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### Topics Covered

- **A court ruling with no room for gender justice**
- **Reviving civic engagement in health governance**
- **Bringing them home**
- **Rift between two blocs continues in Geneva Plastics Treaty Negotiations**

### A court ruling with no room for gender justice

#### Syllabus :

#### Paper II – Governance, Constitution, Polity, Social Justice & International Relations Sub-part of syllabus:

Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of vulnerable sections. Issues relating to women and their safety.

### *A Court ruling with no room for gender justice*

In its judgment, *Shivangi Bansal vs Sahib Bansal*, that was delivered in late July, the Supreme Court of India has effectively endorsed the suspension of the arrest or coercive action under the anti-cruelty law in Section 498-A of the erstwhile Indian Penal Code (IPC). Apart from being predicated on false premises, the judgment sets a dangerous precedent for both criminal justice and gender equality.

In many marriages, women suffer great levels of inequality. Apart from being discriminated against and stereotyped, they also face harassment and violence including torture. To redress violence in the domestic sphere, the Parliament has brought in laws such as Section 498-A in the IPC in 1983. Section 498-A IPC (Section 85 of the new Bharatiya Nyaya Sanhita) penalises cruelty against women, by her husband or his relative with imprisonment for three years and a fine. Cruelty is defined wide enough to include dowry harassment and driving the woman to suicide or injury to life or health.

The statement of objects of the Amending Act which brought in the law has underlined the need to expand the scope of the law to apply to all kinds of cruelty within marriage. This was done in the wake of a large number of dowry deaths and also noting that cruelty cases "culminate in suicide by, or murder of, the helpless woman concerned, constitute only a small fraction of the cases involving such cruelty". Penal legislation such as the Dowry Prohibition Act, 1961 were enacted to operate harmoniously with other laws enacted for violence against women. Therefore, Parliament, as the policymaker, after legislative deliberation and study, has chosen to enact the anti-cruelty law in this particular socio-cultural context.

#### Blanket protection from arrest

However, it is without properly appreciating these social realities that the Allahabad High Court directed that no arrest or coercive action must be taken against the accused persons for a 'cool-off' period of two months from the complaint. It also directed the district-level constitution of family welfare committees, to which cases are directed to be transferred to. These directions are now endorsed by the Supreme Court, amounting to a temporary but blanket protection for the accused from arrest or coercive action, when it is permitted by the criminal law.

Importantly enough, this was done in an individual dispute without examining in detail the socio-political implications of such a suspension. Nor was the State government heard in elaborate detail – at least going by the top court's judgment



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– before approving the suspension concerning a central criminal enactment. As a result of the judgment and its binding nature, even when there is overwhelming evidence of this serious crime, no arrests can be made by the police for at least a period of two months after its filing. This move also places a chilling effect on the complainants, who are otherwise already disadvantaged and discouraged from filing police complaints. The safety of the complainant is also severely put to risk. Further, the delay and inaction of the police in a proper investigation of complaints pertaining to 'problems inside marriage' are also legitimised by the judgment.

Now, it might be true that family law jurisprudence in the country could improve with alternate dispute resolution mechanisms such as mediation, rather than adversarial litigation. There is substance in the general argument that in cases of divorce or custody of children, conciliatory and effective resolution is more desirable than a long adjudicative process. Family cases are also highly sensitive and emotionally charged, which makes them much more suitable for the former than the latter. These aspects do not, however, apply when serious allegations of violence are made which come under the ambit of the penal law.

#### The question of 'misuse'

The narrative of 'misuse' of the anti-cruelty law is often heard in popular discourse. Unfortunately, the Supreme Court itself has echoed a similar sentiment in a series of cases. In *Preeti Gupta and Anr. vs State Of Jharkhand and Anr.* (2010), the Court held that several cases which are not bona fide are filed under this provision. In *Sushil Kumar Sharma vs Union Of India and Ors.* (2005), the Court even said that "by misuse of the provision a new legal terrorism can be unleashed". In *Arneesh Kumar vs State Of Bihar and Anr.* (2014), the Court already issued strict guidelines before arrest in anti-cruelty cases. It directed "the State Governments to instruct its police officers not to automatically arrest when a case under Section 498-A of the IPC is registered but to satisfy themselves about the necessity for arrest under the parameters" under Section 41 of the earlier Criminal Procedure Code which deals with appearance before police officers. Such guidelines have already rendered police action difficult.

Yet, before the Court, apart from individual allegations, there is no concrete empirical data with evidence of any such 'misuse' of the anti-cruelty law. Every time the Court is faced with a dispute, it pertains to individual facts and counter versions. Being a complex social problem, this is also an area where the Court has

much less institutional competence to conclude that there is overall 'misuse'. To venture into the terrain of legislative wisdom, therefore, is outside the corners of judicial expertise.

One of the arguments often used is the allegedly low conviction rate in such cases, which is around 18% as per the National Crime Records Bureau (NCRB) data in 2022. This means that almost one out of five cases leads to conviction, which is much higher than those in several other offences. Even otherwise, a low conviction rate does not automatically translate into the misuse of the law. In a society such as ours, with close-knit and dominating family relationships, it is attributable to various factors such as the problems in investigation, systemic bias and social and familial pressure on the woman to settle matters. The requirement of family members having to testify in criminal court is a daunting task. Moreover, there is a high burden of proof of 'beyond reasonable doubt' in criminal cases in addition to the difficulty in finding evidence for violence in intimate spaces.

#### Survey findings

The NCRB recorded that at least 1,34,506 cases were registered under the law in 2022. The National Family Health Survey-5 has reported the ground reality – that there is a gross under-reporting of violence against women in several States. The rising number of cases, a report by the women's centre HumSafar said, "may be attributed to growing awareness among women about the law". Therefore, to draw conclusions of widespread misuse from individual cases "reflect institutional bias that exists within the criminal justice system" (A comprehensive study on the efficacy of Section 498-A).

Now, even if we assume that there are false cases filed under the law, the potential for misuse is inherent in any law. The veracity of the allegation under any criminal complaint can only be determined upon a proper investigation. Now, by selectively suspending the anti-cruelty law, the Court has made the victims of cruelty much more vulnerable than ever under India's justice system. To subject certain criminal provisions to a more rigorous test than the others also has effects on the uniformity and the consistency of the criminal law.

The Court itself reiterated in *Sushil Kumar Sharma* (2005), wherein the constitutional validity of this very law was under challenge, the settled legal principle that misuse of a law is no ground to strike it down. Now, it has acted exactly against this idea, making rigid the possibilities of victims of cruelty to aspire for any meaningful semblance of justice.

With the top court's selective suspension of the anti-cruelty law, victims of cruelty have been made more vulnerable under the justice system

### Key Takeaways from the Article

- **Background of the Case:**
  - ◆ In Shivangi Bansal vs Sahib Bansal (July 2025), the **Supreme Court** upheld an Allahabad High Court order granting a **two-month “cooloff”** period before arrest or coercive action under **Section 498-A IPC** (now Section 85 Bharatiya Nyaya Sanhita).
  - ◆ Section 498-A penalises **cruelty against married women** (dowry harassment, injury, suicide abetment, etc.) with **3 years imprisonment + fine**.
- **Legislative Intent:**
  - ◆ Introduced in 1983 amid rising **dowry deaths and domestic cruelty**.
  - ◆ Intended to operate alongside laws like the **Dowry Prohibition Act, 1961** for comprehensive protection.
- **Court’s Order and Concerns:**
  - ◆ Mandatory referral of cases to **Family Welfare Committees** before police action.
  - ◆ Even in cases with **strong evidence**, police cannot arrest for 2 months — risking victim safety and deterring complaints.
  - ◆ Decision taken **without comprehensive socio-political review** or State government’s detailed inputs.
- **Misuse Narrative vs Data:**
  - ◆ Courts have earlier raised “misuse” concerns (Preeti Gupta 2010, Sushil Kumar Sharma 2005, Arnesh Kumar 2014).
  - ◆ No **empirical national-level data** proving large-scale misuse.
  - ◆ NCRB 2022: **1,34,506 cases** registered; **18% conviction rate** — relatively higher than some other crimes.
  - ◆ Low convictions linked to **investigation flaws, social pressure, intimidation**, not necessarily false cases.
- **Ground Reality:**
  - ◆ **NFHS-5:** Significant **under-reporting** of domestic violence in many states.
  - ◆ Rising case numbers indicate **growing awareness**, not necessarily misuse.
  - ◆ Selective suspension of provisions **undermines uniformity and consistency** in criminal law.
- **Way Forward**
  - ◆ **Evidence-based Judicial Review** – Decisions impacting women’s safety must be based on **empirical data**, not anecdotal misuse claims.
  - ◆ **Strengthen Investigation Mechanisms** – Specialised, gendersensitive investigation teams to improve case quality and conviction rates.
  - ◆ **Alternative Dispute Resolution with Safeguards** – Use mediation only in non-violent matrimonial disputes; exclude serious criminal offences.
  - ◆ **Capacity Building for Police & Judiciary** – Training to counter biases and ensure timely, victim-sensitive action in domestic violence cases.
  - ◆ **Legislative Clarification** – Parliament may issue **clear** guidelines limiting “cool-off” periods only to cases without imminent risk to complainants.



## Reviving civic engagement in health governance

### Syllabus :

#### GS Paper II – Governance, Polity, Social Justice

##### Sub-part of syllabus:

Government policies and interventions for development in various sectors (Health sector).

Role of civil society in governance

## Reviving civic engagement in health governance

**T**he 'Makkalai Thedi Maruthuvam (Medicine at people's doorstep)' scheme, introduced in Tamil Nadu in August 2021, and the Karnataka's Gruha Arogya scheme, launched in October 2024 and expanded to all districts in June 2025, aim to deliver health care at doorsteps for persons with non-communicable diseases.

Several other States are implementing similar programmes. While such initiatives represent significant strides toward proactive health care, they also prompt a profound question: as the system strives to reach people's doorsteps, to what extent are citizens themselves able to reach, engage with, and influence health governance at different levels formally?

#### The subject of citizen engagement

Health governance, once a government-led function, now includes diverse actors such as civil society, professional bodies, hospital associations and trade unions. It operates through formal and informal social processes, with power dynamics shaping participation and influence. Public engagement in health policy processes is essential because it affirms self-respect, counters epistemic injustice and upholds democratic values by enabling people to shape decisions affecting their health and health-care services.

Inclusive participation strengthens accountability, challenges elite dominance and reduces corruption. Without it, health governance risks becoming oppressive and unjust. Moreover, engaging communities fosters collaboration with frontline workers, improves service uptake, and supports better health outcomes. It also builds mutual understanding and trust between communities and providers.

The National Rural Health Mission (NRHM), launched in 2005, institutionalised public engagement in India's health governance through platforms such as Village Health Sanitation and Nutrition Committees (VHSNCs) and Rogi Kalyan Samitis. These were designed to be inclusive, particularly of women and marginalised groups, and supported by untied funds for local



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As States begin to bring health care directly to doorsteps, steps must be taken to engage communities as active participants in shaping health systems

initiatives. In urban areas, key platforms for civic participation include Mahila Arogya Samitis, Ward Committees, and non-government organisation-led committees. Despite their potential, in some areas these committees have not been established, while in others where they do exist, they face persistent challenges such as ambiguous roles, infrequent meetings, underutilisation of funds, poor intersectoral coordination, and deeply rooted social hierarchies.

#### Where the problem lies

A major challenge in India's health system lies in the prevailing mindset toward public engagement. Policymakers, health administrators and providers often view communities as passive recipients of care rather than as active participants in shaping health systems. Programme performance is typically measured through target-based metrics, such as the number of "beneficiaries" reached, with little reflection on how programmes are implemented or experienced on the ground.

The use of the term "beneficiaries" itself signals a deeper issue: it frames citizens as objects of intervention, not as rights-holders or co-creators of health systems. Although the National Health Mission promotes bottom-up planning, including community participation in Programme Implementation Plans, such engagement is rare in practice.

Health governance spaces remain dominated by medical professionals, predominantly trained in western biomedical models. Health administrative leadership, across national, State, district, and sub-district levels, is typically held by doctors who are expected to learn public health administration on the job. Promotions are often based on seniority rather than public health expertise, reinforcing a medicalised and hierarchical system that remains disconnected from community realities.

Scholarly work on health policy suggests that resistance to public engagement often stems from concerns over increased workload, greater

accountability pressures, regulatory capture by dominant medical and capitalist interests, and the absence of a level playing field in governance processes.

In the absence of functional or inclusive engagement platforms, citizens often resort to alternative channels, such as protests, media campaigns, and legal action to make their voices heard. These responses reflect a deep and unmet need for participation, voice and accountability in health governance in India.

#### The need for a shift

A fundamental mindset shift is needed among governance actors. Community engagement must no longer be seen as merely to achieve programme targets. Treating people as instrumental to health outcomes is not only reductive but also deeply disrespectful to their agency and dignity. Participatory processes are as important as the outcomes they seek to achieve.

To enable meaningful community engagement in health governance, we must adopt a two-pronged approach. First, this involves actively empowering communities: disseminating information about health rights and governance platforms; fostering civic awareness early; making intentional efforts to reach marginalised groups; and equipping citizens with knowledge, tools, and resources needed to participate effectively in health care decision-making processes.

Second, we must sensitise health system actors to move beyond framing poor awareness as the sole reason for low health-seeking behaviour and health-care utilisation among people.

This narrow approach risks individualising blame, further victimising already vulnerable populations, and ignoring the structural determinants of health inequities. True transformation requires that health professionals view communities as partners, not passive recipients, and that they work collaboratively to address root causes. Establishing platforms for public engagement is a necessary starting point, but these platforms must be activated, strengthened, and made meaningful.

## Key Takeaways from the Article

### ● Background:

- Doorstep healthcare initiatives like **Makkalai Thedi Maruthuvam** (Tamil Nadu, 2021) and **Gruha Arogya** (Karnataka, 2024, expanded 2025) focus on NCD patients.
- Raises the broader issue of **citizen participation in health governance**.

- **Importance of Public Engagement:**
  - ◆ Affirms **self-respect**, counters **epistemic injustice**, upholds **democratic values**.
  - ◆ Strengthens **accountability**, challenges **elite dominance**, reduces **corruption**.
  - ◆ Builds trust, improves service uptake, supports **better health outcomes**.
- **Existing Frameworks for Engagement:**
  - ◆ **National Rural Health Mission (2005) introduced:**
    - ◆ *Village Health Sanitation and Nutrition Committees (VHSNCs)*.
    - ◆ *Rogi Kalyan Samitis*.
  - ◆ Urban counterparts: Mahila Arogya Samitis, Ward Committees, NGO-led forums.
  - ◆ Intended to be inclusive of women & marginalised groups, with **untied funds** for local initiatives.
- **Challenges in Practice:**
  - ◆ Committees not established in some areas; inactive in others.
  - ◆ Issues: unclear roles, infrequent meetings, underused funds, poor coordination, social hierarchies.
  - ◆ Policymakers & administrators view communities as **passive beneficiaries**, not **rights-holders**.
  - ◆ Planning is mostly **top-down**, despite NHM's bottom-up vision.
- **Structural Issues:**
  - ◆ Leadership dominated by **medical professionals**, often lacking public health training.
  - ◆ Promotions based on seniority, reinforcing a **medicalised and hierarchical** system.
  - ◆ Resistance due to workload, accountability pressures, fear of regulatory capture, and unequal power dynamics.
- **Alternative Channels for Public Voice:**
  - ◆ Protests, media campaigns, legal action — signalling unmet need for participation.
- **Proposed Shift:**
  - ◆ Treat citizens as **partners** in health governance.
  - ◆ Empower communities via awareness, inclusion of marginalised groups, and resource provision.
  - ◆ Sensitise health actors to structural determinants, avoiding blame on individuals.
  - ◆ Activate, strengthen, and sustain engagement platforms.
- **Way Forward**
  - ◆ **Strengthen Institutional Platforms** – Ensure VHSNCs, Rogi Kalyan Samitis, and urban committees are functional, inclusive, and meet regularly.
  - ◆ **Community Empowerment** – Provide accessible information on health rights, decision-making forums, and participatory budgeting.
  - ◆ **Capacity Building for Health Officials** – Train administrators in participatory governance and public health principles.
  - ◆ **Early Civic Awareness** – Integrate health governance education into school curricula and community training.
  - ◆ **Structural Reforms** – Diversify leadership in health administration to include trained public health professionals, not just medical doctors.



## Bringing them home

### Syllabus :

#### Paper I – Indian Heritage and Culture

**Sub-part:** Indian culture will cover the salient aspects of Art Forms, Literature, and Architecture from ancient to modern times.

#### Bringing them home India must have norms to keep sacred relics from being sold

The recent repatriation of the Piprahwa relics, which were excavated in 1898 from a stupa in Uttar Pradesh, marked an important episode in India's cultural diplomacy efforts. Considered to be physical remnants associated with Lord Buddha's mortal remains and his early followers, they were taken away in the colonial era and resurfaced for auction by Sotheby's in Hong Kong in May. At this point, the Indian government intervened to halt the auction and repatriate the relics. These artifacts now reside in the National Museum, providing people the opportunity to engage directly with an irreplaceable piece of India's and Buddhism's heritage. Notably, India's coordinated diplomatic effort, involving multiple ministries and its missions abroad, could persuade Sotheby's to postpone and eventually cancel the auction. The Godrej Industries Group's ability to acquire the relics through a negotiated arrangement with Sotheby's also reflects an innovative public-private partnership. Thus, the collaboration enabled the repatriation as well as the setting of a good precedent for future recoveries, combining private sector resources with state authority. The episode also raised awareness worldwide about India's role as a steward of Buddhist heritage.

However, the case has also revealed certain structural deficiencies in the framework within which India operates to recover and safeguard its cultural assets. The relics, excavated during British administration, originally had a fragmented ownership, resulting in a complex legal status that vexed repatriation claims a century later. India's reactive posture in the episode also reflected gaps in the existing legal, administrative, and preventive infrastructure to manage heritage. That the auction was publicly announced and scheduled before India intervened is revealing. The case also exposed the absence of robust international legal frameworks designed to prevent the sale of culturally sensitive objects. While India used existing national laws and international negotiations effectively in this instance, it also leaned on diplomatic pressure, which is not a scalable solution. To address these gaps, the country needs a centralised, digitised registry of cultural assets (domestic and overseas) integrated with international customs and auction houses for real-time monitoring, proactive tracking, and to receive early alerts of potential sales. The government could also spearhead or actively participate in international efforts to develop binding norms to keep sacred relics from being commercialised. Scaling up public-private partnerships is equally imperative, together with encouraging the involvement of diverse stakeholders, including philanthropic foundations and heritage trusts, to mobilise additional resources and expertise for recovery and conservation.

### Key Takeaways from the Article

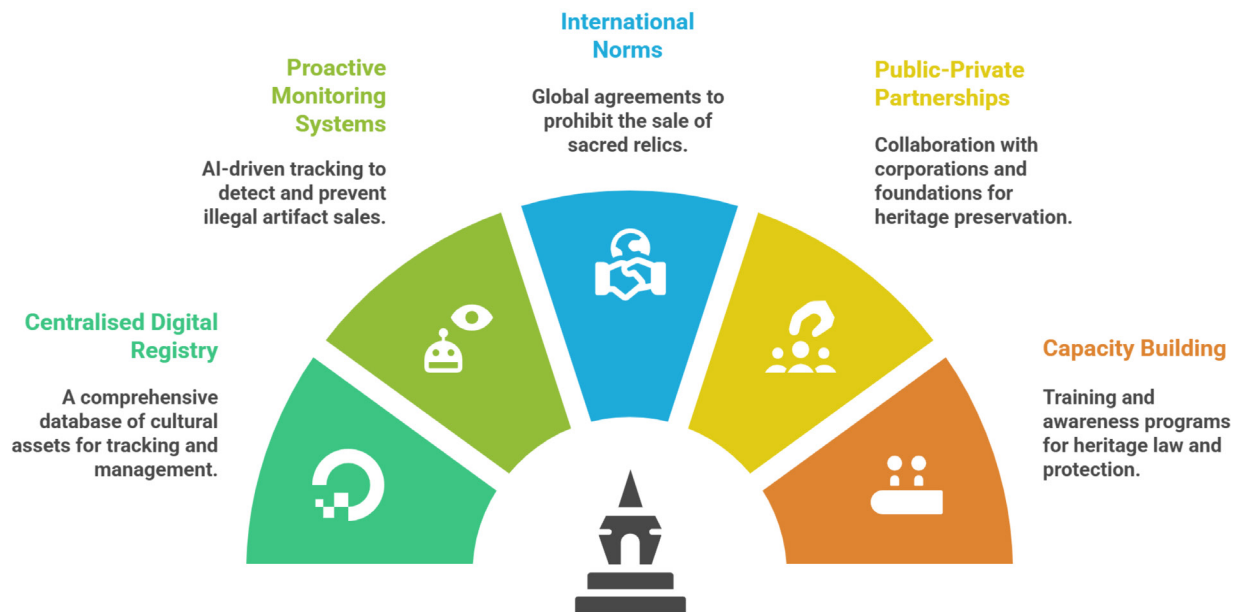
- **Recent Development:**
  - ◆ Piprahwa relics (linked to Lord Buddha's mortal remains and early followers) excavated in 1898 from a stupa in Uttar Pradesh during the colonial era.
  - ◆ Recently surfaced for auction at Sotheby's, Hong Kong (May 2025).
  - ◆ Indian government intervened, halted the auction, and facilitated repatriation.
- **Significance:**
  - ◆ Artifacts are now in the **National Museum**, accessible to the public.
  - ◆ Enhances India's role as a **global custodian of Buddhist heritage**.
  - ◆ Strengthens **cultural diplomacy** and heritage tourism prospects.
- **Mechanism of Recovery:**
  - ◆ Coordinated effort by multiple ministries and Indian missions abroad.



- ♦ **Godrej Industries Group** negotiated with Sotheby's and acquired the relics — example of **innovative public-private partnership**.
- ♦ Combined diplomatic influence and private sector resources to ensure return.
- **Structural Gaps Exposed:**
  - ♦ **Fragmented ownership** of relics due to colonial-era excavation, complicating legal claims.
  - ♦ India's **reactive approach** — intervention came only after auction announcement.
  - ♦ Absence of **centralised, digitised registry** of cultural assets for monitoring.
  - ♦ Lack of **robust international legal frameworks** preventing sale of sacred relics.
  - ♦ Over-reliance on diplomatic pressure — not a scalable long-term solution.

### Key Takeaways from the Article

## Strategies for Cultural Heritage Protection



### Mains Practice Question

**Q. The repatriation of cultural artifacts is not just about recovering heritage but also about reinforcing India's cultural diplomacy and national identity." Discuss in the context of the recent return of the Piprahwa relics. (150 words)**



## Rift between two blocs continues in Geneva Plastics Treaty Negotiations

### Syllabus :

GS Paper III – Environment, Ecology & Economic Development

# Rift between two blocs continues in Geneva Plastics Treaty negotiations

While one group of countries bats for production cuts to reduce pollution, the other group says the issue can be addressed through waste management; the plastics manufacturing industry has moved from Europe to South and Southeast Asia

**Jacob Koshy**

GENEVA

**T**he deadlock between two blocs of countries on the best way to contain plastic pollution mirrors a shift in the global plastic and polymer-manufacturing industry, which in recent years has moved out of Europe and drifted towards South and Southeast Asia.

Since 2022, the United Nations Environment Programme has been spearheading efforts to get countries to evolve, by consensus, a legally binding treaty that commits them to address plastic pollution on land as well as in oceans.

However, two broad coalitions have evolved over four sessions of the Intergovernmental Negotiating Committee (INC) on Plastic Pollution here – the High Ambition Coalition (HAC) chaired by Norway and Rwanda, consisting of nearly 80 countries, including members of the European Union (EU), and the Like Minded Countries



**No consensus:** Two coalitions have evolved over four sessions of the Intergovernmental Negotiating Committee in Geneva. AP

(LMC), which includes Iran, Saudi Arabia, Kuwait, Bahrain, China and Cuba. While the latter is not a formal coalition like the HAC, it is a much smaller group of countries whose interests are aligned because they are all major petrochemical states.

India on Saturday had expressed solidarity with the LMC. Under the current rules of negotiation, countries cannot pass a proposal by a majority vote, and near-unanimous agreement is required.

The fundamental rift

between the two is that the HAC says plastic pollution cannot be contained without imposing cuts or capping production of plastic and its constituent, polymer. The LMC says plastic pollution can be addressed through waste management, and imposing production cuts would only cause disruptions in trade, rather than a meaningful reduction in plastic production and use.

An analysis in July by the Institute for Energy Economics and Financial Analysis (IEEFA) tracking

the flows of the main chemical constituents of plastic – ethylene, propylene, styrene and their derivatives polypropylene, low-density polyethylene, linear low-density polyethylene, high-density polyethylene and polyethylene terephthalate – showed that Asia dominated the global trade in primary plastic polymers, with 11 exporting and 18 importing countries.

### Divergent stance

In North America, the United States was the largest exporter of these primary plastic polymers, while several European countries served as both importers and exporters. Trade volumes in Africa and South America were negligible. This year, the United States, which is part of neither coalition but had always pitched for a “strong treaty”, said it would not support any proposals for production cuts.

India’s support for the LMC echoes in a submission made by the All India

Plastic Manufacturers Association, an industry lobby, to the Chair of the INC 5.2, Ambassador Luis Vayas Valdivieso, on August 5. “We believe that any cap on the production of primary polymers will do more harm than good as its growing needs in a multitude of areas cannot be met with other materials in the quantities needed,” says the submission.

“We ask that the INC focus on helping countries increase their waste management capabilities... and build programmes for behavioural change to eradicate littering.” Independent observers said that the business case for petroleum and polymer refining in major economies was “weak”. “Look at China for instance. Its petrochemical refining is working at 50% capacity. Several major refiners the world over are seeing that margins and demands for polymer products are declining,” said David Azoulay, managing attorney, Center for International Environmental Law, at a seminar.



### Key Takeaways from the Article

- **Background:**
  - ◆ Since **2022**, UNEP is leading negotiations for a **legally binding global plastics treaty** to curb land and ocean pollution.
  - ◆ Negotiations held under the **Intergovernmental Negotiating Committee (INC)** — four sessions completed, ongoing in Geneva.
  - ◆ Decision-making requires **near-unanimous agreement** (no simple majority).
- **Two Main Blocs:**
  - ◆ **High Ambition Coalition (HAC):** ~80 countries (EU members, chaired by Norway & Rwanda).
    - ◆ Advocates **production cuts/caps** on plastics & polymers.
    - ◆ Believes waste management alone won't solve the problem.
  - ◆ **Like Minded Countries (LMC):** Iran, Saudi Arabia, Kuwait, Bahrain, China, Cuba (informal grouping of petrochemical states).
    - ◆ Supported by **India**.
    - ◆ Advocates focusing on **waste management** & behavioural change, not production limits.
- **India's Position:**
  - ◆ Aligns with LMC stance — opposes production caps.
  - ◆ Supported by **All India Plastic Manufacturers Association** (submission to INC chair, Aug 5).
  - ◆ Argues polymer demand in multiple sectors can't be met by alternatives at required scale.
- **Economic-Industrial Context:**
  - ◆ Plastics manufacturing industry **shifting from Europe to South & Southeast Asia**.
- **IEEFA analysis (July 2025):**
  - ◆ Asia dominates global trade in primary plastic polymers (ethylene, propylene, styrene & derivatives).
  - ◆ 11 Asian countries are major exporters; 18 major importers.
  - ◆ US — largest exporter in North America — not part of either coalition; now opposes production caps despite earlier pushing for a “strong treaty”.
  - ◆ Observers note **weak margins & declining demand** in global polymer refining — e.g., China's plants at **~50% capacity**.
- **Way Forward**
  - ◆ **Hybrid Approach in Treaty** – Combine measured production caps with stronger waste management targets to satisfy both blocs.
  - ◆ **Technology Transfer & Funding** – Global financial mechanism for developing countries to adopt advanced recycling & waste-to-energy systems.
  - ◆ **Global Plastic Flow Monitoring** – Mandatory reporting & tracking of polymer production, trade, and disposal to improve transparency.
  - ◆ **Promote Alternatives** – R&D incentives for scalable, costeffective biodegradable materials.
  - ◆ **Behavioural Change Campaigns** – Global awareness drive to reduce single-use plastics, integrated with school curricula & community programs.