

Question: The term 'Regional Comprehensive Economic Partnership' often appears in the news in the context of the affairs of a group of countries known as **(2016):**

(a) G20

(b) ASEAN

(c) SCO

(d) SAARC

Prelims PYQs (2015)

Question: In the Mekong-Ganga Cooperation, an initiative of six countries, which of the following is/are not a participant(s)? (2015)

1. Bangladesh
2. Cambodia
3. China
4. Myanmar
5. Thailand

Select the correct answer using the code given below:

(a) 1 only

(b) 2, 3 and 4

(c) 1 and 3

(d) 1, 2 and 5

Mains PYQs (2013 & 2020)

Question: Analyze internal security threats and transborder crimes along the borders of Myanmar, Bangladesh, and Pakistan, including the Line of Control (LoC). Also discuss the role played by various security forces in this regard. **(2020)**

Question: How far are India's internal security challenges linked with border management, particularly in view of the long porous borders with most countries of South Asia and Myanmar? **(2013)**

Financial Action Task Force (FATF)

- What is - ?
- Year - ?
- Conference - ?
- Place - ?
- 2001 - ?
- 2012 - ?
- Meets - ?
- Secretariat - ?
- India Member - ?
- 2 groups - ?
- Grey list - ?
- Black List - ?

India to push watchdog FATF to put Pak. back on its 'grey list'

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NEW DELHI

India will send a dossier to the Financial Action Task Force (FATF) before its plenary meeting in June to push for the re-inclusion of Pakistan on its 'grey list' of countries that are subject to increased scrutiny, *The Hindu* has learnt. The government will also oppose further World Bank funding to Pakistan.

Pakistan had been included on the grey list of the global financial watchdog in 2018, and had been removed from it in 2022.

"In 2022, Pakistan was removed from the list and one of the conditions was that it would enact an anti-terror law. That law hasn't come, so the FATF itself has enough reason to put Pakistan back on the list. India's dossier will add to this," an official said.