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# ACCORDING TO A STUDY PUBLISHED IN THE JOURNAL JAMA NEUROLOGY, AIR POLLUTION INCREASES THE RISK OF DEMENTIA

Relevant for: Environment | Topic: Environmental Pollution - Air, Water, Soil & E-waste

People continuously exposed to air pollution are at increased risk of dementia, especially if they also suffer from cardiovascular diseases, warn researchers.

According to the study, published in the journal JAMA Neurology, patients with cardiovascular diseases (CVD) who live in polluted environments may require additional support from care providers to prevent dementia. "Interestingly, we were able to establish harmful effects on human health at levels below current air pollution standards," said study first author Giulia Grande from Karolinska Institutet in Sweden. "The findings suggest air pollution does play a role in the development of dementia, and mainly through the intermediate step of cardiovascular disease and especially stroke," Grande added.

According to the study, the number of people living with dementia is projected to triple in the next 30 years globally. No curative treatment has been identified and the search for modifiable risk and protective factors remains a public health priority.

Recent studies have linked both cardiovascular disease and air pollution to the development of dementia, but findings on the air pollution—link have been scarce and inconsistent. To reach the conclusion, the researchers examined the link between long—term exposure to air pollution and dementia and what role cardiovascular diseases play in that association.

Almost 3,000 adults with an average age of 74 and living in the Kungsholmen district in central Stockholm were followed for up to 11 years. Of those, 364 people developed dementia. The annual average level of particulate matter 2.5 microns or less in width (PM2.5) are considered low compared to international standards. For the last five years of exposure, the risk of dementia increased by more than 50 per cent per interquartile range (IQR) difference in mean PM2.5 levels and by 14 per cent per IQR in nitrogen oxide, the researchers said.

Earlier exposures seemed less important. Heart failure and ischemic heart disease both enhanced the dementia risk and stroke explained almost 50 per cent of air pollution—related dementia cases.

Air pollution is an established risk factor for cardiovascular health and because CVD accelerates cognitive decline. "We believe exposure to air pollution might negatively affect cognition indirectly," said Grande. "In the study, virtually all of the association of air pollution with dementia seemed to be through the presence or the development of CVD, adding more reason to reduce emissions and optimize treatment of concurrent CVD and related risk factors, particularly for people living in the most polluted areas of our cities," she added.

-IANS

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There are a lot of scientific terms being bandied about during the COVID-19 pandemic. Here's a short primer on the key aspects everyone should be

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# CORONAVIRUS: COVID-19 FIGHT: GOVT HAS RS 60K CRORE WAR CHEST IN DISASTER FUNDS

Relevant for: Environment | Topic: Disaster and disaster management



(This story originally appeared in [TOI](#) on Mar 31, 2020)

**NEW DELHI:** The Centre has a war chest of more than Rs 60,000 crore to fight the Covid-19 pandemic — Rs 30,000 crore is already available in state disaster relief funds (SDRF) while allocation of a similar amount has been made for the 2020-21 financial year towards disaster relief and mitigation. This is in addition to contributions received in the PM's relief fund.

According to sources, the balance in SDRF of states is Rs 30,000 crore as on March 30. The kitty is made out of funds allocated every year to states to meet expenditure on relief and rehabilitation. Since the funds under SDRF and the [National Disaster Relief Fund](#) (NDRF) are non-lapsable, they get added to the kitty.

Since 2016-17, the government has allocated over Rs 80,000 crore for disaster relief and rehabilitation — Rs 50,000 crore towards SDRFs and Rs 30,285 from the NDRF. The home ministry, in an order issued on March 14, had classified Covid-19 as a notified disaster for the purpose of providing assistance under SDRF. It had also provided a list of items and norms of assistance for containment of Covid-19 in [India](#), eligible from SDRF and NDRF.

Last year, the Centre had allocated Rs 13,465 crore to states under SDRF to meet disaster-related expenditure. In addition, the Centre had allocated over Rs 14,000 crore from the NDRF to eight states — Maharashtra, Karnataka, Odisha, [Madhya Pradesh](#), Rajasthan, [Himachal Pradesh](#), Bihar and [Andhra Pradesh](#) — for exigencies arising out of floods. Kerala already had a balance of Rs 2,100 crore in its SDRF.

Looking at largescale exodus of migrant workers from Delhi and other parts of the country to their hometowns, the government on Saturday clarified that fund use under SDRF would include relief measures for this class of people in providing them temporary accommodation, food, clothing and medical care. "This would be applicable to homeless people, including migrant labourers, stranded due to [lockdown](#) measures and sheltered in relief camps and other places for providing them food etc for containment of Covid-19 in the country," the order said.

While making it clear that no state will face any funds crunch in meeting expenditure towards the battle against Covid-19, the Centre has directed all states and [Union Territories](#) to ensure that the lockdown is followed in true spirit and no movement of any citizen is allowed in any part of the country

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# SAFE FORESTS, SAFE PEOPLE: THE HINDU EDITORIAL ON DISEASES OF ANIMAL ORIGIN

Relevant for: Environment | Topic: Biodiversity, Ecology, and Wildlife Related Issues

The rapid spread of the [SARS-CoV-2 virus](#) across the world has focused attention on the seemingly invisible processes that help pathogens originally found in wild animals make the leap to humans. [Diseases of animal origin](#) such as Ebola, HIV, Severe Acute Respiratory Syndrome, Middle East Respiratory Syndrome, bird flu and swine flu have raised alarm over potential pandemics in recent years, and the COVID-19 pandemic has confirmed the worst fears of scientists. The contagion, thought to have originated in a wet market that kept live animals in Wuhan, China, points to many underlying factors: the destruction of forests and trapping or farming of wild species has brought these animals closer to humans, and the viruses they harbour find ready hosts in domestic animals, moving to humans. There is concern also about rising economic activity, such as road building and mining cutting through forests, bringing more people in close contact with animals. Another dimension is the global trade in wild species — in Wuhan, they reportedly ranged from wolf pups to rats, civets and foxes, among others — and their sale in markets along with domestic animals. The well-documented histories of the lethal Nipah and Hendra viruses, involving transfer from bats to pigs in the former, and bats to horses in the latter, underscore the value of maintaining viable ecosystems, and eliminating the need for wild bats to colonise human surroundings.

Biodiversity in forests harmlessly retains dangerous viruses and other pathogens among a vast pool of wild animals, away from people. What this phenomenon makes clear is that governments should stop viewing undisturbed landscapes as an impediment to economic growth. As COVID-19 has proved, these short-term high growth trajectories can come to an abrupt halt with a pandemic. Such a terrible outcome could be witnessed again, potentially caused by reckless exploitation of the environment. In spite of repeated warnings of crippling pandemics waiting in the wings, governments paid little attention. Now, a novel virus that can move effortlessly from human to human has found a large reservoir of hosts in a globalised world. Unlike previous epidemics, the latest one has extracted a staggering toll, killing people, forcing a lockdown and causing economic devastation. This should serve as a dire warning to the government that hasty permissions granted for new roads, dams, mines and power projects in already enfeebled forests can unleash more scourges. It would do well to roll back its dilution of the environmental clearance system, strengthen it with a mandate to the States, and leave protected areas to scientific experts. There is mounting evidence that environmental protection confers health protection. Pristine forests with diverse species keep viruses virtually bottled up, out of man's way. They should be left undisturbed.

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# TEN QUESTIONS POSED BY THE VIRUS

Relevant for: Environment | Topic: Disaster and disaster management

The [COVID-19 pandemic](#) is reopening several questions that were considered resolved by the end of the last century. It is upending our familiar world that was built over the last century, challenging certitudes that held our sanity. Our life after the pandemic will be defined by at least 10 questions on the prevailing organising principles of humankind.

First, the virus has resurrected the classic utilitarian question in an immediate life and death situation: whether or not, how many, and whose deaths will be acceptable for a greater common good. "I'm sorry, some people will die... that's life," [declared Brazilian President Jair Bolsonaro](#). "You can't stop a car factory because of traffic deaths," he said. That an ageing population is an economic burden on society has long become our common sense. There is indeed an incentive in their dying — social Darwinism, the survival of the fittest principle has never been tested this close to the bone. Data will be harvested to debate the relative net utility of different responses to the virus. Was Kerala rational in saving the lives of a [nonagenarian couple](#)? What is the balance between economic and social goals?

[Interactive map of confirmed coronavirus cases in India](#) | [State-wise tracker for coronavirus cases, deaths and testing rates](#)

Second, what is national power? "We need to have more 'germ games' like we have war games," Bill Gates said some years ago. The U.S. is the pre-eminent military and economic superpower. The diminishing potency of military hardware has been constantly demonstrated since 26/11, but that has not reduced the global appetite for weaponry. Strategies for expanding national power involve extracting and transferring public wealth to global corporations while the accompanying politics deludes the masses into a faux sense of power. The paradox of power is global. India is in a particularly pitiful situation. Hindutva nationalism's celebration of militarism has correspondingly reduced the attention on social infrastructure. Its middle class speaks about India's dubious military prowess but an unwanted encounter with the country's healthcare infrastructure may have disrupted their fantasy. Will there be a new understanding of power and security?

Third, whither globalisation? All countries have tried to enforce border controls to stop the virus, which ironically also demonstrated their futility. Global cooperation and multinational governance can be jettisoned only at the world's peril as we know now. A more serious threat to humanity, climate change, has always appeared distant, but this one is urgent. Hence, the question is not whether we have more or less globalisation but about its character. It is now a profiteering expedition of soulless greed. Can there be a new globalisation where humanity and environment take precedence?

Fourth, how much more power will the state accumulate? The 9/11 security horror, followed by the 2008 economic crisis, had ushered in the steady comeback of the state. This pandemic could ascribe divine powers to the state. Their dread now hysterical, the citizenry seeks benevolence and control from the state. We see ingenious uses of technology for surveillance.

Fifth, will this expanding state be increasingly democratic or progressively authoritarian? China and Singapore showed that authoritarian measures work; Germany showed that democratic and inclusive methods work too. But Italy and the U.S. showed that individualism and markets can impede collective goals. India, which has deployed a hybrid of democratic and authoritarian measures, remains an open test case.

[Helpline numbers | Download \*The Hindu's\* multi-language e-book on essential COVID-19 information](#)

Sixth, what will happen to the neoliberal wisdom that unbridled competition of all against all improves efficiency and brings progress? “This is not the way to do it. I’m competing with other States, I’m bidding up prices,” New York Governor Andrew Cuomo lamented. It is not that competition is universal — the poorer undercut one another while the richer cartelize in a neoliberal world. Cuba, considered inefficient, has sent healthcare professionals to many countries. The virus tells us that competition is risky; cooperation could be redeeming. What is the alternative? Chinese President Xi Jinping, in his speech at the 19th Communist Party Congress in 2017, and Prime Minister Narendra Modi, in his speech to capitalist moguls in Davos in 2018, outlined alternatives to liberal orthodoxies. Collectivisation has a new life. Italy has nationalised Alitalia; Spain has nationalised all hospitals. History may not have ended.

Seventh, what will happen to populism? Populists have shown remarkable resilience in the face of crises, not necessarily by resolving them, but usually by blaming other countries, communities and political opponents. All populists around the world will have a virus-mutated version; they will use the new context to advance their pre-existing agendas. Which of them will tighten their grip over their countries? Will anyone face public wrath triggered by the pandemic and wilt?

Eighth, the inhuman exploitation of labour under globalisation, labelled ‘efficiency’ and ‘competitiveness’, has been concealed by the glitz of globalisation and consumerist seduction. Reports on sweatshops in the developing world have occasionally explored the exploitation of labour, but the virus has brought the lives of labourers out into the spotlight, in a parade of shame — working 16-hour days but unable to get paid leave or healthcare in the U.S; migrant labourers in India walking several days to go home; and the wretched labour camps in West Asia.

Also read | [Democracy should not permit a trade-off](#)

The ninth question is whether we need to travel as much as we do. At the end of 2019, when the virus was just about launching its global tour, some were travelling for no better reason than keeping their frequent flier status. In October, a report commissioned by the U.K.’s Committee on Climate Change had called for “a ban on air miles and frequent flier loyalty schemes that incentivize excessive flying.” An emergent no-fly movement still struggles to get attention but now it might. “May be we can save a few business trips now that we know that these digital tools work well,” Ola Källenius, CEO of Daimler/Mercedes-Benz, told BBC. The travel of the privileged has a parallel parody too: the large-scale forced relocation of people.

The tenth is how our idea of community and boundaries has changed. The COVID-19 crisis has let loose contradictory forces. On the one hand everyone is confined within the tiniest spaces, but on the other, the crisis has also urged us to community action. Neoliberalism had made all human interactions transactional, and each transaction standalone. Such short-termism delinked the current quarter from the next; the current generation from the future — the prevailing approach to climate change being instructive. A sustainable organising principle of humanity will require a conception of self-interest that is not immediate in terms of time or geography. The risks and rewards need to be spread over a longer period of time and larger expanse of space. And that is the most consequential challenge thrown up by the pandemic.

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To reassure Indian Muslims, the PM needs to state that the govt. will not conduct an exercise like NRC

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# POLLUTION AND PANDEMIC

Relevant for: Environment | Topic: Environmental Pollution - Air, Water, Soil & E-waste

The [coronavirus pandemic](#) and its fallout have had devastating effects in most parts of the world. The swift and aggressive globalisation of the world has been stopped in its tracks. Industrial economies, supply chains, essential commodities, public health services, and various other activities have taken a serious hit because of the much-needed governmental regulations to curb the spread of [Covid-19](#). A silver lining, though, has been the effect of regulatory [social distancing](#) and the blanket lockdown of the industrial and service sectors on the environment.

There are four main sources of air pollution: Stationary sources such as industries, power plants and factories; mobile sources or vehicular transport; area sources such as agricultural tracts and cities; and natural sources, which include volcanoes, cyclones and wildfires. The current lockdown seems to have snuffed out a lot of the first three sources. The industrial, tourism and service sectors have been brought to a standstill.

The effect of all this is apparent. For instance, the Air Quality Index (AQI) at Anand Vihar — infamous for being one of the most polluted regions in Delhi due to the plethora of industries in its vicinity — has come down from 229 (deemed poor) about this time last year to about 80 currently (regarded as satisfactory). The difference is, in fact, much more when Anand Vihar's current AQI is compared to that in November last year — the region had recorded 447 then. There have been similar improvements in other parts of the country — the world, in fact.

The natural question, then, is: Why have governments not been able to enforce such environmental measures proactively? Why is the current situation a by-product of managing a pandemic? The most obvious — and understandable — answer would be that the lockdown was needed to bring down the fatalities caused by the pandemic.

However, according to a World Health Organisation report, the combined effects of ambient (outdoor) and household air pollution are responsible for 70,00,000 deaths every year — largely as a result of increased mortality caused by heart diseases, chronic obstructive pulmonary diseases, lung [cancer](#) and acute respiratory infections. Compare this to the about 50,000 deaths in the three months of the pandemic — about 2,00,000 deaths a year, via simple extrapolation, discounting other developments. That is less than 3 per cent of the deaths caused by air pollution alone. We have not even considered other sources of pollution — water pollution, hazardous waste pollution — as well as displacement due to glacial recessions and climate change.

The effort at reducing social interactions and cutting down commercial activities has been almost on a global scale — and that has brought down pollution. This shows that positive actions by a handful of countries or regions do not always improve the environment. Industries displaced from environmentally-regulated regions move to other regions. Of course, governments would be hard-pressed to impose measures designed for an international pandemic to address environmental issues like air pollution. It is also not pragmatic to impose a blanket lockdown to address air pollution. Policy decisions will have to balance socio-economic considerations with health imperatives. Inter-generational equity should be the thrust of such efforts.

Under Common Law, the public trust doctrine is often invoked in cases of large-scale environmental harm. The doctrine presupposes the government to be the custodian of the environment — its protection, therefore, is the responsibility of the government. However, during the current pandemic the maximum stimulus, especially in the technology and service sectors,

has come from the private sector.

The government can consider promoting innovation in the private sector in matters pertaining to the environment. Individual sectors can be made custodians of regions to curb pollution. For instance, green indices of companies can be made a factor in their market valuation. Similarly, instead of adding fuel/carbon tax at the time of issuing flight tickets, the same could be added to the yearly tax returns to make a person aware of his/her carbon footprint. Some of these measures can be scaled globally within a short time.

It has required a pandemic to clean up the environment. It is the global community's duty to carry the task forward.

***The writer is an environmental and energy lawyer and an assistant professor at Jindal School for Environment and Sustainability***

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## HEED NATURE'S WARNING

Relevant for: Environment | Topic: Environmental Conservation, Sustainable Development, and EIA

The activities of homo-sapiens are often toxic. They interfere in nature's design to sustain life. We are predators destroying the veritable life cycle of nature of which homo-sapiens are a very small part. The viruses that we have had to combat: MERS-COV, SARS COV 2 in the past are a warning to us. We must mend our ways or perish. That is the message.

[COVID-19](#) has already taken over 50,000 lives globally. This number will increase. While we await the vaccine, the availability of which is reportedly 12-18 months down the road, we will have to take preventative measures to limit, as much as possible, loss of more human lives.

The virus has had its unintended consequences. With human activity at a standstill, the silence of our cities has emboldened animals to move away from their constricted habitats. In the last 10-12 days, deers, sambar, neelgais, leopards are relishing our incarceration. Rapid urbanisation has limited the space for animals. We are witness to Kashmiri goats sauntering on the streets of Wales. Birds chirping in abandon, a rare phenomenon, cheers us every morning. Different varieties flocking in the sky can be sighted. Woolly clouds floating across a blue Delhi sky is a welcome rarity.

Ambitious schemes of successive governments could not clean the Ganga. About Rs.5,000 crore was pumped in to do the job without any substantial outcomes. During the course of the lockdown, Ganga is healing herself. The three-four thousand devotees taking a daily dip in the holy river has stopped. There are fewer people at the ghats daily. The quality of water is good enough to be consumed but for the presence of bacteria. In fact, the river water is fit for bathing with dissolved oxygen levels upstream being 8.1 mg per litre. The closure of industries along the river, including 400 tannery units has helped. It is clear that the river can recover. If we act with speed, we may see the Ganga flow in its pristine glory.

Yamuna waters too sparkle. Several years of planning, huge allocation of funds did not produce the results we hoped for. But in a few days, the toxic foams have disappeared. Shutting down of industries has made all the difference. Blue stretches of the Yamuna are heartening to see. The Hindon river is showing similar signs of revival. The desire of human beings to bring more comfort to their lives has brought discomfort to all other species. Nature, in protecting herself, protects us. Our senseless destruction of the bounty of nature has paved the way for our own destruction.

Research has shown that the source of new emerging diseases is through inter-species transmission. Human coronaviruses are associated with respiratory and gastronomic diseases. Animal-related viruses also cause severe respiratory, zoonotic and virologic diseases in their hosts. Most animals carrying viruses – bats, pigs, cattle or poultry — are isolated from humans. Novel human pathogens emerge as a result of inter-species transmission. Studies have shown that inter-species transmission of animal viruses to humans is a permanent threat to human life. Of the 12 bat species examined by experts, it was found that the [coronavirus](#) identified with bats was responsible for emerging diseases in humans. We need more studies of these viruses in animals to protect the human species from future attacks. An analysis of public Genome Sequence Data from SARS COV-2 and related viruses clearly suggest that these viruses, through a process of natural selection from non-human hosts, jump to humans after the latter are directly exposed to the virus. As long as we keep consuming animals which host such viruses, the danger to the human race is real. Wuhan, the epicentre of this virus, may well be associated with its transmission from non-human sources to human sources in China.

The human race is under threat. Similar, perhaps more devastating threats, await us. Our survival is also dependent on how we meet the challenges of global warming. People around the world have become cynical about the intent of governments to meet these challenges. COP-25 in Chile also produced no results. The developed world is not honouring its commitments and emerging economies are polluting, like never before. The Himalayan glaciers, ice in the Arctic and the ice cover of the Antarctic are melting at an unprecedented pace. Unless this is arrested immediately, global warming will be irreversible.

We live our lives in comfort because we put our self before nature. The availability of clean drinking water, and the conflicts emerging therefrom, will be the next battlefronts. Global warming will impact agriculture, which in turn, will jeopardise food security. Our coastal areas will be inundated. Island states are likely to disappear. This will present a grave challenge to the economies around the world. Given the abysmal state of health infrastructures globally, it will be difficult to combat the onslaught of new viruses.

It is clear by now that If we threaten nature, nature will hit back, and in this battle, we are sure to lose. We need to change our ways. Elites around the world, for their and our selfish comforts, have exploited nature. Consumerism is now a self-destructive virus. We, the real predators, are a threat to nature's ways. Coronavirus is yet another warning for us to mend our ways. If not, the road to our extinction is inevitable.

**The writer, a senior Congress leader, is a former Union minister**

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# SHASHI THAROOR WRITES ON DELHI POLLUTION: WE MUST NOT LAPSE INTO INACTION THE SILENT KILLER OF POOR AIR QUALITY RESURFACES

Relevant for: Environment | Topic: Environmental Conservation, Sustainable Development, and EIA

Amid the gloom of the daily assault on our society by the [coronavirus](#) and the lockdown against it, one silver lining along our collective clouds has been impossible to miss — the bright blue skies and cleaner air.

The national capital region — which, on average, sees most of the days in a year in the poor to severe category on the national Air Quality Index — has witnessed something akin to a miracle. With the lockdown in effect, and construction, industrial and vehicular activity down to a crawl, the capital has been experiencing record levels of clean air.

Barring a single day on April 5, when a few overzealous supporters of the prime minister chose to take the latter's call to light lamps in support of our critical service providers to the next level — by bursting firecrackers — the AQI levels in the city have dropped to scarcely believable levels. It has been refreshing to see the AQI below 30 on most days.

## **Opinion | [Health crisis has cleaned up air, now global community's duty to carry that forward](#)**

Even prior to the lockdown, during the single-day "[janata curfew](#)" on March 21, the gains Delhiites received were immense: Reportedly, the Central Board of Pollution Control pointed out that it registered whopping reductions in PM 10 levels (-44 per cent), PM2.5 (-34 per cent) and Nitrogen Oxide (-51 per cent). The following week, with the lockdown, saw a 71 per cent plunge in all these indicators.

It's not just Delhi that is breathing easier. A recent (and surprisingly fact-based) gem that was doing the rounds on WhatsApp revealed that thanks to clear skies, you could now, for the first time, view the foothills of the Himalayas in neighbouring Himachal from Jalandhar in Punjab.

The clean air that has replaced the smog in some of our most polluted regions is not just a glimpse of an experience that most Indians have almost forgotten existed. There is a more serious reason why this is worth paying attention to.

Initial research by Harvard's T H Chan School of Public Health has suggested that there could be a correlation between air pollution and the lethality of [COVID-19](#). Through their findings, based on data from nearly 3,000 counties in the US, the researchers have pointed out that a marginal increase in long-term exposure to PM2.5 could contribute to a higher fatality rate among those affected with coronavirus. The study showed that counties that registered on average as little as one microgram per cubic metre of PM2.5 more than their counterparts had a COVID fatality rate that was 15 per cent higher.

## **Explained: [Air pollution's insidious link to the coronavirus pandemic](#)**

A similar study in Italy by scientists from Denmark's Aarhus University pointed out that regions in the northern part of that country, which faced high levels of air pollution, also registered the highest number of coronavirus-related deaths (12 per cent versus 4.5 per cent in the southern part). This trajectory mirrors a 2003 study by the University of California which found that the

impact of the Severe Acute Respiratory Syndrome (SARS) in China was more fatal in parts of the country that suffered from poor air quality.

This should be a matter of concern for all of us who live in regions where the air quality has perennially remained poor. Severe exposure to foul air inevitably means that most of us have gradually developed weaker respiratory systems and other conditions that would make us even more vulnerable to a virus like COVID-19.

India's situation is horrific in this regard. A study conducted by the Kolkata-based Chittaranjan National Cancer Institute (CNCI) found that the key indicators of respiratory health and lung function of school children in Delhi between four and 17 years of age were markedly worse than their counterparts elsewhere. Indeed, the figures were twice to four times as bad for children in Delhi than in other places, and were not reversible.

I remain confident that as a country we will collectively pull through our current crisis. Eventually, the lockdown too will be lifted, and we will have to kickstart the economy. We cannot realistically expect to continue to hold back our economic activity the way we are doing right now. Livelihoods matter almost as much as lives.

#### **Opinion | India is not making full use of its digital capabilities to track COVID-19 cases**

But we should seize the opportunity to try and find a way to drive the economy forward without once again driving our air pollution levels through the roof. Renewable energy is part of the answer, and there are other steps the government must take. As a concerned MP who has convened multiple high-level and cross-sectoral stakeholder gatherings to find solutions to our crisis of poor air, and as an Indian politician representing lakhs of people, I've been concerned at how little traction my efforts received. There is no doubt that neither public health, generally, nor air pollution, specifically, has yet won or lost an election for any Indian politician.

That must change. We must not lapse into inaction when the lockdown is lifted and the silent killer of poor air quality resurfaces. In a country as diverse and stratified as ours, the crises that we are required to address daily are many: Often, some will have to take priority over others. But ultimately we must recognise that toxic air affects us all, no matter which part of the country we come from, what political and ideological affiliations we may have, or what socio-economic class we find ourselves in.

The COVID crisis has prompted many of us to vow to fight for greater emphasis on public health in our country, which currently devotes only a woeful 1.28 per cent of GDP to keeping Indians healthy. Not only does this not undermine our need to grow the economy, it is essential to strengthen our economy instead. Because the engine of growth is the Indian workforce, and an unhealthy and vulnerable workforce will not generate the growth we need. Let's defeat COVID, and let's also make cleaner air an indispensable part of our defence against the next deadly contagion.

***This article first appeared in the print edition of April 16, 2020, under the name 'Blue skies and cleaner air'. The writer is a member of Parliament for Thiruvananthapuram***

#### **Opinion | COVID-19 is yet another call to humankind to mend its ways or perish**

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# KEY AMENDMENT TO ENVIRONMENT IMPACT ASSESSMENT(EIA) NOTIFICATION 2006, TO RAMP UP AVAILABILITY/PRODUCTION OF BULK DRUGS WITHIN SHORT SPAN OF TIME.

Relevant for: Environment | Topic: Environmental Conservation, Sustainable Development, and EIA

Ministry of Environment, Forest and Climate Change

## **Key amendment to Environment Impact Assessment(EIA) Notification 2006,to ramp up availability/production of bulk drugs within short span of time.**

### **Within a period of about two weeks, more than 100 such proposals received**

Posted On: 15 APR 2020 7:34PM by PIB Delhi

To address unprecedented situation arising from global outbreak of Novel Corona Virus (COVID-19), and to ramp up availability or production of various drugs, Ministry of Environment,Forest and Climate Change on 27<sup>th</sup> March 2020, has made an amendment to EIA Notification 2006. All projects or activities in respect of bulk drugs and intermediates, manufactured for addressing various ailments, have been re-categorized from the existing Category 'A' to 'B2' category.

Projects falling under Category B2 are exempted from requirement of collection of Base line data, EIA Studies and public consultation. The re-categorization of such proposals has been done to facilitate decentralization of appraisal to State Level so as to fast track the process. This step of the Govt is with a view to help in increasing the availability of the important medicines/ drugs in the country within short span of time. This amendment is applicable to all proposals received up to 30<sup>th</sup> September 2020. The states have also been issued advisories to expeditiously process such proposals.

Further, to ensure expeditious disposal of the proposals within given time-line, Ministry has also advised states to use information technology e.g. video conference, considering the fact that in view of the prevailing situation on ground, appraisal of proposals may not be possible through physical meetings.

Within a period of about two weeks, more than 100 proposals have been received under this category, which are at different levels of decision making by the concerned regulatory authorities in the states.

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GK

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# 170 DISTRICTS CLASSIFIED AS HOT SPOT DISTRICTS, 207 AS NON-HOTSPOT DISTRICTS WHERE CASES HAVE BEEN REPORTED: HEALTH MINISTRY

Relevant for: Environment | Topic: Disaster and disaster management

Ministry of Health and Family Welfare

## **170 districts classified as Hot spot districts, 207 as Non-hotspot districts where cases have been reported: Health Ministry**

### **Movement of migrant labourers not possible in lockdown period, current arrangement for food and shelter camps will have to continue till end of lockdown: MHA**

Posted On: 15 APR 2020 6:44PM by PIB Mumbai

**New Delhi / Mumbai, April 15, 2020**

The number of COVID-19 positive cases stands at 11,439 as on date, while 1,306 people have recovered. A total of 377 people in the country have died because of the COVID-2019 infection; In the last 24 hours, 1,076 new cases have been reported. Thus, based on the available data as on date, 11.41% patients have recovered and this figure is on the rise. This was informed by the Joint Secretary, Ministry of Health & Family Welfare, Shri Luv Aggarwal, at the daily media briefing on the actions taken, preparedness and updates on COVID-19, held at National Media Centre, PIB New Delhi today.

Shri Aggarwal informed that all districts of the country have been classified into three categories. 170 districts have been classified as hot spot districts, where i) either the number of cases is high or where ii) rate of growth of COVID-19 cases is high or in other words, the doubling time of cases is low. The number of districts in the second category - districts which are not hot spots but where cases have been reported – is 207. The third category is green zone districts. Stating this, the Joint Secretary informed that besides the hot spots identified by the Centre, states who are fighting the battle at field level may declare additional districts as hot spot districts and take required action accordingly.

The Joint Secretary further informed that the Cabinet Secretary held a video conference today with all Chief Secretaries, DGPs, Health Secretaries, Collectors, SPs, Municipal Commissioners and Chief Medical Officers. Discussions on COVID-19 hot-spots took place and orientation on field level implementation of containment strategy was given. Large outbreak and cluster outbreak containment strategy, delineation of buffer and containment zones, parameter mapping and defining of entry and exit points were also discussed in detail.

On the basis of what has been stated by Prime Minister Shri Narendra Modi yesterday, the Ministry of Health has issued detailed directions to states regarding lockdown. Stating this, the Joint Secretary informed that states have been asked to take required action so that gains made in fighting COVID-19 could be consolidated. Key elements of the plan for management of COVID-19 were outlined by the Joint Secretary.

- Movement will not be allowed in containment zones except for those related with essential services.
- Special teams will search for new cases and samples will be collected and tested as per sampling criteria. Health facilities in buffer zone will be oriented and people facing SARI and influenza-like

symptoms will be tested there.

- Special teams working in containment zone will do contact tracing and house-to-house survey. Besides health staff, services of local revenue and corporation staff and volunteers will also be utilized in the special teams which will do contact tracing, survey and surveillance. Cases of fever, cough and breathlessness will be identified in the house-to-house survey and requisite action will be taken as per protocol. Data based on field survey will be analyzed at district level and focus areas of intervention will be decided every day.
- Districts have been told to set up dedicated COVID Hospitals, COVID Health Centres and COVID Care Centres. Districts have been asked to focus on clinical management of COVID-19 Positive patients. Early identification and proper clinical management is key.
- Districts have been asked to use AIIMS Call Centre and perform patient clinical management as per protocol and strive to see that no COVID-19 case gets converted into fatality.
- Districts have been told to promote proper pharmaceutical and non-pharmaceutical interventions and to orient all staff involved in infection control practices and proactively train relevant staff in clinical management.
- Teams need to be formed in advance, without waiting for emergence of cases. Districts where cases are being reported but are not hot spots today also need to work as proactively as hotspot districts.
- Even in those districts which are not infected, community engagement needs to be undertaken to upgrade health infrastructure and dedicated COVID Hospitals need to be set up. Monitoring and testing of cases with SARI and Influenza-like symptoms need to be done.
- Districts have been told to formulate District-level Crisis Management Plan for COVID-19; one failure can be the reason for the whole nation's failure. On the other hand, individual successes of districts will lead to the success of the whole nation. Containment plan has to be implemented uniformly in the whole nation and every district.

While answering a media query, the Joint Secretary reiterated that there is no community transmission in the country so far. What has been seen is some local outbreaks and clusters, where cluster and outbreak containment strategies are being adopted, he further said.

The Ministry of Home Affairs representative stated:

- [MHA has issued Consolidated Revised Guidelines for the Containment of COVID-19 epidemic in the Country.](#) Additional activities have been exempted from Lockdown Measures under the Revised Guidelines, to come into effect from 20th April, 2020. This Order, issued by MHA today, makes relaxations regarding essential services in areas which are not hot spots or containment zones. However, those areas have to ensure that lockdown measures are followed and some prerequisite steps are taken to ensure social distancing.
- Consolidated revised guidelines on Lockdown issued by MHA today state that: National COVID Directions are to be followed strictly. SOPs for social distancing are to be followed in all work places.
- Supply chain of essential goods and services and shops selling these goods can continue to function, so that citizens do not face any problem.
- There is no restriction on functioning of any component of the health system during lockdown.
- Rural industries, which are situated outside municipal boundaries, have been allowed to function, with a focus on food processing industries.
- The Centre has asked states and UTs to decentralize procurement and marketing of farm produce to the extent possible.
- Work of MNREGA will be allowed to take place during lockdown, provided proper Social Distancing norms are followed. This has been done in order to encourage the rural economy.

Replying to a media query on guidance provided by the Government to migrant workers, the MHA representative stated that due to prohibition of movement of buses, trains and aircraft, it is clear that movement of migrant labourers is not possible till end of the nation-wide lockdown. He said that necessary facilities for migrant workers such as food and shelter camps have been made and states have been allowed to use State Disaster Relief Fund for this purpose. This arrangement will have to continue till the end of lockdown, he further stated.

LIVE tweets by [@PIB\\_India](#) from the media briefing can be found on [this thread](#).

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## ILL-EQUIPPED TO DEAL WITH A CRISIS

Relevant for: Environment | Topic: Disaster and disaster management

U.S. President Donald Trump listens as Dr. Deborah Birx, White House coronavirus response coordinator, speaks in the James Brady Press Briefing Room of the White House on April 20, 2020. | Photo Credit: [AP](#)

In the U.S., despite egregious failures and missteps, science and informatics have been able to guide [COVID-19](#) policy to some degree. It is time to think about the underpowered investments in science in India and about the stark social inequities that COVID-19 will lay bare, shorn of the protections afforded by science and data-driven policies, and effective decentralised governance.

India has invested very little in the type of science that is needed to meet contemporary environmental challenges. COVID-19 may be its most severe environmental challenge so far, but India faces devastating challenges such as assaults on biodiversity, floods and unmitigated pollution every year. Every disaster underlines national vulnerabilities, accentuated by inadequate science and research infrastructures.

### Unusually inept: Editorial on U.S. surpassing China in coronavirus cases

Amidst the worst pandemic of modern times, India's medical research institutions and epidemiologists have a prominent role to play. In the daily White House press briefings, the two most prominent figures are noted epidemiologists Dr. Deborah Birx and Dr. Anthony Fauci. Every day they provide new data to direct policy. India is a global superpower in information technology, yet it has few scientists or institutes systematically deploying 'big data' and informatics to understand large-scale environmental challenges, including infectious diseases. India is a hotspot for emerging diseases — but to respond adequately, it urgently needs an expanded group of world-class specialists in this area.

The successful mitigation of COVID-19 in India will require rigorous testing, monitoring, and modelling to inform policy and action. In a country where access to data is limited, we will need good data on demographic changes, on how disasters push people into poverty, and the local interventions that pull people out of poverty and build resilience to these cyclic events.

Complex socio-environmental problems can only be addressed by integrating natural and social sciences to generate multidimensional knowledge. Only such knowledge can guide adequate policy responses and action to confront a crisis. In India, very few research centres are capable of doing such work.

But there are some hopeful signs. The Principal Scientific Adviser to the Government of India, one of India's most accomplished scientists, is playing a critical role in policy responses. Directed by the Principal Scientific Adviser's Office, and with the Prime Minister's support, there are nine large national science missions in various stages of implementation. These include a mission in quantum computing and another in biodiversity and human well-being, with an important component on emergent infectious diseases.

India needs substantial investments in a science directed towards the well-being of all social sectors; a science for realising the UN SDGs; a science to build resilience against environmental disasters; and a science for healing humanity's relationship with Nature to ward off biodiversity loss and mitigate climate change — the "epidemic" that has been around us for some time.

A recent editorial in this newspaper rightly pointed out that by saving biodiversity alone can we ensure a sustainable future for ourselves. Yet there are also reports about policy decisions to kill nature — for instance, the Karnataka government's decision to continue with the proposal for the Hubballi-Ankola railway line through the last remaining forests of the Western Ghats. The scientific and environmental considerations underlying these decisions remain unclear.

India aspires to be a \$5 trillion economy. Such aspirations must envision a society that cherishes science and knowledge, enshrines equity, justice and decentralised governance, and respects our natural heritage. We must ensure healthcare as an individual basic right — and Earth-care as a collective right.

*Kamal Bawa is Distinguished Professor of Biology at the University of Massachusetts at Boston, and President of the Bengaluru-based ATREE. Views are personal*

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To reassure Indian Muslims, the PM needs to state that the govt. will not conduct an exercise like NRC

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# THE KEY STRATEGY IS FISCAL EMPOWERMENT OF STATES

Relevant for: Environment | Topic: Disaster and disaster management

The scale of disruption caused by the [COVID-19 pandemic](#) has never been seen before. Even as we are in the midst of the second phase of the national lockdown, there is no clarity on the time it will take to come out of the crisis, the extent of damage it will inflict, and the cost of relief and rehabilitation required. At a time when governments, both at the Centre and in the States, are fiscally stressed, the pandemic has forced them to undertake huge expenditures to save lives, livelihoods and reduce distresses and even more, to create a stimulus to revive the economy as we map the exit strategy.

The speed of economic revival will depend on how long it will take to revive economic activities and the volume of stimulus through public spending the government is able to provide. It now appears that the lockdown will be lifted in stages and the recovery process will be prolonged. The country is literally placed in financing a war-like situation and the government will have to postpone the fiscal consolidation process for the present, loosen its purse strings and finance its deficits substantially through monetisation. This is also the time for the government to announce relaxation in the States' fiscal deficit limit to make them effective participants in the struggle. It is also important for the States to realise the importance of health and prioritise spending on health-care services.

[Interactive map of confirmed coronavirus cases in India | State-wise tracker for coronavirus cases, deaths and testing rates](#)

Being closer to the people, the States have a much larger responsibility in fighting this war. Public health as well as public order are State subjects in the Constitution. In fact, some States were proactive in dealing with the COVID-19 outbreak by involving the Epidemic Diseases Act, 1897, even before the Government of India declared a universal lockdown invoking the Disaster Management Act, 2005. Of course, the Centre under Entry 29 of the Concurrent List has the powers to set the rules of implementation which states, "Prevention of the extension from one State to another of infectious or contagious diseases or pests affecting men, animals or plants". While Central intervention was done to enable, "consistency in the application and implementation of various measures across the country", the actual implementation on the ground level will have to be done at the State level. Furthermore, States are better informed to decide the areas and activities where relaxations should be done as the coronavirus curve is flattened. Hopefully, there will be better coordination between the Union and State governments instead of claiming credit and apportioning blame (see <https://bit.ly/3bDauiF>).

The acute shortage of protective gear, testing kits, ventilators and hospital beds has been a major handicap and the immediate task of States is to ramp up their availability and supply. In addition, the disruption caused by the lockdown has caused untold misery, and providing relief and rehabilitation to migrant labourers and informal sector workers had to be the focus. The pandemic has underlined the historical neglect of the health-care sector in the country. The total public expenditures of Centre and States works out to a mere 1.3% of GDP. In 2017-18, in per capita terms, the public expenditure on medical and public health varied from an abysmal 690 in Bihar and 814 in Uttar Pradesh to the highest of 2,092 in Kerala. The centrally sponsored scheme, the National Health Mission, is inadequately funded, micromanaged with grants given under more than 2,000 heads and poorly targeted. The focus of "Ayushman Bharat" has been to advocate insurance rather than building wellness centres.

Besides protecting lives and livelihoods, States will have to initiate and facilitate economic revival, and that too would require substantial additional spending. Hand holding small and medium enterprises which have completely ceased production, providing relief to farmers who have lost their perishable crops and preparing them for sowing in the kharif season are other tasks that require spending. In fact, States have been proactive. Kerala came out with a comprehensive package allocating 20,000 crore to fight the pandemic. Almost all States have taken measures to provide food to the needy besides ramping up health-care requirements.

[Download The Hindu's multi-language e-book on essential COVID-19 information](#)

While the requirement of States for immediate expenditures is large, they are severely crippled in their resources. In the lockdown period, there has virtually been no economic activity and they have not been able to generate any revenue from State excise duty, stamp duties and registration fees, motor vehicles tax or sales tax on high speed diesel and motor spirit. The revenue from Goods and Services Tax is stagnant and compensation on time for the loss of revenue has not been forthcoming. In Karnataka for example, it is reported that as against the estimated 12,000 crore every month, the State may not be able to generate even 300 crore in April. As the recovery process will be staggered, it is doubtful whether tax revenues will register any positive growth in 2020-21. Not surprisingly, the State has decided to monetise land through auctions to get money besides regularising unauthorised constructions by paying high fees.

The position regarding tax devolution from the Centre is even more precarious. To begin with, the tax devolution in the Union Budget estimate is lower than the Commission's estimate by 70,995 crore. In fact, the Budget estimate for 2020-21 itself is a huge overestimate when seen against the 11-month actual collections in 2019-20. The required growth to achieve the Budget estimate is 33.3% over the annualised actual collection. The projections are that the growth of nominal GDP in 2020-21 will be just about 4% and if the tax revenue increases by the same rate, devolution to the States would be lower by 2.2-lakh crore than the Finance Commission's estimate. This results in a loss of 9,173 crore for Tamil Nadu, 9,000 crore for Andhra Pradesh, 8,000 crore for Karnataka, 4,671 crore for Telangana, and 4,255 crore for Kerala. There is a strong case for the States to go back to the Finance Commission with a request to make and give a supplementary report.

The war on COVID-19 can be effectively won only when the States are armed with enough resources to meet the crisis. But as mentioned earlier, they are faced with stagnant revenues while their expenditure commitments are huge. There is only limited scope for expenditure switching and reprioritisation now. Their borrowing space too is limited by the fiscal responsibility and budget management limit of 3% of Gross State Domestic Product (GSDP). Faced with an acute fund crunch, Kerala floated 15-year bonds but was faced with a huge upsurge in the yield to 8.96%. The announcement by the Reserve Bank of India on the increase in the limit of ways and means advances by 60% of the levels prescribed in March 31 could help States to plan their borrowing better; but that is too little to provide much relief. Therefore, it is important for the Central government to provide additional borrowing space by 2% of GSDP from the prevailing 3% of GSDP. This is the time to fiscally empower States to wage the COVID-19 war and trust them to spend on protecting lives, livelihoods and initiate an economic recovery.

*M. Govinda Rao was a Member, Fourteenth Finance Commission and former Director, National Institute of Public Finance and Policy*

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# CABINET APPROVES RS. 15,000 CRORE FOR "INDIA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEM PREPAREDNESS PACKAGE"

Relevant for: Environment | Topic: Disaster and disaster management

Cabinet

## **Cabinet approves Rs. 15,000 Crore for "India COVID-19 Emergency Response and Health System Preparedness Package"**

Posted On: 22 APR 2020 3:43PM by PIB Delhi

The Union Cabinet chaired by the Prime Minister, Shri Narendra Modi has approved significant investments to the tune of Rs. 15,000 crore for 'India COVID-19 Emergency Response and Health System Preparedness Package'. The funds sanctioned will be utilized in 3 Phases and for immediate COVID-19 Emergency Response (an amount of Rs. 7,774 Crore) has been provisioned and rest for medium-term support (1-4 years) to be provided under mission mode approach.

The key objectives of the package include mounting emergency response to slow and limit COVID-19 in India through the development of diagnostics and COVID-dedicated treatment facilities, centralized procurement of essential medical equipment and drugs required for treatment of infected patients, strengthen and build resilient National and State health systems to support prevention and preparedness for future disease outbreaks, setting up of laboratories and bolster surveillance activities, bio-security preparedness, pandemic research and proactively engage communities and conduct risk communication activities. These interventions and initiatives would be implemented under the overall umbrella of the Ministry of Health and Family Welfare.

In Phase 1, the Ministry of Health & Family Welfare with the support of all the other line ministries has already undertaken several activities like:

- i. Additional funds to the tune of Rs 3,000 Cr have been released under the Package to State/UTs, for strengthening of existing health facilities as COVID Dedicated Hospitals, Dedicated COVID Health Center and Dedicated COVID Care Centers. Detailed guidelines, protocols and advisory for quarantine, isolation, testing, treatment, disease containment, decontamination, social distancing and surveillance. Hotspots have been identified and appropriate containment strategies are being implemented.
- ii. Diagnostics laboratories network has been expanded and our testing capacity increasing

every day. In fact, leveraging on the existing multi-disease testing platforms under National TB Elimination Programme, orders for procurement of 13 lakhs diagnostic kits have been placed to augment COVID 19 testing.

- iii. All health workers including Community Health Volunteers (ASHAs) have been covered with insurance under the "Pradhan MantriGaribKalyan Package: Insurance Scheme for Health Workers lighting COVID-19". Personal Protection Equipment (PPE), N95 masks and ventilators, testing kits and drugs for treatment are being procured centrally.

The major share of the expenditure will be used for mounting robust emergency response, strengthening National and State health systems followed by strengthening pandemic research and multi-sector national institutions and platforms for One-Health, community engagement and risk communications and implementation, management, capacity building, monitoring and evaluation component. M/o Health & Family Welfare has been authorized to re-appropriate resources among components of the package and among the various implementation agencies (National Health Mission, Central Procurement, Railways, Dept. of Health Research/ICMR, National Centre for Disease Control) as per the evolving emergent situation.

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# PROMULGATION OF AN ORDINANCE TO AMEND THE EPIDEMIC DISEASES ACT, 1897 IN THE LIGHT OF THE PANDEMIC SITUATION OF COVID-19

Relevant for: Environment | Topic: Disaster and disaster management

Ministry of Health and Family Welfare

## Promulgation of an Ordinance to amend the Epidemic Diseases Act, 1897 in the light of the pandemic situation of COVID-19

Posted On: 22 APR 2020 10:14PM by PIB Delhi

During the current COVID-19 pandemic, there have been instances of the most critical service providers i.e. members of healthcare services being targeted and attacked by miscreants, thereby obstructing them from doing their duties. Members of the Medical community, even as they continue to perform relentlessly round the clock and save human lives, have unfortunately become the most vulnerable victims as they have been perceived by some as carriers of the virus. This has led to cases of their stigmatization and ostracization and sometimes worse, acts of unwarranted violence and harassment. Such a situation tends to hamper the medical community from performing their duties to their optimum best and maintaining their morale, which is a critical need in this hour of national health crisis. While healthcare service personnel are duty bound to serve without discrimination, the cooperation and support from society is a fundamental need for them to perform their duties with confidence.

Several States have enacted special laws to offer protection to doctors and other medical personnel in the past. However, Covid-19 outbreak has posed a unique situation where harassment of the healthcare workforce and others working to contain the spread of the disease has been taking place at all fronts, in various places including even cremation grounds. The existing state laws do not have such a wide sweep and ambit. They generally do not cover harassment at home and workplace and are focused more on physical violence only. The penal provisions contained in these laws are not stringent enough to deter mischief mongering.

In this context, the Union Cabinet in its meeting held on 22nd April 2020 has approved promulgation of an Ordinance to amend the Epidemic Diseases Act, 1897 to protect healthcare service personnel and property including their living/working premises against violence during epidemics. The President has given his assent for promulgation of the Ordinance. The Ordinance provides for making such acts of violence cognizable and non-bailable offences and for compensation for injury to healthcare service personnel or for causing damage or loss to the property in which healthcare service personnel may have a direct interest in relation to the epidemic.

The current Ordinance is intended to ensure that during any situation akin to the current pandemic, there is zero tolerance to any form of violence against healthcare service personnel and damage to property. The general public fully cooperates with healthcare personnel and have expressed their gratitude in a very organized manner several times during the past month. Nevertheless, some incidents of violence have taken place which has demoralized the medical fraternity. It is felt that separate and most stringent provisions for emergent times are needed to act as effective deterrents to any such incidents of violence.

Violence as defined in the Ordinance will include harassment and physical injury and damage to property. Healthcare service personnel include public and clinical healthcare service providers such as doctors, nurses, paramedical workers and community health workers; any other persons empowered under the Act to take measures to prevent the outbreak of the disease or spread thereof; and any persons declared as such by the State Government, by notification in the Official Gazette.

The penal provisions can be invoked in instances of damage to property including a clinical establishment, any facility identified for quarantine and isolation of patients, mobile medical units and any other property in which the healthcare service personnel have direct interest in relation to the epidemic.

The amendment makes acts of violence cognizable and non-bailable offences. Commission or abetment of such acts of violence shall be punished with imprisonment for a term of three months to five years, and with fine of Rs.50,000/- to Rs.2,00,000/-. In case of causing grievous hurt, imprisonment shall be for a term six months to seven years and with fine of Rs.1,00,000/- to Rs.5,00,000/-. In addition, the offender shall also be liable to pay compensation to the victim and twice the fair market value for damage of property.

Offences shall be investigated by an officer of the rank of Inspector within a period of 30 days, and trial has to be completed in one year, unless extended by the court for reasons to be recorded in writing.

Looking at the interventions required during the current Covid-19 outbreak, the Central Government has been given a concurrent role with the State Governments to take any measures that may be needed to prevent the outbreak of an epidemic or the spread thereof. In addition, the scope of inspection of vessels arriving or leaving the country has been enlarged to include road, rail, sea and air vessels.

The health workforce are our frontline soldiers in battling the spread of Covid-19. They put their own lives at risk in order to ensure safety of others. They deserve our highest respect and encouragement at this moment rather than being harassed or being subjected to violence. It is hoped that this Ordinance will have the impact of infusing confidence in the community of healthcare service personnel so that they can continue to contribute to serving mankind through their noble professions in the extremely difficult circumstances being witnessed during the current Covid-19 outbreak.

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MV

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# CABINET APPROVES RS. 15,000-CR. PACKAGE

Relevant for: Environment | Topic: Disaster and disaster management

The Union Cabinet on Wednesday approved a Rs. 15,000-crore investment package for the COVID-19 emergency response and health system preparedness, the government said in a statement.

Post facto approval was given to the package at a meeting chaired by Prime Minister Narendra Modi, said Union Information and Broadcasting Minister Prakash Javadekar at a press conference.

The funds will be used in three phases, with Rs. 7,774 crore for immediate use and the rest for medium-term support, that is one to four years, the statement said. "The key objectives of the package include mounting emergency response to slow and limit COVID-19."

The plan includes developing diagnostics and COVID-19-dedicated treatment facilities, centralising the procurement of essential medical equipment and drugs, strengthening the healthcare systems nationally and in States, bio-security preparedness and pandemic research.

Phase one of the plan has already been rolled out by the Ministry of Health and Family Welfare, with Rs. 3,000 crore in additional funds being released to the States and the UTs for strengthening facilities, it said. The network of diagnostic laboratories had been expanded and orders for 13 lakh diagnostic kits had been placed.

Health workers, including ASHA workers, have been given insurance cover under the Pradhan Mantri Garib Kalyan Yojana. "Personal protection equipment, N95 masks and ventilators, testing kits and drugs are being procured centrally," the statement said.

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# PRENATAL EXPOSURE TO AIR POLLUTANTS LINKED TO GROWTH DELAYS

Relevant for: Environment | Topic: Environmental Pollution - Air, Water, Soil & E-waste

Researchers have found an association between exposure to air pollution during pregnancy and delays in physical growth in the early years after birth.

The study, published in the journal *Environment International*, analysed data from more than 1,700 mother-child pairs from four cities of Spain. "This prospective study suggests that exposure to air pollution during pregnancy may be associated with delays in physical growth in the first years of life," said study lead author Serena Fossati from Barcelona Institute for Global Health (ISGlobal) in Spain. "The implication of our findings is that prenatal exposure to air pollutants has a lasting effect on growth after birth and that this parameter should be followed up at later ages," Fossati added.

For the results, the researchers estimated the exposure to nitrogen dioxide (NO<sub>2</sub>) and fine particulate matter (PM<sub>2.5</sub>)—two of the most common traffic-related air pollutants in cities—during the first trimester of pregnancy, using models based on levels of these pollutants measured in the study area. The evolution of the children's body mass index (BMI) from birth to age four years was recorded. Height and weight were measured at four years of age.

The results showed that greater exposure to particulate matter during the first trimester of pregnancy was associated with a higher risk of lower weight and body mass index at four years of age. Results for NO<sub>2</sub> exposure were similar but did not reach statistical significance. "The hypotheses we are considering include oxidative stress and inflammation, interference with thyroid hormones, induction of cell death due to DNA damage, and an increased risk of respiratory diseases and other health problems that could delay growth," said study researcher Martine Vrijheid.

"What is clear is that the adverse effects of air pollution begin in the prenatal phase, so pregnant women should be considered a priority group in public health policies aimed at reducing the population's exposure to air pollution," Vrijheid added.

—IANS

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As many as 284 districts have at least one COVID-19 case

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