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IS THERE A TB DRUGS SHORTAGE IN INDIA?

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

October 01, 2023 04:35 am | Updated 04:35 am IST

Several media reports quoting TB patients in different States facing drug shortage have been published. | Photo Credit: Getty Images/iStockphoto

The story so far: TB drug shortage began last year when Rifampicin — a medicine used for treating drug-sensitive TB — was not available in many parts of India. Since June this year, three important medicines used for treating drug-resistant TB — Linezolid, Clofazimine, and Cycloserine — too faced a stockout. On September 26, a PIB press release said that some media reports alleging shortage of anti-TB drugs in India are “vague and ill-informed, without any specific information on the availability of anti-TB medicines in stock”. But in the same release, it also said that “in rare situations, States were requested to procure few drugs locally for a limited period by utilising the budget under National Health Mission (NHM) so that individual patient care is not affected.”

On August 23, *The Hindu* reported the Tamil Nadu State TB Officer Asha Frederick as saying that the Union government had “not supplied adequate doses of Rifampicin and some drugs used for treating people with multidrug-resistant TB (MDR-TB), and the State have been asked to procure the drugs themselves but no additional funding has been provided”. Several media reports quoting TB patients in different States facing drug shortage have also been published.

On September 14, Dr. Tereza Kasaeva, Director, Global TB Programme at the World Health Organization, had written, saying: “We at WHO — across 3 level [sic] — are also deeply concerned and closely following the situation with the TB drug stockouts.” She also said: “Our colleagues from WHO country office are in contact with the Government of India and have visited at least four States this month to evaluate the situation on ground and support. We’ve been informed that actions are underway.” She ends the mail addressed to Lucica Ditiu, Executive Director of the Stop TB Partnership, and others, saying: “We agree with you that there are some systemic issues that allow stockouts [to] happen periodically. These issues should be urgently addressed and avoided in future.” The same day, Lucica Ditiu of Stop TB Partnership in an email said: “The situation [in India] is worrying and… the MoH [Ministry of Health]… are aware as well.”

On September 21, in response to a query from Banjot Kaur of The Wire during the WHO virtual presser, Dr. Kasaeva said: “We are aware and noted with concern the recent reports of shortage of TB drugs affecting some provinces and facilities in India. The WHO country and regional offices are closely following this situation by visiting States and facilities… The assessment is still going on… We are working closely with the government and partners and this unfortunate

situation will be sorted out soon… by the end of this month or beginning of next month."

In a September 26 press release, the government claimed that all drug-sensitive TB drugs are "available with sufficient stocks ranging six months and above". In the case of drug-resistant TB drugs, it shared the stocks available at the national level and in Maharashtra without explicitly saying how long the stocks would last.

Based on the stocks of MDR-TB drugs said to be available in Maharashtra in the press release, Vaishnavi Jayakumar, a member of ISthmUS (a pan-Indian network of volunteers focusing on life-sustaining medical supply access during a crisis), pointed out in a tweet that Maharashtra has less than a month's stock of two MDR-TB drugs. While 79,926 capsules of Clofazimine were said to be available in stock, she pointed out that the monthly requirement was 97,408; the stock available would not last even a month. In the case of Linezolid, the stock available in Maharashtra was put as 86,443 while 1,34,958 medicines are needed in a month. At the national level, she calculated the stocks of different MDR-TB drugs from the data of tenders available on the Central Medical Services Society (CMSS)'s website. While the stock of Clofazimine (100mg) as on September 26 was found to last for over three months, the stock of Cycloserine (250mg) would last only for one month and just over two months for Linezolid (600 mg).

Ms. Jayakumar told *The Hindu* that as per the 2021 guidelines for programmatic management of drug-resistant TB in India, the Centre procures TB drugs which remain at the Central Medical Services Society (CMSS) warehouse, and supplied to States when demands are raised. In the case of MDR-TB drugs, at the district level, the drugs are sorted keeping in mind the particular requirement of each MDR-TB patient, which is called a patient-wise box. "Such patient-wise boxes are to be prepared for each MDR-TB patient and handed over to them," she said. "Apart from the logistics of distributing the drugs to the States, the MDR-TB drug boxes for each patient have to be prepared. According to the 2021 guidelines, at the State-level, there should be two months' stock of medicines and one month stock of patient-wise boxes at a minimum. So a minimum stock of three months is needed, as per the guidelines."

She also pointed out that two tenders published in early May for MDR-TB drugs for two months' supply were cancelled in late-June for administrative reasons. "Two short online tenders were published only in early July. That is where the trail ends," Ms. Jayakumar said. The PIB release says the drugs were procured in August.

Ms. Frederick told *The Hindu* in August that the short-course drug combination regimen of Isoniazid-Rifapentine given once weekly for 12 weeks (3HP) to prevent TB in people with latent TB infection was never supplied to States. The new drug regimen was launched by Prime Minister Narendra Modi in March this year.

No. In September 2021, India faced a shortage of MDR-TB drug Delamanid. In 2013, India faced a TB stockout of first-line TB drugs Rifampicin and Isoniazid, and paediatric TB drugs.

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Source : www.thehindu.com Date : 2023-10-01

WHY BSL-3 LAB FOR NIPAH CONFIRMATION IS UNNECESSARY

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

September 30, 2023 09:00 pm | Updated 09:46 pm IST

On September 11, samples sent to Calicut Medical College for testing were confirmed as Nipah virus. But only on September 20, after 323 samples were tested for the virus, did ICMR permit Kerala to use Truenat for Nipah testing. Even the belated permission came only after Kerala "strongly demanded" for Truenat during discussions with ICMR, Health Minister Veena George said during a press conference.

Truenat for Nipah virus testing was granted an emergency use authorisation (EAU) by the Indian regulator in September 2021 days after the third Nipah outbreak in Kerala. The EAU was based on validation of the Truenat test to detect the virus and the Trueprep AUTO lysis buffer (to inactivate the virus) by NIV Pune in 2018 in Kerala and external validation at the Institute of Epidemiology Disease Control and Research, Dhaka, Bangladesh. Both human and bat samples from Kerala were used for validating the test in 2018. In 2019, NIV installed Truenat at the Government Medical College, Ernakulam during the Nipah outbreak, and at two field sites in Punjab as part of the Nipah virus surveillance in bats. Of the 120 human clinical specimens and 25 samples from bats tested in 2019, Truenat correctly diagnosed all the positive and negative samples, except for one positive human sample.

As per a 2021 paper published in the *Indian Journal of Medical Research*, the sensitivity of Truenat was 97% and specificity was 100%. It was able to correctly diagnose Nipah even when other viruses were present. The efficacy of the Trueprep AUTO lysis buffer for inactivating Nipah virus prior to virus detection was also tested and found to be high. The "inactivation of Nipah virus was evident by the absence of Ct value", notes the paper. A study was carried out at NIV in April 2020 using SARS-CoV-2 virus to evaluate the virus inactivating efficiency of both the lysis buffer and the Trueprep AUTO transport medium. The study, which is yet to be published but shared with *The Hindu*, found high virus inactivating efficiency by both the lysis buffer and the transport medium.

"The Truenat test for Nipah virus was already developed and ready as our idea is to work on diseases that have the potential to become a pandemic if not diagnosed early," says Dr. Chandrasekhar Nair, Director and Chief Technology Officer at Molbio Diagnostics Pvt Limited.

Despite the validation as a point-of-care test by NIV and an EUA granted in September 2021, ICMR did not permit Kerala to use Truenat till September 2023. A senior scientist based in Kerala tells *The Hindu* that it is the Indian regulator and not the ICMR that is authorised to

approve the use of Truenat for Nipah testing. With an EUA granted in 2021, States should have been free to use Truenat without any permission from ICMR, the scientist says.

"Truenat will be used for testing Nipah virus at five government medical colleges that have a BSL-2 facility with BSL-3 practices. Private medical colleges that have similar facilities will also be allowed to use Truenat," says Hanish Mohammad, Principal Secretary (Health), Kerala.

"Testing for Nipah using Truenat is being considered only for hospital-based BSL-2 facilities and not in stand-alone labs," says Dr. Aravind R, Head of Infectious Diseases, Government Medical College, Thiruvananthapuram. According to him, allowing only hospital-based BSL-2 facilities to test for Nipah is to discourage people from walking in to get tested at stand-alone labs. "The decision to test for Nipah should be taken by doctors, not patients. There should be a pretest probability of a patient being positive for Nipah," says Dr. Aravind.

"The lysis buffer inactivates the virus and the risk is reduced maximally. There is no need for a BSL-2 lab for Nipah virus testing when Truenat is used," says Dr. Raman Gangakhedkar, who was the Head Scientist of Epidemiology and Communicable Diseases at ICMR and a co-author of the 2021 paper.

Explaining why a BSL-2 facility is essential for testing Nipah virus, Dr. Rajiv Bahl, Director-General of ICMR says: "Even though in the diagnostic samples the virus may be inactivated by using lysis buffer, handling the initial samples before the addition to lysis buffer without strict containment measures may pose a risk of exposure to healthcare workers or any accidental environmental release if no proper decontamination is taken care of."

However, Dr. Nair of Molbio Diagnostics confirms to *The Hindu* that for Truenat, the virus is inactivated at the site of sample collection and not when the sample reaches the BSL-2 facility. Therefore, the inactivated virus is inert and non-infectious when the sample reaches the lab for testing. "The Trueprep AUTO transport media is a proprietary medium that has reagents to inactivate the virus. The transport media inactivates the virus while the lysis media in Trueprep AUTO completely breaks open the pathogens to release nucleic acids," he explains. The April 2020 study at NIV found both the lysis buffer and the transport medium highly efficient at inactivating the SARS-CoV-2 virus.

ICMR and NIV are very clear that for an official confirmation, the sample must be tested only in a BSL-3/4 facility, says Mr. Mohammad. The insistence on a BSL-3 facility for virus confirmation is based on the 2021 government of India memorandum, he adds.

However, India's rules on a BSL-3 facility for Nipah virus confirmation run counter to the WHO's draft high priority diagnostics for Nipah. The WHO document mentions that Nipah can be confirmed by detection of the virus RNA or viral culture. For a reference laboratory setting, the "diagnostic options for confirmation can include laboratory NAT, NPT/POC NAT assays, virus isolation (if BSL-3/4 available), and serum neutralisation assays". Of the diagnostic options for Nipah confirmation, WHO has included both near-patient testing (NPT) and point-of-care (POC) NAT testing; Truenat is a POC NAT test. The WHO also clearly mentions that BSL-3/4 facility is needed only when virus isolation is undertaken; isolation of viruses is only for research purposes.

"Viruses are sometimes cultured [for detection]. This used to be done a lot before nucleic acid-based amplification became available… Used much less now (and viral culture experts and lines are hardly available)," says microbiologist Dr. Gagandeep Kang, former professor at CMC Vellore. Dr. E. Sreekumar, Director of the Institute of Advanced Virology, Thiruvananthapuram says: "All labs in India, including the NIV's, use only RT-PCR for Nipah diagnosis, be it for initial

detection or confirmation. No other methods are used now."

Usually, it is the same specimen that has been used for testing that is sent for virus confirmation, says Dr. Aravind. Dr. Sreekumar adds: "At present, ICMR encourages collection of only live samples so that they can do both diagnostic testing and research by virus isolation in the same sample. This [collection of live samples] prevents early detection as local labs are prevented from doing testing."

But now, by default, all samples sent for Truenat testing are collected in a transport medium, which inactivates the virus at the site of sample collection. Since inactivated viruses are not viable, they cannot infect people; genomes can be sequenced using inactivated viruses. This makes a BSL-3 facility redundant for virus confirmation. Relying on BSL-2 labs for testing and confirmation can speed up the process as many such facilities in Kerala can be roped in.

Inactivated viruses are not only used for testing and genome sequencing but also for developing diagnostics, such as Truenat. "For any nucleic acid tests (NAT), the U.S. FDA accepts synthetic DNA. That is precisely how the U.S. and other countries developed COVID tests and the U.S. FDA authorised for emergency use even before outbreaks happened in those countries," says Dr. Vinod Scaria, Senior Consultant at the Vishwanath Cancer Care Foundation, Bengaluru. "Even for drug discovery, live viruses are needed only for screening molecules and understanding the infection and immune processes. Even here, many scientists use pseudoviruses, which are better amenable and easier to use, for studying antibody escape."

Responding to a question on why ICMR insists on a BSL-3 facility for Nipah virus confirmation despite the virus being already inactivated, Dr. Bahl, ICMR Director-General says: "BSL-3 facilities have specialised equipment and containment protocols to prevent the release of infectious materials. This is essential in case the virus is not fully inactivated or if there are any procedural errors during diagnosis." But NIV had validated the Trueprep AUTO lysis buffer and the transport medium and found it to be really effective in inactivating the virus.

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GENES FUEL ANTIBIOTIC RESISTANCE IN YEMEN CHOLERA EPIDEMIC

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

September 30, 2023 09:10 pm | Updated 09:10 pm IST

Genes imparting resistance to multiple antibiotics emerged in the *Vibrio cholerae* bacterial strains responsible for the ongoing Yemen cholera epidemic around 2018, following changes in antibiotic treatment, according to a study published in *Nature Microbiology*. These findings emphasize the importance of tracking pathogen genomes to monitor the emergence of multidrug-resistant strains that increase human morbidity and mortality.

The cholera outbreak in Yemen, which began in 2016, is the largest in modern history and antibiotic resistance has become widespread among *V. cholerae* bacteria since 2018. Drug resistance in bacteria may develop and spread via spontaneous mutations or by the acquisition of resistance-conferring genes.

Florent Lassalle from the Wellcome Sanger Institute, Hinxton, the U.K. and others analysed 260 epidemic *V. cholerae* genomic DNA samples collected in Yemen between 2018 and 2019. The authors report the presence of a new plasmid — a small, circular DNA molecule — in *V. cholerae* from late 2018 to the bacterial strains behind the epidemic. This plasmid introduced genes encoding resistance to multiple clinically used antibiotics, including macrolides (such as azithromycin). The plasmid became widely spread and was found in all epidemic *V. cholerae* samples tested by 2019, coinciding with macrolide antibiotics being used to treat pregnant women and children with severe cholera. The authors also found the multidrug-resistance plasmid in less pathogenic, endemic cholera strains, suggesting that epidemic and endemic *V.cholerae* strains might exchange plasmids and antibiotic-resistance capabilities.

The authors conclude that clinical macrolide use and genetic exchange may have contributed to multidrug-resistance spread among Yemeni *V.cholerae* lineages. They argue that the emergence of the multidrug-resistant pathogen demonstrates the importance of continuing genomic surveillance of the Yemen cholera outbreak.

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AN AGEING INDIA NEEDS AGE-RESPONSIVE TB CARE

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

October 02, 2023 01:08 am | Updated 09:08 am IST

India is moving towards a future where the elderly will make up a significant proportion of society, primarily due to advances in health care and increased life expectancy. In 2011, about 9% of India's population were over the age of 60. This is expected to increase to 12.5% by 2030. The elderly represent a storehouse of wisdom, and respect for their rights and freedoms benefits society. On International Day of Older Persons (October 1), we must resolve to invest in the health of our elderly population, and pay attention to their unique needs.

This is especially true in the case of tuberculosis (TB), which affects over 25 lakh Indians every year, and kills at least 1,000 every day. India's National TB Prevalence Survey, 2021, revealed that the prevalence of TB in people over the age of 55 was 588 (per one lakh population), much higher than the overall national prevalence of 316. These findings were the starting point for a first-of-its-kind rapid assessment report on TB among the elderly, which we published earlier this year in collaboration with the National TB Elimination Programme and the U.S. Agency for International Development, highlighting TB's impact on the elderly and the need for age-specific TB guidelines.

Interviews with older persons with TB revealed that their TB care journeys were fraught with challenges at every step, resulting in an overall sub-optimal experience. Symptoms of TB including cough, fatigue and weight loss are mistaken as signs of other diseases or dismissed as signs of old age. The risk of having a TB diagnosis delayed or missed altogether is higher for the elderly compared to other adults.

Once diagnosed, management of TB among the elderly is often complicated by multiple comorbidities, particularly diabetes. At an individual level, this means a higher pill count and an increased likelihood of side effects. At a health system level, this can result in irregular treatment adherence and poor outcomes, including death. Some older people with TB spoke about their lowered 'will to live', especially in the absence of social and emotional support systems.

Older people, and older women in particular, also face specific challenges in accessing health services. For instance, in rural and hilly areas, they struggle to travel to health facilities by themselves. Their access to reliable information on health is also limited — social networks inevitably shrink for the elderly. Older persons also experience infrastructure-related challenges such as lack of adequate seating. Crucially, they may not have access to high-quality nutritious food, which is critical for recovery.

All of this is augmented by a loss of economic independence. Most people over the age of 60

are no longer working; they are living off savings or they are completely dependent on families. There are some social welfare schemes for the elderly but these are limited in scope and difficult to access. Data on TB-related stigma among the elderly is sparse but we know that ageism is real and has been recognised by the World Health Organization as a cause of poor health and social isolation. Many older people we spoke to referred to their fragile mental health, accentuated by the loss of purpose and connection, loneliness from losing spouses or family, and the anxiety of not being 'useful'.

So, how can we design and deliver TB care that is elder-friendly? First, we must move away from disease-specific, vertical care programmes to holistic care models that reduce the need for the elderly to interact with multiple providers and facilities. We must also build capacity among health professionals at all levels for an improved clinical understanding of TB in the elderly and better management of multiple morbidities. Case-finding among the elderly can be improved through effective sputum collection and transportation systems, access to mobile diagnostic vans and active case finding at geriatric OPDs, residential homes for the elderly and other institutional settings.

Technical and operational protocols that provide clear guidance on diagnosing and treating TB in the elderly — for example, sample extraction protocols, comprehensive assessment of co-morbidities and drug dosage adjustments — need to be developed.

To address socio-economic needs, we must design and roll out well-considered support protocols, with inputs from elderly people with TB. Examples include an elder-focused community care model with linkages to local caregivers; doorstep delivery of medicines; age-responsive peer support and counselling for older people and their families; special help desks for the elderly at facilities; and support with documentation to access social support schemes.

At a macro level, we must ensure rigorous gender and age-disaggregated collection and analysis of data, to identify TB trends across age groups, and to make sure that the elderly are included as a separate age category in all TB reports. An important step towards building elderly-friendly systems is strengthening collaboration within the health system.

Finally, we need a stronger research agenda focused on TB in the elderly, to better understand State-specific trends in case finding and outcomes among elderly people with TB; substance use; drug-resistance and co-morbidity patterns across geographies; uptake of TB preventive therapy in the elderly; and intersectionality with other aspects of equity such as gender, disability, class, and caste.

Anupama Srinivasan is Assistant Director at REACH, a non-profit organisation working on TB for over 25 years; Ramya Ananthakrishnan is Director at REACH; Manjot Kaur is an independent consultant associated with REACH and authored **TB in the Elderly: A Rapid Assessment Report**

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CRIMINAL LAW BILLS AND A HOLLOW DECOLONISATION

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

October 03, 2023 12:08 am | Updated 12:08 am IST

‘The narrative of decolonisation surrounding the Bills must not be seen in isolation from developments in other areas of criminal law that are contemporaneously pushing us back into colonial ways and outcomes of lawmaking’ | Photo Credit: Getty Images/iStockphoto

In introducing the three criminal law Bills in 2023 and, earlier, while setting up the Committee for Reforms in Criminal Law in 2020, a lot was said about the decolonisation that these Bills will bring about. Unfortunately, the Bills do very little to decolonise Indian criminal law. They do, however, indicate the continuation and intensification of colonial-style powers.

Colonisation is, broadly, a process of oppression where the colonised become vehicles for the supreme colonial power to fulfil its desires. The subject unquestioningly serves the colonial state and remains at its mercy. Those in power have rights; those without must oblige. At the same time, the colonial state also considers itself to forever be at risk of being victimised by those it rules. Therefore, the interest it needs to protect is its own, not the subjects’, who are not just inferior but also suspicious. This is the foundational essence of colonial laws — to secure and protect the colonial state and not the colonised. The purpose of laws such as the Indian Penal Code (1860) which the Bharatiya Nyaya Sanhita (BNS) seeks to replace, was not just to maintain law and order; it was an opportunity for the colonial state to legitimise, through the law, its status as a potential victim under threat from the people it colonised.

A ‘decolonised’ or a post-colonial law, then, would necessarily need to reflect the changed relationship between the citizen and the state. An independent people are not to serve but to be served through the state and government they give themselves. This fundamental shift changes the process of law-making, and the priorities and purpose of the law.

The Bills fail these essential requirements both in how they have been brought about and their content. The framework produced by them views citizens with such increased suspicion and mistrust that the state appears to almost be in opposition to the citizen.

Through the major changes in the Bills run twin threads which severely compromise people and simultaneously arm the state against them. That almost all proposed changes to the BNS (see provisions on organised crime, false information jeopardising sovereignty, acts endangering sovereignty, terrorist acts) are overbroad, and constitutionally suspect is not just the result of

poor drafting. It is an outcome of the state casting the net of what constitutes an offence as wide as possible, which in parallel increases the avenues to use police powers. Many of the ‘new’ offences are already covered by existing laws (either under special laws or the Indian Penal Code). Adding an additional layer of criminalisation, therefore, does nothing except increase police powers.

A notable feature of colonisation is suppression in the guise of security by giving the executive unchecked police powers. This particular feature is so deeply entrenched that the Indian state has only increased its police powers post Independence. The Bharatiya Nagarik Suraksha Sanhita (BNSS) — it repeals the Code of Criminal Procedure, 1973 — expands those powers considerably. For instance, it allows police custody for periods longer than is allowed under the current Criminal Procedure Code. Some provisions of the BNS, such as terrorist acts, allow the police powers that are significantly broader than even those under harsh laws, such as the Unlawful Activities (Prevention) Act. The legislative increase in the use of police or police adjacent powers, including through other laws, is a continuation of colonial powers — not a route for undoing them.

Enough has been written about the police and prison being relics of colonisation. Yet, the decolonisation that the Bills seek to achieve provides no scope for their reform. Without reorienting the foundational perspective of these institutions, though, calls for decolonisation will remain vacuous. The hope of decolonisation will remain unfulfilled because the state has not indicated, either now or earlier, the willingness to audit and reimagine these essential instrumentalities of colonial power. Increasing terms of punishments across the board, as the BNS does, while broadening police powers borrows heavily from the logic of colonial criminal law. What this means for India’s severely overcrowded prisons and the implications on policing (how, who and on whom) are either non-considerations or over-looked considerations.

The narrative of decolonisation surrounding the Bills must not be seen in isolation from developments in other areas of criminal law that are contemporaneously pushing us back into colonial ways and outcomes of lawmaking. For instance, laws such as the Criminal Procedure (Identification) Act, 2022 which authorises the police to take measurements of convicts, accused and even those taken into custody for preventive detention, further the aim of colonisation — increased surveillance of the populace and increased control by the state.

Though the idea of decolonisation must be seen in opposition to colonisation, that is not all it is. It is an optimistic endeavour brimming with the promise of a people shaping their own destinies. It gives effect to reordered relationships between the state and citizen. It honours and centres the citizenry. But, hidden behind the rhetoric of decolonisation of the criminal law Bills lie exaggerated anxieties of colonial power.

Maitreyi Misra works at Project 39A, National Law University Delhi. Research assistance by Pulkit Goyal, a fourth-year student, National Law University Delhi. The views expressed are personal

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THE TRIUMPH OF VACHATHI OVER A HOSTILE STATE

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

October 04, 2023 12:16 am | Updated 08:43 am IST

At Vachathi | Photo Credit: THE HINDU PHOTO ARCHIVES

The Madras High Court's judgment, on September 29, 2023, upholding the human rights of the people of Vachathi in Tamil Nadu is remarkable — as a constitutional court, it unmasked and recognised that coordinated and large-scale repression by uniformed forces cannot take place without orders from or complicity at the top levels of the government.

The court said, "In order to safeguard the actual smugglers and the big-shots, the revenue officers, police officials and also the forest officials, with the help of the then Government, played a big stage drama (sic), in which the innocent tribal women got affected." In the context of the large-scale violence we see today by law enforcement agents on the common man, the decision assumes importance. The repression of the anti-Sterlite protests, the student protests in Jawaharlal Nehru University and elsewhere, the bulldozer raj in Uttar Pradesh, Haryana, the repression against tribals and the violence in Manipur are but a few instances.

The villagers of Vachathi have created history and the court verdict is testament to their resolve. it is an assertion of their dignity. This is among the rarest cases in the annals of legal history where all 215 accused (the survivors of the 269 accused), government and law enforcement personnel stand convicted en masse of offences under The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 and the Indian Penal Code. Rigorous imprisonment ranging from one to 10 years with fine has also been imposed.

A recollection of some of the events at Vachathi, a remote village of Adivasis in Dharmapuri district, Tamil Nadu is necessary. On June 20, 1992, about 300 uniformed officials unleashed violence on the village on the pretext of unearthing smuggled sandalwood. Eighteen women including a woman who was pregnant were raped. And, 90 women, 28 children and 15 men were illegally confined in the Forest Ranger's office. The custodians of law ordered the "Oor Gounder" (the village chief) to strip the women. The women were then asked to beat him with brooms. Several villagers were sent to Central Jail, Salem. The officials continued the plunder and violence, forcing the villagers to flee to the forests. After visits by members of the Tamil Nadu Tribals Association and the All India Democratic Women's Association in July 1992, A. Nallasivan, the then State Secretary, CPI(M) wrote to then Tamil Nadu Chief Minister J. Jayalalithaa. K.A. Sengottaiyan, Minister for Forests, proclaimed that the complaint was fabricated. The government machinery down to the District Collector, the Revenue Divisional Officer, the Superintendent of Police and the Chief Conservator of Forests failed to take action

despite representations. Former IAS officer, Ms. Bhamathi, who was Director of the National Commission of Scheduled Castes and Scheduled Tribes (Tamil Nadu, Kerala, Puducherry and Lakshadweep) was the only official who sent a report of her findings to the National Commission of SC/ST. Yet, no first information report was registered.

A public interest litigation by A. Nallasivan was stoutly opposed by the State through its Advocate-General, the highest law officer. In 1995, the High Court relied on Ms. Bhamathi's report to rebuff the state, directed the supply of basic needs and asked the Central Bureau of Investigation to investigate.

It has been a long wait for justice. Why so? The obduracy of the state to deny even mandatory interim relief to victimised Scheduled Castes and Scheduled Tribes, the false cases that the police foisted on innocent villagers and the multitude of petitions by the accused to stall the trial with tacit support of the state were a few of manifold obstacles.

However, the main reason for the delay is clear in the court's observation: "It is not the situation that a private individual committed the offence and a single victim made complaint" and that "evidence of the victims clearly show that they were threatened by the uniform force not to reveal the sexual assault committed by the uniform force and if it was... they would take away the life of the individual or their family members".

Why was this state-organised collective crime dealt with as any other individual crime? Is this not a monumental flaw? When crimes are committed by agents of the state, should not "command responsibility" and culpability be fixed on the heads of departments and the Ministers too? The focus of evidence, onus and degree of proof and culpability would then shift. The trial was protracted and justice delayed because of the gross lacuna in the criminal justice system. Our criminal laws do not provide special procedures, evidentiary principles and criminal liability for such organised crimes by state actors. The prosecution had to prove the guilt of each of those accused as if an individual offence had been committed.

In line with Principle 24 of the UN Basic Principles on the Use of Force and Firearms by Law Enforcement Officials, law enforcement agencies must adopt measures to ensure that superior officers are held responsible if they know, or should have known, that officials under their command are resorting, or have resorted, to a violation of human rights, and they did not take measures to prevent, or report such use.

In numerous judgments, the Inter-American Court of Human Rights in South America has established that factors relevant to fix the responsibility of superiors are: knowledge of risk by state officials and the duty to know of the existence of a real and immediate risk to life and/or physical integrity, and the reasonable possibilities of preventing or avoiding that risk. Therefore, ignorance of actual occurrence cannot be claimed if superiors did not exercise adequate supervision and control. Article 28 of the Rome Statute followed by the International Court of Justice also follows the principle of command responsibility. In India, the Prevention of Communal and Targeted Violence (Access to Justice and Reparations) Bill has lapsed. The new criminal law Bills introduced by the central government as an exercise to decolonise old laws do not recognise organised violence by state agents as a separate class of crime and provide no speedy remedy. State violence is a colonial legacy and is anathema in a democratic republic.

STs have been oppressed historically and the law treats sexual and targeted violence against them as aggravated atrocities fit for rigorous punishment. Command liability in the case of Vachathi is writ large. The High Court has, therefore, ingeniously fastened the responsibility on the state to pay the enhanced compensation of 10 lakh and to ensure a job for each rape survivor. Stringent action has been directed against the then District Collector, Superintendent of

Police and the District Forest Officer. Is there no accountability and culpability to be fixed on the political executive? The case has thrown up the urgent need to amend the criminal law to fix command responsibility and consequent stringent penalty.

The atrocities happened two decades before ‘Nirbhaya’ (2012) that shook the nation’s conscience. Criminal law amendments of 2013 and subsequent judicial decisions regarding non-disclosure of the identity of rape survivors, gender sensitive investigation and trial to prevent further victimisation and facility of medico-legal and psychological support were unavailable. For the 18 rape survivors, the full public disclosure of their identities, accompanied by harsh cross examinations on behalf of not one but several accused during the trial amounted to aggravated trauma. But they overcame a hostile state and an archaic and unfriendly criminal justice system. Many are now educated and are full participants in the economic and political activities in the area. These women are the true heroes of Vachathi.

R. Vaigai is a senior advocate practising at the Madras High Court and is a member of the legal team for the Vachathi survivors

END

Source : www.thehindu.com Date : 2023-10-04

ICMR PROJECT TO ACCELERATE CANCER SCREENING AT DISTRICT LEVEL

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

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October 03, 2023 07:36 pm | Updated 08:34 pm IST - NEW DELHI

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With only a few districts across India being able to effectively implement cancer screening measures in accordance with Health Ministry norms, the Indian Council of Medical Research (ICMR) is gearing up to bring in remedial measures. It has invited Expressions of Interest on the implementation of research to accelerate cancer screening, early diagnosis, and treatment.

Also read | **Cancer cases in India projected to rise from 14.6 lakh in 2022 to 15.7 lakh in 2025: Govt.**

The Council noted cancer poses a significant and pressing public health challenge in India, which currently ranks third in cancer incidence after China and the United States. According to Global Cancer Observatory projections, however, India is expected to witness a substantial 57.5% increase in cancer cases between 2020 and 2040.

In the long run, the Council is looking at improving the coverage and quality of cancer screening through the existing healthcare system using accepted and validated methods. It plans to engage non-specialist physicians and other health care workers within a supportive healthcare system for the screening of cancer as well as pre-cancerous conditions. The Council also wants to ensure that all those who test positive are linked to facilities for early diagnosis and treatment. The involvement of local communities is key to encourage the target population to undergo screening for early diagnosis and treatment.

“Research has indicated that frontline health workers, such as Accredited Social Health Activists (ASHAs), have the potential to play a crucial role in promoting and conducting home-based cancer screening. Home screening has resulted in higher compliance rates because it offers the privacy and convenience necessary for individuals to participate actively in the screening process,’’ the Council noted.

This will be a four year project, ICMR said, including six months for preparatory activities and another six months for analysis and interpretation. It will also include formative, implementation, and evaluation phases.

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Source : www.thehindu.com Date : 2023-10-05

BATCHES OF INDIA-MANUFACTURED SYRUPS FOR COUGH FOUND CONTAMINATED: CDSCO

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

October 05, 2023 01:31 am | Updated 07:35 am IST - NEW DELHI

Samples from three batches of COLD OUT syrup manufactured by a Tamil Nadu-based company was also found to have contaminants — ethylene glycol 1.9% and diethylene glycol 0.14%. Photo: Special Arrangement

At least five batches of syrups for cough and allergic rhinitis of two Indian manufacturers — one Gujarat-based and one Tamil Nadu-based — have been found to contain higher than permissible levels of contaminants — diethylene glycol and ethylene glycol, as per a recent report released by the Central Drugs Standard Control Organisation (CDSCO).

Previously the World Health Organisation (WHO) too had issued alerts on contamination in cold-cough syrups exported by India and said these two contaminants were found in the drug.

Contamination was found among 48 samples which were declared “not of standard quality” and “spurious” by the CDSCO of the total 1,166 samples of drugs that were tested in August.

Samples from a batch of cough syrup and one batch of anti-allergy syrup manufactured by the Gujarat-based manufacturer were found to be not of standard quality containing 0.118% ethylene glycol and 0.171% ethylene glycol and 0.243% diethylene glycol, respectively.

The Gujarat firm was asked to suspend production at its Ankleshwar plant a month ago, an official said.

Samples from three batches of COLD OUT syrup having Paracetamol, Phenylephrine, and Chlorpheniramine and used for relieving nasal congestion, runny nose and fever etc manufactured by the Tamil Nadu-based company was also found to have both the contaminants — ethylene glycol 1.9% and diethylene glycol 0.14%.

Meanwhile, the WHO had alerted about contamination in a batch of COLD OUT cough syrup supplied in Iraq, manufactured by the same company.

generic drugs / prescription drugs / India / medicine

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Source : www.thehindu.com Date : 2023-10-05

WOMEN'S QUOTA, PANCHAYATS TO PARLIAMENT

Relevant for: Indian Society | Topic: Women Issues

October 05, 2023 01:26 am | Updated 01:26 am IST

BJP supporters during an event at the party headquarters in New Delhi to celebrate the passage of the women's reservation Bill. | Photo Credit: ANI

The landmark Women's Reservation Bill — now the Constitution (106th Amendment) Act — that reserves one-third of the total seats in the Lok Sabha and State Legislative Assemblies for women received presidential assent recently. As the first law passed in the new Parliament building during a special session, it portends a new chapter in India's democratic journey.

It comes on the 30th anniversary of the constitutional reforms that reserved one-third of seats in panchayats and municipalities for women. Since then, there have been multiple unsuccessful attempts to extend women's reservation to the Lok Sabha and State Assemblies. While its final enactment is momentous, it is contingent on the conduct of delimitation and census.

Editorial | Legislating change: On the passage of the women's reservation bill in the Lok Sabha

Nevertheless, it is the right time to take stock of the 30-year experience of women's reservation in local government and the lessons it offers Indian democracy.

Parliament, 30 years ago, enacted the 73rd and 74th Constitutional Amendments that sought to make panchayats and municipalities "institutions of self-government". It mandated a minimum of one-third of seats and office of chairpersons in panchayats and municipalities to be reserved for women. It also mandated reservation for Scheduled Castes (SCs) and Schedules Tribes (STs) based on their percentage population and enabled States to reserve seats for Backward Classes. This has created a system with over 3 million elected panchayat representatives, out of which almost half are women.

The expansion and diversification of the representative base of Indian democracy is the most successful element of these constitutional reforms. While the Union government's 2009 constitutional amendment to increase women's reservation in local governments from 33% to 50% failed, many States have enacted laws that reserve 50% seats for women and also instituted reservations of seats for Other Backward Classes (OBCs). Hence, presently in panchayats and municipalities, there is, at one level, vertical reservation of seats for SCs, STs, and OBCs and a horizontal category of reservation for women that applies across all categories — general, SC, ST, and OBC.

Such a mix of vertical and horizontal reservations recognises the aggravated disadvantage people face due to their location in the intersection of their caste and gender identities. The present women's reservation law, as well as its previous avatar passed by the Rajya Sabha in 2008, adopts a similar model of intersectional reservation for women. However, unlike the case of the 73rd and 74th amendments, the present law does not enable reservation for OBC women.

Beyond representation, has women's reservation in local governments yielded substantive benefits? A 2004 paper by Esther Duflo and Raghabendra Chattopadhyay on panchayats in West Bengal and Rajasthan found that women leaders invest more in public goods and ensure increased women's participation in panchayat meetings.

A more expansive study in 2011 across 11 States by Ms. Duflo and others reaffirmed the finding that women-led panchayats made higher investments in public services like drinking water, education, and roads. However, a 2010 paper by Pranab Bardhan and others found that women's reservations worsened the targeting of welfare programmes for SC/ST households and provided no improvement for female-headed households.

Meanwhile, a 2008 paper by Vijayendra Rao and Radu Ban found that women leaders perform no differently than their male counterparts in south India and instead institutional factors such as the maturity of the State's panchayat system were more relevant. Worryingly, a 2020 paper by Alexander Lee and Varun Karekurve-Ramachandra examining reservations in Delhi found that constituencies reserved for women are less likely to elect OBC women and more likely to elect upper-caste women.

Evidently, the impact of women's reservation is not straightforward. The design of women's reservations in Parliament and State Assemblies should have ideally been informed by its 30-year experience in panchayats and municipalities. Since the role that women play in local governments is different from their role in Parliament, the impact of reservation may play out differently. However, something as vital as a constitutional amendment for women's reservation should have been introduced after widespread discussion and analysis of its experience, instead of being introduced surreptitiously through a "supplementary list" in a hastily organised Parliament session.

Also read | Census a must for women's reservation Bill to become reality

Unlike the 2008 version, the present women's reservation law has tied its implementation with the conduct of delimitation and census, neither of which have a definite date. The constitutional freeze for delimitation, that has been in place since 1976, will end in 2026. If the reallocation of seats between States is purely based on population, the southern States' share in the Parliament will drastically reduce. So, the next delimitation exercise is likely to open up the fault lines of India's delicate federal relations. Hence, coupling women's reservations with a politically fraught delimitation exercise makes its implementation contentious. Hopefully, the near unanimity in the passing of the Bill signals that there will be some consensus on implementing women's reservation in the near future.

Mathew Idiculla is an independent legal consultant and a visiting faculty at Azim Premji University, Bengaluru

Reservation / politics

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DEFUSING THE TICKING TIME BOMB CALLED DIABETES

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

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October 06, 2023 12:50 am | Updated 12:51 am IST

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“Scientific evidence shows that diets heavy with ultra-processed food and beverages or high in sugar, fat, and salt are risky and can lead to diabetes” File | Photo Credit: The Hindu

In June 2023, a study conducted by the Madras Diabetes Research Foundation in collaboration with the Indian Council of Medical Research and the Union Health Ministry revealed that 11.4% of India’s population or 10.13 crore people are living with diabetes and 15.3% of the population or an additional 13.6 crore people are pre-diabetic. It also found that 28.6% of the population would be considered to be obese as per the BMI measure.

According to the World Health Organization, a major reason for this is the consumption of unhealthy ultra-processed foods and beverages, which are aggressively marketed displacing traditional diets. Such food includes carbonated drinks, instant cereals, chips, fruit-flavoured drinks, instant noodles, cookies, ice cream, bakery products, energy bars, sweetened yogurts, pizzas, processed meat products, and powdered infant formulas.

A ‘silent’ burden |For women, diabetes screening and diagnosis come with in-built challenges | Who cares for women living with diabetes? | Can community support, social welfare policies bridge the gender gap in diabetes care?

Scientific evidence shows that diets heavy with ultra-processed food and beverages or high in sugar, fat, and salt are risky and can lead to diabetes. A 10% increase in the consumption of ultra-processed food a day is associated with a 15% higher risk of type-2 diabetes among adults. When food is ultra-processed, its structure is destroyed and cosmetic additives, colours, and flavours are added. This makes people eat more, gain weight, and heightens the risk of diabetes and other chronic diseases. Further, obesity and diabetes are key risk factors for heart disease and deaths. A study showed that those who had more than four servings of ultra-processed food a day were much more at risk of cardiovascular mortality than those who took less than two servings a day. An upward trend was found for all-cause mortality too.

It is reported that the sale of sugar-sweetened beverages has fallen in the last 20 years in many high-income countries. To compensate for the loss of sales, companies are now focusing on low- and middle-income countries. India is a playground for the food industry. Billions of rupees are spent on marketing and advertising ultra-processed food and beverages, which leads to increased consumption by vulnerable populations. While the food industry blames people for

bad choices, it is not the people but the environment around them that is to blame. Marketing targets younger generations and the growing middle class, making it hard for an individual to choose healthy food options. Children in particular are exposed to cartoon characters and given incentives and gifts. Celebrity endorsements also determine their consumption decisions.

The result is a deepening public health crisis, the ticking time bomb of diabetes. Sugar-sweetened beverages are a major source of added sugar in diets and put people at a higher risk of type 2 diabetes. In such a context, policy and regulatory actions are warranted.

The food industry does not want any restrictions on marketing; they offer partnerships as well as arguments of economic development as ‘stakeholders’. The food industry also participates in programmes such as ‘Eat Right’, making false promises. Such partnerships do not allow us to make a strong regulation that could reduce the consumption of ultra-processed food and beverages. The Food Safety and Standards Authority of India has shown a lacklustre response to the crisis and allowed a dominating role to the food industry while suggesting front-of-package labelling, which is still not in place. Many say that people should exercise. While this is good for health, it should be in addition to a regulatory policy on restricting the marketing of ultra-processed foods and providing warning labels on junk food and beverages.

The only way the government can safeguard people from the manipulative strategies of the food industry is through a legal framework or even an ordinance (Article 123 of the Constitution) with the objective of reducing/halting the consumption of ultra-processed foods. It could also include defining ‘healthy food’, a warning label on unhealthy food, and restrictions on the promotion and marketing tactics of unhealthy food and beverages. The people must be informed of the risk of consuming such food. In this process, there is no reason to partner with the food industry that is responsible for ill health.

The governments of South Africa, Norway, and Mexico have recently taken similar actions. The Government of India can show its strength to regulate food labelling and marketing. Such a law will be a clear demonstration of the will of the government. The Infant Milk Substitutes, Feeding Bottles, and Infant Foods Act flattened the growth of commercial baby food. The proposed new law could do the same to unhealthy foods and beverages. This is an idea whose time has come.

Arun Gupta, a senior Pediatrician, is Convener, Nutrition Advocacy in Public Interest, and a former member of the PM’s Council on India’s Nutrition Challenges

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PREPARING FOR THE GREY ERA: ELDER MENTAL HEATH CARE COMES INTO PROMINENCE

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

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India will have close to 347 million elder people by 2050, according to projections. Image for representational purpose only. | Photo Credit: Getty Images/iStockphoto

There are more older people on the globe now than ever before in the history of humanity. In 2022, the number above 60 was 1.1 billion, comprising 13.9 % of the population. By 2050, the number of older people is expected to increase to 2.1 billion, constituting 22%. India is not far behind. It had 149 million older adults (10.5%) in 2022, this figure will grow to 347 million (20.8%) by 2050 according to projections. The bottom line is that many of us are living longer than our ancestors.

Despite this imminent crisis, we know little about healthy ageing and elders' mental health. Even worse, we have many misconceptions and fears about ageing, especially mental health problems in older people, such as depression, anxiety, and dementia.

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

Getting old is a normal physiological process. For convenience, we can consider ageing in the physical, social, and psychological domains. It is important to remember that the issues in each domain interact with one another, within and outside the domains.

The physical aspects of ageing are apparent, for example, greying hair and decreasing muscle mass. However, there is considerable heterogeneity, with no two 70- or 80-year-olds being similar. We know of active, marathon-fit elders, while others, perhaps younger by a few years, are immobile. Also, different organs age differently, some faster than others, depending on genes, lifestyle, environment, and diseases.

Increased dependency, social isolation, poverty, ageism, pessimism, and nihilism are significant social challenges our elders face. They are vulnerable to emotional, physical, sexual, and financial abuse by others. Often, the perpetrators are known to them, commonly a family member. Many towns and cities in India are not "elder-friendly". Many public buildings are inaccessible without ramps or handrails, pavements are non-existent, uneven, or used for parking, and public transport is limited. These make access to health care services difficult .

Coming to the psychological aspects, as we age, we are expected to be wiser, with a broader

understanding of “life“ and its challenges from our experience, either personal or vicarious. Erik Erikson proposed ‘Ego integrity versus Despair’ as his final psychosocial development stage in a human. According to him, older persons should view their accomplishments positively. They would be filled with despair if they did not consider themselves successful. Indian culture emphasises “acceptance“ of the past, the present and the future as a means of achieving “peace of mind“ in old age. “Accepting“ the limitations that old age imposes on us and “renouncing“ our responsibilities without a sense of suffering or loss are essential to age well psychologically. However, this is not easy, and many elders struggle to accept the changes accompanying ageing. As Abraham Lincoln said, “...It is not the years in your life that count. It’s the life in your years”.

Many elderly men especially feel lost and become unproductive after retirement. It is critical to develop from a young age, other interests in life, be it music, sports, social work, domestic responsibilities etc. This helps mitigate the feeling of lack of purpose after retirement which very often leads to depression.

Roughly 15% of elders (22 million in India) have serious mental illness. To provide context to this number, if we were to bring all the elders with mental illness from all over India together, we would need two cities the size of Chennai to accommodate them. Common mental health problems elders face are depression, anxiety, dementia, and substance use disorders.

Often, elders with mental illness do not seek treatment and the “treatment gap“ is a staggering 90% in India. A lack of awareness among the public and healthcare professionals is the main reason for this vast gap. Many symptoms of mental illness in the elders are dismissed as “normal“ for ageing.

Also, we have seen that many healthcare professionals are pessimistic about treatment of mental health problems in elders. Families are often asked to lock their relatives with dementia in a room, as nothing much can be done for them. This is far from the truth, as many confuse treatment with cure. While we do not have a cure for a neurodegenerative condition such as dementia, there are treatments that can reduce their suffering, improve their quality of life, and reduce the burden on families.

In addition, elders with mental illness face the double whammy of stigma associated with ageing and mental illness. Stigma makes it difficult for families to admit that an older relative has a mental illness and also creates reluctance to take them for treatment. Poverty and lack of access to services are other important factors. Most elders in India are impoverished and lack access to health care. Many interventions, such as psychosocial treatments, day centres, and particular medicines, are available only to a limited extent in cities.

To address some of these challenges, especially in rural communities, the SCARF (Schizophrenia Research Foundation) has partnered with Azim Premji Foundation to raise awareness about elder mental health in four rural Taluks of Chengalpet district in Tamil Nadu, reaching more than 350 villages. They have recruited 60 volunteers from these villages. These volunteers are sensitised about mental health problems elders face, and they encourage elders to seek help from the SCARF community outreach team and other service providers, including the District Mental Health Programme. The aim is to create a network in the rural community to improve elders’ mental health.

The Indian tradition of a joint family system has many advantages that supports elders. The multi-generational interactions and bonds fostered in joint families are crucial to the well-being of elders while providing essential care for children and young adults. Unfortunately, joint families are rare now, even in villages, due to migration, both within and outside the country, and smaller

family sizes.

Festivals and rituals also encourage socialisation for elders. Drawing “kolams“ or “rangolis“ requires complex cognitive skills that help to keep the brain active. We risk losing the potential protective effects of these traditions and rituals.

In future, given that most readers of this article will age, we need to ensure that mental health services are available for elders in our community. The co-ordinated actions of the individual, families, civic society, private organisations, non-governmental organisations, and government can achieve healthy ageing.

At the individual level, we need to plan for our old age with financial savings and lifestyle changes to maintain good physical health and a satisfying social life.

Healthy ageing, as a concept, should be introduced in the school curriculum. At a community level, services for elders with mental illness should be available and accessible.

City and town planners should consider elder-friendly designs to improve mobility and reduce dependency. Many retirement homes and elder care facilities are available in cities now, providing excellent care and a fantastic opportunity for elders to beat social isolation. These may fill the void left by the loss of the joint family system. However, most of them cannot care for those with dementia or other mental illness, which needs to be addressed urgently.

The government must frame policies for elders with mental illness, allocate resources, and implement services. We must remember that caring for our elders is everyone’s responsibility.

(Dr. Sridhar Vaitheeswaran is psychiatrist and head, Dementia Care Services at SCARF (DEMCARES). Dr. R. Thara, is co-founder and vice chair, SCARF)

END

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GOVT. OF INDIA 'NEEDS TO PRIORITISE CHILDHOOD CANCERS', SAY EXPERTS

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

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October 06, 2023 12:00 am | Updated 12:09 am IST

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Paediatric cancers account for 2-3% of all cancers diagnosed in India. Image for representational purpose only. | Photo Credit: PTI

Another Childhood Cancer Awareness Month has come to an end, and doctors say more needs to be done to better manage paediatric cancers. Raising awareness levels, ensuring treatments by specialists, easing access by setting up more centres, making treatments affordable and above all prioritising childhood cancers are the need of the hour.

According to the International Agency for Research on Cancer, World Health Organisation, an estimated 4,00,000 children and adolescents aged 0 to 19 years are diagnosed with cancer per year worldwide.

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

In Tamil Nadu, according to R. Swaminathan, professor and head, Department of Epidemiology, Biostatistics and Cancer Registry and associate director, Cancer Institute (WIA), a total of 2,513 new cancers occurred among children in 2022, accounting for 2.9% of cancers in all ages. It occurred in the ratio of 123 boys to 100 girls. The rate of occurrence was 100 per million boys and 80 per million girls. Leukemias, lymphomas, brain and central nervous system were the most common malignancies in children.

Paediatric cancers account for 2-3% of all cancers diagnosed in India. Blood cancers - leukemia - are the most common cancers in children followed by brain tumours, Venkataraman Radhakrishnan, professor, Medical and Paediatric Oncology, Cancer Institute, said.

"Lack of awareness is one of the main challenges in childhood cancers. There are no specific symptoms; fever, headaches, vomiting and abdominal pain are some of the symptoms but these usually mimic common infections, resulting in late diagnosis. People do not know this, as a result children are taken for treatment when the disease has advanced," he said.

Paediatric cancer care centres are mostly concentrated in major cities such as Chennai, he said, adding: "We need dedicated paediatric physicians and centres. We also need a dedicated paediatric cancer registry."

“The cost of care is increasing rapidly. Bills can go up due to infections and treatments in intensive care units, raising the need for full insurance coverage. For instance, treatment for common blood cancers cost 5 to 6 lakh but insurance schemes provide a maximum of 1-1.5 lakh. We need enhanced packages to provide better insurance coverage for childhood cancers,” Dr. Radhakrishnan said.

Her said India accounts for 18% to 20% of the world’s burden of paediatric cancer cases. “Historically, the Government of India has not prioritised paediatric cancers. Paediatric cancers do not feature in the national cancer control policy. What is needed is a major policy shift by the government, recognising paediatric cancers and including them in the national cancer control policy. Smaller countries such as Peru and Sri Lanka have prioritised childhood cancers. Paediatric cancers should be made a priority for funding research. There needs to be better access to medicines and funding.”

Aruna Rajendran, Haemato Oncologist and Bone Marrow Physician, Madras Medical College and Rajiv Gandhi Government General Hospital, said awareness and diagnosis of childhood cancers have improved. With leukaemia being the major group of cancers in children, she said now, tailored therapy - individual-centric - has enabled a good prognosis of at least 70%. “Relapse accounts for 20%, and relapsed leukaemia, is in fact, turning into another group of cancer in children worldwide,” she added. Under the Chief Minister’s Comprehensive Health Insurance Scheme in Tamil Nadu, coverage of 10 to 17 lakh is provided for Bone Marrow Transplantation predominantly for relapsed leukaemia,” she said.

There is availability of good supportive therapy now, ensuring good outcomes, she observed. “What is needed is that paediatric cancers should be treated by paediatric oncologists and surgeons, while there is a need for paediatric oncology nurses to provide care,” Dr. Aruna said.

Acute Lymphoblastic Leukaemia needs three years of treatment, including six months of intensive chemotherapy during which the child and family should stay near the facility. The time spent by parents during the course of treatment and the time spent away from school for the child and siblings should be factored in. “Centres closer home will reduce indirect expenses for the family. There should be more shared care paediatric oncology centres,” she said.

Radhakrishnan Satheesan, senior consultant, Paediatric Cancer Management Team - Paediatric Cancer Surgery, Apollo Proton Cancer Centre, said awareness of paediatric cancers was certainly increasing, but more in the urban setting. “But we have a long way to go and lots to do,” he said. Primary among them is to establish Public-Private partnerships to evolve a cost-effective formula, as some public sector hospitals are overburdened and many persons cannot afford treatment in private hospitals.

Dealing with solid tumours in children such as in the kidneys, neuroblastomas, and Ewing sarcoma, he said, “A multidisciplinary team-based approach that includes paediatric oncologist, surgeon, pathologist and radiologist is required. Treatment-wise, there has been a monumental change from the 1970s to now.”

In general, when detected early, the five-year survival was nearly 80% to 90%. Each cancer, he said, has its own prognosis. “Paediatric cancers are a huge burden on a family, emotionally, financially and physically. These children will need life-long follow-up,” he added.

Not everybody is able to afford treatment, Dr. Satheesan observed. “The drugs are expensive and there could be significant after-effects of treatment. A good percentage of people cannot afford it. As a result, many are lost to follow-up.” He felt that the cost of treatment should be brought down.

He also raised the need for more awareness not just among the general community but also among primary care providers - paediatricians and family physicians.

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Source : www.pib.gov.in Date : 2023-10-07

WOMEN ENTREPRENEURSHIP PLATFORM - NITI AAYOG STATE WORKSHOP ON WOMEN-LED DEVELOPMENT: A RESOUNDING SUCCESS IN GOA!

Relevant for: Indian Society | Topic: Women Issues

The inaugural edition of the Women Entrepreneurship Platform (WEP) – NITI Aayog State Workshop Series on Enabling Women-led Development through Entrepreneurship was organized at CSIR-National Institute of Oceanography (NIO) Auditorium, Goa on 3rd October 2023. The workshop was held in collaboration with the Government of Goa with a focus on the western region of the country.

The workshop recorded over 500 participants, including women entrepreneurs, local self-help groups (SHGs) and clusters, government officials, industry representatives, incubators/accelerators, financial institutions, philanthropic foundations, and more. The primary focus was deliberating on a hub-and-spoke model aimed at extending women-led development to grassroots levels, covering the last mile. Eminent dignitaries, including Dr. Pramod Sawant, Hon'ble Chief Minister of Goa, Dr. V. K. Saraswat, Member, NITI Aayog, and Shri B.V.R Subramanyam, CEO, NITI Aayog, graced this landmark workshop.

Dr Pramod Sawant, Honorable Chief Minister, Government of Goa, stated that the Goa State Vision 2047 will be prepared with help from NITI Aayog. Celebrating the three-year milestone of the Swayampurna Goa initiative, Dr. Sawant emphasized its focus on skill development and the deployment of "Swayampurna Grameen Mitras" for the doorstep delivery of government services in every block and Panchayat. Furthermore, the Chief Minister reiterated the role of women in socio-economic progress, announcing the Swayampurna e-bazaar during Dussehra, aimed at expanding market access through Common Service Centres.

Highlighting NITI Aayog's mandate for cooperative federalism, Dr. V.K. Saraswat, Member, NITI Aayog, emphasized the pivotal role of states in driving the nation's growth. He emphasized three key priorities: maintaining the employment-to-education ratio, promoting women’s entrepreneurship, and restructuring the workforce

NITI Aayog CEO, B. V. R. Subrahmanyam, reaffirmed the central government's unwavering commitment to women-led development as the top priority. He underscored NITI Aayog's support in assisting state governments to set up institutions like itself in each state “It need not necessarily be a separate institution; it could be a department or an existing body. But just make it the central point to think and plan for the future. Its staff should not be engaged in any other work,” he said while urging states to tap the expertise at NITI Aayog.

A series of new collaborations were announced to support women entrepreneurs. Key highlights are the partnership between the Institute of Chartered Accountants of India (ICAI) and NITI Aayog; the launch of Udyam Uplift - an initiative of CAxpert to strengthen compliance among women-led businesses and the launch of the first two cohorts under WEP’s Award to Reward(ATR) initiative. The first ATR cohort led by WEP Partners Microsave Consulting and SIDBI titled WEP-Unnati is accepting applications from green entrepreneurs pan-India. The second cohort titled WeNurture would be led by Atal Incubation Centre - Goa Institute of Management.

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Source : www.thehindu.com Date : 2023-10-07

ALIGNING HIGHER EDUCATION WITH THE UNITED NATIONS SDGS

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

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October 07, 2023 01:31 am | Updated 01:31 am IST

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United Nations Secretary-General Antonio Guterres delivers a statement during the opening of the Sustainable Development Goals Summit 2023 at the U.N. headquarters in New York City on September 18, 2023. | Photo Credit: Reuters

The United Nations Sustainable Development Goals (SDGs) are a set of 17 goals with 169 targets that all 193 UN member states have agreed to try to achieve by 2030. SDGs are a matter of urgency, and actions by all countries, both developed and developing, to end poverty and other socio-economic and environmental problems should align with strategies that improve the standard of life and education, reduce inequality, and harness economic growth.

Though it has been eight years since the inception of these goals, the SDGs Report 2023 flagged slow progress and painted a grim picture due to the prolonged effects of COVID-19, impacts of the climate crisis, the Russia-Ukraine conflict, and a weak global economy. The lack of progress towards the goals is a universal experience, but it has been more pronounced in the Least Developed Countries. India, despite having managed the crises of the global economy and relatively succeeded in overcoming the challenges posed by the pandemic, has suffered a setback in achieving these goals.

Yet, recent actions and policies indicate that India is committed towards realising SDGs. SDG4 pertains to access to quality education. It is a prerequisite for the achievement of other goals. India, with a long-standing history of equitable and inclusive education, has accelerated efforts to ensure the achievement of SDGs through various reforms. Among them, the National Education Policy (NEP) 2020 should be given credit to a great extent.

NEP 2020 has been prepared in tune with most of the SDGs. Though NEP 2020 calls for changes at all levels of education, priority should be accorded to higher education as it accelerates social mobility, empowers people through creativity and critical thinking, and grants them employment skills.

According to data from the Organisation for Economic Co-operation and Development (OECD), people with a higher education degree are more employable and earn an average of 54% more than those who only have completed senior secondary education. A university-inclusive education, thus, better protects people against poverty (SDG1), prevents them from hunger (SDG2), supports them for good health and well-being (SDG3), promotes gender equality

(SDG5), provides them decent work, which in turn drives economic growth (SDG 8), and reduces inequalities (SDG10).

Universities should strengthen the research-teaching nexus in university education. That way, students will become direct benefactors of the knowledge generated from research. Multidisciplinary and interdisciplinary systems of education produce multitalented people who can pursue research, and find innovative solutions to global challenges such as affordable and clean energy (SDG7), sustainable cities and communities (SDG11), climate change and global warming (SDG13), as well as studying their impact on an economy and the earth.

Sustainable development is possible only if we radically change the way we produce and consume (SDG12). Innovative solutions and start-ups (SDG 9) must be developed in collaboration with private companies. Introducing Value-Based Education (VBE) will help citizens become responsible towards self, society, and the planet and help our nation achieve “Life on Land” (SDG15).

NEP 2020 demands that Indian higher education be committed to mapping its day-to-day operations with SDGs. Ranking universities according to the achievement of SDGs is a welcome move, but is still inadequate to meet the SDG deadline.

To accelerate the progress towards achieving the 2030 agenda, stakeholders of higher education should be educated and oriented so that none of their activities leave any SDG behind. The 56,205 higher educational institutions and universities in India should work together.

Universities should come out reinvigorated and play a part in the education, innovation, culture, and civic life of their local communities. Community health, energy-saving measures, efficient resource allocation, waste reduction, development of local skills, as well as the sharing of services, infrastructure, and facilities with other universities or external partners should become a culture in universities.

It is high time that universities adopted sustainability as a mantra and incorporated SDGs into their institutional strategies, both in daily administration and in teaching and research. It has been realised that higher education cannot work in isolation; rather it must be directly integrated with socio-economic development where each activity and transaction has meaningful and multiple impacts on SDGs. Every citizen must feel that the universities contribute directly to their well-being and nation-building.

Selvam Jesiah is Professor of Management, Sri Ramachandra Institute of Higher Education and Research

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Source : www.thehindu.com Date : 2023-10-09

REVISITING THE RAIL GAUGE DEBATE

Relevant for: Indian Economy | Topic: Infrastructure: Railways

October 09, 2023 01:30 am | Updated 01:31 am IST

Following extensive deliberations, a uni-gauge policy was launched in the 1990s and progressively, barring a few difficult sections, all the routes were converted to Broad Guage. File photo: Special Arrangement

While the predominant railway network in India is Broad Gauge (BG) with a width of 1.676 metres, the rapid rail transport system in Delhi, the high-speed rail line between Mumbai and Ahmedabad, and more than a score of metro rail systems in parts of the country are coming up on Standard Gauge (SG) of 1.435 m width.

The gauge debate began in the 1870s when the British introduced Metre Gauge of 1,000 mm in India after starting with BG in 1853. Following extensive deliberations, a uni-gauge policy was launched in the 1990s and progressively, barring a few difficult sections, all the routes were converted to BG.

However, by the turn of the 20th century, SG came to be first employed on metro rail networks following a Cabinet resolution which was based on a set of recommendations from a group of empowered Ministers, who left the decision on the choice of gauge to individual State governments.

One of the main proponents of SG was the legendary E. Sreedharan, then Managing Director (MD) of the Delhi Metro Rail Corporation. With an endorsement from a person of his repute, SG began to take roots in the country. Unfortunately, none of the projects since have gone into the detailed technical and economic analysis of the SG versus BG debate or the merits of integrating new rail systems with existing rail networks.

Let us examine the proffered advantages of SG. The most prominent factor in favour of SG is its universality. A majority of the metro and high-speed rail systems built in the last 20-30 years across the world are based on SG even if their respective national railways run on different gauges. Implicit here is the assumption that these systems can be stand-alone i.e. they need not be integrated with mainline railways.

However, the reality is more complex. While most metro rail networks are based on SG, metro rail systems in a number of cities and countries run on other gauges too. For instance, the metro rail systems in Tokyo (1,067 mm), Moscow (1,520 mm), Melbourne (1,600 mm) and the U.S.’s Bay Area Rapid Transport (1,676 mm) do not have SG and, except Moscow, these gauges do not conform to those of the countries’ respective national rails.

An argument favouring the SG is that it requires less space. The space requirement has two parts — the physical space required on the road and the aerial space required for elevated portions. Most metro rail systems today are built on elevated structures and the land required for pillars on roads for both SG and BG is the same. Moreover, aerial space requirements for elevated portions should not be a problem as such space is abundant.

Another is the availability of the latest technology for coach design as it is the prevalent system in developed countries. This argument would have held water decades ago. In today's Atmanirbhar India, it is unsound. India has its own semi-high-speed train designs such as the Vande Bharat series of trains designed and manufactured by the Integral Coach Factory in Chennai.

Yet another argument is the cost of the project with the assumption that the SG is a cheaper system. As per our assessment, the cost for a BG system would increase by around 5 %to 7% even with 25% underground network but at the same time, the BG system will be cheaper by around 10% per unit capacity as it can be designed to have approximately 15% higher capacity owing to wider coaches.

One objection to BG is the higher turning radius with a consequent reduction in speed and throughput. On a given curve, the speed on SG would be around 7% higher than that on BG. As speed restrictions are confined to curves, and assuming that 20%-40% of the track length has curves, the extra time taken on BG would be between 1.5%-3%, which means that for every 10 minutes of commuting time on SG, the additional time taken on BG would be around 10 to 20 seconds. Since this is rather negligible, the argument of a higher turning radius required for BG is not tenable.

Similarly, throughput, which is the maximum number of trains that can pass through a track during a certain period of time, depends on the minimum time gap permitted between two successive trains. As braking distance and acceleration characteristics are factors of train design, the throughput on a BG system would be similar to that of a SG system.

Gauge and track structure cannot be altered except at great cost. However, the rolling stock, which are the railway vehicles that are both powered and unpowered, has a relatively short lifespan of around 30 years. They can be replaced easily and subsequently put to use for other purposes.

The most important argument omitted by all stakeholders concerns the integration of new rail networks with existing ones. The existing rail system in the country carries around 8 billion passengers and more than 1,500 million tonnes of freight annually. Simultaneously, the system is also undergoing rapid expansion. Hence, it would be advantageous to integrate new rail systems with such an extensive system and prevent the creation of incompatible islands. It will help passengers and cargo move seamlessly. This would also improve patronage. Such a flexible system would also come in handy in situations of emergency.

Taking into account the above factors, the government should re-examine the issue with a view to building all future rail systems in BG.

Sudhanshu Mani is retired General Manager of the Indian Railways M. Ravibabu is Indian Railways Traffic Service (retd.)

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Source : www.thehindu.com Date : 2023-10-10

STROKE COULD LEAD TO NEARLY 10 MILLION DEATHS ANNUALLY BY 2050, WARNS REPORT

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

October 10, 2023 12:44 am | Updated 07:43 am IST - NEW DELHI:

Stroke, a highly preventable and treatable condition, could lead to nearly 10 million deaths annually by 2050, primarily affecting low- and middle-income countries (LMICs), warns a report published in the *Lancet Neurology* journal on October 9.

The projection comes from the collaborative effort of the World Stroke Organization and the Lancet Neurology Commission under which four studies have been published. The report underscores that stroke deaths are expected to surge from 6.6 million in 2020 to a daunting 9.7 million by 2050. By 2050, it is estimated that the contribution of stroke deaths in LMICs will see an increase from 86% to 91%.

The report has emphasised the critical role of evidence-based, pragmatic solutions in combating this looming crisis and notes that implementing and rigorously monitoring the commission's recommendations, which are firmly grounded in evidence, could lead to a significant reduction in the global stroke burden, effectively countering this ominous projection.

Speaking about India, Dr. Rajiv Bahl, Director General, Indian Council of Medical Research (ICMR), stressed the importance of implementing evidence-based stroke care to mitigate disability and prevent new strokes. He said the council was actively engaged in crafting country-specific ambulatory care models at the primary care level to combat non-communicable diseases.

Meanwhile, the commission authors have presented their findings into 12 evidence-based recommendations, addressing stroke surveillance, prevention, acute care, and rehabilitation. The recommendations include — establishing cost-effective surveillance systems for precise epidemiological stroke data to guide prevention and treatment, elevating public awareness and fostering healthier lifestyles through the widespread utilisation of mobile and digital technologies, including training and awareness and prioritising meticulous planning of acute stroke care services, capacity building, training, provisioning of appropriate equipment, treatment, affordable medicines, and allocating adequate resources.

health / trauma & emergency healthcare

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Source : www.thehindu.com Date : 2023-10-11

OF KILLER HOSPITAL TRAGEDIES, AND HANDLING CANCERS AND TUBERCULOSIS

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

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October 10, 2023 12:09 pm | Updated October 11, 2023 01:47 am IST

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As many as 31 deaths, including those of infants, were recorded in 48 hours at a hospital in Nanded, Maharashtra. | Photo Credit: PTI

*(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.)*

It's the absolute stuff of nightmares, the worst kind of horror stories that can happen in what people consider to be a safe haven — a hospital. If the media had not been as busy this week with national and international happenings, what happened in Nanded last week, reminiscent of the now infamous Gorakhpur hospital tragedy of 2017, would have shook the world more than it actually did. Twenty-four patients, including 12 newborns, lost their lives in 24 hours at Dr. Shankarrao Chavan Government Medical College and Hospital in Nanded town, allegedly due to a lack of medicines and medical help. That soon rose to 31 in 48 hours. **Abhinay Deshpande** also recorded that this followed closely on the heels of a similar incident in Thane, at the Chhatrapati Sambhajinagar hospital where 18 patients died in a single night. The deaths were attributed to a shortage of medicines and medical assistance, exacerbated by inadequate healthcare facilities, a lack of medical staff and a sudden influx of patients from neighbouring districts of Parbhani, Hingoli and Yavatmal. Hospital authorities tried to downplay the severity, as is expected, claiming that many of the deceased were outpatients who were brought to the hospital in a critical condition.

As the political blame game continued, Chief Minister Eknath Shinde claimed in equal breath that the State was very concerned about the deaths and that the cause was not a lack of facilities or manpower. "Many of the deceased were old people with heart ailments, underweight infants or accident victims," he said.

Of course, since demonstrable action is required on such a tragedy after it was made public, the dean and paediatrician at the hospital were booked for culpable homicide not amounting to murder. A three-member expert committee has been set up to probe the incident. According to police officials, the FIR would be sent to the committee and action would be taken based on its recommendations and police investigation. Even in its aftermath, this resembles closely the horrific Gorakhpur tragedy where over two days, 63 children and 18 adults lost their lives because of lack of oxygen - where one paediatrician Kafeel Khan, who was actually present and helping at the hospital, was made a scapegoat for the government. One can only hope that the

Maharashtra State Government does not indulge in a blame game alone, but will get to the bottom of what caused the tragedy, and ensure that it is never repeated.

On to an update on infectious diseases that occupies our days and nights in this country. Did you know that there is ow a more efficacious, inexpensive malaria vaccine available? **R. Prasad** tells all about the R21/MatrixM malaria vaccine developed by the University of Oxford, manufactured by the Serum Institute of India, has been recommended (but is yet to be prequalified) by the WHO on October 2. For more on this vaccine, do read **Adrian Hill's** explainer on why this vaccine should be considered revolutionary.

Winding up the Nipah epidemic in Kozhikode, we have this week, a story on how the isolation period of those on the contact list is finally over; more sensible planning for the future to handle and prevent further outbreaks, a Nipah research centre under the One Health programme is to be set up in Kozhikode (reports **A. S. Jayanth**), and rare praise from the authorities: NCDC hails Kerala for its success in checking Nipah spread.

In a fresh development, Kozhikode also reported African Swine fever, a highly contagious viral infection that has also been caused by a zoonotic spillover, again from the animal kingdom, making that One Health centre thoroughly useful.

Recording updates on the TB shortage situation in the country, here, in our continuing coverage of the problem. Officials in Kerala say they are yet to receive the TB drugs Linezolid and Cycloserine. We had earlier extensively reported on the shortage of TB drugs used to treat multi-drug resistant tuberculosis, though the Centre steadfastly continued to deny that there were shortcomings. The officials added that there have been interruptions in drug supply, but this had become severe in recent months. Meanwhile, in order to restore the order that was disrupted by the shortage, Tamil Nadu grants over 1 crore to district officers for TB drug procurement.

If you wanted to know a little more about the Nobel prize for medicine, here's our edit, Shot in the arm: On the Medicine Nobel 2023, and a couple of opinion pieces: The trouble with a Nobel for mRNA COVID vaccines, by **Vasudevan Mukunth** and How mRNA research exemplifies the unpredictable value of basic research by **Andre O. Hudson.**

With October being Breast Cancer awareness month, cancer coverage naturally took centre stage on our pages. **Bindu Shajan Perappadan**, here writes about the ICMR project to accelerate cancer screening at the district level, a sorely needed intervention. The problem India faces is, thanks to its vast population and the rising incidence of various kinds of cancers, lack of even approximate data as to the number of people with cancers in the country. Data is very important, as we all know, to frame policy and allocate resources towards prevention, care, treatment and palliation, as the case may be.

This raises the question: How accurate are India's cancer registries? **Saumya Kalia** puts forth arguments among experts over the authenticity of registries that are primarily urban based, and not comprehensive.

Serena Josephine M. also speaks to experts who say that the government of India 'needs to prioritise childhood cancers'.

World Mental Health Day falls today (October 10) and there are serious concerns ahead for the country that has a burgeoning grey population, say experts. In 'Preparing for the grey era: elder mental heath care comes into prominence', **Sridhar Vaitheeswaran** and **R. Thara** of the Schizophrenia Research Foundation argue: There are more older people on the globe now than

ever before in the history of humanity. In 2022, the number above 60 was 1.1 billion, comprising 13.9 % of the population. By 2050, the number of older people is expected to increase to 2.1 billion, constituting 22%. India is not far behind. It had 149 million older adults (10.5%) in 2022, this figure will grow to 347 million (20.8%) by 2050 according to projections. It is very important to take care of elders, anticipating the multiple mental health care needs that are awaiting the future.

Around one crore people suffer from severe mental health problems in India, say psychiatrists, and that is a staggering number. But it is not just the elderly who require mental health care: India needs youth mental health focus to strike demographic gold, say **Smriti Shalini** and **M. Sivakami**

In these times of great distress, global, national and local, here is a heartwarming piece recognising true altruism. Our tailpiece today is on the Tamil Nadu Government recently ordered that the State would honour those brain-dead patients whose organs are donated for transplantation. The Organ Donor honour walk is popular in the west, as the donor is being transported to the theatre, hospital staff, friends and family members of the patient/recipient line the hallway and raise an applause for the ultimate sacrifice. In the State, now district collectors will honour the mortal remains of organ donors.

This time, we have another story that we must wedge in here, simply because it is inspirational: **Siddharth Kumar Singh** writes about how Dr. Prachi Rathore smashes stereotypes, becomes India's first transgender person to pursue MS Orthopaedics.

Those extra moments you have today, do save them for our health stories below:

Scientists develop enzyme mimetic with potential applications in wastewater treatment, healthcare.

Surgical care in India is a neglected part of public health, an explainer by **Siddesh Zadey**.

Government mandates Aadhaar for disability IDs; activists say mechanism inaccurate, records **Abhinay Lakshman.**

Definite cause for concern: Batches of India-manufactured syrups for cough found contaminated, says CDSCO.

Arun Gupta writes on defusing the ticking time bomb called diabetes.

Cannabis in India: Does the law need to catch up with reality? Listen to this In Focus podcast where **Zubeda Hamid** speaks to **Tripti Tandon.**

The need to improve the compatibility of pig organs for transplantation into humans.

India's all-terrain portable disaster hospital is ready to be shared with the world. The unit can handle bullet, burns, head, spinal and chest injuries, fractures and major bleeding and is billed as the world's first portable disaster hospital.

For a smattering of our regional content on health, see below:

Widowed by COVID-19, wounded by apathy, writes **P. Sujatha Varma.**

Health Department directs all hospitals to provide free Anti-Rabies Vaccine and Rabies

Immunoglobulin injection to bite victims.

Private hospitals are now required to mandatorily upload disease surveillance data on government portals, reports **Afshan Yasmeen.**

Non-communicable diseases burden on a steady rise in people aged above 30 in Karnataka, shows data.

Kerala government launches nutrition project to eliminate neonatal deaths in Attappady.

High Court directs top officials to enumerate vacant doctors' posts in Maharashtra hospitals.

After a surge during pandemic, maternal mortality ratio fell sharply last year in Tamil Nadu.

7.70 lakh families added to Chief Minister's comprehensive health insurance scheme, says Tamil Nadu Health Minister.

Hyderabad's booming healthcare industry strains under heavy patient traffic.

Telangana government brings in Employee Health Care Trust.

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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Source : www.thehindu.com Date : 2023-10-11

PAN-INDIA CAMPAIGN ON AYURVEDA MOOTED

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

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October 10, 2023 03:59 pm | Updated October 11, 2023 01:59 am IST - NEW DELHI

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Picture for representation. | Photo Credit: AFP

The Ayush Ministry is all set to undertake a pan-India sensitise drive for students, farmers and the public on Ayurveda, said the Union Minister of Ayush Sarbananda Sonowal on Tuesday, while unveiling the month-long celebration drive to mark the 8th National Ayurveda Day-2023 with the focal theme ‘Ayurveda for One Health’ .

This year, the 8th Ayurveda day will be observed on November 10 and is aimed at generating awareness among people about health issues as well as the potential role of Ayurveda in their prevention and treatment.

The Minister said that the theme this year had been selected with focus on promoting Agro-Ayurveda, promoting health by empowering and encouraging people for self-participation, and enthusing professionals for harnessing the potential of Ayurveda.

“It involves a spectrum of areas focusing on sustainable agriculture, human, animal, plant, forest, and aquaculture health, food safety, etc. The theme is focused on three main fields: Ayurveda for Farmers, Ayurveda for Students and Ayurveda for Public,” noted Secretary Ayush, Rajesh Kotecha.

He added that a total of 12,500 Ayush Health & Wellness Centres had been approved under National Ayush Mission, out of which 8,095 were already operational.

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WE NEED EVIDENCE-BASED TRADITIONAL MEDICINE

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

October 11, 2023 12:15 am | Updated 01:07 am IST

‘The physiological basis of Ayurveda is not sound, but that does not ipso facto mean that its therapies are not sound either’ | Photo Credit: Getty Images

The case filed by a manufacturer of indigenous drugs against a medical practitioner on the grounds that his social media thread affected their business has become a cause celebrè in medical circles.

Without going into the specifics of this particular case, let us examine certain general aspects. What is the position of traditional medicine in a modern world? What is evidence-based medicine? How does one evaluate a therapy and what steps, if any, should governments take to ensure the health of the population?

It is a fact that irrespective of the advances of modern medicine, several systems which lay claim to healing, and which all fall under the broad category of alternative medicine, exist. Certain systems such as Ayurveda, Unani, and Siddha have their own pharmacopeia in India.

It is important to note here that modern medicine is not allopathy (which means “opposed to symptoms”), a term coined by Hahnemann in the 18th century, and used pejoratively, to differentiate it from his newly invented system, homeopathy. Modern medicine really became science-based only from the late 19th century when advances in technology made not only the study of the functioning of the human body in health and disease more accurate, but also led to safe anaesthesia and surgery. Later, this process led to marvels such as dialysis for kidney failure and the heart-lung machine which made surgery on the heart a daily affair.

The development of scientific thought in the 20th century, including the Popperian idea of falsifiability, led to advances in evaluating medical therapies. Subjected to the methods of modern science, which are continually being refined, many therapies were found to be ineffective and abandoned. This is the strength of the modern method, the recognition that science continually advances and self-corrects. Modern medicine is western only geographically and not epistemically. Modern medicine, a part of modern science, tests every new therapy and accepts it into the canon if found effective. Due to the greater scientific capabilities of the West, which are a result of their richer economies and the post-renaissance historical realities, a great part of modern technology has been developed there, but it is false to think that there is anything epistemically “western” about it. One of the great triumphs of the post-World War II phase of human civilisation is the greater and quicker flow of ideas across the world.

The physiological basis of Ayurveda is not sound, but that does not ipso facto mean that its therapies are not sound either. Like many traditional medical systems everywhere, Ayurveda was constrained in its understanding of how the human body works by the lack of available technology. However, the Ayurveda classics were constant in their emphasis on the need to base diagnoses and therapies on a sound understanding of the human body. A reason-based world view is what differentiates Ayurveda epistemologically from the erstwhile faith-based forms of the Atharva Veda. Proponents of Ayurveda who claim that everything was already known to the ancient people do it a great disservice and stultify its growth and development. One of the greatest triumphs of modern epistemology is its ability to synthesise ideas from across the world to build a coherent system of how the world functions. This is an ongoing process, subject to corrections and improvements as thought and technology improve, building on past knowledge.

In modern drug development, the commonly used method is to isolate the active principle. Thus, most modern medicines are single ingredient and only a few are combinations. Also, the exact amount of the active principle is carefully calculated. Ayurvedic medicines are commonly combinations, and it is uncertain how these combinations interact with each other. It would increase the acceptability of Ayurvedic medicines in the scientific community if they were evaluated by the methods of modern science in a way that does not compromise with the wholeness of Ayurvedic formulations. New investigational methods and trial designs which can evaluate Ayurvedic therapies without undermining the classical bases of administering them must be worked out. The Ministry of AYUSH must facilitate this.

The purpose of government policy is to make life better for the people. The health of the people should not be hostage to false ideas of nationalism. The aim should be to carry out an evidence-based appraisal of all traditional medical systems, retain and develop what is useful, and integrate them into one cogent system of medicine available to all.

A few individuals do a disservice to the cause of evidence-based medicine by denouncing traditional medical systems wholesale. Science requires open-mindedness disciplined by scepticism. Denouncing traditional systems in toto would result is a hasty dismissal of valuable medical experience that has undergone repeated, albeit informal, verifications at the hands of generations of practitioners. Ignoring such time-honoured knowledge bases in the name of science is a disservice to the scientific attitude as also to the cultural achievements of yore. It must be remembered that the Nobel-winning anti-malarial artemisinin was synthesised thanks to investigators who were open-minded enough to take cues from a 1,600-year-old text of Traditional Chinese Medicine.

George Thomas is an orthopaedic surgeon and former editor of* The Indian Journal of Medical Ethics*; G. L. Krishna, an ayurveda physician, is a Homi Bhabha Fellow and a visiting scholar at the Indian Institute of Science, Bengaluru

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Source : www.pib.gov.in Date : 2023-10-11

THE DEPARTMENT OF ANIMAL HUSBANDRY AND DAIRYING, GOVERNMENT OF INDIA LAUNCHED THE ‘A-HELP’ PROGRAMME TODAY AT JHARKHAND

Relevant for: Indian Society | Topic: Women Issues

The Department of Animal Husbandry and Dairying, Government of India launched the ‘A-HELP’ (Accredited Agent for Health and Extension of Livestock Production) programme in the State of Jharkhand today. Minister of Agriculture, Animal Husbandry & Co-operative, Govt. of Jharkhand, Shri Badal Patralekh was the chief guest of the programme. This program was launched in the gracious presence of Secretary, Department of Animal Husbandry & Dairying, GoI, Smt. Alka Upadhyaya, Secretary, Department of Agriculture, Animal Husbandry & Co-operative, Govt. of Jharkhand, Shri Aboobacker Siddique P., Sr. General Manager, National Dairy Development Board Shri Lalit Prasad Karan were also present.

Minister, Shri Badal Patralekh emphasized the importance of role of women in the overall development of the state's livestock sector. He spoke about the 'A-HELP' program, which aims to empower women by engaging them as Accredited Agent who contribute significantly to disease control, animal tagging, and livestock insurance. He highlighted that the new scheme would enhance access to veterinary services at the farmer's doorstep and empower Pashu Sakhis. Shri Badal Patralekh said that this endeavour serves as an exemplary integration of women’s power, fostering socio-economic progress.

Smt. Alka Upadhyaya participated in the event virtually. She highlighted the pivotal role played by livestock and women in the comprehensive development of the livestock sector and congratulated the State Govt. for being one of the States with a growing livestock sector. She further added that this new band of community-based functionaries, named Accredited Agent for Health and Extension of Livestock Production (A-HELP) has been formulated to fill the void between local veterinary institutions and livestock owners and provide primary health services

and will serve as Livestock Resource Persons and Primary Service Providers.

The Department of Animal Husbandry and Dairying (DAHD) is embarking on a novel initiative named as “A-HELP” (Accredited Agent for Health and Extension of Livestock Production) and has already initiated across different States/UTs including Bihar, Gujarat, Jammu and Kashmir, Karnataka, Madhya Pradesh, Uttarakhand, and Jharkhand. The Department of Animal Husbandry and Dairying (DAHD) has launched the novel initiative through an MoU signed between DAHD and the National Rural Livelihoods Mission (NRLM) under the Ministry of Rural Development (MoRD), Govt. of India.

During the launch event, A-HELP Kits were distributed to Pashu Sakhis, and the event witnessed substantial participation, with more than 500 attendees, including progressive farmers and Pashu Sakhis. This initiative signifies a significant step forward in promoting livestock health, extension services, and women's empowerment in the region, potentially leading to improved livestock productivity and rural development.

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SK/SS

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Source : www.thehindu.com Date : 2023-10-12

INDIA ALLOWS COUGH SYRUP FIRM LINKED TO UZBEK DEATHS TO RE-OPEN FACTORY, SHOWS DOCUMENT

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

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October 11, 2023 05:05 pm | Updated 07:10 pm IST

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Police is seen at the gate of an office of Marion Biotech, a healthcare and pharmaceutical company in Noida on December 29, 2022. | Photo Credit: Reuters

Uttar Pradesh has permitted the resumption of most production at a factory owned by Marion Biotech, which produced cough syrups Uzbekistan linked to the deaths of 65 children last year, an order seen by *Reuters* shows.

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

The firm is among three Indian companies whose cough syrups the World Health Organization (WHO) and other agencies have linked to the deaths of 141 children in Uzbekistan, Gambia and Cameroon, in one of the world's worst such waves of poisoning.

"There is no known case of a lack of quality in other medicines manufactured by the firm," the drug controller of the State where Marion is based, and which cancelled the firm's licence in March, said in the most recent order.

"The appeal of the manufacturing firm is partially accepted," the official, Shashi Mohan Gupta, said in the September 14 order.

"Its permission to make products using propylene glycol (PG) is cancelled, and it is allowed to make and sell all other products."

Mr. Gupta declined to comment on the letter.

On Wednesday, he told *Reuters* that India's Controller General of Drugs, Rajeev Singh Raghuvanshi, had written to Marion Biotech to initiate a plan of corrective and preventive actions by the company.

Mr. Raghuvanshi and the company did not immediately respond to a request for comment.

The Marion factory in Uttar Pradesh was closed in March, after an analysis last year by

Uzbekistan's Health Ministry of two cough syrups made by Marion, Ambronol and DOK-1 Max.

It showed they contained unacceptable amounts of toxins diethylene glycol (DEG) and ethylene glycol (EG), which are usually used in products not meant for human consumption.

Tests in January by an Indian government laboratory found 22 samples of Marion-made syrups were "adulterated and spurious," the country's drug controller said in March.

India's pharmaceuticals department told the parliament that tests had also shown that a sample of propylene glycol (PG), an ingredient of cough syrups taken from Marion's factory contained EG.

After the company appealed to the State Government against the decision, it was allowed to resume output on August 11 of all products not containing PG, the September 14 order shows.

Speaking on condition of anonymity, two other sources with knowledge of the matter told *Reuters* that the Marion factory remains closed for now, pending an inspection and a review of its paperwork.

Reuters has reported that DEG and EG have been used by unscrupulous actors as a substitute for propylene glycol because they are cheaper.

In June, the WHO told *Reuters* its working theory was that in 2021, when prices of propylene glycol spiked, one or more suppliers mixed the cheaper toxic liquids with the legitimate chemical.

Uzbek state prosecutors told a court in Tashkent that distributors of the contaminated Marion syrups paid officials a bribe of $33,000 (about 27 lakh) to skip mandatory testing there.

Uzbekistan has put on trial 21 people - 20 Uzbeks and one Indian - for the deaths.

Source : www.thehindu.com Date : 2023-10-13

SHOULD THE 50 % LEGAL CEILING ON RESERVATION BE RECONSIDERED?

Relevant for: Developmental Issues | Topic: Rights & Welfare of Minorities Incl. Linguistic Minorities - Schemes & their performance; Mechanisms, Laws, Institutions & Bodies

October 13, 2023 01:02 am | Updated 05:06 am IST

Staff collect information from residents for the Bihar caste survey, in Patna. | Photo Credit: PTI

On October 2, the Bihar government released the data of its caste survey. The data showed that the Other Backward Classes (OBCs), Scheduled Castes (SCs) and Scheduled Tribes (STs) together account for about 84% of the population. This has reopened the debate on whether the 50% legal ceiling on caste-based reservation should be removed. **Kalaiyarasan A.** and **Alok Prasanna** discuss this question in a conversation moderated by **Pon Vasanth B.A.**. Excerpts:

Do you think the initial findings of the Bihar caste survey has necessitated the reconsidering of the ceiling of 50% on reservation set by the Supreme Court in the Indra Sawhney case in 1992?

Kalaiyarasan A.: The breaching of the 50% ceiling looks like an inevitable historical process. Many political scientists and sociologists view the 50% ceiling as arbitrary because the judiciary did not have numbers to back that cap. For all practical purposes, some States have already breached this. Tamil Nadu provides 69% reservation through a 1994 law, which it has protected from judicial review by getting it placed under the Ninth Schedule of the Constitution. More so, the [10%] reservation for the Economically Weaker Sections [EWS] brought in by the Central government [in 2019], has, in a way, already breached the 50% ceiling.

Explained | **The impact of the Bihar caste survey**

Alok Prasanna: The 50% ceiling came out of nowhere; basically, in one judgment [*M.R. Balaji*, 1962], the court said maybe there has to be some limit. Then, in *T. Devadasan*, it extended the limit to government jobs as well and said that it did not want to take away equality of opportunity, guaranteed under the Constitution. Later, in the *N.M. Thomas* case (1976), the judiciary had a rethink. The Supreme Court found the 50% [ceiling] unreasoned and pushed back against it. States such as Karnataka and Tamil Nadu thought that they could provide more reservation. However, the bigger push back came in the Mandal case [*Indra Sawhney*] where the judiciary essentially elevated the principle [50% limit] almost to a status of a fundamental right. Even in the EWS judgement, which has huge problems of its own, the Supreme Court said it may be okay with 10% for EWS, but that shouldn't mean that it is okay to go beyond 50% for caste-based reservation. The judiciary is, however, not able to defend this in a principled way. One big State, such as Bihar, has to take the lead and dare the Court with the information it has and a

litigation strategy. Are we willing to ask the Court to reconsider its judgment in the *Indra Sawhney* case? This is not difficult or impossible per se. But the political moment has to be right.

Bihar has only released the caste-wise count of its population, not the socio-economic data yet. There have been debates about the extent of backwardness of castes within the OBC classification. There have been demands from a few communities for inclusion into the OBC, SC or ST categories. Will the release of socio-economic data lead to demands for the reconfiguration of these categories?

Kalaiyarasan A: OBC is an administrative category and not a caste category. There are heterogenous castes grouped under what we call OBCs. There is a risk of the landed and locally dominant communities taking more advantage. So, sub-categorisation of communities which do not have enough representation will become necessary. Bihar has the Extreme Backward Classes category and Tamil Nadu, the Most Backward Classes category. The process of sub-categorisation will be inevitable not just for political reasons, but for reasons of right to representation and for addressing backwardness.

Also read | **Supreme Court judgment on EWS quota provides impetus for States looking to breach quota ceiling**

Alok Prasanna: In the 1980s in Karnataka, the Venkataswamy Commission's report caused a huge controversy because the Vokkaligas and Lingayats were found to be much better off than most other backward castes. In the present context, in the *Jaishri Laxmanrao Pati*l case [where reservation for the Marathas was struck down], the Supreme Court said Marathas are as well off as any other "upper" castes.

This leads us to a conceptual problem. Unlike SCs and STs, there is no clear way of defining the OBCs. The Constitution says OBCs are "socially and economically backward classes (SEBCs)". We are saying let's look at data. But the data are useful when you have some idea of what you're looking for. For instance, if the number of government jobs is a factor, a lot of "advanced OBCs" will not be eligible for reservation. Just by setting a barrier and saying that everybody who is below is a SEBC may have led us to this position, where certain castes have actually taken the big chunk [of the benefits of reservation]. Therefore, sub-categorisation is necessary, but it can only happen when there is some serious conceptual jurisprudential rethinking of who belongs to a social and educationally backward class.

Congress leader Rahul Gandhi has raised the slogan of "*jitni abadi utna haq* (representation according to the population"). Will a caste census lead to individual caste groups demanding separate reservations, depending on their numbers? What will be the implications of such demands?

Alok Prasanna: The BJP government in Karnataka, just before the [2023 Assembly] elections, tried to do a sub-categorisation within the SCs. There was such a strong political reaction to it that the 'most well off' among the SC communities, who had started to support the BJP, attacked B.S. Yediyurappa's house. Sub-categorisation is a zero-sum game. The BJP thought it would get the less well off SCs on its side. However, it ended up losing the support of the 'better off' SCs.

Also read | **We will remove the cap of 50% on reservation through legislation: Congress**

Also, if there is sub-categorisation, it will also open up the question of whether some castes should even be on the list. It could get subsumed in a political tug of war and may not necessarily lead to the most optimal solution in the context of ensuring representation.

Kalaiyarasan A: I'm not sure Mr. Gandhi used it in the sense of essentially translating it into reservation according to the population. The question he is raising is that there is some kind of group-based deprivation. The slogan does not mean dividing castes at a granular level, but grouping together sets of castes which are similarly positioned, to make a group-based representation or policy response to address the deprivation. Obviously, there is a risk that political parties or caste groups will take the slogan to mean specific caste-based mobilisation. We need to remember that caste is always divisive. Whether addressing group-based deprivation will lead to caste-based mobilisation is something we need to be mindful of. But it need not that way. We can simultaneously address caste-based deprivation while stopping caste-based mobilisation.

Some are concerned that a caste census will lead to further accentuation of caste identities and a fragmented polity.

Alok Prasanna: In one sense, there is validity in that criticism, but it is also not something to say to not do something [caste-based survey]. The reason is, these identities are there. It's just that the administrative state is not officially recording them. But I feel that there is something that the discourse on reservation is missing. There are two larger forces at play. One is the privatisation of the state. The state is outsourcing a lot of its work to private entities, which are not particularly going to be bound by obligations relating to caste or reservation. We are also seeing contractualisation of labour. The second is that a lot of States have just stopped filling vacant posts. We are essentially fighting over jobs which don't exist any more. The problem, perhaps, with this discourse on reservation is that it is being rendered irrelevant in some ways. We are discussing percentages when the pie itself is disappearing. The discourse should be what is the size of pie that you're going to distribute.

Also read | **Caste census an X-ray to find out problems of OBCs: Rahul Gandhi**

Kalaiyarasan A: Castes are a reality. Counting does not necessarily lead to strengthening of that reality. There may be potential that people, political parties, or individuals with vested interests will exploit this. However, that should not stop us from accounting the existing realities. A caste census has to come along with a simultaneous ideological campaign or a kind of political mobilisation which counters or tames individual caste mobilisation.

With the demand for a caste census, will the Opposition parties be able to disturb what the BJP has achieved electorally, i.e., consolidating Hindu votes across caste lines?

Kalaiyarasan A: I see this moment as Mandal 2.0. The present situation, in the shorter run, would push the BJP into a defensive mode, which has already started happening. In the longer run, it is possible that the BJP may adjust to this new reality. Caste mobilisation happening without any social or broad-based anti-caste mobilisation can lead to upgrading of status in the hierarchy of the Sanskritisation process, which may help the BJP. A great example is U.P., where Mandal 1.0 pushed back the BJP. But the caste mobilisation that followed did not address the anti-caste sentiment or other broad-based problems. As a result, BJP mobilised the left-out communities.

Explained |**The case for caste census in India**

Caste by design is divisive. You need some kind of a glue to put castes together. The question is whether that glue is Hindutva that preserves caste or the Bahujan identity or the Dravidian or some kind of class-based mobilisation, which transcends caste identities and bring these communities together to provide a meaningful representation.

Kalaiyarasan A. is Assistant Professor at the Madras Institute of Development Studies and Visiting Research Fellow at the King's College London; Alok Prasanna is Co-Founder and Lead, Vidhi Karnataka

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Source : www.thehindu.com Date : 2023-10-13

EARLY WARNING SYSTEM FOR INDIA'S FLOODED GLACIAL LAKE WAS DELAYED BY A YEAR

Relevant for: Environment | Topic: Disaster and disaster management

October 12, 2023 05:40 pm | Updated 05:40 pm IST

A man digs as he tries to recover a vehicle submerged in mud in the flood affected area along the Teesta river in Rongpo, east Sikkim, India, Sunday, Oct. 8. 2023. Rescuers continued to dig through slushy debris and ice-cold water in a hunt for survivors after a glacial lake burst through a dam in India's Himalayan northeast, shortly after midnight Wednesday, washing away houses and bridges and forcing thousands to flee. | Photo Credit: AP

An early warning system for glacial floods was due to have been installed in the Indian Himalayas last year, but work on the project only began in September, officials said, too late to raise the alarm before last week's floods that killed dozens.

Reuters first reported that scientists were working on an early warning system at Lhonak Lake in the northeastern state of Sikkim which if fully operational could have given people more time to evacuate when the lake overflowed and triggered flash floods.

But the project began just weeks before the floods killed at least 60 people and left more than 100 missing because Indian authorities could not organise an expedition to the site last year as planned, the officials said.

Also Read | Sikkim flood was a matter of time despite uncertainties, scientists knew

In recent years, glacial flood early warning systems have been deployed in China, Nepal, Pakistan and Bhutan as climate change has raised the risks of flooding.

The Lhonak Lake system is a pilot project being executed with the help of Swiss agencies, with India's National Disaster Management Authority (NDMA) as the main coordinator.

NDMA member Krishna S. Vatsa said there was a delay as it was a complex expedition for several reasons, including the fact that the lake, high in the mountains on India's border with China, is accessible only from July to September.

"It was a large inter-agency expedition, which could not be organised last year and had to be done this year, because you have to carry a lot of equipment ... and there is a limited window to go to the site," Vatsa told Reuters.

Also Read | What caused the flood in Sikkim?

“It's a sensitive border area so we had to get all clearances,” he said. “...We also had limited time to get there, and we had to get all agencies to agree on one particular date for this expedition.”

As climate change warms high mountain regions, many communities are facing dangerous glacial floods. Lakes holding water from melted glaciers can overfill and burst their surrounding walls, sending torrents rushing down mountain valleys.

More than 200 such lakes now pose a very high hazard to Himalayan communities in India, Pakistan, China, Nepal and Bhutan, according to 2022 research.

Sikkim, which is wedged between China, Nepal and Bhutan, has revised the death toll from last week's disaster downwards from 74 saying some bodies were counted two times – once by local authorities and again in neighbouring West Bengal where more than 40 bodies were found.

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Source : www.thehindu.com Date : 2023-10-14

HOW ACCESSIBLE AND AFFORDABLE IS MENTAL HEALTHCARE IN INDIA

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

October 13, 2023 10:02 pm | Updated 10:02 pm IST

Image for representation only

The story so far: Mental disorders are a major cause of disability worldwide, largely due to insufficient understanding, pervasive ignorance, and social stigma. According to the World Health Organization (WHO), one out of every eight people globally is affected by a mental disorder. India significantly contributes to this global burden.

The National Mental Health Survey (NMHS) of 2015-2016 highlights the huge burden of mental health problems in India. As per the findings of the report, 150 million adults live with a mental disorder and require access to care services, but the majority are unable to access treatment.

Another study published in *Lancet Psychiatry* reveals that the proportional contribution of mental disorders to the total disease burden in the country doubled between 1990 and 2017. It estimated that one in seven Indians (197 million) were suffering from mental disorders of varying severity, with depression and anxiety disorders the most common. The treatment gap for mental disorders was found to be as high as 83%.

The COVID-19 pandemic has exacerbated the crisis, severely affecting the psycho-social well-being of many. Noting the increasing burden, a recent Standing Committee report tabled in Parliament highlighted that the high treatment gap for most illnesses was due to a lack of mental health professionals, poor infrastructure and stigma. The panel suggested the government strengthen mental health facilities at primary and secondary levels to improve overall availability and accessibility of mental healthcare for all.

Similar to physical health, mental health is a crucial component of overall health encompassing the psychological, emotional and social well-being of an individual. The WHO defines mental health as a state of well-being in which a person realises their abilities, copes with the normal stresses of life, works productively and makes a contribution to the community. It extends to a positive state of mental and emotional well-being. When there is a significant disturbance in an individual's cognition, emotional regulation, or behaviour, usually associated with distress or impairment, it is referred to as a mental health disorder.

While globally there is a significant number of individuals who need mental healthcare, far fewer actually receive treatment, even if effective treatments are available at a low cost. Most don't have access to care services, adding to the widening gap between those who need care and those with access to such care. For instance, only 29% of people with psychosis and only one-third of people with depression receive formal mental healthcare worldwide. In India, all mental disorders, except epilepsy, recorded a treatment gap of more than 60%, with the highest being for alcohol use disorders at a shocking 86%.

The policy landscape around mental health has evolved over the years, driven mainly by the National Mental Health Programme (NMHP), aimed at providing affordable and accessible mental healthcare facilities. India was one of the first few developing countries that took the lead in developing a national programme in 1982 to address the mental health needs of its population by integrating mental health services with general care available at primary health centres. As part of the programme, primary and community health workers were given specialised training for the treatment of mental disorders.

The NMHP was re-strategised as the District Mental Health Programme (DMHP) to decentralise care. Districts were designated as the main administering units for the implementation of the programme. The DMHP aimed to provide mental health services, which included managing cases, counselling, manpower training and spreading awareness, at different levels of the district healthcare delivery system. It was later integrated with the National Rural Health Mission.

Currently, the National Mental Health Programme is active in 743 districts across 36 States and Union Territories. The facilities offered at community and primary health centre levels include outpatient services, assessments, counselling, psycho-social interventions, continuing care and support for people with severe mental disorders, medications, outreach services, and ambulance services.

Human Resources for DMHP

Meanwhile, in response to the growing burden of mental illness, the government launched India's first national mental health policy in 2014. It calls for a more accessible and holistic treatment of mental illnesses and advocates for the decriminalisation of attempted suicide. Another programme, Rashtriya Kishor Swasthya Karyakram (RKSK), was also launched in the same year under the National Health Mission to focus specifically on adolescent health.

Another "watershed moment for the right to health movement in India" arrived in the form of the Mental Healthcare Act, 2017. It discourages the long-term institutionalisation of patients and reaffirms the right of people to live independently and within communities. It places a range of duties on mental health professionals, the state and other duty-bearers to protect the autonomy and dignity of persons with mental illness.

Besides the national programme, mental health services are provided as part of services under the Comprehensive Primary Health Care under Ayushman Bharat – Health and Wellness Centre scheme. The government has also released operational guidelines on mental, neurological and substance use disorders at health and wellness centres (HWC) under the ambit of Ayushman Bharat.

Last year, the National Tele-Mental Health Programme (NTMHP) was launched under the NMHP to use digital technology to address growing mental health challenges and improve access to quality mental health counselling and care services in the country.

The mental health programme has been credited for enhancing the reach of mental health

services at the community level but is also criticised for its ineffective design and functioning. There is a consensus among experts that its impact has been limited, mainly because of a lack of trained health workers, financial constraints and poor coordination. The DMHP can be simultaneously narrated as “a heroic struggle against overwhelming odds” as well as that of “abject failure”, says an article published in the *Economic and Political Weekly*.

“Financial and human capital restrictions, a lack of public involvement, inefficient training, poor non-governmental organisation/private cooperation, and a deficit of solid monitoring and evaluation system have all hampered the programme’s impact,” argue the authors of an article in the *Cureus Journal of Medical Science*. Another paper on India’s response to mental healthcare argues that the model was deficient, being focused on pharmacological interventions and not including the psychosocial aspects of treatment.

“It excluded community/stakeholder participation in the planning and implementation process that further attributed to its poor performance,” it adds, concluding that the implementation of the programme at the sub-district level and below is presently sub-optimal.

As far as the Centre’s digital reach is concerned, the national tele-mental health helpline, called Tele-MANAS, has recorded over 3.5 lakh calls since its launch in 2022. As of October, 44 Tele-MANAS cells are spread across 32 States and UTs, with 2,000 professionals taking around 1,000 calls per day in 20 languages on average.

Despite the growing response, the helpline faces several challenges. Research has shown that individuals with mental health issues, who require care, often do not have access to the Internet or smartphones. Besides barriers related to digital literacy, data privacy issues flagged by a response by the helpline nodal centre NIMHANS to an RTI query have added to concerns. Implementation of the RKSK, meanwhile, has been unsatisfactory despite being in operation for nearly a decade.

According to a report presented by the Standing Committee in Parliament in August, India has only 0.75 psychiatrists per lakh people. This is a much lower number than that required to address the growing mental health problems in the population. The panel has suggested that an additional 27,000 psychiatrists are necessary to achieve the target of having three psychiatrists per lakh people. The report also highlights that this shortage is prevalent for other health professionals such as psychologists, psychiatric social workers and nurses.

In 2018, the Ministry of Health and Family Welfare (MoHFW) told the Lok Sabha that there are only 898 clinical psychologists against a demand of 20,250, and 1,500 psychiatric nurses compared to a demand of 30,000. An analysis and cost implementation of the mental health policy in the same year, however, noted that India had nearly 9,000 psychiatrists, 2,000 psychiatric nurses, 1,000 clinical psychologists, and 1,000 psychiatric social workers for its population of 1.3 billion— a population that includes approximately 150 million who need intervention for mental disorders.

The paper published in the *Indian Journal of Psychiatry* further noted that India would need an additional 30,000 psychiatrists, 37,000 psychiatric nurses, 38,000 psychiatric social workers and 38,000 clinical psychologists. “… it will take 42 years to meet the requirement for psychiatrists, 74 years for psychiatric nurses, 76 years for the psychiatric social worker, and 76 years for clinical psychologists, for providing care for 130 crore population, provided the population (assuming both general population and mental health human resources) remains constant,” the researchers concluded.

The study also reviewed the status of infrastructure in hospitals. It found that around 56,600

public psychiatric beds existed for 130 crore people. This included 35,000 psychiatric beds in mental hospitals, 10 beds each in 723 district hospitals and 30 beds each in 479 medical colleges. It estimated that there was a requirement of 6.5 lakh psychiatric beds for a 130 crore population.

Besides the gap in implementation, experts have identified poverty and discrimination as key contributors to the treatment gap; affordability remains a major factor in availing treatment. A recent study published in the *Indian Journal of Health Management* found that spending on mental disorders pushed around 20% of Indian families into poverty.

A household spends over 18.1% of their total budget per month on the care of a member with a mental disorder, it found. Even though mental healthcare in government-run hospitals and health centres is subsidised, a long course of treatment means high travelling expenses. Multiple visits to health professionals, and cost and unavailability of medication add to the financial burden. “There is a critical need to provide financial risk protection to reduce financial impact of healthcare expenditure on mental illness among households in India,” the authors noted.

In urban areas, therapists usually charge Rs 500-2,000 for each session that lasts less than an hour on average. This means that an individual could end up spending around Rs 4,000-Rs 8,000 a month on therapy, which is likely to affect their spending and savings. The high cost of the therapy and other logistical costs force several to quit treatment. A person who took therapy at a private centre in Chandigarh tells *The Hindu*, “I took two sessions, but didn’t return for a third because the cost of therapy and other expenses badly hit my monthly budget.”

The Hindu Explains / health / mental illness / healthcare policy

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Source : www.thehindu.com Date : 2023-10-15

EGYPT IS RACING TO ELIMINATE HEPATITIS C

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

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October 14, 2023 09:15 pm | Updated 09:15 pm IST

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The most common route of hepatitis C virus spread is injection drug use | Photo Credit: Getty Images/iStockphoto

On October 9, WHO announced that Egypt had made “unprecedented progress” towards eliminating hepatitis C. According to the WHO, Egypt became the first country to achieve “gold tier” status on the path to elimination of hepatitis C as per the global health body criteria.

The “gold tier” status to reach the stated goal of eliminating hepatitis C includes meeting specific criteria such as ensuring 100% blood and injection safety, maintaining a minimum of 150 needles/syringes per year for people who inject drugs (PWID), diagnosis of over 80% of people living with chronic hepatitis C virus (HCV), treating of over 70% of individuals diagnosed with HCV, and the establishing of a sentinel surveillance programme for hepatitis sequelae, including liver cancer.

Egypt has diagnosed 87% of people living with hepatitis C and has provided 93% of those diagnosed with curative treatment, exceeding the WHO gold tier targets of diagnosing at least 80% of people living with hepatitis C and providing treatment to at least 70% of diagnosed people, the WHO said.

Egypt had undertaken the “100 Million Healthy Lives” initiative. Through this initiative, Egypt “significantly reduced the prevalence of hepatitis C from 10% in 2016 to 5% in 2018 and an estimated less than 1% in 2019”, the Africa CDC said.

“Egypt’s journey from having one of the world’s highest rates of hepatitis C infection to being on the path to elimination in less than 10 years is nothing short of astounding,” Dr Tedros Adhanom Ghebreyesus, WHO Director-General said in a statement. “Egypt is an example to the world of what can be achieved with modern tools, and political commitment at the highest level to use those tools to prevent infections and save lives. Egypt’s success must give all of us hope and motivation to eliminate hepatitis C everywhere.”

“With its commitment to eliminate hepatitis C, Egypt has succeeded in testing virtually the whole of the eligible population and has treated almost all those who are living with the virus. This represents one third of the 12 million people living with hepatitis C in the Eastern Mediterranean Region,” Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean said in a statement.

According to the Africa CDC, Egypt was able to achieve huge success with hepatitis C due to key interventions undertaken including population-based surveys to understand the hepatitis C epidemic (who is affected and where) and developing an investment case to highlight the economic burden of HCV. Egypt also customised the elimination programme by involving generalist doctors to community healthcare workers and using telemedicine for hard-to-reach areas. But the biggest boost came from reducing the cost of medical treatment per patient to less than $50 through local manufacturing.

Egypt is now taking a leadership role with its commitment to support other African countries to replicate its success, including enhanced access to inexpensive drugs to treat hepatitis C.

Hepatitis C infection is unevenly distributed globally, with these regions accounting for the most — European (22%), South-East Asia (20%) and the Eastern Mediterranean (17%). According to a 2023 WHO document, in 2019, there were 1.5 million new infections, with one third of new HCV infections occurring in the Eastern Mediterranean Region. The prevalence of hepatitis C across the world in 2019 was 58 million.

Though unscreened blood and blood products and inadequate sterilisation of medical equipment in health-care settings are two important routes of virus transmission, the most common route of virus spread is through unsafe injection practices such as sharing needles, syringes, or any other equipment to inject drugs. The use of safe injections has however reduced new hepatitis C infections.

disease / Egypt

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Source : www.thehindu.com Date : 2023-10-15

CENTRE SEEKS INCLUSION OF TRADITIONAL MEDICINE ON WHO'S LIST

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

October 14, 2023 06:17 pm | Updated October 15, 2023 12:42 am IST - NEW DELHI

A view of the World Health Organisation headquarters.

In a move meant to put the Indian system of medicine on the world map and provide it with a common standardised language, the Union government has sought for Ayurveda and related systems to be included in the 11th revision of the World Health Organisation's International Classification of Diseases (ICD), as the second module of a supplementary chapter on traditional medicine conditions.

The ICD provides a common language that allows health professionals to share standardised information across the world. The traditional medicine module of the 11th revision provides a list of diagnostics categories to collect and report on traditional medicine conditions in a standardised and internationally comparable manner.

Speaking exclusively to *The Hindu* about the development, Ministry of Ayush Secretary Vaidya Rajesh Kotecha said: "We are hopeful that the addition of Module-2 for Ayurveda could happen as early as by next January."

"Ayurveda and related Indian traditional health care systems are formally recognised and widely practised health care systems in India, which is making a strong and valid point for its inclusion," said Mr. Kotecha, adding that efforts to effectively regulate traditional medicine as an integral part of the health system require standardised and evidence-based information.

Mr. Kotecha further explained that the traditional medicine chapter under ICD-11 is a formative step for the integration of such forms of medicine into a classification standard used in conventional medicine. "It also provides the means for doing research and evaluation to establish its efficacy," he said.

The Ministry added that this chapter would also help to respond to growing demands for more and better regulation of traditional medicine, and its integration in mainstream health care and health information systems.

After a decade of repeated consultations, ICD-11 had facilitated the inclusion of Module-1, which covers traditional medicine conditions originating in ancient China, which are now commonly used in China, Japan, Korea, and elsewhere around the world.

The eleventh revision contains around 17,000 unique codes and more than 1,20,000 codable terms, which are now entirely digital. ICD-11 came into effect from January 2022.

The joint use of ICD-11's chapter on traditional medicine along with other chapters on neoplasm, patient safety, and injuries, can enhance the reporting of adverse events. It will enable the integration of traditional medicine into insurance coverage and reimbursement systems, in line with larger WHO objectives relating to universal health coverage. It will also link traditional medicine practices with global conventional medicine's norms and standard development.

The development of Module-2 for Ayurveda-related diagnostic systems is being actively supported by the Ministry of Ayush. It extensively banks on the implementation experience gained on the ground by the National Ayush Morbidity and Standardised Terminologies Electronic portal, and the Ayush Health Information Management System, the Ministry said.

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health / ayurveda / medicine

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Source : www.pib.gov.in Date : 2023-10-15

MINISTRY OF ROAD TRANSPORT AND HIGHWAYS TAKES UP A CAMPAIGN FOR VIVAD SE VISHWAS IL (CONTRACTUAL DISPUTES).

Relevant for: Indian Economy | Topic: Infrastructure: Roads

Union Minister for Road Transport and Highways, Shri Nitin Gadkari, held a High Level meeting with the National Highway Builders Federation to resolve their issues. It was agreed that implementation of Vivad Se Vishwas II Scheme be taken in a campaign mode with a target to settle all eligible claims. NHBF was requested to ensure that all contractors file their claims by 25th October, 2023.

The Vivad se Vishwas II (Contractual Disputes) Scheme of Department of Expenditure, Ministry of Finance, Government of India contains detailed procedure / modalities to arrive at the settlement amount that shall be offered to the Contractors and where the claim amount is Rs.500 crore or less, procuring entities will have to accept the claim, if the claim is in compliance with the guidelines. In case the claim is more than Rs.500 crore, then the decision of not accepting the request for settlement from the contractor should be done after recording the reasons with the approval of the competent authority. The claims are to be submitted by 31.10.2023 through GeM portal.

The extant guideline is applicable to disputes of all such cases where the award has been passed by the court/tribunal is for monetary value only and the award of the Arbitration is issued up to 31.01.2023 or Court Award is passed upto 30.04.2023.

Secretary for Ministry of Road Transport & Highways, Shri Anurag Jain said that Vivad se Vishwas II Scheme has been formulated to clear backlog of old litigation cases. He said the scheme will help in freeing up locked working capital and stimulate fresh investments.

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Source : www.thehindu.com Date : 2023-10-16

CLOSING THE GENDER PAY GAP IN THE WORKFORCE

Relevant for: Indian Economy | Topic: Issues Related to Poverty, Inclusion, Employment & Sustainable Development

October 16, 2023 01:32 am | Updated 01:32 am IST

Claudia Goldin, the Henry Lee Professor of Economics at Harvard University, speaks at a press conference after being named the Nobel Laureate in the Economic Sciences, at Harvard University. | Photo Credit: Getty Images

When women were missing from the labour force, that was because they were home caring for children; when they were paid less than men, that was because they had lower education than men. Or so said the economic orthodoxy, including theories popularised by the 1992 Nobel Prize winner Gary Becker. A few feminist economists and sociologists protested, but their voices were drowned out until Claudia Goldin stood on the podium as the President of the American Economic Association in 2013-14 and argued that the answer to the solution of missing and underpaid women did not lie at home but rather, in the market.

When Betty Friedan wrote in 1963 about college-educated women who were frustrated stay-at-home mothers, she noted that their problem has “no name.” Claudia Goldin, the 2023 Economics Nobel Prize winner, has spent half a century giving a name and voice to their problems. She has chronicled the evolution of the American economy from agriculture to manufacturing to services and noted that as economic production moved from home to factories, women were excluded from market activities. It was not until offices, schools, and hospitals began to offer more jobs than factories that women found jobs. However, even when they entered the workforce in droves, overtook men in educational attainment, did not congregate in “female jobs,” and did not drop out from the labour force to have children, women continued to earn less than men.

Professor Goldin argued that this disadvantage is due to their inability to take on jobs that involve all-consuming responsibilities. Parental responsibilities make it difficult for women to take on jobs requiring long hours and irregular work schedules. The private equity partner who saw the deal through and stayed for late-night dinners and meetings had the chance of getting a fat bonus and promotion. These demands are incompatible with raising children, and one partner of a couple often chooses to go on a slower and safer track, the track dubbed the “mommy track,” even at the cost of a high-profile career. While women need not be the ones choosing this slow track, gender ideologies often prompt couples to assign women to take over extra family duties while men remain free to concentrate on their careers.

Professor Goldin blamed this inequality on “greedy work” that demands extraordinary efforts from workers rewarded with high salaries, big bonuses, stock options, and fast promotions.

Rising income inequality leads couples to forgo gender equity within the household and concentrate on increasing family income via specialisation. Her solution to this dilemma is restructuring a workplace that does not rely on heroic efforts, has moderate work hours, and predictable schedules.

In some ways, Professor Goldin's work dovetails with that of Juliet Schor, who argued in her book *The Overworked American* that it was far more beneficial to companies to hire two workers who worked long hours than three workers who worked regular hours since it reduced costs such as health insurance, office space, and personnel services. I suspect that Indian workers in Bengaluru struggling to keep up with Zoom calls at 9:30 p.m. to confer with their American counterparts arriving in the office at 9 a.m. while helping their children with their Algebra homework will relate to this.

Although women's employment rates in India remain low, secular changes suggest that there is no reason why this must continue. Building on Professor Goldin's observations, the growth of the service sector should offer jobs for women that are not offered by the manufacturing sector; rising education should increase their employability; and declining fertility should free up women's time. But how can we take advantage of these fortuitous circumstances?

While increased male participation in household work and childcare would help, we must also find ways of reshaping both the work and social environment so that they are conducive to developing a work-life balance for both men and women. This means having work structures that are respectful of workers' time and do not emphasise very long work hours. This makes both social and economic sense. Stanford economist John Pencavel has shown that longer working hours do not mean more productivity and, in some jobs, lead to increased mistakes and injuries.

Editorial | Bridging the gap: On India and Gender Gap Report

But if we need to rein in the greedy workplace, we also need to rein in a variety of institutions that demand more and more of our time. This includes schools that rely on parents to supervise homework and urban developments that place homes far from workplaces. Until we can create these supportive institutions, it will be hard to write the last chapter for the grand gender convergence in labour market outcomes that Claudia Goldin advocates for so fiercely.

Sonalde Desai is a Professor at the National Council of Applied Economic Research and University of Maryland. Views are personal

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Source : www.thehindu.com Date : 2023-10-16

OLYMPIAN HEIGHTS: THE HINDU EDITORIAL ON INDIA'S EFFORTS TO ORGANISE THE 2036 OLYMPICS

Relevant for: Developmental Issues | Topic: Human resources, Youth, Sports and related issues

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

From time immemorial, the Olympics has been used as a soft-power medium. Governments worldwide have bet on the sporting, economic and socio-cultural impact the games can leave, as well as on the political legitimacy the hosting of the event can bring. Post-World War Europe, post-apartheid South Africa and Brazil of the 2010s are vivid examples. Prime Minister Narendra Modi's announcement at the International Olympic Committee (IOC) session in Mumbai that India "would leave no stone unturned" in its efforts to organise the 2036 edition of the quadrennial extravaganza is to be seen in this light. That India has also expressed an interest in the Youth Olympics as a precursor is a clear signal that it wants to shed the reticence that came with the unsavoury happenings at the scam-ridden and ineptly handled 2010 Delhi Commonwealth Games. Though the ratification of the host city for 2036 will take time — Brisbane was selected for the 2032 edition only in July 2021 — and there will be other claimants, the move lays bare India's global ambitions. Be it through the desire for a permanent membership at the United Nations Security Council or the euphoria surrounding the G-20 presidency, India has consistently sought a seat at the high table. The tag of an Olympic host can give it a vantage position in a shifting world order.

Sporting-wise, it is clear that India wants to benefit from the strong tailwind produced by the stellar 107-medal show at the recently concluded Asian Games. Ever since Abhinav Bindra won the nation's first-ever individual Olympic gold at Beijing 2008, there has been a steady uptick in performances at multi-disciplinary competitions. There is even a firm belief that India will win double-digit medals at Paris 2024. While such confidence is not entirely misplaced, conducting a mega event such as the Olympics presents a humongous challenge. Costs are often prohibitive, as seen from the fierce public outcry during both Rio 2016 and Tokyo 2020. In the case of Tokyo, the financial burden was said to have ballooned to $15.4 billion, more than double the initial estimate. Recently, the Australian state of Victoria pulled out of hosting the 2026 Commonwealth Games because of mounting expenditure and the Canadian province of Alberta withdrew a bid for the 2030 edition. To avoid being seen as a populist ephemera in a deeply unequal society, the IOC has moved away from the one-size-fits-all solution and now asks potential organisers to present projects that best fit their economic, social and environmental realities. India's success will depend on how it marries its aspirations with the inherent complexities.

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sport / Olympics / India / United Nations / Commonwealth Games / South Africa / Brazil / Australia / Japan / Canada / Prime Minister Narendra Modi / Mumbai / G-20 New Delhi 2023

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Source : www.thehindu.com Date : 2023-10-16

CENTRE MAY RAISE RETIREMENT AGE OF SCIENTISTS FROM 60 TO 65

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

October 15, 2023 09:08 pm | Updated 11:18 pm IST - NEW DELHI

Prime Minister Narendra Modi meeting scientists of the ISRO in Bengaluru recently. | Photo Credit: ANI/PIB

The Ministry of Science and Technology (MoST) is working on a proposal to increase the retirement age of scientists to 65.

Its larger purpose, sources suggest, is to stem the flight of its top, senior scientists to universities and the Indian Institutes of Technology, where the retirement age is 65, *The Hindu* has learnt.

At present, scientists in most wings of the government retire at 60, while those working at the Indian Council of Agricultural Research (ICAR) and the Indian Council of Medical Research (ICMR) retire at 62.

A note by the MoST issued on October 6 this year says that a “proposal for enhancement of retirement age of scientists in autonomous bodies of science departments/Ministries is under way.” This note, sent to 14 autonomous bodies funded by the Department of Science and Technology (DST), asks the heads of institutes to furnish: the total sanctioned strength of scientists in their AB (autonomous bodies), the number of scientists retiring in the next five years (November 2023–March 2028), and the “additional financial implication of the enhanced retirement age”. *The Hindu* has viewed this note.

Abhay Karandikar, who took charge as Secretary in the Ministry on October 3, said he was “unaware” and declined comment. The Department of Biotechnology (DBT) and the DST come within the MoST.

Sources in the MoST told *The Hindu* that the proposal stemmed from the DBT where, over the years, concerns have been raised that several senior scientists approaching retirement were quitting institutes for careers in academia.

“The aim is to bring parity. Why should our (Ministry-affiliated) scientists be disadvantaged? However, it is still an early-stage proposal and under discussion,” a senior scientist, aware of matters, told The Hindu. The DBT has reportedly already sent details of eligible scientists for evaluation. Scientists who work in autonomous institutions of the Ministry of Earth Sciences

(MoES) are also likely to come under the ambit of the proposal.

This isn't the first time that the government has mooted raising the retirement age of scientists. A draft Cabinet note in 2015, led by the MoST, had said the move would bring parity in service conditions of research scientists working in different arms of the government.

So far, the general trend in the Ministries has been to give scientists nearing retirement, 'extensions' that may increase their tenure by two or up to five years. The Modi government, one scientist said, has done away with such extensions and instead opted for short-term contracts to retain valuable, senior employees. However the 2015 proposal, despite being discussed publicly at the highest levels of government, appears to have been buried.

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science (general) / science (general) / national government

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Source : www.thehindu.com Date : 2023-10-17

PALLIATIVE CARE, A WAY TO REDUCE FINANCIAL DISTRESS FOR PEOPLE WITH LIFE LIMITING DISEASES

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

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

For representative purposes. | Photo Credit: Getty Images

“I couldn’t go for my six-monthly check-ups at the government district hospital as I didn’t have the money for the autorickshaw. The travel alone costs around 1,200. My monthly income is only 1,600 through my disability pension. How can you expect me to go to the hospital? Where will the money for my routine expenditure come from?” asked Shankar (name changed), a 55-year-old man from Kerala who had been homebound for the past two years due to a stroke.

Like Shankar, many Indians are either a hospital bill away from poverty or too poor to access healthcare. It is estimated that nearly 5.5 crore people fall below the poverty line every year due to out-of-pocket healthcare expenditure. Out of these, 3.8 crore people become poor only because of the expenditure on medicines. “India is becoming the epicentre for non-communicable diseases and several of the patients with these diseases, like cancer, cardiac disease, renal failure or stroke, will eventually reach an incurable stage,” says Padma Shri and 2023 Magsaysay Award recipient Dr. Ravi Kannan.

Non-communicable diseases will push more and more people into poverty as they require lifelong treatment and periodic health check-ups. However, the financial implications for a family associated with the continuous treatment of these diseases often go unnoticed in our health system. This often leads to ‘financial toxicity’ wherein there is a risk of bankruptcy, decreased treatment satisfaction, foregoing or delays in seeking further medical care, poor quality of life, and poor survival.

With only 1.35% of the gross domestic product (GDP) being spent on government health services, patients bear most of the health expenses. Even in government hospitals where treatment is supposed to be free, the cost of travel, purchasing medicines that many a time are out of stock in government pharmacies, and loss of wages due to the absence from work contribute to the financial toxicity.

A recent study by Dr. Prinja and his colleagues from India reported that an average of 8,035 is spent by a cancer patient per outpatient visit and 39,085 per hospitalisation in a tertiary care hospital in India. Similarly, the cost per outpatient clinic visit in a tertiary care hospital is 4,381 for a patient with diabetes and 1,427 for a patient with hypertension. Towards the end of life,

attempts to continue treatment with the aim of prolonging life leads to even more financial burdens. Often caregivers have to sell assets and stop the education of children in the family to cope with the financial burden. The same study also reported that in patients with last-stage cancer, more than 65% faced impoverishment due to healthcare expenditure.

Palliative care is a branch of medicine that looks at improving the quality of life of those having life-limiting illnesses like cancers, end-stage kidney disease, debilitating brain disorders, complications of diabetes, and heart disease among others. It is different from other medical specialities as it focuses on alleviating uncontrolled symptoms of the incurable illnesses mentioned above, and preventing non-beneficial investigations, and treatments. It takes into consideration not just the physical dimension of health but also actively looks at the social and economic realities of the patient and the family.

Early initiation of palliative care in patients with advanced disease has shown to reduce health expenditure by up to 25%. Palliative care is provided through outpatient visits, inpatient visits, and home-based care. Home-based care further reduces the cost of seeking care as home-bound patients no longer have to travel to seek healthcare. Vocational rehabilitation and social reintegration are crucial elements of palliative care which further help the affected family and the patient by providing them with the opportunities to earn a living and live independently with dignity. “Depending on their ability to work, we provide rehabilitation support to patients. We either teach them basic skills like stitching or introduce them to small-scale animal husbandry so they can have a source of income,” told John, a social officer at Pallium India.

Despite existing for nearly four decades, awareness regarding palliative care in India, both among healthcare workers and the general public is low. Also, currently, palliative care is not covered under most insurance schemes in India. These two factors have resulted in poor demand and poor access to palliative care in the country. Unplanned and abysmal funding has also been a barrier to public health centres providing palliative care services.

The provision of such care from primary and secondary health centres is still a distant reality despite its inclusion in the ambitious Ayushman Bharat program. Furthermore, as palliative care is not a wealth-generating speciality but an expense-saving one, the increasingly privatised Indian health system has by and large chosen to neglect the speciality barring a few exceptions. The unavailability of such care services in the public and private setup has thus resulted in palliative care needs of the country being predominantly met by private non-profit organisations.

The funding mechanism of the National Program for Palliative Care needs to be reorganised, according to Padma Shri Dr. M.R. Rajagopal. “Instead of its current mode of occasional annual budgeting, the program must be consistently funded. Under the current mode, the state government is not sure whether the money will continue to be available in the subsequent year. This prevents long-term planning,” said Dr. Rajagopal.

Considering that palliative care is known to save money for both patients and the provider, its provision in public health centres would help the government not only in saving money but also in protecting people from avoidable health expenditures. “Investing in palliative care is extremely wise as the returns in terms of human health and well-being are enormous,” said Dr. Kannan who feels that it is the mark of a civilised society to make sure that patients with end-stage diseases are supported till the end of their lives.

According to both Dr. Kannan and Dr. Rajagopal, palliative care provisions will help in generating goodwill for corporate hospitals. “The family of the patient who has been taken care of at the end of their life will remain eternally grateful to the caregivers. They will bring back many more patients to be cared for at that health centre,” said Dr. Kannan. The inclusion of

palliative care will also improve the utilisation of beds in the hospital. “As opposed to the bed being occupied for a long duration by a patient with poor disease outcomes, the bed could be used to save the lives of people with better disease outcomes. This would increase the turnover rate of admissions in ICUs and thus ultimately help corporate hospitals in generating wealth. This is a win-win situation where the patient has a better quality of life, families face lesser financial toxicity and the ICU bed generates more wealth by being utilised by more people who truly need it,” said Dr. Rajagopal.

It is the moral obligation of the health system to take care of people, especially when they are suffering from life-long and life-limiting illnesses. It’s high time public and private healthcare providers realised the high returns of investing in palliative care and prioritised it.

Parth Sharma is a public health physician, a researcher at the Association for Socially Applicable Research (ASAR), and the founder of Nivarana.org. Deepak Sudhakaran is a community medicine specialist heading the Social Works Division at Pallium India.

END

Source : www.thehindu.com Date : 2023-10-20

AN OPPORTUNITY TO RECAST INDIA'S FOOD SYSTEM

Relevant for: Developmental Issues | Topic: Poverty & Hunger and related issues

October 20, 2023 12:08 am | Updated 02:03 am IST

'Consumer demand needs to be shifted towards healthy and sustainable diets' | Photo Credit: MOHAMMED YOUSUF

Earlier this week, we celebrated World Food Day (October 16), but we rarely look at food as a system. No country can better understand the challenges of a food system than India, which feeds the largest population in the world. While the primary goal of a food system is to ensure nutrition security for all, it can only be achieved sustainably if the producers producing the food make reasonable economic returns that are resilient over time.

This resilience, in turn, is intricately linked with the resilience of our natural ecosystem because the largest inputs to agriculture — soil, water and climatic conditions — are all but natural resources. Appreciating this interconnectedness of nutrition security with livelihood and environmental security is essential to making our food system truly sustainable.

On the nutrition front, India faces a double burden of malnutrition. At one end, despite making great progress over the years, a sizable proportion of Indians exhibit nutrient deficiencies. As in the National Family Health Survey, 2019-21, 35% of children are stunted, and 57% of women and 25% of men are anaemic. At the other end, due to imbalanced diets and sedentary lifestyles, 24% of adult women and 23% of adult men are now obese. India has been stepping up efforts to reduce malnutrition, which has included even the Prime Minister calling for a mass movement to eradicate it.

On the production side, farm incomes are insufficient to meet the ends of marginal and small farmers. According to a report by the Transforming Rural India Foundation, more than 68% of marginal farmers supplement their incomes with non-farm activities. The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) and other forms of casual labour are picking up the slack, indicating a lack of skills or opportunities for income diversification.

Further, depleting natural resources and changing climate are making India's food production highly vulnerable. As in the 2023 soil health survey, almost half the cultivable land in India has become deficient in organic carbon, which is an essential indicator of soil health. Groundwater, the largest source of irrigation, is rapidly declining. In States such as Punjab, more than 75% of the groundwater assessment locations are over-exploited, threatening the resilience of farm incomes.

To solve these interconnected challenges, we need a triad approach that engages all three

sides of the food system: consumers, producers, and middlemen.

First, consumer demand needs to be shifted towards healthy and sustainable diets. We need to shift to a food plate that is healthier for people and the planet. The private sector drives the aspirational consumption patterns for India's billion-plus population. What corporations have done to mainstream imported oats or quinoa in India, can be done for locally-grown millets. Civil society and the health community could partner with social media influencers who can shape healthier and sustainable consumption for millions.

Alongside, the public sector, through its innumerable touch points such as the Public Distribution System, mid-day meals, railways catering, urban canteens, and public and institutional procurement, can help improve what at least 70% of Indians are consuming. Even religious institutions can shape food choices. For instance, the Tirumala Tirupati Devasthanam, which serves nearly 70,000 people daily, has started procuring naturally-farmed produce.

Second, to ensure resilient incomes, we must support farmers' transition towards remunerative and regenerative agricultural practices. The National Mission on Natural Farming is a step in this direction, but the overall funding for sustainable agriculture is less than 1% of the agricultural budget. We need to broaden and scale up such initiatives to various agro-ecological practices such as agroforestry, conservation agriculture, precision farming, and much more.

Further, agriculture support should move from input subsidies to direct cash support to farmers per hectare of cultivation. It would promote efficient use of inputs, while enabling a level playing field for agroecological practices to thrive. Agricultural research and extension services should also earmark a proportion of their respective budgets to focus on sustainable agricultural practices.

Third, shift farm-to-fork value chains towards more sustainable and inclusive ones. A critical approach to enhance rural (farm) incomes is to enable more value addition of agricultural produce in rural areas. Middlemen, such as corporations supplying raw and processed food to consumers, should prioritise direct procurement from farmers, incentivise procurement of sustainably harvested produce, and implement well-established approaches such as fair trade. Various young agri-tech enterprises such as DeHaat and Ninjacart are enabling such farm-to-buyer linkages. Moreover, since all farmer families in a farmer producer organisation (FPO) are consumers of other farming goods, enabling trading of produce between FPOs is another way to ensure a greater value share for farmers, as showcased by a few FPOs in Odisha.

Shifting an entire food system, however, is no mean feat. But the scale of the challenge must not deter our ambitions. If we act fast, India has a unique opportunity to showcase to the rest of the world how to get its food system right.

Abhishek Jain is a Fellow and Director of Powering Livelihoods at the Council on Energy, Environment and Water, an independent think tank. The views expressed are personal

food / nutrition and diet / food security / agriculture / water / climate change / India / survey / children / welfare / labour / Punjab / restaurant and catering / railway / Tirupati / farms / forests / Orissa

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Source : www.thehindu.com Date : 2023-10-20

MAJOR REGIONAL DISPARITY IN OVERCOMING CANCER THOUGH SURVIVAL RATES ARE UP: STUDY

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

October 19, 2023 06:47 pm | Updated October 20, 2023 12:16 am IST - NEW DELHI

Various urban Population Based Cancer Registries were assessed to find the survival rates of cervical cancer patients and it found that there was significant variations in survival rates across these regions. Photo: pbcr.ncdirindia.org

Roughly 52% of cervical cancer cases diagnosed between 2012 and 2015 survived, according to a study published in *The Lancet Regional Health Southeast Asia*, based on data from Population Based Cancer Registries (PBCRs) across India, a report stated.

Various urban PBCRs from different regions of India were assessed to find the survival rates of cervical cancer patients and it found that there was significant variations in survival rates across these regions.

Among those that participated in the study, Ahmedabad’s urban PBCR demonstrated the highest survival rate at 61.5%, followed by Thiruvananthapuram with 58.8% and Kollam at 56.1% and in contrast, Tripura reported the lowest survival rate at 1.6%.

The study focused on a total of 5,591 cervical cancer cases diagnosed between 2012 and 2015 in 11 PBCRs. The overall survival rate for these cases was 52%, which marked a notable improvement of approximately 6% compared to the previous SurvCan survey-3, where the survival rate was recorded at 46%, the report stated.

Survival rates were notably lower in India’s northeastern region, particularly in PBCRs in Tripura, Pasighat and Kamrup urban.

Factors including access to diagnostic services, effective treatment varied across the population, distance from clinical care facilities, travel costs, co-morbidities, and poverty contributed to survival rates, noted the study. A research team, including scientists from the National Centre for Disease Informatics and Research and the Indian Council of Medical Research, conducted a comprehensive study on cervical cancer in India.

cancer / disease

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Source : www.thehindu.com Date : 2023-10-25

CROSSING A LINE: THE HINDU EDITORIAL ON THE VIKSIT BHARAT SANKALP YATRA ROADSHOW, THE IMPLICATIONS

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

October 25, 2023 12:20 am | Updated 12:20 am IST

The Centre has asked all departments to deploy officers to showcase its achievements across the country down to the village level, through a roadshow titled Viksit Bharat Sankalp Yatra, which will run from November 20 to January 25, 2024. To be sure, the outreach is only about achievements of the last nine years that corresponds to the two terms of the Bharatiya Janata Party (BJP) that began in 2014. The campaign is conveniently timed for the Lok Sabha election which is expected in April-May 2024. Joint Secretaries, Directors, and Deputy Secretaries will be appointed Rath Prabharis (chariots in-charge) for the roadshow. Separately, the Ministry of Defence is setting up 822 'selfie points' where citizens can click themselves with a picture of Prime Minister Narendra Modi. Guidelines issued by the Ministry go into great details on how to promote the work of the last nine years. It has been directed that these selfie points "should be set up at prominent locations, which have maximum footfall and the potential of attracting public attention". War memorials, defence museums, railway and metro stations, bus stations, airports, malls and market places, schools and colleges, tourist destinations and festival gatherings are places where these points are coming up. Opposition parties led by Congress President Mallikarjun Kharge have called out the government for this brazen politicisation of the bureaucracy and the military.

India's constitutional scheme of governance envisages the separation of power among the three arms of the state — the executive, the judiciary and the legislature — and also a line of separation between the bureaucracy and the military from the political executive. While both the bureaucracy and the military are strictly under the control of the political executive, they are insulated from partisan politics. In fact, the extensive election process in India has largely retained its credibility because of the bureaucratic impartiality demanded by the system. The military's involvement in any kind of domestic politics is considered anathema. Civil and military officials are expected to remain loyal to the government elected by the citizens, regardless of their personal ideological inclination. Instant directives force them into partisan roles in furtherance of the interests of the ruling party. The BJP's strategy of disregarding norms in pursuit of electoral gains has been successful, but the trail of damage it leaves behind will fester. If institutions are undermined, the damage may well be irreversible. It is time the ruling party kept the interests of the nation before itself, and practised what it preaches.

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MINNOWS NO MORE: THE HINDU EDITORIAL ON WORLD CUP AND LOWER RANKED TEAMS

Relevant for: Developmental Issues | Topic: Human resources, Youth, Sports and related issues

October 25, 2023 12:10 am | Updated 08:56 am IST

World Cups often become a platform for sporting coups. Afghanistan precisely did that, stunning fancied rivals England at Delhi and Pakistan in Chennai. Even if losses were suffered against Bangladesh, India and New Zealand, Hashmatullah Shahidi's men have shown that they are no push-overs and will compete at all costs. Afghanistan's cricketing roots can be traced to the refugee camps at Peshawar in neighbouring Pakistan. In the past when the Cold War and the Great Game staged by the Western and Eastern Blocs with Kabul as its pivot bequeathed instability within the rugged Afghan countryside, cricket was a welcome distraction for children as any piece of ramshackle wood and a taped-ball within a camp was adequate to indulge in the sport. Things got worse with the rise of the Taliban and the loss of individual liberties but Afghanistan's cricketers remain the dispensers of hope. In Rashid Khan, the country has a world-class player. Aggressive openers and a muscular middle order have learnt to blend patience with intrinsic aggression and bowlers refuse to be overawed. All this has kept Afghanistan in good stead. The manner in which England was bundled out or Pakistan's total was pursued reveals a unit that has turned the corner and would obviously bristle at the mention of the word 'minnows'.

The Netherlands too mounted the odd upset by nailing South Africa. The two countries with a colonial Dutch connect have cultural, economic and sporting threads linking them and current Netherlands player Roelof van der Merwe has previously turned out for South Africa. The Netherlands may have lost its other games but there is no mistaking its talent. This is a World Cup for which the West Indies failed to qualify. The benchmarks are high and for the Netherlands to scale them, qualify and now compete, it is indeed a tremendous achievement. As the tournament veered towards its mid-point, host India revealed a rich vein of form, winning five games and is close to sealing the semifinal berth. Skipper Rohit Sharma and Virat Kohli are the batting bulwarks while Jasprit Bumrah, Ravindra Jadeja and Mohammed Shami played their parts. New Zealand, barring that one loss to India, has been consistent while South Africa and Australia are jostling in the top-half. The wins by Afghanistan and the Netherlands have opened up the points table and small margins will define big shifts in the coming weeks. That defending champion England has slid to the bottom remains a shocker while the Asian component of Pakistan, Bangladesh and Sri Lanka are searching for a toehold. And for now, India holds the aces.

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Source : www.thehindu.com Date : 2023-10-26

WOMEN, MARRIAGE AND LABOUR MARKET PARTICIPATION

Relevant for: Indian Society | Topic: Women Issues

October 26, 2023 12:16 am | Updated 12:29 am IST

‘The labour market entry of women is influenced by a range of individual and societal factors’ | Photo Credit: The Hindu

Women’s labour market participation is often concomitant with enhanced economic prospects and better household decision-making power. From a macroeconomic standpoint, a diminished level of women’s labour force participation rate (LFPR) has significant consequences for women’s intra and inter-household bargaining power, as well as the overall economic progress of the nation. “There are still large differences between women and men in terms of what they do, how they’re remunerated and so on,” said Claudia Goldin, who was awarded this year’s Economics Nobel “for having advanced our understanding of women’s labour market outcomes”. Goldin’s comprehensive analysis of the economic history of women has presented new insights into the many aspects of gender disparities in the labour market. Additionally, her research has shown the underlying factors that have contributed to these gaps throughout history, and the persisting inequalities that exist in contemporary times.

Globally, however, the level of female labour force participation remains relatively low. World Bank estimates (2022) show that the worldwide LFPR for women was 47.3% in 2022. Despite the remarkable advancements observed in the global economies, there has been a persistent decline in the labour force participation rate (LFPR) of women in developing nations. The estimations also indicate that female labour force participation in India between 1990 and 2022 has decreased from 28% to 24%. This fall has impeded their growth and hindered their ability to achieve their maximum capabilities. A significant disparity in labour market participation based on gender continues to persist worldwide.

Economist Goldin (1994) highlights this as the LFPR of adult women exhibits a U-shaped pattern during the course of economic growth. Further, she added that “the initial decline in the participation rate is due to the movement of production from the household, family farm, and small business to the wider market, and to a strong income effect. But the income effect weakens, and the substitution effect strengthens at some point.”

Comment | The measure of the working woman

The issue is made considerably dire when married women express a desire to participate in the labour market. After marriage, there is a tendency for women’s LFPR to decrease due to many

variables. These factors encompass women's limited educational attainment, less mobility as a result of increasing family obligations, and societal disapproval associated with women in employment outside the domestic sphere. The institution of marriage amplifies domestic obligations for women while concurrently imposing many social and cultural impediments that affect their participation in the workforce.

Multiple factors contribute to the diminished labour force involvement of married women or their proclivity to exit the labour field after marriage. The labour market entry of women is influenced by a range of individual and societal factors, perhaps impacting married women to a greater extent than their unmarried counterparts. Several variables contribute to limited labour participation for women, such as their religious and caste affiliations, geographical location, the wealth of their household, and prevailing societal norms surrounding women's employment outside the house.

When women decide to resume their professional careers upon marriage, they tend to exhibit a preference for some employment opportunities that offer enhanced flexibility and are situated in close proximity to their residences. Women also encounter gender-asymmetrical professional costs as a result of several societal constraints, resulting in gender disparities in premarital career selections, income inequality, age at marriage, and decisions about fertility decisions. It has been observed that women of the upper strata tend to adhere to stringent societal standards by predominantly assuming domestic roles. Conversely, women from the lower strata are more inclined to engage in the labour market, primarily driven by economic constraints that stem from poverty.

When analysing the female labour force participation rate (FLFPR) based on the Usual Principal Status (UPS) and Usual Principal and Subsidiary Status (UPSS) categories in India's NSSO Periodic Labour Force Survey (PLFS) survey (25 to 49 years), it becomes apparent that married women show a considerably lower employment proportion under the UPS status when compared to the UPSS status. The data show that marriage significantly influences women's labour market outcomes.

In 2022-23, there has been a notable decrease of 5% in the female labour force participation rate among married women aged 25 to 49 years, with a decline from 50% in 2004-05 to 45% in 2022-23. The decline in the female labour force participation rate (LFPR) is primarily concentrated within the age group of 25-29.

Comment |Recognising the 'compulsory' woman worker

Further, married women exhibit lower levels of labour force participation when compared to their unmarried counterparts. The examination of the influence of educational achievement on the rate of married women's involvement in the labour force shows that women lacking literacy skills demonstrate a greater inclination to participate in the labour force after getting married, as opposed to their well-educated counterparts. Empirical analysis that relates to the allocation of female labour across diverse industry sectors in India demonstrates that agriculture remains the prevailing sector in terms of female employment.

Literature on female LFPR has underscored the noteworthy impact of social and cultural elements on women's choices about their entry into the labour market. This analysis primarily examines the relationship between women's marital status and their labour market outcome in the Indian labour market. The findings indicate that married women exhibit the lowest levels of labour market participation as compared to widowed, divorced and unmarried women. The economic impact of married women's non-participation in the workforce in India is considerable, given their substantial representation among the working-age population. It is imperative to look

at suitable solutions in order to promote women's empowerment in the phase of high economic growth. The absence of adequate day-care services frequently acts as a disincentive for female labour force participation. Therefore, it is imperative to enhance the quality and accessibility of day-care services/crèches for employed women across various socio-economic strata, encompassing both formal and informal sectors.

The government has enacted initiatives such as the National Creche Scheme for The Children of Working Mothers. The implementation of such schemes is imperative in both the public and private sectors. This is particularly important in increasing the involvement of married women in the labour field. The implementation of work settings that prioritise the needs and well-being of women, the provision of secure transportation options, and the expansion of part-time job possibilities would serve as catalysts for the greater participation of women in the labour market within India.

Balakrushna Padhi is Assistant Professor in the Department of Economics and Finance, BITS Pilani, Rajasthan campus. Simran Jain is pursuing her PhD in Economics in the Department of Economics and Finance at BITS Pilani, Rajasthan. Krishna M. is Associate Professor in the Department of Economics and Finance, BITS Pilani, Rajasthan campus. The views expressed are personal

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IS INDIA READY TO HOST THE OLYMPICS GAMES?

Relevant for: Developmental Issues | Topic: Human resources, Youth, Sports and related issues

October 27, 2023 01:37 am | Updated 01:41 am IST

Illuminated Olympic rings in front of the Rainbow Bridge and the Tokyo Tower in Tokyo in 2020, one year before the Olympics Games were held in the city. | Photo Credit: Getty Images

The Prime Minister recently said that India aspires to host the 2036 Olympic Games. This has been a dream for successive governments and sports officials. Hosting the Olympics would not only underscore India's importance as a sporting nation, but also enable it to assert its geopolitical power and showcase development. But is India ready to host the Olympics? **Manisha Malhotra** and **Norris Pritam** discus the question in a conversation moderated by **Uthra Ganesan**. Edited excerpts:

What does hosting an Olympics entail? Why is it a prestige issue for nations to host the Games?

Manisha Malhotra: The Olympics is the pinnacle of sport. It showcases not only your nation to the world, but also soft power. Essentially, for 16 days, the whole world talks about your country. It is a huge honour. But the magnitude of it brings to the forefront not only the good but also the bad. So, hosting the Olympics becomes a double-edged sword. Even for seasoned countries which have hosted multiple Olympics, there are challenges. We saw what happened when Beijing hosted the 2008 Games... there was a lot of pushback and negative publicity.

Editorial | **Olympian heights: On India's efforts to organise the 2036 edition**

Norris Pritam: The Olympics is also a political statement. India is a global power and [its prestige] will go up manifold if it hosts the Games. Manisha talked about Beijing. But I think once the Games start, people forget these things; only the legacy of the Games remains.

What are the non-negotiables to make an Olympics successful?

Norris Pritam: The Games are the property of the International Olympic Committee (IOC) and are given to the National Olympic Committees (NOC). The first non-negotiable is a strong NOC, which talks in unison. You cannot be bidding for the Games and have three parallel tracks in the NOC. The government comes later. Of course, the NOC cannot work without the government, but the Games are actually given to the NOC, which is the Indian Olympic Association here.

Explained |**How Olympic cities are selected**

The second is a legacy. What are we going to offer to the people in the years to come? The

people's participation, the social structure, and whether we can build infrastructure or not — this is a complete package. It's not just about winning or losing. A country may win the bid to host the Games and yet may not win several gold medals. But if they host the Games well, it's good. So, [this involves] the NOC's relations with the IOC, the government, and the Opposition.

Manisha Malhotra: Cohesion is the first, and I think that's where India will struggle. We are united, but we don't know how to work with one another well. The NOC is at the centre of the Olympics and it has to be governed above board and efficiently.

Hosting the Games involves different cogs in the wheel — culture, heritage, hospitality, infrastructure, finance, government, and sports bodies — which have to work in cohesion. In Paris (where the Olympics will take place in 2024), the culture departments are working with the museums. Every local garden has some Olympics history and event happening. There are lanes and roads being earmarked just for the Olympics. There is deep cleaning. Whether this is because of the bed bugs or whether they are just trying to get things ready, everybody is working at a frenetic pace.

Also read | **Bindra hopes India gets to host Olympics in near future**

I asked a Parisian whether the city is ready to host the Games. She said, 'Whether we're ready or not, our people are so proud and united about the Games that we will make it happen. And even if we are not ready, we will make sure that the Games are a success.' That tells a lot about that society. During the Commonwealth Games in India (2010), there were many challenges. Every small challenge was highlighted and almost blown out of proportion. Doing this takes away from the joy of hosting the Games. So, I am not sure if we will be able to galvanise everyone for an event like this.

Will India be ready to host the Games in 2036? Is 13 years enough time to get everything in order?

Norris Pritam: Thirteen years is not a long time. Even if you want to bid for the Games, you have to start working from now to make yourself presentable to bid for the Games. Whether India is ready right now is not the right question to ask because, let's admit it, we are not ready. It also depends on which city hosts the Games. You need to have a top-class village for the Games. It cannot be done on a political level or at the city level. You have to have specialists — marketing specialists, who can think 13 years ahead, engineers, scientists, roads, bridges, everything. We have to start from now even if we want to bid. Fortunately, the IOC has now changed the rules a bit. Instead of just one city, you can host the Games in a twin city or in two regions or even in two countries in the same region.

Manisha Malhotra: Even Paris today is not ready. But Paris will be ready in 2024. Regarding the city, that's a huge challenge because of the political landscape and how India views sports, how each State views sports. We need to shortlist cities and hire feasibility consultants who can give unbiased and unpolitical reports about which city could host the Games best.

If we just focus on the sporting aspect, the biggest issue is governance. Indian sport is governed poorly. Federations are in a disarray, barring one or two. They don't know how to develop their own talent. They keep relying on basic government funds. They are not proactive.

Then there are larger social issues such as doping. All this needs to be tackled. I think India's biggest rival for 2036 would be Budapest. If you look at where Budapest is in terms of sports and hosting a big event and its facilities, an Ahmedabad or Delhi or Chennai or Mumbai will not even be in the same stratosphere.

Norris Pritam: During the Atlanta Games (1996), we were busy sitting at the main stadium, which was beautiful, covering the Games. But because of security concerns, we couldn't roam around the stadium. The morning after the closing ceremony, we decided to go to the stadium and take some pictures. But half the stadium had already been dismantled because a baseball season was starting there. That's the kind of thinking you need. Here, after the 1982 Asian Games, the Jawaharlal Nehru Stadium (Delhi) was shut for years and it became an expensive junk yard. I think some of the props are still lying there. You cannot say I have got the Games, now the Games are over, thank you, goodbye. If you get the bid, what are you going to do with structures on which you spent $30 billion-$40 billion, five-10 years down the line?

If we focus on India's rank in the global sporting order, should India host the Games? Can we be confident of at least being in the top 15 nations, medal-wise, by 2036?

Norris Pritam: Earlier I wasn't confident but after the Asian Games success I have hope. The reason is that people like Manisha and companies like JSW have transformed Indian sport. Look at Neeraj Chopra. Somebody asked me, 'Where does he stay?' I said he is an NRI. I have hope because of facilities, medical facilities, and the exposure abroad. If Avinash Sable had been running only command and services meets, I don't think he would have run such gallant races. He is a world class runner because of these facilities, which were not given earlier. Indians can do well. Somebody has to nurture them and provide support and exposure at the right time.

Manisha Malhotra: I don't mean to be the buzz kill here, but look at facts: India won three medals in Beijing (2008), six in London (2012), and seven in Tokyo (2021). Even if India wins 14 medals in 2036, that still does not place the country in the top 15. We need to develop sports in which multiple medals can be won. Cycling, athletics, swimming, rowing, kayak-canoeing — these are five sports where, barring athletics now a little bit, India is non-existent. So, this is going to be the key. How quickly are we going to be able to develop these so that India wins medals? I don't think you are going to be able to do that in 13 years. A 20-year horizon would be more realistic.

And I don't know why you should even be in the top 15. In India, one gold medalist gets much more recognition that even 100 don't get from China or the U.S. So, I don't think the top 15 should be much of a benchmark. But yes, we would have to be competitive across events. And at least be in every final there is.

The IOC is big on temporary structures and reusing stadiums. Given that, and the fact that Indian authorities are fond of building huge venues, how do you think India should develop facilities if it wins the bid?

Manisha Malhotra: Temporary movable structures are the way to go. I don't think anyone can afford to build big stadia any more.

Norris Pritam: In India we are fond of saying 'world's largest' or 'Asia's biggest' or 'first time in India.' We should get over this mentality. We should be technically superb, that's it. Temporary structures can be built, and after the Games, they can be used for communities. A Sports Minister once said the Nehru Stadium should be locked, otherwise the track will get spoiled. Finally, without anyone running, the track got spoiled. Maybe, if people had run on it, it would have had more life. We should have workable stadiums or venues.

Listen to *The Hindu* Parley podcast

Manisha Malhotra is the Head of Sports Excellence and Scouting with JSW Sports; Norris Pritam is a journalist with over three decades of experience in covering multi-discipline

events including six Olympics

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WOMEN CAN MAKE THE WORLD BETTER

Relevant for: Indian Society | Topic: Women Issues

October 28, 2023 12:16 am | Updated 08:49 am IST

Claudia Goldin, at a press conference after being named the Economics Laureate for 2023 | Photo Credit: Getty Images via AFP

Economic history has long been chronicled through a male lens, emphasising the contributions of men and their viewpoints. Just look at the Nobel Memorial Prize in Economic Sciences. It has been awarded to 90 men since 1969 — and just three women. The first, Elinor Ostrom, won in 2009 for explaining how local communities, most of them in developing countries, govern themselves. The second, Esther Duflo, won in 2019, for her experimental work in alleviating global poverty. Claudia Goldin was the third woman awarded the Nobel Prize in Economics in 2023 for her work explaining why women earn less money than men even when they do the same work.

Economics science is focused on studying systems for producing economically valuable goods and services efficiently. Natural and human resources are measured by economists in money terms. Claudia Goldin was awarded for her work explaining why women earn less money than men even when they do the same work. A woman's work in the family contributes to the well-being of humans in society: it does not add to the growth of the economy and GDP. Ms. Goldin's research reveals that women, who also attend to the caring work required for families at home, are considered less valuable in economic enterprises because they cannot commit to continuously working full time for their employers, which men can.

Patterns of economic growth have shifted globally. Long-term employment in industrial forms of establishments is becoming harder to find even in rich countries. More employment is being generated now in the gig economy and the informal sector. Even in large industrial establishments, jobs are on short-term contracts. These trends in the future of work are a special challenge for India, which has the largest numbers of youth in the world. They are finding fewer opportunities for dignified work with adequate income and social security even though the Indian economy is among the fastest growing in the world.

Moreover, India, which ranks 132 out of 191 countries in human development, needs to invest more in care-giving services. Sadly, care-giving work is not valued in the money economy. The millions of women providing domestic services, and millions more who are providing care in communities as ASHA workers (Accredited Social Health Activist) and anganwadi workers in primary health and education, are very poorly paid.

The Indian Prime Minister has called upon the G-20 to support human-centric development

going beyond GDP. The vision of globalisation so far has been “One Earth, One Economy, One Future”. India has called for a different vision at the G-20: Vasudhaiva Kutumbakam: “One Family, One Earth, One Future”. GDP is a monetary measure of only the economic component of a society. GDP does not value care-giving work. Therefore, to pursue its ambitions to become a “$10 trillion-dollar GDP” economy, policymakers, even in India, want to pluck women out of their families and from informal work, and push them into more efficient, industrial-form establishments to contribute to GDP.

The 17 Sustainable Development Goals (SDG), to be achieved by 2030, cover a range of environmental, social, and economic problems that must be solved simultaneously to make progress more inclusive and sustainable. The G-20 has assessed that, at the midway point to 2030, the global progress on SDGs is off-track with only 12% of targets on track. Clearly, we must change our approach for achieving the SDGs.

Many wise men have advised that we cannot solve complex systemic problems with the same ways of thinking that have caused them. The prevalent paradigm of public policy is for domain experts to determine best solutions in their respective areas, and for government organisations and non-governmental organisations to deliver them on scale. However, educational solutions that work in Kerala will not suit Bihar; water management systems that suit Rajasthan will not fit Uttarakhand. Moreover, environment, livelihood, health, and infrastructure solutions must mesh with each other in their local contexts. Therefore, complex problems must be solved bottom up, not top down. Local systems solutions cooperatively developed by communities are the only way the goals of the SDGs can be achieved.

The masculine view of the economy is a production machine driven by competition. A feminine view of the economy is a society of human beings who care. Mainstream economics, so far dominated by men, has created a Tragedy of the Commons. Nobel Laureate Ostrom showed how local communities, often with women at their centre, cooperatively govern their local resources equitably and sustainably. Ms. Ostrom proposed a different paradigm, based on cooperation, equity, and sustainability, for realising the Promise of the Commons, which is the urgent need of this millennium.

Comment | The measure of the working woman

A paradigm change is required in economics. Paradigm changes always require a power shift which is difficult because people with power will not let go. Money gives power; political authority gives power; and formal education and science (PhDs and Nobel Prizes) give power too. In fact, this is the basis of a caste system of power in all societies. Those with the power of money, authority, and formal higher education are the upper castes in the hierarchy. They form coalitions among themselves, ostensibly to make life better for the common people who, they say, cannot govern themselves and must be developed.

It is time for the powers above to humbly listen to the people and learn from them, rather than teaching them ways that have led humanity to grave problems of environmental degradation and economic inequities. The global, male dominated, money-driven, system of institutions of business and society needs an overhaul. Women must be given freedom, not just to be promoted within male-dominated institutions, but rather to shape better, family-spirited institutions for governance. Moreover, local communities must be given more powers for designing and implementing inclusive and sustainable solutions to their problems. Without such fundamental institutional reforms, the vision of Vasudhaiva Kutumbakam: “One Family, One Earth, One Future” will soon fade along with the G-20’s banners.

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

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Source : www.thehindu.com Date : 2023-10-28

MIZORAM HAS THE HIGHEST RATE OF CANCER IN INDIA

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

October 27, 2023 07:47 pm | Updated October 28, 2023 01:08 am IST - NEW DELHI

Photo used for representation purpose only.

Despite being the country's second least populated State, Mizoram exhibits the highest incidence rate of cancer in India. 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.

Cancer incidence and mortality is also growing among the younger generation in Mizoram, which may stem from the static lifestyle and dietary patterns prevalent within the endogamous tribal population, potentially contributing to a genetic predisposition, according to the study, titled "Cancer awareness, diagnosis and treatment needs in Mizoram, India: evidence from 18 years trends (2003–2020)'', which was recently published in *The Lancet Regional Health — Southeast Asia*.

The study notes that the escalation in mortality rates could be attributed to a dearth of specialised diagnostic facilities and skilled human resources, treatment strategies guided by genomic research, and transportation challenges.

According to the World Health Organisation, cancer is a large group of diseases that can start in almost any organ or tissue of the body when abnormal cells grow uncontrollably, and go beyond their usual boundaries to invade adjoining parts of the body or spread to other organs. It is the second leading cause of death globally, accounting for one in six deaths in 2018. Lung, prostate, colorectal, stomach and liver cancer are the most common types of cancer in men, while breast, colorectal, lung, cervical and thyroid cancer are the most common among women.

Also read: **How accurate are India's cancer registries? | Explained**

Meanwhile findings of this recent study in Mizoram notes that among men the most prevalent cancer site was the stomach, followed by head and neck, lung, oesophagus, colorectal, liver, urinary, non-Hodgkin's lymphoma and prostate cancers.

Conversely, among women, lung cancer exhibited the highest incidence followed by cervical, breast, stomach, head and neck, colorectal, oesophagus, liver and ovarian cancers.

“Join point regression analysis revealed a rising trend in incidence and mortality over time for overall cancer sites. Among the primary cancer sites contributing to incidence and mortality, an increase in annual percentage change was observable for all, except stomach cancer, in both men and women. The diagnostic approach, except for cases of cancer with unknown primary sites, involved a microscopic method,” explained the study.

For the study, cancer incidence and mortality data were extracted from the Mizoram Population Based Cancer Registry (PBCR) spanning the years 2003–2020. PBCR was supported by funding from the National Centre for Disease Informatics and Research of the Indian Council of Medical Research, the study said..

Another paper estimates that one in nine people across India are likely to develop cancer in their lifetimes. “Lung and breast cancers were the leading sites of cancer in males and females, respectively. Among childhood (0-14 yr) cancers, lymphoid leukaemia (boys: 29.2% and girls: 24.2%) was the leading site. The incidence of cancer cases is estimated to increase by 12.8 per cent in 2025 as compared to 2020,” said the paper, titled, “Cancer incidence estimates for 2022 & projection for 2025: Result from National Cancer Registry Programme”, which was published last year.

health / cancer / Mizoram

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Source : www.thehindu.com Date : 2023-10-29

WILL QR CODES IMPROVE ACCESS TO FOOD LABELS?

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

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October 29, 2023 04:50 am | Updated 12:28 pm IST

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The story so far: 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.

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 Organization. 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. Every consumer has the right to know exactly what he is paying for and if he is getting what he is promised and advertised, says Ashim Sanyal, CEO and secretary of Consumer VOICE, a non-government organisation working in the field of consumer awareness and education. “With this new initiative an informed choice will be offered to consumers,” he adds, pointing out that the move should be backed by also identifying unhealthy foods. “The FSSAI should get the sequence right for labelling and QR code for visually impaired should be part of a mandate for front-of-pack labelling (FOPL) warning labels,” he says.

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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 latest 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 of health for persons with disabilities.

A QR code is a type of two-dimensional matrix barcode, invented in 1994, by the Japanese company Denso Wave for labelling automobile parts. According to market experts, for the food

manufacturers, using QR codes on food products can help improve their brand image, customer loyalty, and operational efficiency.

On the importance of accurate and accessible food labels, a recently published paper titled, ‘Food literacy & food labelling laws—a legal analysis of India’s food policy’, noted that aggressively marketed, cheaper and more easily available pre-packaged foods, often considered as foods high in fat, salt, and sugar, is finding a growing preference amongst consumers in India. “To prevent or control further widespread of NCDs, the FSSAI has issued numerous food and packaging laws and acts to control their manufacture, storage, distribution, sale, and import so that a safe and wholesome food is available to consumers. The front-of-pack labelling (FOPL), proposed by FSSAI in 2019, is a key strategy to alert and educate consumers in making an informed choice,” notes the lead author of the paper, Om Prakash Bera, country coordinator, Global Health Advocacy Incubator, India. Food industry experts also note that consumers now consider food packaging equally important as a product. “The increase in smartphone usage by consumers indicate that QR codes are emerging as one of the most promising technologies to enhance the information provided to consumers and influence their buying behaviour,” they note.

The U.S., India, France and the U.K. are among the top users of QR code, according to reports. A research paper done on ‘Evaluating the Use of QR Codes on Food Products’ noted that the size of the global packaged food market is estimated at $303.26 billion in 2019, with a compound annual growth rate of 5.2% over this period. According to the results of a survey, ‘QR Code Statistics 2022, the Latest Numbers and Use-Cases on Global Usage’, 57% scanned a food QR code to get specific information about the product, 38.99% of respondents want to see QR codes used more and 67% of the respondents agreed that these codes make life easier.

food safety / The Hindu Explains / health / food

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Source : www.thehindu.com Date : 2023-10-29

HOW MUCH SALT SHOULD YOU TAKE EVERY DAY?

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

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October 28, 2023 09:10 pm | Updated October 29, 2023 12:07 pm IST

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Indian men consume 8.9 grams and Indian women take in 7.1 grams of salt on a daily basis. Image for representational purpose only.

Our bodies need salt. Salt also adds taste to our food. However, too much salt in your diet may lead to high blood pressure. The World Health Organization recommends five grams of salt in your diet every day. But the world average is 10.8 grams. A recent report, a part of the national non-communicable disease monitoring survey, states that Indian men consume 8.9 grams, and Indian women take in 7.1 grams of salt on a daily basis.

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

Studies in animals, as well as surveys in humans, have consistently shown that high salt intake causes disease in the kidney, brain, vasculature, and immune system. High levels of sodium in the diet are also associated with conditions ranging from kidney stones to osteoporosis. It is estimated that excessive salt contribution contributes to around five million deaths worldwide every year.

The Yanomami people of the Amazon rainforest live a foraging lifestyle and eat a diet consisting of the root vegetable Cassava, plantains, fruit, fish and an occasional tapir. They use peppers for flavour, and no salt. They consume less than one gram of salt a day yet stay supremely fit.

While our bodies need a certain amount of salt for vital functions, excessive salt intake can lead to health problems such as high blood pressure and heart disease. It’s always best to consume salt in moderation. India faces a rapidly escalating burden of non-communicable diseases (NCDs), nutritional diseases such as diabetes and obesity, in particular childhood obesity. For many young Indians, the “hidden” salt in processed foods is a big danger.

High salt impairs metabolism and increases the size of adipocytes, which are cells in our body that store energy in the form of fat. These two factors together lead to obesity. The preference for high-fat and for salty food may be related. In one experiment, pregnant mice were fed a standard diet (4.6% fat) during the first week of their three-week gestation period. At this point, some of them were switched to a high-fat diet (32% fat). The offspring of the high-fat fed mice preferred salty water to plain or sweetened water.

Also Read | Why India should cut down on its salt intake

In population studies, reducing salt intake by five to eight grams daily led to a 4 mmHg fall in systolic blood pressure, and an overall reduction in risk of cardiovascular disease. Data from several clinical trials of antihypertensive drugs show an average reduction in blood pressure of 5mmHg by this class of drugs. Similar results were also seen in a Chinese population study in which dietary sodium was lowered by replacing normal salt with a mixture of 75% sodium chloride and 25% potassium chloride: systolic blood pressure came down by 3.3 mmHg. Oral rehydration solutions recommended by UNICEF contain 60:40 ratios of the two salts.

Lastly, salt reduction may be dangerous for some. Elderly adults must be extremely cautious of hypotension since it might lead to falls. This is especially true if they are taking medication to reduce their high blood pressure.

(The article was written in collaboration with Sushil Chandani, who works in molecular modelling)

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Source : www.thehindu.com Date : 2023-10-30

TIME AND CHANGE: THE HINDU EDITORIAL ON THE PARLIAMENTARY STANDING COMMITTEE ON HOME AFFAIRS AND NEW CRIMINAL LAWS

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

October 30, 2023 12:20 am | Updated 12:20 am IST

A parliamentary committee appears to be quite close to finalising its report on the three Bills seeking to replace the existing criminal laws. The Parliamentary Standing Committee on Home Affairs has postponed the adoption of the draft report, following demands from Opposition members that they be given more time to study it. The report is said to have at least three dissenting notes, mainly pertaining to the text of the Bharatiya Nyaya Sanhita, which will replace the Indian Penal Code and the Bharatiya Nagarik Suraksha Sanhita, which will come in the place of the Code of Criminal Procedure. There appears to be unanimity on the third Bill, the Bharatiya Sakshya Bill, the one in lieu of the Indian Evidence Act. Having begun its deliberations only on August 24, and having held only 12 sittings, there may be questions about the adequacy of the scrutiny. The whole point of introducing these new criminal codes was to bring about a major overhaul of a body of law deemed to be too colonial in orientation. Any meaningful study of these Bills ought to have involved wide consultations among stakeholders across the country. Ideally, the panel should hold sittings across the country and listen to lawyers and activists on the details of the various sections, besides members of the subordinate judiciary who actually work the law and procedure laid down in the codes.

The demand for more time to examine the report has emerged because the draft report was said to have been circulated in English only days before it was scheduled to be adopted, and that the Hindi version was made available only on the eve of the sitting. The panel's next meeting is scheduled for November 6. It would be unwise to treat the current deferment as nothing more than a brief interlude to give more time to panel members to study the draft report. Rather, it should be seen as an opportunity to extend the time given to the committee by a few more months. The government seems to be keen on getting the Bills introduced in Parliament and passed during the winter session. There is no reason for such haste. It might be argued that considerable sections of the new laws are mere reproductions of the old Codes and that one study by the Standing Committee may be enough before they are introduced in the legislature. However, there are areas that may require deeper scrutiny: for instance, the scope for misuse, if any, in the new definitions, the desirability of introducing new offences such as 'hate speech' and whether there is further scope for procedural reform in the criminal justice system.

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Source : www.pib.gov.in Date : 2023-10-30

16TH URBAN MOBILITY INDIA (UMI) CONFERENCE & EXHIBITION 2023 CONCLUDES TODAY

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

The 16th Urban Mobility India (UMI) Conference & Exhibition 2023, the premier event dedicated to the advancement of sustainable urban mobility solutions, concluded on a high note with its valedictory session. ShriManoj Joshi, Secretary, Ministry of Housing & Urban Affairs, Shri Vikas Kumar, Managing Director, Delhi Metro Rail Corporation Ltd, were among the dignitaries present at the event.

While speaking at the valedictory session, Secretary MoHUA, Shri Manoj Joshi, reflected on the key themes, discussions and exchange of ideas that took place throughout the event. He stressed upon the need of Transit Orientation Development (TOD) and challenges around it.

During the session, Shri Joshi underlined theimportance of smart cards as a convenient and efficient means of payment for commuters.He said that the government is working on adoption of National Common Mobility Card (NCMC) which has potential to enhance the interoperability of various modes of urban transport.

Highlighting the importance of effective fare collection system, Secretary Shri Manoj Joshi said that the good fare collection is paramount for a viable transport system. He also talked about harnessing the potential of real estate around roads for better financial viability of these projects.

The financing and viability of urban transport projects were explored in depth. Shri Joshi stressed the need for innovative funding mechanisms and public-private partnerships to meet the growing demands of urban transportation infrastructure.

The transition to electric vehicles (EVs) was another significant topic. Shri Manoj Joshi highlighted the importance of EV adoption to reduce emissions and encouraged urban areas to invest in EV infrastructure.

In the valedictory session, awards were presented to the winning state / city authorities for “Excellence/ best practice projects in Urban Transport” in the following categories recommended

by the Awards Selection Committee and accepted by the Ministry of Housing and Urban Affairs:

Click here for the List of Awardees

About 16th Urban Mobility India (UMI) Conference & Exhibition 2023:

The event was organized by the Ministry of Housing and Urban Affairs through the Institute of Urban Transport (India) and with the support of Delhi Metro Rail Corporation Ltd. from 27th – 29th October, 2023 at the Manekshaw Centre, Parade Road, Delhi Cantt., New Delhi. It brought together leaders, experts, and stakeholders from across the globe to discuss and collaborate on the future of urban transportation.

The exhibition, comprising of display of best practices in urban transport in India and aboard, latest urban transport technologies, services and in other related fields, is an important part of the UMI Conference organized every year. 2023 UMI exhibition was inaugurated by Minister of Housing & Urban Affairs and Petroleum and Natural Gas Shri Hardeep Singh Puri on 27th October 2023 and continued on all the 3 days of the conference. Around 22 exhibitors from Metro Rail Companies, public and private sectors participated.

RKJ/M

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