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EDUCATION REFORMS NEED SUFFICIENT HOMEWORK

Relevant for: Developmental Issues | Topic: Education and related issues

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November 01, 2023 01:15 am | Updated 01:15 am IST

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Teachers of the National Child Labour Project Schools in Krishna district say that 'Jagananna Amma Vodi' has been a success. | Photo Credit: V. RAJU

A few years ago, the Andhra Pradesh government rolled out reforms in the education sector by dividing schools into six categories. In 2020-21, all the government schools began providing education in the English medium. The State Council of Educational Research and Training began printing bilingual textbooks to facilitate the smooth transition of students from Telugu to English as the medium of instruction. Despite protests and court cases, the government made this switch citing a survey on parents' aspirations. In 2022-23, the first set of government schools (1,005 of them) were given affiliation to the Central Board of Secondary Education (CBSE) as part of a bigger plan to bring all the State-run schools within the CBSE's fold in phases.

The government claims to have spent 63,000 crore in the last four and half years on reforms ushered in to revamp the 45,000 State-run schools through welfare initiatives. The Jagananna Amma Vodi scheme, which provides poor mothers 13,000 per annum for sending their children to school, has helped improve student enrolment but has cost the government exchequer 26,000 crore. Mana Badi-Nadu-Nedu, which gave a facelift to public sector schools, cost another 11,600 crore. Free distribution of annual school kits to students under Vidya Kanuka, encouraging students from marginalised communities to pursue higher education through Vidya Devena, and creating digital classrooms by distributing tabs to students and installing smart TVs and Interactive Flat Panels in classrooms have all stood the government in good stead.

However, while trying to switch to 'new age learning' and transform Andhra Pradesh into a knowledge State, the government has had to fend off criticism on its failure to cohere its policies with the existing situation. Teacher unions and educationists are upset over the frenetic pace and high costs involved. Stating that the initiatives are being implemented in quick succession without proper homework, they fear that the reforms may be reduced to misguided squandering. Many argue that the much-needed focus on teacher training facilities is missing. Unions have also been protesting against the school merger plan stating that it would put the poorest children at a disadvantage.

Some recent decisions such as training students from Class 3 for the Test of English as a Foreign Language (TOEFL) and signing an MoU with International Baccalaureate (IB) to

facilitate joint certification for students of Classes 10 and 12 in State schools have also run into controversy. The Opposition Jana Sena Party (JSP) has alleged a scam in the two projects. It has demanded an explanation on why Class 3 students should be trained in TOEFL, the standardised test used to measure the English language ability of students wishing to enrol in universities abroad, when the validity of the test is only for two years.

The collaboration with the Geneva-based IB has also raised the JSP's hackles. The government's plan is to introduce the IB syllabus for the first batch of Class 1 students in 2024-25. These students will appear for Class 10 Board examinations in 2034-35 and will be the first batch to receive joint certification issued by the State and the IB. Concerns have been raised that some students may find it difficult to handle this drastic shift.

The JSP has also raised objection over certain clauses in the Letter of Intent document. Alleging that it is a quid pro quo deal, the party demanded that the government drop the project. It said that the IB syllabus will put a huge financial burden of 1,200 crore-1,500 crore at a time when the government is unable to pay salaries to teachers on time. It also faulted the government for failing to discuss the issue with the various stakeholders.

The government has dismissed the allegations as baseless. The Education Minister, Botcha Satyanarayana, has said that the State has committed to spend only 149 crore to bring IB within the reach of the students in five years.

The government's intention of bringing quality education within the reach of students from the lower strata of society is widely appreciated, but there is lack of coherence in its policies. It has been rushing into new initiatives without consolidating the existing ones. Too much of anything can result in chaos. Strengthening elementary schools before taking up international projects is imperative. Due diligence is critical for reforms in the sector to be successful.

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HEALTH MATTERS

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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October 31, 2023 02:12 pm | Updated November 01, 2023 09:52 am IST

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Image for representational purpose only. | Photo Credit: Vijay Soneji

*(In the weekly **Health Matters** newsletter, **Ramya Kannan** writes about getting to good health, and staying there. You can [subscribe](#) here to get the newsletter in your inbox.)*

We are at that juncture again where we have come face to face with the twin sides of technology in health care, and are forced to, once again, reassess the employment of technology, from an ethical and secure point of view. Data security is one of the key areas that have been a source of concern for the advocates for a robust utilisation of technology in the health sector, and a technophobic nightmare. The news this week - the long and short of it being that a [data breach had been effected on ICMR and the COVID-19 test details of citizens had been stolen](#). **Bindu Shajan Perappadan** and **Aroon Deep** say ICMR has faced multiple cyber-attack attempts since February, and the latest alleged breach also involves a 'threat actor' with a handle on X advertising the database for sale on the dark web, claiming that this COVID-19 test details of citizens have been sourced from ICMR.

The data lead was flagged by Resecurity, a U.S. data security firm, but the company did not speculate on how the Aadhaar numbers, addresses and other such personal information found their way into the dark web in such numbers in this specific instance. But this is not the first time a breach has surfaced on large databases with the personal information of Indians out in the open. In June, a Telegram chat allowed people to fetch any entries from the CoWIN vaccination portal's database, potentially allowing the Aadhaar or passport numbers of vaccinated beneficiaries to leak.

"A threat actor going by the alias 'pwn0001' posted a thread on Breach Forums on October 9, brokering access to Indian Citizen Aadhaar & Passport records," according to media reports on the leak. It is also being reported that the data involves the personal details, including Aadhaar numbers, passport numbers, addresses and mobile numbers of over 81 crore people in the country. The availability of that kind of data in the public realm, open for misuse, is actually a staggering thought. No doubt the use of mobile apps to streamline vaccination at a time of lockdowns and complete shutdowns did prove to sort out a number of hassles, but the inability of the ICMR to set a lock on this, keeping the data safe, is worrying to say the least.

Clearly, hackers are on the top of their game and have the best tools to overcome security measures. It is the state actors that will have to be more on the ball to ensure that their security systems are regularly upgraded, and bug fixes installed periodically.

And then, there is the primary question of whether we need technology at all. For instance, it is pertinent to ask: [Will QR codes improve access to food labels?](#) The Food Safety and Standards Authority of India (FSSAI) has recommended the inclusion of a QR (quick response) code on food products for accessibility by visually impaired individuals stating that this will ensure access to safe food for all.

Experts argue that the move is vital as India is one of the largest markets of packaged foods in the world and is currently witnessing a growing burden of non-communicable diseases (NCDs) which have seen an abrupt rise globally since the last two decades, according to the World Health Organisation. Besides other factors, this trend is attributed to aggressively marketed, cheaper, and more easily available pre-packaged foods which is finding a growing preference among consumers.

The FSSAI has advised that these new QR codes should encompass comprehensive details about the product, including, but not limited to, ingredients, nutritional information, allergens, manufacturing date, best before/expiry/use by date, allergen warning, and contact information for customer enquiries. It adds that the inclusion of a QR code for the accessibility of information does not replace or negate the requirement to provide mandatory information on the product label, as prescribed by relevant regulations.

The advisory caters to two important regulations — the FSSAI's Food Safety and Standards (Labelling and Display) Regulations, 2020 which outlines the information to be included on labels of food products and the Rights of Persons with Disabilities Act, 2016 which recognises the rights of individuals with disabilities and emphasises accessibility to information that will impact on health, for persons with disabilities.

COVID-19 keeps giving up gentle reminders from time to time, that it has not vanished yet, and that the threats from it are still to be considered seriously. Apart from the deluge on social media itself, there are studies, and genetic analyses that we have access to now, which help mark the impact of COVID-19 infections in the past, or the possible impact of new strains and variants in the future. In a recent study, researchers at the University of Southern California and Stanford University in the U.S. said [children infected with the Omicron COVID variant remain infectious for three days](#), therefore concluded that school policies can restrict themselves to mandate children with COVID-19 stay out of class for five days.

“We are basically saying five days is more than sufficient; public health and education leaders may consider shorter durations,” said study co-author Neeraj Sood, Director of the COVID-19 Initiative and a senior fellow at the USC Schaeffer Center. The study, published in the journal *JAMA Pediatrics*, found that the median time of infectivity was three days, with 18.4% and 3.9% of children still infectious on day five and day 10, respectively.

Yet another study indicates findings that say [Long COVID may not be linked to brain damage](#). In a paper published in the *Journal of Infectious Diseases*, authors say in their study no significant differences between the participant groups were seen when analysing blood and cerebrospinal fluid for immune activation or brain injury markers. The findings suggest that [post-COVID condition, or long COVID](#), is not the result of ongoing infection, immune activation, or brain damage, the researchers said. “The findings enhance our understanding of post-COVID condition,” said Nelly Kanberg, a doctoral student in infectious diseases at the University of Gothenburg.

Another significant court judgement to impinge on healthcare deliveries was delivered last week. **Krishnadas Rajagopal** reports that the Supreme Court sets right a wrinkle in the rules, allowing surrogacy, and [striking down the rule banning the use of donor gametes](#). A two-judge

Bench of Justices B.V. Nagarathna and Ujjal Bhuyan came to the rescue of a woman suffering from the rare medical condition of Mayer Rokitansky Kuster Hauser syndrome, which left her without a uterus or ovaries, by staying the operation of a law which threatened to wreck her hopes of becoming a mother. The couple had begun the process of gestational surrogacy, through a donor, on December 7 last year. But, a government notification on March 14 this year amended the law, banning the use of donor gametes. It said “intending couples” must use their own gametes for surrogacy.

“The amendment which is now coming in the way of the intending couple and preventing them from achieving parenthood through surrogacy, we find, is, prima facie contrary to what is intended under the main provisions of the Surrogacy Act both in form as well as in substance,” the judges held, striking down the rule.

Another important legal case that in some way reaches into health care, and was in the works for sometime, is the [United States suing Meta for harming young people’s mental health and collecting data on children](#). A group of 33 States including California and New York are suing Meta Platforms Inc. for harming young people’s mental health and contributing to the youth mental health crisis by knowingly designing features on Instagram and Facebook that addict children to its platforms.

The broad-ranging suit is the result of an investigation led by a bipartisan coalition of attorneys general from California, Florida, Kentucky, Massachusetts, Nebraska, New Jersey, Tennessee, and Vermont. It follows damning newspaper reports, first by *The Wall Street Journal* in 2021, based on the Meta’s own research that found that the company knew about the harms Instagram can cause teenagers — especially teen girls — when it comes to mental health and body image issues. One internal study cited 13.5% of teen girls saying Instagram makes thoughts of suicide worse and 17% of teen girls saying it makes eating disorders worse.

Given that the use of social media is universal nearly, among children, the need to put in robust systems of control and a certain measure of protection from predators and unstable, age-inappropriate content is a no brainer.

In other news, we hear that [a comprehensive heart and lung transplant registry has been developed](#). An initiative of The Indian Society for Heart and Lung Transplantation (INSHLT), the registry will serve as a national database on the number of transplants being done, and will soon expand to include post-transplant outcome data as well. With an increasing number of centres registering for transplantation, this kind of database will only enhance easy access to the available organs, and also serve to share best practices in organ harvesting and post-transplant recoveries.

A recent report released by the NGO SaveLife Foundation highlights the lack of [unified federal legislation in India on emergency care](#), **Siddharth Kumar Singh** reports. It also recommends several actions, including the implementation of a Good Samaritan law for all medical emergencies, citizen training programmes, a dedicated universal emergency number and the development of national pre-hospital emergency personnel training standards.

In other research news, Indian Institute of Science researchers, last week, uncovered the [link between cell biomechanics and wound healing](#). An interdisciplinary team from IISc uncovered how the stiffness of a cell’s microenvironment influences its form and function. Inefficient wound healing results in tissue fibrosis, a process that can cause scar formation and may even lead to conditions like cardiac arrest. Changes in the mechanical properties of tissues like stiffness also happen in diseases like cancer, they said. The findings are expected to provide a better understanding of what happens to tissues during healing of wounds.

With the non-communicable diseases pandemic pushing more Indians into ill health, **Sanjay Rajagopalan** argues that [unhealthy urban India must get into street fight mode](#). Unhealthy diets, reduced physical activity and air pollution are posing a greater risk to morbidity and mortality than most other risk factors combined. In this context, read what **D. Balasubramaniyan** has to say about [how much salt should you take every day?](#)

Continuing in the final week of observing breast cancer awareness month, we reemphasise this aspect: Self-examination is the best way to aid early detection of breast cancer. [Here is a self-examination chart](#) and an animated video that were recently launched by the Apollo Proton Cancer Centre (APCC), along with the Department of Social Welfare and Women Empowerment, to create awareness about the importance of early detection in breast cancer treatment. We also discovered that [Mizoram has the highest rate of cancer in India](#). Despite being the country's second least populated State, Mizoram exhibits the highest incidence rate of cancer. The latest evidence from an 18-year trend study notes a consistent uptick in cancer incidence and mortality in the State, with stomach cancer emerging as the primary cause of cancer-related deaths among men, while lung cancer plays a parallel role among women.

As long as we are talking about women, it is impossible to miss the need for awareness of osteoporosis, particularly among women in the peri- and post-menopausal periods. **Dr. Christianez Ratna Kiruba** writes that the issue is not simple, and is made tougher at the ground level with a lack of expertise and equipment to diagnose properly. Here, she [unmasks India's osteoporosis care crisis](#).

This week's **tailpiece** has wormed itself into the column. Here is fascinating news that redefines our understanding of how the human body works: [haemoglobin isn't used only in blood, scientists find in a major discovery](#). **Rohini Subrahmanyam** writing on a study published in *Nature*, says scientists have reported that cells that make cartilage also make haemoglobin.

If you have a few extra moments, do also read:

A follow-up from last week: [WHO Southeast Asia members to meet to nominate its regional director, to discuss health issues](#).

[Daily walks can help reduce risk of cardiovascular diseases](#), say specialists.

[Call to create Ayurveda start-ups](#) to combine traditional wisdom and new approaches.

[90% of paint samples tested contain lead above permissible limits in India](#), finds study.

Here's a smattering of health news from across our regional bureaus:

Andhra Pradesh Government to [introduce thrombolytic therapy in all public health centres](#).

Integrated [nursing education, service model to be implemented at AIIMS Delhi](#).

Jayanth R. writes that the [Karnataka Government objects to NMC guidelines on capping medical seats](#).

Medical Education Minister takes [exception to population-based cap for medical seats for states](#).

[Nipah virus antibodies detected in bats](#) in Wayanad.

[Health official assuages fears of leprosy](#) in Kerala's Malappuram.

[Nipah research centre to function from Kozhikode medical college](#) in first phase.

[AIIMS proposal assumes political colours in Kerala ahead of LS polls](#), notes **A.S. Jayanth**.

Special medical board to [supervise treatment of those injured in Kalamassery explosions](#).

Dinesh Verma on: [MBBS admissions made after NMC deadline kick up a row in Puducherry](#).

[Centre's share in maternity benefit scheme is pending for nearly two lakh women](#), says Health Minister.

[108 ambulance workers in Madurai to go on strike](#) from January 8.

Government hospital offers [day-care procedure for patients with Trigeminal Neuralgia](#).

[Hyderabad doctors save 18-month-old suffering from severe pneumonia](#), perform ECMO in flight from Goa, recounts **Siddharth Kumar Singh**.

Amid political fallout, [medical college rejects report of botched blood transfusions](#).

As always, do put us on your radar, as we bring more health content your way. Get more of *The Hindu's* health coverage [here](#).

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VIRTUES OF PLANNING: THE HINDU EDITORIAL ON THE VISION INDIA@2047 PLAN

Relevant for: International Relations | Topic: International Treaties & Agreements, and other important organizations

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November 02, 2023 12:15 am | Updated 12:15 am IST

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In early 2024, [Prime Minister Narendra Modi is expected to unveil a road map](#) to transform the country into a developed nation with a \$30 trillion economy by the time it completes 100 years of Independence. The Vision India@2047 plan, as it is officially named, has been in the works for nearly two years with officials across ministries brainstorming on how to take the country from its current level of development to where it aspires to be. The NITI Aayog, in the process of giving this vision document a final shape, will soon run its central ideas and goals past top minds across sectors, including World Bank President Ajay Banga, Apple chief Tim Cook, as well as Indian industrialists and thought leaders, to finetune them and factor in any blind spots. Coming ahead of the Lok Sabha election, the plan may well be viewed as the government's policy playbook promise for prospective voters. But irrespective of electoral outcomes, future governments would do well to keep an earnest outlook towards the broad agenda. India's rise from 1991, when it accounted for 1.1% of the global economic output, to the 3.5% share it now commands as the world's fifth largest economy, has been driven by governments of varying political hues largely sticking to the reform and liberalisation agenda. Blips in the pace and vigour of reforms have also been visible across governments, including the present coalition-independent regime, especially on the trickier changes needed in factor markets such as land and labour.

The final plan should have some ideas to help navigate such challenging reforms and ensure policy certainty for global investors keen to bet on India's growth story. Minimising the government's role to that of an enabler rather than a micro-manager, is another detail that would be critical, especially as some recent decisions have marked a hark back to habits of the past, be it production-linked incentives, import licensing or overtly zealous taxation. A stated focus area of the vision document that splices its action points and outcome goals into two periods — 2030, and the 17 year-period from then till 2047 — is to ensure that India does not slip into a middle income trap a few years from now. That requires hastening the long-pursued structural shift in the economy from farms to factories, and arresting a widening trend of income inequality. While the Five-Year Plans have been abandoned, the 2047 plan must be revisited at suitable intervals to recalibrate goals based on evolving global trends and Black Swan events. Aiming for a high 9% growth rate between 2030 and 2047 is laudable but factoring in alternative scenarios and changing course when warranted, is also advisable.

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ECI SIGNS MOU WITH THE MINISTRY OF EDUCATION TO BRING ELECTORAL LITERACY TO CLASSROOMS ACROSS THE COUNTRY

Relevant for: Developmental Issues | Topic: Education and related issues

School and College students will soon learn about their future role and duties as voters in the election process, as part of the curricular and extra-curricular interventions in educational institutions. A Memorandum of Understanding (MoU) on electoral literacy was signed today between the Election Commission of India (ECI) and the Ministry of Education.



The MoU underscores the development of an institutional framework that seeks to incorporate electoral literacy formally into the school and college education system. This includes structured curricular, co-curricular, and extracurricular activities, all of which will help in preparing future and new voters for greater electoral participation and in effect strengthening democracy. It is crucial to capture the attention of young minds and educate them about the significance and value of their vote in every election.



Salient features of the MoU:

Background

The MoU is aimed at extending the ECI's flagship Systematic Voters' Education and Electoral Participation (SVEEP) in schools and colleges. The objective is to encourage universal and enlightened participation of future voters in elections. The MoU also aims to address the issues like apathy among urban and young voters, as a crucial aspect of Continuous Electoral and Democracy Education. This integration seeks to motivate future voters to participate more actively in elections, fostering responsible citizenship, and reinforcing our democratic system with informed and dutiful citizens.

Despite successfully managing and conducting of elections by the Election Commission over the years in a fair and peaceful way along with a high jump in participation of the electors, there is also a concern that there were almost 297 million electors (out of 910 million) who did not cast their votes in General Election to Lok Sabha - 2019. The voting percentage was 67.4%. The Commission has taken this as a challenge to improve upon.

This significant collaboration aims to empower young people by bridging the knowledge gap among the youth and first-time voters. India boasts one of the world's youngest populations, and the indifference of the youth towards the electoral process could potentially result in a future generation that is hesitant to engage in voting as adults. Such apathy could have substantial consequences for the functionality of a thriving democracy. Therefore, this MoU is signed with the long-term vision of instilling electoral literacy in the young people through the educational institutions. This initiative is expected to help in the Election Commission's endeavour to address the urban and youth apathy, leading to better electoral participation in next general elections.

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THE IITS ARE OVERCOMMITTED, IN CRISIS

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'Maintaining faculty quality and attracting young professors committed to the IIT idea and to India's development are both serious tasks' | Photo Credit: B. VELANKANNI RAJ

The Indian Institutes of Technology (IIT) are globally recognised as the crown jewels in India's higher education system. Indeed, they are often the only Indian higher education institutions known internationally at all. They have produced leaders in high tech and related fields in India and abroad. The IITs may be the most difficult higher education institutions to gain entry in the world — with more than a million students appearing for the entrance examination each year and competing for 17,385 places in the 23 IITs. Yet, the IIT system is in serious trouble at the same time that some of them are building campuses abroad as part of India's soft power efforts. It is worth taking a careful look at current realities to understand a looming crisis.

A branch campus of IIT-Madras has just opened in Zanzibar and IIT Delhi will be launching programmes from its Abu Dhabi campus in 2024. The tiny first entering class of 70 students has been accepted. How many of the faculty are from the Chennai campus — and will they stay in Zanzibar (frequently a problem for branch campuses of western universities)? The admission standards are not like those at home. Admission is based on the IIT Madras Zanzibar Selection Test (IITMZST) 2023 screening test followed by an interview. Some of the screening test centres offered to potential applicants were located not only in Tanzania but also in Ethiopia, Nigeria, Kenya, Uganda and the United Arab Emirates (which has a strong presence of the Indian diaspora).

Initially the Zanzibar campus is offering only two programmes: a Bachelor's Degree (BS) in Data Science and Artificial Intelligence and M. Tech in Data Science and Artificial Intelligence. They are open to students from across the globe. The annual tuition fee is \$12,000 for the BS programme and \$4,000 for the M.Tech programme and as noted, only 70 students have signed up. Reports say that the rules and regulations of the IITM Zanzibar campus will be based on the existing norms of IIT Madras.

Apparently, the campus is under renovation. Are there appropriate laboratories, access to IT, and related amenities? In other words, has IIT-Madras jumped into the international arena too soon — or should it be jumping at all? What are its motivations for this adventure? What is the purpose of this enterprise — to earn funds for the home campus? To expand India's soft power? And quite important — who is investing the significant sums required to start up a branch campus? And, of course, this, and other Indian overseas efforts, must be of high quality.

The first IIT was established in 1950 at Kharagpur in West Bengal, with four more following in a decade. Most of these partnered with top foreign technological universities in the United States, the Soviet Union, the United Kingdom and Germany to get started, and they quickly achieved both excellence and top reputations. They hired Indians trained at the best foreign universities who were eager to contribute to national development. But these were small institutions — the total student enrolment was about 20,000 in the original six IITs.

After 2015, the government expanded the IIT system, adding seven institutions in the following decade, most located away from major metropolitan centres. These new IITs have struggled to meet the high standards of the traditional institutes. Some were created by upgrading existing institutions such as the Indian School of Mines Dhanbad, while others were “greenfield” start-ups. Top professors are often unwilling to work in isolated places, and the best students are also hesitant to enroll. In 2021-22, 361 undergraduate, 3,083 postgraduate and 1,852 PhD seats were empty in the new IITs. There should not be several tiers of IITs, with varying standards and levels of prestige.

But the system is doing something right — enrolment in all the 23 IITs has expanded to more than 1,20,000, with 25,237 students graduating in 2022-23, a clear indicator of more access and opportunity.

Faculty challenges, future prospects

At the heart of any academic institution are the professors. Attracting the best and the brightest is increasingly difficult. Salaries are dramatically below international standards. Foreign trained Indians are generally reluctant to return to uncompetitive salaries, often inferior work environments, and more academic bureaucracy (even though the IITs are less constrained than the rest of the academic system). Top Indian talent is increasingly attracted to the burgeoning IT sector, emerging biotech, and related fields — and not to academe — both within India and abroad.

There is now a severe shortage of academics in the IIT system. In 2021, out of the 10,881 of the sanctioned posts 4,370 were vacant.

It would not be an exaggeration to say that the IITs are in crisis. Building quality in the new IITs is a significant challenge, and in the long run if this is not done, the prestige of the entire system will suffer. Maintaining faculty quality and attracting young professors committed to the IIT idea and to India’s development are both serious tasks. Expanding the system domestically may not have been a wise idea — and building overseas branch campuses is highly problematical. One might question if overseas expansion is a good idea under any circumstances, but in the context of the domestic challenges facing the system, such expansion seems particularly ill-considered.

Philip G. Altbach is Emeritus Professor and Distinguished Fellow, Center for International Higher Education, Boston College, U.S.

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RETROGRADE STEP: THE HINDU EDITORIAL ON GOVERNMENT FACT-CHECKING UNITS

Relevant for: Developmental Issues | Topic: Important Aspects of Governance, Transparency & Accountability including Right to Information and Citizen Charter

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November 04, 2023 12:15 am | Updated 12:15 am IST

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Misinformation and its more malicious variant, disinformation, have been the bane of today's unfettered communication system, especially social media where the necessary filters are rarely applied over the spread of news and views, many of which are based on false information deliberately or ignorantly placed. The [Tamil Nadu government's decision to constitute a fact-checking unit](#) to deal with "misinformation and disinformation pertaining to the State government" emanating from "all media platforms", sounds, on the face of it, a reactive step. This decision follows a similar move by the Karnataka government. But for the governments to deem themselves or units constituted by them as the adjudicator of what is false is a retrograde move as an interested party deciding upon what is factual or not is problematic. Tamil Nadu's move must be seen along with the Centre's notification of the IT Rules earlier this year, which amended the Information Technology Rules, 2021, and allowed the Ministry of Electronics and IT to appoint a similar fact-checking unit. Several parties including the Editors Guild of India, the Association of Indian Magazines and the political satirist Kunal Kamra had challenged the IT rule enabling the unit. During the hearing, the Bombay High Court had raised the issue of the lack of necessary safeguards that will allow fair criticism of the government. It had also remarked that even if the motives for the introduction of such a rule was laudable — to tackle false news — it could be done away with, if its effects were unconstitutional, that is, if it infringed upon freedom of speech and expression guaranteed under Article 19(1)(a) of the Constitution.

The verdict is set to be delivered on December 1, but the remarks indicate where courts stand on the constitution of a government "fact-checking unit" to adjudicate on reports and information relating to its functioning. The Editors Guild of India had urged Karnataka to specify the scope and powers of the fact-checking unit, besides suggesting that the menace of misinformation and fake news was best left to independent bodies and that "[a] monitoring network should follow principles of natural justice including giving prior notice, right to appeal and judicial oversight". States have their information and publicity departments that can clarify on news related to them and there are independent fact-checkers who tackle misinformation on social media. It would have made express sense for such units to be set up with the involvement of journalists and other stakeholders, but that has also not been the case with the Tamil Nadu government's decision.

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ENVIRONMENTAL FACTORS DETERMINE HEIGHT OF CHILDREN IN LMICS

Relevant for: Science & Technology | Topic: Biotechnology, Genetics & Health related developments

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November 04, 2023 09:20 pm | Updated 09:20 pm IST

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Environmental factors such as socio-economic status, nutrition and infection load influence childhood growth | Photo Credit: Prashant Nakwe

In a significant finding, scientists have discovered that environmental factors play a greater role than genetic variants in determining the height of children in low and middle income countries (LMICs) in contrast to those from European nations, where genetic aspects predominate in regulating childhood height.

This was expounded in a study carried out by the Hyderabad-based Centre for Cellular and Molecular Biology (CSIR-CCMB) along with several other national and international institutions. The study was recently published in the journal *Nature Communications*.

While human height is strongly influenced by fixed genetic and variable environmental factors, the authors of the study noted that the contribution of modifiable epigenetic factors is under-explored. Epigenetic factors are external influences, including lifestyle, nutrition and environment that affect the way genes work. Epigenetic changes affect gene regulation and alter gene expression but not the DNA sequence.

Many environmental factors, including socio-economic status, nutrition and infection load are believed to influence childhood growth which plays a critical role in determining one's height. Quoting the World Health Organization, 2021 estimates which indicated that a large proportion of stunted children reside in LMIC, particularly in South Asia and sub-Saharan Africa where undernutrition and associated co-morbidities are more prevalent compared to high income countries (HICs), the study observed "this offers a potential explanation for the disparity in height variation attributed to non-genetic factors between LMIC and high-income countries".

Although the impact of environmental exposure during early childhood is believed to be quite significant with long-term consequences, there are no genome-wide epigenetic investigations on height in childhood especially in low and middle income countries. Epigenetic processes such as DNA methylation and histone modifications can influence gene expression. Methylation basically is a chemical modification of DNA molecules used by cells to regulate gene expression. It can be influenced by environmental factors such as diet, drugs, stress and exposure to chemicals and toxins.

In this study, the scientists did an epigenome-wide association analysis and genome-wide association study to independently investigate links between DNA methylation and genetic variants with childhood height in five cohorts—three from India, one from Gambia and another one from the U.K. (high income country —HIC). The scientists found a novel, robust association between methylation in the SOCS3 gene and height in children from low- and middle-income countries which was replicated in the HIC cohort but with a lower effect size. “Overall, our study provides strong evidence of genome-wide DNA methylation associations with height in children from LMIC”, the study observed. Interestingly, the established 12,000 genetic variants were also associated with height in Indians but their effect was significantly lower compared to the European and American counterparts.

According to Dr. Giriraj Chandak, Sir J C Bose Fellow at CCMB, the genetic risk variations are largely similar for Europeans and Indians, although the magnitude differs between the two ancestries. However, the genetic risk appears to have been modified due to environmental factors in children in LMIC. Apparently, the environmental cues that trigger the epigenetic processes in children in low and middle income countries are different in Indians and thus not influencing the epigenetic regulation of height in Europeans, he added.

(Y. Mallikarjun is a freelancer writing on science and health)

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GIVING THE URBAN INDIAN A BETTER LIFE

Relevant for: Indian Society | Topic: Urbanization, their problems and their remedies incl. Migration & Smart Cities

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November 06, 2023 01:30 am | Updated 01:30 am IST

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“The need now is to turn to sustainable and ‘ecological urbanization’.” | Photo Credit: SUSHIL KUMAR VERMA

The theme of World Cities Day (October 31) this year was “Financing Sustainable Urban Future for All.” Finances must be channelled in the right direction such that urban futures which are being cut short on account of flawed urbanisation are checked, and, in turn, cities made liveable and safe. It is atrocious that [air pollution](#) is taking away over 10% of our life expectancy.

A report released by The Energy Policy Institute at Chicago (EPIC) shows that out of the 50 most polluted cities in the world, 39 are in India. Pollution directly affects the health of people, and an average Indian loses 5.3 years of his life expectancy due to this; for the residents of Delhi, it is 11.9 years. This data only highlights the need for policy shifts to ensure better and liveable futures.

Pollution results in burning eyes, irritation of the nose and throat, coughing, choked breath, and asthma apart from causing cardiovascular diseases. Recently, a media report labelled air pollution in Mumbai as “Death by Breath” due to very unsatisfactory Air Quality Index levels. Bad air is not limited to the Indo-Gangetic plains anymore where the argument of inversion of temperature and slowing down of wind speeds was considered as a factor for poor air quality. The situation is getting to be bad even in India’s coastal cities.

Why is the problem so acute in Indian cities? The overall development strategy of urban development in India — apart from proper execution of enforcement by agencies — needs a paradigm shift. The need now is to turn to sustainable and “ecological urbanization”. The trajectory of urban development, where the focus is more on real estate development, a widening of roads, allowing large fuel guzzling vehicles on them, in turn squeezing the space meant for pedestrians, and redevelopment are the major reasons for increased pollution in Indian cities. Road dust, concrete batching, polluting industrial units and their extension in the cities, and vehicular emissions are key factors too. It is estimated that motorised transport alone is the cause for 60% of urban pollution. The green lungs of the cities, water bodies, urban forests, and green cover on urban commons, and urban agriculture have all reported shrinkage, even as “grey” infrastructure has seen rapid expansion. Hence, the priorities need to be set right.

During winter in North India, there is a hullabaloo over the burning of paddy straw (called Parali)

as being the cause for smog (smoke and particulate matter). This is partially true. The burning of paddy, primarily in Haryana and Punjab, only escalates the problem. But this is only a small and seasonal part of the problem. India's automobile market has risen in value from \$100 billion and is expected to touch almost \$160 billion by 2027, registering a growth of 8.1%. Between July 2023 to September 2023, passenger and commercial vehicles sales touched 13,22,818 units. While this figure is not only limited to urban India, it is clear that such growth must serve as an impetus to the new design of and direction to urban development. Widening roads, in turn inducing people to buy more cars, while ignoring the fact that traffic snarls are increasing each day, thus leading to more pollution levels, is not the way to go. Construction activities, which are on the rise in almost every Indian city, contribute to roughly 10% of air pollution in the National Capital Region region. There are hardly any steps being taken to monitor and control construction activities with formulated standard operating procedures.

City residents, unfortunately, have hardly any participatory role and are forced to become passive bystanders in the urbanisation process.

There is a compelling need to have an alternative strategy of city building, where the focus is on more public transport, having secure pedestrian paths and bicycle lanes with the creation of a post of bicycle officers, and regulating construction activities through standard operating procedures.

There needs to be good public transport, with investment in buses for towns and cities. It is estimated that nearly 10 lakh buses would need to be added to the existing bus fleet in cities to meet the demands of urban mobility. There must be firm initiatives that emulate the Jawaharlal Nehru National Urban Renewal Mission. Public transport must be made accessible and affordable to people, 85% of whom are in the informal sector.

Strong steps need to be taken to control private motorised vehicular movement in the cities. A congestion tax being levied on private car owners driving during peak hours can be thought of. Likewise, an odd number-even number plate formula can be another important intervention. Some cities have a no car day on certain days — an example that should be put into practice by those in power and with influence. City leaders, the elite as well State Chief Ministers should use public transport at least once a day as an example of token motivation. Transitioning to green vehicles is important.

Delhi has a Graded Response Action Plan, or GRAP (a set of anti-air pollution measures), the moment air quality deteriorates. There are four different sets that get activated based on the quality of air. Such a mechanism must be adopted in other Indian cities as well.

There should be zero acceptance of industrial pollution and real-time monitoring must become a reality. There must be street supervision by residents instead of waiting for the statutory bodies to react, which urban local bodies can ensure.

Urban commons (ponds, water bodies, urban forests, parks, playgrounds) are another major area that should not at all be allowed to be taken over by either public or private bodies for private gains. Urban communities must protect, nurture and expand them.

Ian McHarg's influential book, written in the 1960s, *Designing with Nature*, synthesised and generalised ecological wisdom shaping landscape planning and design as a way to build our cities. However, our urban development strategy has been the inverse of that. Massive land use changes and the handing over of open spaces to real estate developers do not look to be ending anytime soon. Redevelopment across the country has resulted in pollution. A city's ecology is one of the first casualties and there is hardly any meaningful afforestation within a

city. Planting trees 50 kilometres away from the city does not help in curtailing pollution in the city.

So-called solutions such as smog towers or even watering roads are just cosmetic. People's empowerment through the city's governance architecture is a firm step forward. Pollution guides and standard operating procedures for various line departments and agencies must not only be made readily available to the people but should also become a part of the way of life in the city. When certain standard operating procedures were enforced without being challenged during the COVID-19 pandemic period, should not people come forward now and support implementation of the odd number-even number plate formula or even a 'no-car day' every week? For this to happen, there must be a strong GRAP-like standard operating procedure. Likewise, the medical fraternity must support the putting out of a public health advisory.

We cannot afford to let our lives be shortened by reasons such as air pollution. The poor and the marginalised are the least contributors to pollution but are the segment who are most exposed to it and who pay a heavy price. They need a better life.

Sandeep Chachra is Executive Director of Action Aid India. Tikender Singh Panwar is a former Deputy Mayor of Shimla

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FIRST AUSTRALIA INDIA EDUCATION AND SKILL COUNCIL (AIESC) MEETING TO BE HELD TOMORROW AT IIT GANDHINAGAR

Relevant for: Developmental Issues | Topic: Education and related issues

The First Australia India Education and Skill Council (AIESC) meeting will be held tomorrow at IIT Gandhinagar. The AIESC, earlier the Australian India Education Council (AIEC), is a bi-national body established in 2011 to guide the strategic direction of the education, training and research partnerships between the two countries. The scope of this forum was enhanced in alignment with the national priorities of both countries to bring focus on promoting internationalisation, two-way mobility and collaboration in the domains of education as well as the skill ecosystem.

This is for the first time that education and skilling is being brought under the same institutional forum. The visit is expected to foster collaboration, participation and synergy in critical areas of mutual interest in the education and the skill domain. The meeting will be jointly chaired by Shri Dharmendra Pradhan, Minister of Education and Minister of Skill Development and Entrepreneurship, Government of India, Hon Jason Clare MP, Minister for Education, Government of Australia, and Hon'ble Mr. Brendan O'Connor, Minister for Skills and Training, the Government of Australia.

This meeting will provide a platform for academic and skill experts to discuss a wide range of mutually agreed priorities, with the ultimate aim of shaping the future of education and skilling in both our nations. The discussions will follow the key three themes of shaping future workforces, strengthening institutional partnerships in education and driving research impact through internationalisation. The meeting will be attended by senior government officials from India and Australia along with heads of Higher Education Institutions and skill sectors from both the countries.

The ministers will be visiting key institutions to identify critical themes for collaboration. This includes visits to Centre for Creative Learning, IIT Gandhinagar, which works on nurturing scientific temper and the inherent creativity in students and teachers through creation of tools, dissemination of ideas focussing on STEM art, Toys, setting up of Science centres and Lab work at IIT Gandhinagar. The ministers will also be visiting Pandit Deendayal Energy University (PDDU) and Vidya Samiksha Kendra (VSK). PDDU was established to keep pace with the fast developing and competitive energy industry, to plan for the future and to continuously build requisite intellectual capital and human resource skills. The Vidya Samiksha Kendra aims to reinforce National Education Policy 2020 (NEP 2020) goals, is an institutional setup that enables integrated and shared 'seeing' for amplifying data-based decision making and action by key stakeholders for academic and non-academic activities and thereby improving learning outcomes.

The two-day programme also includes a visit by **Shri Dharmendra Pradhan and Hon Jason Clare MP** to Gift City site visits of Deakin University and University of Wollongong campuses and *Arambh (the beginning): Australian University campuses in India*. A key feature of the second day interaction is a discussion on *Research Dialogue: New Horizon in Research Collaboration*. The interaction is expected to identify innovative opportunities for deepening bilateral research collaborations in a thriving research ecosystem through industry partnerships, research workforce and strategies. It will also aim to facilitate research networks across those disciplines between the two countries.

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HEALTH MATTERS

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November 07, 2023 10:49 am | Updated November 08, 2023 04:19 am IST

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*(In the weekly **Health Matters** newsletter, **Ramya Kannan** writes about getting to good health, and staying there. You can [subscribe](#) here to get the newsletter in your inbox.)*

This week, as the stubble continues to be set afire in the outskirts of Delhi, in Haryana, and Punjab, there is no bigger issue we need to be dealing with is in the air. Delhi's air pollution hit literally unrecordable levels this past week, and a sinking feeling set in with Delhi's residents. [Air quality was in the 'severe plus' category again](#); flights were being delayed and primary schools were shut till November 10. A toxic haze lingered over Delhi for the sixth consecutive day on November 5 as [pollution levels once again reached the severe plus category due to unfavourable wind conditions](#), particularly calm winds during the night. The concentration of PM2.5, fine particulate matter capable of penetrating deep into the respiratory system and triggering health problems, exceeded the government-prescribed safe limit of 60 micrograms per cubic metre by seven to eight times at multiple locations throughout the Delhi-NCR.

The air quality index deteriorated from 415 at 4 p.m. on Saturday to 460 at 7 a.m. on Sunday. Naturally, all preparatory modes had to be switched on. Under the Centre's air pollution control plan, all emergency measures, including a ban on polluting trucks, commercial four-wheelers, and all types of construction, are mandated to be initiated and enforced in the National Capital Region if the Air Quality Index crosses the 450-mark.

Soon, doctors began expressing concerns that air pollution is causing an increase in [respiratory and eye problems among children and the elderly in Delhi](#). Hospitals began to see an increase in the number of patients coming in, complaining of headaches, burning eyes, or choking. Doctors also said that those who have existing pulmonary issues found that they had to up their dosage or change the drugs they were on. Those who have suffered from severe COVID-19 infection in the past are more prone to respiratory distress. With the Deepavali festival coming up over the weekend, there is a real and present fear that the smog will only worsen, making even breathing difficult.

Meanwhile, the results of a couple of [studies linking the risk of Type 2 diabetes to air pollution](#) raised some brows. It's not as if the discovery of the link per se is unprecedented; it has already been studied across the world, and the link established, but these were studies that were done in Chennai and Delhi. The new studies are part of the Centre for Cardiometabolic Risk Reduction in South Asia (CARRS) Surveillance Study. Here, researchers roped in 6,722

adults in Chennai and 5,342 in Delhi and tracked their health through questionnaires and blood samples, with which they checked for fasting plasma glucose (FPG) and glycosylated haemoglobin (HbA1c), at specific intervals from 2010 to 2016.

The authors of the article, published in the *British Medical Journal*, Siddhartha Mandal et al, argue that this exercise has provided evidence linking short-term, medium-term and long-term exposure to PM2.5, assessed from locally developed high-resolution spatiotemporal models, glycemic markers and incidence of diabetes from a highly polluted region with a high burden of diabetes, thus adding to the existing evidence from low-pollution scenarios in the Western population.

Further studies are required to cement this links, but does not hurt to ensure that we keep our particulate matter count low.

Meanwhile, staying on the environmental factors peg, in a significant finding, scientists have discovered that these play a greater role than genetic variants in determining the height of children in low and middle-income countries (LMICs) in contrast to those from European nations, where genetic aspects predominate in regulating childhood height. **Y. Mallikarjun** records how [environmental factors determine the height of children in LMICs](#). While human height is strongly influenced by fixed genetic and variable environmental factors, the authors of the study noted that the contribution of modifiable epigenetic factors is under-explored. Epigenetic factors are external influences, including lifestyle, nutrition and environment that affect the way genes work. Epigenetic changes affect gene regulation and alter gene expression but not the DNA sequence.

The Tamil Nadu Government has, in an effort to improve the environment for practising good lifestyle choices decided to open [Health Walk tracks in every district in the State](#), and made a good start in [some of the cities too](#). Doctors said a regular walk for 8 km a day (the length of the track) keeps blood pressure, blood sugar, weight etc. under control...And an unexpected side effect is [improved aesthetics on these health walk stretches](#), at least in Chennai, writes **Prince Federick**.

A view of 'Health Walk' along the lines of an 8-km walking track at Besant Nagar on November 7, 2023. | Photo Credit: Velankanni Raj B.

While the impact of using cigarettes and influencing the youth has somewhat been regulated by law, rules and somewhat conscientious filmmakers, the 'cool' aspect of smoking now seems to have attached itself to e-cigarettes. **Serena Josephine M.** writes about the study conducted by The George Institute for Global Health in four nations, which concluded that a [large majority of young people were being exposed to e-cigarette advertising](#). Incidentally, [India has amongst the strictest regulatory environments in the world](#): nicotine and non-nicotine e-cigarettes are banned and advertising is not permitted.

Continuing the One Nation series that we can't get enough of these days, the National Medical Council has announced that it is ready to launch a ['one nation, one registration platform' for doctors](#), writes **Bindu Shajan Perappadan**. Avowedly, this is to eliminate duplication, red tape and allow the public to access information on any physician working in India. The idea is to provide a masked ID to undergraduate students on the NMR and depending on when they complete their course the ID is unmasked and allotted. This ID can be used to update any further qualification and all State registers for licence to work in any part of the country will be linked here and will be available at the click of a button," said Yogender Malik, member, of Ethics and Medical Registration Board, NMC. The database will also be available to the public, he added. While the idea of a central roster might be mildly useful, the purpose of it in a stubbornly

federal set up where doctors root themselves within States, is questionable.

Here is a list, however, that will actually be useful to the public. ICMR-NIP devises an [online map to make available info on relevant laboratory services to users](#). The Indian Council of Medical Research (ICMR)-National Institute of Pathology (NIP), Delhi, has catalogued diagnostic public healthcare facilities throughout the country and constructed a user-friendly and comprehensive dynamic online map to make available information of relevant laboratory services to users.

While an ICMR study underlined the [link between post-COVID-19 cardiac events, and physical exertion](#), a Karnataka scientist directly countered this averment. C.N. Manjunath, director of Karnataka's Sri Jayadeva Institute of Cardiovascular Sciences, said [there was no scientific evidence to prove that COVID-affected people should not exert themselves](#). Asserting that exercise is very important for maintaining good health, Dr. Manjunath said a sedentary lifestyle is a risk factor for cardiovascular diseases. "Isotonic exercises such as walking, jogging, swimming, cycling and moderate workout at the gym is the general recommendation. However, it is essential to get a cardiac evaluation done before signing up for a rigorous gym programme. This is to rule out any pre-existing asymptomatic cardiac disorders," he said.

Let's move over to social/health economics now. **Prashanth Perumal** explains a paper: "When social status gets in the way of reproduction in modern settings," by Jose C. Yong, Amy J. Lim and Norman P. Li. The authors argue that [evolutionary mismatch may be the reason behind falling fertility levels](#) despite the rise in living standards over time. Evolutionary mismatch refers to the phenomenon wherein traits that worked in the favour of an organism's survival in the past become disadvantageous to survival chances in modern times. Competing for social status, which was an evolutionary need, has now become so intense that it has impeded the supra biological need for reproduction, they argue.

Staying on the fertility quotient and the impact of the Supreme Court judgement on a quintessential rights-based approach, **Suhrith Parthasarathy** writes [on how the Supreme Court judgment impacts a woman's freedom to reproductive choices](#). We had earlier reported the October 16 judgement, in *X vs Union of India*, where the Supreme Court of India declined permission to a woman who was seeking to terminate a 26-week-long pregnancy. The judgment falls short of bestowing any explicit rights to the unborn. But the upshot of its conclusion is just that: when a foetus becomes viable, and is capable of surviving outside the mother's uterus, the woman's right to choose stands extinguished, barring circumstances where the specific conditions outlined in the MTP Act are met. In so holding, the judgment suffers from at least two errors, he argues. Read to know what these errors are.

This week's **tailpiece** is an article by behavioural scientist **Jessica D. Ayers** who articulates well what we've long suspected: friendships are so powerful that the social pain of [rejection activates the same neural pathways that physical pain does](#). Within the last decade, researchers have begun investigating the roots of friendship preferences beyond the classic descriptions. She goes on to argue that considering the nuances of [friendship preferences will be extremely important in reducing not only loneliness](#), but other related public health crises. For instance, suicide has a close link with loneliness, and that is directly related to friendships and/or loss of friends. Post the lonely pandemic years, this aspect sure can do with a reassessment.

Those few extra moments you have will be well served browsing through our **also read** links:

Rajan Ravichandran turns the [spotlight on kidney organ donors](#) and how keeping a low salt diet is essential for them as well.

Suhasini Haidar records that it is now [India's turn to choose between Bangladesh and Nepal candidates for WHO regional chief.](#)

Siddharth Kumar Singh on [Telangana's midwifery miracle: From 30 to 353.](#)

[NMC to constitute committee on the issue of live surgeries.](#)

Afshan Yasmeen reports on a [study finds Vitamin B12 absorption is not just in the small intestine but also in the human colon.](#)

For a broad range of our **regional stories**, do look at the following links:

P. Sujatha Verma notes: [Andhra Pradesh State Skill Development Corporation to facilitate training of nurses for global placements.](#)

Centre keen on [establishing Unani research centre in Andhra Pradesh's Kadapa district.](#)

Nellore Sravani on how [Andhra Pradesh's homeless grapples with mental health issues.](#)

Sambasiva Rao M. reports on [TDP official Lokesh questioning the treatment of patients under the shade of trees in an Andhra Pradesh government hospital.](#)

High Court seeks [Centre, Delhi government's reply on inclusion of ayurveda, yoga in Ayushman Bharat.](#)

Karnataka's [heart attack management programme is now 'Puneeth Rajkumar Hrudaya Jyothi'](#) scheme.

[No new Namma Clinics will be opened in Karnataka,](#) says Health Minister.

[Bengaluru also in the grip of other viral ailments.](#)

Karnataka CM [writes to Prime Minister requesting waiver of import taxes on medicine for a baby with a rare disease.](#)

[Karnataka steps up surveillance after detection of Zika virus](#) in mosquito pool in Chikballapur.

U.S.-based foundation to [support setting up of Centre for Computational Oncology at IISc.](#)

A.S. Jayanth says: [Private medical lab technicians staring at uncertain future in Kerala.](#)

[PG medicos in Kerala to strike work](#) on November 8.

[Need for ensuring nutrition security among all cross-sections in State,](#) experts say.

[Kerala should focus on preventive and primary health care,](#) points out health experts.

Health experts [urge Kerala to invest in basic and clinical research.](#)

[Over 6,100 dengue cases, eight deaths](#) reported in Tamil Nadu so far.

[Bond period for non-service PGs who completed courses in 2023](#) reduced to one year, bond amount halved.

[Tamil Nadu to conduct counselling for 17 vacant MBBS seats](#) from November 7 to 15.

L. Srikrishna reports that [health officials, government doctors swing into action as fever cases rise in Tamil Nadu's Thoothukudi](#).

Rx for recruitment: [Telangana medical colleges in critical need of faculty](#).

[Telangana High Court serves notice to State govt. over *The Hindu* report](#) on bodies decomposing in Gandhi hospital mortuary.

As always, do put us on your radar, as we bring more health content your way. Get more of *The Hindu's* health coverage [here](#).

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7.5 MILLION NEW CASES OF TB IN 2022: WHO REPORT

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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November 08, 2023 04:28 am | Updated 04:28 am IST - Chennai

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A tuberculosis patient receives medicines from a nurse at a TB hospital on World Tuberculosis Day in Gauhati. File | Photo Credit: AP

There was a major global recovery in the number of people diagnosed with TB and treated in 2022, after 2 years of COVID-related disruptions, according to the just-released WHO Global TB Report. While this has started to reverse or moderate, TB remains the world's second leading cause of death from a single infectious agent, and global TB targets have either been missed or remain off track. The net reduction from 2015 to 2022 was 8.7%, far from the WHO End TB Strategy milestone of a 50% reduction by 2025.

The reported global number of people newly diagnosed with TB was 7.5 million in 2022. This is the highest number since WHO began global TB monitoring in 1995, above the pre-COVID baseline (and previous historical peak) of 7.1 million in 2019, and up from 5.8 million in 2020 and 6.4 million in 2021. The number in 2022 probably includes a sizeable backlog of people who developed TB in previous years, but whose diagnosis and treatment was delayed by COVID-related disruptions that affected access to and provision of health services, according to the report.

India, Indonesia and the Philippines, which collectively accounted for nearly 60% of the reduction in the number of people newly diagnosed with TB in 2020 and 2021, recovered to above 2019 levels in 2022. TB caused an estimated 1.30 million deaths in 2022, again almost back to the level of 2019. COVID-related disruptions are estimated to have resulted in almost half a million excess deaths from TB in the three years 2020–2022.

The report further says treatment success rates have improved: to 88% for people treated for drug-susceptible TB and 63% for people with MDR/RR-TB. Ending the global TB epidemic requires translating the commitments made at the 2023 UN high-level meeting on TB into action, it adds.

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ZIKA VIRUS

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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November 07, 2023 09:42 pm | Updated November 08, 2023 02:51 am IST - Bengaluru

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The Aedes Aegypti mosquito that transmits the Zika, Chikungunya, Dengue and Yellow Fever viruses. | Photo Credit: AFP

Even as Karnataka is awaiting reports of the Chikkaballapur mosquito pool samples that were found to be positive for Zika virus, the Centre has written to all States, including Karnataka, asking them to strengthen entomological surveillance and intensify vector control activities.

The letter — written by Union Health Secretary Sudhansh Pant to Chief Secretaries/ Administrators of all States on November 6 — referred to the recent detection of Zika Virus Disease (ZVD) cases in Kerala and Maharashtra.

“In addition, the virus has also been detected in mosquito pool samples from Chikkaballapur district of Karnataka. It is important to strengthen entomological surveillance and intensify vector control activities with a focus on areas with high vector density in order to prevent Zika virus transmission,” the official said in the letter.

Last month, samples collected from a mosquito pool in Thalakayalbeta village in the jurisdiction of Dibburahalli Primary Health Centre (PHC) during routine surveillance were found to be carrying the Zika virus.

The Health Department, which is closely monitoring the situation in the district, has sent serum samples of 30 pregnant women and four persons who had been treated for fever from five villages in the containment zone to the National Institute of Virology (NIV), for testing and reports are awaited.

“I am sure that an action plan and requisite logistics for vector management focusing on dengue and chikungunya is in place with the States. The same needs to be implemented for Zika and to be intensified in the areas from where either human case and mosquito pools are found positive,” the letter stated.

While a vast majority of the cases of ZVD are either asymptomatic or present with mild symptoms that are self-limiting in nature, WHO data from other countries suggests that Zika virus infection among pregnant women may result in microcephaly in the newborn in a minor proportion. In addition, Zika virus infection can also cause Guillain-Barré syndrome, neuropathy and myelitis, particularly in adults and older children, the letter pointed out.

“While these complications have not been reported so far from India, there is a need to be vigilant, particularly as the mosquito vector for ZVD is the same that transmits dengue and chikungunya and is found in large parts of the country. Equally important is the need to avoid any kind of panic in the general public by disseminating correct information. Like dengue and chikungunya, there is no specific drug or vaccine for ZVD as well. Therefore, it is important to strengthen surveillance,” the letter stated.

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THE PROBLEM WITH THE '70 HOURS A WEEK' LINE

Relevant for: Developmental Issues | Topic: Rights Issues - Human Rights and NHRC

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November 08, 2023 12:16 am | Updated 09:50 am IST

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'The level of productivity of a country depends on the strength of its innovation system' | Photo Credit: Getty Images

The startling [comment by Infosys co-founder N.R. Narayana Murthy](#) that youngsters in India must say, "This is my country. I want to work 70 hours a week", in order to make the country competitive, and the support he received from several members of India Inc., is undoubtedly an example of how captains of industry can adroitly hide their lust for profits by preaching virtue. More importantly, it is an argument that fails the litmus test on three counts.

First, Mr. Narayana Murthy made a factually incorrect statement that extended working hours helped advanced countries such as Germany and Japan to succeed. Second, he placed the burden of increasing productivity on the shoulders of workers, when the reality is that they have underinvested in innovation, the critical factor for raising productivity. Third, Mr. Narayana Murthy's 70-hour week proposal violates international labour standards (ILS), the International Labour Organization's (ILO) Decent Work Agenda and its Fundamental Conventions that lay down the working hours in order to ensure that women and men get decent and productive work. The ILS is increasingly becoming the prerequisite for gaining market access in advanced countries and for companies to participate in supply chains. Non-adherence to ILS could, therefore, seriously affect the aspirations of Indian industry to expand their presence in global markets.

Contrary to Mr. Narayana Murthy's argument, advanced countries have witnessed a continuous decline in working hours per worker during the past 150 years. In Germany, weekly working hours have reduced by about 59%, from 68 hours in 1870 to less than 28 hours in 2017. [Japan had a 44-hour working week in 1961, the highest ever since 1950, which steadily decreased to less than 35 hours in 2017.](#) Working hours tend to decrease when incomes rise and people can afford more things that they enjoy, including more leisure. In fact, in more productive economies, workers work less, while in the less productive poorer economies, workers have to work more to compensate for lower productivity.

In this context, the ILO has reminded us ("Working Time and Work-Life Balance Around the World") that "working hours and the organization of work and rest periods can have a profound influence on the physical and mental health and well-being of workers" and that "[decisions on working time issues can also have repercussions for the broader health of the economy](#)". In a country, i.e., India, which considers its large young workforce as its most significant asset for future development, Mr. Narayana Murthy's pitch for a 70-hour working week is nothing but a

recipe for their early burn-out.

The leading lights of India Inc. who have triggered this controversy need also to be reminded that the level of productivity of a country depends on the strength of its innovation system. India's reality in this regard was elaborated in the India Innovation Index 2021, produced by NITI Aayog. This [report showed that in 2018, India's gross expenditure on research and development \(GERD\) as a percentage of GDP was 0.65%, one of the lowest in the world](#). This [figure dipped further to 0.64% in 2020-21](#), according to the Department of Science and Technology (DST).

The DST also informed that the private sector's share in the country's R&D spending was 41% in 2020-21, a decline from 45% in 2012-13. It may be noted that in countries which have stronger innovation systems as compared to that of India's, private sectors have much higher shares. For instance, in 2020, the private sector's share was 79% in Japan and Korea, 75% in the United States, and 67% in Germany and the UK. Even in China, the private sector's share was 77%. These figures cogently explain why, in general, Indian enterprises lack the competitive edge in global markets due to lower levels of productivity.

Ironically, a section of India Inc. has supported a 70-hour working week despite being aware that if it is implemented, this would be out of step with the ILO's Convention No. 1, [the Hours of Work \(Industry\) Convention, 1919, which had benchmarked an eight hour average working day](#).

Together with the ILO's Decent Work Agenda which deals with "decent working time", the ILS is increasingly figuring in global trade rules. Advanced countries are insisting on the inclusion of the ILS in bilateral free trade agreements (FTAs). Thus, the FTAs India is currently negotiating with the European Union (EU) and the United Kingdom, both include the ILS.

The negotiating text unveiled by the EU last year includes a chapter on Trade and Sustainable Development which says that as members of this bilateral FTA, India and the EU shall promote ["decent working conditions for all, with regard to, inter alia, wages and earnings, working hours, other conditions of work and social protection"](#).

The ILS is also central to the implementation of the Indo-Pacific Economic Framework for Prosperity (IPEF), a 14-country grouping for promoting economic cooperation in the region led by the United States of which India is a part. Six months ago, IPEF members forged an agreement relating to supply chain resilience seeking, among other things, ["to promote supply chains in which labor rights ... are respected, and create market demand for sustainable and responsible sources of supply"](#). Labour rights, according to this agreement, includes the ILO's Fundamental Conventions, including "acceptable conditions of work with respect to minimum wages and hours of work". This implies that Indian companies can participate in the supply chains among IPEF members only if they respect labour rights.

Finally, the EU member-states have put in place regulations on supply chains, the so-called "Supply Chain Due Diligence", obliging companies to implement due diligence processes to address their adverse impact on slavery, child labour, labour exploitation, besides environmental degradation throughout across the supply chains that they participate in.

France led the way by enacting the Corporate Duty of Vigilance Law, 2017, applicable to French companies having at least 5,000 employees in France or 10,000 worldwide, either directly or in their subsidiaries. Such companies must establish a "plan of vigilance" to ["identify risks and forestall serious infringements of or harm to human rights and fundamental freedoms, personal health and safety ..."](#). Germany enacted the Supply Chain Due Diligence Act, 2022 making it mandatory for German companies with 3,000 or more employees to monitor and act on violations of human rights, including forced labour, both within their own operations, as well as those of their direct suppliers. [This requirement is applicable regardless of whether the activity](#)

[was performed in Germany or abroad.](#)

Also read | [Former director of IISc Balaram defends Narayana Murthy's 70-hour a week remark](#)

Earlier this year, the EU member-states collectively adopted the [Corporate Sustainability Due Diligence Directive, 2023, making it mandatory for companies to undertake due diligence](#) to identify, and, where necessary, also prevent, end, or mitigate the negative impact of their activities on child labour and labour exploitation. Companies must assess the impact of their activities on their value-chain partners including, suppliers, sales, transport, distribution and storage.

With the developed world veering towards strict enforcement of ILS across global supply chains, India Inc. can ill-afford to support a weakening of labour rights.

Biswajit Dhar is a retired professor from Jawaharlal Nehru University and is now Distinguished Professor, Council for Social Development, New Delhi

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MINT

Relevant for: Developmental Issues | Topic: Education and related issues

The National Curriculum Framework for School Education 2023 (NCF) integrates Vocation Education (VE) in the curriculum of Indian schools. Why? Because for most children, gainful employment after completing school is critical. Also, because even those who don't need to earn their livelihood immediately after school are better prepared for life with the knowledge and capacities that VE develops.

The NCF must confront three interrelated challenges for this integration. First, the practicality of how this will happen. Second, the societal view of VE being for those who cannot succeed in 'mainstream' education. Third, a 'philosophical bias' in Indian education against VE, which ranges from indifference to hostility. These are dealt by the NCF with the approach it takes to VE. But first, let's take up the 'philosophical bias', because it is less known.

The consensus among those who have led the intellectual direction of school education has been that schools must aim to develop good human beings, and with that a just and humane society and a vibrant democracy. Irrespective of differences within this consensus—for example, self-actualization versus citizenship—the 'economic aims' of education (preparing students for jobs) have systematically been de-prioritized. The assumption has been that all other learning will anyway prepare students for jobs; that VE is the thin end of the wedge for the 'market' to control education; and implicitly for many and explicitly for some, VE isn't cerebral enough. This needs a separate confessional column because I too was guilty.

So, how is VE integrated in the NCF? All students will go through VE from the very beginning of their schooling. In the Foundational and Preparatory Stages (till grade 5), age-appropriate capacities that are the basis of work—for example, safe control over a tool or concentration to see a task through to completion—are to be developed through play and other activities. In the Middle Stage of grades 6-8, exposure to a wide range of work will be given to all students through project-based study, building a foundation for a range of vocations. In grades 9-10, all students will learn a few specific vocations. Throughout the phase of grades 6 to 10, VE will have the same importance as subjects like Mathematics or Science, with equal space on time-tables and appropriate assessments, including board exams in grade 10. In grades 11-12, students can choose to specialize in a vocation or two or none.

Effective VE requires effective education in other subjects: Language, Science, Social Science and Mathematics. Equally, these other subjects are strengthened by their use in VE. Vocational capacities must be deeply integrated with the other skills, knowledge and values that school education develops. For example, critical thinking, communication and learning-to-learn—capacities that overall school education must develop—are equally important in the world of work.

The NCF balances two requirements. While it cannot determine which exact vocations must be taught in a particular school—because there are too many vocations and local considerations—it must provide a framework for all students. It does so by using a typology ('forms of work'), grouping vocations that have fundamentally common elements and requiring similar capacities and knowledge. This develops a broad base for productive work from grades 3-8, with specialization in grades 9-12. The three categories are: work with life forms, work with materials and machines, and work on providing human services. The choice of specific vocation must be made locally, taking into account the aspirations of students, local relevance and the reality of opportunities (new and emerging vocations).

The NCF's approach to VE also has a few other important considerations.

Vocations require not only relevant capacities, but also values and knowledge, all of which VE develops. VE must not be conflated with skills training, which is narrower. Capacities are broader, deeper and complex human abilities that many skills can constitute. For example, appropriate irrigation of crops is a capacity that requires the skills of reading slopes, trenching and constructing channels, and understanding how much and when to water.

All students are to be exposed to the entire range of vocations, from the primary sector to various services, not only to create a base for subsequent vocation choices, but also to establish the dignity of all types of work. VE must teach students [how to](#) 'do' something with their hands and learn to value it.

Millions of our children are already engaged in some kind of work in their homes and communities. Such life experiences are invaluable and can be used as a resource. Existing social inequities must be directly addressed. Schools must not identify types of work by specific communities or gender. Education must be an equalizer, not a reproducer of inequity. And VE must be implementable in the current reality of our schools, using existing resources available in the school and neighbourhood, including by training teachers of other subjects. Good school education must develop good human beings and a good society. Economic well-being is an inextricable part of that. The NCF gives this reality its rightful place in schools.

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MOVE TOWARDS E-FIR, BUT WITH CAUTION

Relevant for: Developmental Issues | Topic: Important Aspects of Governance, Transparency & Accountability including Right to Information and Citizen Charter

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The Law Commission has not demystified the concept of an 'e-FIR'. The procedure laid down in its Report No. 282 says that the police station will check the contents of information received from the portal to verify whether a cognisable offence is made out as recommended. | Photo Credit: The Hindu

The Law Commission of India, in [Report No. 282](#), recommended that "in cases where the accused is not known, registration of an e-FIR should be allowed for all cognisable offences". If the accused is known, as a preliminary step, registration of an e-FIR may be allowed for cognisable offences wherein the punishment provided under the Indian Penal Code (IPC) and other laws is up to three years.

The verification of the complainant, the Commission said, could be done by verifying the mobile number through an OTP and mandating the uploading of valid ID proof such as Aadhaar. It also said that the name of the suspect on the centralised national portal is to be secured until the e-FIR is signed by the complainant. Further, in case the registered information is not signed by the informant deliberately within the prescribed time, the information shall be deleted within two weeks.

The Commission has not demystified the concept of an 'e-FIR'. The procedure laid down in the Report says that the police station will check the contents of information received from the portal to verify whether a cognisable offence is made out as recommended. Only then will the received information be entered in the prescribed format within three days. In other cases (punishable with more than three years of imprisonment), the conventional method prescribed under the IPC needs to be followed. In the next step, the police officer is required to get the signature of the complainant within three days to register an e-FIR. Otherwise, the e-FIR shall not be registered, reasons shall be communicated, and the said information shall be automatically deleted after two weeks from the portal. The procedure is given only for cases where the accused is known.

Though the Commission mentioned that eight States are lodging an e-FIR, it did not discuss any of the models adopted by those States, particularly the method of obtaining signatures.

It is thus clear that the concept of 'e-FIR' is nothing but obtaining information/complaint through electronic means using a common national portal and then getting the information/complaint signed by the complainant physically within three days to convert the complaint into an actual FIR. It is obvious that the 'e-FIR' is not an automatically registered FIR using electronic means,

including electronic signature of the complainant. The online facility will have only limited efficacy. Also, any investigation done prior to the actual registration of the FIR shall not be an investigation undertaken in the true spirit of the Code of Criminal Procedure.

Still, there are at least two benefits of obtaining complaints electronically. First, the police will have to take cognisance of the complaint as the system will automatically generate receipt. This will ensure almost free registration of crime. Second, they will not be able to change the contents of the complaint.

While most of the eight States are registering FIRs using the Crime and Criminal Tracking Network and Systems or State portals, mostly in property offences where the accused is unknown, the Law Commission has recommended e-FIR for all cognisable offences where the accused is not known, without discussing other related aspects. For example, the accused may initially be unknown in a case of kidnapping where not only immediate medical examination of the victim may be important, but also timely visit to the scene of crime. In fact, interaction with a police officer is valuable in solving blind crimes. An experienced police officer may extract a lot of information from the complainant or victim, which may help in finding the culprit.

Though the option to approach a police station for reporting any cognisable offence shall always be open, the legally permissible period of three days may give a false impression to a common man that it will not affect his case in that period. The complainant may not understand the nuances of a crime. Therefore, only cases where human interaction can be postponed for a limited period without having an adverse impact on the case may be permitted to be registered electronically.

The Commission has also not discussed using the 'e-authentication technique or digital signature' as defined in the Information Technology (IT) Act, 2000, for signing complaints. Under the Act, any information 'rendered or made available in an electronic form; and accessible so as to be usable for a subsequent reference' is legally acceptable. Similarly, any electronic record can be authenticated by 'such electronic signature or electronic authentication technique which is considered reliable...' Thus, one can imply that in case a paper-based signed complaint is to be replaced by an equivalent document in electronic form, one must affix electronic signature or use e-authentication technique notified by the government in the Second Schedule to the IT Act.

In 2015, 'e-authentication technique using Aadhaar e-KYC services' was notified in the Second Schedule as a legally recognised technique. This is widely used by the income tax department to facilitate filing of returns electronically. The law also recognises 'digital signature' which uses an asymmetric cryptosystem and hash function. Without affixing digital signature or using e-authentication technique, an electronic record transmitted to the police would legally be considered not more than an unsigned complaint. Therefore, it would be better if the use of e-authentication technique is mandated for the verification of complainant, and an e-FIR is registered immediately.

R.K. Vij is a retired Indian Police Service Officer. Views are personal

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POLL TIMING: THE HINDU EDITORIAL ON THE EXTENSION OF THE PRADHAN MANTRI GARIB KALYAN ANNA YOJANA

Relevant for: Developmental Issues | Topic: Government policies & interventions for development in various Sectors and issues arising out of their design & implementation incl. Housing

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The Union government's move [to extend the free foodgrains scheme for the next five years](#) is welcome as it will continue to provide food security to large sections of vulnerable people. Based on National Food Security Act (NFSA) entitlements, the scheme, the [Pradhan Mantri Garib Kalyan Anna Yojana \(PMGKAY\), benefits about 80.4 crore](#) people, under the categories of Antyodaya Anna Yojana (poorest of the poor) and priority households. They will continue to receive five kg of rice or wheat or coarse grains a person every month. The provision of free foodgrains was introduced at the all-India level during the COVID-19 pandemic, though in vogue in States such as Tamil Nadu. At the time, the entitlements of NFSA beneficiaries were doubled and the nomenclature of PMGKAY was affixed. Between April 2020 and December 2022, 1,015 lakh tonnes were distributed at a subsidy of 3.45 lakh crore. At the end of 2022, the [Centre announced free grains](#) under the normal entitlements to States and Union Territories for a year while discontinuing the enhanced entitlement.

On the flip side, the way in which the latest move is sought to be implemented raises questions. At an election rally last week in Durg, Chhattisgarh, Prime Minister Narendra Modi made the announcement, which should be viewed as a violation of the model code of conduct as Mr. Modi used his official position to talk about the extension of the scheme (due to lapse at the end of next month). There was no urgency on his part to have made the announcement then, and in an election rally, especially when there was sufficient time to do so even after the declaration of results, scheduled for December 3. The purpose seems to have been to impress voters, and reap political dividends. There is a view linking the PMGKAY's previous avatar to the [Bharatiya Janata Party's victory](#) in the [2022 Assembly election in Uttar Pradesh](#). Even the Congress, which criticised the announcement as an "indication of the continuing economic distress and growing inequalities," did not find anything amiss. The scheme is meant for the entire country and not just the five States facing elections — they account for roughly 17% of the total beneficiaries. On the fiscal front, the extension may not cause serious problems as the food subsidy bill is about 7.5% of the revenue receipts of the Union government. On an average, the economic cost of rice and wheat grew by 5.7% annually over the last seven years. Also, the extension will cost about 15,000 crore more each year, which is manageable. However, governments, Centre and States, should ensure the elimination of leakages in the Public Distribution System so that the benefits of the extension go to the deserving.

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WHO HAILED INDIA'S SUCCESS IN MANAGING TB: UNION HEALTH MINISTRY

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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November 08, 2023 08:20 pm | Updated November 09, 2023 03:04 am IST - NEW DELHI

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Medical students and school children form a human chain that reads "TB" to mark the World Tuberculosis Day. File | Photo Credit: PTI

India has made tremendous progress in improving case detection and reversed the impact of COVID-19 on the tuberculosis (TB) programme, noted the [World Health Organization's](#) (WHO) 'Global TB Report 2023' released earlier this week, the Union Health Ministry said on Wednesday.

TB treatment coverage, according to the report, has also improved to 80% of the estimated TB cases, an increase of 19% over the previous year.

India's efforts have resulted in the reduction of TB incidence by 16% from 2015 to 2022, almost double the pace at which global TB incidence is declining (which is 8.7%). TB mortality has also reduced by 18% during the same period in India, and globally.

"The WHO has made a downward revision of TB mortality rates from 4.94 lakh in 2021 to 3.31 lakh in 2022, a reduction of over 34%," a release issued by the [Health Ministry](#) said.

It added that in the 'Global TB Report 2022', the WHO and the Ministry of Health & Family Welfare, Government of India, had agreed to publish the data for India as "Interim" with an understanding that the WHO would work with the Ministry's technical team to finalise the figures.

The report notes that India's intensified case detection strategies resulted in the highest ever notification of cases in 2022, when over 24.22 lakh TB cases were notified, surpassing the pre-COVID-19 pandemic levels. Key initiatives launched and scaled up by the government include active case finding drives, scaling up molecular diagnostics at the block level, decentralisation of screening services via the Ayushman Bharat Health and Wellness Centres, and private sector engagement have resulted in significantly bridging the gap in missing cases.

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WOMEN IN RED: THE HINDU EDITORIAL ON AN OPTIMUM MENSTRUAL HYGIENE POLICY

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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November 10, 2023 12:10 am | Updated 12:10 am IST

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Only in an 'unseeing' world would the judiciary need to set the government a deadline to do the obvious. The Supreme Court of India [gave the Centre four weeks to finalise an optimum menstrual hygiene policy](#) with focus on the distribution of sanitary napkins. The Chief Justice of India, D.Y. Chandrachud, further directed the government to set down a national model for the number of girls toilets per female population across government-aided and residential schools in the country. Menstruation is the reality for women of a particular age demographic, naturally involving a substantial percentage of half the population in the country. It is only now, over three quarters of a century after Independence, that India has come closest to even drawing up a menstrual hygiene policy. While advancements over the years, and expanding urbanisation, have brought menstrual hygiene products within reach of a larger group of young women, affordability is still an issue; access hurdles stand in the way of a wide swathe of women in semi-urban and rural areas. The evidence for this is apodictic: as per the latest National Family Health Survey-5 (NFHS), 73% of rural women and 90% of urban women use a hygienic method of menstrual protection. There was a significant improvement in the percentage of women aged 15-24 who use a hygienic method of protection during their menstrual cycle, this rose from 58% in NFHS-4 to 78% in NFHS-5, primarily sanitary napkins, cloth and locally prepared napkins. The survey also revealed the close link between education and preference for hygiene — women who have received 12 or more years of schooling are more than twice as likely to use a hygienic method compared to those with no schooling. An irrefutable link has been established between menstruation and dropping out of school, because of stigma, and patchy or no access to sanitation (in terms of access to products, toilets and water). That little has been done to address this all these years reeks of callousness.

The Centre told the Court that a draft policy had been circulated for comments from various stakeholders and that it would be ready in four weeks. A policy is only half a revolution; to complete the circle, it is crucial the government ensures access to affordable menstrual hygiene products for all menstruating girls, but also clean toilets and water wherever the women may need them. Besides, the policy should also cater to the entire lifecycle of menstruation, providing for the entire range of health and social sequelae that result from it. The government must see, cognise, and commit to serve India's women.

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OVER THE TOP: THE HINDU EDITORIAL ON MAHUA MOITRA AND THE LOK SABHA ETHICS PANEL'S DISQUALIFICATION RECOMMENDATION

Relevant for: Developmental Issues | Topic: Government policies & interventions for development in various Sectors and issues arising out of their design & implementation incl. Housing

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November 11, 2023 12:20 am | Updated 08:29 am IST

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The alacrity with which the Lok Sabha Ethics Committee went about [recommending the expulsion of Trinamool Congress Member of Parliament \(MP\) Mahua Moitra](#) from the lower House is certainly not a sign of any fidelity to ethics, or fairness. The recommendation is a brazenly partisan attempt to silence a critic of the government. It is also a warning shot meant to intimidate MPs from doing their job of holding the executive accountable. Neither the process nor the conclusions of the committee are grounded in any decipherable principle. The committee, with the help of the Ministry of Electronics and Information Technology found that the MP's credentials were used online from Dubai 47 times to access the Parliament portal. Parliamentary questions were submitted from abroad. As Opposition members in the committee have pointed out, the drafting and the submission of questions are routinely done by aides of MPs. And MPs raise questions in Parliament based on representations from various constituents. To assume without solid evidence that any question is in exchange of material favours and then to expel an elected MP, is an assault on parliamentary democracy itself. The committee is calling upon the government to investigate the allegation of 'quid pro quo' raised by one of its members against Ms. Moitra, after holding her guilty, turning the principle of natural justice on its head.

If MPs are barred from sharing their login credentials with others, the rule must equally apply to one and all. Now that the committee has taken this extreme step of calling for the expulsion of an elected member from the House, thereby depriving the voters of her constituency representation, it should also investigate how other MPs prepare and submit parliamentary questions. The selective investigation of one MP, based on insinuations and conjectures, clearly comes out as what it is — intimidation. It is also in stark contrast with the tardy response of the Lok Sabha Committee of Privileges to a serious complaint against Bharatiya Janata Party MP Ramesh Bidhuri who used derogatory communal slurs against a fellow member in the Lok Sabha. That a member can abuse and threaten another member on the floor of the House is a matter of serious concern. That said, Ms. Moitra's act of allowing a person who is not employed by her to execute official work on her behalf betrays a lack of discretion and judgement. This should act as a lesson for all those who seek to hold the government accountable: to keep themselves beyond reproach.

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REVAMPING THE CRIMINAL JUSTICE SYSTEM TO FIT THE BILL

Relevant for: Developmental Issues | Topic: Important Aspects of Governance, Transparency & Accountability including Right to Information and Citizen Charter

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November 11, 2023 12:16 am | Updated 09:11 am IST

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'The Bills they provide an opportunity for an overhaul of the laws underlying the criminal justice system' | Photo Credit: AFP

The [Government has introduced three Bills](#) to replace the core laws, i.e., the Indian Penal Code (IPC), 1860, the Code of Criminal Procedure (CrPC), 1973, and the Indian Evidence Act (IEA), 1872, which form the basis of the criminal justice system. These Bills are being [examined by the Parliamentary Standing Committee on Home Affairs](#). (The [Bharatiya Nyaya Sanhita Bill](#) will replace the IPC; the [Bharatiya Nagarik Suraksha Sanhita Bill](#) will be in place of the CrPC, and the Bharatiya Sakshya Bill will replace the IEA.)

As these Bills replace the entire Acts — and are not merely Amendment Bills to fix some gaps — they provide an opportunity for an overhaul of the laws underlying the criminal justice system. This raises the following questions — Do they update the law to reflect the concepts of modern jurisprudence? How do these Bills relate to various special laws? Do they help unclog the criminal justice system? Are various definitions and provisions drafted well without ambiguity?

There are seven issues related to modernising jurisprudence. First, whether these Bills exclude civil law. Usually, criminal law deals with issues that are seen as an offence against the broader society or state while civil law deals with loss to a person. However, the CrPC includes provisions for maintenance of wife and children after divorce. It also allows compounding of some offences by the affected person, which means the accused person is acquitted. For example, a person who is cheated may decide to acquit the accused person. The question is whether such matters should be dealt with under the civil code. The new Bills retain these provisions.

Second, whether these Bills create a reformatory system rather than a punitive system. There is a move towards this by making community service as a form of punishment. However, several minor offences (such as keeping an unauthorised lottery office, which carries a maximum penalty of six months imprisonment) are not compoundable, which means they will go through the process of trial and conviction.

Third, whether maintenance of public order and the process of criminal prosecution should be in the same law. The CrPC has provisions charting out the process of arrest and trial as well as

items such as Section 144 that empower the district magistrate to impose various restrictions. The new Bill retains this structure.

Fourth, whether various directions of the Supreme Court of India have been codified in these proposed laws. The Bill codifies the procedure for mercy petitions. However, there is no codification of various directions related to arrests and bail.

Is there a need to replace the IPC, CrPC and IEA?

Fifth, whether the Bills try to ensure consistency of implementation. Typically, penalties for offences specify a range, with the judge expected to specify the sentence within the range based on the circumstances of each case. However, for some offences, the range may be very wide; for example, the punishment is upto 10 years imprisonment if a person cohabits with a woman whom he falsely convinces that he is married to her. That is, the judge may pronounce a sentence anywhere between one day and 10 years. The new Bill retains such wide ranges.

Editorial | [Rebooting the codes: On the IPC, CrPC and Evidence Act](#)

Sixth, whether the age provisions have been updated for modern norms. The IPC specifies that a child below the age of seven years cannot be accused of an offence. It provides such exemption until 12 years of age, if the child is found not to have attained the ability to understand the nature and consequences of his conduct. The question is whether these age thresholds should be raised.

Seventh, whether gender related offences have been updated. The Bill is in line with the Supreme Court judgment which struck down the offence of adultery. Section 377 of the IPC, which was read down by the Court to decriminalise same sex intercourse between consenting adults has been dropped; consequently, the parts retained by that judgment including rape of a male adult and bestiality have also been removed. The Justice Verma Committee, in 2013, had recommended making marital rape an offence; this has not been done.

The IPC was enacted in 1860 as the principal law specifying offences and penalties. Since then, several laws have been enacted to deal with specific offences. However, the IPC and the Bill to replace it continue to specify some of these offences and the applicable penalties. This leads to duplication as well as inconsistency across these laws. In some cases, the penalties are different; also, a person may face prosecution under different laws for the same action.

In some cases, this has been addressed. For example, the Legal Metrology Act, 2009 states that provisions of the IPC related to weights and measures will not apply; the Bill removes these provisions. However, the Bill (like the IPC) overlaps with several other Acts such as those related to food adulteration, sale of adulterated drugs, bonded labour, and rash driving. Abortion continues to be an offence though it is permitted under certain conditions under the Medical Termination of Pregnancy Act, 1971. The Bill replacing CrPC retains the provision requiring maintenance of a parent though a special Act was passed in 2007 regarding this.

The Bill replacing the IPC provides a person suffering from mental illness as a general exception from being an offender (this was called unsound mind earlier). The definition of mental illness is the same as in the Mental Healthcare Act, 2017. That Act aims to provide medical treatment to persons suffering from mental illness, and, therefore, excludes mental retardation or incomplete development; it also includes abuse of alcohol or drugs. Consequently, the new Bill will provide full exemption to someone who is addicted to alcohol or drugs but not to a person who is unable to understand the consequences of their actions due to mental retardation.

Also read | [New criminal laws will have no bearing on UAPA and MCOCA: official](#)

The three laws had a number of illustrations from daily life to clarify their provisions. Some of these illustrations have become obsolete but have still been retained. These include people riding chariots, firing cannons and being carried on palanquins. It may be useful to update these illustrations to events from modern life.

These Bills will become the basis of the criminal justice system. Parliament should examine them with great care so that they create a fair, just and efficient criminal justice system.

M.R. Madhavan works with PRS Legislative Research, New Delhi

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REMISSION OF DIABETES, DESIRABLE, BUT NOT ESSENTIAL

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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November 14, 2023 01:15 am | Updated 01:15 am IST

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'The ultimate aim of the treatment of diabetes is to have a diabetes complications-free life' |

Photo Credit: Getty Images/iStockphoto

The concept of a reversal of diabetes has become very popular recently. Several commercial organisations have jumped on the bandwagon of a 'reversal of diabetes' and are making tall claims. Therefore, it is important to consider the pros and cons of a reversal of diabetes.

First, the term 'reversal' of diabetes is scientifically incorrect; the appropriate term is 'remission' of diabetes. Reversal implies that the condition has permanently reverted to normal and a cure has been achieved. 'Remission' implies that diabetes has only gone away temporarily. We know for instance that cancer can go into remission, but can come back in a more virulent form.

Diabetes is not a single condition but consists of several types. When we talk of remission of diabetes, we are referring most often to type 2 diabetes. However, there are other forms of diabetes such as type 1 diabetes where long-term remission is very unlikely to occur.

Can everyone with type 2 achieve remission? Some diabetes reversal programmes claim that they can reverse type 2 diabetes at any stage of the disorder. This is not true.

There are certain individuals with type 2 diabetes who are more likely to achieve remission. This can be identified by the letters ABCDE. A refers to A1c (glycated haemoglobin) which should not be very high; B refers to Body Mass Index (BMI) or body weight. If it is high, you are more likely to achieve remission due to weight loss; C stands for C-Peptide, a measure of insulin secretion. If it is good, you can achieve remission more easily; D stands for Duration of diabetes; the shorter the duration, the greater the chances of remission; and E stands for an Enthusiastic individual who is keen to achieve remission.

One should remember that even if one achieves remission of diabetes only for a few months or years, it is still worthwhile because it leads to a good 'legacy effect' which provides protection from complications caused by diabetes.

What about those who cannot achieve remission? Should they be disheartened? Definitely not. Indeed, in my experience, the majority of people with type 2 diabetes would find it difficult to achieve long-term remission of their diabetes. Even among those who do so, in the majority of

cases, diabetes returns after a few months; the severity of the diabetes is often much worse than when it was before the person went into remission.

I would like to reassure people who do not achieve remission that nothing is lost. My experience over the last four to five decades has taught me that all that is needed to have a long and healthy life despite diabetes is to follow another set of ABCD-linked mantras: A: A1c or glycated haemoglobin should be below 7% (or if possible even below 6.5%); B: Blood Pressure should be less than 130/80 mm/Hg L or as appropriate for the age; C: Cholesterol (LDL cholesterol) should be less than 50 mg/dl or at least below 70mg/dL; D: Discipline which includes healthy diet, exercise and frequent check-ups with your diabetologist.

We were among the first to show that if ABCD is maintained, people with diabetes can live long and healthy lives. Indeed, 50 or 60-years of survival with diabetes and with no complications whatsoever, is possible.

The ultimate aim of the treatment of diabetes is to have a diabetes complications-free life. Today, diabetes remains sub-optimally controlled which is why it is the leading cause of blindness, amputation, heart attacks, stroke, kidney failure and impotence. Very often we find people in the prime of their life affected by one or more of these devastating complications which affects not only the individual but also his or her family. It can ultimately even impact the economy of the country.

According to our recent Indian Council of Medical Research–India Diabetes (ICMR-INDIAB) study, there are currently 101 million people with diabetes and 136 million people with prediabetes in India. In those with prediabetes, preventing the majority of these individuals from developing diabetes for a considerable number of years is possible with just lifestyle modifications. In those who already have diabetes, we should, of course, try to achieve remission of diabetes. But if this is not possible, meeting the ABCD guidelines of the treatment of diabetes will ensure that they can all live a long and healthy life without any diabetes-linked complications.

Even though we may not be able to make India ‘diabetes free’, my dream is that we can at least have a ‘diabetes complications-free India’. On the occasion of World Diabetes Day (November 14), let us rededicate ourselves to achieve this dream.

Dr. V. Mohan is Chairman, Dr. Mohan’s Diabetes Specialities Centre and the Madras Diabetes Research Foundation, Chennai

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DIABETIC RETINOPATHY — A COMPLICATION TO WATCH OUT FOR, AND GUARD AGAINST

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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November 13, 2023 10:26 pm | Updated 10:31 pm IST

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Representational file image | Photo Credit: The Hindu

“Ten years of living with diabetes, and now I face losing my sight,” says Anita, a teacher from Mumbai. Her story mirrors the [journey of millions worldwide](#). Diabetes is not just about managing blood sugar levels, and can lead to severe complications like diabetic retinopathy, affecting the retina and potentially cause blindness.

India, often [called the “Diabetes Capital of the World,”](#) currently grapples with over 101 million cases. This number is expected to rise to 125 million by 2045. But this is not just an Indian crisis — it’s a global emergency. In simple terms, diabetic retinopathy damages the blood vessels of the retina, the back portion of the eye. Without early detection and treatment, it can lead to irreversible blindness. Let’s look at some of the risk factors for this:

- 1. Urban vs. Rural Dynamics:** Higher prevalence in urban areas but equal risk of retinopathy in both settings
- 2. Socioeconomic Impact:** More common in upper socioeconomic classes, but retinopathy crosses economic boundaries
- 3. Age and Duration of Diabetes:** Early onset and longer duration significantly increase risks
- 4. Diet and Lifestyle:** Poor diet and obesity are key contributors
- 5. Genetic Influences:** Some are genetically more susceptible.

Also read: [Explained | How can India tackle its diabetes burden?](#)

Over the years, advancements in the field have led to innovative screening methods, including enhanced innovative screening methods, enhanced techniques for early detection using AI. New treatment approaches include breakthroughs like Anti-VEGF therapy and laser treatments, while long-term management strategies continue to emphasise on regular monitoring and holistic care.

Here is some practical advice for prevention and care: Regular eye exams are crucial for early

detection. Annual screening is recommended for all diabetics. Managing diabetes is about achieving effective control of blood sugar, blood pressure, and cholesterol levels. A balanced diet, regular exercise, and weight management are key to reducing risks. It will be useful to encourage community and family support for lifestyle modifications and regular check-ups.

(For top health news of the day, [subscribe](#) to our newsletter Health Matters)

Despite the severity of the situation, there's a lack of awareness, and cost, time, and accessibility are significant barriers. On this World Diabetes Day, we push for better education and access to care, highlighting the theme "Access to Diabetes Care."

This theme resonates deeply with the efforts to combat diabetic retinopathy. In the realm of ophthalmology, the integration of comprehensive screening guidelines, awareness campaigns, and timely diagnosis becomes pivotal. This also emphasises the importance of education for individuals living with diabetes. This educational initiative aims to enhance accessibility to quality information, ensuring early diagnosis and promoting lifestyle changes to mitigate the prevalence of diabetes and its ocular complications.

(Rajiv Raman is Senior consultant Sankara Nethralaya, Professor of practice, IIT, Madras)

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GOI AND ADB SIGN \$400 MILLION LOAN TO SUPPORT URBAN SERVICES BY CREATING HIGH QUALITY URBAN INFRASTRUCTURE, IMPROVING SERVICE DELIVERY, AND PROMOTING EFFICIENT GOVERNANCE SYSTEMS

Relevant for: Developmental Issues | Topic: Government policies & interventions for development in various Sectors and issues arising out of their design & implementation incl. Housing

The Government of India today signed a \$400 million policy-based loan with Asian Development Bank (ADB) to support its urban reform agenda for creating high quality urban infrastructure, improving service delivery, and promoting efficient governance systems.

The signatories to the loan agreement for the Sub-programme 2 of the Sustainable Urban Development and Service Delivery Programme were Ms. Juhi Mukherjee, Joint Secretary, Department of Economic Affairs, Ministry of Finance, signing for the Government of India, and Takeo Konishi, Country Director of ADB's India Resident Mission, signing for the ADB.

While Sub-programme 1 approved in 2021 with a financing of \$350 million established national-level policies and guidelines to improve urban services, Sub-programme 2 is supporting investment planning and reform actions at the state and urban local body (ULB) levels.

After signing the loan agreement, Ms. Mukherjee stated that the programme supports the Government of India's urban sector strategy with a focus on urban reforms aimed at making cities livable and centres of economic growth through provisioning of inclusive, resilient and sustainable infrastructure.

"Sub-programme 2 supports the reforms initiated by the states and the ULBs in operationalising the national flagship programme of Atal Mission for Rejuvenation and Urban Transformation (AMRUT) 2.0 targeted for universal access of water supply and sanitation," said Mr. Konishi. "The sub-programme also supports other mission objectives for ensuring urban water security through reducing water losses, recycling treated sewage for non-domestic use, rejuvenation of water bodies, and maintaining sustainable ground water level."

The programme also envisages integrated urban planning reforms to control urban sprawls and foster systemic and planned urbanisation through enhancing the entire ecosystem of legal, regulatory, and institutional reforms along with capacity building of ULBs and community awareness. Specifically, ULBs will promote modernisation of building bylaws, land pooling, urban agglomeration, and comprehensive urban mobility planning through transit-oriented development to help cities become well-planned centres of economic growth. Such integrated planning processes will incorporate climate and disaster resilience, promote nature-based solutions, improve urban environment, and improve cities' financial sustainability through generation of additional revenues.

Moreover, cities will be incentivised to become creditworthy through various reforms on enhancing their revenues such as property taxes and user charges, improve their efficiencies and rationalize their expenditures. This will substantially help cities to mobilise innovative financing such as commercial borrowings, issuance of municipal bonds, sub sovereign debts, and public-private partnerships to bridge significant deficits in urban infrastructure investments.

NB/VM/KMN

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"Sub-programme 2 supports the reforms initiated by the states and the ULBs in operationalising the national flagship programme of Atal Mission for Rejuvenation and Urban Transformation (AMRUT) 2.0 targeted for universal access of water supply and sanitation," said Mr. Konishi. "The sub-programme also supports other mission objectives for ensuring urban water security through reducing water losses, recycling treated sewage for non-domestic use, rejuvenation of water bodies, and maintaining sustainable ground water level."

The programme also envisages integrated urban planning reforms to control urban sprawls and foster systemic and planned urbanisation through enhancing the entire ecosystem of legal, regulatory, and institutional reforms along with capacity building of ULBs and community awareness. Specifically, ULBs will promote modernisation of building bylaws, land pooling, urban agglomeration, and comprehensive urban mobility planning through transit-oriented development to help cities become well-planned centres of economic growth. Such integrated planning processes will incorporate climate and disaster resilience, promote nature-based solutions, improve urban environment, and improve cities' financial sustainability through generation of additional revenues.

Moreover, cities will be incentivised to become creditworthy through various reforms on enhancing their revenues such as property taxes and user charges, improve their efficiencies and rationalize their expenditures. This will substantially help cities to mobilise innovative financing such as commercial borrowings, issuance of municipal bonds, sub sovereign debts, and public-private partnerships to bridge significant deficits in urban infrastructure investments.

NB/VM/KMN**END**

WORLD DIABETES DAY

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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A Chennai healthcare worker checks blood pressure and diabetes. Image for representational purpose only. | Photo Credit: The Hindu

Vanathi, a 39-year-old single mom, who works as a maid in three homes has been diagnosed with diabetes. Her parents do not have diabetes and she is not overweight. She did however have a very traumatic relationship with her abusive husband who died of alcohol-related complications a year ago. As the only earning member of the family and two high school-going children, she finds managing her diabetes a real challenge. Her inability to afford healthy foods, medications, and self-monitoring supplies, and the added stigma of diabetes have caused her considerable distress.

(For top health news of the day, [subscribe](#) to our newsletter Health Matters)

Why did Vanathi develop diabetes and what could she have done about it?

Each year, November 14 is marked as World Diabetes Day. The International Diabetes Federation selects a theme for the year and there are worldwide awareness and advocacy efforts around the theme. This is not only necessary but critically vital to help contain the rapid rise in the prevalence of diabetes and its complications.

There are currently [540 million persons living with diabetes globally](#) and the vast majority live in middle- and low-income countries. Diabetes has long been thought of as a problem of the old, and the affluent but the ground reality is entirely different. In many metros in India, the poor have more diabetes than the rich. The urban-rural divide is blurring. If genetics and ethnicity are the only major risk factors, why are the numbers of persons with diabetes multiplying at such an alarming rate in such a short time? The reasons are many. Keeping with the theme of WDD 2023, I have listed the existing and emerging risk factors [There are likely many yet-to-be-discovered risk factors].

A family history of diabetes (grandparents, parents, siblings) increases significantly the risk for type 2 diabetes. This is what we call a non-modifiable risk factor.

Response: every effort must be made to have family members of persons with diabetes screened periodically and begin proactive efforts to prevent or postpone the development of diabetes.

Certain ethnic groups seem to be at much greater risk for developing diabetes. The Asian ethnic group [Includes Indians, who are part of the South Asian group] has the world's highest number of persons with diabetes, and rising tremendously due to risk factors like low birth weight, nutrition transition, genetics, urbanisation, and social determinants of health like poverty and environmental factors.

Response: Screening for diabetes at the appropriate age and regular intervals. Lifestyle changes to lower risk and policy level changes to address air pollution, built environment, and food security.

Also Read | [Explained: How can India tackle its diabetes burden?](#)

The obesity epidemic is fuelling the rise in diabetes in a big way. The National Family Health Survey 5 has shown that obesity continues to rise especially in women. Obesity also predisposes to prediabetes, gestational diabetes and amplifies certain complications of diabetes.

Response: Healthy eating from childhood and throughout life, physically active lifestyle, policy level changes for an enabling environment. School-level education about healthy eating and physical activity and workplace wellness initiatives.

Hypertension is both a driver of diabetes and a frequent companion of diabetes. Both are often dismissed Together it is double jeopardy and raise the risk for kidney and heart disease considerably.

Response: Screening for diabetes and optimizing BP control in individuals with hypertension.

Nearly 10-15% of pregnant women in India develop gestational diabetes and 25% of women in SE Asia are reported to have high sugars during pregnancy. The big challenge is the increased risk of diabetes in the mother within 5-10 years of the pregnancy and her child at a relatively young age.

Response: Prevention of gestational diabetes with good preconception care and focusing on prevention of childhood and adolescent obesity through school and college-based awareness programs.

Breastfeeding is known to decrease the risk of diabetes after GDM [in the mother]

Women with GDM must have their blood sugars retested 6-12 weeks after their delivery and periodically even if their initial results were normal. The next pregnancy must be planned well with preconception testing and care.

The intake of excess calories can lead to weight gain which is a well-known driver of diabetes. The composition of the diet also matters. Increased intake of red meat, sugary foods, artificially sweetened drinks, high-calorie junk foods, white rice, deep fried and salty foods have been implicated in causing diabetes

Response: Inclusion of vegetables, fruits, nuts, seeds, millets, good quality protein [fish, chicken, egg whites, lentils/ dhals. dairy] and portion control in addition to avoiding sugar-sweetened and diet drinks and high-calorie snacks.

Lack of physical activity and prolonged sitting are well-established risk factors for type 2 diabetes. Several of the drivers of diabetes such as obesity, high blood pressure, unfavorable cholesterol profile, and insulin resistance are increased or amplified by a sedentary lifestyle.

Response: An active lifestyle from childhood and throughout life significantly lowers the risk of developing diabetes. Including brief periods of activity [10 mins every 1-2 hours] throughout the day or dedicating 30-60 mins of physical activity daily are recommended solutions.

This paradoxical phenomenon is explained by the Barker hypothesis. Babies born small [defined as below 2.5 kg for Indian babies' born full term] have changes in their organs [called programming] that predispose them to diabetes, heart disease, and hypertension. They are at greater risk if they are overfed after birth.

Response: The nutrition of pregnant women is critically important. Even more important is the health of women of reproductive age before they become pregnant. Undernutrition, nutritional deficiencies, anaemia, stress, hypertension, smoking, and air pollution can all lead to low birth weight. Good preconception care could ensure the optimisation of birth weight.

The first 9 months shape the rest of our lives.

There is strong evidence that links mental stress with the development of diabetes. Several mechanisms have been put forward. Stress causes a rise in serum Cortisol and Catecholamines which are counter insulin stress hormones and in inflammatory cytokines. In addition, stress may be associated with unhealthy eating, physical inactivity, poor sleep, smoking, and substance abuse.

Response: Developing coping skills through counselling, yoga, meditation, and mindfulness.

The chemicals in cigarettes and some of the metabolites of nicotine increase the risk of inflammation, insulin resistance, and oxidative stress, all of which predispose an individual to diabetes. This includes all forms of nicotine use.

Response: The only solution is to quit smoking. It may be challenging. Many smoking cessation programs can help. Large scale public health program are needed to prevent school and college students from any form of smoking .

Many aspects of caregiving may increase the risk for diabetes. Mental stress, depression, lack of time for self-care, time constraints for physical activity and routine health checks, financial difficulties, and poor sleep may all independently and or collectively raise the risk for diabetes. Caregiving can be an independent risk factor especially in the elderly and especially when associated with an unfavourable support system at work and at home.

Response Sharing caregiving responsibilities, dedicating time for self-care, pursuing stress-relieving activities/ hobbies, and practicing mindfulness, yoga, and meditation. Counselling and attending support groups may also help.

Insomnia, poor sleep habits, and obstructive sleep apnea are all associated with the risk of developing diabetes. Poor sleep may also be associated with smoking, alcohol use, obesity, and stress.

Response: Good sleep hygiene, 7-8 hours of sleep, and consulting a physician / a sleep medicine expert when appropriate. Addressing the root cause of poor sleep patterns is most important.

This is fast emerging as an important driver of many health issues including diabetes. An assortment of microbial organisms lives in our intestines playing an important role in immunity, and glucose metabolism. Dietary patterns, composition of the food, use of antibiotics, and

unhealthy foods can lead to changes in intestinal flora and permeability and inflammation Gut dysbiosis has also been linked with type 1 diabetes, gestational diabetes, and obesity.

Response: Healthy eating, avoiding antibiotic overuse and abuse, avoiding unwarranted C-section deliveries[the baby's gut flora is influenced by mother's normal vaginal flora] Foods rich in pre and probiotics can help.

Also Read | [Can community support, social welfare policies bridge the gender gap in diabetes care?](#)

The social determinants of health especially education level, food security, access to health care, and the built environment (crowded living spaces, lack of urban planning, air pollution) have an outsized role as drivers of noncommunicable diseases such as diabetes.

Vanathi is a striking example of this. She had financial difficulties, was resource-limited, had severe mental stress, and poor sleep. She could only afford inexpensive foods like rice and could not buy vegetables, dhals, and healthy proteins often. She also lived in a crowded small space. Her work schedule precluded her from seeking preventive health care. Her risk factors for developing diabetes are many but all are modifiable. Vanathi's current challenges need the support of her family, the community, and the health care system.

Age has always been considered as one. However unhealthy lifestyles and many of the risk factors listed above have made diabetes increasingly prevalent in men and women in their 20s, 30's and 40's.

Non-alcoholic fatty liver [now known as Metabolic dysfunction associated steatosis liver disease MASLD] is emerging as a risk factor. Persons with TB and HIV are also at greater risk for diabetes and so are individuals who have had Covid infection.

Response : Vaccinations, safe sexual practices, and screening for diabetes are the appropriate preventive strategies.

Polycystic ovary syndrome, the most common endocrine disorder in women of reproductive age has a severalfold higher risk for diabetes and gestational diabetes

Response: Frequent screening, good nutrition, weight management, and physical activity remain the best and most effective solutions.

Diabetes is preventable in 75% or more of the cases. Education, empowerment, and engagement are key to prevention. Knowing the risks and responses is the first step in that journey.

Be aware. Be proactive. Be free of diabetes and its complications.

(Dr Usha Sriram is head of Diabetes and Endocrinology, TAG Center, Voluntary Health Services, Chennai)

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SCHOLARSHIPS FOR HIGHER EDUCATION FOR YOUNG ACHIEVERS SCHEME (SHREYAS) FOR OBC & OTHERS

Relevant for: Developmental Issues | Topic: Education and related issues

The scheme Scholarships for Higher Education for Young Achievers Scheme- SHREYAS, has been proposed to implement during the 2021-22 to 2025-26 by placing two ongoing Central Sector schemes for OBC and others namely – (i) National Fellowship for OBC (ii) Dr.Ambedkar Central Sector Scheme of Interest Subsidy on Educational Loans for Overseas Studies for Other Backward Classes (OBCs) and Economically Backward Classes (EBCs).

The main objective of the schemes is Educational Empowerment of OBC & EBC students by way of awarding fellowship (financial assistance) in obtaining quality higher education and interest subsidy on educational loan for overseas studies.

The Scheme comprises following 2 components: **1. National Fellowship for OBC students**

The scheme aims at providing financial assistance to the OBC students in obtaining quality higher education leading to degrees such as M.Phil and Ph.D in universities, research institutions and scientific institutions.

The scheme is designed to provide a total number of 1000 Junior Research Fellowships per year to undertake advanced studies and research leading to M.Phil. /Ph.D. Degrees, who have qualified in the following tests: i) National Eligibility Test – Junior Research Fellowship (NET-JRF) of UGC (for Humanities/Social Sciences) or ii) UGC-Council of Scientific and Industrial Research (UGC-CSIR) NET-JRF Joint Test (for Sciences)

The scheme covers all universities/institutions recognized by the University Grants Commission (UGC) and are implemented by the UGC itself on the pattern of the scheme of UGC Fellowships being awarded to research students pursuing M.Phil. and Ph.D.

Salient features of the Scheme: The scheme is now implemented by the Ministry through the designated Central Nodal Agency; National Backward Classes Finance and Development Corporation (A Govt. of India Undertaking, under the administrative control of Ministry of Social Justice & Empowerment and All universities/institutions recognized by the University Grants Commission (UGC).

Eligibility conditions are as per notification for UGC-NET and CSIR-UGC-NET examinations. The rate of fellowship for JRF level is Rs.31000 per month and for SRF level it is Rs.35000 per month, besides contingencies amount. Out of 1000 slots available under this scheme, 750 will be allocated for the subjects under National Eligibility Test – Junior Research Fellowship (NET-JRF) of UGC and remaining 250 UGC-Council of Scientific and Industrial Research (UGC-CSIR) NETJRF joint test (for Science streams). These 1000 slots will be over and above the OBC Students selected under the normal reservation policy of the Government. At least 5% of the total seats should be reserved for students with disabilities while making selection of candidates for award of fellowships by the UGC.

Achievements: Rs.40.11 crore has been released during 2023-24 (pto 3rd Quarter)

Component 2. Dr. Ambedkar Scheme of Interest Subsidy on Educational Loans for Overseas

Studies for Other Backward Classes (OBCs) & Economically Backward Classes (EBCs)

“Dr. Ambedkar Scheme of Interest Subsidy on Educational Loans for Overseas Studies for Other Backward Classes (OBCs) and Economically Backward Classes (EBCs)”

This is a Central Sector Scheme to provide interest subsidy to the student belonging to the OBCs and EBCs on the interest payable for the period of moratorium for the Education Loans for overseas studies to pursue approved courses of studies abroad at Masters, M.Phil. and Ph.D. level.

Salient features of the Scheme: The scheme is implemented through the Canara Bank (the Nodal bank for the scheme). The Scheme is applicable for higher studies abroad. The interest Subsidy shall be linked with the existing Educational Loan Scheme of Indian Banks Association (IBA) and restricted to students enrolled for course at Masters, M.Phil and Ph.D level. The students should have secured admission in the approved courses at Masters, M.Phil or Ph.D levels abroad for the courses listed in the guidelines. For OBC candidates, total income from all sources of the employed candidate or his/her parents/guardians in case of unemployed candidate shall not exceed present Creamy Layer criteria. For EBC candidates, total income from all sources of the employed candidate or his/her parents/guardians in case of unemployed candidate shall not exceed Rs.5.00 lakh per annum , 50% of the total financial assistance is reserved for women candidates. Under the scheme, 100% interest payable by the students availing the education loans of the IBA for the period of moratorium (i.e. course period, plus one year or six months after getting job, whichever is earlier) as prescribed under the Education Loan Scheme of the IBA, shall be borne by the Government of India. After the period of moratorium is over, the interest on the outstanding loan amount shall be paid by the student, in accordance with the existing Educational Loan Scheme as may be amended from time to time. The candidate will bear the Principal installments and interest beyond moratorium period. Maximum limit of loan is Rs 20 Lakhs

MG/MS/VL

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NATIONAL HEALTH AUTHORITY (NHA) ORGANISES ACCELERATOR WORKSHOPS ON ABDM INTEGRATION AND NHCX ADOPTION IN ASSOCIATION WITH IRDAI

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

The National Health Authority (NHA) and the Insurance Regulatory and Development Authority of India (IRDAI) have joined hands to operationalize the National Health Claim Exchange (NHCX), a digital health claims platform developed by National Health Authority. This initiative is being undertaken in the context of a circular issued by IRDAI in June 2023, whereby the insurance regulator had advised all insurers and providers to onboard the NHCX.

The NHCX will serve as a gateway for exchanging claims-related information among various stakeholders in the healthcare and health insurance ecosystem. The integration with NHCX would enable seamless interoperability of health claims processing, enhancing efficiency and transparency in the insurance industry and benefiting the policyholders and patients.

In this regard, a three-day workshop was organized from 7th to 9th November in New Delhi, aimed mainly at hospital providers to onboard on the NHCX and insurance companies to fully integrate with the NHCX. This workshop was the third in a series of workshops that have been organized by NHA and IRDAI. The first two workshops were organized in August and October of this year and had participation from insurance companies and TPAs.

Over 150 professionals representing 45 organisations - insurance companies, TPAs, and hospitals have participated in these workshops. Considering the encouraging progress made by the insurance companies in these workshops, the organisations were advised to select their most popular retail product along with one network hospital to pilot the operationalization of NHCX.

This workshop saw participation from 10 hospitals, each assigned to an insurance company. The technical and business teams of these hospitals were guided by teams from NHA, IRDAI and NRCeS (National Resource Centre for EHR Standards) to onboard on the NHCX. At the end of the workshop, 10 hospitals namely Jupiter Hospital, Thane ; Kauvery Hospitals, Chennai; A J Hospital Research and Research Centre, Bengaluru ; Sarvodaya Hospital, Faridabad; Fortis Hospital, Gurugram; Fortis Hospital, Noida; Shri Balaji Action Hospital, Delhi; Sanar International Hospital, Gurugram; Centre for Sight, Dwarka, Delhi; and Narayana Hrudayalaya, Delhi were onboarded on the NHCX provider Registry.

In addition, the hospital/claim management systems (HMIS) of these hospitals, namely M/s Jupiter Hospitals, Kauvery Hospitals, Akhil systems, Kare Expert, Fortis Hospitals, Narayana Hrudayalya and Vitraya Technologies Private Limited were able to complete the requisite M1 integration of Ayushman Bharat Digital Mission (ABDM), which is an essential step to complete NHCX integration. The M1 integration enables a software to create and verify Ayushman Bharat Health Account (ABHA).

The workshop also saw completion of full integration with NHCX by eight insurance companies/TPAs, taking the total count to 12 insurance companies having successfully completed the NHCX integration. Four insurance companies, namely Aditya Birla Health Insurance, Star Health and Allied Insurance, Bajaj Allianz Insurance Company and HDFC Ergo

Insurance had already completed the full integration in the second workshop in October. During this workshop, seven insurance companies and one TPA, namely ICICI Lombard General Insurance, The New India Assurance Company, Care Health Insurance, Go Digit General Insurance, Acko General Insurance, Tata AIG General Insurance company, Paramount TPA, United India Insurance Company successfully completed NHCX integration.

To encourage adoption of digital health transactions and digitization of patient health records in the country, NHA has also announced financial incentives under the Digital Health Incentive Scheme (DHIS) from Jan 2023. Under the DHIS, to encourage efficiency in insurance claim processing, there is a provision that for every insurance claim transaction through NHCX, financial incentives of Rs 500 per claim or 10% of the claim amount, whichever is lower would be provided for the hospitals. More information on the DHIS is available here: <https://abdm.gov.in/DHIS>

Considering the enthusiastic participation by the insurance companies and providers, a full scale launch of this transformational initiative is expected soon. For more information on the National Health Claims Exchange (NHCX), see <https://sbxhcx.abdm.gov.in/>

MV/VP

HFV/NHA/ABDM/NHCX Workshops/14th November, 2023

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MV/VP

HFW/NHA/ABDM/NHCX Workshops/14th November, 2023

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FREE CANCER CARE ALONE WON'T HELP INDIA FIGHT CANCER

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A screening test for oral cancer at the World Cancer Day 2022 program at Uttahalli Public Health Center, Bengaluru, February 4, 2022. | Photo Credit: Murali Kumar K./The Hindu

By 2040, according to [one estimate](#), 20 lakh people a year will be diagnosed with cancer in India. Cancer is already the [third leading](#) cause of death in India. In the coming years, it is expected to take over heart disease and infections as well. The Indian health system has tried adjusting to these changing health needs, but there is a particularly important issue.

(For top health news of the day, [subscribe](#) to our newsletter *Health Matters*)

The money spent by a patient on an ailment is the [highest for cancer](#). The Pradhan Mantri Jan Arogya Yojana (PMJAY) has offered some respite by providing health insurance of Rs 5 lakh per family per year.

But despite this support, people are financially destroyed by cancer and its treatment. A [June 2023 study](#) reported that even among patients with PMJAY or other state-sponsored health insurance coverage, cancer treatment rendered catastrophic health expenses in more than 80% and impoverishment in more than 60% of people.

(The author is currently assessing the duration and reasons for delay in oral-cancer diagnosis and treatment at a government cancer care hospital in Delhi. The anecdotes that follow are from this assessment.)

The government provides free cancer care. These devastating costs arise in the private sector.

Also Read | [Explained: How accurate are India's cancer registries?](#)

Ideally, one's out-of-pocket expenditure (OOPE) for health should be zero. But the sheer burden of disease plus an underfunded public health system forces people to access care in the private healthcare system in India. This worsens the financial burden by adding to the direct and/or indirect OOPE. Direct medical OOPE includes doctor's consultation fees, cost of medicines, and medical tests, and direct non-medical OOPE includes costs of transport, accommodation, and food for people travelling to larger cities for treatment. Indirect OOPE accounts for loss of productive hours and/or income.

“The blood investigations here take at least 10 days to be reported,” a 60-year-old man with oral cancer seeking care in a government hospital in Delhi told me. “If I wait for the report, I will miss my next chemotherapy dose. The private lab charges Rs 300 but reports in a day.”

He has a family of six to look after and makes Rs 6,000 a month, so even Rs 300 was a struggle for him to arrange. Similarly, the waiting time for MRI scans in Delhi hospitals can be as long as two years, forcing patients – especially the ones with cancer – to get investigated at private centres.

Delays allow the disease to worsen, but they happen if patients have to struggle to get an early date for treatment in overburdened government hospitals.

“The earliest date for radiation therapy was available only after six months,” said a young man who was struggling to make ends meet and have his mother’s breast cancer treated. “We started chemotherapy here and are getting radiation therapy at a private centre. It is costing us 1.5 lakh rupees.”

The financial fallout of cancer is worse when it affects the breadwinner of the family. In an ongoing study by this author, nine out of ten patients with oral cancer either lost their jobs or stopped working after being diagnosed with cancer. Most of these people were the sole earning members of their families. Compared to the general population, people with cancer are at [seven times](#) greater risk of unemployment within five years after diagnosis.

Cancer diagnosis has a similar impact on caregivers. “I lost my job in the village as I have been in Delhi for the past year for my wife’s treatment for breast cancer,” said one man who now earns Rs 100-200 a day doing menial jobs in the city.

Since cancer care is concentrated in major cities, most people from rural India, where 60-70% of the country’s population lives, have to leave home and travel hundreds of kilometres to seek care. The cost of accommodation in these cities adds to their woes.

“Our rent is Rs 7,000 monthly and our son earns Rs 15,000 monthly,” one woman said through tears. “Since my husband was diagnosed with cancer, we have borrowed nearly three lakh rupees.” According to a [2021 study](#), the amount spent on accommodation, food, and travel by patients seeking care in JIPMER Puducherry was nearly 15-times the amount spent directly on medical care.

Even though the Indian Railways and Air India provide [concessions on travel tickets](#) for cancer patients, according to the author’s ongoing study, expenses for local transport contribute significantly as well.

“The bus ticket costs Rs 100 one way for the two of us to travel,” said one woman whose husband was receiving chemotherapy for oral cancer in a government hospital in Delhi. “On most days, he is too sick to travel by bus and auto-drivers charge Rs 350. Today, we had to borrow money from our neighbours to travel to the hospital for treatment.”

Borrowing money and selling assets has been identified to be a [common strategy](#) that disproportionately affects people from rural areas.

Governments have identified these issues in some parts of the country and made some efforts to address them. For example, in 2012, the Haryana government made transport for patients with cancer and one caregiver in public buses from their places of residence to their places of treatment free. Similar efforts have been made in [Kerala](#), where patients with cancer are eligible

for 50% concession on public bus tickets.

To improve compliance with care, patients travelling to seek care in Cachar Cancer Hospital and Research Center in Assam are given financial support for travel as well as free accommodation and food.

In 2017, Delhi launched the [Arogya Kosh scheme](#) to reduce the burden on public health centres and avoid [treatment delays](#). Here, residents of Delhi making less than Rs 3 lakh a year are eligible to get certain tests, like ultrasound and CT scans, in private health centres for free. However, [93% of people](#) seeking care in government hospitals in Delhi were found to be unaware of the scheme, reducing the scheme's uptake.

Haryana, Tripura, and [Kerala](#) have also floated a 'cancer pension' to financially assist patients with advanced-stage cancer: Rs 2,500 per month in Haryana and Rs 1,000 in Tripura and Kerala.

The most obvious solution to such post-cancer problems is to open publicly funded cancer care centres in every nook and corner of India. Of course, at this time, this sounds unrealistic and will require decades to implement.

But the fact is that until cancer care becomes as accessible as diabetes or hypertension care, we will need to continue to provide financial support to those who are suffering, either directly or indirectly, and their families. Free cancer care alone won't save our people from poverty and suffering.

Parth Sharma is a public health physician, researcher, and the founder of Nivarana.org, a public health information and advocacy platform.

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SAME-SEX MARRIAGES: A GRAVE ERROR IN THE LAW

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November 16, 2023 01:44 am | Updated 07:50 am IST

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Students at the Delhi University's North Campus in New Delhi protest against the Supreme Court's verdict on same-sex marriage. File | Photo Credit: ANI

In a long-awaited judgment in *Supriyo*, on October 17, the [Supreme Court held](#) that [same-sex couples do not have the right to marry under the Special Marriage Act](#). In doing so, the court not only laid down a fundamentally wrong interpretation of the Constitution but also overlooked its own precedents.

The petitioner's argument on the right to equality was simply this. Article 14 guarantees equality and equal protection of the law and Article 15 prohibits discrimination on grounds including sex. The Supreme Court has already held in *Navtej* (2018) while decriminalising homosexuality that 'sex' under Article 15 takes in 'sexual orientation'. When the state refuses to recognise marriages of homosexual couples, solely on this ground, it violates the constitutional guarantee of non-discrimination.

The majority judgment justifies the exclusion of the Special Marriage Act by saying that the object of the statute was not to discriminate against same-sex persons. Further, it is stated that absence of a law (to regulate same-sex marriages) does not amount to discrimination.

Both these arguments are misplaced. The doctrine of indirect discrimination, which simply means that the discriminator cannot escape the constitutional obligation by relying on the intent or object, has been now well established in Indian jurisprudence. Instead, the court must look at the impact of the law on a particular group (*Col. Nitisha v. Union of India, 2021*). Also, to say that mere absence of a law is not sufficient to claim discrimination misconceives the core of the issue raised by the petitioners. The claim is not that there is a right for the petitioners to have a law enacted by the state in the abstract. For instance, if ours was a marriageless state, no argument would arise premised on the privileges and benefits arising out of marriage. The argument is that the state has chosen to refuse to recognise one set of marriages on the ground of sexual orientation alone — and this is not pointedly met by the Bench.

The minority judgment, in fact, does not address the issue at all by holding that "this Court cannot either strike down the constitutional validity of SMA or read words into the SMA because of its institutional limitations". This simply puts the cart before the horse. It is precisely the institutional purpose of a constitutional court to examine whether the legislation in question is constitutional. Now to say that it will refuse to undertake this exercise because the exercise is

complicated runs counter to the established system of constitutional adjudication. Therefore, according to the court, even if a law were plainly unconstitutional, as long as there are difficulties in moulding the relief, that would be a sufficient reason to retain the unconstitutional law. This position of law, fortunately not accepted by the majority, is dangerous since this might simply mean the Parliament can avoid constitutional scrutiny by drafting laws in a way that requires the court to undertake a complex interpretive exercise.

This is, of course, not to say that the court must exceed its institutional role of that of an adjudicator. There are, of course, various policy matters for which the legislature is institutionally designed and possesses the necessary expertise. However, to conceive the issue of equal rights associated with marriage as entirely that of policy is problematic.

It is also curious to have this observation come from a court that has, in the past, issued guidelines and, in fact, resorted to judicial legislation. In *Visakha v. State of Rajasthan* (1997), the court, in the absence of a law for protection against sexual harassment, laid down detailed guidelines for how institutions must deal with complaints of sexual harassment. In *NALSA* (2014), the court directed recognition of the rights of 'third gender persons' and issued elaborate directions for the protection of transgender persons. Therefore, to stop short of constitutional examination, especially when a plausible interpretive exercise would have allowed the court to grant relief to the petitioners, does not fit well in our constitutional history.

Moreover, reading the Special Marriage Act so as to take in marriages of queer persons did not require the court to legislate. A creative interpretation of the law would have allowed the court to locate the right of marriage in the law, without having to take up the role of the legislature. Various interpretive techniques and solutions were suggested to the court which simply went overlooked.

Constitutional courts are significant in any democracy for they hold the executive and the legislature accountable for their actions. Their chief role is not to make suggestions to Parliament but to adjudicate instances of rights violations. In one of the directions of the judgment, the court records the submission by the Union government that a committee be chaired by the Cabinet Secretary to decide the entitlements of queer persons. This delegation is where the court simply abdicates its role. When a complaint of fundamental rights violation is brought before the judiciary, referring the question back to the alleged discriminator is simply irrational. It turns a question of rights into one of benevolence.

In *Baker v. Nelson* (1971), the United States Supreme Court, while declining to hold that same-sex marriage is protected under the Constitution, said: "This historic institution manifestly is more deeply founded than the asserted contemporary concept of marriage and societal interests for which petitioners contend. The due process clause of the Fourteenth Amendment is not a charter for restructuring it by judicial legislation." Then, 44 years later, the court remedied this mistake and overturned this judgment in *Obergefell v. Hodges* (2015), where it repelled the argument on the need to approach Parliament and said: "It is of no moment whether advocates of same-sex marriage now enjoy or lack momentum in the democratic process. The issue before the Court here is the legal question whether the Constitution protects the right of same-sex couples to marry." This is precisely what our Supreme Court got categorically wrong in *Supriyo*. Now, India needs to desperately wait for its *Obergefell* moment.

Thulasi K. Raj is a lawyer at the Supreme Court of India

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LIFE OVER DEATH: THE HINDU EDITORIAL ON DEATH PENALTY ABOLITION AND PARLIAMENTARY PANEL REPORT

Relevant for: Developmental Issues | Topic: Government policies & interventions for development in various Sectors and issues arising out of their design & implementation incl. Housing

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November 16, 2023 12:10 am | Updated 12:10 am IST

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It is disappointing that the parliamentary committee that examined the [Bharatiya Nyaya Sanhita \(BNS\)](#), the proposed criminal statute likely to replace the IPC, [has not made a recommendation to abolish the death penalty](#). Instead, the standing committee on Home Affairs, despite submissions from experts and jurists on abolition, chose to make a bland recommendation “that the matter may be left for the government to consider”. Its observation is limited to a remark that it “has understood that the reason for a passionate argument against the death penalty is that the judicial system can be fallible and to prevent an innocent person from being wrongly sentenced to death”. However, domain experts had made some persuasive submissions before the panel: that instances of trial courts awarding death were on the rise, whereas statistical trends showed that the Supreme Court of India was leaning away from capital punishment; that social scientists had demonstrated it had no deterrent effect and that global opinion was in favour of its abolition. The Court awarded the death penalty to only seven people from 2007 to 2022, while all death sentences were either set aside or commuted to life in 2023, as they did not fall under the “rarest of rare cases”.

Members who added notes of dissent to the report also highlighted the argument that capital punishment has been shown to be no deterrent; that imprisonment for the remainder of the convict’s natural life will be a more rigorous punishment and provide scope for reform; and that most of those on death row came from underprivileged backgrounds. They have also made the point that the three Bills proposing a new body of criminal law are substantially the same as the existing IPC, Code of Criminal Procedure and Evidence Act. If at all, Parliament moves to enact the draft Bills, with changes suggested by the parliamentary panel, it will be in the fitness of things if it is used as an occasion to reconsider the need to retain the death penalty. The BNS has defined ‘life imprisonment’ as a term for the remainder of one’s natural life, and this should be the default alternative to death sentences. The case for abolition will gain strength if the trend of seeking premature release of life convicts on political grounds is arrested and life terms without remission become more common. Remission should be a humanitarian act and never a source of political controversy. Removing capital punishment from the statute book and introducing a rational and universal remission policy will be a substantive reform in the justice system.

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HOW WAS THE FIRST VACCINE FOR CHIKUNGUNYA APPROVED?

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November 17, 2023 08:30 am | Updated 08:30 am IST

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The story so far: On November 9, the world's first vaccine for chikungunya was approved by the Food and Drug Administration (FDA) in the U.S. The vaccine has been developed by European vaccine manufacturer Valneva and will be available under the brand Ixchiq, and has been approved for administration in people who are 18 years or older, and are at increased risk of exposure to the virus. It was approved using the Accelerated Approval pathway, which allows the FDA to clear certain products for serious or life-threatening conditions based on evidence of a product's effectiveness that is likely to provide clinical benefit.

Chikungunya, is characterised by severe joint pain and impaired mobility, and comes with fever. It is a viral infection (CHIKV) transmitted primarily by the *Aedes aegypti* and *Aedes albopictus* mosquitoes and has been described as "an emerging global health threat."

The WHO fact sheet says Chikungunya is prevalent in Africa, Asia, and the Americas; but sporadic outbreaks have been reported in other regions. Since 2004, outbreaks of CHIKV have become more frequent and widespread, partly due to viral adaptations allowing the virus to be spread more easily by the *Aedes albopictus* mosquitoes. The joint pain is often debilitating and varies in duration; it can last for a few days, but also be prolonged over months. Other symptoms include joint swelling, muscle pain, headache, nausea, fatigue and rash. While severe symptoms and deaths from chikungunya are rare and usually related to other coexisting health problems, it is believed that the numbers are generally underestimated, because chikungunya is often misdiagnosed as dengue or zika, as symptoms can seem similar. As of now, there is no cure, only symptomatic relief, with analgesics to help with the pain, antipyretics for the fever, rest, and adequate fluids.

Prevention includes mosquito control activities, primarily falling under public health outreach and routine civic maintenance. Individuals are also advised to use medicated mosquito nets and ensure that there is no water stagnation in any containers at home, in order to prevent the breeding of mosquitoes.

Ixchiq is administered as a single dose by injection into the muscle. It contains a live, weakened version of the chikungunya virus and may cause symptoms in the vaccine recipient similar to those experienced by people who have the disease. Its safety was evaluated in two clinical

studies conducted in North America in which about 3,500 participants, 18 years of age and older, received a dose of the vaccine with the other study including about 1,000 participants receiving a placebo. The most reported side effects by vaccine recipients were headache, fatigue, muscle pain, joint pain, fever, nausea and tenderness at the injection site.

The effectiveness of the vaccine was based on immune response data from a clinical study conducted in the U.S. in individuals 18 years of age and older. In this study, the immune response of 266 participants who received the vaccine was compared to the immune response of 96 participants who received the placebo. The level of antibody evaluated in study participants was based on a level shown to be protective in non-human primates that had received blood from people who had been vaccinated.

Peter Marks, director of the FDA's Center for Biologics Evaluation and Research, added in the statement, "Today's approval addresses an unmet medical need and is an important advancement in the prevention of a potentially debilitating disease with limited treatment options." Hopefully, inspired by the fast-track pathway drawn up by research into COVID, this approval will fast track the roll out of vaccines in countries where chikungunya is more prevalent, including Brazil, Paraguay, India (as per the National Centre for Vector Borne Diseases Control, India had 93,455 suspected chikungunya cases until September in 2023), and parts of western Africa.

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WHO DECLARES LONELINESS AS A PRESSING GLOBAL HEALTH THREAT

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November 17, 2023 03:45 am | Updated 08:16 am IST - NEW DELHI:

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Representational image. | Photo Credit: Getty Images

Loneliness has been declared as a pressing global health threat with a mortality effect equivalent to smoking 15 cigarettes a day, according to the World Health Organisation (WHO).

The world organisation has now launched an international commission on the problem — led by U.S. Surgeon General, Vivek Murthy, and the African Union youth envoy, Chido Mpemba — of 11 advocates and government ministers, including Ralph Regenvanu, Minister for Climate Change Adaptation in Vanuatu, and Ayuko Kato, Minister in-charge of measures for loneliness and isolation in Japan.

The new commission on social connection aims to address loneliness as a pressing health threat, promote social connection as a priority and accelerate the scaling up of solutions in countries of all incomes.

“Running for three years, it will analyse the central role social connection plays in improving health for people of all ages and outline solutions to build social connections at scale,” noted a release issued by the WHO.

“High rates of social isolation and loneliness around the world have serious consequences for health and well-being. People without enough strong social connections are at higher risk of stroke, anxiety, dementia, depression, suicide and more,” said WHO Director-General Dr. Tedros Adhanom Ghebreyesus. “This WHO Commission will help establish social connection as a global health priority and share the most promising interventions.”

Dr. Murthy added that while loneliness is often seen as a problem for developed countries the rates of one in four older people experiencing social isolation are similar in all regions of the world.

The health risks are as bad as smoking up to 15 cigarettes a day, and even greater than those associated with obesity and physical inactivity, said Dr. Murthy, adding that these issues don't affect one country. “Loneliness is an underappreciated public health threat,” he warned.

According to the WHO, in older adults, loneliness is associated with a 50% increased risk of

developing dementia and a 30% increased risk of coronary artery disease or stroke. Additionally, between 5% and 15% of adolescents are lonely, according to research findings. However, these figures are likely to be underestimations, said the WHO.

“Loneliness transcends borders and is becoming a global public health concern affecting every facet of health, wellbeing and development,” said Mr. Mpemba. “Social isolation knows no age or boundaries.”

He added that young people experiencing loneliness at school are more likely to drop out of university. It can also lead to poorer economic outcomes; feeling disconnected and unsupported in a job can lead to poorer job satisfaction and performance.

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BRANDED, GENERIC AND THE MISSING INGREDIENT OF QUALITY

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November 17, 2023 12:10 am | Updated 02:38 am IST

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'There has to be periodic lifting of samples for testing' | Photo Credit: Getty Images/iStockphoto

Many patients seek or solicit a second opinion in a medical shop — that of the seller. Any school finalist or school drop-out who can read a doctor's prescription in English or mysterious scribbling will do. It need not be a qualified pharmacist. Queries range from, "Is this medicine too strong?" "What is this medicine for?" to "Does it have any serious side-effects?" The replies are supposed to be pro bono or free under the guarantee that the prescribed medicines will be bought from the same medical shop. The prescription may have been written out by the most famous cardiologist, neurologist or gastroenterologist, but it is the verdict in the medical shop that is accepted without any doubt. The same person will not ask any questions at a bar counter or liquor shop on whether alcohol is injurious to health, or what the chances are of developing fatty liver, cirrhosis and liver failure. Nor will he ask the person at a shop selling cigarettes whether cigarettes will affect his lungs or cause cancer. In a supermarket, customers ignore the insecticide coating on vegetables and fruits and will never ask a question about safer alternatives.

This is the reality of over-the-counter sales in India, where a salesperson can decide which brand of generic medicine (pharmacological compound) can be given to a patient. The prescribing doctor has no freedom to mention his favourite brand in which he has invested his faith in terms of quality. On August 3, 2023, the National Medical Council (NMC) directed all doctors to prescribe only generic names and not brand names which led to protests.

Brand names are shunned because many brands are costly. Generic names are much cheaper. In 1975, the Hathi Committee demanded that all brand names should be weeded out gradually. That only certain renowned and branded companies have quality is a myth propagated by the big pharma companies, with their expensive propaganda and unethical marketing techniques at work.

There is an alleged nexus between pharmaceutical companies and doctors who can be influenced to give in to unethical marketing and promotional offers or kick-backs. But the Indian Medical Association and allied professional organisations of specialists believe that improving access to affordable medicines is part of their ethical commitment to patients. A doctor's reputation on successful treatment depends on the reliability of the quantity and quality of the active pharmaceutical ingredient in a tablet, syrup or injection available in a pharmacy. But who

will guarantee compliance with those quality parameters? Individual manufacturers? The networks of pharmaceutical industries, Indian standards and quality control? Price control authorities?

The prevalence rate of spurious and “not standard quality” medicines (NSQs), stands at 4.5% and 3.4 %, respectively, as shown by two national drug surveys in the last 10 years using thousands of samples from retail chemists across India. In safeguarding a patient and enabling complete healing, drugs must be 100% quality test-passed. Having even 5% of medicines failing to pass quality tests is simply unacceptable.

The government must ensure the quality of medicines produced, procured, and supplied through its Universal Health Coverage system as well as the private health-care network. For this, there has to be periodic lifting of samples for testing. Batches of medicines that fail the quality test must be banned, with punitive action taken against manufacturers. This will eliminate repeat defaulters from the supply chain. The mechanism and systems are in place but are not implemented in earnest.

The Tamil Nadu Medical Services Corporation Limited's practice, where all supplied medicines are kept under quarantine stock till double blinded samples are cleared in quality testing by government and private sector laboratories, is worth replicating. It is only on receipt of a pass quality test report that stock entry is done.

Till such time as the government is able to make the assurance (with concrete evidence) that all medicines in the market are of standard quality, doctors should be allowed to use in their generic prescription, the name of the company (in brackets), in which the prescribing doctor has confidence in in terms of the quality of the medicine.

Without such a reliable assurance from the government, it does not have the moral right to enforce prescription only by generic name. Moreover, control over choosing the brand will pass on to the chemist, or, even worse, the half-knowledgeable sales boy who, it is feared, will decide the brand primarily on the basis of profits to be gained.

The availability rate of all essential medicines must be above 90%. In a study of the availability of 50 essential paediatric medicines in Chhattisgarh, in 2010 — the first of its kind in India — my team calculated it to be only 17%. Non-essential vitamin tonics and cough syrups line the shelves in a pharmacy but there is no trace of the low profit-margin essential medicines. There must also be a ban on unscientific combinations of medicines — currently around 40% of the retail market in India.

To ensure affordable medicines for all under Universal Health Care, free medicines and free diagnostics are acceptable policy, but implementation needs to be monitored. The network of Janaushadhi kendras needs to be expanded. Approved norms of the profit margin for wholesale agents must be limited to 15%. For retailers it must be 35% over the ex-factory or manufacturer's selling prices (MSP) excluding transportation cost and VAT. Without these comprehensive measures, accessibility to cheaper medicines in India will be a mirage.

Following the Indian Medical Association's protest, the NMC has withdrawn the order on 'generic prescribing' since August 23, 2023. But this is only a case of one step forward but two steps back in moving to the goal of universal access to affordable generic medicines for all without brand names.

Dr. K.R. Antony is Consultant – Public Health and Independent Monitor, National Health Mission

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UNCERTAIN FUTURE IN A SEA OF POPPIES

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November 18, 2023 12:48 am | Updated 08:21 am IST

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Sundar Bai, an opium farmer, and her son Anil tend to their poppy crop in a field in Neemuch district on the Madhya Pradesh-Rajasthan border. | Photo Credit: SHASHI SHEKHAR KASHYAP

When Sunder Bai's husband, Shiv Narayan, died during the COVID-19 pandemic, she inherited 1 square kilometre of land and his licence to cultivate opium. She lives with her daughter and son in a village near Nayagaon in Neemuch district on the Madhya-Pradesh Rajasthan border. "Both my children, who are graduates, support and help me in this profession," says Bai. "We employ four or five people to cultivate opium and extract opium gum."

Bai's son Anil, 25, who holds a degree in physics, has decided not to find a job and instead help his mother on the farm. Opium cultivation is known as *swabhiman ki kheti* (agriculture of dignity) in the Mewar region that is spread across Madhya Pradesh and Rajasthan. There is so much pride in the age-old trade that a saying in this area goes, "*Afeem aur aulat barabar* (poppy plants and children deserve similar treatment)". While farmers in Madhya Pradesh call the crop *afeem*, a name which finds its origin in Persia, the community in Rajasthan calls it *amal* (pure).

Entire families in this region usually cultivate opium from November to March; some have doing this for as long as 200 years. Young men and women protect the family licence for various reasons. "One reason is that it increases their marriage prospects," says Parmanand Patidar, a farmer, laughing.

Bai had been cultivating opium with Narayan for about 20 years before he died. Anil says the job is not easy. "The procurement rate for opium hasn't increased in many years (farmers get 1,200-2,000 per kilogramme of opium latex based on the concentration of morphine in it) and the input cost has increased due to the price rise of fertilizers, labour costs, and pesticides. We also have to be vigilant all the time. We go to the field even at night to ensure that the crop is secure from thieves. We also cultivate other crops to manage our expenses. But we will continue to cultivate opium as it is a family practice," he says with pride.

Apart from worrying about inflation, opium farmers have been agitated ever since the sector was opened up to private players through a Union government policy in 2021. The farmers increasingly worry that this move will threaten their livelihood, affect their profits and family businesses, and also have a bearing on "national security" by potentially increasing the problem of drug abuse.

In India, there are about 1 lakh farmers across 22 districts in Madhya Pradesh, Rajasthan, and Uttar Pradesh with a licence to cultivate opium. The majority of them are from three districts that border Madhya Pradesh and Rajasthan — Mandsaur, Neemuch, and Chittorgarh. Together, these districts produce 80% of India's opium.

Opium is obtained by slightly incising the seed capsules of the poppy after the plant's flower petals have fallen. Two types of narcotic raw materials can be produced from opium poppy: opium gum (latex) and the concentrate of poppy straw (CPS). Until recently, only opium gum, a milky substance, was produced in India. Opium contains morphine, which is known to relieve chronic pain and is used mostly by the pharmaceutical industry to produce medicines, and codeine. On the flip side, it also produces opioids like heroin.

Because it is an addictive substance that can cause mental clouding and hallucinations, opium production is highly regulated in India. In the Mewar region, farmers collect opium gum and send it to Government Opium Alkaloid Works, Neemuch, a factory that began operations in 1935. The gum is procured solely by the Central Bureau of Narcotics, which functions under the Union Finance Ministry.

However, in the 2021-22 crop year, the Union government changed its opium policy, allowing private players to produce CPS from the opium poppy to boost the yield of alkaloids.

According to a document titled 'An outlook of opium cultivation' provided by the Central Bureau of Narcotics on its website, other opium-growing countries follow the process of extracting alkaloids from CPS.

"After a shift to the CPS method, India will be on a par with other nations. As other countries have already shifted to the CPS method, the demand for Indian opium in global market is reducing. This is evident from the decreasing export of opium. (Moving to) CPS provides an opportunity for India to regain its market place through the export of CPS. CPS is less labour-intensive than the lancing method (used by farmers now). It will also help in ensuring better drug law enforcement as it will reduce the illicit market for opium gum," the government says.

In a press release dated September 14, the government said that it has been engaging with the private sector on processing opium gum as well as poppy straws to augment the opium-processing capacity of India. The press release read, "Government intends to further significantly expand the licensing for un-lanced poppy and has decided to set up a processing unit for Concentrate of Poppy Straw of 100MT capacity on a PPP (public-private partnership) basis."

An opium farmer shows a small poppy plant in Mandsaur, Madhya Pradesh. | Photo Credit: SHASHI SHEKHAR KASHYAP

This is the second crop season since the policy was revised. Various farmers organisations such as All India Kisan Sabha, Bharatiya Afeem Kisan Sangharsh Samiti, and Bharatiya Afeem Vikas Samiti formed the Samyukt Afeem Kisan Morcha to raise the issues of opium farmers. When Prime Minister Narendra Modi visited Neemuch to address an election rally last week, these farmers' organisations tried to meet him. Modi did not meet them, so they have sent him a memorandum demanding that the CPS system be withdrawn, and the traditional system of extracting opium gum be continued.

Farmers believe that private companies are likely to pose a threat not just to their profession, but also to national security. "Opium can be misused. What if the drug mafia gets access to alkaloids? Drugs will be rampant here," worries Mahesh Vyas, a farmers' leader from Mandsaur.

Justice G.D. Saxena, a retired judge of the Madhya Pradesh High Court and a resident of Mandsaur, expresses similar concerns. "Opium is reportedly coming to Mandsaur from illegally cultivated areas too. States like Punjab are struggling to control synthetic drugs. Allowing private entry in opium processing should be done with extreme caution," he warns.

The former judge remembers opium being very common in the area when he was young. He says it took several years to restrict and regulate the crop and bring it completely under the government's control.

Shailendra Singh Thakur lost his job at the Neemuch factory some years ago for protesting against the erstwhile United Progressive Alliance government's plan to privatise the production of opium. "When opium production is handed over to private companies, the safety and security of the alkaloids may come under question. Importantly, life-saving medicines which are made using opium will become costly and poor patients will suffer. Also, recently, narcotics of huge volumes were confiscated from a private port in Gujarat. This is a warning," he says. Heroin worth 11 crore was seized in Assam just this week. "The production of alkaloids was monopolised by the government. It should remain that way."

Thakur also believes that government alkaloid factories have the capacity to produce more opium. "Employ more people. Why give this to private companies? Right now, five people get steady employment for about three months from cultivating 10 ares (100 sq m) of opium fields."

Farmers also worry that there are no new postings in the Neemuch factory. Against the sanctioned strength of more than 500 posts, there are just about 200 employees in the factory. The farmers and trade union representatives believe that this is a ploy to help private companies. They demand that more factories be introduced under the public sector with more people working in them so that alkaloids can be produced with strict government control.

A group of farmers from Pipliya in Mandsaur say that "private companies will issue their diktat in this sector." Pipliya was the site of an agitation by opium farmers demanding better prices for their produce in 2017. The protest took a terrible turn when six farmers were killed in police firing. The Bharatiya Janata Party (BJP) blamed opium smugglers for instigating the community.

Now, the farmers accuse the government of trying to "create divisions with two systems". They say that the Centre has introduced a policy that is reminiscent of the British era. They have heard stories about the East India Company smuggling opium from their region and exporting it to China and other countries. "Big companies will misuse this crop to maximise profit. If smugglers have stolen opium from government factories, what security can be ensured in private factories," asks Kachrual Chadawat of Pipliya.

Nand Kishore and Mohan Singh, two farmers who have come to sell garlic at the Dalauda Mandi in Mandsaur, echo this sentiment. "We do not cultivate opium even on an inch of land more than what is earmarked by the government. Narcotics officials mark the area twice after giving a license to ensure that the area is properly fenced. They monitor cultivation by visiting the farm at least half a dozen times during the season (November to March)."

The farmers say they are already experiencing losses. To cultivate 10 ares of land, they spend about 1 lakh. They used to get 1-1.5 quintals (1 quintal is 100 kg) of poppy seeds from 10 ares under the earlier system. Under the CPS, they get about 80 kg of seeds. They complain that the government has stopped procuring poppy petals and pods from them, which it used to do earlier.

Poppy seeds fetch farmers about 1,000 a kg. This is the main source of revenue for most opium

farmers. “We used to get 1 lakh-1.5 lakh by selling seeds during one season. That would meet our expenses. But under the CPS, we will get fewer quantities of seeds,” say farmers. The government procures CPS for 200 for a kg.

Parmanand Patidar, another farmer in the area who holds a licence for extracting opium gum, complains that the government did not consult the farmers before opening up production to private players. “This is the second year of the CPS system. The Centre brought this scheme during the lockdown without holding any meeting with the farmers, just as it did with the three farm laws. In our village, 150 farmers have licences of which half are under CPS. This is being done only to divide the farmers,” he says.

Farmers allege that there is no transparency in the CPS mechanism. “The government could consider a policy which will enable farmers to sell the additional opium gum (extracted over and above the limit set by the government) in the open market monitored by the government,” suggests Ambalal Jat, a farmers’ leader from Neemuch. Despite their unhappiness, the farmers are scared to speak up fearing that their licences will be cancelled, adds Jat.

Nerulal Jat, president of the Bharatiya Kisan Union (Tikait) of Chittorgarh district, says he has been cultivating opium since 1980. “The procurement price of opium gum has been same all this time. Foreign companies will benefit from the CPS system. The old system should be continued to protect farmers. New factories should be opened under the public sector,” he says.

Farmer leaders agree that smugglers roam around the locality in search of farmers in distress. They say that there are farmers who are involved in the smuggling of opium. In most cases, the supplier of opium is also arrested with the trader or the middleman. Several farmers have been in jail for years for the illegal sale of opium. Leaders believe that such instances will increase if private players are allowed into the field.

Mangelal Meghwal, a farmer from Chittorgarh, says, “Modi will have to take CPS back. Opium cannot be used as a profit-making commodity. It is used to make life-saving drugs. The Prime Minister talks about ‘Make in India’, but allows import of poppy seeds. This is not a Congress or BJP issue. It is an issue of farmers.”

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SUMMIT CLASH: ON INDIA, AUSTRALIA AND THE WORLD CUP CRICKET FINAL

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November 18, 2023 12:10 am | Updated 08:59 am IST

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The World Cup caravan finally returns to Ahmedabad, where it commenced its journey on October 5. This Sunday, a packed Narendra Modi Stadium will witness the summit clash between India and Australia. The host is in prime form, having notched 10 wins on the trot, [including a fine victory over doughty New Zealand in the semifinal at Mumbai](#). Meanwhile, [Australia started on the wrong foot with two losses before winning eight consecutive games](#). With Australia having won cricket's premier championship on five occasions, Pat Cummins and his men must live up to a hallowed legacy. Their semifinal against South Africa had the thrills associated with low-scoring humdingers at Kolkata's Eden Gardens. The last time India and Australia clashed in a World Cup final, it was in the 2003 edition at Johannesburg in South Africa, and Ricky Ponting's men won by 125 runs. Two decades later, Rahul Dravid, a key player involved in that iconic match, is now the Indian team's coach. The former India captain will surely infuse pragmatism without toning down the adrenaline surge within the dressing room. Back then, Zaheer Khan got locked in a war of words with Matthew Hayden and Adam Gilchrist, lost his focus, and soon the contest nestled inside the rival's pocket.

This time around, Dravid and captain Rohit Sharma swear by the philosophy of taking it one match at a time. World Cup finals are massive sporting engagements, where the best either find extra reserves of strength or watch their legs turn into jelly. If India sticks to its consistent methods, executed well so far in this championship, it should start as the favourite. Rohit Sharma's ballistic starts, Shubman Gill's poise, Virat Kohli's prolific run, and the combined yield of Shreyas Iyer, K.L. Rahul and Suryakumar Yadav, have ensured that rivals have no relief on the field. A bowling attack helmed by Jasprit Bumrah has prised open the opposition's top order before the spinners stepped in and strangled the middle order in the middle game. Kohli, with 711 runs, is the leading batter in this World Cup, and Mohammed Shami leads the bowlers' pack with 23 scalps. Still, Australia will remain a combative unit, scrapping hard, never ceding an inch. Even though all its batting stars have not performed as smoothly as the Indians, Glenn Maxwell's stunning unbeaten 201 against Afghanistan indicated at the magic and mayhem within the Australian changeroom. A fine seam attack and an effective spinner in Adam Zampa, will pose a challenge, which India has to tackle well, if it is to hold up the Cup for the third time.

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THE GEOPOLITICAL FALLOUT OF THE ISRAEL-HAMAS WAR

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'The situation in Gaza is effectively back to the pre-2005 days' | Photo Credit: AP

One strategic shift and two tactical realignments. These were the driving forces of geopolitics in West Asia in recent years, until October 7. All were interrelated. The United States, the reigning superpower of the region since the end of the Second World War, had begun shifting its strategic focus to more conventional rivals such as Russia and China. But, to maintain its hold over and interests in the region, what the U.S. sought to do was to bring two of the pillars of its regional policy, Israel and the Gulf Arabs, closer. The Abraham Accords were a result of this policy, which was rolled out by the Donald Trump administration and embraced by the U.S. President, Joe Biden. A common Jewish-Arab front in a relatively peaceful West Asia would allow the U.S. to free up resources from the region which it could use elsewhere.

On the other side, the U.S.'s deprioritisation of West Asia led Gulf Arabs to make their own tactical changes in foreign policy for a more predictable and stable relationship in the region. This opened an opportunity for China, which has good ties with countries across the Gulf, to play the role of a peacemaker. The result was the Iran-Saudi reconciliation agreement. The U.S.'s response to the Saudi-Iran détente was to double down on the Abraham Accords. The Biden administration invested itself in talks between the Saudis and the Israelis. It was so confident about prospects of a deal that it unveiled the India-Middle East-Europe Economic Corridor (IMEC) proposal earlier this year, which hinged on Arab-Israeli peace, and sold it as an alternative to China's outreach into the region. Then came the October 7 Hamas attack on Israel.

Hamas, which has been controlling Gaza since 2007, looked at these two realignments differently. For Hamas, a Sunni Islamist militant group, the coming together of Iran, a Shia theocratic republic which also has been its patron for years, and Saudi Arabia, a Sunni monarchy that has been wary of the Hamas brand of political Islam, is a welcome development. But it saw Saudi Arabia normalising ties with Israel, which has been occupying Palestinian territories at least since 1967, as a setback.

In 1978, when the Camp David Agreement was reached, Egypt got the Israelis to sign the Framework For Peace Agreement, which became the blueprint for the Oslo process in the 1990s. Jordan signed its peace treaty with Israel only after the first Oslo Accord was signed in

1993. But when the United Arab Emirates (UAE), Bahrain and Morocco signed the Abraham Accords in 2020, Israel did not make any concessions for the Palestinians. This was the clearest sign yet that Arabs, especially Gulf Arabs, were ready to delink the Palestine question from their engagement with Israel, which boosted Tel Aviv's efforts to localise the Palestine issue — to treat it as a mere security nuisance while continuing the occupation without consequences. When Saudi Arabia and Israel were in talks, nobody expected the Benjamin Netanyahu government, the most far-right government in Israel's history comprising settler extremists and ultra-Orthodox Zionists, to offer concessions to the Palestinians.

So, understandably, one of the goals of the October 7 Hamas attack was to break the walls of localisation, re-regionalise the Palestine issue, and thereby scuttle the Saudi-Israel peace bid. Israel's vengeful onslaught on the Gaza Strip, which followed the Hamas attack, killing at least 11,500 Palestinians, a vast majority of them women and children, made sure that Hamas met its goal, at least for now.

Both the Arabs and Israel were ready to sidestep the Palestine question and chart a new course of partnership. But new regional realities emerged after October 7. The Palestine issue has now come back to the fore of the West Asian geopolitical cauldron.

Second, Israel's disproportionate and indiscriminate attack on Gaza has triggered massive protests across the Arab Street, mounting enormous pressure on monarchs and dictators. Arab countries, which witnessed violent destabilising street protests and civil strife just 10 years ago, cannot completely turn away from the growing pan-Arab sympathy with the Palestinians and the antipathy towards Israel.

Third, there is always the Iran factor. Ever since the Palestine issue got re-regionalised, Iran has stepped up its pro-Palestine rhetoric and called for collective action against Israel, while its proxies, the Houthis in Yemen and Hezbollah in Lebanon, have launched limited attacks on Israel. Iran is trying to claim the leadership of the Islamic world, bridging the Shia-Sunni divide. This has left Saudi Arabia and other Arab countries with difficult choices. They can either ignore the anger in the Arab Street, letting Iran take up the cause and go ahead with the planned peace agreement with Israel or halt the talks and return to the original King Abdullah Initiative, which called for the formation of an independent Palestine state based on the 1967 border in return for Arab recognition of Israel. The Saudis convened an Islamic summit on Gaza, which saw the landmark visit by Iranian President Ebrahim Raisi to the Kingdom, and reiterated its call for the creation of a Palestine state based on the 1967 borders for peace and security in the region. In effect, Mohammed bin Salman, the Saudi Crown Prince, has relinked the Palestine issue with peace talks with Israel. This is a setback for both America and Israel.

The U.S. might still hope that the situation would be conducive to reboot the Abraham Accords once the dust settles. This is entirely possible. But a key challenge is that it is still not clear what Mr. Netanyahu's endgame is in Gaza. He has already signalled that Israeli troops would continue to play an overall security role in the enclave — which means, Israel would reoccupy the territory from where it withdrew in 2005. The U.S. had proposed that post the war, the Palestinian Authority, which runs parts of the West Bank with limited powers, should take over Gaza as well. But Mr. Netanyahu has shot down that proposal. So, if Israel reoccupies the territory, home to 2.2 million people living in distress and misery, the current wave of violence would only be the beginning of a long spell.

The Iran-Saudi reconciliation, under Chinese mediation, itself was a setback for the U.S. In recent years, Arab countries have also shown an increasing hunger for autonomy. The UAE and Saudi Arabia refused to join American sanctions against Russia after the Ukraine war. Saudi Arabia continued its Organization of the Petroleum Exporting Countries (OPEC) Plus

cooperation with Moscow, defying Washington's requests and diktats. China is playing an increasingly greater role in the Gulf, which includes secret plans to build a military facility in the UAE. The current crisis is expediting these changes in the regional dynamics. With the Saudi-Israel peace plan derailed and the Iranian President having visited the Kingdom to discuss Israel's war on Gaza, what Washington is witnessing is the limits of the U.S.-brokered Abraham Accords and the widening scope of the China-brokered Iran-Saudi détente.

The situation in Gaza is effectively back to the pre-2005 days, but the geopolitical reality is entirely different from the early 2000s when the U.S. was the sole superpower in the region. Russia and China may not replace America in West Asia in the near future given the U.S.'s huge military presence, but the growing footprint of other great powers is offering space for better manoeuvrability for regional players. By tying itself deeply with Mr. Netanyahu's brutal, endless war on Gaza, the Biden administration has put the U.S. in a difficult position in a region that is already in a flux.

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U.S. DATA UNDERSCORE BENEFITS OF CHICKENPOX VACCINATION

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November 18, 2023 09:00 pm | Updated November 19, 2023 10:10 am IST

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On November 14, the U.K. government announced that the Joint Committee on Vaccination and Immunisation (JCVI) had recommended a vaccine against chickenpox (varicella) should be added to routine childhood immunisation programme. The vaccine is to be offered to all children in two doses, at 12 and 18 months of age. A final decision to introduce the vaccine has not been taken yet.

(For top health news of the day, [subscribe](#) to our newsletter Health Matters)

JCVI's recommendation comes nearly three decades after the U.S. introduced it in 1996, and a body of evidence emphasising the benefits of varicella vaccination. While chickenpox in children is most often relatively mild, some can develop complications, including bacterial infections, and in rare cases can cause encephalitis, lung inflammation, and even stroke; it can also rarely cause deaths.

Even when the disease clears, the virus stays dormant in the body and can get reactivated to cause herpes zoster (shingles), especially in adults. Exposure to the virus through children with chickenpox was expected to boost the immunity in adults and thus reduce the risk of shingles. It was theorised that vaccination of children will lead to loss of natural immunity boosting in adults, thus leading to significant increase in shingles cases. This was one of the reasons why routine administration of the vaccine in children did not begin in the U.K. earlier.

Unlike in children, chickenpox can be severe in adults. The second reason for the U.K. not introducing varicella vaccination earlier was due to the worry that unvaccinated children will become more susceptible to getting chickenpox as adults, leading to severe infection or a secondary complication. Ironically, diseases like measles and rubella are more severe in adults than in children. Yet, children are routinely vaccinated leaving unvaccinated children at great risk of severe infection as adults.

Evidence did not support the assumption of increased shingles in adults in countries that have introduced chickenpox vaccination. While a 2019 paper showed that varicella vaccination did not increase shingles incidence in adults, another study published in 2020 found that 10-20 years after adults were exposed to infected children, the protective effect against shingles was just

27%. A 2022 paper based on 25 years of data (1995-2019) from the U.S. showed a sharp drop in the incidence of chickenpox and shingles in children. In adults, shingles cases did not increase as feared. Rather, the rate of shingles in adults is expected to decline as vaccinated children become old, the study says. Unpublished results from a modelling study by the University of Cambridge found that the duration of protection from shingles was not 20 years as assumed but “likely to be around three years”, JCVI said on November 14.

Since its introduction in the U.S., the vaccine has prevented over 91 million chickenpox cases, 2,38,000 hospitalisations, and almost 2,000 deaths. The return on investment with net societal savings has been over \$23 billion.

“The evidence in favour of the chickenpox vaccine has been amply clear for a while. Once again, JCVI seems to have followed an ideology of infection being beneficial for children and at population level,” Dr. Deepti Gurdasani, a clinical epidemiologist at the Queen Mary University of London told *The Hindu* by email. “The thinking behind not recommending the vaccine prior to now was that this may lead to an increase in shingles incidence because of lack of ‘boosting’ of the population by infected children. This has not come to pass. In fact, vaccination has been associated with a lower chance of reactivation and shingles compared to infection so far.”

As per an unpublished study by the University of Bristol, “complications from severe varicella were common, costly and placed a burden on health services. Uncomplicated varicella can also cause hospitalisation in very young children.” The JCVI statement admits that the true extent of hospitalisation due to varicella was “underestimated”. The reason: hospitalisations were “frequently due to secondary complications” arising from infection and also childhood stroke, which were “not always recorded”.

“There are several hundreds of thousands of cases of varicella each year in the U.K., most happening in under five-year-olds. While death is rare, hospitalisations do occur, with up to 4,000 admissions per year and £6.8 million in hospitalisation costs, and much greater costs associated with children being ill,” Dr. Gurdasani says. “On an economic level, chickenpox vaccination is a no-brainer. This has been clear for a really long time, as have the health benefits, which really begs the question why the JCVI has been so behind on this, and what the costs of these delays in introducing vaccination have been on both health and economy. It is unfortunate that decisions are often made on flawed thinking rather than evidence.”

India is yet to include varicella vaccine in the universal immunisation programme. “As per the NFHS-5 data for childhood vaccination, the coverage for severe diseases such as diphtheria and pertussis has only reached 76.6%. Expanding this program remains an immediate priority,” says Dr. Rajeev Jayadevan, Member, Public Health Advisory Panel, Kerala State IMA. The actual disease burden of chickenpox and shingles, and hospitalisation costs in India are not known. As a result, the cost-benefit analysis of varicella vaccination has not been done. “Published studies from Asia estimate 5 cases of shingles per 1,000 person-years, the risk increasing to 7.4-13.8 per 1,000 person-years in people over 50 years,” Dr. Jayadevan says. “Experts at the Indian Academy of Pediatrics believe the risk of shingles may be lower.”

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MAKING PUBLIC EDUCATION INCLUSIVE

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Odisha's OAV model aims to bridge the rural-urban gap by providing accessible, qualitative and affordable English-medium education. Representational image. Photo: Rawpixel.

There is no denying that education is a human right. It ought to be accessible and affordable for all sections of society so that development is truly inclusive. Yet, a study by IIM Ahmedabad's Right to Education Resource Center confirmed the well-known but disconcerting truth that parents lack trust in government schools due to poor quality of education and prefer to admit their children into private schools even if that means spending significantly more on tuition and other fees.

However, the Odisha government's revolutionary reforms in the State's public education sector through the Odisha Adarsha Vidyalayas (OAV), the 'Mo School' Abhiyan, and the 5T- High School Transformation Programme are on their way to making government schools better than private schools in all parameters — infrastructure, affordability and quality.

Education World India School Rankings 2022-23 ranked the OAV in Polasara block of Ganjam district the fifth-best school in the government-run day school category, and two more OAVs among the top 10. In order to address the struggle faced by students in securing admission to the Kendriya Vidyalaya schools after the first standard, the OAVs provide admission at the secondary stage. Odisha's OAV model aims to bridge the rural-urban gap by providing accessible, qualitative and affordable English-medium education. There are 315 English medium co-ed OAVs in all 314 blocks in rural and semi-urban areas (as of February 2023). They ensure representation for Scheduled Caste, Scheduled Tribe, and female students through reservations. This has led to a higher enrolment of female students (43,410) compared to males (30,949). Thirty-one vulnerable children who had been victims of child abuse, trafficking, child labour, and child marriage were rescued and prepared for the OAV entrance in 2021. OAVs also provide different types of coaching facilities to enable students crack national-level tests. Twenty-four OAV students cracked the NEET exam in July 2023. OAVs have promoted social equity by providing a level-playing field to students from rural and poor socio-economic backgrounds.

To address pedagogical gaps, the OAV model focuses on continuous teacher education programmes and maintains a teacher-pupil ratio of 1:25. It has also leveraged digital technology to enhance the accountability and transparency of the system. The Enterprise Resource Planning system and OAV Sangathan website help track the academic and non-academic progress of each child alongside monitoring the performance of each school, enabling timely

strategic interventions. Plans are afoot to transform the OAVs into scientifically upgraded Centres of Excellence to foster an ecosystem of innovation and inquiry-driven learning.

In 2017, Odisha launched the Mo School Abhiyan, a one-of-its-kind initiative that strives to motivate and mobilise the alumni community to contribute towards revamping the government schools in Odisha. Founded on five pillars — connect, collaborate, contribute, create and celebrate — the programme connects the schools with alumni from various fields and promotes alumni mentorship for the students. Deeper collaboration between the alumni, school authorities, and the district administration facilitates students' exposure to exchange programmes, sports and cultural events, and also helps in creating stronger infrastructure. More than 33,000 schools in about 30 districts in Odisha have seen engagement from over six lakh alumni members under the Mo School Abhiyan.

The School Adoption Programme (SAP), under the above programme, enables the alumni to make financial contributions to the schools adopted by them. More than 5.5 lakh contributors including ministers, MPs and MLAs, bureaucrats, professionals, and judges have contributed more than 797 crore in 40,855 schools.

The 5T-High School Transformation Programme is rooted in the 5T concept of transparency, technology, teamwork, and timeliness leading to transformation. Launched in 2021, the programme focuses on the adoption of educational technology, in the form of smart and digital classrooms, e-libraries, modern science laboratories, improved sanitation facilities, and sports facilities in all high schools. As of today, a total of 6,872 high schools have been transformed at a cost of 3,411 crore. The programme also caters to the needs of specially abled children. It provides assistive devices and tailored teaching-learning materials for students with autism, cerebral palsy, and intellectual disabilities. The government has also launched campaigns like 'Mo School Hockey Clubs' and 'Football for All', thus enabling holistic development of students' personalities.

This proactive approach to transforming the education system has led to an unprecedented shift in enrolment patterns. In 2019-20, private schools had 16,05,000 students; in 2021-22, this number dwindled to 14,62,000. Currently, 81% of students in the State are studying in government schools. The interventions by the Odisha government led by Naveen Patnaik have ensured that education is treated as a public good in essence and spirit and have created a strong legacy of an education model founded on equality and excellence.

Amar Patnaik is a Member of Parliament, Rajya Sabha from Odisha and an advocate by profession. He was a former CAG bureaucrat. Views are personal

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STEERING ROAD SAFETY IN INDIA BACK ONTO THE RIGHT LANE

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'Road safety is a complex and multi-dimensional challenge' | Photo Credit: Getty Images

India's roads are a paradox. They represent an enormous and growing opportunity to commute and connect, to transport and travel. They go hand in hand with the country's modernisation and impressive economic progress. In this context, India has some of the greatest opportunities to build a strong road safety management framework, with strong helmet producers, car manufacturers, big tech and large road investments. And yet, as in many countries, they are also the source of a silent but deadly pandemic.

Each year, a staggering 3,00,000 people are estimated to be killed on the road in India, according to the United Nations World Health Organization (WHO). That is equivalent to more than 34 people every hour of every day. And that is a conservative estimate. The number of people suffering life-altering injuries in road crashes is exponentially higher even than that. Beyond human suffering, there is a serious economic toll: In India, road crashes are estimated to cost between 5% and 7% of national GDP.

India, and the wider region in which it sits, is far from alone. Road safety is a global problem, with 1.3 million people killed in road crashes every year. But almost one in every four road deaths around the world takes place in India.

As the planet commemorated the World Day of Remembrance for Road Traffic Victims on November 19 to provide a platform for road traffic victims and their families to remember, support and act, such figures should serve as a wake-up call to all of us. We need immediate, coordinated and evidence-based interventions to boost road safety and drastically reduce the daily human tragedies behind the alarming statistics.

This will require strategic investments in road safety measures, concerted political will at the national, State and local levels, and a change of collective mindset — after all, every one of us is a road user in some way — to understand and tackle the scale and importance of the challenge. Last week, the Government released a report that 2022 was the most fatal year for traffic crashes in India.

Priority areas must include enforcing the use of seatbelts not just for drivers but also for their

passengers. Wearing a seatbelt reduces the risk of death among drivers and front-seat occupants by 45% to 50%, and the risk of death and serious injuries among rear-seat occupants by 25%. Similarly, helmet use must be enforced among motorcyclists as well as their pillion passengers. Correct helmet use can lead to a 42% reduction in the risk of fatal injuries.

Indeed, vulnerable road users, who include pedestrians, cyclists and the riders of two-wheelers, account for almost three quarters of road deaths in India. And passengers unbelted in the back seat are not only risks to themselves upon impact but also to those in the front seat.

Speeding must be reduced and there can be no tolerance for drink-driving; a recent report by the Government revealed that speeding led to 70% of India's road crash deaths. Road infrastructure should be enhanced — too many roads are not in a safe condition, although government programmes in recent years have led to rapid improvements — and large-scale public awareness campaigns such as the new UN global campaign for road safety #MakeASafetyStatement, involving international celebrities, must be undertaken to secure behavioural changes.

The call to action is not new. The Sustainable Development Goals, created in 2015, include a target (3.6) to halve the number of global deaths and injuries from road crashes and a call (11.2) to make public transport safer, more affordable and more accessible to all.

The good news is that we are already seeing steps in the right direction in India. The national government's implementation of the Motor Vehicles (Amendment) Act, 2019, and enhanced data collection from road crashes, are impactful measures that will help experts better understand where and why crashes are occurring, and, therefore, how to reduce them.

Police in the major cities, such as the capital, New Delhi, are adopting modern technologies such as intelligent traffic management systems to effectively regulate traffic flows in a much better way and minimise the potential for collision. To help increase access to safe helmets, the Special Envoy has worked with helmet producers to produce a low-cost ventilated United Nations standard helmet, for under \$20, including here in India.

Private sector companies are searching for solutions. This is only right: we cannot expect to succeed if we do not have a whole-of-society effort to improve road safety. But we are still only at the start of the journey. Your chances of surviving a road crash can vary enormously depending on what State you live in and what access you have to high-quality emergency care services and proper after-care.

We also need to look increasingly at international best practices and successes and then adapt them to India's specific needs and circumstances.

Road safety is a complex and multi-dimensional challenge, but the benefits that come with addressing it can be equally profound. What we need is a comprehensive safe-system approach as envisaged in the UN's the Second Decade of Action for Road Safety 2021-2030, and full implementation of the Motor Vehicles (Amendment) Act 2019.

Ending the silent pandemic of road injuries will not only save lives but also strengthen the economy and improve the quality of life for everyone.

Jean Todt is the United Nations Secretary-General's Special Envoy for Road Safety. Shombi Sharp is the United Nations Resident Coordinator in India. Roderico Ofrin is the United Nations World Health Organization Representative to India

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SHRI DHARMENDRA PRADHAN LAUNCHES 37 PM SHRI KENDRIYA VIDYALAYAS AND 26 PM SHRI JAWAHAR NAVODAYA VIDYALAYAS IN ODISHA

Relevant for: Developmental Issues | Topic: Education and related issues

Union Minister for Education and Skill Development & Entrepreneurship, Shri Dharmendra Pradhan launched 37 PM SHRI Kendriya Vidyalayas and 26 PM SHRI Jawahar Navodaya Vidyalayas in Odisha. Dignitaries, officials, academicians, and students were also present at the event.

While speaking at the event, Shri Pradhan expressed his gratitude for Prime Minister Shri Narendra Modi and said, these schools will work in full spirit of the National Education Policy 2020 and provide quality education to the students with comprehensive and inclusive education. He also informed that about 800 government schools in Odisha will be developed into PM Shri Schools and more than Rs. 1600 crore will come. He also requested the Chief Minister of Odisha Shri Naveen Patnaik to sign an MoU to implement the PM Shri Yojana in Government Schools of Odisha through which, two writing schools in every block and urban area of Odisha will be developed into PM Shri Schools.

Shri Pradhan stated that to achieve the goal of a developed India by 2047, the education sector of the country needs to move forward. For that, rural children should be educated in the 21st century to prepare them for the future, he commented.

Earlier in the day, the Minister inaugurated the administrative and academic building, dormitory and guest house at the Oriental Language Centre of the Indian Language Institute, Bhubaneswar. Shri Pradhan, while speaking at the event, highlighted the importance of the development projects that will help to expand the facilities for training Odia, Shantali, Bengali, and Maithili.

Shri Pradhan also emphasized the unique identity of the Odia language, stating the sweetness of the language spoken in Sambalpur and Ganjam and the elegance of the language in Mayurbhanj and Dhenkanal. He also mentioned that the tribes of Odisha have different languages.

The Minister also informed that on the occasion of the Bharatiya Bhasha Diwas, to be celebrated on the birth anniversary of freedom fighter, eminent Tamil poet Mahakabi Chinnaswamy Subramania Bharati, on 11 December, lecture and essay competition on Odia language will be organised in all schools and colleges, to encourage the new generation.

Expressing his gratitude to Prime Minister Shri Narendra Modi for implementing the National Education Policy 2020, Shri Pradhan mentioned that priority has been given to teaching not only language as a subject but also other subjects in the mother tongue. When children read texts in the language they speak and listen to at an early stage, their ability to research, reason and analyse is enhanced, he commented.

PM SHRI schools will showcase the implementation of the National Education Policy 2020 and emerge as exemplar schools shaping the path towards a brighter future for students. They will create holistic and well-rounded individuals equipped with key 21st-century skills.





SS/AK

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STATE EDUCATIONAL ACHIEVEMENT SURVEY 2023 – PARAKH SUCCESSFULLY CONDUCTED

Relevant for: Developmental Issues | Topic: Education and related issues

The State Educational Achievement Survey by PARAKH was conducted to understand the baseline performance in the development of the competencies at the end of the foundational, preparatory, and middle stages. The successful completion of the State Educational Achievement Survey, conducted on 3 November 2023, marks a significant achievement in the assessment of educational competencies among students at the block level in India at grades 3, 6, and 9.

This extensive survey covered approximately 80 lakh students from 3 lakh schools at 5917 blocks across the nation. It also includes 6 lakh teachers and more than 3 lakh field investigators. The primary objective of this survey is to assess the learning competencies of students at the end of each educational stage, i.e., foundational, preparatory, and middle with a primary focus on Language and Mathematics. Barring Chhattisgarh, Delhi, Odisha, Punjab, Rajasthan and West Bengal, all other States and UTs participated in the implementation of the survey.

Tools to assess students' competencies were designed using scientific procedures, while the assessment methodology employed a paper-pen-based approach with OMR technology for data capture and analysis, which ensured the precision and efficiency of data acquisition and validation.

Shri Sanjay Kumar, Secretary, DoSE&L, Ministry of Education, emphasized that with the successful execution of the State Educational Achievement Survey 2023, crucial insights into the strengths and potential areas for enhancement within the education system will be available. These insights will form the bedrock for evidence-based policies and initiatives directed towards enriching the quality of education for the students, he added.

One of the noteworthy features of the State Educational Achievement Survey (SEAS) 2023 conducted by PARAKH was the expansion of the sample size to understand the learning gaps at the block level, a strategic shift from the district. This transition was inspired by the objective of catering to a larger number of students and effectively understanding the performance at a deeper level. Furthermore, this approach also encompassed teachers' professional development programs at the block level.

Shri Vipin Kumar, Additional Secretary, DoSE&L, Ministry of Education, said that the State Educational Achievement Survey by PARAKH encompassed a substantial sample of approximately 8 million learners. He also informed that this assessment, with the educational block as the finest unit of analysis, will carry profound implications for education policies, encompassing teacher training programs and the creation of teaching and learning support resources.

Professor Dinesh Prasad Saklani, Director of NCERT, noted that this momentous achievement was made possible through the collaborative efforts of stakeholders from all the State/Union Territories, all of whom played a pivotal role in shaping the future of education in the country.

The successful administration of the SEAS represents a significant stride towards enhancing

the quality of education in India. The insights gained from this survey lead to evidence-based decision-making and the implementation of initiatives aimed at improving the education system. Anticipation is high for the positive impact that the PARAKH survey will have on the educational landscape in the nation.

In line with the NEP 2020, the National Assessment Centre, PARAKH (Performance Assessment, Review, and Analysis of Knowledge for Holistic Development) has been set up as a body for setting norms, standards, and guidelines for student assessment and evaluation for all recognized school boards of India. It will also guide the State Achievement Survey (SAS) and undertake the National Achievement Survey (NAS); monitor achievement of learning outcomes; and encourage and help school board to shift their assessment patterns towards meeting the skill requirements of the 21st century.

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People search through buildings, destroyed during Israeli air strikes in the southern Gaza Strip in Khan Yunis, Gaza. on November 13, 2023; | Photo Credit: Getty Images

*(In the weekly **Health Matters** newsletter, **Ramya Kannan** writes about getting to good health, and staying there. You can [subscribe](#) here to get the newsletter in your inbox.)*

Murder most foul is afoot in Gaza. In violation of all conventions that bind humanity at war, Israeli troops are bombing Shifa Hospital where patients are stranded without any care, newborn infants in need of support are flailing, and staff, patients and the displaced who had sought refuge in the hospital are moving out. Let's make that 'force to move out.' What is unfolding in Gaza is probably the worst humanitarian crisis in recent history. Israel's reason for bombing hospitals is that Hamas militants are hiding inside. Even if that might be the case, and proof for that emerges, it takes great skill to remove the gossamer veil off a bush of thorns. It's unacceptable that basic health facilities are being denied to those injured in the blasts, many of them rendered amputees, where doctors are forced to work under the illumination of mobile phone flashlights, and operate without anaesthesia. Premature babies who need neonatal intensive care did not receive the assistance, some were lucky to be evacuated, for transfer to Egypt.

Further horrors in terms of availability of clean drinking water, and hygienic health food have already ridden the Gazan strip, making life hell for those who have managed to survive the bomb blasts. Battle upon battle ensues as these people struggle to even meet the basic requirements for living. It seems as if plenty of outrage is not sufficient to ensure that this situation is reversed, not commensurate to force a ceasefire and complete restoration of basic necessities to the people of Gaza, and the health care that they need and deserve. We have a series of reports this week stressing the aspects of threats to health care in Gaza, do read below:

Saumya Kalia talks with Dr. Samah Jabr, head of the Mental Health Unit at Palestine's Ministry of Health, about authentically defining and measuring the trauma that Palestinian bodies and minds face. She explains what makes PTSD a Western concept, why clinical mental health systems fail people facing oppressive policies and colonial injustice, and the urgent need to build communal forms of care that address Palestine's collective trauma: [Understanding Palestine's colonial, intergenerational trauma from a mental health perspective.](#)

[At least 30 premature babies evacuated from Gaza's main hospital](#) and will be transferred to

Egypt.

[Shifa Hospital patients, staff and displaced leave the compound as Israel strikes targets in south.](#)

Israeli forces [battle militants around another Gaza hospital as babies evacuated](#) to Egypt.

[Israeli forces raid Gaza's largest hospital](#), where hundreds of patients are stranded by fighting.

The bugs are always at the foot, sniping and yelping. A global world with interconnects never even imagined, that has, unwittingly expanded risks, as it has opportunities, to the entire world. As we saw during the pandemic, the global nature of trade, commerce and movement between nations are all vehicles that microbes ride on, to spread diseases across the world.

Antimicrobial resistance is the one that is feared the most, bugs that cannot be wrestled down by medicine, are indeed the most deadly. The WHO has warned again, on the occasion of World AMR Awareness Week, between November 18 and 24, that [antimicrobial resistance is a significant threat to global public health](#). The South-East Asia regional office of the World Health Organization (WHO) warned that antimicrobial resistance (AMR) is directly responsible for approximately 1.27 million deaths annually across the world, with current estimates placing the number of casualties in South Asia at 3,89 000.

Meanwhile, there are always dollops of good news in the healthcare sector, not mere gloom and doom. I record the USFDA approval for the first Chikungunya vaccine in the U.S. If you were wondering [how was the first vaccine for chikungunya approved](#), then, hit the link. Here's a short preview: On November 9, the world's first vaccine for [chikungunya](#) was approved by the Food and Drug Administration (FDA) in the U.S. The vaccine has been developed by European vaccine manufacturer Valneva and will be available under the brand Ixchiq, and has been approved for administration in people who are 18 years or older, and are at increased risk of exposure to the virus. It was approved using the Accelerated Approval pathway, which allows the FDA to clear certain products for serious or life-threatening conditions based on evidence of a product's effectiveness that is likely to provide clinical benefit.

R. Prasad writes a very important story on how [U.S. data underscore the benefits of chickenpox vaccination](#). 25 years of data (1995-2019) from the U.S. show a sharp drop in the incidence of chickenpox and shingles in children; in adults, shingles cases did not increase as feared and the rate of shingles is expected to decline.

Meanwhile, a global report indicated [a 43% increase in global measles deaths from 2021 to 2022](#). Experts blamed it on dropping efficiency in vaccinating children against measles. The number of measles deaths globally increased by 43% from 2021-2022, following years of declining vaccination rates, according to a new report from the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC). Measles is preventable with two doses of vaccine. While a modest increase in global vaccination coverage occurred in 2022 from 2021, there were still 33 million children who missed a measles vaccine dose, according to the global health body. Of the 22 million children who missed their first measles vaccine dose in 2022, over half live in just 10 countries: Angola, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Madagascar, Nigeria, Pakistan and Philippines, it said.

Nearly expectedly for those following these issues, the Union Health Ministry issued a statement denying [reports claiming 11 lakh children missed the first measles vaccine in 2022 'inaccurate'](#). "These reports are not based on facts and do not reflect the true picture. These reports are based on the estimated number reported under the WHO UNICEF Estimates

National Immunisation Coverage (WUENIC) 2022 report which covers the time period from January 1, 2022 to December 31, 2022,” the statement countered. Only 21,310 children missed their 1st dose of Measles Containing Vaccine [MCV] in 2022-23, it contended.

At this point in time, it is probably pertinent to ask: [How safe is our personal health data with the Indian government?](#) as **Zubeda Hamid** did in the In Focus podcast, this week. Health data consists of sensitive, personal information and once stolen, can increase the risk of digital identity theft, online banking thefts, tax fraud and other financial crimes. India was ranked fourth across the world in all malware detection in the first of 2023, as per a survey from Resecurity. This American cyber security firm, said that the personal information of 815 million Indians was being sold on the dark web. This included details such as Aadhar numbers and passport details. The persons selling this information claimed that it was from the Indian Council of Medical Research or ICMR, the country’s premier scientific research body.

This week we also investigated the value of food – its nutritive benefits and what safety and hygiene standards food we buy needs to conform to. **R. Sujatha** quotes a study that stopped just short of delivering a verdict, though it took up the question: [Is it better to eat plant-based foods than rely on meat?](#) A recent issue of *BMC Medicine* analyses the evidence that substituting animal-based with plant-based foods does lower risk of cardiovascular diseases, and type 2 diabetes besides mortality.

Here, **Serena Josephine M.** examines the health and hygiene norms to be followed while ordering food or eating outside, in order to stay safe and out of hospital with a food/water infection: [In food we trust: laying out health and hygiene norms.](#) If ordering out or eating out is your family’s norm, as is the trend these days, do spend a few minutes on this story.

Moving from the body to the mind. **A.S. Jayanth** speaks to experts to say [mind and skin, there is a link between the two.](#) Dermatologists suggest that dermatologists need to closely examine people with skin problems and check their symptoms and medical history to find out if they have any mental health issues. The importance of mental health care cannot be underestimated. Recently, [the WHO declared loneliness as a pressing global health threat,](#) reported **Bindu Shajan Perappadan.** The organisation has now launched an international commission on the problem to address loneliness as a pressing health threat, promote social connection as a priority and accelerate the scaling up of solutions in countries of all incomes. “Running for three years, it will analyse the central role social connection plays in improving health for people of all ages and outline solutions to build social connections at scale,” noted a release issued by the WHO.

Once again, we return to the issue of quality of drugs. **N. Ravi Kumar** reports the development: [Kiliitch Healthcare recalls eye drops amid U.S. FDA investigators finding unsanitary conditions.](#) There have been multiple instances in the past of the WHO and other nations flagging issues of quality among drugs made in India, causing disease, aggravating an existing disease and disability, even death on consuming these drugs.

In context, do not miss **Dr. K. R. Antony’s** piece on the quality of drugs: [Branded, generic and the missing ingredient of quality.](#) He argues that the prevalence rate of spurious and “not standard quality” medicines (NSQs), stands at 4.5% and 3.4 %, respectively, as shown by two national drug surveys in the last 10 years using thousands of samples from retail chemists across India. In safeguarding a patient and enabling complete healing, drugs must be 100% quality test-passed. Having even 5% of medicines failing to pass quality tests is simply unacceptable.

Further he recommends that the government must ensure the quality of medicines produced,

procured, and supplied through its Universal Health Coverage system as well as the private health-care network. For this, there has to be periodic lifting of samples for testing. Batches of medicines that fail the quality test must be banned, with punitive action taken against manufacturers. This will eliminate repeat defaulters from the supply chain. The mechanism and systems are in place but are not implemented in earnest.

Bindu Shajan Perappadan writes on an important development: [NMC tightens rules for new medical colleges](#), aims to weed out ghost faculty, while **Jayanth R.** notes something that might come in handy for medical seat aspirants: [NMC reduces NEET 2024 syllabus, cuts 9 chapters from chemistry and six from biology](#).

Two stories automatically land this slot this week: D.P. Kasbekar's report on a new study, where researchers have explored how paramutations – one of nature's more closely guarded secrets – work. [The unusual 'mutations' that protect humans from viruses](#). This is going down to the basics, finally. A mutation is any change in the sequence of bases in the DNA of a chromosome. A paramutation is a small chemical modification of a chromosomal protein: it flips a nearby gene into a silenced state. So the active and silenced versions of a paramutated gene share the same DNA sequence but their associated proteins have different modifications.

The second is the one by **Sridhar Sivasubbu and Vinod Scaria**: [The Chimaeras of nature and their promise to grow human organs](#). In a recent landmark study published in the journal *Cell*, scientists reported the successful generation of a live chimaera in non-human primates – species that are actually evolutionarily close to humans. This is the first time scientists have succeeded in producing a live infant chimeric monkey. In studies with long-tailed macaques, researchers extracted embryonic stem cells from one-week-old embryos. They modified the DNA in these cells to include a green fluorescent protein (GFP). These GFP-marked embryonic stem cells were then injected into recipient embryos that were implanted into surrogate female monkeys, which delivered six full-term offspring.

Using detectors, the researchers located the GFP signal in the tissues of one aborted male foetus and in one live-birth male. The latter signal originated from the donor cells that had been injected into the recipient's embryo. The chimeric monkey had to be euthanized after a few days, but the technique is undeniably simply pregnant with possibility and needs to be explored further, to see if it can fulfill the great demand for organs for transplant among humans.

If you have a few extra minutes, also read the following stories:

For a rich compilation of our regional content, do see:

K. Srinivasa Rao on a medical negligence case: [consumer panel directs GEMS Hospital in Srikakulam to pay 31. 20 lakh](#).

[Delhi LG approves regularisation of 18 dental surgeons](#) working in government hospitals.

Alisha Dutta reports on the [fake doctors' racket: owner performed at least 3,000 surgeries a year, say police](#).

Kerala to [implement home-based comprehensive child care scheme](#).

A.S. Jayanth on how [Kerala doctors are contemplating relocating abroad in face of increasing attacks](#).

Odisha to invest [3,388 crore for strengthening public health system over five years](#).

[Over 6.4 lakh women underwent sterilisation against 2,500 men in last two and a half years in Tamil Nadu](#), says Health Minister.

Government hospitals in [Chennai mark World Diabetes Day with awareness drives and screening camps](#).

[Many cases of prolonged cough being reported across Chennai](#), say doctors.

Greater Chennai Corporation [to hire doctors and nurses to improve service during northeast monsoon](#).

[CMC Vellore to reach out to local communities to provide better healthcare](#), says director.

[Affordable treatment at regional cancer centre in Madurai](#) gives patients new lease of life.

As always, do put us on your radar, as we bring more health content your way. Get more of *The Hindu's* health coverage [here](#).

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The Punjab and Haryana High Court has done the right thing by [quashing the Haryana State Employment of Local Candidates Act, 2020](#) that provides for 75% reservation to State domiciles in the private sector in jobs that provide a monthly salary of less than 30,000. The court stated that it was beyond the purview of the State to legislate on the issue and restrict private employers from recruiting people from the open market. It also held that the Act was violative of [equality guaranteed under Article 14](#) and [freedom under Article 19](#) of the Constitution. The court said that by allotting 75% reservation for “locals”, the Act militates against the rights of citizens of the rest of the country, and that such acts could lead to other States coming up with similar enactments, in effect putting up “artificial walls” throughout India. It argued that the Act was imposing unreasonable restrictions on workers’ right to move freely throughout the territory of India. The court termed the requirements on private employers stipulated in the Act as akin to those under “Inspector Raj”.

Other States such as Andhra Pradesh and Jharkhand have also enacted similar legislation. The Andhra Pradesh High Court observed that the State’s Bill, passed in 2019, “may be unconstitutional”, but it is yet to hear the case on merits. Workers move to other States seeking job opportunities that are relevant to their skills and abilities. If States build walls and impose restrictions that prevent job seekers from other States from accessing opportunities, citizens of poorer States will have to eke out a living within their own regions. This will affect the economy of the entire country. While legislation that seeks to reserve blue collar jobs for locals is problematic and unconstitutional, there is a reason why there is resentment among locals in better-off States over their jobs being taken up by “migrant” workers and which has compelled their governments to come up with knee-jerk protectionist measures. There are more than a few private employers who exploit the migrant labour market as such workers tend to work long hours for low wages with little or no social protection and benefits. This creates a segmentation of the labour market with low-wage migrant workers on the one side and local workers with better bargaining power on the other. If States are truly concerned about protecting workers’ rights, they should ensure that migrant workers in all establishments enjoy basic labour rights that are legally due to them, thereby creating a level playing field for all workers. This will also be a curb on exploitative practices by employers. Protectionism in the labour market is not the answer.

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A DILEMMA OVER TRIBAL LAND RIGHTS IN ODISHA

Relevant for: Developmental Issues | Topic: Government policies & interventions for development in various Sectors and issues arising out of their design & implementation incl. Housing

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November 23, 2023 01:33 am | Updated 01:33 am IST - BHUBANESWAR

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The permission for transferring land from tribals to non-tribals was granted with a rider that after such a transfer, the tribal seller or mortgagor should not be landless or homestead-less. | Photo Credit: The Hindu

A Cabinet decision allowing tribals to transfer their land to non-tribals by way of amending the Orissa Scheduled Areas Transfer of Immovable Property (By Scheduled Tribes) Regulation, 1956 (OSATIP) triggered a massive controversy, forcing the [Naveen Patnaik Government to put the two-day-old decision on hold on November 16](#).

The decision made on November 14 says, “a scheduled tribe person may, with the written permission of the sub-collector, make a gift or exchange for public purposes or obtain a loan by securing a mortgage in a public financial institution for agriculture, construction of residential house, higher studies of children, self-employment, business or establishment of small scale industries or transfer the same in favour of a person not belonging to scheduled tribe for the above purpose.”

The permission for transferring land from tribals to non-tribals was granted with a rider that after such a transfer, the tribal seller or mortgagor should not be landless or homestead-less.

Also read: [Land held by tribals in Odisha is shrinking, says a draft CAG report](#)

The OSATIP includes strict provisions that not only prohibit the transfer of tribal lands but also criminalise any forced alienation. Additionally, it delineates mechanisms for eviction and the restoration of tribal land.

This was not the first attempt in the past 25 years to amend the OSATIP Act in order to ease tribal land transfer. In 2010, the amendment seeking permission to transfer tribal land was turned down by the President of India. Inter Ministerial Committees and Tribal Advisory Council (TAC) on different occasions had recommended amendments for allowing tribal land transfer.

The Cabinet decision, however, evoked strong resistance from tribal communities as well as activists working on tribal rights. They said the amendment would open the floodgates as far as the transfer of tribal land in scheduled areas is concerned.

As of the 2011 Census, the tribal population in the State stands at 95.91 lakh, comprising

22.85% of the total State population. Odisha is home to 62 distinct tribes, including 13 Particularly Vulnerable Tribal Groups, showcasing one of the most diverse tribal landscapes in the country. It ranks as the third-largest concentration of tribal population, trailing behind Madhya Pradesh and Maharashtra. Scheduled Tribes in Scheduled Areas constitute approximately 68.09% of the total tribal population. Notably, 121 out of the 314 blocks in Odisha have been designated as Scheduled Areas. Furthermore, about 44.70% of the State's geographical expanse falls under the Scheduled Area classification.

The OSATIP 1956 is acknowledged as one of the most stringent legislations aimed at safeguarding tribal interests. This Act was conceived in response to widespread reports of unchecked appropriation of tribal lands in Scheduled Areas. Instances were documented where even small parcels of tribal land were transferred to non-tribals in exchange for a bottle of local brew. For tribal communities, land holds paramount importance as it constitutes their most valuable asset. A majority of tribals lack business expertise, face challenges in transitioning to alternative livelihoods, lack access to capital for starting new ventures, and are relatively recent participants in the realm of technology.

In a draft report, the Comptroller and Auditor General (CAG) of India, which carried out the random study, found that land held by tribals in Odisha had decreased by 12% in the decade between 2005-06 and 2015-16. It had happened despite OSATIP being in force.

Concerned activists feared that the implementation of the amendment could have amounted to an attack on tribal identity. Tribals are traditionally inclined towards subsistence livelihoods and are not driven by the desire to amass wealth rapidly. Tribal rights activists argue that granting permission to transfer land (for obtaining a loan by securing a mortgage in a public financial institution for agriculture, construction of a residential house, higher studies of children, self-employment business or establishment of small-scale industries) would swiftly eliminate the essential fallback option for tribals.

Significant economic disparities persist in Scheduled Areas. At a time when tribal communities face dire economic conditions, non-tribal populations have experienced educational and economic improvements over the past several decades. The OSATIP has played a crucial role in maintaining tribal ownership in Scheduled Areas, even though tribals may be economically disadvantaged compared to their non-tribal counterparts. The proposed amendment could potentially enable non-tribals, especially in southern Odisha districts, to purchase tribal lands, thereby altering the demographic landscape of Scheduled Areas.

Prominent politicians, moneylenders, and business figures have repeatedly acquired extensive portions of tribal land by circumventing the provisions of OSATIP. The proposed amendment, if enacted, would help facilitate the regularisation of unlawfully acquired tribal lands, providing a legal framework for these holdings. According to a tribal researcher, the amendment would open opportunities for corporate houses looking to aggregate land through anonymous persons in Scheduled Areas.

Repeated efforts to amend the OSATIP Act over the past two decades have laid bare the class divisions within tribal communities. A smaller but ambitious segment across various tribes aims to monetise their land parcels as a means of achieving financial progress. In contrast, the majority of scheduled tribes want to retain ownership of their land.

The government aimed to convey a sense of realism with the proposed amendment by including a provision to prevent tribal sellers or mortgagors from being left without land or a homestead. However, the terms 'landless' or 'homestead-less' were not clearly defined. This lack of clarity could potentially allow a tribal individual to sell all of their land while retaining a small token

piece, thus avoiding classification as landless.

Though the government has put the amendment to OSATIP on hold, Opposition political parties are demanding a complete withdrawal of the amendment.

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LISTEN TO THE PEOPLE, NOT THE NUMBERS

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Millions of Indians have moved out of agriculture in the last three decades. | Photo Credit: The Hindu

The Indian economy has an incomes problem, not a growth problem. Incomes are not growing sufficiently or sustainably for very large numbers of people. Even though overall GDP growth is good, there is increasing pressure for reservations of jobs for all “economically weaker” sections regardless of caste or religion.

Economists on both sides, for the government and those against it, are debating whether the economy is creating enough jobs and are questioning the veracity of the government’s data. Those against the government also want to show that the problem of growth with insufficient jobs has been created by the policies of the present government and not the previous one. They are like Sheikh Chilli, who was looking for his lost keys under the lamp, rather than in the darkness where he lost them. The data is what they can see, but it cannot explain the problem, and will not point to the right solutions.

The U.S. economy seems to be doing well according to its headline economic numbers. Growth is good and employment numbers have been improving. Yet, polls show that a large majority of U.S. citizens are dissatisfied with the state of their economy. This has become a major issue before the presidential elections, scheduled for next November. The U.S. President even walked with striking autoworkers demanding a fair deal from their employers. U.S. statistics of growth and employment, whose veracity no one doubts, are not measuring what really matters to common citizens. Workers want a fair deal and adequate and secure incomes to cope with inflation. The President agreed with the workers that CEOs of auto companies were paying themselves far too much while asking workers to tighten their belts to improve the competitiveness of U.S. companies.

The overall problem of incomes in India, according to economists, is that insufficient numbers have moved out of agriculture into manufacturing. This has been the historical pattern for sustainable growth in all countries, including the U.S. a hundred years ago, and China more recently. India’s policymakers thought they had found a short-cut in the 1990s, directly from agriculture to services, with the boost in the growth of exportable Information Technology services. The short-cut has ended in a cul-de-sac. There is very little room in high-end services to absorb the large numbers of young Indians in need of jobs. Moreover, these jobs require levels of education that people in rural areas do not have. Therefore, when they move out of

agriculture, they need work that fits their present abilities, and puts them onto a ladder that they can climb. They need jobs where they can learn higher skills and earn more. Labour-intensive manufacturing, services, and construction provide them the first step. The millions of Indians who have moved out of agriculture in the last three decades moved into such jobs.

The problem is that the jobs they have, irrespective of the sector, are not “good” jobs: they do not pay enough, they are temporary or on short contracts, and they do not provide social security or assistance to develop further skills. In fact, even in large, modern, manufacturing enterprises, workers are employed through contractors to provide employers with “flexibility” to reduce costs. Contract workers are paid much less than regular workers. They have insecure employment and are not assisted to develop higher skills.

Also read | [Regular jobs increased, but unemployment still a concern: report](#)

The world is at a turning point. New ideas of economics are required to create a more environmentally sustainable and socially harmonious future before it is too late. Statistics of growth and employment measure what we used to think should be measured. New concepts of “work” are required; also new designs of enterprises in which the work is done; as well as new evaluations of the social and economic relationships between participants in these enterprises. The drive for green, organic, and “local” to reduce carbon emissions and improve care of the environment will make small enterprises beautiful again. “Economies of scope” will determine the viability of enterprises rather than “economies of scale”. Denser, local, economic webs will develop, rather than long, global supply chains through which specialised products made on scale in different parts of the world are connecting producers with consumers in other distant parts.

Attention will shift towards creating genuine “social” enterprises, rather than enterprises for creating economic efficiencies and surpluses which corporate enterprises are designed for. Those who provide care, and their work of caregiving, must be valued more than economists value them today. In the present paradigm of economic growth, caregivers, traditionally women, are plucked out of families — which are a natural social enterprise — to work in factories, offices, and retail, in enterprises designed to produce monetary economic value. When economists measure women’s participation in the labour force, they value only what women do in formal enterprises for money. They seem to assign no value to the “informal” work they do outside their homes to earn money, whether as domestic caregivers in others’ homes or on family farms. Moreover, they are unable to see any economic value in the caregiving they provide without monetary compensation in their families and communities.

The prevalent paradigm of economic theory is distorting social organisations, which families are, to suit the requirements of corporations, which are formal economic organisations. Thus, the money-measured economy (GDP) grows, while the care that humans can and should give each other reduces. Measurements of economic growth and employment must not be mired any longer in 20th-century concepts of economic growth. They must be reformed to reflect forms of work and enterprises we want more of in the future.

For this paradigm shift, the process of policymaking must begin with listening to those who have not been given much value in the present economic paradigm: to workers, small-holding farmers, small entrepreneurs, and women. Presently, their views are over-ruled by those who have power in the present paradigm: experts in economics, large financial institutions, and large business corporations. The lesson for policymakers is this. Don’t count on historical statistics to guide good policy for the future: listen to the people and what matters to them.

Arun Maira is the author of Shaping the Future: How to Be, Think, and Act in the New

World

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REPORTING ANIMAL CRUELTY MAKES CHILDREN SAFER

Relevant for: Developmental Issues | Topic: Rights & Welfare of Children - Schemes & their Performance, Mechanisms, Laws Institutions and Bodies

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November 23, 2023 12:45 am | Updated 12:45 am IST

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There is a strong link between animal cruelty and child abuse and there is an urgent need to investigate it further in the Indian context. Picture for representation. | Photo Credit: The Hindu

Child abuse is grave and rampant in India. In 2007, the Union Ministry of Women and Child Development published the largest empirical study about the incidence of child abuse in India. The study specifically examined the prevalence of physical abuse, sexual abuse, emotional abuse, and girl child neglect in India. It found that two out of every three children were physically abused, over half the children reported having faced one or more forms of sexual abuse, and every second child reported facing emotional abuse. Despite these troubling statistics, the factors contributing to child abuse remain unaddressed.

Child abuse in India has been attributed to the structure and size of the family, lack of effective implementation of law, poverty, illiteracy, and even cultural factors. However, one crucial element that has been missing from the discourse on child protection in India is the link between victims of child abuse and animal cruelty, which we discuss here.

The link between animal cruelty and human violence first came to light in 1751 with William Hogarth's Four Stages of Cruelty. Since then, there have been a plethora of studies highlighting this undeniable link. A 1980 pilot study conducted in England found evidence that suggested that children are at risk of abuse or neglect in households that abuse their family pet. According to the study, out of the 23 families that had a history of animal abuse, 83% had been identified by human social service agencies as having children at risk of abuse or neglect. A different study of 53 families in which child abuse had occurred, carried out in New Jersey (U.S.), in 1983, found that animal abuse and child abuse co-occurred in 88% of the cases.

In a 2019 study on homes with interpersonal violence in the U.S., it was found that in 12.3% of the cases, threats and violence towards animals are used as a means to coerce children into compliance so that they do not report the abuser. As per the study, since animals are threatened to result in compliance of the child, some of this violence is done without the knowledge of other caregivers, and children are reluctant to discuss the animal abuse for fear of what might happen to the animal or themselves.

Further, in many cases, animal abuse is easier to detect than child abuse and is also usually

easier for victims of domestic violence (including children) to report. Early identifications of homes with animal abuse may save other human victims encountering abuse. This can also serve as circumstantial evidence in custody and child abuse hearings as it is difficult for children to provide detailed accounts of their own abuse.

There is a strong link between animal cruelty and child abuse and there is an urgent need to investigate it further in the Indian context. Even though law enforcement agencies in other countries have devoted resources to studying the co-occurrence of animal cruelty with other forms of violent crimes, especially crimes against children, there is no study that empirically assesses this link in India.

In fact, the National Crime Records Bureau does not even collect data on offences registered and prosecuted under the Prevention of Cruelty to Animals Act, 1960. As studies in other countries have shown, the collection and aggregation of this data can prove to be a significant tool for law enforcement agencies to understand how different crimes overlap, and prevent the occurrence of these crimes.

Poor enforcement of anti-cruelty laws therefore not only harms animals, but also human victims of violence. Reporting animal abuse and consistently enforcing anti-cruelty laws can act as a deterrent for further acts of violence against not only animals but also humans. It is therefore imperative to report, register and prosecute cases involving animal cruelty.

The link shows us that both human and animal victims of crime are prone to victimisation by the same perpetrator. There is an opportunity for stakeholders in the child protection and animal protection movements to collaborate to meet their collective objective of reducing abuse.

Reporting and prosecuting animal abuse is not just about saving animals; it is about protecting our children from violence and securing a brighter future for them. Understanding this important link can stop the cycle of violence at its source and help make our children safer.

***Apoorva is the Founder of Animal Law & Policy Network, an independent think tank;
Sonia Shad is an animal protection lawyer***

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A SMALL TRIUMPH OVER A BIG SENSORY DEFICIT POST COVID-19

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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November 24, 2023 07:58 am | Updated 08:00 am IST

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A loss or distortion of the sense of smell can be extremely damaging psychologically. | Photo Credit: Getty Images/iStockphoto

For months, after October 2021, Manish, a 35-year-old sales professional had completely no sense of smell. At least that was how it started. During the second wave of COVID-19, he had a bad bout of the infection, and among the first symptoms along with a high fever was the loss of smell. Others in his family also had COVID-19, but they seemed to have retained their sense of smell. Naturally, over time, he lost all taste, could not taste his favourite foods, started hating them, and even attempts to include pungent foods failed to stimulate his taste buds. But slowly, he entered what, in his opinion, was the worst phase of his [long COVID battle](#) — he could smell strange putrid smells that no one else could, or was he imagining them.

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He is by no means the only person who suffered from this common long COVID symptom. There might finally be some relief for all of them — people who still suffer from the long-term effects of the bizarre loss of smell and or taste acquired during a COVID-19 infection.

As per a note from the Radiological Society of America, a small 10-minute minimally invasive procedure could restore the sense of smell in patients with long COVID. The results of the study are to be presented at the upcoming meeting of the Society. “Post-COVID parosmia is common and increasingly recognised,” the Society’s note said, quoting the study’s lead author, Adam C. Zoga, M.D., M.B.A., professor of musculoskeletal radiology at Jefferson Health in Philadelphia, Pennsylvania. “Patients can develop a distaste for foods and drinks they used to enjoy.”

[Long-term anosmia \(partial or full loss of smell\)](#) and parosmia (distorted sense of smell, pleasant smells turning foul) are known as late sequelae of COVID-19. The authors of the study said while promising treatments for anosmia have evolved, similar success has evaded parosmia leading to mood disorders, weight loss, and decreased quality of life.

Part of the autonomic nervous system, which regulates involuntary processes including heart rate, blood pressure, breathing and digestion, the stellate ganglia are nerves on each side of the neck. They deliver certain signals to the head, neck, arms and a portion of the upper chest. The stellate ganglion block has been used with varying degrees of success to treat a number of

conditions, including cluster headaches, phantom limb pain, Raynaud's and Meniere's syndromes, angina and cardiac arrhythmia, according to the release.

Also Read | [Long-term health issues following COVID-19](#)

54 patients were referred from an ENT olfactory subspecialist after at least 6 months of post-COVID parosmia, which was not resolved with drugs or topical therapies. The note recorded: "The initial patient had a tremendously positive outcome, almost immediately, with continued improvement to the point of symptom resolution at four weeks," Dr. Zoga said. "We have been surprised at some outcomes, including near 100% resolution of phantosmia in some patients, throughout the trial."

At the follow-up, one week later, 59% of patients reported improvement in symptoms. Of this 82% reported significant progressive improvement by one month post-procedure. At three months, there was a mean 49% improvement in symptoms (range 10% to 100%) among the 22 patients.

While proof exists from a small study, more broad-based studies are required to establish the inconclusive efficacy of SGB for patients with parosmia. A highly specialised, skilled procedure, and doctors will have to be trained properly to execute it. Besides this, there are cost considerations too. However, every triumph of science over pathogens and the disastrous trail they leave behind ought to be celebrated, and there is no doubt this one is a true achievement too.

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THERE IS LIFE AFTER A STROKE, WITH PROPER REHABILITATIVE THERAPY

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Strokes need specialist intervention after the attack and during rehabilitation. | Photo Credit: iStockphoto

In April 2021, in the midst of the pandemic, Diya, a 20-year-old BDS student was rushed to the emergency stroke unit of Sri Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST). She was in a coma following a major stroke. She had severe brain swelling and needed emergency surgery. As she was rolled into the theatre, no one would have believed that two years later, she would live to tell her tale.

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On [World Stroke Day](#), Diya, now in her third year BDS, stood before a packed audience at SCTIMST and spoke about her long and often frustrating journey of recovery, the depths of depression and despair that she often sunk into and how her loved ones never let her give up on herself. “Diya suffered a rare complication following the COVID vaccination: venous thrombosis. This resulted in a major stroke. Post-surgery, she had weakness in her limbs, her speech was affected and it took a year of rehabilitation for her to recover. She was young, highly motivated but most importantly, her family was with her every step of the way, which made a full recovery possible,” said Sylaja P.N., Professor and Head of Neurology, who heads the Comprehensive Stroke Care Centre at SCTIMST.

In sharp contrast, far away in a small shack behind a row of small two-room houses off the coast of Poovar, lies 42-year-old Francis. He was on a fishing boat at sea, along with his brothers and friends, when he suffered a major stroke. By the time he was brought ashore and taken to the hospital, much time had elapsed. He was treated in the Government Medical College for over a month and discharged, because, “there was nothing more to be done”.

Paralysed on one side of the body, his speech incoherent, Francis is now confined to his bed. He spends his days alone because his wife has to go fish vending to feed their family of five. Apart from the palliative care volunteers who make a weekly visit to change the urine catheter, he has no contact with the outside world. The once robust fisherman is now a bag of bones, with atrophied muscles. Tears trickle down the corner of his eye when the palliative nurse holds his hand and asks him, “*Sukhamano?*” (Are you good?)

“There is life after a stroke.” Dr. Sylaja P.N., Professor and Head of Neurology

“There is life after a stroke. With proper rehabilitative therapy, family support, motivation and mental health support, most stroke survivors can make a good recovery and lead near-normal lives. They can at least be made independent so that they do not become a burden on their families. Some very motivated patients like Diya make a complete recovery. But each person’s life and socio-economic background is different. It is sad but the after-stroke life of 50-60% of stroke survivors in the country resonates with that of Francis,” Dr. Sylaja said.

At least two-thirds of stroke survivors experience motor, sensory, visual, swallowing, language, cognitive, and psychological impairments that can limit daily activities and restrict participation in family, work, and social life.

According to literature, the proportion of people with a disability five years after a stroke ranges from 25% among those who had minor strokes to about 50% among those who had moderate strokes and 80% among those who had severe strokes. Ten years after a stroke, roughly half of survivors continue to remain disabled..

A stroke is a life-changing event and while there has been a lot of attention on medical technologies like thrombolysis and thrombectomy to deal with the acute management of stroke, secondary prevention strategies and neuro-rehabilitation services for stroke survivors continue to be neglected, consigning these persons to a lifetime of disability.

The extent of functional recovery after a stroke is variable and depends on several factors, including health and socioeconomic status before the stroke, age, the severity of the stroke, its location and size, comorbidities, and the quality and quantity of rehabilitation received after the event.

The road to recovery from a stroke is a long and lonely process. Interdisciplinary stroke care (involving physiotherapists, speech therapists, psychologists, and occupational therapists) can dramatically improve the outcome of stroke patients and provide them good quality of life. Community-based support groups are crucial to handhold the stroke survivor and the family through the long recovery process.

However, there is a huge unmet need for rehabilitation facilities for stroke survivors across the country where most patients are discharged without a proper rehabilitation plan. Awareness about the importance of continuous and consistent post-stroke rehabilitation is poor among the general public and the services are also mostly available only to those with some capacity to pay.

The recent report of the World Stroke Organisation-Lancet Neurology Commission, “Pragmatic solutions to reduce the global burden of stroke”, highlights that for each of the four pillars of the stroke quadrangle — surveillance, prevention, acute care, and rehabilitation. Specific interventions are required so that the global burden of stroke can be brought down, particularly in low and middle-income nations.

Also Read | [Simple measures and lifestyle changes can reduce 90% chances of brain stroke, say doctors](#)

Implementing primary and secondary stroke prevention strategies and evidence-based acute care and rehabilitation services are the need of the hour to bring down the stroke burden. However, low awareness of stroke and its evidence-based management among communities, health-care professionals, and policy makers is just the beginning of the problem.

Poor awareness of stroke amongst the public and delays in taking the patient to an appropriate hospital (with the means to perform thrombolysis) is often compounded by a lack of a proper public emergency response system, infrastructural deficiencies in government hospitals, lack of expertise in hospitals to triage and manage those with stroke efficiently and quickly, shortage of neurologists and radiologists in the system to administer thrombolysis to eligible stroke patients and above all, the absence of standard care pathways and protocols.

If, till recently, the focus of all emergency stroke-related interventions was clot-busting therapy or thrombolysis, only a fraction of patients who reach hospitals within the critical window period of 4-6 hours were eligible for this therapy. Strokes due to large vessel occlusion or blockages in the brain constitute up to 30% of all acute ischaemic strokes. These strokes in large vessels are responsible for a significant proportion of permanent stroke-related disability.

Neurologists have now shifted the focus to Mechanical Thrombectomy (MT) for treatment of strokes in large vessels. Thrombectomy involves a catheter placed in the femoral artery, which is navigated up the aorta and into the cerebral arteries to retrieve the clot.

The procedure is deemed safer, effective and capable of removing clots up to 90%, as long as the patients (select patients as per guidelines) are treated rapidly within 24 hours. Thrombectomy can reduce the rate of neurological disability significantly by 40-60%.

Thrombectomy however requires a cath lab and hospitals which are equipped to perform thrombolysis can refer the patient to a thrombectomy centre for comprehensive stroke care once the emergency has been dealt with.

India has 566 stroke centres (primary and comprehensive together), of which only 360 have thrombectomy facilities, most of which are in the private sector. Even after massive public awareness programmes, less than 50% of the patients recognise stroke signals. The thrombolysis rate in India is abysmally poor at less than 5% and even in the U.S., this is still less than 25%. There are also issues of some atypical presentations of stroke which physicians at the primary care fail to recognise, leading to delayed referrals

“Maintaining a patient in a stroke unit where there are mandatory ICU protocols for prevention of complications of stroke like aspiration pneumonia and a team of neurologists, radiologists, interventional radiologists and nurses trained in stroke management for continuous evaluation gives the best outcome for patients. However, there are less than 300 such stroke units across the country and most are in the private sector, unaffordable to most patients. Unless more stroke units with endovascular thrombectomy facilities are established in government hospitals, especially the government medical colleges, we cannot hope to reduce the mortality and morbidity burden of stroke,” points out Dr. Shylaja.

Kerala, which has one of the highest prevalence of hypertension (44%) in the country, is also one State which has tried to de-centralise stroke care since 2018, with commendable results. The State is the only one in the country which has stroke units (thrombolysis facility with a neurologist) in 10 of its 14 districts

SCTIMST was a technical consultant to the State Government for the training of primary care physicians in all aspects of acute stroke management and to establish stroke-care pathways with an added accent on good stroke rehabilitation, which involves getting trained community-level health workers to visit stroke survivors at home to aid with rehabilitation. The district stroke units have so far managed to perform over 256 thrombolysis successfully and residual paralysis was reported only in 4% of cases, said Bipin Gopal, State nodal officer for NCD programmes. Two thrombolytic drugs — TPA and Tenecteplase — are supplied to the stroke units by the

government at no cost to the patients.

However, the system has not been able to expand the number of these facilities or upgrade any of the centres to a thrombectomy centre because of the shortage of funds and trained medical professionals to run these centres. The health system has only 15 neurologists. General transfers in the health services with no attention to the clinical requirements in each institution means that the neurologists as well as the casualty medical officers trained to recognise strokes are constantly moved around.

One out of four strokes in the country are said to be recurrent strokes and secondary stroke prevention strategies, which stress adherence to medication and adequate risk factor control, are important in preventing stroke recurrence. However, both adherence to medication and risk factor control are sub-optimal in low- and middle-income countries.

A community-based study conducted by SCTIMST with the Department of Health in Kollam district in Kerala to determine the efficacy of post-stroke care in the community showed an overall medication adherence of just 43.8% among stroke survivors. Of the 896 stroke survivors in the community, only 35% had checked their BP and blood sugar in the previous six months. Even after education by trained healthcare workers, only 20% more did their blood investigations.

“People did not seem to think that having medication on long term was necessary or that it was important. Some believed that their kidneys would bear the side effects of medication in the long term. Some just forgot to take their meds. None who had been prescribed diabetes and hypertension medication had any idea about their blood sugar or blood pressure targets. They blindly took the drugs with no monitoring in between. This is the reality of primary as well as secondary prevention efforts in the community. But we cannot give up on these education and interventions at the community-level,” a senior Health official said.

“Secondary prevention of stroke and stroke rehabilitation needs more focus in the current scenario. We need more rehabilitation centres with interdisciplinary teams and community support groups to encourage stroke survivors to become independent and productive members of their households once again. We need governments to invest more in stroke prevention and rehabilitation,” Dr. Sylaja said.

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EIGHT MONTHS ON, STATES WAIT FOR 3HP TB PREVENTIVE DRUG

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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November 25, 2023 09:00 pm | Updated November 26, 2023 12:33 am IST

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Eight months after Prime Minister Narendra Modi [launched](#) the pan-India rollout of a shorter TB Preventive Treatment (TPT) in March 2023 called the 3HP — once-weekly isoniazid-rifapentine for 12 weeks — States are yet to receive the 3HP combination drug from the Central TB Division. Tamil Nadu and Kerala have already begun using 3HP for TB preventive treatment despite not receiving the drug supply.

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Currently, all household contacts of a person who has been recently diagnosed with pulmonary TB are tested for TB disease and those who do not have TB disease but have been infected with the bacteria are offered treatment to prevent the progression from latent infection to TB disease. Daily dose of isoniazid for six months, which is the current treatment protocol, translates to 180 pills. In contrast, the 3HP regimen of one combination drug a week for three months translates to 12 pills in all.

“Since treatment with 3HP involves only 12 doses, compliance is better, adverse effects of the drugs are less and treatment completion is better compared with 180 doses of isoniazid monotherapy,” says Dr. Padmapriyadarsini, C, Director of the National Institute for Research in Tuberculosis (NIRT), Chennai. “TB disease should be ruled out before starting a person on preventive therapy. Also, other health conditions that may be contraindicated should be ruled out before starting on 3HP.” According to the latest guidelines, all household contacts immaterial of age are eligible for TB preventive therapy once TB disease has been ruled out.

The 3HP regimen has been associated with a higher completion rate in all subgroups — adults with HIV, adults without HIV, and children and adolescents. According to the 2021 Guidelines for programmatic management of tuberculosis preventive treatment in India, the use of the shorter regimen was associated with “at least 20% greater treatment completion rate (82% vs 61%)”.

Also, TPT using the 3HP drug is cheaper than isoniazid monotherapy for six months.

“No studies have shown that TB preventive therapy leads to drug resistance. But if active TB disease is not ruled out before starting TB preventive treatment, there is a risk of drug resistance setting in,” says Dr. Padmapriyadarsini. “Doing a skin test to know latent TB infection status prior to starting prevention therapy helps in convincing young adults to start and complete the

treatment.” Apparently, Health Technology Assessment had evaluated and found Cy-TB skin test for latent TB detection will be economical to the TB prevention therapy programme considering the number of TB cases and transmission that can be prevented and increased adherence to treatment.

While no head-to-head comparison trial between isoniazid for six months and 3HP has not been carried out in India, [a trial has compared](#) the two drug regimens in people living with HIV in South Africa. The trial found that the incidence of TB disease was the same in both the drug regimens. However, serious adverse reactions — hepatotoxicity — was significantly lower in people treated with 3HP.

While some States offer TB preventive therapy to those about to undergo organ transplantation, all States offer it to household contacts. “Though household contacts are considered at high risk of getting infected, less than 20% of infections can be attributed to household exposure, while the remaining infections could be attributed to community transmission,” says Dr. Soumya Swaminathan, former Chief Scientist at WHO.

About 30-40% of the Indian population has latent TB infection, and 5-10% of those with latent infection will develop TB disease over the course of their lives. About half of those who develop TB disease will do so within the first two years of infection. According to the WHO, TB preventive therapy “can halt progression to TB disease very effectively for many years”, thus preventing a large number of people from developing TB disease within two years of infection.

In high-burden countries such as India, the chances of reinfection after completing the TB preventive therapy are high, and such reinfection “may reverse this protection”. Despite the likelihood of protection being reversed on reinfection, a WHO spokesperson tells *The Hindu* in an email that countries like India should invest in TB preventive therapy. “Yes, they should [invest in TPT]. Reinfection with TB after a course of TPT is certainly possible, but *M. tuberculosis* is less infectious than many other microorganisms so this eventuality should not stop programmes from investing in TPT,” he says.

Combining TPT interventions with active TB case finding could achieve synergies,” the spokesperson says. While 3HP can be offered to people who get reinfected, the WHO spokesperson says that currently there is no “good evidence on the additional benefits that this provides because of a number of technical issues. For example, there are no good tests that can confirm reinfection”.

With smear microscopy forming the bulk of TB testing (despite its low sensitivity) and molecular testing constituting just 23%, should India prioritise molecular testing for all or should it also invest its finite resources into TB preventive therapy? The WHO spokesperson says India should invest more in TB screening using digital chest X-rays and molecular testing for TB disease confirmation. “TB preventive treatment like 3HP is an important accompaniment to this strategy, to protect TB-free individuals at risk from progressing to disease,” he says. “Even if all this requires resources to reach the required scale, the return on investment is typically high, saving costs to both the services and society given the high price of undetected TB.”

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CENTRE ASKS STATES TO WATCH CASES OF RESPIRATORY ILLNESS

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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November 26, 2023 02:59 pm | Updated November 27, 2023 02:05 am IST - NEW DELHI

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A man carries a child as they leave a children's hospital in Beijing on Friday, Nov. 24, 2023. Chinese officials say they did not detect any 'unusual or novel diseases' in the country, the World Health Organisation said on Thursday, following an official request by the U.N. health agency for information about a potentially worrying spike in respiratory illnesses and clusters of pneumonia in children. | Photo Credit: AP

Union Health Ministry on November 26 directed State Governments to ensure that the trends of influenza-like illness (ILI) and severe acute respiratory illness (SARI) be closely monitored by the district and State surveillance units of Integrated Disease Surveillance Project, particularly of children and adolescents.

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The action comes following the recent reports indicating a surge in [respiratory illness in children in northern China](#) in the past few weeks.

States have also been asked to send nasal and throat swab samples of patients with ILI/SARI, particularly of children and adolescents, to Virus Research and Diagnostic Laboratories located in the States for testing for respiratory pathogens.

In a letter by issued by the Ministry, States have been advised to immediately review public health and hospital preparedness measures viz. availability of HR, hospital beds, drugs & vaccines for influenza, medical oxygen, antibiotics, personal protective equipment, testing kits and reagents, functionality of oxygen plants and ventilators, infection control practices in health facilities, at a senior level.

All States and Union Territories are to implement 'Operational Guidelines for Revised Surveillance Strategy in the context of COVID-19' — which provides for integrated surveillance of respiratory pathogens presenting as cases of ILI and SARI.

"The Health Ministry has proactively decided to review the preparedness measures against respiratory illnesses, as a matter of abundant caution. This is noted to be important in view of the ongoing influenza and winter season that results in an increase in respiratory illness cases. The government of India is closely monitoring the situation, and indicated that there is no need

for any alarm,” said a senior Health Ministry official.

The Union Health Ministry maintained that the data of ILI/SARI from the States is required to be uploaded on a Central portal particularly from the public health institutions, including medical college hospitals.

“The cumulative effect of implementation of these precautionary and proactive collaborative measures is expected to counter any potential situation and ensure the safety and well-being of the citizens,” the Ministry said in its statement.

Recently, information shared by World Health Organisation (WHO) has indicated an increase in respiratory illness in northern parts of China. This is predominantly attributed to usual causes like Influenza, mycoplasma pneumonia, SARS-CoV-2 etc.

According to WHO, the release of COVID-19 restrictions coinciding with the onset of winter season in addition to cyclical trend of respiratory illnesses such as mycoplasma pneumonia have led to this surge. While WHO has sought additional information from Chinese authorities, it is assessed that there is no cause for any alarm at the moment.

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IS INDIA LAGGING IN MEASLES VACCINATION?

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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A child receives a vaccine shot at a measles and rubella vaccination camp in Mumbai. File | Photo Credit: The Hindu

The story so far: A [new report from the World Health Organization and the U.S. Centers for Disease Control and Prevention \(CDC\)](#) said measles cases in 2022 have increased by 18%, and deaths by 43% globally, compared to 2021. This, the report states, takes the estimated number of measles cases to nine million and deaths to 1,36,000, mostly among children. The [Union Health Ministry has refuted a part of the report](#) which said that globally 22 million children did not get their first measles shot in 2022 and that half of them live in 10 countries including India, where an estimated 1.1 million infants did not get the first dose of the vaccine. India's Universal Immunisation Programme is one of the largest public health programmes in the world targeting close to 2.67 crore newborns and 2.9 crore pregnant women annually.

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The Health Ministry maintains that just over 21,000 Indian children did not get the shot and said that the WHO data is based on an estimated number, reported under the WHO UNICEF Estimates National Immunization Coverage (WUENIC) 2022 report, which covers the time period from January 1, 2022 to December 31, 2022. A total of 2,63,63,270 children out of the eligible 2,63,84,580 children received their first dose of measles vaccine in FY 2022-23, according to the Health Ministry. It added that 21,310 children missed their first dose in 2022-23; and that initiatives have been undertaken by the Centre in coordination with the States to ensure that all children receive all missed/due doses of the measles vaccine.

Explained | [India's plan to eradicate measles, rubella](#)

"The recent reports based on data released by WHO-CDC are not based on facts and don't reflect the true picture," the Ministry said. "The catch-up vaccination age for the administration of Measles Containing Vaccine (MCV) has been increased from 15 months/2 years to 5 years. All unvaccinated/partially vaccinated children with missed/due doses of vaccines will be vaccinated," said a Health Ministry official.

Measles outbreak: What it tells us about India's vaccination coverage

[Measles is a contagious disease caused by a virus](#), which spreads through the air when an infected person coughs or sneezes. Measles starts with a cough, runny nose, red eyes, and

fever. Then a rash of tiny, red spots break out. It starts at the head and spreads to the rest of the body. According to the WHO, measles vaccination averted 56 million deaths between 2000 and 2021. “Even though a safe and cost-effective vaccine is available, in 2021, there were an estimated 1,28,000 measles deaths globally, mostly among unvaccinated or under vaccinated children under the age of five. Additionally in 2022, about 83% of the world’s children received one dose of measles vaccine by their first birthday through routine health services — the lowest since 2008,” it said.

Measles can be prevented with the MMR vaccine. The vaccine protects against three diseases — measles, mumps and rubella. Two doses of MMR vaccine are about 97% effective at preventing measles; one dose is about 93% effective. “This viral disease affecting mainly children causes significant morbidity and mortality. In an unimmunised population, the disease can rapidly break into an epidemic,” cautioned Dr. Neeta Kejriwal, a paediatrician at Manipal Hospital, Dwarka. “Three doses are recommended at 9 months, 15 months and one dose through 4 to 6 years. Due to interruption of routine vaccination during and post-COVID pandemic, India did see several outbreaks of measles in different parts of the country. The stakeholders of children’s healthcare must take extra measures for routine and catch-up measles vaccination to contain the disease in India. Also vaccination campaigns are going on across the country in different States for catch-up vaccination to cover children from 9 months to 15 months for elimination of measles and rubella,” she explained.

The WHO notes that the pandemic has led to setbacks in surveillance and immunisation efforts across the globe leaving millions of children vulnerable to diseases like measles. “No country is exempt from measles, and areas with low immunisation encourage the virus to circulate, increasing the likelihood of outbreaks and putting all unvaccinated children at risk,” it notes. In India, as recently as late last year, Maharashtra and Kerala saw a spike in cases of measles. While Maharashtra recorded over 800 cases and over 10 deaths linked to the disease, Kerala’s Malappuram district reported 160 cases of measles. The spread caused enough alarm to prompt the Indian Academy of Paediatricians to step in and appeal for vaccination.

In 1998, after a now-discredited study was published, incorrectly linking autism to the measles-mumps-rubella (MMR) vaccine, in the U.K. — where the study originated — the rate of vaccination dropped to an all-time low of about 80% of all children by 2003 and 2004. In 2008, there were nearly 1,400 lab-confirmed cases of measles in England and Wales. According to data, in 2013–14, there were almost 10,000 cases in 30 European countries with most cases occurring in unvaccinated individuals and over 90% of cases occurred in Germany, Italy, the Netherlands, Romania, and the U.K.

In the U.S., a resurgence of measles occurred during 2019, which has been generally tied to parents choosing not to have their children vaccinated as most of the reported cases have occurred in people 19 years old or younger.

Medical literature explains that it is [possible to get measles even if vaccinated, but it is unlikely](#). It notes that a teenager or adult who isn’t sure whether he or she has been vaccinated against measles, can take a blood test which can confirm if the person has immunity from a previous vaccine. If the test shows the person does not have immunity, doctors are likely to recommend two doses of the vaccine at least four weeks apart. Adults who don’t have immunity are advised to get at least one dose of the MMR vaccine.

Talking about adults being offered the vaccine, Dr Shuchin Bajaj, founder and director, Ujala Cygnus group of Hospitals, said adult vaccination may be needed in certain cases, especially if someone missed childhood vaccinations. It helps maintain immunity and prevent the spread of the virus, contributing to overall community protection. Experts add that adults may be given a

dose of the MMR vaccine if there is no evidence that one has gained immunity either through vaccination or natural disease.

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NOT A PANACEA: THE HINDU EDITORIAL ON THE MARATHA DEMAND FOR RESERVATION

Relevant for: Developmental Issues | Topic: Government policies & interventions for development in various Sectors and issues arising out of their design & implementation incl. Housing

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November 28, 2023 12:15 am | Updated 12:15 am IST

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In a sign of significant socioeconomic churning in various parts of India, there have been demands for reservation by communities that are known to be politically dominant and are not traditionally classified as “backward”. The [agitation for reservation by members of the Maratha community in Maharashtra](#) is one such. The community has had significant representation in positions of political power — over 35% of MLAs since 1967 and 12 of 18 Chief Ministers in the State. It has also traditionally been economically influential in rural areas due to landowning — over 75% of the cultivable land in the State — besides controlling an overwhelming majority of sugar factories. Data from the India Human Development Survey (IHDS) in 2011-12 in the State have shown that [Marathas](#) had a per capita consumption expenditure only lower than that of Brahmins; poverty incidence among Marathas was comparable to that of other forward communities and significantly lower than that of Scheduled Castes and Scheduled Tribes and marginally lower than that of Other Backward Classes. It is evident why the [Supreme Court in 2021 struck down the 16% quota](#) provided under the Socially and Economically Backward Classes for Marathas in jobs and education in 2018.

And yet the demand is not difficult to fathom. Despite the relative dominance, there are significant intra-community variations in terms of income and educational outcomes. The IHDS survey showed that the highest quintile of the community had an average per capita income of 86,750, while the per capita income of the lowest quintile was one-tenth of this. This disparity, besides the predominant rural nature of livelihoods among the poorer Marathas amid the prolonged nature of the recurring agrarian crisis in the State, has given rise to resentment and the demand for reservations. The Eknath Shinde government bowed to the demands of the latest agitation and set up a committee led by Justice Sandeep Shinde to help expedite the [issue of Kunbi certificates to all Marathas](#) so that they could benefit from reservations as part of the OBCs. But this has led to tensions with OBC leaders, including from the ruling coalition, demanding that the government scrap the committee. The need for a comprehensive socio-economic survey across States, instead of knee-jerk responses to agitations, is a must to evaluate the implementation of reservation, its outcomes, and to find out which group deserves it based on constitutional provisions. More importantly, with government jobs shrinking to a mere fraction of overall employment, reservations cannot be a panacea for the uplift of the poor among Marathas.

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WHY ARE THE MARATHAS MOBILISING NOW?

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Maratha quota activist Manoj Jarange Patil. File | Photo Credit: ANI

The Maratha mobilisation for reservation in higher education and public employment has reached its peak with the protesters issuing an ultimatum to the government. The Marathas desperately want a reservation that can stand in a court of law. While Marathas have organised mass demonstrations since 2016, it must be noted that from 1953 to 2008, three National Backward Classes Commissions and three Maharashtra State Backward Classes Commissions rejected the Maratha demand to be included in the OBC list. So, what changed in the past two decades which compelled the Marathas to organise massive rallies and even burn the houses of elected Maratha representatives over the reservation question?

Editorial | [Not a panacea: On the Maratha demand for reservation](#)

Scholars have attributed the following reasons: agrarian crisis and assertion of OBCs in the rural and urban local bodies. However, I suggest the crisis of dominance explains the current mobilisation of the Maratha reservation. We need to pay attention to the interlinkage between what I call the urban and rural crises.

By urban crisis, I refer to the rapid disappearance of well-paid jobs since the late 1990s in large-scale manufacturing industries and other establishments in urban areas. These avenues provided jobs to individuals with little or no education or vernacular degrees. These jobs paid good salaries, provided healthcare benefits and gave access to social security provisions. Moreover, workers could organise under trade unions and participate in industrial and political actions. It is in such industries that Marathas used their socially superior and dominant caste position to corner a larger share of jobs. For instance, the Bombay Mill Owners Association 1940 survey shows that Marathas cornered more than 50% of well-paid jobs in the textile mills. My 2009 survey also shows that the Maratha dominance continued even during the rapid dwindling of job opportunities. Ethnographic observations and discussions with wide-ranging trade union leaders reveal that Marathas dominated well-paid jobs in other large-scale industries. Since the 1990s, all these companies have either closed or have significantly retrenched their workforce.

In all grades of government, Marathas occupy more than 29% of open-category jobs. Similarly, in Mantralaya (State secretariat), Marathas occupy more than 37% of open-category jobs. The Maratha share is 15.52% in the IAS, 27.85% in the IPS and 17.97% in the IFS. However, since the economic liberalisation, jobs have shrunk in the public sector. Of the total secured jobs

nationwide, merely 3.5% are in the government and 2% in the private formal sector. Moreover, contractual government jobs increased from 0.7 million in 2004–05 to 15.9 million in 2017-18. This means that there is fierce competition among Marathas for a smaller number of government jobs.

Furthermore, jobs in State-owned and State-funded schools and colleges have considerably gone down. In several cases, municipal schools have been shut down, and schoolteachers and college lecturers are hired on contracts. Like individuals across social groups, Maratha youth opted for informal work such as security guards, courier boys, or engaging in the kind of odd jobs clubbed under the nomenclature 'housekeeping'. Those with better education are stuck with contractual jobs. The contractual jobs in the private sector increased from 3.6 million in 2004–05 to 7.1 million in 2017–18.

By rural crisis, I refer to the return of workers from closed factories to their villages and the inability of the rural youth to migrate to urban areas for better-paid employment. Historically, the well-paid urban income provided individuals with the necessary financial support for the rest of their family members in the villages, who took care of the farmlands. In the case of Marathas, it further strengthened their already socially superior and dominant position in the villages. When the factories were running, there was a pattern of workers retiring in the villages and male offspring taking over employment in the city. The disappearance of well-paid jobs has halted this process.

Youth from the rural areas now find themselves going for informal sector jobs. Moreover, they cannot financially support their family members in the villages. They also do not enjoy the respect and pride in rural settings due to their employment in urban areas, something their parents had experienced historically. Therefore, the only way out for the rural Maratha youth are the secured jobs in the public sector, which have considerably shrunk.

Like all social groups, there has been an increase in aspirations for higher education among the Marathas. However, post the 1980s fiscal crisis, many public institutions diversified their sources of funding, which subsequently augmented self-financed public and private institutions. Overall, seats in government institutions have decreased, and private ones have increased. As of 2019, of the total colleges, 64.3% are private and unaided, 13.5% are private and aided and merely 22.2% were managed and run by the government.

As the Yashpal Committee noted, private institutions charge exorbitant fees and have illegal capitation fees that range from 1-10 million for engineering courses, 20-40 million for MBBS courses, 5-12 million for dental courses, and about 30,000-50,000 for courses in arts and science colleges. Like the majority of individuals across social groups, Marathas with less financial resources have to rely on public institutions. Here, Marathas compete for a smaller number of open-category seats.

The combination of the urban and rural crises has resulted in the crisis of dominance for the Marathas. It is further aggravated by the disturbance of caste hierarchy norms due to the educational and economic mobility of a tiny section of Dalits, together with their social, cultural and political assertion. In several cases, the economic and political assertion of the OBCs has created anxiety among the protesting Marathas. These factors explain the current mobilisation of the Marathas on the reservation question. Unless the State increases the share of formal sector jobs and expands public educational institutions (or starts large-scale scholarship programmes for the poor), the Marathas' crisis will continue to persist.

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