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Source : www.thehindu.com Date : 2023-09-01

ONCOLOGIST R. RAVI KANNAN OF THE CACHAR CANCER HOSPITAL AND RESEARCH CENTRE WINS 2023 RAMON MAGSAYSAY AWARD

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

September 01, 2023 03:45 am | Updated 07:14 am IST - CHENNAI

Surgical oncologist R. Ravi Kannan. File | Photo Credit: The Hindu

Surgical oncologist R. Ravi Kannan, Director of the Cachar Cancer Hospital and Research Centre (CCHRC) in Assam, is one of the Ramon Magsaysay Awardees for 2023. He is credited with revolutionising cancer treatment in Assam through people-centric and pro-poor healthcare.

Dr. Kannan hails from Chennai, where he earlier worked at the Cancer Institute, Adyar, before moving to Silchar in 2007. He became the Director of the CCHRC in that year.

According to the citation on the website of the Ramon Magsaysay Award Foundation, under Dr. Kannan’s leadership, the CCHRC became a full-fledged comprehensive cancer hospital and research centre. From having limited facilities when he came on board, the hospital now has 28 departments covering oncology, pathology, radiology, microbiology, epidemiology, tumour registry, and palliative care. From 23 personnel, the hospital now employs 451 persons.

The hospital introduced pro-poor initiatives such as free treatment, food and lodging, *ad hoc* employment for caregivers, and a homecare programme as patients could not continue their treatment due to difficulty in travelling long distances, and cost, with the underlying reason being poverty. Hospital team members travelled long distances to train family members in pain management and palliative care, and provided free medicines. As a result, patient compliance rate in treatment rose from 28% to 70%.

The CCHRC now provides free or subsidised cancer care treatment to an average of 5,000 new patients annually, catering to approximately 20,000 poor patients for treatments and follow-ups, the citation read.

Dr. Kannan said the award belongs to all who had joined hands to make the lives of those suffering from cancer better. He said they were now focussing on “decentralising cancer care by setting up smaller hospitals in different parts of the State and also in Tripura so that people do not have to travel far to reach a hospital for treatment”.

Satellite clinics have been started in Karimganj, Hailakandi, and Dima Hasao districts, he said.

“We have to go near people and focus on prevention, treatment, and cancer care. We need a lot of support for infrastructure and equipment, which are one-time investments, but what we need most is human resources, which is a recurring requirement,” Dr. Kannan, who is also a recipient of the Padma Shri award, said.

(*With inputs from PTI*)

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award and prize / cancer / medical staff

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Source : www.thehindu.com Date : 2023-09-01

A PROGRESSIVE UCC MUST PROTECT THE CHILD'S BEST INTERESTS

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

September 01, 2023 12:16 am | Updated 12:16 am IST

'A UCC cannot confine itself to merely changing the rule of the father being the natural guardian' | Photo Credit: Getty Images/iStockphoto

At a time when the government may bring in a Uniform Civil Code (UCC) by holding a special session of Parliament on September 18-22, 2023, there is a need to think beyond polygamy and divorce and other such issues. A UCC cannot confine itself to merely changing the rule of the father being the natural guardian. It must go beyond this and provide for, in unequivocal terms, the 'best interests of child' principle in all custody disputes. It must deny absolute rights of biological parents vis-à-vis adoptive parents.

The Guardians and Wards Act, 1890 considers the welfare of the child as the prime consideration in the determination of custody. Section 6 of the Hindu Minority and Guardianship Act, 1956 declares the father as the natural guardian and 'after him' the mother; the mother would ordinarily have custody till the child attains five years of age. The person would lose custody if she/he ceases to be Hindu. In Githa Hariharan (1999), the Supreme Court of India held that the expression 'after him' does not necessarily mean 'after life-time' of the father but, instead, 'in the absence of'.

Interestingly, custody under Islamic law is the right of the child and not of the parents. In fact, the father is at number six in terms of the right to custody after the mother, mother's mother howsoever high, paternal grandmother, sister, maternal aunt and paternal aunt. Under the Hanafi school, the mother does not lose custody after she ceases to be a Muslim.

Islamic law gave custody to the mother till a boy attains seven years and a daughter till she is 17, under the Hanafi school. The Shafii and Hanbali schools gave custody to the mother till a daughter is married. Under the Maliki school, the mother gets custody of even a male child till puberty and female child till her marriage. Thereafter, the child gets the right to make a choice.

Let us consider the issues that are far more complex than custody claims between father and mother — i.e., the claims of biological parents after adoption, and of an 'accused of rape' biological father. Indian courts are attaching greater importance now to the claims of biological parents in preference to adoptive parents without due consideration to the best interests of the child. On July 26, 2023, two women judges of the Bombay High Court ordered that the custody

of a child who had already been adopted to be given to the biological father (he is accused of rape which resulted in this child being born). In October 2021, the 17-year-old biological mother on realising that she was pregnant is alleged to have eloped with him, and gave birth to a boy on November 26, 2021. Based on a complaint by the minor mother's father — alleging rape and various crimes under the Protection of Children from Sexual Offences Act (POCSO) Act, 2012 — the biological father was arrested but was granted bail later.

The mother and child were sent to a home in Mumbai. In 2022, the biological mother got married to another person and in the larger interests of the child, surrendered the boy to the Child Welfare Committee (CWC) for adoption. The child, under Section 38(3) of the Juvenile Justice (JJ) Act, being an unwanted child of a victim of sexual assault, was declared free for adoption by the CWS. He was handed over to his adoptive parents on January 3, 2023.

Surprisingly, on the biological father's habeas corpus petition, the High Court stayed the adoption proceedings and despite the trauma to the child and adoptive parents, the child was returned to the shelter home. In July, the CWC rejected the biological father's application for custody on the ground that a biological father cannot take advantage of his own crime and giving custody to him would not be in the best interests of the child. On July 26, the High Court handed over custody of the child to the biological father without hearing the biological mother. The alleged love story is the version of the father and not of the mother who, under Section 164, had said that she was coerced to go with him and that the sexual relationship was not consensual. Unfortunately, neither the best interests of the child nor the biological mother's emotions were taken into account. The mother was opposed to giving the child to the biological father. The requirement of consent of the rapist father in such adoptions would set the wrong precedent.

Similarly, in Nasrin Begum (2022), a two-judge Bench of the Allahabad High Court gave the custody of a girl child to her biological parents in preference to the rights of the adoptive parents who, under a notarised deed, had adopted a three-month-old child. The family court on the basis of the testimony of the child, now six years old, and in the best interests of the child, had decided in favour of the adoptive parents. The biological parents asserted that mere custody for sometime was given to the adoptive parents. Does not Section 2(2) of the JJ Act provide that adoption completely severs the ties between the biological parents and the child?

Why would any parent leave a three-month-old child in another country without the child being given in adoption?The family court rightly concluded that children cannot be treated as the 'chattel and property' of their biological parents and she should not undergo the trauma of separation from her adoptive parents who had given her all the love and care over six years or so. The High Court overlooked the fact that the biological parents had spent the summer vacations every year from 2014 to 2018 with the child and the allegation of a denial of visitation by them was not made out from the facts. In fact, the adoption deed did not contain any visitation rights by the biological parents.

The trauma which a child and its adoptive parents would undergo was not given much consideration though the court did acknowledge that the child would 'undergo some difficulty' in the beginning due to separation from the adoptive parents. The court gave much importance to the right of the child to know her real identity and the right of her biological parents to her custody. The court moved on the premise that there was no legal adoption and, therefore, the adoptive parents having no right in respect of the child. But the Bombay High Court in Iftiqar (2021) ignored that the fact of adoption was not valid in terms of Muslim law. The court in the interests of the child had refused to give custody to the biological parents as the adoptive parents were given a five-day-old child; it was only because of their care that the child recovered from jaundice.

A progressive UCC should not overemphasise biological ties. It must protect the rights of adoptive parents; otherwise people would not adopt children. Similarly, it should not insist on the matrimonial bond between parents and should ideally make provision of guardianship even for a single parent, surrogate parent and queer parents.

Faizan Mustafa, a constitutional law expert, is currently the Vice-Chancellor of the Chanakya National Law University, Patna, Bihar

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Source : www.thehindu.com Date : 2023-09-01

NEIGHBOURS AND RIVALS: ON THE ASIA CUP

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

September 01, 2023 12:10 am | Updated 12:10 am IST

The Asia Cup, a tournament originally launched to promote Asian solidarity in cricket, is often caught between the fissures that define Indian subcontinental history. Started in 1984 with bonhomie between the big three — India, Pakistan and Sri Lanka — the championship soon became captive to the political issues that cropped up between these nations with the India-Pakistan narrative being the primary basis for grudges. Still the continental skirmish has developed deep roots, lasted the distance, embraced new teams such as Bangladesh, Afghanistan and even had Hong Kong and the United Arab Emirates. And when the 16th edition commenced at Multan in Pakistan on Wednesday, even Nepal was in the fray. The latest edition also had its share of heartburn. Originally scheduled to be entirely held beyond the Wagah border, India's refusal to tour Pakistan forced a compromise with Sri Lanka stepping in as a co-host. Pakistan bristled and then got practical and it is a sad reality that India's last tour of its neighbouring country happened during the 2008 Asia Cup in Karachi. Much water has flowed down the Indus but old wounds continue to fester. The current version has six teams split into two groups leading towards the super-four stage before concluding with the final at Colombo on September 17.

It is a travesty that matches involving India and Pakistan are reduced to guest appearances within ICC events and Asia Cup jousts. Away from the diplomatic crossfire, India, Pakistan and Sri Lanka will look at the Asia Cup as a preparatory stage for the World Cup commencing in India during October. The Indian squad will try to fix the missing links in the coming weeks but with K.L. Rahul, Shreyas Iyer and even Jasprit Bumrah winging back from injuries, there is anxiety. The last named did well as a leader during the recent T20Is in Ireland and yet the Indian line-up looks unsettled. Much will hinge on the batting thrust that skipper Rohit Sharma and Virat Kohli can lend while Suryakumar Yadav needs to find his feet in ODIs. Incidentally this Asia Cup will consist of ODIs while in some of its previous avatars it had dallied with T20Is. Sri Lanka too is in a transitory phase but the most heartening story would be Afghanistan's resilience even if back home the Taliban's restrictions tend to suffocate life and sport. Meanwhile Bangladesh, yet to win the Asian title, gets another tilt but all eyes will be glued to Saturday's India-Pakistan tussle at Pallekele. This contest may offer clues to the Asian angle in the upcoming World Cup.

cricket / India / Pakistan / Sri Lanka / Bangladesh / Afghanistan / Hong Kong / United Arab Emirates / diplomacy

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Source : www.thehindu.com Date : 2023-09-02

MOST AVIAN FLU OUTBREAKS IN INDIA REPORTED FROM POST-MONSOON TO PRE-SUMMER SEASON: STUDY

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

September 01, 2023 09:34 pm | Updated 09:35 pm IST - NEW DELHI

Highly pathogenic avian influenza (HPAI) viruses, H5N1 and H5N8, have been one of the leading causes of avian diseases worldwide, resulting in severe economic losses and posing potential zoonotic risk. | Photo Credit: Reuters

Highly pathogenic avian influenza (HPAI) viruses, H5N1 and H5N8, have been one of the leading causes of avian diseases worldwide, resulting in severe economic losses and posing potential zoonotic risk. The viruses are known to cause infections in humans with a history of close contact with infected poultry, resulting in mild-to-severe respiratory disease and even fatality. Now, a study has shed more light on outbreaks of HPAI in India.

According to the latest research paper “Spatio-temporal distribution and seasonality of highly pathogenic avian influenza H5N1 and H5N8 outbreaks in India, 2006-2021”, published in the Indian Journal of Medical Research, a total of 284 H5N1 outbreaks were reported since 2006 with a surge in 2021. The initial outbreaks of H5N1 were predominantly in poultry. Similarly, since 2016, 57 outbreaks of H5N8 were also reported, predominantly in wild birds.

It further noted that most of the outbreaks of HPAI were reported between post-monsoon and pre-summer season (i.e. between October and March), with their peak in January, during winter.

Apart from poultry, bird species such as owl, Indian peafowl, lesser adjutant, crows, and wild migratory birds such as demoiselle crane, northern pintail, and bar-headed goose tested positive for HPAI.

“Studies on the seasonality of HPAI outbreaks would help in the development of prevention and control strategies. Recent human infections of H5N1 and H9N2 viruses highlight the need to strengthen surveillance in wild, resident, migratory birds and in poultry,’‘ noted the paper.

For the paper, data on the occurrence and locations of outbreaks in India and affected bird species were collated from the Food and Agriculture Organization (FAO) of the United Nations database and grouped by month and year. The distribution and seasonality of HPAI H5N1 and H5N8 viruses were analysed.

As of December 2021, H5N1 virus outbreaks were documented on a large scale among poultry and wild birds in more than 77 countries. And as of March 2022, 863 human cases of avian influenza (AI) H5N1 were reported worldwide with an average case fatality ratio of 53%.

According to the paper a significant rise in HPAI outbreaks in domestic and wild birds had been reported in October 2021, signalling expanded virus circulation. The first human case of H5N1 virus infection in India was reported in June 2021, coinciding with the monsoon season in the country.

“The HPAI H5N1 viruses are constantly evolving globally through complex genetic changes, which have infected poultry, wild birds as well as humans,’‘ noted the study.

As per the paper, the first HPAI H5N1 outbreak in India was reported in 2006 from Navapur, Maharashtra, followed by a series of outbreaks annually. Later, from 2007 to 2010, most of the outbreaks were reported from the eastern and northeastern States but predominantly from West Bengal. Odisha reported outbreaks from 2011 to 2020, with the highest in 2018. The H5N8 virus was first reported in India in November 2016, with mortality in wild birds from five States, and Kerala reported most number of events (25). There were no reports of H5N8 from India in the years 2018 and 2019.

A sudden rise in the number of H5N8 outbreaks was reported from 2020 onwards, indicating a probable reintroduction of the virus.

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viral diseases / Avian Influenza Outbreak / weather science

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Source : www.pib.gov.in Date : 2023-09-03

MINISTRY OF PANCHAYATI RAJ WILL ORGANIZE A TWO-DAY NATIONAL STAKEHOLDER CONSULTATIVE WORKSHOP AT NATIONAL INSTITUTE OF RURAL DEVELOPMENT & PANCHAYATI RAJ IN HYDERABAD ON 4TH&5TH SEPTEMBER 2023

Relevant for: null | Topic: Important Schemes & Programmes of the Government

The Ministry of Panchayati Raj is organizing a two-day National Stakeholder Consultative Workshop at National Institute of Rural Development & Panchayati Raj (NIRD&PR) in Hyderabad on 4th and 5th September, 2023 to deliberate upon emerging and pressing issues of Panchayats and the roadmap/way ahead for enabling Panchayats as “Change Makers” or “Agents of Change”. Keynote addresses will be delivered by Secretary, Ministry of Panchayati Raj, Shri Sunil Kumar, Director General, NIRD&PR, Dr. G. Narendra Kumar and Additional Secretary, Ministry of Panchayati Raj, Dr. Chandra Shekhar Kumar during the inaugural session, with a focus on the theme “Emerging Panchayat Issues” highlighting the Need for Stakeholder Consultative Workshop, Panchayat Development Plan, School of Excellence and Vision 2047 among other relevant key issues.

The sprawling campus of NIRD&PR, Hyderabad amidst lush greenery will host two-day National Stakeholder Consultative Workshop, which will bring together senior officers of Ministry of Panchayati Raj and State/UT Departments of Panchayati Raj, faculty-members of NIRD&PR and State Institutes of Rural Development & Panchayati Raj (SIRD&PRs), field-experts, representatives of community-based organizations, elected representatives and functionaries of Panchayati Raj Institutions from across the country and other stakeholders to discuss the emerging issues and come up with actionable insights and recommendations for realizing the Vision 2047.

Shri Sunil Kumar will inaugurate and preside over the inaugural session on the first day of National Stakeholder Consultative Workshop, which will be followed by launch of the People's Plan Campaign (PPC) 2023 for the preparation of the Panchayat Development Plans (2024 – 2025) and Presentation on PPC–2023 and Road Ahead by Shri Vikas Anand, Joint Secretary, Ministry of Panchayati Raj. A Report on Formulation of Project Driven Block Panchayat and District Panchayat Development Plan prepared by the Committee constituted by the Ministry of Panchayati Raj will be released along with National Training Module of Panchayat Development Index. The delegates will then proceed to round table discussions on the objectives and deliverables of each of the Thematic Groups.

The National Stakeholder Consultative Workshop will focus broadly on issues such as Panchayat Election, Gram Sabha & Standing Committees and their Empowerment, Functioning of Panchayats, Panchayat Finances and Own Source of Revenue, Leadership Role for Elected Women Representatives (EWRs), and Evidence–based Planning, on which subjectmatter experts, elected representatives and functionaries and other stakeholders will share their views and valuable insights. Indicative questions/topics have also been identified for Focus Group Discussions.

The National Stakeholder Consultative Workshop will not only serve as a knowledge sharing platform for all the major stakeholders including elected representatives and functionaries of three-tier Panchayati Raj Institutions from across the country, the outcomes of the National

Stakeholder Consultative Workshop will help in laying the foundation for future–ready Panchayats encompassing the true essence of *Amrit Kaal* as envisioned by the Prime Minister and better planning to localize and achieve the Sustainable Development Goals in rural areas. The National Stakeholder Consultative Workshop will also play a pivotal role in positioning the Gram Sabhas at the core of Panchayati Raj for effective participatory local self-governance and ensuring transparency and accountability of the Gram Panchayats.

The National Stakeholder Consultative Workshop will conclude with Group Presentations on each of the identified themes and an open-house session for inviting ideas and suggestions for enhancing capabilities and efficiencies of Panchayats and carving a way forward towards achieving the stated goals in defined timeframe. The initiative of National Stakeholder Consultative Workshop is a firm step to further continued commitment and accelerate the collective efforts towards delivering on the achievement of the Sustainable Development Goals in rural areas through Panchayati Raj Institutions by 2030. The new ideas which will emerge during the two-day National Stakeholder Consultative Workshop will help maximizing the efficiencies and improving the work ethics of Panchayati Raj Institutions, optimizing the resource utilization and executing the objectives laid out in the Vision 2047 for Panchayats — on the event of India completing 100 years of Independence.

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Source : www.thehindu.com Date : 2023-09-04

MEASURING HUNGER ACROSS STATES

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

September 04, 2023 02:00 am | Updated 02:00 am IST

According to the State of Food Security and Nutrition in the World report of 2022, India is home to 224.3 million undernourished people. File | Photo Credit: The Hindu

Despite being a major food producer with extensive food security schemes and the largest public distribution system in the world, India still grapples with significant levels of food insecurity, hunger, and child malnutrition. The Global Hunger Index (GHI), 2022, ranked India 107 among 121 countries, behind Nigeria (103) and Pakistan (99). The GHI provides a composite measurement and tracks undernourishment and hunger at the national level across three dimensions: calorie undernourishment, child malnutrition, and under-five mortality.

According to the State of Food Security and Nutrition in the World report of 2022, India is home to 224.3 million undernourished people. Disparities are evident among States. Leveraging subnational data that encompasses the three dimensions of the GHI enables the development of an India-specific hunger index at the level of States and Union Territories. This plays a pivotal role in evaluating the extent of undernourishment at a more localised scale, which is critical for meeting the Sustainable Development Goals of eradicating hunger and malnutrition.

The GHI is computed using four indicators — the prevalence of calorie undernourishment; and of stunting, wasting, and mortality among children below the age of five; and under-five mortality rate. The State Hunger Index (SHI) is calculated using the same indicators except calorie undernourishment, which is replaced by body mass index (BMI) undernourishment among the working-age population, as data on calorie undernourishment are not available since 2012.

Data for stunting, wasting, and mortality among children below the age of five are sourced from the fifth round of the National Family Health Survey (NFHS-5), while the prevalence of BMI undernourishment is computed using NFHS-5 (2019-21) and Wave 1 of the Longitudinal Ageing Study in India (2017-18). The calculation of the SHI score involves combining the normalised values of the four indicators using the techniques recommended by the GHI. The SHI scores range between 0 and 100, with higher scores indicating more hunger. Scores below 10 signify low hunger, 10-20 moderate, 20-30 serious, 30-40 alarming, and 50 or above extremely alarming.

In the SHI, Bihar, Jharkhand, and Chhattisgarh scored 35, which places them in the ‘alarming’ category. Gujarat, Uttar Pradesh, Assam, Odisha, Madhya Pradesh, Tripura, Maharashtra, and West Bengal all scored above the national average (29). The performance of these States resembles that of African nations such as Haiti, Niger, Liberia, and Sierra Leone. On the other

hand, Chandigarh scored 12, and Sikkim, Puducherry, and Kerala all scored below 16. These States, along with Manipur, Mizoram, Punjab, Delhi, Arunachal Pradesh, Andaman and Nicobar Islands, and Tamil Nadu, fall under the ‘moderate hunger’ category. All the other States, which scored below the national average and above 20, have a problem of ‘serious hunger’. No State falls under the ‘low hunger’ category. The impact of COVID-19 on the SHI is not captured here since post-pandemic estimates are not yet available.

In 2008, Purnima Menon, Anil Deolalikar, and Anjor Bhaskar made a comparable effort to grasp the variation in hunger at a subnational level using the then methodology of computing GHI. Among the 17 States they assessed, Punjab led the list, with Kerala and Andhra Pradesh following closely as top performers. On the other hand, Madhya Pradesh, Jharkhand, Bihar, and Chhattisgarh were ranked as the least-performing States.

Over the last half a decade, India’s GHI score has deteriorated primarily due to the increasing prevalence of calorie undernourishment. According to the Food and Agriculture Organization, the proportion of calorie undernourishment in India has been escalating since 2017, reaching 16.3% in 2020, equivalent to the 2009 statistic. The Indian government has disputed these conclusions by raising concerns about the data and methodology used in calculating the GHI. However, it has not been able to provide empirical evidence to support its claims. Notably, no National Sample Survey (NSS) round on nutritional intake has been conducted by the government since 2011-12, which used to offer insights into the prevalence of calorie undernourishment at national and subnational levels. In the 78th round of the NSS conducted in 2020-21, four key questions were included to gauge household food insecurity. Unfortunately, information on these is missing from the NSS report.

While the GHI has faced significant criticism from experts regarding its conceptualisation, indicator selection, and aggregation methods, it does provide critical insight into the state of undernourishment and child nutrition. India’s poor performance in the GHI is primarily attributed to its high prevalence of undernourishment and child malnutrition. India ranks unfavourably in child wasting, performing worse than many low-income African nations. The NFHS-5 indicated that one-third of children under the age of five are stunted and underweight, while every fifth child suffers from wasting. Despite India’s notable progress in alleviating extreme poverty over the last 15 years, as indicated by the recent National Multidimensional Poverty Index, challenges persist in addressing the disparity in food insecurity, hunger, and child malnutrition.

Nandlal Mishra is a doctoral fellow at the International Institute for Population Sciences, Mumbai

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Source : www.thehindu.com Date : 2023-09-06

DECODING THE NYAYA SANHITA BILL

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

September 06, 2023 12:15 am | Updated 12:15 am IST

A view of the Lok Sabha proceedings in New Delhi. File | Photo Credit: ANI

The government, by introducing in the Lok Sabha three penal Bills which is says “aim to decolonise the Indian justice system,” has rightly exercised its prerogative. Earlier governments dithered over this move for years. However, in matters of law-making and reform, mere initiative may not be sufficient.

In this case, we need to particularly focus on three points. The first is that penal law-making and reform are serious issues which require deep deliberation and empirical validation. Second, we must keep in mind the diversity of considerations of substantive and procedural laws, and engage with the two sets separately. Substantive laws govern how people behave; they define criminal offences and specify punishment, whereas procedural laws are aimed at enforcement agencies that are to provide safeguards and due process even to the “worst” offenders. Third, we need to realise that penal laws are an instrument for actualising and propagating a wide variety of interests as per the constitutional vision and the dominant ideology. Which interests need protection and priority is a matter of democratic process. In view of these issues, let us analyse the Bharatiya Nyaya Sanhita Bill.

The colonial penal law had to be replaced not because it was inherently flawed, but because it lacked participation from the very people for whom it was meant. There is an imposition of foreign ideas and values. Therefore, a wide and diverse debate that includes the participation of the ‘governed’ should be integral to this exercise. Thomas Babington Macaulay had said in the House of Commons in 1833 that the basis of a uniform code of laws for India should be “uniformity when you can have it, diversity where you must have it, but in all cases certainty.” The ensuing penal law should be aimed at achieving the target of equal and uniform application and should be structured in precise terms to impart maximum certainty.

The idea of according justice or nyaya may be the ultimate end, but every kind of criminalisation means encroachment on liberties and decimation of freedoms. This task requires empirically analysing the shifts in the perceptions of those types of behaviour that are considered undesirable or otherwise. We have recently witnessed such a shift in respect to attempted suicide, which, from an offence under Section 309 of the Indian Penal Code, is on the way to becoming a mental problem under Section 115(1) of the Mental Health Care Act, 2017. Likewise, in *Joseph Shine v. Union of India*, the Supreme Court struck down Section 497 (offence of adultery). Therefore, there is a need to conduct a wide-ranging social audit of what

constitutes “undesirable” behaviour. Steven Box wrote in *Power, Crime and Mystification*, “For too long too many of us have been socialised to see crime and criminals through the eyes of the state.” While not everyone will agree with this, it underscores the value of an independent and impartial body taking up the task of social audit of what is undesirable behaviour.

Though there is an attempt to impart brevity, the tendency of retaining and adding new offences tends to offset the advantages. After the Indian Penal Code, many special penal laws have been enacted to deal with new and emerging crimes, which could be kept out of the Bharatiya Nyaya Sanhita. Furthermore, serious crimes such as organised crime and terrorism could be located in existing special laws, or a new composite law, as suggested by the Malimath Committee, could handle them.

It is in consonance with the constitutional vision enshrined in Article 15(3) (special provision for women and children) and Article 51A(e) (renounce practices derogatory to the dignity of women) that ‘Offences Against Women and Children’ has been accorded first place in the category of offences in Chapter V of the Bill. But we get a rude shock when we realise that in the proposed offence of rape under Clause 63, sexual intercourse between a man and his wife, if the wife is above 18, is not rape. India still seems to be guided by the colonial mindset that is reflected in Clause 359 of the Draft Penal Code, 1837, which reads: “Sexual intercourse by a man with his own wife is in no case rape.” Likewise, retaining Clauses 20 and 21 in Chapter III (General Exceptions) that relate to criminal liability in a general penal law militates against the philosophy of special law for children that is explicitly laid down in Section 1(4) of the Juvenile Justice Act of 2015: “Notwithstanding anything contained in any other law for the time being in force, the provisions of this Act shall apply to all matters concerning children in need of care and protection and children in conflict with law.”

The proposed penal law has certain decisive departures from the colonial chapter scheme that tried to arrange offences as per the priority of interests of the ruling class and pushed the interests of body and property below the offences against the state and other supportive institutions. But the Bill has accorded precedence to bodily interests by placing them in Chapter VI, just before offences against the state.

Is it possible to draw some inferences from such a shift? The acid test would lie in the responses to the following inquiries: First, will the reforms fulfil the constitutional vision enshrined in Article 13(2) (prohibition on laws against fundamental rights)? Second, will the law uphold the principles of autonomy and equality? Third, will it further the fraternity guaranteed by the Preamble?

Source : www.pib.gov.in Date : 2023-09-06

SHRI DHARMENDRA PRADHAN LAUNCHES THE MALAVIYA MISSION - TEACHERS TRAINING PROGRAMME BY UNIVERSITY GRANTS COMMISSION

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

Union Minister for Education and Skill Development & Entrepreneurship Shri Dharmendra Pradhan launched the Malaviya Mission - Teachers Training Programme by the University Grants Commission at Kaushal Bhawan, New Delhi. He also inaugurated the Portal of the Programme and released its information brochure. Organised by the University Grants Commission, in association with the Ministry of Education, the Malaviya Mission - Teacher Training Programme aims to provide tailored training programmes for teachers. This programme will work for the capacity building of faculty members in higher educational institutions.

Secretary, Higher Education, Ministry for Education, Shri K. Sanjay Murthy; Chairman of UGC Prof. Mamidala Jagadesh Kumar; Vice Chairman, UGC, Prof. Deepak Kumar Srivastava; Secretary, UGC, Prof. Manish Joshi; officials of the Ministry of Education and UGC, and Vice Chancellors of several universities also graced the event. Educators and dignitaries from the entire nation joined through virtual mode.

While launching the training programme for teachers, Shri Dharmendra Pradhan emphasised improving the quality of education at all levels by infusing quality and excellence in teachers and teaching methods. He also announced the renaming of Human Resource Development Centres (HRDCs) as Madan Mohan Malaviya Teachers' Training Centre. He mentioned that this programme will ensure continuous professional development and help in building capacities of 15 lakh teachers of HEIs through 111 Malaviya Mission centres across India in a time-bound manner.

He stated that the Programme is an endeavour to make our educators future-ready with a deeper understanding of Indian values. It aims to improve the quality of teachers' training, build

leadership skills in teachers and help realise the goals of NEP, he added.

Shri Pradhan also informed that capacity building under the Malaviya Mission will be mapped to the credit framework to ensure career progression pathways for educators. He said that societal transformation can only be led through the development of education and teachers are the catalysts of the change. Dwelling on the various themes of the training programmes, Shri Pradhan said that the theme-wise training sessions will help enthuse “Samagrata” in the participants. He also mentioned that the Indian Knowledge System has been included in the modules of the Programme.

Emphasising the importance of lifelong learning, Shri Dharmendra Pradhan reiterated the need for teachers to be lifelong learners which will directly contribute to the holistic development of their students.

Shri K. Sanjay Murthy mentioned the three main themes that were discussed during India’s G20 Presidency: deployment of technology in the use of education, achieving sustainable development goals and women-led development, are also to be incorporated in the Teachers Training Programmes. He commended UGC for planning the programmes thoughtfully that will help in empowering the educators of the country.

The Chairman of the University Grants Commission, Prof. M. Jagadesh Kumar emphasised on the role teachers play in the holistic development of the learners. He expressed that the teachers' training programme shall help develop innovative teaching methods and high-level institutional facilities in all the constituent areas of higher education.

The two-week online programme shall focus on various themes identified for course curriculum/content for capacity building of faculty members at higher educational institutions. The 8 themes include Holistic and Multidisciplinary Education, Indian Knowledge Systems (IKS), Academic Leadership, Governance and Management, Higher Education and Society, Research and Development, Skill Development, Student Diversity and Inclusive Education and Information and Communication Technology. To facilitate this transformative journey, the UGC has also established a dedicated portal for faculty members to register for the capacity-building programmes.

The link to the portal is https://mmc.ugc.ac.in/.

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SS/AK

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Source : www.thehindu.com Date : 2023-09-07

EXPERTS QUESTION MINISTRY ON REVERSAL OF PROVISIONS TARGETING INAPPROPRIATE AYUSH ADVERTISEMENTS

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

September 07, 2023 01:05 am | Updated 01:05 am IST - NEW DELHI

The Ministry of AYUSH had signed an MoU with Advertising Standards Council of India to undertake monitoring of AYUSH-related advertisements. | Photo Credit: Getty Images

The Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) Ministry's apparent U-turn on its stance - specifically for controlling inappropriate advertisements of Ayurvedic, Siddha and Unani medicines - has come under criticism from health experts who have now approached the Ministry for urgent intervention and possible reversal of its recommendation.

The Ayurvedic Siddha and Unani Drugs Technical Advisory Board (ASUBTAB) has recommended the omission of Rule 170 which deals with controlling inappropriate advertisements and was previously brought into the Central Government notified amendment of the Drugs & Cosmetics Rules, 1945, on December 24, 2018.

The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, encompasses the provisions for prohibition of misleading advertisements and exaggerated claims of drugs and medicinal substances including AYUSH medicines and for the penalty to be imposed on the defaulters.

RTI activist Dr. Babu K.V. in his letter to the AYUSH Minister Sarbananda Sonowal stated, "It's a wrong decision on the part of the ASUDTAB, giving preference to the interests of the pharma industry over the health of the citizens of our country. There is nothing in the public domain to support the claim of the ASUDTAB that Magic Remedies Act and Consumer Protection Act are enough to address the issue of misleading advertisement of drugs, while there is no significant number of prosecutions under Magic Remedies Act and the media are flooded with misleading advertisements. I request ASUDTAB to withdraw the decision.''

Calling the U-turn a bad idea, Prashant Reddy, author and lawyer specialising in intellectual property law and drug regulation, said we must understand why Rule 170 was brought in in the first place.

"Those reasons haven't changed yet. What is also a fact is that 170 was never put to work as

the constitutionality was contested and remained unimplemented so far," he added.

Previously considering the emerging situation of misleading advertisements, the Ministry of AYUSH signed an MoU with Advertising Standards Council of India (ASCI) for two years to undertake monitoring of AYUSH-related advertisements in the print and visual media and bring the cases of contravention of legal provisions to the notice of the State Regulatory Authorities for necessary action.

Similarly, the Department of Consumers Affairs has set up an online system called GAMA (Grievances Against Misleading Advertisements) portal for registering public complaints of misleading advertisements of various commodities including AYUSH medicines and allied products. As a result of monitoring by ASCI, 732 cases of misleading advertisements of AYUSH were reported in 2017-18 and 497 cases in 2018-19. Among them, 456 cases of violation of Drugs & Magic Remedies Act, 1954, in 2017-18 and 203 cases in 2018-19 have been escalated to the State Regulators for taking necessary action in accordance with legal provisions.

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Source : www.thehindu.com Date : 2023-09-07

BRIDGING THE MALNUTRITION GAP, THE BEMETARA WAY

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

September 07, 2023 12:08 am | Updated 08:39 am IST

‘Providing food to the poor needs to be supported with nutrition counselling and monitoring’ File | Photo Credit: The Hindu

It is often said that simplicity is the ultimate form of sophistication. Experience has taught us that simple things may not always be easy, but are often the most effective solutions. In this light, counselling people on eating and feeding practices along with monitoring their progress can prove to be a game-changer.

Over the years, the government has made painstaking efforts to ensure food security. Now, children have mid-day-meals in their schools and people receive monthly rations through an ever-improving Public Distribution System. Ready-to-eat packets and hot meals are served to mothers and children at Anganwadi Centres (AWCs), under the Prime Minister’s Overarching Scheme for Holistic Nourishment (POSHAN) Abhiyaan. Further, various add-ons such as egg, banana, protein powders, peanut chikki and jaggery are also being distributed under various special State-specific schemes, an example being the Mukhyamantri Suposhan Yojana in Chhattisgarh. But, nutrition security is still a distant dream. People often lack knowledge of proper eating and feeding practices. Myths around food and increased accessibility to highly processed food have compounded the problem. Nutrition counselling can potentially be the answer to this problem.

It is important to note that “Jan Andolan”, or social and behaviour change communication (SBCC), has been a facet of POSHAN Abhiyaan. This includes bicycle rallies, plantation of Poshan Vatikas, celebration of Poshan Maah, Poshan Pakhwaras and Godh Bharaais. Different States have held various awareness programmes under the SBCC. However, the concept of nutrition counselling has yet to be properly institutionalised and implemented uniformly across States. In fact, according to the POSHAN Abhiyaan Progress Report, 2018, “A focused and coherent SBCC Action Plan is essential to take the work of POSHAN Abhiyaan forward.” Thus, there is a need for field staff to be properly trained in nutritional counselling and there is a need for it to be implemented, mandatorily and uniformly, by States.

Bemetara in Chhattisgarh is a puzzling district in the context of its malnutrition status. Situated in the fertile plains of Chhattisgarh, it is unaffected by Naxalite activities and is agriculturally rich. Its inhabitants are also relatively affluent. However, the number of Severe Acute Malnutritioned (SAM) children there was as high as 3,299 in December 2022. This figure bears a striking

resemblance to the situation in tribal-dominated and Naxal-affected districts such as Bastar. It points to the lack of proper knowledge about feeding practices. The problem is not about access but improper knowledge around when, how and what to eat. This is why nutrition counselling combined with robust monitoring was chosen as the modus operandi for this area.

Potth Laika Abhiyaan — which means “Healthy Child Mission” (literal translation) in the Chhattisgarhi language — is a nutrition counselling programme that is being implemented in 72 of the most affected AWCs in the Bemetara sub-division of Bemetara district. It has the technical support of UNICEF, Chhattisgarh. Here, ground-level staff from the Health and Women and Child Development departments have been well trained on how to provide nutrition counselling in the region. Every Friday, the parents of the targeted SAM and Medium Acute Malnutritioned (MAM) children are summoned and counselled. They are taught in simple Chhattisgarhi language the importance and the constituents of “Tiranga Bhojan” (a balanced diet), the need to wash hands regularly and many other tips in order to lead a healthy lifestyle. Many harmful dietary myths and superstitions are dispelled as well. The progress of the targeted children is being monitored. Local leaders such as sarpanchs, panchayat sachivs and religious heads have also participated in the counselling sessions. Door-to-door visits to the houses of targeted children are also done to monitor their progress.

As a result of the simple mantra of nutrition counselling along with regular monitoring and evaluation, as many as 53.77% of targeted children were brought out of malnutrition by the Potth Laika Abhiyaan, in a span of nine months, i.e., from December 2022 to July, 2023 — 599 out of 1,114 children. Further, 61.5% of MAM children and 14.67% of SAM children have been brought out of malnutrition. These figures are both encouraging and statistically significant. When comparing this with a random control group of 20 AWCs where this mission was not being implemented, only 30.6% children were taken out of malnutrition. That is, 33.8% MAM children and zero SAM children were taken out of malnutrition. This shows a total increase of 23% over and above the control group, which is very encouraging. Further, while providing meals requires elaborate budgeting and the risk of leakages, this mission is a zero cost one, requiring no more than a few training sessions and regular monitoring. Thus, it has shown itself to be cost effective as well.

From the experiences highlighted, there is no doubt that this model needs to be replicated on a larger scale across districts and States. Providing food to the poor needs to be supported with nutrition counselling and monitoring in order to truly accelerate the eradication of malnutrition.

It is only when this simple but impactful strategy of nutrition counselling is followed both in letter and spirit, that India can move closer towards achieving the ambitious yet noble dream of a “Kuposhan Mukt Bharat”.

Suruchi Singh is an Indian Administrative Services Officer of the Chhattisgarh cadre

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Source : www.thehindu.com Date : 2023-09-07

DRUGS REGULATOR ISSUES ALERT AFTER PHARMA FIRM ABBOTT INDIA RECALLS ANTACID SYRUP DIGENE GEL

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

September 06, 2023 08:10 pm | Updated 10:23 pm IST - NEW DELHI

Abbott India informed drug controller Central Drugs Standard Control Organisation of the voluntary recall of Digene Gell and stopped production of all variants of the product manufactured at their Goa facility. Photo: digeneindia.com

The Central Drugs Standard Control Organisation (CDSCO) has alerted healthcare professionals, consumers, patients, wholesalers, distributors, and regulatory authorities about the voluntary recall of Abbott India’s popular antacid syrup Digene Gel, manufactured at its Goa facility.

The public notice issued by the apex drug controller on its website said: “The impugned product may be unsafe and its use may result in adverse reaction.”

The Drugs Controller General of India (DCGI), who heads the CDSCO, also advised the doctors and healthcare professionals to carefully prescribe and educate their patients to discontinue the use and to report any adverse drug reactions arising due to consumption of Digene Gel.

“Healthcare professionals should promptly report any suspicious cases of adverse events linked to this product,” the DCGI stated in the letter.

The drug controller’s notice said the company initially withdrew one batch of its product available in mint flavour and four batches in orange flavour after receiving a complaint about a product that was white, had bitter taste and pungent smell early August. Within a week the company recalled all batches of its Digene syrup sold in mint, orange, and mixed-fruit flavours manufactured at its Goa facility.

CDSCO said it was reported on August 9 that one bottle of Digene Gel Mint Flavour used by customers was of regular taste (sweet) and light pink colour whereas another bottle of the same batch was of white colour with bitter taste and pungent odour as per the complaint.

Abbott India Limited informed the drug controller of the voluntary product recall and voluntarily stopped production of all variants of Digene Gel manufactured at their Goa facility.

CDSCO also urged distributors and users to discontinue the use of Digene Gel manufactured at the Goa facility while stating that there is no need to panic.

The drug is known to relieve acidity and its symptoms such as heartburn, stomach discomfort, abdominal pain and gas. It can be prescribed for gastritis (inflammation of the stomach lining) and acid reflux (a condition where stomach acid flows back to the food pipe). It uses basic compounds like magnesium hydroxide to neutralise the stomach acid.

Abbott spokesperson on Wednesday noted that the company had voluntarily recalled the antacid medicine manufactured at Goa site due to isolated customer complaints on taste and odour.

“There have been no reports of patient health concerns. Other forms of Digene, such as tablets and stick packs are not impacted and Digene Gel manufactured at our other production site is not affected and continues to be available in sufficient quantities to meet current demand. The other production site is in Baddi,” the spokesperson added.

END

Source : www.thehindu.com Date : 2023-09-08

PROVIDING SUPPORT TO WOMEN DEALING WITH THE UNBEARABLE PAIN OF VAGINISMUS

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

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September 07, 2023 10:44 pm | Updated 11:04 pm IST

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Women may be dealing with the pain in silence, without access to community and care. | Photo Credit: Getty Images

The body remembers what the mind forgets. Psychosomatic conditions like vaginismus are evidence of how our thoughts and our beliefs can manifest in our physical functioning and linger like an invisible wound.

The first time I heard about vaginismus was when my friend confided in me and shared her experience of unbearable pain while trying a menstrual cup. After unsuccessful trips to a gynaecologist and a lot of research, she figured that she might have a condition called vaginismus. In a country like India, where menstruation largely still remains taboo, vaginismus is barely acknowledged in conversations about female sexual health.

“It felt very much like there was no vaginal opening and that I was hitting a muscular wall. Impenetrable, without a doubt”, says Tanvi Singh, an educator**.** Vaginismus causes involuntary contractions of the vaginal muscles making penetration of any kind; sexual or otherwise impossible or accompanied by excruciating pain, irrespective of the woman’s desire. “It is simply a protective body response”, says Taru Jindal, a Mumbai-based gynecologist who runs an online vaginismus healing program with Bengaluru-based healthcare platform Proactive for Her.

Vaginismus can be classified into two types - primary and secondary . It is said to be primary when a woman has never been able to engage in penetration of any kind; be it either tampons, menstrual cups, gynaecology exams, or intercourse. It is primarily psychologically driven. We are usually taught “sex is shameful and sex is painful”, says Dr. Jindal. These contribute significantly to primary vaginismus cases. Childhood abuse, sexual trauma, religious upbringing, and sexual ignorance are other contributing factors.

It is said to be secondary when a woman who previously tolerated penetration is suddenly unable to do so. Secondary vaginismus could be due to physical or emotional factors. Repeated painful internal examinations or vaginal infections, traumatic childbirth, radiation and surgery around the vagina, and conflicts within a relationship are the causes of secondary vaginismus.

Vaginismus is estimated to affect 5-17% of individuals in a clinical setting based on studies conducted in the 1990s. The numbers vary across countries. The statistics of women dealing

with vaginismus in India are unclear. “I think in a conservative culture, the numbers would be huge”, says Dr. Jindal.

The general notion that sex is accompanied by pain has been ingrained in women since childhood, in traditional households and many assume that pain is normal. “I used to associate sex with physical pain. I believed that the first time any penetration happened, there’d be some degree of pain. I know now that it is not true”, says Singh.

Sex education occupies the last bench in a corner of the Indian education system which combined with societal silence takes different forms - fear, pain, guilt, shame, and suffering consume Indian women indiscriminately. With no one to guide them, many women suffer in silence. Like heirlooms and folklore, a piece of advice is passed down generationally – it is common, deal with the pain.

This normalisation of pain results in internalisation and acceptance of it. Even more distressing is the fact that most women are told the pain diminishes with time and to just bear it by gynaecologists themselves. “The first doctor [that I met] at a very reputed hospital told me I should just get drunk. It’s in my head”, said Shikha Rao, a corporate employee**.**

Finding the right doctor is a challenge. Most women on average take around 3 years to get diagnosed with vaginismus.

According to the National Family Health Survey (NFHS) report 60% of women face problems accessing healthcare. Social determinants like lack of financial autonomy are among the factors which include inadequacies in the healthcare system. The absence of a female health provider was also of concern for 31.2% of women according to the report. Many women also only seek treatment when the pain becomes unbearable.

Many women think twice before approaching a gynaecologist. Many have recounted how they have felt shamed or been given unsolicited advice during consults. Clearly, not all gynaecologists are like that, but such experiences come in the way of accessing healthcare for fear of being judged.

As a gynaecologist with vaginismus, it took Dr. Jindal 7 years to diagnose and heal herself which led her to wonder about the situation of other women. She healed within a month and it led her to create a four-step vaginismus healing program but it was her husband, Dharav Shah, a psychiatrist, who ideated it. It was launched in mid-2020 through Proactive for Her. A program that started with 5 women per batch now has 40 women per batch.

While the few doctors who deal with vaginismus have a single or multi-level approach involving therapy, serial dilators, and pelvic floor exercises, Dr. Jindal’s programme additionally involves support groups for both women and their respective partners and a pleasure coach. Online space ensures privacy and healing from the comfort of one’s home.

The programme begins by addressing one’s emotional ordeal. By pinpointing the source, a therapist guides the woman to reflect on her past and make peace with it. It is necessary for the brain to disassociate pain from penetration. “I think it has to do a lot with my upbringing combined with my anxiety,” says Ms. Rao. “There was a kind of subliminal messaging. It’s not overt, but there is a sense of righteousness.”

Women also bear additional emotional baggage after their failed attempts at penetration. “During attempts at penetration, there is a lot of anxiety, shame, and a sense of being less because the body is unable to do what should have been natural”, says Ms. Singh. This feeling resonates

with a lot of women irrespective of their stories.

The women are then introduced to the support group. Turns out the core strength of the program is the women's support group. "You work as a community and heal as a community but at an individual's pace", says Mukta Mohan, who works in an NGO. Questions of self-worth and the sense of isolation disappear when women realise they are not alone and it isn't their fault.

Apart from healing emotional trauma, learning to relax the mind and listening to the body is crucial. The programme involves the mind and body and pelvic floor relaxation exercises to help relieve tension around the pelvic area. Once women have control over their pelvic floor muscles, vaginal dilators are introduced. There are dilators of different sizes, one starts with the smallest one and proceeds to the largest.

With an increase in the number of participants, Dr. Jindal realised many of them came with different goals – to either get pregnant, save their marriage, or feel accepted. There were hardly any women who came with the intention to 'heal' themselves. It was then that a pleasure coach was introduced who focused on teaching women that sex is pleasurable.

The programme also provides partner support groups facilitated by Dr. Shah. It helps them talk about their own frustration, understand what women with vaginismus go through, and realise that other couples are experiencing similar situations, removing the self blame aspect. Support groups offer a sense of community and belonging in such cases.

The integrated approach of the intervention has proved to be a success. "It's an excellent approach," says Jayashree Gajaraj, a senior consultant at MGM Healthcare, Chennai, who is not involved with the programme . "Approaching it holistically is important and that is what she [Dr. Jindal] is doing".

Since its inception, it has evolved, taking feedback from women who healed and incorporating different methods of healing like art and movement therapy in their recent batches. As of September 2023, around 370 women have been a part of the programme and they claim that 217 have healed completely. While most women heal within an average of 6-12 weeks, some continue the process of healing after the programme.

By the end of the course, women not only heal from vaginismus but also experience personal growth. "I was able to accept, with this programme , that I am strong but there is a part of vulnerability also in me", says Ms. Mohan.

Vaginismus can be treated. Women need to take the first step of reaching out. "They need to understand that there is no need to suffer", says Dr. Gajaraj, "Sexuality is very much a part of life whatever the age."

The limited sex education that India entertains is fear-based and centered around reproductive health more than sexual health. Lack of awareness is one reason that vaginismus remains one of the most under-researched female sexual health disorders despite its prevalence. We need to initiate open dialogues around sexual health, inculcate age-specific sex education, and introduce government schemes that explain sexual health in regional languages, experts say.

(The author is a freelance content provider based in Hyderabad)

health treatment

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

NIMHANS INITIATES SUICIDE LOSS SURVIVORS FORUM, AN INTERACTIVE PLATFORM FOR CARE AND SUPPORT

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

September 08, 2023 09:40 pm | Updated September 09, 2023 02:06 am IST - Bengaluru

National Institute Of Mental Health and Neurosciences, Bengaluru.

To decrease stigma and provide postvention care and support to the families of those who lost their lives to suicide, NIMHANS has initiated a Suicide Loss Survivors (SLS) forum. The first session of the forum was held on the institute premises on Friday, ahead of World Suicide Prevention Day, observed on September 10.

According to the National Crime Records Bureau (NCRB) report, as many as 1,64,033 suicides were reported in India in 2021.

Shekhar P. Seshadri, former Senior Professor at the Department of Child and Adolescent Psychiatry at NIMHANS, who moderated the session, said the feelings that arise during the loss of a loved one to suicide, the confusion, the guilt, the stigma, the shame, often goes unattended and unheard. “Postvention helps these survivors of suicide loss to address this predicament that they are going through,” he said.

Anish V. Cherian, Associate Professor at the Department of Psychiatric Social Work at NIMHANS, who is the organiser of the forum, said the voices of suicide survivors are essential for raising awareness, reducing stigma, providing support and ultimately preventing suicide.

“Their stories carry the power to inspire, educate, and promote a more compassionate and informed approach to mental health and suicide prevention,” he said.

“Grief after a suicide is complex and can be accompanied by guilt, shame, and stigma. The forum will offer guidance on navigating these challenging emotions. Survivors will learn strategies to build emotional resilience and find ways to move forward while honouring the memory of their loved ones,” he explained.

Connecting with others who have experienced similar losses can provide an invaluable support network. The forum will emphasise the importance of community in the healing process. Information on available resources, including therapy, support groups, and helplines, will be provided to attendees to help them access the assistance they need, the doctor said.

Prabha S. Chandra, Senior Professor and Dean of Behavioural Sciences, said suicide awareness and preventive measures should be made mandatory across schools, colleges, workplaces, and the community at large.

Nandini Murali, author of the book *Left Behind: Surviving Suicide Loss*, who attended the session, said she is still working on her pain even five years after losing her spouse to suicide.

“The devastating experience of suicide loss changed my life forever. However, it motivated me to initiate interventions for people grappling with suicide and those impacted by suicide loss. It is high time that we have a formal circle to address the needs of suicide loss survivors,” she said.

Sneha Rao, founder and director of Ananya — A Foundation for Happiness, recalled, “After I lost my daughter Ananya, I never thought I would wake up from that. But my family, friends, and colleagues stood with me and supported me to process through my pain. I was blamed for my child’s untimely death. I realised that I am not the only mother who is blamed. This led me to start a foundation in her name. We should work together to prevent suicides.”

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

AN OVERHAUL, THE CRIMINAL LAW BILLS, AND THE BIG PICTURE

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

September 09, 2023 12:16 am | Updated 12:53 am IST

‘Overall, some of the proposed changes are definitely progressive in nature, but cannot be termed as path-breaking or radical’ | Photo Credit: Getty Images

The central government introduced three Bills in Parliament in August. Called the Bharatiya Nyaya Sanhita (BNS), 2023, the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023 and the Bharatiya Sakshya (BS) Bill, 2023 they are to replace the existing Indian Penal Code, 1860, the Code of Criminal Procedure (CrPC), 1973 and the Indian Evidence Act, 1872, respectively. Though some amendments have been made and gaps filled through judicial pronouncements, the statutes have stood the test of time. It is worth examining how the proposed changes will impact law enforcement agencies.

There is an explicit provision in the BNSS on the registration of a cognisable offence in any police station, irrespective of the area where the offence is committed. Though this practice (known as recording first information report, or FIR at Zero) has been in use for many years now, its formal inclusion in the BNSS may help complainants get their cases registered as a matter of right without running around.

A provision has been added to permit the conduct of a preliminary inquiry to ascertain the existence of a prima facie case even if the information discloses commission of a cognisable offence punishable with more than three years but less than seven years of imprisonment. This is at variance with the ratio of the Supreme Court judgment in Lalita Kumari versus Govt. of Uttar Pradesh (2013), where it was held that the police have no option but to register an FIR if the information discloses commission of a cognisable offence. Though certain categories were carved out to conduct a preliminary inquiry, this was only to ascertain commission of a cognisable offence and not check their truthfulness.

As there does not seem to be an intelligent differentia vis-à-vis the rest of the cognisable cases with overall objective of the provision, this differentiation may not stand scrutiny in constitutional courts. Nevertheless, this clause has advantages and disadvantages. The parties at dispute may arrive at a compromise in the given limit of 14 days to conduct a preliminary inquiry, or cases may not turn out to be true, prima facie, to proceed further. On the other hand, the police may misuse this period and avoid registering even true cases.

Editorial | Rebooting the codes: On the IPC, CrPC and Evidence Act

All provisions of the CrPC on arrest have been retained in the BNSS. It would have been appropriate to include the ratio of the Supreme Court judgment in Arnesh Kumar versus State of Bihar (2014) to justify an arrest by making it mandatory for the police officer to mention reasons of arrest supported with justifiable material, and for the judicial magistrate to record satisfaction and make it a formal part of the BNSS.

A new clause says that for offences punishable with less than three years of imprisonment, an arrest could be done only with the prior permission of Deputy Superintendent of Police if the accused person is infirm or is aged over 60. This may provide some relief to these two categories of persons provided the Deputy Superintendent of Police uses the clause judicially.

The new Codes provide for handcuffing in at least a dozen categories of persons who are accused of serious offences inter alia such as one who commits a terrorist act, murder, rape, acid attack or offence against the state. This is sure to help police, who may be short staffed, to secure their custody. But the enabling section that guides handcuffing has not changed. It says that ‘the person arrested shall not be subjected to more restraint than is necessary to prevent his escape’. Therefore, the investigating officer will still have to justify handcuffing with the possibility of escape (or physical attack) when such criminals are produced before court. Since the constitutional provision and enabling provision of the law remain unaltered, the Supreme Court’s guidelines on handcuffing will still prevail.

The new Sanhita provides for a mandatory visit of the crime scene by a forensic expert and the collection of forensic evidence for offences punishable with more than seven years of imprisonment. But on realisation of the ground reality (of limited forensic infrastructure at field level), a maximum five years of leverage has been given to State governments to bring this clause into operation. Therefore, unless State governments commit themselves to the provision of sufficient resources for the development of forensic infrastructure (technology and manpower), the impact of this change may not be visible soon. The Sanhita rightly encourages the use of audio-video means in recording the various steps of investigation; this includes searches. However, the preferred use of smartphones (as recommended) has its limitations. The Supreme Court in Shafhi Mohammad vs The State Of Himachal Pradesh (2018) directed the Ministry of Home Affairs and States to develop facilities for the videography and photography of crime scenes during investigation at the level of the police station. A pilot project is in progress, and this needs to be taken forward to ensure that the provisions of the new Code are implemented in their true spirit.

Despite a ban on the two-finger test in a case of rape, and this test having been termed by the Supreme Court to be unscientific and violative of the dignity and privacy of a rape victim/survivor (in Lillu @ Rajesh & Anr vs State Of Haryana, 2013), the ban does not have a place in the Code. Since the Union Ministry of Health and Family Welfare had also issued similar instructions, with guidelines for the medical examination, this was a good opportunity for the central government to have ensured compliance of its own instructions in a legal way.

On the disclosure of identity of victim/survivor of rape, the provision of giving authorisation (to disclose identity) to the next of kin in case the victim is minor, may also be omitted as the Protection of Children from Sexual Offences Act, which exclusively deals with this issue and does not have a similar provision. The Supreme Court in Nipun Saxena vs Union Of India (2018) also expressed reservations as the next of kin may not be an appropriate party to delegate such authority.

A provision in the Sanhita that has raised the eyebrows of critics is the increase in the period of

police custody exceeding 15 days, as provided in the CrPC. This may help the police to interrogate an accused person again if additional evidence is found during an investigation. However, there are two caveats to this provision. First, there must be adequate grounds to permit an extension. Second, the 15 day limit can be exceeded only after the initial 40 days or 60 days out of a total detention of 60 days or 90 days (depending on whether an offence is punishable with imprisonment of up to 10 years, or more). The accused will still be eligible to be released on default bail after a total detention of 60 days or 90 days, as provided in the CrPC. Thus, the discretion to permit additional police custody rests with the judiciary.

The Sanhita also proposes enlarging the scope of judicial inquiry into suspicious deaths by including dowry deaths, but relaxes the provision of the mandatory recording of statement of a woman, a male under the age of 15 or above 60 (65 years in the CrPC) at the place of their residence based on their willingness. It is hoped that this provision is not misused by the police, especially in crimes against women and children.

A standing order that could have been included in the Sanhita with respect to inquest is the videography and photography of a post-mortem, particularly in cases where it is a custodial death or is a death caused in an exchange of fire with the police or other authorities. The Supreme Court and the National Human Rights Commission of India have repeatedly asked States to comply with such instructions. Another observation of the Court to make a spot sketch of the scene of crime drawn on scale by a draftsman in order to make it admissible in court, could also be included in the Sanhita to improve the quality of investigation.

Overall, some of the proposed changes are definitely progressive in nature, but cannot be termed as path-breaking or radical. What must not be forgotten is that police stations are generally under-staffed, have poor mobility, insufficient training infrastructure and poor housing facilities. Police personnel work under stressful conditions. Therefore, the colonial mindset will go only if police reformation is taken up in its entirety and not just by tweaking some provisions of the applicable laws.

R.K. Vij is a retired Indian Police Service officer. The views expressed are personal

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

CHANGE THE PLAYBOOK, REPATRIATE INDIAN CHILDREN

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

September 09, 2023 12:08 am | Updated 01:00 am IST

‘A return to safe placement in the home country is inarguably a more humane and compassionate solution for such children’ | Photo Credit: Getty Images

Priyadarshini Patil, Dhara Shah and Sagarika Chakraborty are among several expatriate Indian mothers who have been/were separated from their children by their host states, in a gross violation of human rights that affect the well-being of the mothers, their children and their families.

After her children were confiscated by Australian child services authorities, and the family’s pleas to have the children repatriated to India fell on deaf ears, a distraught Patil, a mother of two, working in the IT industry, was driven to despair. She ended her life. According to news reports, the Australian child protection authorities had been called in by doctors in Australia against whom the mother had filed a complaint of mistreatment when her elder child was admitted in a hospital for treatment.

In Germany, Shah, along with her software engineer-husband, have been separated from their baby girl, now 2.5 years old, who was sent to permanent foster care by Germany’s child welfare agency in 2021, after the parents were accused of having injured the child. Despite evidence to the contrary supported by expert medical reports, neither the parents nor the doctors accusing them of injury were cross examined. The police investigation was also closed without charges over a year ago, and the court’s own appointed psychological expert recommended that the child be placed under supervision at a parent-and-child centre. But the court ignored all this in its decision. The Indian government has intervened, asking for the baby’s return to Indian child protection authorities, but Germany is yet to relent.

These cases, across different jurisdictions, have increased in frequency over the years, and follow a similar playbook.

A young family moves to work in a high-income country. The parents are accused of abusing their children, either by the school where the child is struggling to adjust to foreign ways, or a hospital when they take their injured or sick child for treatment. They are subjected to a trial that is very one-sided, with assessments by social workers who are culturally prejudiced. Parental custody is terminated. The child and its siblings are then placed in foster care for the entirety of

their childhood. Contact with parents is either completely barred or limited to one hour every few weeks in a dingy contact centre. Very soon the child is completely alienated from its parents.

Typically, these children are placed with local foster carers, without ethnic or cultural links with the child's origins. Consequently, these children lose their identity and are unable to develop any bonds with their country of origin or their extended families. They emerge from foster care doubly alienated — they are not citizens of the country of residence, and also have no substantial ties with their country of origin. With some exceptions, the family, including the children, are Indian citizens.

In ordinary circumstances, when removed from parental custody, children are entitled to care from extended family. But since there are none in the country of residence, these children do not have that option. This is precisely where the playbook needs to change.

A return to safe placement in the home country is inarguably a more humane and compassionate solution for such children, instead of leaving them in the custody of a foreign state.

Sagarika Chakraborty, who inspired the characterisation in the film, Mrs Chatterjee vs Norway — a case of a Bengali family whose children were taken away in Norway, and repatriated after strong intervention by India — managed to raise her children well since their return. There are many other examples of children repatriated under similar circumstances who have grown up happy and well-adjusted in India.

Foreign nations should shed their sanctimonious views and engage in a sincere inquiry of the parents' claims of cultural prejudice and unfair trials in their child protection system. Moreover, regardless of parental behaviour, the fate of these children must be considered on broader grounds than on a mere technical consideration of the place of residence. Persisting with a moralising stance while ignoring cultural sensitivities and separating children from their (even extended) families is an abuse of child's rights in itself.

Decision-makers and governments must, in each case, determine the benefits of returning such children to their home country, where they can live with extended family, and grow up in familiar cultures.

Justice Ajit Prakash Shah is a former Chief Justice of the Madras and Delhi High Courts, and a former Chairperson of the Law Commission of India

logging into their accounts on Vuukle.

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

OFFERING HOPE AND HEALING IN THE DARKEST MOMENTS, ONE CALL AT A TIME

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

September 10, 2023 08:41 am | Updated 08:42 am IST - HYDERABAD

A college professor found herself in the depths of despair, contemplating ending her life while she was alone at home. As she stood on the brink of making a decision, she got a lifeline. The professor decided to reach out to ‘Roshni’ suicide prevention helpline, which changed the course of her life.

The person on the other end of the helpline lent an ear to the distraught professor, patiently listening as she poured out her woes. Gradually, as the conversation unfolded, the professor’s grip on the step-ladder she was about to push away began to loosen. With the helpline’s support, she decided to get off the step-ladder and regain control over her life.

The following day, the professor, accompanied by her husband, visited the Roshni centre in Hyderabad. They met the volunteer who had been there for her during that critical moment. Overwhelmed with gratitude, the husband tearfully thanked the volunteer for saving his wife’s life.

Vidya, the volunteer who convinced the professor against taking any extreme step, is among the 70 trained individuals working at the Hyderabad-based-Roshni helpline centre. These volunteers undergo training to become empathetic and non-judgmental listeners. When individuals in crisis dial the helpline number, the volunteers guide them through their darkest thoughts, helping dispel the emotional clouds that shroud their minds and empower them to face their challenges with renewed strength.

When callers exhibit suicidal tendencies, Roshni volunteers go the extra mile. At the end of each call, they seek the individual’s consent to follow up within 24 hours, providing continuous support during their journey to recovery. “When we call them again and the same person answers it, we take it as a achievement,” says one of the volunteers.

On average, the Roshni helpline receives approximately 30 calls a day, with 10 involving individuals with suicidal intentions, three to five with concrete suicide plans, and the rest from people grappling with various forms of distress or depression. “The number increases during the examination season. We start getting calls from January itself where parents and students seek help from us,” says Ananda, a volunteer.

Tragically, higher educational institutions have already reported 20 student suicides in 2023,

including nine cases from Central institutions and seven from the prestigious Indian Institutes of Technology (IIT). Kota, Rajasthan, has witnessed an average of three suicides each month, bringing the year's total to 20 incidents.

"One may not realise but family problems are also one of the reasons children take this step. Nobody says it out loud that there is a problem in the family and children end up thinking that the quarrels are happening only in their family," said Nirmala, a volunteer.

Every year, on World Suicide Prevention Day on September 10, Roshni provides a ray of hope with a call to shatter the stigma surrounding mental health issues.

In times of emotional breakdown, there is always someone ready to listen at Roshni's helpline number. Reach out to them at 8142020033/44. The helpline operates from 11 a.m. to 9 p.m. every day.

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Hyderabad

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

INDIA REPORTS FAR FEWER PEOPLE WITH ORPHAN DISEASES

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

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

The low incidence rate of leprosy (0.45 per 10,000 population) in India makes it a rare disease. | Photo Credit: Getty Images

Much of our conversation about health leads to the talk of a few common ailments that afflict several of our acquaintances — diabetes probably tops this list. Yet, for each of the few ailments that preoccupy us, there are many that occur only rarely, but whose effects can be devastating to the sufferers and their families.

The most common definition of a rare disease is a prevalence rate of one case in a population of 10,000 people. The term orphan disease is apt for many reasons. Rarity made them difficult to diagnose, because young medical practitioners may not have seen even one case. For the same reason, not much research was carried out in these areas, because of which treatments often did not exist.

This situation has undergone a change as awareness of the diseases, and genomic technologies to diagnose them, has spread. In many countries, regulatory bodies offer incentives to promote investments in the development of pharmaceuticals for neglected illnesses. Expectedly, such moves have heightened interest in “orphan drugs”. Between 2009 and 2014, half of all approvals made by the FDA were for rare ailments and cancers. However, the costs of these therapies are prohibitive, especially from an Indian viewpoint. Estimates put these costs between Rs.1 million and Rs.20 million per year.

Global numbers indicate that there are around 7,000 rare diseases affecting 300 million people. By extrapolation, India should have 70 million cases. Yet hospitals in India have so far reported less than 500 of these diseases. There is not enough epidemiological data on the communities in which these rare diseases occur. Sophisticated clinical genomics tools are often needed to confirm these disorders. The Government’s National Policy for Treatment of Rare Diseases has only recently started making its mark. Diseases prevailing in our countries include cystic fibrosis, hemophilia, lysosomal storage disorders, sickle-cell anemia, etc.

Citizen’s initiatives are another highlight of India’s progress regarding orphan diseases. A good example is DART, the Dystrophy Annihilation Research Trust, a body formed by parents of patients suffering from Duchenne’s muscular dystrophy. In this condition, muscles in the pelvis begin to waste away from the age of three. In partnership with the IIT and AIIMS located in

Jodhpur, the Trust has begun a clinical trial of an efficient and personalised antisense oligonucleotide-based therapeutic regimen for this dystrophy.

With an incidence rate of 0.45 per 10,000 population, leprosy is now considered a rare disease in India. But much remains to be done to restrict the spread of this disease. Leprosy is a good example of how research on orphan diseases can have societal benefits. Recent research on the synthetic antibiotic rifapentine, which is widely used against tuberculosis, has shown that a single dose of this drug, when administered to household relatives of a leprosy patient, significantly curtailed the spread of leprosy to them over a four-year study period (*New England Journal of Medicine*, 2023; 388:1843-1852). Such findings may help fulfil our government's aim of a leprosy-free India by 2027.

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

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Source : www.thehindu.com Date : 2023-09-11

REGULATOR ISSUES ALERT OVER SALE OF FALSIFIED VERSIONS OF 2 DRUGS

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

September 10, 2023 07:40 pm | Updated September 11, 2023 02:36 am IST - New Delhi

On September 6, 2023, the Drugs Controller General of India issued an advisory, referring to a safety alert issued by the WHO for falsified product Defitelio (Defibrotide) 80 mg/ml concentrate for solution for infusion, manufactured by Gentium Srl. Photo: cdsco.gov.in

The Drugs Controller General of India (DCGI) has directed the drugs controllers of all States and Union Territories to keep a strict vigil on the sale and distribution of falsified versions of two drugs, liver medication Defitelio and Takeda's cancer drug Adcetris (injection), following alerts issued by the World Health Organization (WHO).

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

In an advisory issued on September 5, the DCGI said the WHO has issued a safety alert identified with multiple falsified versions of Adcetris injection 50 mg manufactured by Takeda Pharmaceutical Company Limited, identified in four different countries including India.

"These products are most often available at the patient level and distributed in the unregulated supply chains (mainly online). The products have been identified in both regulated and illicit supply chains, sometimes at patient levels as well. WHO has reported that there are at least eight different batch numbers of falsified versions in circulation," the DCGI said in a communication to the State drugs controllers.

Adcetris (Brentuximab Vedotin) is a CD30-directed antibody-drug conjugate indicated for the treatment of patients with Hodgkin's lymphoma after the failure of an autologous stem cell transplant and systemic anaplastic large cell lymphoma.

On September 6, the DCGI issued another advisory, referring to a safety alert issued by the WHO on September 4 for falsified product Defitelio (Defibrotide) 80 mg/ml concentrate for solution for infusion, manufactured by Gentium Srl.

“This falsified product has been detected in India (April 2023) and Turkey (July 2023), and was supplied outside of regulated and authorised channels,” the WHO said. It said the genuine manufacturer of Defitelio has confirmed that the product referenced in the alert is falsified. “The use of falsified Defitelio will result in the ineffective treatment of patients and may pose other serious risks to health because of its intravenous administration and could be life-threatening in

some circumstances," the United Nations' health body of the United Nations (UN) said.

Following the safety alerts for both the products, the DCGI has advised doctors and healthcare professionals to carefully prescribe drugs and educate their patients for reporting any adverse drug reactions (ADRs).

The DCGI has also asked the State and regional regulatory offices to instruct their officers to keep a strict vigil on the movement, sale, distribution and stock of the mentioned drug products in the market. They should also draw samples and initiate necessary action in accordance with the provisions of the Drugs and Cosmetics Act and the rules made thereunder, the DCGI said.

For consumers and patients, the apex drug regulator has asked them to be careful and only procure the medical products from authorised sources with a proper purchase invoice.

On August 31, the DCGI had issued an advisory alert against Abbott's antacid Digene gel, citing safety concerns as the United States-based drug maker voluntarily recalled several batches of its Digene gel in India after the drug regulator raised an alert. The DCGI had asked the consumers and patients to discontinue the use of Digene gel, which is manufactured at a Goa facility.

As for wholesaler and distributors, the DCGI had said the impacted product, with all batch numbers, manufactured at the Goa facility within the active shelf life to be removed from distribution.

Reacting to the development, Takeda Pharmaceutical Company Limited said Adcetris (injection) should be procured only from the authorised distribution sources.

"We would like to clarify that the Central Drugs Standard Control Organisation has issued a general advisory cautioning against falsified versions of Adcetris Injection (Brentuximab vedotin) identified in India. Takeda has been authorised by the Drug Controller General of India to import, sell and distribute Adcetris in India, and we make it available to our patients here through well-established supply chain networks. We strongly recommend that Adcetris should be procured from Takeda authorised distribution sources only," the firm said in a statement.

It said falsified medical products pose a significant threat to public health and asserted that the firm is committed to safeguarding the integrity of its products and supporting the fight against falsified medicines in order to protect patient safety, "which is our highest priority".

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Source : www.thehindu.com Date : 2023-09-11

MONKEYPOX SURVEILLANCE HELPS IDENTIFY VARIANT OF VIRUS CAUSING CHICKENPOX

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

September 09, 2023 02:42 pm | Updated 11:33 pm IST - NEW DELHI:

File photo of test tubes labelled as “Monkeypox virus positive and negative”. Monkeypox disease symptoms are frequently mistaken for chickenpox, as their clinical presentations often closely resemble each other. | Photo Credit: Reuters

The Indian Council of Medical Research-National Institute of Virology (ICMR-NIV) has for the first time found the presence of Clade 9 variant of varicella zoster virus (VZV) in India.

“The multi-country mpox (monkeypox) outbreak across the globe has led to the systematic surveillance of mpox cases in India. During the surveillance of mpox, we encountered cases of VZV in suspected mpox cases amongst children and adults,” said the new study published in the *Annals of Medicine* journal. This study focused on the genomic characterization of VZV in India.

Chickenpox or varicella is caused by the varicella-zoster virus (VZV), a herpesvirus with worldwide distribution. It establishes latency after primary infection, a feature unique to most herpes viruses.

Also Read : Explained | All we know about the monkeypox virus outbreak so far

It added that this is the first study reporting the circulations of VZV clade 9 in India, whereas the variant is the most common strain in circulation in countries such as Germany, the UK, and the USA.

Monkeypox disease symptoms are frequently mistaken for VZV, as their clinical presentations often closely resemble each other. There is a need for clinical differentiation between mpox and VZV for accurate diagnosis, said the study.

It added that despite infection with the VZV clade 9 strain there were no significant indications of heightened disease severity in the patients.

“Further studies warrant investigating the recombination patterns among wild-type and vaccinated populations to explore the evolution to help in disease monitoring and surveillance of VZV infections in India,” it noted.

For the study, scientists took a total of 331 suspected cases, of which 22 cases were positive for monkeypox virus infection (15 from New Delhi and seven from Kerala), while 17 were positive for Enteroviruses and one case was confirmed as Buffalopox virus.

Of these 331 suspects, 28 were positive for VZV, with primary presentation of vesicular rashes all over the body. The other clinical manifestations included fever (82%), myalgia (46%), headache (36%), fatigue (29%), loss of appetite (14%), and lymphadenopathy (11%).

COMMents

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epidemic and plague / Monkeypox

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Source : www.thehindu.com Date : 2023-09-13

THE BHARATIYA NAYAY SANHITA NEEDS A RELOOK

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

September 13, 2023 01:45 am | Updated 01:46 am IST

The Bharatiya Nyaya Sanhita Bill, 2023, Bharatiya Nagarik Suraksha Sanhita Bill, 2023, and Bharatiya Sakhshya Bill, 2023 have been referred to the Standing Committee on Home Affairs headed by BJP MP Brijlal (in picture). Photo: X/@BrijLal_IPS

It is important that the offences in any penal law are clearly defined. Those who administer the law must know what offence has been committed so that arbitrary and discriminatory enforcement does not occur. In *Shreya Singhal v. Union of India* (2015), the Supreme Court held Section 66A of the Information Technology Act as unconstitutional. It found the term “grossly offensive” in the Section to be vague and devoid of precision. Recently, the Central government introduced a few new offences in the Bharatiya Nyaya Sanhita (BNS) Bill to deal sternly with terrorism-related crimes and organised crimes. It is feared that some terms in the Bill may be challenged as they are vague.

The number of sections in the Sanhita has been reduced, mainly because various sections pertaining to ‘definition’ have been merged into one section, offences and punishments have been clubbed together, and offences of a similar nature brought under one section. A few omitted sections are unnatural offences (Section 377 of the Indian Penal Code), adultery (Section 497 of the IPC) and attempt to commit suicide (Section 309 of the IPC, though not completely).

Editorial | Rebooting the codes: On the IPC, CrPC and Evidence Act

While the definition of ‘terrorist act’ in the Sanhita has been largely borrowed from the Unlawful Activities (Prevention) Act (UAPA) of 1967, the words ‘to strike terror in the people’ have been replaced with the words ‘to intimidate the general public’. Though less severe, these words do not change the gravamen of the section. The expression ‘such as to destroy the political, economic, or social structure of the country’ is vague. The explanation added to the section defining a ‘terrorist’ is at variance with the one who commits a ‘terrorist act’. Similarly, while terrorist organisations are notified in the First Schedule to the UAPA, ‘terrorist organisation’ is given a specific definition in the section. The only advantage of adding terrorism in the Sanhita (vis à vis the UAPA) is that the investigating officer would not require any sanction for prosecution from the government. But at the same time, the restrictive bail provision would also not apply to the accused.

Another offence reintroduced with some changes (in place of sedition) is about ‘acts

endangering sovereignty, unity and integrity of India'. This appears more objective as it does not intend to punish criticism of or disaffection towards the government. The addition of words such as 'purposely or knowingly' serve as a safeguard because they indicate mandatory presence of the mens rea. But it would help if the meaning of 'subversive activities' is clarified to dispel fears of misinterpretation and misuse by the authorities. Further, the explanation added to the section appears incomplete and needs to be modified.

Similarly, taking a cue from the Maharashtra Control of Organised Crime Act (MCOCA), 1999, a new offence called 'organised offence' has been added with the difference that three (instead of two) or more persons indulging in such activities would constitute an 'organised crime syndicate'. While about a dozen categories of offences have been specifically included in the definition, offences such as 'cyber-crimes having severe consequences' appear vague. The new offence of 'petty organised crime' which starts with the vague expression 'any crime that causes general feeling of insecurity among citizens relating to theft…' does not carry any barometer to assess the general feeling of insecurity. The constituents of 'organised crime or gang' are not specified. Further, while most offences relate to theft and are cognisable offences, 'petty organised crime' has been categorised as a non-cognisable offence. Most surprisingly, while 'snatching' (a type of theft) has been defined as a separate offence with the same punishment as that of theft (though without any provision for subsequent conviction), it has been categorised as a non-cognisable offence.

The gravity of murder based on factors such as race, community, sex, or language by a group of five or more has been diluted. Punishment varies from seven years to imprisonment for life, whereas the present provision provides for life imprisonment or death for every person acting with common intention. This clause may not stand scrutiny of the constitutional courts as the differentiation is prima facie arbitrary and unreasonable. At the same time, punishment for a fatal accident could extend to 10 years if the accused does not report the incident to the police or escapes from the scene.

'Sexual intercourse by employing deceitful means' has been rightly made a separate offence with lesser punishment as provided for rape, but exception with regard to 'marital rape', the constitutionality of which is under challenge before the Supreme Court, has not been removed. The right to 'decent cremation or burial' (which is a part of right to life) and was allegedly denied to many during the pandemic, has not been taken cognisance of by making it a new offence, though it was noticed by many courts.

While the addition of 'community service' as a form of punishment for petty offences is laudable, that a reformation approach to punishment finds no place in the 'statement of objects and reasons' seems regressive.

As the Sanhita will have a far-reaching impact on the criminal justice system, it needs further deliberations. The Parliamentary Standing Committee must ensure that inconsistencies are checked, vague expressions are removed, appropriate explanations added, and drafting errors eliminated.

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

laws

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Source : www.thehindu.com Date : 2023-09-13

NIPAH BREAKS OUT AGAIN IN KERALA, CLAIMS TWO LIVES

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

September 12, 2023 06:07 pm | Updated September 13, 2023 07:04 am IST - New Delhi/Kozhikode

Staff members install a sign reading “Nipah isolation ward, entry strictly prohibited” at a hospital in Kerala’s Kozhikode district on September 12, 2023. | Photo Credit: Reuters

Nipah scare returned to Kerala, with two deaths reported from Kozhikode district on Tuesday. Union Health Minister Mansukh Mandaviya confirmed that the deaths were due to Nipah virus.

He said four suspected cases are currently under surveillance and their samples have been sent to the National Institute of Virology, Pune. A Central government team of four experts has also been sent to Kerala to assist the State government in surveillance and reduction in the response time, said the Minister.

Dr. Mandaviya added that government medical colleges in Kerala were issued guidelines on the precautions to be taken and also provided with protective kits. “This isn’t a new virus, and we have some experience with this,” said the Minister.

Asked if India is looking at importing drugs to treat the Nipah virus patients, the Minister said that “no such cause or need has presented itself as of now.”

“The Ministry hasn’t been alerted to any such need currently. The patients are being managed well but in case there is any requirement we will definitely look into it,’” he said.

Previously, deaths due to Nipah virus infection were reported in Kozhikode district in 2018 and 2021.

Chief Minister Pinarayi Vijayan, in a social media post on Tuesday, said the State government was viewing the two deaths seriously and the health department has issued an alert in the district.

He also said that there was no need to worry as most of those who were in close contact with the deceased persons are under treatment.

Earlier in the day, State Health Minister Veena George who reached the district, chaired a high-level meeting to evaluate the situation and said that all precautionary steps are in place.

The State Health Department formed core committees for surveillance, sample testing and research management, contact tracing, and patient transportation management, among others.

“Following the deaths, surveillance procedure and contact tracking has been initiated. Hospitals and the health workers have been instructed to follow the infection control protocol, including wearing of PPE kits,” said the State Health Minister while advising that people should avoid unnecessary hospital visits.

The State government has set up a control room in Kozhikode and advised people to use masks as a precautionary measure.

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

According to the World Health Organization (WHO), Nipah has a relatively high case fatality ratio, and is an emerging zoonotic disease of public health importance in the South East Asia and Western Pacific WHO Regions.

“Nipah virus infection is a zoonotic illness that is transmitted to people from animals and can also be transmitted through contaminated food or directly from person to person. Among infected people, it causes a range of illnesses, from asymptomatic (subclinical) infection to acute respiratory illness and fatal encephalitis,” WHO noted in its information bulletin.

(With PTI inputs)

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Nipah Virus / Kerala / Kozhikode / viral diseases

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Source : www.thehindu.com Date : 2023-09-14

PROTECTING FLOODPLAINS IS THE NEED OF THE HOUR

Relevant for: Environment | Topic: Disaster and disaster management

To enjoy additional benefits

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September 14, 2023 01:25 am | Updated 01:25 am IST

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A map of the reduction in Yamuna floodplains boundaries in Delhi. Photo: “Constriction of the Yamuna river floodplains within Delhi region since 19th century: a serious concern” by International Journal of Research in Engineering and Technology

Humanity is struggling with a shortage of water as well as an excess. As the World Health Organization stated, “Floods are increasing in frequency and intensity, and the frequency and intensity of extreme precipitation is expected to continue to increase due to climate change.” Last year, devastating floods in Pakistan claimed 1,700 lives and affected 33 million people. The 2013 floods in Uttarakhand, the 2014 floods in the Kashmir Valley, the 2015 floods in Chennai, and the 2017 floods in Gujarat all caused loss of lives and livelihoods and massive damage to infrastructure. This year too, we saw the devastating effects of rain-induced floods and landslides in several districts of Himachal Pradesh. The Yamuna water level crossed the 208.5 metre mark, breaking a 45-year-old record. All these disasters point to the severity of the situation and the urgent need to tackle it.

As per the Geological Survey of India, over 40 million hectares, which is nearly 12% of the total land area of India, is prone to floods. The severity and frequency of floods has especially affected our cities, where there is little effort made in maintaining natural topography. Cities expand fast and mostly in a haphazard manner, which makes them vulnerable to disasters. Flooding affects the economy too — Indian cities are projected to contribute to 75% of the GDP by 2030. India primarily relies on the Disaster Management Act, 2005, and the rules made in pursuance of the Act, to deal with flood management. But this law is meant to deal with multi-hazard risks and is not specifically focused on flood risk management. As per the Act, disasters cannot be predicted. This is not entirely correct, especially with respect to the frequency and intensity of floods.

Disaster risks across the world are found to be situated within environmental and natural resource governance. There is a shift in the strategy of flood control in countries such as Germany, the U.K., and the Netherlands to flood risk management as opposed to flood protection. While the protection strategy includes technical measures such as the laying of dikes, temporary flood defence walls, and polders, the key elements of the management strategy are retention of water and restoration of floodplains. In India, there are large-scale encroachments on floodplains. These increase the frequency of floods and the damage caused by them. A 2018 report of the Comptroller and Auditor General of India attributed

encroachments in the floodplains of the rivers of Tamil Nadu and the failure to act on them as the prime reason for the Chennai floods of 2015. The auditor called the deluge a ‘man-made disaster’.

Illegal construction work in floodplains reduces the capacity of rivers to contain a high level of water within their banks. This is especially the case during heavy rainfall when water flows down from upper catchment areas. Thus, the tendency to occupy floodplains results in flooding. Uttarakhand has been neglecting eco-sensitive floodplains by allowing the construction of guest houses and hotels on the river front to promote tourism and boost its economy. In the wake of the massive floods in 2013, the National Green Tribunal virtually barred construction of buildings 200 m along the banks of the Ganga, in a 2015 directive. But attempts were made to bypass this. It is also unclear whether environmental impact assessments are done properly in the State. The Uttaranchal River Valley (Development and Management) Act, 2005, is meant to regulate mining and construction in the river valley. But reports indicate that there is rampant mining and construction activity with little regard for the environment.

Floods do not merely show the fury of nature; they are also often brought about by climate change-induced rainfall. This especially impacts mountainous regions such as the Himalayas.

Laws in India which are meant to protect the environment are not implemented. While there are central policy measures to protect floodplains, they are mostly non-binding on States. No State in India has been able to prevent encroachment on floodplains.

There are many experiences around the world which point to the potential benefits of protecting and preserving ecosystems such as wetlands, forests, lakes, and coastal areas in reducing physical exposure to natural hazards such as floods, landslides or avalanches by serving as buffers. In 1996, Germany made a fundamental change to its Federal Water Act in the aftermath of a massive flood. The law provides for protecting original retention capacity while reconstructing bodies of water. Therefore, flood plain restoration and water retention of water bodies are considered to be pillars against flooding.

Climate change adaptation is a cross-sectoral issue. It involves laws relating to land use, preservation of water bodies, coastal regulations, and environmental impact assessment. Thus it is complex; a multitude of laws need to be integrated into a coherent framework. The purpose will not be served if, for instance, a law to tackle climate change is passed by Parliament while changes to land use and the preservation of water bodies are not made.

However, achieving this requires strong political will. Populist leaders tend to refrain from implementing “green” policies. This must change if we want to save lives and livelihoods and safeguard infrastructure.

Anwar Sadat is a Senior Assistant Professor in International Law, specialising in environmental law, at the Indian Society of International Law, New Delhi

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Source : www.thehindu.com Date : 2023-09-14

UNIFIED APPROACH: THE HINDU EDITORIAL ON THE NIPAH OUTBREAK IN KERALA AND A ONE HEALTH APPROACH

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

September 14, 2023 12:20 am | Updated 12:20 am IST

Lightning is unlikely to strike the same place twice, but the Nipah virus is again wreaking havoc in Kozhikode, the fourth outbreak of the disease in Kerala over the last five years. Caused by a zoonotic spillover, the transmission of pathogens from animals to humans, the closest reservoir of the virus is fruit bats. With two persons dying of Nipah this week in Kozhikode, and three more persons, two of them relatives of one of the victims, testing positive, and being hospitalised, disturbing memories from the terrifying outbreak of 2018, in which 21 of 23 infected people died, have surfaced. The situation remains very much the same, in terms of treatment options: there is no cure, and supportive care remains the only way to handle Nipah infection even in a hospital setting. Kerala's Health Minister Veena George said hundreds of people on the contact list of the deceased had been put under medical observation. One of them, a nine-year-old child, is on ventilator support. A control room has been opened in Kozhikode to monitor the situation, and all the hospitals in the district would be asked to follow infection control protocols. Sixteen teams have been formed to take forward appropriate containment protocols. A central team has also been sent to Kerala to assist the State government. Neighbouring States have taken preparatory steps to ensure that porous borders do not bring the infection across from Kerala. The State's Chief Minister assured the people via a video message that the State was taking the issue very seriously.

While experiences from the prior outbreaks (2018, 2019, 2021) have given medical teams a toolkit of protocols, across the sectors — management, isolation, containment, and treatment — constant vigil can be the only guard against such outbreaks. The biggest lesson though, from global outbreaks, is likely unlearnt yet. Research has shown that anthropogenic activity has a definite hand to play in zoonotic spillovers. In the case of Nipah, rapid expansion of agricultural activity in original habitat zones of the fruit bats has repeatedly shown up on post-factor analyses. As governments mount strategic efforts to control outbreaks and deaths due to infectious diseases, it is increasingly clear that the State needs to initiate a One Health approach on the way forward. The COVID-19 pandemic has led to a deeper appreciation of the One Health concept, which is an integrated, unifying approach to balancing and optimising the health of people, animals and the environment, with the conviction that humans live in symbiosis and that the health of one impacts that of another significantly.

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Nipah Virus / Kozhikode / Kerala / viral diseases / hospital and clinic / Coronavirus / health / disease prevention / agriculture / animal

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Source : www.thehindu.com Date : 2023-09-14

A MOCKERY OF PEDAGOGIC ETHICS, THE BREAKING OF A BOND

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

September 14, 2023 12:16 am | Updated 09:31 am IST

‘The nation gains little when it enfeebles the school teacher’s voice — individual and collective’ | Photo Credit: Getty Images

Imagine a teacher who asks the classmates of her seven-year-old student to slap him one by one. Those who do so softly are asked to hit the boy harder. One is naturally curious to know where the teacher was trained. And, who appointed her as a teacher? The short answer is that the teacher is an educational entrepreneur like tens of thousands of others. She runs her own private school in a village of Uttar Pradesh. Like thousands of other schools like hers, it is recognised by the government. For now, it has been closed down because the incident caused a stir, and perhaps some embarrassment.

News from schools regularly reminds us that the momentum generated by the Right to Education (RTE) Act that was enacted over a decade ago has subsided. The RTE had laid down indicators of quality, and for a while, an attempt was made in a few States to use RTE-compliance criteria for both government and private schools. COVID-19 was not the only factor responsible for the loss of momentum in taking the RTE seriously. Parallel spheres of neglect surfaced in the crucial sector of teacher training.

Since the 1990s, teacher training has become a beehive of small-time entrepreneurs. The regulatory structure of the National Council for Teacher Education (NCTE) has not been able to enforce its meticulously worked out norms. In 2008, the Supreme Court of India appointed a commission under the late Justice J.S. Verma to examine the various ailments of teacher training. His magnificent report, submitted in 2012, offered some hope that the training of teachers would gain status and attention, but that hope proved short-lived. Improvement of quality by the inspection raj proved an illusion. Last month, the Supreme Court passed its verdict in a case concerned with teacher training at the primary level. The Court said that the NCTE has not applied its mind while allowing Bachelor of Education (BEd) degree holders to teach at the primary level — BEd is traditionally associated with secondary education).

The Muzaffarnagar (Uttar Pradesh) story — where the teacher asked her students to slap another student — gains further poignancy because the child who was victimised by his teacher is a Muslim.

According to reports, rural leaders, some well known as farmer leaders, have advised the boy’s

parents to avoid pursuing the case. Otherwise, these leaders feel, the episode will vitiate communal relations (the district saw riots a few years ago). The teacher herself reportedly saw no reason to be contrite as she considers it her job to control children in order to tackle them. She thought the episode was being blown out of proportion. What are these proportions, one might ask.

One of the many reports written since India's Independence tried to spell out what might constitute appropriate professional conduct by adults who serve as teachers. This report is known as the Teacher Commission report. It was chaired by D.P. Chattopadhyaya. He was a philosopher and his commission included some of the best minds available to reflect on teaching. The report showed how far school teaching in India was from standards and ethics that one might regard as professional. Many decades have passed since that report was submitted and hardly anyone reads it now. A summary of recommendations is available on the Internet for the benefit of students facing an examination such as BEd without attending classes. It is hardly cynical to say that Chattopadhyaya's recommendations are quite irrelevant. The new ethos of education, and not just in U.P., promotes easy instrumentality, and never reflection or introspection. We cannot expect the teacher who asked her students to slap the seven-year-old Muslim boy to reflect for a moment on her conduct.

The Chattopadhyaya report had advocated a well-read, thoughtful teacher who is conscious of her decisions and actions. That view found limited traction in the Indian system, especially in the bureaucracy governing it. It continued to regard the teacher as a minor functionary. During the 1990s, the compulsions of structural adjustment led to the loss of what little dignity teachers of small children had enjoyed. North Indian States had no problem opting to recruit teachers en masse on contractual or ad hoc basis under euphemistic titles. Reckless privatisation implied that market laws should prevail in deciding emoluments. Enrolment grew, but there was no lasting improvement in working conditions. Under the influence of the global policy adviser James Tooley, low-budget private schools multiplied, enabling State governments to merge their own smaller schools in the name of rationalisation.

So, here we are, with a teacher defending her unique style of meting out corporal punishment to a boy. All familiar bells are ringing dutifully, to remind us that human rights, minority rights, and child rights still matter in Uttar Pradesh. No resonating sound, let alone an outcry, can be heard rising from the community of teachers. The reason is simple: there is no such thing as a community of school teachers.

Teachers' Day (September 5, the birth date of Dr. Sarvepalli Radhakrishnan, former President of India and statesman) ought to have reminded us that the nation gains little when it enfeebles the school teacher's voice — individual and collective. It is not a fantasy that Dr. Radhakrishnan would have entertained. He taught in benign times, when institutions of higher learning enjoyed a modicum of freedom and teachers emerged from training colleges with a thought or two about how to look after children. Many still have that ability, and their heads will hang with exhaustion when they read about the Muzaffarnagar incident.

The administrative machinery in U.P. has shut down the school. The teacher, also the school head, made a mockery of pedagogic ethics. The child who suffered her wild imagination will suffer the imprint of his experience. By separately assigning a day for teachers and another one for children, we seem to have forgotten that the two form a bond. No worthwhile education can take place when the bond breaks. The Muzaffarnagar teacher is reportedly not even sorry that she shattered the bond so wantonly. For her, the great advances of child psychology never took place. Nor would she care if told that Rabindranath Tagore and Gijubhai Badheka — who created an Indian version of the Montessorian approach — had pleaded for adult kindness towards children.

***Krishna Kumar is a former Director of the National Council of Educational Research and Training (NCERT) and the author of* Smaller Citizens**

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school / teaching and learning / teachers / teacher training / right to education / children / education / Uttar Pradesh / judiciary (system of justice) / minority group

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Source : www.thehindu.com Date : 2023-09-14

PILOT STUDY ON ‘LOW DOSE IMMUNOTHERAPY’ CLAIMS EFFECTIVE RESULTS IN TREATMENT OF HEAD AND NECK CANCER PATIENTS

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

September 13, 2023 10:32 pm | Updated 10:44 pm IST - Bengaluru

Photo used for representational purpose only.

A multicentric randomised pilot study on “low dose immunotherapy” taken up by doctors at a private cancer hospital in Bengaluru has claimed effective results on head and neck cancer patients.

“This open-labelled prospective study provides an affordable cancer treatment option in the management of head and neck cancers,” claimed doctors at the HCG Cancer hospital where the study was done.

Addressing presspersons here on Wednesday, Satheesh C.T., Consultant - Medical and Hemato Oncology - and director of Clinical Trials at the hospital said the multicentric study assesses the effectiveness of neoadjuvant therapy combining low-dose immunotherapy Nivolumab and the TPF regimen (docetaxel, cisplatin, and 5-fluorouracil) compared to neoadjuvant chemotherapy (NACT) with the TPF regimen alone.

“It has a potential role in improving the quality of life and longevity of patients with locally advanced carcinoma of the buccal mucosa,” the doctor said.

As part of the pilot study, 12 cases were studied in the 54 - 76 age group. “In the pilot study, standard NACT is combined with low-dose Nivolumab immunotherapy, administering 40 mg every two weeks, as opposed to the full dose of 3 mg per kg of body weight,” Dr. Satheesh explained.

Head and neck cancers pose a substantial global health issue, comprising 4.5% of total worldwide cancer cases with a mortality rate of 4.6%. The burden is exceptionally high in Asia, notably in India, where they make up nearly 35% of all cancer cases among individuals aged 40-60 years. Over two lakh cases of head and neck cancers are detected every year in India.

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NIPAH OUTBREAK

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

September 13, 2023 09:58 pm | Updated September 14, 2023 07:07 am IST - Kozhikode

Health officials at the District Nipah Control Cell opened at the Government Guest House in Kozhikode on September 13, 2023. | Photo Credit: Thulasi Kakkat

A day after Nipah infection was confirmed for the third time in Kozhikode district in Kerala, the number of cases rose to five as a healthcare worker from a private hospital, tested positive on Wednesday. The State Health Department prepared a contact list of 789 people, linked to the two persons who lost their lives due to the infection, and two others under treatment after testing positive for the virus.

The department also released a ‘route map’ of the two deceased persons detailing their travel history from the day they developed symptoms. The government has restricted big events in Kozhikode till September 24.

The Indian Council of Medical Research (ICMR) is expected to provide monoclonal antibodies for the treatment of the infected persons by Thursday morning.

Kerala Health Minister Veena George earlier told the media in Thiruvananthapuram that the cases belonged to the Bangladesh strain, which was comparatively less infectious, but had a high mortality rate of 70%.

According to official sources, 371 contacts of the first victim, a 47-year-old man from Maruthonkara in Kozhikode, are under medical surveillance. Sixty contacts of his nine-year-old son, who is undergoing treatment at a private hospital in the city, too have been traced. One of his brothers-in-law, a 24-year-old man, has 77 contacts. The health worker who tested positive on Wednesday too was on his contact list. Another health worker on the list tested negative for the virus.

The contact list of the second victim, a 40-year-old man from Ayancheri, has 281 persons. The condition of the infected persons are reported to be stable. A majority of those on the contact list are under isolation at their homes.

The department has sent 11 more body-fluid samples of suspected patients for lab tests at the National Institute of Virology (NIV), Pune. Currently, 20 people are under medical observation: 13 at the isolation ward set up at the Government Medical College Hospital, Kozhikode, and seven others at a private hospital in the city.

An expert panel of doctors has reportedly said that the 47-year-old victim can be considered as the index patient, from whom the others got infected. The second victim had come in contact with him at a private hospital in the city where the former was undergoing treatment. The first patient died on August 30 and the second patient on September 11.

Chief Minister Pinarayi Vijayan earlier held a meeting of Ministers and top government officials to assess the situation. A fever survey conducted by health volunteers covered 313 houses in the affected areas on Wednesday. Nine gram panchayats have been declared as containment zones in the district.

Ms. George said that a State-level control room had been set up at the Directorate of Health Sciences. She said that a mobile lab to be set up by the ICMR would be functional at the medical college hospital by Thursday afternoon for speeding up the lab tests of the samples collected from suspected patients. She also said a team from the NIV would carry out a bat survey. Another team of epidemiologists from Chennai would also arrive in the State to carry out studies.

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Source : www.thehindu.com Date : 2023-09-14

SPECIAL MOSQUITOES BEING BRED TO FIGHT DENGUE

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

September 13, 2023 06:10 pm | Updated 06:10 pm IST - Tegucigalpa (Honduras)

A lab technician holds a strip of dried mosquito eggs inside a World Mosquito Program factory, in Medellin, Colombia on August 10, 2023. | Photo Credit: AP

A dozen people cheered last month as Tegucigalpa resident Hector Enriquez held a glass jar filled with mosquitoes above his head, and then freed the buzzing insects into the air. Enriquez, a 52-year-old mason, had volunteered to help publicise a plan to suppress dengue by releasing millions of special mosquitoes in the Honduran capital.

The mosquitoes Enriquez unleashed in his El Manchen neighbourhood — an area rife with dengue — were bred by scientists to carry bacteria called Wolbachia that interrupts transmission of the disease. When these mosquitoes reproduce, they pass the bacteria to their offspring, reducing future outbreaks.

Explained | Why is a viable dengue vaccine not yet available

This emerging strategy for battling dengue was pioneered over the last decade by the non-profit World Mosquito Programme, and it is being tested in more than a dozen countries. With more than half the world's population at risk of contracting dengue, the World Health Organization (WHO) is paying close attention to the mosquito releases in Honduras.

In Honduras, where 10,000 people are known to be sickened by dengue each year, Doctors Without Borders is partnering with the mosquito programme over the next six months to release close to 9 million mosquitoes carrying the Wolbachia bacteria.

"There is a desperate need for new approaches," said Scott O'Neill, founder of the mosquito programme.

Models estimate that around 400 million people across some 130 countries are infected each year with dengue. Mortality rates from dengue are low – an estimated 40,000 people die each year from it – but outbreaks can overwhelm health systems and force many people to miss work or school.

The eggs come from the World Mosquito Program's bio factory in Colombia, where they are bred to carry bacteria that interrupt the transmission of dengue. | Photo Credit: AP

“When you come down with a case of dengue fever, it’s often akin to getting the worst case of influenza you can imagine,” said Conor McMeniman, a mosquito researcher at Johns Hopkins University. It’s commonly known as “breakbone fever” for a reason, McMeniman said.

The Aedes aegypti mosquitoes that most commonly spread dengue have been resistant to insecticides, which have fleeting results even in the best-case scenario. And because dengue virus comes in four different forms, it is harder to control through vaccines.

Aedes aegypti mosquitoes are also a challenging foe because they are most active during the day – meaning that’s when they bite – so bed nets aren’t much help against them.

Raman Velayudhan, a researcher from the WHO’s Global Neglected Tropical Diseases Programme, said, “Wolbachia is definitely a long-term, sustainable solution.”

Velayudhan and other experts from the WHO plan to publish a recommendation as early as this month to promote further testing of the Wolbachia strategy in other parts of the world.

The Wolbachia strategy has been decades in the making.

“We worked for years on this,” said Mr. O’Neill, 61, who with help from his students in Australia eventually figured out how to transfer the bacteria from fruit-flies into Aedes aegypti mosquito embryos by using microscopic glass needles.

The insects are bred to carry the bacteria Wolbachia, which interrupts the transmission of dengue. | Photo Credit: AP

Around 40 years ago, scientists aimed to use Wolbachia in a different way: to drive down mosquito populations. Because male mosquitoes carrying the bacteria only produce offspring with females that also have it, scientists would release infected male mosquitoes into the wild to breed with uninfected females, whose eggs would not hatch.

But along the way, Mr. O’Neill's team made a surprising discovery: Mosquitoes carrying Wolbachia didn’t spread dengue — or other related diseases, including yellow fever, Zika and chikungunya.

And since infected females pass Wolbachia to their offspring, they will eventually “replace” a local mosquito population with one that carries the virus-blocking bacteria.

The replacement strategy has required a major shift in thinking about mosquito control, said Oliver Brady, an epidemiologist at the London School of Hygiene and Tropical Medicine.

Since Mr. O’Neill’s lab first tested the replacement strategy in Australia in 2011, the World Mosquito Programme has run trials affecting 11 million people across 14 countries, including Brazil, Mexico, Colombia, Fiji and Vietnam.

Also Read | WHO warns of dengue risk as global warming pushes cases near historic highs

The results are promising. In 2019, a large-scale field trial in Indonesia showed a 76% drop in reported dengue cases after Wolbachia-infected mosquitoes were released.

Still, questions remain about whether the replacement strategy will be effective — and cost-effective — on a global scale, Mr. O’Neill said. The three-year Tegucigalpa trial will cost

$9,00,000, or roughly $10 per person that Doctors Without Borders expects it to protect.

Many of the world's mosquitoes infected with Wolbachia were hatched in a warehouse in Medellín, Colombia, where the World Mosquito Programme runs a factory that breeds 30 million of them per week.

The factory imports dried mosquito eggs from different parts of the world to ensure the specially bred mosquitoes it eventually releases will have similar qualities to local populations, including resistance to insecticides, said Edgard Boquín, one of the Honduras project leaders working for Doctors Without Borders.

The mosquitoes that hatch will carry bacteria called Wolbachia that interrupt the transmission of dengue. | Photo Credit: AP

The dried eggs are placed in water with powdered food. Once they hatch, they are allowed to breed with the "mother colony" — a lineage that carries Wolbachia and is made up of more females than males.

A constant buzz fills the room where the insects mate in cube-shaped cages made of mosquito nets. Caretakers ensure they have the best diet: Males get sugared water, while females "bite" into pouches of human blood kept at 97 degrees Fahrenheit (37 degrees Celsius).

"We have the perfect conditions," the factory's coordinator, Marlene Salazar, said.

Once workers confirm that the new mosquitoes carry Wolbachia, their eggs are dried and filled into pill-like capsules to be sent off to release sites.

The Doctors Without Borders team in Honduras recently went door-to-door around a hilly neighbourhood of Tegucigalpa to enlist residents' help in incubating mosquito eggs bred in the Medellin factory.

A constant buzz fills the room where the insects mate in cube-shaped cages made of mosquito nets. | Photo Credit: AP

At half a dozen houses, they received permission to hang from tree branches glass jars containing water and a mosquito egg-filled capsule. After about 10 days, the mosquitoes would hatch and fly off.

That same day, a dozen young workers from Doctors Without Borders fanned out across Northern Tegucigalpa on motorcycles carrying jars of the already hatched dengue-fighting mosquitoes and, at designated sites, released thousands of them into the breeze.

Because community engagement is the key to the programme's success, doctors and volunteers have spent the past six months educating neighbourhood leaders, including influential gang members, to get their permission to work in areas under their control.

Some of the most common questions from the community were about whether Wolbachia would harm people or the environment. Workers explained that any bites from the special mosquitoes or their offspring were harmless.

health

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Source : www.thehindu.com Date : 2023-09-15

CENTRAL TEAM OF OFFICIALS TO VISIT NIPAH-HIT AREAS ON SEPTEMBER 15, 2023

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

September 14, 2023 08:43 pm | Updated September 15, 2023 06:51 am IST - Kozhikode

A patient is admitted to a Nipah isolation ward at the Government Medical College Hospital in Kozhikode on September 14, 2023. | Photo Credit: PTI

A Central team of officials is expected to visit Maruthonkara and Ayancheri areas in Kozhikode district of Kerala on Friday where two persons died due to Nipah infection recently.

Five people have so far tested positive for the virus, of whom two are dead. The others are undergoing treatment. Restrictions are continuing in at least nine grama panchayats in Kozhikode district, where a holiday has been declared for educational institutions till Saturday.

The Central team reached Kozhikode on Thursday morning and held parleys with State officials. According to sources, they will coordinate with the State departments of Health and Animal Husbandry in taking up containment measures.

The team has members drawn from the National Centre for Disease Control, the Atal Bihari Vajpayee Institute of Medical Sciences, New Delhi, and the National Institute of Mental Health and Neurosciences, Bengaluru.

Police on September 14, 2023 put barriers in Ayanchery grama panchayat in Kozhikode district which has been declared a containment zone. | Photo Credit: Thulasi Kakkat

The National Institute of Virology, Pune, has set up a mobile testing lab at Government Medical College Hospital, Kozhikode, to test body fluid samples of suspected Nipah patients.

Official sources said that the lab has biosafety level-III standards. Now, there is no need to send the samples of those on the contact list of the infected persons to Pune. There are four scientists and four technicians in the mobile lab. Monoclonal antibodies to treat 25 patients to have reached here.

At the same time, another mobile testing lab under the aegis of the Rajiv Gandhi Centre for Biotechnology too is expected to reach Kozhikode soon to speed up the tests. It has biosafety level-II standards. As many as 96 samples can be tested here at a time and the results will be available within three hours.

Health Minister Veena George said that all the high-risk contacts of E. Mohammadali, the first Nipah victim who died on August 30, will subjected to lab tests. They will have to isolate themselves for at least 21 days. Medical boards will be constituted in all hospitals where the Nipah patients are being treated. The treatment procedures will be decided by the board.

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Nipah Virus / Kozhikode / Kerala / viral diseases / health

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Source : www.thehindu.com Date : 2023-09-15

STUDY SHOWS COVID-19 VARIANT XBB IS HIGHLY INFECTIOUS, FAVOURS BOOSTER DOSE TO PROTECT PEOPLE

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

September 15, 2023 12:23 am | Updated 12:40 am IST - CHENNAI

Image used for representative purpose only. File | Photo Credit: SHIV KUMAR PUSHPAKAR

A cohort study, which has indicated that one of Omicron's subvariant, XBB, is highly evasive from available vaccines as 81.1% of the studied infected persons were vaccinated, has highlighted the urgent need for polyvalent vaccines. It also underscores the need for continuous genomic surveillance of SARS-COV-2 to keep a close watch on the emergence of new variants in the community.

Tamil Nadu's State Public Health Laboratory (SPHL), where a whole genome sequencing (WGS) laboratory is functioning, decided to take a closer look at samples that tested positive for XBB variants of Omicron reported from September 2022 to January 2023.

This was following a surge in COVID-19 cases during September 2022 with reports of several breakthrough infections and re-infections in the community.

The findings and recommendations of the study — clinical characteristics and novel mutations of Omicron subvariant XBB in Tamil Nadu, India — a cohort study - was recently published in The Lancet Regional Health-South East Asia.

T.S. Selvavinayagam, Director of Public Health and Preventive Medicine, was the study's lead author.

Of the 2,085 COVID-19 samples sequenced during that period, 420 were reported as XBB (20.14%) variants in the State.

Of this, 244 were selected based on collective information to study the clinico-demography of the cohort and 98 were selected for sequence studies. XBB.3 was the predominant sub-lineage of XBB identified in the study population, infecting 139 individuals; 57% of the total cases in the cohort. Next was XBB.1 that was seen in 56 individuals.

The researchers found that for 200 of the 244, this was their first exposure while for 44 others, it was their second COVID-19 encounter among which 25 were infected with XBB.3 variant.

Based on the data, XBB.3 appeared to be more virulent and prevalent within the study cohort, it said.

One of the key findings was that XBB sub-variants were evasive against available vaccines and may be more transmissible, one of the authors, S. Raju, who is the deputy director of SPHL said.

About 81% of the infected persons were vaccinated of which 78.2% were vaccinated with two or more doses and 2.9% were partially vaccinated with a single dose.

Analysis found that age and underlying conditions such as diabetes, hypertension and cardiovascular disease or secondary complications increased susceptibility to infection rather than vaccination status or prior exposure — 52 individuals reported a single underlying condition and 24 had two or more underlying conditions.

The findings advocated the need to develop bivalent/multivalent booster vaccine for the entire population to protect them from emerging variants of concerns.

The study identified 43 mutations in the S gene across 98 sequences. Of these, two were novel mutations (A27S and T7471) that were not reported previously with XBB sub-variants in the available literature.

Continuous surveillance of viral mutations is critical to identifying emergence of new variants and for developing an effective vaccine.

“The WGS lab will continue to monitor the genomic surveillance of SARS-CoV-2 virus circulating in the community and intends to forecast early warning signals of impending threat due to the emergence of new variants of coronavirus in the community, thereby help reduce the disease burden in the State,” he said.

END

Source : www.thehindu.com Date : 2023-09-15

CHANGING THE WAY THE POSTMAN KNOCKS

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

September 15, 2023 12:08 am | Updated 01:39 am IST

Hikkim in Lahaul and Spiti district of Himachal Pradesh hosts the world’s highest post office. Photo: Special Arrangement

The new Post Office Bill (2023) introduced in the Rajya Sabha on the penultimate day of the monsoon session of Parliament, is to replace the Indian Post Office Act (1898) in the light of the changing role of post offices where its “network has become a vehicle for delivery of a variety of citizen centric services”. While the 1898 Act had focused only on mail services, the new Bill authorises the Director General of Postal Services to make regulations related to activities necessary for providing various such other services as the central government may prescribe, and to fix charges of them. This provision is important as parliamentary approval will not be a prerequisite for revision of charges for any service offered by post offices, including traditional mail services.

This aspect in the new Bill gives the postal department the requisite flexibility in deciding the prices of its services in a fiercely competitive industry and help in responding quickly to market demands. Also, various initiatives of India Post to dispense citizen-centric services will now be based on a strong legal framework.

The new Bill authorises the central government which “may, by notification, empower any officer to cause any item in course of transmission by the Post Office to be intercepted, opened or detained in the interest of the security of the State, friendly relations with foreign states, public order, emergency, or public safety or upon the occurrence of any contravention of any of the provisions of this Act....”. Even in the existing Act (1898), there was provision for the Postal Department to open and destroy any postal article containing “explosive dangerous, filthy, noxious or deleterious substance” (Section 19, 19A, 23(3)(a) refer). The provision contained in the new Bill is more generic in nature and will arrest possibilities of smuggling and unlawful transmission of drugs and other contraband goods through postal parcels. There is no similar legislation for courier firms. India Post has a share of less than 15% of the market in the courier/express/parcels (CEP) industry, and so the effectiveness of the provision to intercept, open or detain any item in the course of postal transmission on the grounds of national security and public service has its limitations.

A major part of the domestic courier industry is made up of medium and small players. If the Bill had any provision for such operators to register with any designated authority and if the central government had retained the authority to intercept and open parcels in the course of

transmission by the couriers, that would have given teeth to the Bill to control the movement of contraband goods in parcels.

The new Bill provides the central government “standards for addressing on the items, address identifiers and usage of post codes”. This provision will have a far-reaching impact as the physical address may be replaced by a digital code using geo-spatial coordinates to identify a specific premise. Digital addressing, though a futuristic concept, may ease the process of sorting and facilitate accurate delivery of mails and parcels. This provision may even facilitate the delivery of parcels by drone, as is being experimented in some countries. However, there is a long way to go.

The most important aspect of the Bill is to drop the hitherto existing provision in clause 4 of the 1898 Act: “Central Government shall have the exclusive privilege of conveying by post, from one place to another, all letters … and shall also have the exclusive privilege of performing all the incidental services of receiving, collecting, sending, despatching and delivering all letters….” This provision lost its relevance ever since couriers were allowed to operate in India since the 1980s. This happened because the definition of ‘letter’ was not spelt out anywhere in the Act or in subsequent Indian Post Office Rules, 1933. There is a huge grey area overlapping the concepts of ‘letter’ and ‘document’. In the eyes of law, what the couriers hitherto delivered were ‘documents’ and ‘parcels’, not the ‘letters’. Once the new Bill becomes an Act, all these legal debates as to what constituted a letter and what did not, will die down automatically.

Whatever may be the legal provision, a commoner perceives a letter to be a written and personal form of communication between two individuals, physically conveyed by post. After the mobile revolution, the importance of such written personal communication has reduced to a significant extent. As such, doing away with the provision of “exclusive privilege” by the central government in the new Post Office Bill is a step in the right direction and an acknowledgement of the reality.

autam Bhattacharya – Former Civil Servant, now an independent commentator on socio-economic issues and public policies. Sh. Bhattacharya worked in senior positions of government in various parts of India and at the time of superannuation he was Chief PMG West Bengal, Sikkim, Andaman & Nicobar Islands, in the grade of Addl. Secretary to Govt. of India. He had studied Economics in Presidency College, University of Calcutta and in Indian Statistical Institute and had professional training at EPFL Lausanne and at International Anti-Corruption Academy, Vienna. Before joining higher Civil Services of the Govt. of India, he taught postgraduate students of Economics in two Universities

Gautam Bhattacharya, a former civil servant, is now an independent commentator on socio-economic issues and public policies. He worked in senior positions of government in various parts of India and at the time of superannuation was Chief PMG, West Bengal, Sikkim, Andaman and Nicobar Islands, in the grade of Additional Secretary to the Government of India

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courier and postal service / laws / technology (general) / narcotics & drug trafficking

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Source : www.thehindu.com Date : 2023-09-15

GOVERNMENT TO TELL SUPREME COURT HOW ESSENTIAL DRUGS PRICES ARE DECIDED

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

September 14, 2023 11:11 am | Updated 11:25 pm IST - NEW DELHI

Image used for representational purpose only. File | Photo Credit: AP

The Centre has agreed to place on record in the Supreme Court its mechanism for controlling the price of life-saving and essential drugs.

Appearing before a Bench headed by Chief Justice of India D.Y. Chandrachud, Additional Solicitor General Aishwarya Bhati said on September 13 that the government would file an updated affidavit.

The court listed the petition filed by All India Drug Action Network, represented by senior advocate Colin Gonsalves, on October 4.

In November 2022, the government had revised the list and prices of essential medicines.

Under the Drugs (Prices Control) Order of 2013, the work of revising the applicable ceiling price of notified drugs was initiated by the National Pharmaceutical Pricing Authority, the government regulatory agency that controls the prices of pharmaceutical drugs in India.

The Health Ministry, in April, had said that it has been able to cap the ceiling prices of 651 out of 870 essential medicines listed under the National List of Essential Medicines, due to which the approved ceiling price of medicines had decreased by an average of 16.62%.

The court has been hearing the case for years. The petition had raised objections on the formula for drug pricing.

It had said the formula institutionalised “super-profits in the guise of price control, excluded from price control life-saving medicines for diseases such as malaria and TB, excluded all fixed dose combinations which amount to 50% of the market.”

The NGO had said the government’s pricing policy further excluded essential medicines belonging to the same chemical class, besides drugs provided in the national health programmes such as for HIV, diabetes, hypertension and anaemia, medicines with appropriate dosages for children and patented medicines.

The government had at the time countered that the pricing policy was formulated after due and deliberate consultations with the objective to make essential drugs affordable for the common man.

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generic drugs / prescription drugs / diabetes / health

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Source : www.pib.gov.in Date : 2023-09-15

TECHNICAL SESSIONS OF ‘FIRST GLOBAL SYMPOSIUM ON FARMERS' RIGHTS’ CONCLUDES TODAY

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

The technical sessions of 'First Global Symposium on Farmers' Rights (GSFR)' held at the ICAR Convention Centre, National Agricultural Science Centre, New Delhi was successfully concluded today.

The GSFR was attended by more than 500 delegates from 60 countries, including the National Focal Points of the International Treaty, more than 150 farmers and more than 100 foreign participants. Various issues pertaining to Farmers’ Rights as set out in the Article 9 of the International Treatywere deliberated in five different technical sessions, two panel discussions and three special sessions. A special session on Farmers Forum was an important inclusion in the GSFR.

The deliberations and suggestions emanating from the GSFR have been crystalized in a ‘Delhi Framework on Farmers’ Rights’, as a proposal from India to the Treaty:

On the final day of the meeting tomorrow, delegates to visit the Pusa Campus (IARI and NBPGR), to see the phenomics, genomics and gene bank facilities.

The meeting was inaugurated by President Smt. Droupadi Murmu. Recognizing the farming fraternity as the true guardian of crop diversity, President Droupadi Murmu, said that India’s law on Farmers Rights (enshrined within the Protection of Plant Varieties and Farmers’ Rights (PPVFR) Act, 2001) can be a model for the world to emulate, especially in the context of climate change challenges. The President also conferred 26 Plant Genome Saviors Awards/Recognition to farmers and farming communities of India. Also, the newly constructed ‘Plant Authority Bhawan’, the office of the PPVFR Authority, and an online plant variety ‘Registration Portal’ was inaugurated by the President, in the august presence of Union Minister of Agriculture and Farmers’ Welfare, Shri Narendra Singh Tomar, and Minister of State for Agriculture and Farmers’ Welfare, Shri Kailash Choudhary.

Organized by the Secretariat of the International Treaty on Plant Genetic Resources for Food and Agriculture (International Treaty) of the Food and Agriculture Organization (FAO), Rome, the Global Symposium is being hosted by Ministry of Agriculture and Farmers' Welfare in collaboration with PPVFR Authority, Indian Council of Agricultural Research (ICAR), ICAR-Indian Agricultural Research Institute (IARI), and ICAR-National Bureau of Plant Genetic Resources (NBPGR).An exhibition showcasing the rich agrobiodiversity of India was put through support from 80 organisations and awardees farmers/farming community, ICAR institutes, SAUs, CAUs, CGIAR institutes and seed association.The Global Symposium was requested by the Ninth Session of Governing Body of the FAO’s International Treaty, held in New Delhi during September 17 to 24, 2022, to share experiences and to discuss possible future work on Farmers’ Rights.

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Source : www.thehindu.com Date : 2023-09-16

NIPAH PUTS KERALA UNDER SIEGE AGAIN

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

September 16, 2023 03:15 am | Updated 03:15 am IST

A health official speaks to the relative of a patient at the isolation ward of the Government Medical College, Kozhikode. | Photo Credit: Thulasi Kakkat

A sense of dread is growing in Kuttiadi, a town located on the slopes of the Western Ghats in Kozhikode district of Kerala. Most shops are closed. Very few people can be seen on the road. The masks on their faces are reminiscent of a time not too long ago, when the COVID-19 pandemic gripped the world, and earlier, when the Nipah virus, unknown and exotic, crept into Kerala society.

No one knew it then, but the crisis began on August 30 when a feverish E. Mohammedali, 47, a native of Kallad in the Maruthonkara gram panchayat, not far from Kuttiadi, died at a private hospital in Kozhikode. Hospital authorities declared that he died of pneumonia. Later, Mohammedali's young children, brother-in-law aged 24, and a relative who is just 10 months old were all hospitalised with similar symptoms.

Editorial | Unified approach: On the Nipah outbreak in Kerala and a One Health approach

Then, on September 11, alarm bells rang when M. Haris, 40, of Mangalad in the Ayancheri gram panchayat near Vadakara, died at a private hospital in Kozhikode. Haris had reported the same symptoms as Mohammedali — high fever, fatigue, and respiratory issues. Doctors suspected that he had died of the deadly Nipah virus, which has a mortality rate of 40% to 75% according to the World Health Organization (WHO).

The news of the infections was nothing new for the residents of Kozhikode district, which has seen three outbreaks of the Nipah virus so far. The first instance was reported in May-June 2018. Despite the government's best efforts then, the virus infected 23 people and killed 21 of them from the Kozhikode and Malappuram districts. In June 2019, a lone case was reported from Ernakulam; the person recovered. On August 31, 2021, Mohammad Hashim, 12, of Pazhoor village near Chathamangalam in Kozhikode, had seizures. Hashim, the only child of Wahida and Vayoli Aboobacker, tested positive for Nipah and died just hours later. This is the fourth outbreak in Kerala. So far, two people have died and six are undergoing treatment.

This time, it was Dr. P. Jyothikumar, a general practitioner in Vadakara, who noticed something amiss when he was consulting patients at home on the morning of September 11. On the CCTV camera, Dr. Jyothikumar saw a patient staggering towards his room. "He was visibly tired. His arms were draped over the shoulders of two others," Dr. Jyothikumar recalled. The patient,

Haris, told the doctor that he had been suffering from high fever for five days. Haris had sought treatment at a private clinic, at government primary health centres, and at the Government Hospital in Vadakara, but his condition had not improved. “We ruled out chances of leptospirosis, dengue fever, malaria, and even leukemia. The patient’s liver function was normal. But I saw that his fingertips were turning blue,” said Dr. Jyothikumar.

Health officials at the Government Medical College, Kozhikode. | Photo Credit: Thulasi Kakkat

Since he was unable to diagnose the patient’s condition, Dr. Jyothikumar contacted A.S. Anoop Kumar, a critical care specialist at a private hospital in Kozhikode, for an opinion. Dr. Kumar was among the first to suspect that the patients who had been admitted to his hospital with unusual symptoms in 2018 had been infected with the Nipah virus. “When I told him that this looked like a case of unusual fever with an undiagnosed condition, Dr. Kumar said that a couple of patients with similar symptoms had sought treatment at his hospital as well. Haris was subsequently referred there,” Dr. Jyothikumar said. It was soon established that Haris had visited the hospital where E. Mohammedali had died, since his relative had been undergoing treatment there.

Late on September 11, after the death of Haris, the office of the State Health Minister, Veena George, sent out an alert for Kozhikode district. The body fluid samples of Mohammedali were not sent for lab tests since there was no suspicion then that he had died of the virus. The samples of Haris and four others in the hospital were flown to the National Institute of Virology, Pune, on September 12. The results came that night. George informed an impatient media contingent outside the Government Guest House in Kozhikode that Mohammedali’s child aged nine and his brother in-law had tested positive for the virus; so had Haris. There was enough evidence to believe that Mohammedali, too, had been infected by the virus. Mohammedali’s samples were also sent to the lab. On September 15, it was confirmed that he had been infected.

Nipah is a zoonotic illness, according to the WHO. Fruit bats of the family *Pteropodidae* — particularly, species belonging to the *Pteropus* genus — are the natural hosts for the virus. Nipah can be transmitted to people through infected animals, such as pigs and bats. In Malaysia, where the first case of the infection was reported in 1998, bats dropped partially eaten food near pig stalls. The virus travelled from bats to pigs and then to pig breeders. In Bangladesh, people were infected when they ate food contaminated by bats, such as raw palm sap. In India, the transmission from one person to another has taken place mainly through respiratory droplets. The virus moves to people who are in close contact with the patient, such as caregivers or medical staff.

While some people may remain asymptomatic, others may show symptoms such as fever, muscle pain, vomiting, headaches, and sore throat. Dizziness, drowsiness, altered consciousness, and neurological signs indicating acute encephalitis may follow. The WHO says people with severe infection get encephalitis and seizures and may end up in coma in 24 to 48 hours.

A pall of gloom has descended on Kallad. Mohammedali, from all accounts, was a socially conscious man. K.P. Rasheed, a resident of Kallad, described his friend as a silent worker, the kind who would make his presence felt even though he stayed in the wings. “He worked for many social causes. We have no words to describe the loss,” he said.

Mohammedali had been working at a private company in Al Ain in the United Arab Emirates for nearly two decades. About a year and a half ago, he returned home to take care of his father, who was paralysed. His house is empty now. All his family members are under medical isolation at a private hospital. Mohammedali’s brother E. Ansar said they are still in shock. “Other than a

skin allergy for which he sought treatment, Mohammedali did not suffer from any other disease as far as I know," he said over a phone call.

Barriers have been put up in the Ayanchery gram panchayat in Kozhikode district, which has been declared a containment zone | Photo Credit: Thulasi Kakkat

The residents of Mangalad are equally upset. Authorities have erected barriers on the way to Haris's house. Haris had been working in Qatar. He had come home a couple of months ago and was planning to return on September 18. Local residents said he had lost his father some five years ago. An active worker of the Indian Union Muslim League, Haris had endeared himself to the people of the village, said the residents. "We don't stay in the same locality. But every morning, we used to meet each other. I still can't believe that he is no more," his brother M. Nasar said over a phone call.

A. Surendran, ward member in Ayancheri Grama Panchayat, regretted the circumstances in which the residents find themselves. "We cannot even console his family members as they all are in isolation," he said.

Also read | Connection between environment and epidemic in focus

The district administration has declared wards in at least nine gram panchayat as containment zones. The movement of people is restricted. All major public events in Kozhikode have been banned till September 24. Schools and colleges have been closed for a few days. On September 14, the police were seen discouraging people on motorbikes from going to areas declared containment zones.

The Union government has sent a team of experts to Kozhikode to assess the situation. Mobile labs have been set up at the Government Medical College Hospital premises to speed up tests of suspected patients. An isolation block too has been kept ready.

While applauding the Health Department for taking steps quickly to contain the infection yet again, health experts and the people have also raised questions about recurring outbreaks of Nipah in Kerala, and particularly Kozhikode, when there are virus-carrying bats elsewhere in the country. Many also wonder why the Health Department still does not have a mechanism to detect such cases quickly and act to prevent deaths.

P.O. Nameer, dean, College of Climate Change and Environmental Science, Kerala Agriculture University, Thrissur, pointed out that it was not clear why these infections were recurring in Kerala, especially in Kozhikode. "We still have no clear scientific proof about the source of the virus in Kerala. Our conclusion that fruit-eating bats are the source of the infection is based on similar episodes from other countries, and after detecting the presence of the virus in bats collected from the affected areas," he said. There is no evidence to show how the first patient got infected during each of these outbreaks; it is assumed that they ate fruits contaminated with bat saliva or came in contact with the body fluids of bats.

A biodiversity expert, who did not wish to be named, said that Janakikkad, a biodiversity hotspot, is close to Sooppikkada, where the infection was first reported in 2018, as well as Kallad. "We need to know if the bats are coming out of their habitats in search of food. If that is the case, perhaps there is a drop in the number of fruit plants there. One way to stop the bats from coming to human habitats is to plant saplings," he said.

Studies should be done to explore whether the growing presence of rubber plantations is affecting the bats and their ecosystem, he said. "Another cause of concern could be the high

sound levels from quarries which may be disturbing the bats," he said. A buffer zone could be created around forest areas so that the bats don't journey into human habitats, he suggested.

"The main problem from a public health perspective is that the system starts thinking about a disease only after people are affected," said M. Muraleedharan, national convener, anti-microbial resistance committee, Indian Medical Association. "Often, we jump in to solve an issue when it happens and then forget about it. The public health mechanism should have details about such diseases, their causes, the possible methods to avoid their outbreaks, and the steps to contain them as and when they happen."

A microbiologist working with a government department said on the condition of anonymity that ground-level health workers need to know more about the initial symptoms of such infectious diseases so that the information can be quickly passed on to higher levels and the spread be stopped. If there is an 'unusual death' reported of a person below the age of 50, it should be suspected to be linked with Nipah, he added.

Dr. Muraleedharan said that when the infection was first reported in Kozhikode in 2018, there were plans of conducting a surveillance of bats. However, this has not taken place yet. An isolation block for Nipah at the Medical College Hospital was proposed and a sum of 25 crore set aside for the purpose, but nothing has come of it, he alleged.

The police put up barriers in the Ayanchery grama panchayat in Kozhikode district. | Photo Credit: Thulasi Kakkat

Nameer pointed out that in countries such as Bangladesh and Malaysia, the health authorities were able to track the source of transmission of the virus from bats to human beings. In three-four years, they were able to prevent recurrence. "But in Kozhikode, we are yet to identify the spillover mechanism. Only if we identify it can we contain it on a long-term basis and take preventive steps," he said. "Conducting a systematic bat survey and putting in place a multi-disciplinary team drawn from various departments such as forest, wildlife, and animal husbandry would be useful. That would also help us identify the focus areas to utilise our resources effectively," Nameer added. The Kerala University of Health Sciences has taken preliminary steps in this regard.

Dr. Muraleedharan said that the State should have a testing lab with Biosafety Level-IV standards so that the samples do not have to be sent to the National Institute of Virology every time there is an outbreak. "Also, when infections are reported, we need to have a permanent protocol to treat the patients in the model of the Centers for Disease Control and Prevention in the United States. We need to have a system in place that can act immediately as and when infectious diseases are reported," he said.

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Source : www.thehindu.com Date : 2023-09-16

INDIA UPS NIPAH SURVEILLANCE, REACHES OUT TO AUSTRALIA FOR MONOCLONAL ANTIBODY DOSES

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

September 15, 2023 05:13 pm | Updated 08:30 pm IST - New Delhi

Health officials in full protective gear at the Nipah isolation ward of Government Medical College, Kozhikode. | Photo Credit: Thulasi Kakkat

India has reached out to Australia seeking to restock monoclonal antibody doses to combat the Nipah virus and is expecting 20 more doses soon, Indian Council of Medical Research (ICMR) head Dr. Rajiv Bahl said on Friday. He added that the monoclonal antibody has passed the phase-one trial and has been administered to 14 persons globally till now.

Stating that the aim as of now is to ensure that the Nipah virus is contained as fast as possible, he added that aggressive contact tracking is underway.

“The mortality among the infected is very high in Nipah — between 40% and 70% — compared to the mortality in COVID, which was 2% to 3%,” Dr. Bahl said, addressing a press conference. He asserted that all efforts are on to contain the spread of the virus in Kerala and noted that all patients, so far, are contacts of an index patient.

Kerala is currently battling its fourth outbreak of the deadly virus. Two persons have died due to the virus while it has infected at least five others in the Kozhikode district. Several villages have been declared containment zones, and close to 1,000 contacts have been identified, of which over 200 are considered “high risk”.

Speaking about administering the antibody to patients, Dr. Bahl said that the final decision to use this antibody lay with the State government, the patient and the doctor administering treatment.

“ICMR is only making the antibody available for a virus that is known to have a high mortality rate,” he said, adding that none of the 14 people who have used the monoclonal antibody so far had died due to the virus.

Developed in the United States, the antibody was shared with an Australian university as part of a tech-transfer initiative. India got some doses of monoclonal antibodies from Australia in 2018. Currently, doses are available for only 10 patients, explained Dr. Bahl.

Confirming that no one in India has so far administered the antibody, he said that it has to be

administered in the early stage of the infection.

“Made available to India for compassionate use, the antibody is not a treatment. There is no authorised treatment for Nipah. The phase-1 of the trial for this antibody was completed and thereafter no opportunity presented itself to take the research forward. So far the information available with us is that it is safe but we can’t say that this is effective. Having said that, what is also true is the fact that if it helps the citizens in any way we will make it available for use,” said Dr. Bahl.

The monoclonal antibody is used in Australia for the Hendra virus, which is a bat-borne virus that is associated with a highly fatal infection in horses and humans. Numerous disease outbreaks in Australia among horses have been caused by Hendra Virus. Two doses of the antibody have to be given per person, the ICMR head explained.

Asked why Kerala is facing a repeated outbreak of Nipah, he said that the exact reason was still being worked out. “In 2018, we found the outbreak in Kerala was related to bats, but we were not able to understand the exact pathway on how it got transferred from bats to humans. What we know is that it happens during a particular season. Again we are trying to find the pathway this time,” he said.

ICMR also said that while the standard operating protocols for treatment and handling of patients are in place, adequate precautions have to be followed to contain the spread of the virus. “Most of the COVID precautions like wearing a mask, washing hands and maintaining proper hygiene, avoiding contact with an infected person should be followed,” Dr. Bahl said.

Nipah Virus / viral diseases / health treatment

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Source : www.pib.gov.in Date : 2023-09-16

TRAI RELEASES TELECOMMUNICATION (BROADCASTING AND CABLE) SERVICES INTERCONNECTION (ADDRESSABLE SYSTEMS) (FIFTH AMENDMENT) REGULATIONS, 2023 (4 OF 2023)

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

Telecom Regulatory Authority of India (TRAI) has today issued Telecommunication (Broadcasting and Cable) Services Interconnection (Addressable Systems) (Fifth Amendment) Regulations, 2023 (4 of 2023).

DRM is a systematic approach to copyright protection for digital media. The purpose of DRM is to prevent unauthorized redistribution of digital media and restrict the ways consumers can copy content they've purchased. DRM products were developed in response to the rapid increase in online piracy of commercially marketed material, which proliferated through the widespread use of peer-to-peer file exchange programs. Typically, DRM is implemented by embedding code that prevents copying, specifies a time period in which the content can be accessed or limits the number of devices the media can be installed on.

TRAI notified the Telecommunication (Broadcasting & cable) Services Interconnection (Addressable System) Regulation, 2017 on 03.03.2017 [hereinafter referred to as Interconnection Regulations].

During the consultation undertaken to prepare the Telecommunication (Broadcasting and Cable) Services Digital Addressable Systems Audit Manual [hereinafter referred to as Audit Manual], certain comments and observations reflected some issues in the Schedule III of the Interconnection Regulations.

Accordingly, Draft Telecommunication (Broadcasting and Cable) Services Interconnection (Addressable Systems) (Amendment) Regulations, 2019 was issued on 27.08.2019 which included issues related to Digital Rights Management Systems.

The Schedule III of the Interconnection Regulations does not provide for the requirements/specifications of DRM based systems. The Authority, during its consultations on Audit manual, received the feedback that owing to its benefits the IPTV based DPOs are switching to DRM technology. It is necessary that the Audit regime covers the DRM based networks and provides for enabling provisions for such operators. Accordingly, Draft Regulations dated 27.08.2019 mentioned above, included DRM specifications in Schedule III.

During the consultation process, the Authority received numerous comments and suggestions from various stakeholders on this issue. Numerous modification/additions were proposed by several stakeholders. Hence, the Authority was of the opinion that system requirements for DRM shall be dealt with in a separate consultation paper (refer para 34 of Explanatory Memorandum to the Interconnection (Amendment) Regulations, 2019 dated 30.10.2019).

The Authority was of the view that on the issue related to “System Requirements for Digital Right Management System”, extensive deliberations with industry stakeholders is required. Accordingly, the Authority constituted a committee comprising of industry stakeholders to prepare and submit draft ‘System Requirement for Digital Right Management (DRM)’ to the

Authority.

After extensive deliberations, the committee submitted a report on “System requirement for Digital Right Management (DRM)” to be included in Schedule III of the Interconnection Regulation to the Authority.

Accordingly, TRAI had issued Consultation Paper on ‘System Requirement for Digital Right Management (DRM)’ in the form of draft amendment in the Interconnection Regulation 2017 on 09.09.2022. The comments of the stakeholders were invited by 07.10.2022 and counter comments, by 21.10.2022. On request of the stakeholders, the deadline to submit the comments was extended till 18.11.2022 for comments and 02.12.2022 for counter-comments. Comments on the said consultation paper were received from twenty one stakeholders and counter-comments were received from two stakeholders, which were uploaded on TRAI website. Subsequently, an Open House Discussion (OHD) was held on 24.02.2023. A few additional comments were also received after OHD.

The Authority analysed the comments of the stakeholders and to protect the interests of service providers and consumers has notified amendment to Interconnection Regulations. The main features of the amendments are as follows:

Full text of the Telecommunication (Broadcasting and Cable) Services Interconnection (Addressable Systems) (Fifth Amendment) Regulations, 2023 (4 of 2023) is available on the TRAI's website www.trai.gov.in. For any clarification, Shri Anil Kumar Bhardwaj, Advisor (B&CS) may be contacted at Tel. No.: +91-11-23237922.

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DK/DK

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DK/DK

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Source : www.thehindu.com Date : 2023-09-18

EXPLAINED

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

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September 18, 2023 08:30 am | Updated 12:08 pm IST

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The story so far: On July 7, the Telecom Regulatory Authority of India (TRAI) invited responses to a consultation paper it released on a regulatory mechanism for over-the-top (OTT) communication services. The paper also mentions selective banning of these services. Since most stakeholders have submitted their responses to the regulatory body, as the submission date ended on September 1, it is likely to issue guidelines in the coming days on whether OTT services should be regulated or be let to continue to operate as it is.

The discussion on the selective banning of OTT services came after a Parliamentary Standing Committee issued a notice to the Department of Telecom (DoT) to explore this option due to the unrest caused by these platforms which have mass reach and impact.

It is important to note that only OTT communication services like WhatsApp, Signal, Meta, Google Meet, Zoom, X, etc. were discussed in the consultation paper and not the ‘content’ OTTs such as Netflix, Amazon Prime etc. Content regulation is an altogether different subject and it comes under the ambit of the Ministry of Information and Broadcasting (MIB) and not the TRAI.

The TRAI has also asked stake holders to define OTT, and a proposal on cost-sharing mechanisms between Telecom Service Providers (TSPs) and OTT services.

Telecom Service Providers are of the opinion that OTTs should be regulated and charged because they use and thrive on the infrastructure built by operators over the years. Currently, they aren’t.

“OTT communications services have led to erosion of revenues for the telcos. These platforms offer users an array of services, sending of Multimedia Messaging Services (MMS), instant messaging to voice and video calls, delivered over the internet. This circumvents the need for traditional telecom services, particularly voice calls and text messages, leading to a significant reduction in the revenue streams of telecom companies,” responded the Cellular Operators Association of India (COAI), representing telecom players like Jio, Airtel and Vodafone Idea.

COAI argues, “OTT communication service providers neither contribute to the exchequer nor make investments like the TSPs in spread of network infrastructure in the country. The OTT communication service providers take a free ride on TSP funded networks without contributing

to the setting up and maintaining digital infrastructure for access networks."

"There should be a policy framework to enable fair share contribution from large OTT service providers to telecommunication network operators based on assessable criteria like number of subscribers or data usage. To ensure fairness and compensate for the increased data demands, it is justifiable for OTTs to pay a fair and reasonable fair share charge to TSPs," demanded the COAI.

The funds received by TSPs from OTTs will support the expansion of networks and enhance contribution to the exchequer, the COAI added.

Similarly, the Internet Service Providers Association of India replied, if OTT services are a substitutable service offered by licenced service providers, then such OTT services should be considered as the same services offered under the telecom licence granted by the Government.

That is, all such OTT services should be governed by the same set of rules irrespective of whether they are provided by an operator on its own network or through the internet.

The Internet and Mobile Association of India (IAMAI) submitted that cost-sharing demands are often articulated through a model where the sending party network pays (SPNP) the network operator. It would essentially mean charging twice for the same service as consumers already pay TSPs for the data they consume. It would add a cost to accessing free or cheap content, a part of which will eventually be passed on to consumers, thus raising the cost of internet usage.

It also goes against the principle of net neutrality that states networks should be neutral to all the information being transmitted through it, said the IAMAI.

The Internet Freedom Foundation has also expressed apprehension for the proposal to selectively ban OTT services.

"OTTs obtain the location of the customers and can easily bar access. Once the OTT communication services are under license this barring will be much easier to implement. TSP's networks are capable of selectively blocking the OTT subject to details like IP addresses provided by the Competent Authority," the COAI points out.

Government should consider source-level blocking so that the desired outcome may be achieved without any significant difficulties, the COAI added.

The IAMAI believes that there is no need to implement additional regulations governing OTT services, or even a regulatory framework for the selective banning of OTT services. Similarly, the Broadband India Forum (BIF) firmly opposed any selective ban on OTT services as they are adequately regulated under the existing IT Act, 2000, Consumer Protection Act, 2019, and other associated Acts and Rules.

"We submit that the options for selective banning of OTT services should be explored and implemented. OTT providers should implement IT solutions that would allow them to swiftly suspend their services in case of an internet outage," COAI observed.

Text and Context / The Hindu Explains / technology (general)

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Source : www.thehindu.com Date : 2023-09-18

NIPAH OUTBREAK

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

September 17, 2023 07:45 pm | Updated September 18, 2023 05:10 pm IST - THIRUVANANTHAPURAM

Health workers at a Nipah isolation ward at the medical college in Kozhikode on September 17, 2023. | Photo Credit: PTI

A four-member Central team from the Department of Animal Husbandry and Dairying (DAHD), Government of India, will carry out field investigations in Kozhikode district from Monday to Wednesday in view of the Nipah virus outbreak.

The team, which is expected to arrive on Sunday night, consists of H.R. Khanna, Joint Commissioner (National Livestock Mission), Vijay Kumar Teotia, Joint Commissioner (Livestock Health), and one expert each from the ICAR-National Institute of High Security Diseases, Bhopal, and the Regional Disease Diagnostic Laboratory, Bengaluru.

Nipah is a zoonotic disease affecting both humans and animals.

The DAHD has directed the team to submit daily reports and advise the Animal Husbandry department on measures for disease prevention keeping in mind the ‘One Health’ approach.

The Central team will be joined by a team from the State Institute for Animal Diseases (SIAD), Palode.

This team will consist of Sheela Saly T. George, Chief Disease Investigation Officer; Nandakumar, Disease Investigation Officer; and veterinary surgeons. The SIAD team has also requested experts from the Kerala Veterinary and Animal Sciences University (KVASU) and the State Forest department to be part of the team.

Last week, the State Animal Husbandry department had stepped up surveillance in the livestock sector in view of the Nipah outbreak in Kozhikode district.

The department had also issued a set of guidelines for farmers and the public.

In pigs, for instance, the disease affects the respiratory system and the nervous system. Chronic cough is a major symptom in pigs. Steps were taken to identify pig farms near the epicentre of the outbreak and put them under surveillance for symptoms.

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Nipah Virus / Kerala

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Source : www.thehindu.com Date : 2023-09-18

INDIA IS AT A PIVOTAL MOMENT IN ITS HEALTH-CARE JOURNEY

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

September 18, 2023 12:08 am | Updated 05:09 pm IST

‘While India is already one of the leading destinations for patients seeking care abroad, there is adequate headroom for growth’ | Photo Credit: Getty Images

In the last few years, India has steadily become a strong voice for various critical issues. Whether it is climate change, electrification, new age manufacturing or the space race, India is at the forefront and even leading the change. This has never been more apparent recently when India became the first country to successfully land a mission near the south pole of the moon and concluded a very successful G-20 presidency, fostering global alignment on a range of key issues.

It is heartening to witness a new India emerging — an India that is ambitious; an India that believes in its destiny to be the global leader; an India that is guided by the heritage of an ancient civilisation but fuelled by the energy, passion and ambition of its youth.

However, this is also the same India that is now the world’s diabetes capital; also, millions have hypertension, and its youth are succumbing to heart attacks, cancer, respiratory issues, depression and more.

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

If left unchecked, India’s non-communicable diseases (NCD) burden will be nearly $4 trillion by 2030. This is one of the biggest roadblocks to India’s development and will create an ‘age tax’ on India’s demographic dividend. We must act together, and with urgency to prevent this or else India’s decade could turn into a generation of lost opportunity.

I urge the health-care industry to join hands and protect India from this menace by increasing awareness, advocating better lifestyle choices and enabling comprehensive health checks that include proper scans instead of having just blood tests that are simply inadequate to test for many early signs of diseases.

The country has come a long way from 1983 when we started Apollo, and has made tremendous progress on key health metrics. Infant mortality has improved by four times, maternal mortality has improved by seven times and the average life expectancy of an Indian is up nearly 30% from 55 years to over 70 now.

In fact, today, India has world-class health-care infrastructure along with incredible clinical talent that delivers the best in class clinical outcomes at incredible scale and at a fraction of the global price. India's expertise in highly specialised areas such as organ transplants, cardiology, oncology and more has made the country a fast-growing destination for medical value travel (MVT), not just for the price but also for the speed of access and the sheer quality of care.

India has emerged as a global MVT hub, particularly in the fields of oncology, orthopaedics, and robotic surgery. A significant milestone in this journey is the introduction of proton beam therapy technology, making India a regional leader in cancer treatment. Patients from across the globe are drawn to India for its world-class medical expertise, state-of-the-art infrastructure, and cost-effective care.

Orthopaedic procedures, including joint replacements and spinal surgeries, are conducted by highly skilled surgeons using minimally invasive techniques. This attracts patients seeking top-notch orthopaedic care at competitive prices.

Robotic surgery has also gained popularity, with India's hospitals adopting robotic-assisted techniques for precision and faster recovery. The country's expertise in this area draws international patients seeking minimally invasive, high-precision surgical interventions.

MVT is gaining strategic importance given its ability to create employment as well as earn foreign exchange. While India is already one of the leading destinations for patients seeking care abroad, there is adequate headroom for growth.

Moreover, fostering collaboration between the public and private sectors is crucial for realising this vision. Public-private partnerships can help create a conducive environment for MVT by jointly investing in infrastructure, promoting medical tourism, and setting up international health-care accreditation bodies.

'India's expertise in highly specialised areas has made the country a fast-growing destination for medical value travel' | Photo Credit: Getty Images

Artificial Intelligence (AI) is rapidly transforming health care worldwide, and India has the potential to be at the forefront of this revolution. The country possesses a vast pool of talented data scientists, engineers, and health-care professionals who can drive innovation in AI-driven health-care solutions.

One of the key areas where AI can make a significant impact is in diagnostics. AI-powered tools can enhance the accuracy and efficiency of medical diagnoses, leading to faster treatment decisions and better patient outcomes. Additionally, AI can help predict disease outbreaks, analyse health-care data, and optimise treatment plans, expediting health-care procedures, and revolutionising drug discovery ultimately making health care more personalised and effective.

India has already made strides in AI applications for health care, but it must continue to invest in research and development, foster collaborations between academia and industry, and create an ecosystem that encourages innovation. Doing so can position India as a global leader in AI-driven health-care solutions, exporting its expertise to benefit health-care systems worldwide. AI expenditure in India is expected to reach $11.78 billion by 2025. It is expected to add $1 trillion to India's economy by 2035.

India stands at a pivotal moment in its health-care journey. By reimagining its health-care model, the country can position itself as the global destination for medical value travel, a powerhouse in AI-driven health-care solutions, and a leader in combating NCDs. To achieve this vision, India

must prioritise community health, foster public-private partnerships, and invest in innovation and research. With concerted efforts and a commitment to excellence, a healthier and more prosperous India can be built for generations to come.

Dr. Prathap C. Reddy is Founder and Chairman, Apollo

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India / health / medicine / G-20 New Delhi 2023 / space programme / diabetes / disease / cardiovascular disease / cancer / mental illness / demography / disease prevention / tourism / medical service / medical conditions / technology (general) / Artificial Intelligence / hospital and clinic

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Source : www.thehindu.com Date : 2023-09-19

DEADLY OUTBREAK

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

September 17, 2023 02:32 am | Updated September 18, 2023 05:10 pm IST

The Nipah virus outbreak in Kerala in 2018 was, in retrospect, the first true outbreak people had witnessed in living memory. For a population fed, on screen, with pacy narratives, dizzying tales of disease, horror and death, the 2018 Nipah virus (NiV) outbreak was a horrifying reel-to-real conversion. In the latest outbreak in Kozhikode, six have tested positive and two died. NiV, with its periodic outbreaks in Kerala (fourth, now), has come to symbolise the fear and paralysis that encircle emerging diseases in modern times.

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

A zoonotic disease that jumped from animals to humans as a consequence of a ‘zoonotic spillover’, NiV underlines the fact that anthropogenic causes are driving the new pandemics of the world. As these diseases emerge with stunning regularity, with their power to disrupt life, and alter the social fabric, it is incumbent upon those who rule, and those who heal, to acknowledge the dramatically changing disease factors, and the need to address health care more holistically.

‘Nipah’ comes from the Malaysian village where the first such outbreak was reported in 1998. There were reportedly over 250 cases among farm and workers in slaughter houses. Sayantan Banerjee et al record in Intractable Rare Disease Research, in 2019, that initially encephalitis-like symptoms came to notice, but doctors soon discovered that apart from the neurological manifestations, there was acute respiratory distress syndrome and respiratory failure with multi-organ dysfunction syndrome. Slowly, the world learnt of this new strain of disease where the pathogen was a paramyxovirus, and the vectors included pigs and fruit bats. Since then, India has seen several outbreaks of NiV, mainly in Kerala (2018, 2019, 2021 and 2023), but also in Siliguri in 2001, and a relatively small outbreak in 2007 in Nadia, West Bengal.

The closest reservoirs of infection in Kerala are fruit bats, and it is believed that consumption of fruits or berries contaminated with bat spittle might have caused the outbreaks. In other areas — Bangladesh and West Bengal — the consumption of date palm sap, again contaminated by bats, was behind the outbreaks. As far as therapy goes, the Centers for Disease Control and Prevention notes that currently there are no licensed treatments available for the NiV infection. Treatment is limited to supportive care, including rest, hydration and treatment of symptoms as they occur. A few doctors have reported that the anti-viral, Favipiravir, has some activity against NiV. The m102.4 monoclonal antibody is under development and evaluation.

It was when NiV hit Kozhikode district, in Kerala, in 2018, where 21 of 23 persons infected died, that the attention of not merely the health system, but also the public in general was willy nilly

drawn towards the virus. Notably, Kerala's handling of the outbreak also provided solid lessons for public health emergencies — isolating patients, contact tracing, quarantining, triaging, implementing infection control protocols, etc.

Human-to-human transmission turned out to be how Patient Zero — Mohammed Salih — of Perambra in Kozhikode contracted his infection. His brother had died just the previous week, and had had similar symptoms. Health care workers were also affected, even in the recent outbreak, so it can be transmitted via the nosocomial route too. The high mortality rates, along with the risk to health care workers and plausible multimodal transmission, emerged as causes for concern.

It is clear now that a piecemeal handling of the particular outbreak will not do. Larger factors are at play, and a more comprehensive approach towards health care itself is needed. Nations must be cognisant that anthropogenic activity, in terms of rapidly expanding agricultural fields, and destruction of the original habitats of wild animals, and overall pan-seasonal changes wrought by climate change are contributory factors. Increasingly, the One Health approach is being advocated. According to the WHO, 'One Health' is an integrated, unifying approach to balance and optimise the health of people, animals and the environment. It is key to prevent, predict, detect and respond to health threats.

Ideally, it involves mobilising multiple sectors, disciplines and communities at varying levels of society to work together to address root causes and create long-term, sustainable solutions. One Health involves the public health, veterinary, and environmental sectors, and is particularly relevant for control of zoonoses.

END

Source : www.thehindu.com Date : 2023-09-20

XPERT MTB/RIF MOLECULAR TEST FOR TUBERCULOSIS DIAGNOSIS TO COST 20% LESS

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

September 20, 2023 02:50 am | Updated 02:50 am IST - CHENNAI

Danaher Corporation will provide the cartridges at a reduced price to the Global Fund and to less-developed countries eligible for Cepheid's Global Access Programme. Representational file image. | Photo Credit: K. Murali Kumar

Danaher Corporation, which sells the Xpert MTB/RIF molecular test for diagnosing tuberculosis (TB) and rifampicin resistance, has announced a lowering of the price of its standard TB test cartridge to $7.97, a 20% reduction from the current price of $9.98 in low- and middle-income countries. The announcement comes in the wake of mounting international pressure to drop the price by 50%.

Danaher Corporation will provide the cartridges at a reduced price to the Global Fund and to less-developed countries eligible for Cepheid's Global Access Programme, according to a Danaher Corporation press release.

Danaher Corporation says that by cutting the price to about $8, the company will be selling the test at cost and will not be earning any profit. In addition, the company also announced that it will bring in an "internationally accredited third-party" to validate the actual cost on an annual basis and adjust the price, if necessary. This arrangement has been made so that the company earns no profit from the sale of these cartridge.

"Dropping the price is indeed significant, but it is not applicable to Xpert MTB/XDR test that is used for diagnosing the most severe form of TB, which will remain at about $15," Stijn Deborggraeve, Diagnostics Advisor, MSF Access Campaign, Geneva, told *The Hindu* over telephone.

Dr. Deborggraeve said the arrangement with an internationally accredited third-party to assess the actual cost of the test annually will mean that if the cost of the cartridges declines with increased volume, the price of the tests will drop further. "It is important that the third-party makes the cost of production of Xpert MTB/RIF molecular test public. The company should also drop the cost of other diagnostic tests for HIV, and Hepatitis C, and Hepatitis B," Dr. Deborggraeve said.

According to a Global Fund release, in 2022 alone, an estimated 20 million Xpert cartridges were procured, and the new agreement will enable over five million more tests to be provided,

thus significantly expanding access to communities that need it the most.

India uses both Cepheid's Xpert MTB/RIF and Truenat molecular tests; Truenat is produced locally by Molbio Diagnostics.

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health treatment / tuberculosis

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Source : www.thehindu.com Date : 2023-09-20

FACILITATING DEGREES WITHIN A DEGREE

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

September 20, 2023 12:15 am | Updated 12:15 am IST

Even though the movement to specify frameworks for higher education qualifications had gained momentum across the world in the late 1990s, India remained without a National Higher Education Qualifications Framework (NHEQF) until recently. The idea was deliberated at the 60th meeting of the Central Advisory Board of Education in 2012, which assigned the responsibility to the University Grants Commission (UGC). The issue has been hanging fire since. That it has now come up with a NHEQF is welcome, but the UGC must remove all the confusion about higher education qualifications, which arise because of the multiplicity of guidelines, frameworks and documents in the country.

Globally, higher education qualification frameworks include details of the definition and requirements of credits. The UGC has chosen to prescribe two separate frameworks — the NHEQF and the National Credit Framework. Higher educational institutions are separately required to implement the Academic Bank of Credits as a mandated modality for recognising, accepting, and transferring credits across courses and institutions. Additionally, there are many other regulations that impinge on higher education qualifications. All of these could have been integrated into the NHEQF. This defeats the purpose of prescribing a qualification framework. After all, a qualification framework must minimise ambiguities in comprehending qualifications in a cross-cultural context.

By definition, a national higher education qualification must encompass all disciplines and must clearly provide for the eligibility conditions for the entry into, and completion of, all programmes of studies. The NHEQF does provide exit requirements, but eligibility conditions and pathways through which a student can enter a programme at a particular level are alluded to vaguely. Besides, higher education qualifications awarded by disciplines such as agriculture, law, medicine, and pharmacy are conspicuous by their absence. These disciplines may be under the jurisdiction of separate regulators, but they could have been included in the NHEQF through consensus across various regulatory bodies.

Considering that India proactively seeks to obliterate all traces of its colonial past, it is strange that this document draws copiously from the Bologna process that led to the European Qualifications Framework and the Dublin descriptors. The higher education system in India is far more diverse and complex than the European Higher Education Area. It warrants much wider and more intense consultations with the States. Doing this could have substantially enriched the NHEQF. The process of formulating the NHEQF should have duly recognised the sheer size of the higher education system and the variations in it, as well as the federal structure, constitutional provisions that put education on the Concurrent List, and the fact that States

spend a lot more on education than the Centre. The Dublin descriptors are the ‘learning outcomes’. They are designed principally by European educationists and are suited to the European context. The Indian higher education system could have benefited from those experiences and processes, but those outcomes may not be easy to replicate in this country. Most importantly, the European higher education reforms happened some two decades ago.

The document fails to recognise that learning and knowledge must go beyond earning a livelihood. If it does recognise this, it does not sufficiently highlight it. Education is not only about an individual’s learning capacities and capabilities; sociocultural and politico-economic factors also determine learning.

The overall framework appears to facilitate ‘degrees within a degree’. Those who hold four-year undergraduate degrees with a minimum CGPA of 7.5 are eligible for admission to PhD programmes. This will make the higher education system elitist. After all, merit is a social construct; the academic performance of students is invariably mediated by their socioeconomic conditions.

At a practical level, there might be some serious difficulties in implementing the NHEQF. The document places all higher education qualifications on a continuum of 4.5 to 10. The framework equates postgraduate diplomas with four-year undergraduate programmes. This poses a problem in determining the level of such undergraduate degrees that are pursued after another undergraduate degree, like B.Ed. Further, the idea that a B.Ed could be completed in one, two or four years is confusing.

The credit framework document of the UGC mandates that each semester must have a minimum of 20 credits. This document suggests that one credit must comprise 15 hours of direct and 30 hours of indirect teaching. This means that students are required to study for a minimum of 900 hours per semester or close to 10 hours a day. This is ambitious even for fully residential higher educational institutions. Higher educational institutions with minimal infrastructure and meagre faculty resources may find this daunting.

The mystery of the learning outcomes borrowed liberally from the Dublin descriptors remains unaddressed. Whether generic or specific to a discipline, learning outcomes may vary significantly across disciplines. Besides, they may not be measurable by the same yardstick across disciplines.

END

Source : www.prsindia.org Date : 2023-09-20

WOMEN'S RESERVATION BILL 2023 [THE CONSTITUTION (ONE HUNDRED TWENTY-EIGHTH AMENDMENT) BILL, 2023]

Relevant for: Indian Society | Topic: Women Issues

The 73rd and 74th Amendments passed in 1993, which introduced panchayats and municipalities in the Constitution, reserve one-third of seats for women in these bodies.[1],[2] The Constitution also provides for reservation of seats in Lok Sabha and state legislative assemblies for Scheduled Castes (SCs) and Scheduled Tribes (STs) in proportion to their number in the population.[3],[4] The Constitution does not provide for reservation of seats for women in the Lok Sabha and state legislative assemblies. Some members of the Constituent Assembly had opposed reserving seats for women in legislatures.[5]

15% of the total members of the 17th Lok Sabha are women while in state legislative assemblies, women on average constitute 9% of the total members. In 2015, the Report on the Status of Women in India noted that the representation of women in state assemblies and Parliament continues to be dismal.[6] It noted that decision making positions in political parties have negligible presence of women. It recommended reserving at least 50% seats for women in local bodies, state legislative assemblies, Parliament, ministerial levels, and all decision-making bodies of the government.[6] The National Policy for the Empowerment of Women (2001) had stated that reservation will be considered in higher legislative bodies.[7]

Bills amending the Constitution to reserve seats for women in Parliament and state legislative assemblies have been introduced in 1996, 1998, 1999, and 2008.[8] The first three Bills lapsed with dissolution of their respective Lok Sabhas. The 2008 Bill was introduced in and passed by Rajya Sabha but it also lapsed with the dissolution of the 14th Lok Sabha. The 1996 Bill had been examined by a Joint Committee of Parliament, while the 2008 Bill was examined by the Standing Committee on Personnel, Public Grievances, Law and Justice. Both Committees agreed with the proposal to reserve seats for women. Some of the recommendations given by the Committees include: (i) considering reservation for women belonging to other backward classes at an appropriate time, (ii) providing reservation for a period of 15 years and reviewing it thereafter, and (iii) working out the modalities to reserve seats for women in Rajya Sabha and state legislative councils.[8],[9]

The Constitution (One Hundred and Twenty-Eighth Amendment) Bill, 2023 was introduced in Lok Sabha on September 19, 2023. The Bill seeks to reserve one-third of the total number of seats in Lok Sabha and state legislative assemblies for women.

Key features of the Bill

- **Reservation for women: The Bill reserves, as nearly as may be, one-third of all seats for women in Lok Sabha, state legislative assemblies, and the Legislative Assembly of the National Capital Territory of Delhi. This will also apply to the seats reserved for SCs and STs in Lok Sabha and states legislatures.**
- **Commencement of reservation: The reservation will be effective after the census conducted after the commencement of this Bill has been published. Based on the census, delimitation will be undertaken to reserve seats for women. The reservation will be provided for a period of 15 years. However, it shall continue till such date as determined by a law made by Parliament.**

- **Rotation of seats: Seats reserved for women will be rotated after each delimitation, as determined by a law made by Parliament.**

Issues to Consider

The issue of reservation of seats for women in legislatures can be examined from three perspectives: (i) whether the policy of reservation for women can act as an effective instrument for their empowerment, (ii) whether alternate methods of increasing representation of women in legislatures are feasible, and (iii) whether there are any issues with the proposed method for reservation in the Bill. The analysis in this section is largely based on our earlier Brief published on the 2008 Bill.[10]

Purpose of reservation

If a group is not represented proportionately in the political system, its ability to influence policy-making is limited.[8] The Convention on the Elimination of All Forms of Discrimination Against Women provides that discrimination against women must be eliminated in political and public life.[11] While India is a signatory to the Convention, discrimination in matters of representation of women in decision-making bodies has continued.[8] The number of women MPs has increased from 5% in the first Lok Sabha to 15% in the 17th Lok Sabha; but the number continues to be quite low. A 2003 study about the effect of reservation for women in panchayats showed that women elected under the reservation policy invest more in the public goods closely linked to women's concerns.[12] The Standing Committee on Personnel, Public Grievances, Law and Justice (2009) had noted that reservation of seats for women in local bodies has enabled them to make meaningful contributions.[9] It also noted that concerns regarding women being proxies to men in local bodies have turned out to be baseless. The Inter-Parliamentary Union (2022) has noted that legislated quotas have been a decisive factor in women's representation.[13]

Opponents of the reservation policy argue that separate constituencies for women would not only narrow their outlook but lead to perpetuation of unequal status because they would be seen as not competing on merit. For instance, in the Constituent Assembly, Renuka Ray argued against reserving seats for women: "When there is reservation of seats for women, the question of their consideration for general seats, however competent they may be, does not usually arise. We feel that women will get more chances if the consideration is of ability alone."[5] Opponents also argue that reservation would not lead to political empowerment of women because larger issues of electoral reforms such as measures to check criminalisation of politics, internal democracy in political parties, and influence of black money have not been addressed.[14]

Alternate methods of representation

Reservation of one-third of seats for women in Parliament would restrict the choice of voters in the reserved constituencies.[14] Two alternatives have been suggested by some experts: reservation for candidates within political parties (as some countries do, see Table 1); and dual member constituencies where some constituencies shall have two candidates, one being a woman (see Table 2). Initially, India had multi-member constituencies which included an SC/ST member. A 1961 Act converted all constituencies into single member constituencies.[15] The reasoning was that the constituencies were too large and SC/ST members felt that they would gain in importance in single-member reserved constituencies.[16]

Table 1: Country data on political representation of women (as of September 2023)

Country	% of elected women	Quota in Parliament	Quota in political parties

Sweden	46%	No	Yes
Norway	46%	No	Yes
South Africa	45%	No	Yes
Australia	38%	No	Yes
France	38%	No	Yes
Germany	35%	No	Yes
UK House of Commons	35%	No	Yes
Canada	31%	No	Yes
US House of Representatives	29%	No	No
US Senate	25%	No	No
Bangladesh	21%	Yes	No
Brazil	18%	No	Yes
Japan	10%	No	No

Note: In several countries, there is no law mandating quotas for women but some political parties reserve seats for women.
Sources: Inter-Parliamentary Union; PRS.

Table 2: Pros and cons of reservation in political parties and dual member constituencies[17]

	Advantages	Disadvantages
Political parties	■ Provide more democratic choice to voters ■ Allow more flexibility to parties to choose candidates and constituencies depending on local political and social factors ■ Can nominate women from minority communities in areas where this will be an electoral advantage ■ Allow flexibility in the number of women in Parliament	■ No guarantee that a significant number of women would get elected ■ Political parties may assign women candidates to constituencies where they are weak ■ Might lead to resentment if a woman is accommodated to the disadvantage of a stronger male candidate
Dual-member constituencies	■ Does not decrease the democratic choice for voters ■ Does not discriminate against male candidates ■ Might make it easier for members to nurture constituencies whose average size is about 2.5 million people	■ Sitting members may have to share their political base ■ Women may become secondary persons or add-ons ■ To fulfil criteria of 33% women, half of the seats need to be dual constituencies. This would increase the total number of MPs by 50%, which could make deliberation in Parliament more difficult

Sources: Compiled by PRS based on sources listed in endnotes in 14 and 17.

Rotating constituencies

The Bill states that reserved seats shall be allotted by rotation after every delimitation exercise. This implies rotation approximately every 10 years as after 2026 delimitation is mandated to take place after every census.[18] Rotation of reserved seats may reduce the incentive for MPs to work for their constituencies as they could be ineligible to seek re-election from that constituency.[19] A study by the Ministry of Panchayati Raj recommended that rotation of constituencies should be discontinued at the panchayat level because almost 85% women were first-timers and only 15% women could get re-elected because the seats they were elected from were de-reserved.

Key changes between 2008 and 2023 Bills

The table below captures certain key changes between the 2008 Bill as passed by Rajya Sabha and the Bill introduced in 2023.

Table 3: Key changes between 2008 Bill and Bill introduced in 2023

	Bill introduced in 2008 as passed by Rajya Sabha	Bill introduced in 2023
Reservation in Lok Sabha	One-third of Lok Sabha seats in each state/UT to be reserved for women	One-third seats to be reserved for women
Rotation of Seats	Reserved seats to be rotated after every general election to Parliament/legislative assembly	Reserved seats to be rotated after every delimitation exercise

Sources: The Constitution (One Hundred and Eighth Amendment) Bill, 2008; The Constitution (One Hundred and Twenty-Eighth Amendment) Bill, 2023; PRS.

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END

Source : www.thehindu.com Date : 2023-09-21

ICMR NOD TO CONDUCT TRUENAT TEST TO DETECT NIPAH

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

September 20, 2023 09:02 pm | Updated September 21, 2023 02:27 am IST - Thiruvananthapuram

A teacher conducts an online class at a school in Kozhikode on Tuesday after local authorities closed all educational institutions in the district following an outbreak of Nipah. | Photo Credit: -

Kerala has been accorded sanction by the Indian Council for Medical Research (ICMR) to use Truenat test to diagnose Nipah. Hospitals with BSL 2 level labs can perform the test. The standard operating procedure for the same will be prepared, Health Minister Veena George has said.

This means that NiV diagnostics can be performed by more labs in the State. Samples found to be positive for NiV through Truenat can be sent to the labs in Kozhikode or Thiruvananthapuram Medical College Hospitals or to Institute of Advanced Virology in the capital, she said, while addressing the media here on Wednesday.

The State was able to contain Nipah effectively and limit its spread because of the efficient work done by the Kozhikode district surveillance team right from beginning to identify the index case in this outbreak, she said.

No new cases of Nipah have been reported since. Four people who tested to be positive continue to be under treatment, including the nine-year-old who happens to be the child of the deceased index case. The child’s condition has improved further and he is no longer on oxygen support. The other three people are also making a good recovery, Ms. George said.

Of the 323 samples tested for Nipah so far, 317 have been found to be negative. Till now, six cases have been found to be positive,including two deaths. A total of 980 persons on the contact list are under isolation now, including 11 who have been isolated at the Kozhikode MCH.

The Health department will conduct a serosurveillance study amongst those included in the high risk contacts to learn more about the disease epidemiology.

The State will focus on evolving a long-term surveillance strategy for Nipah. Already 81 samples had been tested this year after suspecting NiV. Nipah surveillance is part of the State’s Aarogya Jagratha calendar and training has been given to healthcare workers as part of the Nipah protocol, she said.

Though the incubation period is 21 days, the State will observe another 21-day period when surveillance measures will be in full swing. The control room will thus function for 42 days. Measures are being taken to strengthen activities under One Health initiative, involving other related departments, she added.

Principal Secretary (Health), Mohammed Hanish, was also present at the press conference.

END

Source : www.thehindu.com Date : 2023-09-21

LEGISLATING CHANGE: THE HINDU EDITORIAL ON THE PASSAGE OF THE WOMEN'S RESERVATION BILL IN THE LOK SABHA

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

September 21, 2023 12:20 am | Updated 09:23 am IST

The passage of the women's reservation bill in the Lok Sabha almost three decades after it was first tabled in Parliament is a welcome move that can finally shatter a political glass ceiling. With women Members of Parliament comprising only about 15% of the strength of the Lok Sabha, the gender inequality in political representation is stark and disturbing. The 128th Constitution Amendment Bill, or the Nari Shakti Vandan Adhiniyam, seeks to amend this by reserving a third of the seats in the Lok Sabha and legislative Assemblies for women. It has a 15-year sunset clause for the quota, that can be extended. Considering the fraught history of the struggle for women's reservation, and several false starts despite the Rajya Sabha passing it in 2010, it is laudatory that the first Bill to be introduced in the new Sansad Bhavan has been passed in the Lok Sabha. But its implementation will be delayed as it has been tied to two factors, delimitation and the Census, and therein lies the rub. It is unfortunate that implementation is being linked to delimitation, for the principle of having a third of seats reserved for women has nothing to do with the territorial limits of constituencies or the number of Assembly or Lok Sabha constituencies in each State.

Women will thus not have access to 33% reservation in the 2024 general election. The Bill also mandates that as nearly as one-third of the seats reserved for Scheduled Castes and Scheduled Tribes will be set aside for women. The Opposition is demanding an internal quota for women of Other Backward Classes, but this should not be used as a ruse to delay implementation. In the meantime, proposals should be fine tuned to ensure that when it becomes an Act, it is not mere tokenism for women's political representation. It is a fact that local bodies are better represented, with the share of women in panchayati raj institutions well above 50% in several States. Lessons must be imbibed on how women at the grassroots level have broken all sorts of barriers, from patriarchal mindsets at home to not being taken seriously in their official duties, and made a difference. Women struggle on so many other counts: they have uneven access to health, nutrition and education, there is a lack of safe places, women are also falling out of the workforce — among the G-20 countries, India's female labour force participation is the lowest at 24%. India, which gave women voting rights at the very outset, should not falter when it comes to ensuring better political representation for women. For growth, and instituting change in key areas, women need to have their say.

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Source : www.pib.gov.in Date : 2023-09-21

MINISTER RAJEEV CHANDRASEKHAR LEADS CONSULTATIONS WITH KEY INDUSTRY STAKEHOLDERS ON DPDP ACT COMPLIANCE

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

Union Minister of State for Skill Development & Entrepreneurship and Electronics & IT, Shri Rajeev Chandrasekhar, participated in the first Digital India Dialogue discussions on the recently enacted Digital Personal Data Protection Act in New Delhi on Wednesday. These discussions were held with key industry stakeholders on the transition time needed for specific clauses of the law and to seek specific inputs on the implementation.

During this session, the minister recounted the journey behind the creation of the historic legislation, detailing its evolution from inception to its current status as enacted law. Shri Rajeev Chandrasekhar elaborated on how this law integrates into a broader mission aligned with Prime Minister Shri Narendra Modi's vision. This vision aims to establish contemporary and relevant laws tailored to Indian requirements along with platform obligations.

Shri Rajeev Chandrasekhar said, "Over the next 30 days, there will be necessary rules prescribed for the Act. We will also work on forming the Data Protection Board in the upcoming month. Some businesses like startups and MSMEs and establishments like hospitals that handle people's data might get more time to adhere to these rules. This is because they may not have as much experience in handling data as bigger data fiduciaries do. So, they can ask for more time to learn and follow the rules. If anyone breaks these rules, the Data Protection Board will handle it and make decisions. But they will only start doing this when they are fully ready for adjudication."

The session was attended by a diverse range of stakeholders of the technology ecosystem including industry associations, startups, IT professionals, think tanks and lawyers. Around 100+ stakeholders attended the consultation.

The Minister reiterated the primary purpose of this law which is to guarantee the trust and safety of all digital nagriks, emphasizing that all data fiduciaries must adhere to the law. He further assured that the Government is open to considering valid arguments for extending the compliance period when accompanied by compelling reasons.

"Companies that already follow similar rules like that of the GDPR (EU's General Data Protection Regulation) shouldn't ask for a very long time to follow these new rules. We are now in the phase of implementing these rules, and it should happen smoothly and quickly. The goal is to create a culture of trust, a behavioural change among all who deal with personal data and create the change required to make them do it responsibly and in alignment with the trust that the data principle has agreed to. This is a deterrent act, it is supposed to create good behaviour," the Minister added while answering questions.

These consultations are in line with Prime Minister Narendra Modi's consultative approach to law and policy making. This is the first time that Consultations are taking place on the Implementation and rule structures of the Digital Personal Data Protection Act 2023.

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DK/DK

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SALIENT FEATURES AND GUIDELINES OF PM VISHWAKARMA SCHEME

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

PM Vishwakarma, a Central Sector Scheme, was launched on 17th September, 2023 by the Prime Minister to provide end-to-end support to artisans and craftspeople who work with their hands and tools. The Scheme covers artisans and craftspeople engaged in 18 trades, viz.(i) Carpenter (Suthar/Badhai); (ii) Boat Maker; (iii) Armourer; (iv) Blacksmith (Lohar); (v) Hammer and Tool Kit Maker; (vi) Locksmith; (vii) Goldsmith (Sonar); (viii) Potter (Kumhaar); (ix) Sculptor (Moortikar, stone carver), Stone breaker; (x) Cobbler (Charmkar)/ Shoesmith/Footwear artisan; (xi) Mason (Rajmistri); (xii) Basket/Mat/Broom Maker/Coir Weaver; (xiii) Doll & Toy Maker (Traditional); (xiv) Barber (Naai); (xv) Garland maker (Malakaar); (xvi) Washerman (Dhobi); (xvii) Tailor (Darzi); and (xviii) Fishing Net Maker.

The Scheme envisages provisioning of the following benefits to the artisans and crafts persons:

(i) **Recognition**: Recognition of artisans and craftspeople through PM Vishwakarma certificate and ID card.

(ii) **Skill Upgradation**: Basic Training of 5-7 days and Advanced Training of 15 days or more, with a stipend of Rs. 500 per day;

(iii) **Toolkit Incentive**: A toolkit incentive of upto Rs. 15,000 in the form of e-vouchers at the beginning of Basic Skill Training.

(iv) **Credit Support**: Collateral free 'Enterprise Development Loans' of upto Rs. 3 lakh in two tranches of Rs. 1 lakh and Rs. 2 lakh with tenures of 18 months and 30 months, respectively, at a concessional rate of interest fixed at 5%, with Government of India subvention to the extent of 8%. Beneficiaries who have completed Basic Training will be eligible to avail the first tranche of credit support of upto Rs. 1 lakh. The second loan tranche will be available to beneficiaries who have availed the 1st tranche and maintained a standard loan account and have adopted digital transactions in their business or have undergone Advanced Training.

(v) **Incentive for Digital Transaction**: An amount of Re. 1 per digital transaction, upto maximum 100 transactions monthly will be credited to the beneficiary's account for each digital pay-out or receipt.

(vi) **Marketing Support**: Marketing support will be provided to the artisans and craftspeople in the form of quality certification, branding, onboarding on e-commerce platforms such as GeM, advertising, publicity and other marketing activities to improve linkage to value chain.

In addition to the above-mentioned benefits, the Scheme will onboard the beneficiaries on Udyam Assist Platform as 'entrepreneurs' in the formal MSME ecosystem.

Enrolment of beneficiaries shall be done through Common Service Centres with Aadhaar-based

biometric authentication on PM Vishwakarma portal. The enrolment of beneficiaries will be followed by a three-step verification which will include (i) Verification at Gram Panchayat/ ULB level, (ii) Vetting and Recommendation by the District Implementation Committee (iii) Approval by the Screening Committee.

For more information, the Guidelines of PM Vishwakarma can be accessed at pmvishwakarma.gov.in. For any queries, artisans and craftspeople may call at 18002677777 or email at pm-vishwakarma@dcmsme.gov.in.

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MJPS/NSK

PM Vishwakarma, a Central Sector Scheme, was launched on 17th September, 2023 by the Prime Minister to provide end-to-end support to artisans and craftspeople who work with their hands and tools. The Scheme covers artisans and craftspeople engaged in 18 trades, viz.(i) Carpenter (Suthar/Badhai); (ii) Boat Maker; (iii) Armourer; (iv) Blacksmith (Lohar); (v) Hammer and Tool Kit Maker; (vi) Locksmith; (vii) Goldsmith (Sonar); (viii) Potter (Kumhaar); (ix) Sculptor (Moortikar, stone carver), Stone breaker; (x) Cobbler (Charmkar)/ Shoesmith/Footwear artisan; (xi) Mason (Rajmistri); (xii) Basket/Mat/Broom Maker/Coir Weaver; (xiii) Doll & Toy Maker (Traditional); (xiv) Barber (Naai); (xv) Garland maker (Malakaar); (xvi) Washerman (Dhobi); (xvii) Tailor (Darzi); and (xviii) Fishing Net Maker.

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Source : www.thehindu.com Date : 2023-09-22

THE CHALLENGES IN TESTING AND TREATMENT OF RARE DISEASES

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

September 22, 2023 07:00 am | Updated 07:45 am IST

The Indira Gandhi Institute of Child Health in Bengaluru. | Photo Credit: file photo

Vinutha M. is a 23-year-old pharmacy student in the nondescript town of Nelamangala, about 30 kilometres northwest of Bengaluru. The life of this frail woman is a story of indomitable courage, resounding resilience, and unwavering determination not to be cowed down by a rare genetic disease that modern medicine has yet to find a cure for.

When she was nine, Vinutha's parents noticed that some of the worrying symptoms she always had — poor appetite and an intolerance for solid food — were worsening. "All through her childhood, we fed her just milk. She had a skinny body but a huge abdomen. In high school, she was embarrassed to attend class with a huge abdomen. The only consolation was that she had no neurological impairment," recalls her mother, Kalpana Murugesh.

Vinutha M. who is under treatment for Gaucher Disease.

They visited multiple hospitals and were even directed to the Kidwai Memorial Institute of Oncology for a bone marrow test to rule out leukaemia. In 2011, doctors concluded that she had Wilson's Disease, a rare disorder that causes copper to accumulate in the liver, brain, and other vital organs. She was put on treatment for over two years. However, her condition did not show improvement.

After many more hospital visits and genetic tests, Vinutha was finally diagnosed with Gaucher Disease at the State-run Indira Gandhi Institute of Child Health (IGICH), Bengaluru, in 2016. Noting that she had spleen and liver enlargement, doctors advised a splenectomy, and she underwent the surgery the same year. "Doctors told us that her spleen weighed 3 kg after removal," her mother says, narrating the financial and mental agony the family went through.

Karnataka is regarded as a model State for the treatment of rare disease patients in India. Last week, the State enrolled its 100th patient for treatment at one of India's 11 Centres of Excellence for Rare Diseases (Centre for Human Genetics and IGICH, genetic testing and treatment institutions): Brithi, 6, who was diagnosed with Prader-Willi Syndrome (PWS) at the age of two and a half. According to a senior official in the Union Ministry of Health and Family Welfare, the Centre is planning to organise video conferences to facilitate sharing Karnataka's best practices with other CoERDs.

Sanjeeva G.N., professor of Pediatrics at Indira Gandhi Institute of Child Health and nodal officer of Centre of Excellence for Rare Diseases.

“Genetic testing has been offered free to all patients at IGICH for the last 15 years. Karnataka was the first State to initiate treatment of rare diseases in 2016, even when there was no policy in place,” says Dr. Sanjeeva G.N., professor of Paediatrics at IGICH and CoERD nodal officer. Since then, the Karnataka government has spent 60 crore on the treatment of 50 patients, he adds. Besides, it has also been supporting those with Primary Immune Deficiency. “In the last one and half decades, nearly 40,000 families have been diagnosed and counselled at this CoERD in Bengaluru,” the doctor says.

In March 2021, the Union Health Ministry came out with the National Rare Disease Policy. Although Vinutha was put on enzyme replacement therapy at the IGICH in 2016 with the help of State funds, her hope of a sustainable treatment was rekindled.

The policy was amended in May 2022, and the one-time monetary aid of 20 lakh per patient, announced for only Group 1 patients (who need one-time treatment), was revised to one-time assistance of 50 lakh per patient for all groups of rare diseases. While Group 2 diseases can be managed through dietary supplements, Group 3 diseases — like the one Vinutha has — have approved therapy and clinical evidence of patients leading quality lives post-therapy. Treatment is lifelong for this category.

A file photo of children engaged in fun games during the International MPS (Mucopolysaccharidosis) Day at Indira Gandhi Institute of Child Health Hospital in Bengaluru.

This amendment was made after the Supreme Court dismissed a Special Leave Petition filed by the Central government in September 2021, seeking to quash a Karnataka High Court order. In its April 23, 2021, order, the Karnataka High Court had directed the Central and State governments to provide IGICH 3 crore and 2 crore, respectively, to continue the treatment of 25 rare disease patients in Karnataka.

The funds under the policy were released to the country’s CoERDs in February 2023. Vinutha’s treatment continued with these funds from the Centre since March, but it was abruptly stopped in May, as the 50 lakh grant sanctioned for her treatment was exhausted.

She is not alone. In Karnataka, treatment has stopped for five other Group 3 patients at IGICH — Revathi B., Rachita G., Aishwarya S., and two others who did not want their names revealed — as their grant has been exhausted. However, “Of the six patients, we have restarted treatment for two with State funds and hope to soon resume for the rest,” says Dr. Sanjeeva.

The diseases in Group 3 are Lysosomal Storage Disorders (LSDs) that are severe, chronic, debilitating, and fatal. They include Gaucher, Pompe, Fabry, and Mucopolysaccharidosis type I (MPS I, also known as Hurler syndrome) and MPS II (also known as Hunter syndrome).

As these conditions often require long-term, specialised treatment and chronic management, they leave a catastrophic impact on the entire family, physically, emotionally, and monetarily. This group of rare diseases particularly impacts children, causing 35% of deaths before one year, 10% between the ages of one and five years, and 12% between five and 15 years.

The State government is working at multiple levels, talking to stakeholders about making treatment for rare diseases more affordable, doctors said.

“My last IV infusion was on May 6, and until last week, my treatment had stopped. I needed 19

vials a month, and my parents couldn't afford the treatment. Last week, doctors at IGICH were kind enough to arrange for an infusion with seven vials. I was told it was through the Karnataka government funds," says Vinutha, who has continued her studies through all this and is now pursuing a master's degree in Pharmacy.

"At this point, all we are asking is continuity of treatment for my daughter. We do not know what will happen to her after our death," her distraught mother says.

However, sustaining the life-long treatment of rare disease patients — especially in Group 3 — remains challenging. Hidden from the spotlight of mainstream medical attention, they grapple with some extraordinary challenges, as Rachita's case illustrates.

Diagnosed with Gaucher, this 21-year-old daughter of a farmer couple — Lokanath and Tanuja — from Chittoor in Andhra Pradesh, has a hearing impairment apart from a cardiac issue. Due to her health condition, she was never sent to school. Her uncle, Madhusudan, her local guardian in Bengaluru, brought her to IGICH and her treatment started under the Centre's 50 lakh grant in March.

"She has hardly got seven enzyme replacement therapy infusion cycles, with seven vials in each cycle. Her monthly infusion of two cycles was split and given in June and July, with three vials in each cycle. She had just adjusted to the therapy and had shown slight improvement when her funds were exhausted. Doctors told us she cannot be treated with funds from the Karnataka government as she is from a neighbouring State. We do not know what to do," Madhusudan says.

A file photo of participants of Race for 7, an awareness campaign regarding rare genetic diseases in Bengaluru. | Photo Credit: The Hindu

Pointing out that the treatment cost is very high and variable, based on the individual disorder and body weight of the patient, Dr. Sanjeeva cites the example of Gaucher. "The annual treatment cost for a child weighing 10 kg with Gaucher would be approximately 28 lakh (as per current price). The cost escalates as the child grows. Decreasing the dosage after clinical and lab stabilisation is possible, especially in Gaucher disease. This helps in sustaining the treatment for these patients."

He says while the government is putting in immense efforts, much more needs to be done to establish a sustainable funding mechanism. "We urge philanthropists and corporate companies to come forward and donate to this cause. They can use their CSR funds and adopt a patient with a rare disease," Dr. Sanjeeva suggested.

As the primary problem is the high cost of the therapy, the Union Ministry is exploring various low-cost alternatives. The government is working at multiple levels, talking to stakeholders about making treatment for rare diseases more affordable. "This will create a robust and sustainable mechanism to ensure that treatment is continued and patients have a hope of a healthy and near-normal life," he says.

Meenakshi Bhat, Associate Director at the Centre of Human Genetics that is working along with Indira Gandhi Institute of Child Health for diagnosis of rare diseases.

A top official from the Union Health Ministry, who did want to be quoted, says discussions are on to convert the National Policy on Rare Diseases into a programme. He says such a move is essential to institutionalise the treatment of rare diseases under an exclusive programme.

Meenakshi Bhat, associate director at the Centre of Human Genetics, agrees on sustainable funding that ensures continued treatment. She says Karnataka has led the way in the treatment of rare diseases. “The State government was the first in the country to fund therapy for rare diseases in 2016, making way for positive developments here since. However, it is critical that these initiatives are maintained and further expanded to support affordable genetic diagnosis, help in early identification by newborn screening and prenatal diagnosis programmes,” she points out, adding that working together is important.

Meanwhile, patient advocacy groups are unhappy over the non-utilisation of the Centre’s funds released to some of the designated CoERDs to provide diagnosis and treatment.

L. Hanumanthaiah, Congress MP from Karnataka, who has been consistently raising the issue in the Rajya Sabha, wrote to the Union Health Minister Mansukh Mandaviya on August 7 this year, expressing grave concern over the inordinate delay by several CoERDs to start treatment of rare disease patients. The letter, signed by 20 like-minded MPs, also brought to the Minister’s notice the lack of sustainable funding support for rare diseases.

“The languid pace displayed by a majority of the Centres of Excellence for Rare Diseases (CoERDs) has caused immense anxiety to several hundred patients and their families, to the extent that some have now stopped following up with their CoERDs, while many others said they are left with no option but to wait for the inevitable,” he says in the letter.

“The Ministry has disbursed close to 72 crore to 11 CoERDs since October 2022. However, only 33 patients belonging to Group 3 (a) have been put on treatment, while the total number of patients registered on the [Centre’s] crowdfunding portal [rarediseases.mohfw.gov.in] is 912. As per reports coming in from patients of several States, the situation at several CoERDs continues to be poor, with no urgency being shown and not a single Group 3 patient having benefited so far from the funding support,” the letter says.

It says that approximately 20 children are reported to have lost their lives in the last few months awaiting treatment support.

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SILENT KILLER: THE HINDU EDITORIAL ON HYPERTENSION AND THE FIRST WHO REPORT ON THE SUBJECT

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

September 22, 2023 12:20 am | Updated 08:34 am IST

Globally, hypertension affects one in three individuals and four out of five do not have it adequately controlled, according to the first World Health Organization (WHO) report on hypertension released on September 19. It is a grim reminder that countries have done little to keep the biggest risk factor for death and disability under check despite the easy availability of inexpensive medicines. Uncontrolled blood pressure (over 140/90) is a main risk factor for cardiovascular diseases such as heart attacks and stroke, and the most common cause of disease and death. It is important to note that health risks associated with hypertension do not begin at over 140/90. Instead, they operate in a continuum even below what is classified as clinical hypertension, especially in people who are diabetic, are obese, and those who consume tobacco and alcohol. Hence, reports on hypertension levels in the population underestimate the cumulative risk of high blood pressure. In the WHO report that relies on 2019 data, 188 million Indians adults aged 30-79 years have hypertension. Of them, the condition has been diagnosed only in 37%, 30% are treated and a meagre 15% of people have hypertension under control. Women appear to be marginally better than men in having the condition diagnosed, treated and controlled. Based on sketchy data from parts of India, stroke incidence was found to be 108-172 per 1,00,000 people per year and the one-month case fatality rate was 18%-42%, as per a February 2022 study. In the Global Burden of Disease report, in 2019, heart attack was the leading cause of death and disability in India.

Studies have shown that excess salt consumption (over five grams a day) is responsible for 17%-30% of hypertension. While member States are required to achieve a 30% relative reduction in mean population intake of salt by 2025, India is yet to implement many components of WHO’s prescription to cut down salt intake. A study in four Indian States published in 2021 found high salt and sugar content in packaged food items. Making front-of-pack nutrition labelling mandatory, encouraging reformulation of foods to cut down salt, and raising awareness in people to reduce salt intake should be urgently undertaken. India has, however, done well in improving blood pressure control in people with hypertension through the novel India Hypertension Control Initiative (IHCI). Launched in 2018, the IHCI has successfully enrolled 5.8 million hypertensive patients for treatment in 27 States, as of June 2023. Importantly, 48% of patients enrolled at primary health centres and 55% at health wellness centres achieved blood pressure control as of March 2021. It is now important to greatly increase the number of hypertensive people on treatment and keep blood pressure under control.

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Source : www.thehindu.com Date : 2023-09-22

THE SILENT KILLER: TACKLING HYPERTENSION IN INDIA

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

September 21, 2023 10:55 pm | Updated 10:55 pm IST

Adherence to your medication schedule is an important factor in controlling hypertension. | Photo Credit: Getty Images

High blood pressure, also known as hypertension, is often called the “silent killer” because it often goes unnoticed until it triggers severe health complications such as strokes, heart attacks, kidney damage, and heart failure. According to medical standards, the reading on a doctor’s BP monitor going above 140/90 accounts for hypertension. The World Health Organization (WHO) released its first-ever report on the global impact of hypertension this Tuesday, highlighting the devastating consequences of this widespread, yet often neglected condition.

The WHO report reveals that hypertension affects one in three adults worldwide, making it a significant global health concern. It is a condition that knows no boundaries, affecting people across age groups and geographical regions. The number of people living with hypertension has doubled from 650 million in 1990 to a staggering 1.3 billion in 2019, with nearly half of these individuals unaware of their condition.

According to the WHO report, nearly four out of five people with hypertension are inadequately treated. However, scaling up coverage could avert 76 million deaths between 2023 and 2050. The report reveals a doubling of hypertension cases from 1990 to 2019, with over three-quarters of affected adults residing in low- and middle-income countries.

“Diagnosing and treating hypertension is the simplest and most basic care even a nurse could give in the absence of a doctor at a primary health care facility, and there is no excuse for any country failing to scale this up,“ said Bente Mikkelsen, Director of Noncommunicable Diseases, WHO, in an online press conference on Tuesday during the release of the report.

Recent research on hypertension in India paints a similar picture. A recent systematic review published in *The Lancet Regional Health, Southeast Asia* and a community study published in *Cureus* highlights the growing prevalence of hypertension in the country, particularly among younger adults and those from lower socioeconomic backgrounds. The research papers emphasise that a significant portion of hypertensive individuals in India remain undiagnosed. The lack of awareness about the condition and limited access to healthcare services are critical factors in this trend.

The systematic review examined how well hypertension, or high blood pressure, is managed in India from 2001 to 2020. They found that only about 22.5% of people with high blood pressure had it under control in the most recent period from 2016 to 2020. The Cureus study showed that the number of people with high blood pressure in India increased from 20.4% to 22.8%, especially among those aged 15-49. While more cases are being found through screening, many people (around 58%) with high blood pressure do not know they have it, especially men, those with less education and money, tribal communities, and people living in rural areas. Even when people know they have high blood pressure, six out of ten do not start treatment, so there is a need for interventions to change their health-seeking behaviour.

“The WHO report accurately reflects on hypertension as a public health problem, a significant issue in India,“ said Saurav Basu, Assistant Professor, Public Health Foundation of India, and author of the Cureus study. Through their extensive community surveys, such as the National Family Health Survey (NFHS) and Noncommunicable Diseases (NCD) surveys, researchers such as Dr. Basu have also found what WHO has reported. “We know that many people in India with high blood pressure don’t know they have it, and even when they do, they often don’t receive proper treatment, leading to poorly managed high blood pressure,“ he added.

The WHO report underscores the role of modifiable risk factors in hypertension. Unhealthy lifestyle choices, such as a high-salt diet, lack of physical activity, and excessive alcohol consumption, increase hypertension risk. This echoes the findings of the Indian research, which also highlights the impact of lifestyle factors on hypertension prevalence. Sedentary lifestyles, poor dietary choices, and high stress levels contribute to the rising incidence of hypertension in India.

The treatment gaps identified in the WHO report and the Indian studies have dire consequences, as uncontrolled hypertension can lead to life-threatening conditions.
The WHO report emphasises the importance of lifestyle changes in lowering blood pressure, such as adopting a healthier diet, quitting tobacco, and increasing physical activity. It also highlights the role of affordable, widely available medications in effectively managing hypertension.

“There have been studies several years ago that showed that the average blood pressures across countries were tightly linked to the salt intake,“ said Tom Frieden, CEO of Resolve To Save Lives, a US-based NGO advocating cardiovascular disease prevention. “What we now see in some countries is that as the food gets unhealthier, we also see a big increase in the rate of hypertension – so what we need here is not just access to care but also promotion of healthier lifestyle to curb NCDs,“ he said during the press briefing.

The Indian research papers complement these perspectives by stressing the need for improved hypertension control strategies. They reveal that despite awareness of their hypertension diagnosis, a significant portion of patients in India do not initiate antihypertensive treatment. This indicates challenges in treatment-seeking behaviour and the need for educational and behavioural interventions. Despite a significant four-fold improvement in control rates over two decades, the rising prevalence of hypertension, especially among the poor and young adults, necessitates reevaluating national strategies. According to the WHO report, regional disparities are evident among different countries. However, WHO and Dr Frieden believe India does well.

“The government of India follows WHO‘s guidelines in remarkably expanding the heart care programs throughout the country among the health and wellness centres under community control,“ Dr Frieden said. However, the Cureus study identifies regional disparities within India. For instance, southern States such as Kerala and Tamil Nadu show better control rates than the western and north/northeastern - States in India.

Moreover, medication adherence is crucial for control. However, issues like forgetfulness in the elderly to take medication, medication availability, and affordability pose barriers. Limited research exists on lifestyle and risk factors, with social determinants such as education and caste systems playing a role. This calls for better data collection and evidence-based policies to address uncontrolled hypertension in India.

“Managing cases of high blood pressure that don’t respond well to treatment, especially when doctors hesitate to take action in primary care settings, is also a problem,“ Dr Basu said.. “Additionally, ensuring that people take their medications over the long term and close monitoring of complications related to high blood pressure, especially in those with diabetes, are major challenges in India.“ Consequently, the National Programme for Noncommunicable Diseases aims to provide proper care for 70 million people with high blood pressure in India, and its work amid the WHO report release is crucial, according to Dr Basu.

The economic aspect of hypertension management is a vital focus area of the WHO report. It underscores that prevention, early detection, and effective management of hypertension are among the most cost-effective interventions. “The economic benefits of improved hypertension treatment programmes far outweigh the costs,“ said Dr. Mikkelsen. This is a crucial point for India, where healthcare accessibility and affordability are significant concerns for people experiencing poverty.

(Vijay Shankar Balakrishnan is a freelance journalist based in Ludwigshafen am Rhein, Germany.)

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KERALA NIPAH VIRUS OUTBREAK: WHAT ARE MONOCLONAL ANTIBODIES?

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September 21, 2023 07:02 pm | Updated 07:05 pm IST

A health worker coming out from the Isolation ward where patients under observation for Nipah are accommodated at the Government Medical College Hospital in Kozhikode on Tuesday. | Photo Credit: The Hindu/K Ragesh

The story so far: Last week, India reached out to Australia to procure monoclonal antibody doses to combat the Nipah virus outbreak in Kerala. India is expecting 20 more doses soon, Indian Council of Medical Research (ICMR) head Dr. Rajiv Bahl said on Friday.

The virus has killed two people so far and has infected at least five others in the Kozhikode district. The current Nipah outbreak is Kerala's fourth since 2018.

India currently has the antibody doses available for ten persons only. Addressing the press, Dr. Bahl said that no one in the country has been administered the dosage so far since it needs to be given at an early stage of infection.

Monoclonal antibodies are laboratory-made proteins that mimic the behaviour of antibodies produced by the immune system to protect against diseases and foreign substances.

An antibody attaches itself to an antigen – a foreign substance, usually a disease-causing molecule – and helps the immune system eliminate it from the body.

Monoclonal antibodies are specifically designed to target certain antigens.

Niels K. Jerne, Georges J.F. Köhler and César Milstein were awarded the medicine Nobel Prize in 1984 for their work on the "the principle for production of monoclonal antibodies".

According to research published in The Lancet journal of Infectious Diseases, m102.4 is a "potent, fully human" monoclonal antibody that neutralises Hendra and Nipah viruses, both outside and inside of living organisms. The antibody has passed phase-one clinical trials — which means that researchers tested it with a relatively small number of people to estimate the right dose of treatment that also doesn't cause side effects.

As of now, the drug is used on a 'compassionate use' basis — a treatment option that allows the use of an unauthorised medicine under strict conditions among people where no other

alternative and/or satisfactory authorised treatment is known to be possible and where patients cannot enter clinical trials for various reasons.

The m102.4 monoclonal antibody was first developed by Dr. Christopher Broder and his team at the Uniformed Services University of the Health Sciences (USU) in Bethesda, Maryland, with help from the U.S. National Institutes of Health (NIH).

Monoclonal antibodies are specifically engineered and generated to target a disease. They are meant to attach themselves to the specific disease-causing antigen. An antigen is most likely to be a protein.

For instance, most successful monoclonal antibodies during the pandemic were engineered to bind to the spike protein of the SARS-CoV-2 virus. The binding prevented the protein from exercising its regular functions, including its ability to infect other cells.

Dr. Köhler and Dr. Milstein, who established a generation of monoclonal antibodies for use in humans in 1975, used this principle to describe the hybridoma – a fusion cell made up of B cells (white blood cells that produce antibodies) and myeloma cells (abnormal plasma cells). These hybrid cells allowed the researchers to produce a single antibody clone, which came to be known as a monoclonal antibody.

The initial technology of producing hybridoma in mice was unsustainable. Today, these antibodies are made using recombinant DNA technology. Here, the gene that codes for the monoclonal antibody's binding region — also known as the variable region — is isolated from a B cell or synthesised in the laboratory. This antibody is then introduced into a host cell, often a bacterium or a mammalian cell, using recombinant DNA technology (which involves manipulating DNA material outside an organism to obtain specific traits or characteristics). The host cells, called bioreactors, produce large quantities of the monoclonal antibodies which are extracted, purified, and readied for use as desired.

Glycoproteins are one of the major components of viruses that cause diseases in humans. According to a research paper published in October 2020, the m102.4 monoclonal antibody binds itself to the immunodominant receptor-binding glycoprotein of the Nipah virus, potentially neutralising it.

The results of a successful clinical safety trial conducted with 40 volunteers between March 2015 and June 2016, for monoclonal antibody m102.4, were published in 2020. Led by Geoffery Playford of Princess Alexandra Hospital in Brisbane, Australia, it was the first in-human, randomised, controlled phase-one study of the safety, tolerability, and immunogenicity of m102.4.

The study was double blind, which means neither the participants nor the researchers knew who received the antibody and who received the placebo. The researchers created eight cohorts of five participants each. In each cohort, six people were randomly administered m102.4 of varying doses, while the remaining two received the placebo.

The most common treatment-related side-effect was headache, reported by 12 of 30 participants in the combined m102.4 group, and three from the pooled placebo group. No deaths or severe effects, which could have caused the study to be discontinued, were noted.

The results of the trial showed that single and repeated doses of m102.4 were well-tolerated and safe, and invoked no adverse responses from the immune systems of participants.

The monoclonal antibody m102.4 for Dr. Playford's clinical trial was manufactured by the Australian Institute for Bioengineering and Nanotechnology (AIBN) at the University of Queensland.

In his press conference, ICMR chief Dr. Bahl mentioned that "no opportunity presented itself to take the research forward" after the first phase of trial.

According to the Queensland Health Department, the antibody has been available in Queensland State since 2010 to treat Hendra virus infections, and has been shared by USU and the Henry M. Jackson Foundation for the Advancement of Military Medicine.

As of 2020, it had been administered to 13 people on compassionate grounds in Queensland. Hendra virus is on the World Health Organisation's list of priority diseases requiring urgent attention for research and development of therapeutics — as is the Nipah virus.

Both Hendra and Nipah viruses are bat-borne Paramyxoviridae – a family of viruses that contain a single-strand RNA of negative-sense genome, similar to the ones that cause diseases like measles, influenza etc., and replicate within infected cells.

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Source : www.thehindu.com Date : 2023-09-23

PUBLIC HEALTH ADVOCATES DEMAND WARNING LABELS, BAN ON JUNK FOOD ADS

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

September 22, 2023 08:31 pm | Updated 08:32 pm IST - NEW DELHI

Photo used for representation purpose only. | Photo Credit: Reuters

Public health experts, consumer groups, lawyers, and patient groups on September 22 called on the Union government to check the rise in consumption of high fat, sugar, salt, and ultra-processed foods (UPF), warning that if the trend goes unchecked, India will not be able to halt the rise of obesity and diabetes.

New data obtained through the Poshan tracker revealed that 43 lakh children under the age of five years — or 6% of all children tracked — are obese or overweight, notes Arun Gupta, convenor of the think tank Nutrition Advocacy in Public interest (NAPi). He says one of the major underlying factors behind the increasing consumption of junk foods is triggered by the food industry's pervasive advertising and promotional techniques to increase sales. NAPi recently released a report on the issue, titled, "The Junk Push: Rising Consumption of Ultra-processed foods in India-Policy, Politics and Reality".

"Existing regulatory policies remain ineffective to minimise any advertisements of junk foods, which are mostly misleading and especially directed at children and adolescents. None of the legal frameworks or guidelines in India have the potential to stop most of the misleading advertisements of pre-packaged junk or foods high in fats, salt and sugar or to ban misleading claims or warn people about the risks to health. The intent that there shall be no 'misleading advertisement' needs a clearly worded law," added Dr. Gupta.

In an effort to tackle the burden of non-communicable diseases, the Union government put in place a National Multisectoral Action Plan for Prevention and Control of Common NCDs (2017-22).

"However, gaps remain. Its recommendations such as preventive legal frameworks to control advertising and labelling are yet be acted upon to cut down the consumption of junk foods," said the NAPi report.

The report says that, of the advertisements it examined, none provided the "most important information" as demanded by the Consumer Protection Act 2019, for a food product: the amount of sugar, salt, or saturated fat it contains.

Environmental activist Vandana Shiva said that the burden of non-communicable chronic diseases is related primarily to junk and ultra-processed foods, and is fast becoming a health emergency. Protecting and promoting healthy, diverse food and regulating ultra-processed food is the duty of government, she added.

“As per an unpublished WHO India study, more than 200,000 such advertisements [for pre-packaged foods] are flashed each month just on 10 select channels,” said social scientist Nupur Bidla, a member of NAPi. “These advertisements target children, seek parental approval, use celebrities, project junk foods as healthy. It is because of such pervasive and aggressive marketing techniques, we call it as ‘The Junk Push’,” she said.

health / nutrition and diet

Source : www.thehindu.com Date : 2023-09-23

THE CURIOUS LINK BETWEEN ALZHEIMER'S DISEASE AND TRAUMA

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

September 22, 2023 05:44 pm | Updated 05:44 pm IST

Image for representational purpose only. File | Photo Credit: Reuters

It is the early 1800s, the French Revolution has just subsided, and Philippe Pinel, a French doctor, proposes a 'radical' humane approach to treating medical illness. He argues that maladies such as Alzheimer's Disease (AD) are better understood as a puzzle of multiple pieces. Why does a person develop a specific illness at a particular time in their life? Each illness, he writes, "represented the intersection of a human being at a specific moment in life with a disease at a particular stage of its development". Take Alzheimer's. Mr. Pinel theorises the condition arises not only due to abnormalities in "plaques and tangles" — proteins in the brain associated with AD — but also from other causes including education, alcohol use, genetics, way of life, even trauma to the head.

Today, science acknowledges all these as risk factors for Alzheimer's, the most common type of dementia that progressively erodes one's memory, thinking and other cognitive abilities. This 'inevitable demise of personhood' has been likened to a 'living death'. India is home to an estimated 53 lakh dementia patients aged 60 and above, a number expected to exceed 120 lakh by 2050, per data collected before the COVID-19 lockdown. The prevalence of dementia among older people is higher in India as compared to the U.S. or U.K., recent evidence also showed. People are living longer, in a country set to become the world's most populous nation. Moving pieces such as diabetes, hypertension, obesity, lifestyle, lack of awareness also contribute to this rise, experts note, as we sit decades away from finding a cure. It is no wonder the theme for this year's World Alzheimer's Day theme is 'never too early, never too late', a clarion call to prevent risk factors where possible.

One association is reiterated in the growing canon of dementia research: that of adversity and cognitive decline, in tune with what Mr. Pinel first observed. Does stress — trauma, of the brain, the mind, the body — erode brain health to a degree that it hastens neurodegeneration, and consequently, the risk of developing AD? The hypothesis has been tested over and over, yielding conflicting and contradictory results. The Alzheimer's question boils down to: We know adversity influences symptoms of AD, but can it increase the risk of *developing* Alzheimer's too?

Evidence connecting traumatic brain injury (TBI) with numerous types of late-onset dementia has strengthened over the last three decades. TBI cases among U.S. veterans were associated with a 60% increase in the risk of developing dementia. Footballers were 50% more likely than

others to develop dementia due to repeated instances of “mild brain trauma”, per a 2023 Scottish study published in the *Lancet Public Health*. The term ‘punch drunk syndrome’ was devised in 1928 to describe syndromes (such as “marked mental deterioration”) contact-sport players presented years after retiring from boxing. Interestingly, the risk of specific brain changes was tied to the number of rounds a player boxed, not the number of times they were knocked out — implying that even injuries that don’t cause physical unconsciousness may slowly build up dementia risk.

The ‘why’ of it all is still inconclusive. A meta-analysis of studies peering into the link between TBI and AD found accumulated *beta-amyloid* (A, a toxic waste protein in the brain). A in excess tends to aggregate and form plaques, which deposit between neurons and disrupt cell function in people with AD. Other causes were vascular damage, white matter degeneration in patients, and deposition of *tau* (a protein that accumulates as neurofibrillary tangles), among other reasons that could lead to neurodegenerative disease. In 2021, researchers looked at MRIs of people with AD and those with TBI to find similarities in neurodegeneration: cortisol thickness — correlated with brain age, healthy memory and attention — had thinned in both. These findings could help “professionals to identify TBI victims who are at greater risk for Alzheimer’s disease”, the researchers said.

Genes could be decisive actors too: people with TBI, who had a specific variant of the gene apolipoprotein E (APOE) called APOE-e4, were more likely to develop dementia, a December 2022 study found, but more research is needed to solidify the genetic link. In some cases, TBI was not linked to AD or dementia at all but to other forms of neurodegeneration such as Parkinson’s Disease. Scientists humbly acknowledge the equivocal nature of data and flagged the need to unearth which pathological mechanisms TBI activate, and how it is linked ot neurodegeneration.

Residents of the conflict-ridden Jammu and Kashmir have the highest prevalence of dementia in India, claimed a research conducted by the University of Southern California and AIIMS-Delhi earlier this year (70% of Kashmir’s population have witnessed a violent death, almost half have undergone some form of mental distress, per the Médecins Sans Frontières). This wasn’t a causal link but a correlation: 11% of people reportedly have dementia, but it is unclearif that group was exposed to trauma or not.

The relationship between PTSD and dementia is complex, but too strong to ignore. A growing body of research has associated post-traumatic stress disorder (PTSD) in American war veterans with AD and dementia risk. Early childhood adversity, due to violence, war or abuse, has also been connected with a later life dementia diagnosis, a 2020 meta-analysis published in the *British Journal of Psychiatry* found. The UCL researchers followed up with patients up to 17 years, people who had gone through both combat and non-combat-related trauma, and found the rate of dementia diagnosis among people with PTSD was almost two times of those without PTSD. “This provides the strongest evidence yet that PTSD is a risk factor for dementia”, says Stefanie Pina Escudero, who is researching the interplay of stress and neurodegeneration at UC San Francisco, and was not involved in the study.

Instead of placing AD and trauma in a ‘cause’ and ‘effect’ equilibrium, think of a two-plate scale. Dementia on one side; protective factors, such as genetics, health conditions, lifestyle sit on the other. “If these factors are negative, they may tilt the balance further towards dementia, while if they are positive, they may help to balance it out,” says Dr. Pina Escudero.

One theory spotlights the role of the hypothalamic-pituitary-adrenal (HPA) axis, the body’s fire alarm: any stressful event activates the HPA axis, alerting us to danger, where cortisol is released to help us cope with stress and it eventually turns off. “However, if there is a constant

fire alarm or one that goes off very easily as in PTSD, it can become very annoying and even harmful," explains Dr. Pina Escudero. The HPA axis is overworked, causing the cortisol levels to remain high and triggering symptoms, "including flashbacks, nightmares, and anxiety, as well as several health problems, including Alzheimer's disease." Moreover, traumatic experiences are also associated with depression, anxiety disorders, sleep disturbances, and substance abuse, and if unaddressed, each of these outcomes "increases the risk of cognitive impairment".

A 2023 study published in *Brain* journal found something similar, where the constant fire alarm eventually had a negative impact on the body, causing inflammation, damage to DNA and cells, and accelerating the ageing process, "which of course can affect the brain and cognition". The researchers examined stress levels in female mice and found *beta-amyloid* proteins released in excess. The authors admitted the need for more evidence, but the finding "demonstrates a direct link between stress and Alzheimer's disease in women at a cellular level." Another paper argued that stress due to traumatic flashbacks and lack of sleep reportedly increases amyloid burden, accelerating cognitive decline prior to AD.

Stress and trauma also often accompany social isolation or depression -- known risk factors that increase the likelihood of developing dementia. A recent John Hopkins study found even a mild hearing loss doubled the risk of dementia. "You may not want to be with people as much, and when you are you may not engage in conversation as much...which could "contribute to a faster rate of atrophy in the brain", researcher Frank Lin explained. The intensity of trauma also adds up: chronic stress (real-life threats like war) distinctly differs from moderate stress (when facing new things). It's like driving a car: "If you press the accelerator to the floor to escape a threat and do so for an hour... then return to driving at a normal speed, the car will continue to function well," explains Dr. Pina Escudero. "However, if you keep the accelerator pressed for days, weeks, months, the entire car will experience wear and tear." One of the regions that may fall to this degradation is the hippocampus, charged with learning and storing new memories.

Genes may play a role too. The Kashmir study found a higher rate of specific DNA variations called the ACE polymorphisms The ACE gene (and its two versions: the I allele and the D allele) instructs the body on making a protein that controls blood pressure. In the study, the people who inherited the I allele from one or both parents had a higher chance of developing Alzheimer's disease. Compared to its other half, the I allele makes a shorter version of the ACE protein, which is not only less effective in disposing of -amyloid in the brain but also contributes to higher blood pressure and threatens the brain's shield -- the blood-brain barrier. Together, they wreak neuronal dysfunction and are hallmarks of AD. However, this connection remains a "matter of debate", says Dr. Pina Escudero. "A person being a carrier of the *ACE* I alleles is not a direct cause of Alzheimer´s disease as maybe other genes are; it is just one more risk factor and may universally apply to all human populations."

The story is "nebulous" when it comes to emotional adversity, says A.B.*, a neuroscientist involved in dementia research in India who wished not to be named. While studies aim to chart pathways between adversity and AD, the precise causality is still unclear.

One way researchers rationalised the 2023 paper on dementia risk in Jammu and Kashmir was that prolonged stress impacts the brain's hippocampus and memory centre. But this theory "makes dementia look so simple", says A.B., because dementia is not just about memory -- there's so much more to the gamut than forgetfulness.

This is an inherent limitation in studying AD and dementia. A.B.* notes that studies that show associations (and not causations), while instructive in guiding research, do not offer "necessary and sufficient" evidence to prove a link. Childhood adversity does impact brain health, and poor brain health may in turn trigger cognitive decline and AD-related symptoms. But it is not wholly

correct to say if A=B, and B=C, so A=C; there are unmapped variables at play. “It’s only a mathematical correlation. It’s like a man and a woman, are walking on the road at the same time. There happen to be other men and women walking who are married. So you conclude that these two are also married,” which is not accurate.

Moreover, the credibility of studies is tied to the composition of datasets, how long were the participants followed, the methodology applied. The Jammu and Kashmir study, for instance, sampled a total of 1,10,000 people from India, but only 1,000 people were surveyed from the Union Territory itself. A.B.* says, “The sampling strategy was not randomised and statistically established, and they had a lot of missing data”. Correlational studies are important, but ‘cherry picking’ symptoms can misrepresent an illness, especially in a landscape marked by limited scientific literacy and lack of data. The threshold of proof to establish scientific causation is justifiably high, but to understand how the brain’s plasticity compensates for stress means exposing people to stress itself. “A rigorous study... would involve randomly assigning two groups of individuals to either experience PTSD or not, and then following them over time to see if they developed dementia,” Dr. Pina Escudero says. “This is not possible for ethical reasons.”

The field is also dominated by research from Western countries sampling a Caucasian population, and may not reflect the socio-economic challenges of low- and middle-income countries. India’s genetic diversity due to migration, coupled with the caste system and resultant endogamy, presents an untapped, unique genetic landscape that will invariably alter the trajectory of dementia among India’s ageing population, argued a 2021 paper in *Nature*.

There are *N* factors that impact brain health and lead to neurodegenerative disorders. One’s age, personality, coping skills, how long the trauma last, the nature of trauma, if one has social support. If their cultural norms create healthy conditions for processing trauma. A paper in *Nature* acknowledged the variability at play, explaining that “past research on the effects of specific adversity shows a fragmentary and somewhat contradictory picture”. Their longitudinal study followed up with patients from 2006 to 2018 and found that adversity did have a bearing on dementia risk (positive and negative). It, however, depended on a) the nature of adversity (did someone’s parents die? did they experience hunger) and b) the period in life when adversity hit.

For now, whether any one of them is “necessary and sufficient” to cause AD is still uncertain, says A.B. Moreover, researchers are still unearthing which brain regions are involved in AD; dementia research is then a lot like flipping pieces to see the full picture of Alzheimer’s, except the box doesn’t specify how many pieces make the puzzle.

The glut of findings interlinking trauma and Alzheimer’s, however, betrays a poignant temptation, to attribute a complex, baffling disease -- which changes the brain, the person and the family -- to one root cause. But as researcher Debomoy K. Lahiri notes in his paper, we need an ‘arsenal’, not a ‘magic bullet’ that targets one region or one cause, for the Alzheimer’s question “requires our understanding the disease as a transformation rather than a state”. Both A.B. and Dr. Pina Escudero propose a 180-degree shift in how we rationalise AD research: “it’s a complex interplay of factors, and we definitely need more studies to look at the impact of adverse events,” says A.B.

As science seeks to demystify the brain, another part of this arsenal is to perhaps utilise research linking trauma to dementia risk, even if observational, into targeting populations “more vulnerable to developing dementia”, improving screening efforts and raising awareness. It could pre-emptively address mental distress, anxiety and trauma in a population who are living through pandemics, conflicts, soaring unemployment and hunger, by investing in a mental health landscape marked by stigma and lack of availability. The route to addressing India’s Alzheimer’s

burden goes beyond immediate medical cure and instead by caring for those who may eventually develop a disease, activists have opined. Dr. Pina Escudero adds that a prerequisite for screening should be to “ensure equal access to screening, follow-up, treatment, and ongoing evaluation for the entire population”. There is no straightforward relationship between trauma, PTSD and dementia; prioritising one trauma over the other for screening creates conditions of inequity.

“It is essential to raise awareness about PTSD and its various health-related consequences, including dementia. People should be encouraged to discuss these concerns with their healthcare professionals,” she says. This, in tandem with healthcare professionals receiving training to identify PTSD and its potential negative outcomes can help them “effectively modify the identified risk factors”. Research linking adversity with AD is then, only discovering newer clues to the puzzle.

“The disease is just too complex in its pathogenesis, which (still) needs to be fully acknowledged. In addition, the exact causes of the disease are still elusive, which still needs to be fully admitted.”Christian Behl, author of “Alzheimer’s Disease Research” (2023)

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health / disease / alzheimer's disease / neurology

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Source : www.pib.gov.in Date : 2023-09-23

ISLRTC – DEPARTMENT OF EMPOWERMENT OF PERSONS WITH DISABILITIES WILL BE CELEBRATING SIGN LANGUAGE DAY ON 23RD SEPTEMBER 2023

Relevant for: Developmental Issues | Topic: Rights & Welfare of Persons with Disability including Mentally Ill People - Schemes & their Performance, Mechanisms, Laws Institutions and Bodies

Indian Sign Language Research and Training Centre (ISLRTC), New Delhi under the aegis of DEPwD (Divyangjan), Ministry of Social Justice and Empowerment, Govt. of India will be celebrating Sign Language Day-2023 on 23rd September 2023 at Bhim Hall, Dr.Ambedkar International Centre Janpath, New Delhi.

Ever since the United Nations declared 23rd September as the International Day of Sign Languages, the ISLRTC celebrates it every year on 23rd September. DEPwD and ISLRTC are making all the possible efforts to bring more citizens, stakeholders, service-providing agencies, Deaf schools, NGOs, activists, Deaf leaders, educators, researchers etc. together into the fold of Sign Language Day in order to create positive awareness about Indian Sign Language among all sections of our society. The Day also reminds us of the need and importance of preserving sign languages as a part of linguistic and cultural diversity. All theprofessionals, parents of Deaf, Deaf students and institutions working in the field of Indian Sign Language from all walks of life are important target groups to rope into the Sign Language Day celebration.

The theme of this year Sign Language Day-2023 is “A World Where Deaf People Everywhere Can Sign Anywhere!”A world where deaf people are seen as a part of the natural range of human diversity, and national sign languages are celebrated and used everywhere as part of national societies. On this day, collective efforts of deaf communities, governments, and civil society representatives are made to ensure their children and youth know their national sign languages, as a step towards building societies in which deaf people everywhere can sign anywhere.

Minister of State for Social Justice & Empowerment, Km. Pratima Bhoumik will be the Chief Guest and Sh. Rajesh Aggrawal, Secretary; DEPwD will be the Guest of Honour. Rajesh Yadav, Joint Secretary, DEPwD and Sh. Mrityunjay Jha, Director, DEPwD &ISLRTC, and Representatives from National Association of Deaf, All India Federation of Deaf, and All India Federation of Deaf for Women will also grace the occasion.

During the programme, the following programs and materials will be launched:

Launch of Basic Communication Skills in Indian Sign Language an online self learning course. The primary aim of this course is to foster basic communication skills in Indian Sign Language. It is tailor-made for parents of deaf children, siblings, educators, and individuals interested in acquiring basic knowledge of Indian Sign Language (ISL).The course comprises 10 modules, covering 30 essential topics, ensuring a comprehensive grasp of basic ISL communication.

Launch of 267 signs of financial terms in Indian Sign Language which are jointly developed by ISLRTC, Society General and V-Shesh. The sign for financial terms are developed to facilitate communication between deaf and hearing people working in the financial and banking sector. The project will help improve the employment prospects of deaf job-seeking youth.

Launch of about 10,000 ISL dictionary terms on website, launch of ISL course in Special Schools for hearing impaired launch of Video Relay Service for the deaf community through

whatsapp video call. Video Relay Service is a video telecommunication service which enables deaf people to communicate with hearing people vide a remote sign language interpreter linked through video communication. The service can be broadly used in hospitals, government offices, educational institutions, bank, work place, interviews, police station and court etc. The service is provided at free of cost through whatsapp no. 8929667579.

The Centre conducted 6th Indian Sign Language Competition, 2023 – a national-level competition held for students with hearing disabilities. The students have showcased their creativity and knowledge by participating in the competition. All the winners of the 6th ISL competition will be distributed trophy and certificate during the Sign Language Day 2023 programme.

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Source : www.thehindu.com Date : 2023-09-24

NEW IMMUNOLOGY STUDY HIGHLIGHTS IMPORTANCE OF COVID VACCINATION OF THOSE WHO HAVE ALREADY BEEN EXPOSED TO THE VIRUS

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

September 24, 2023 08:00 am | Updated 08:00 am IST - Bengaluru

A study has found that both COVISHIELD and COVAXIN significantly enhance immune responses in subjects with varying levels of basal immunity to SARS CoV-2 developed through natural exposure. File | Photo Credit: PTI

A study of COVID-19 vaccine immunity highlights the importance of vaccination in those who have already been exposed to the virus.

The study has found that both COVISHIELD and COVAXIN significantly enhance immune responses in subjects with varying levels of basal immunity to SARS CoV-2 developed through natural exposure. The multi-centric study led by researchers from St John’s Research Institute was published in npj Vaccines, a Nature journal on September 14.

COVISHIELD, manufactured by Serum Institute of India and COVAXIN, indigenously developed by Bharat Biotech Ltd were the first two vaccines authorized for COVID-19 vaccination in India. Even though India had a highly successful vaccination campaign, a majority of the population remained unvaccinated till end of 2021. A major question raised and unknown at that time was whether COVID vaccines available in India in 2021 were even capable of inducing immune responses over and above immunity that may have been acquired through natural exposure to the virus during the ancestral and Delta waves.

“We addressed this issue in 700 adults (aged 18-44 years) who received their primary series of vaccination between November 2021 and January 2022. The samples were collected till May 2023 following which the analysis was done,” said Annapurna Vyakarnam, whose Human Immunology Laboratory is based at St John’s Research Institute (SJRI).

The study participants, who were recruited from four clinical sites and five research institutes in Bengaluru, Pune and Vellore, received either two doses of COVAXIN at 28 days apart or two doses of COVISHIELD at three months apart as per Indian Council of Medical Research (ICMR) guidelines. The peak responses to both these vaccines were measured at two weeks (14 days) post the second dose (day 42 for COVAXIN and day 98 for COVISHIELD).

Professor Vyakarnam, who is the lead immunologist of the study, said circulating neutralising

antibodies and cellular T-cell responses are cornerstone immune parameters governing protection from severe disease. “This study probed magnitude, breadth and quality of these immune parameters using advanced immunological techniques and demonstrated all three parameters to be enhanced at two weeks after subjects received their first two doses of either of the COVID-19 vaccines,” said the researcher, who is also affiliated to King’s College London.

In addition, first round data from this group showed evidence of persistent anti-COVID-19 immunity, up to one year post COVISHIELD vaccination, but less so with COVAXIN, she said.

Srabanti Rakshit, Project Scientist at the Division of Infectious Diseases in SJRI, who is the lead author of the study, said, “this is not surprising as COVISHIELD vaccine was specifically engineered to enhance immunogenicity, whereas COVAXIN is an inactivated rapidly generated and highly deployable first response efficacious virus vaccine”.

“We hope that the unequivocal nature of scientific evidence showing COVID-19 vaccines to broaden and enhance anti-COVID immunity in subjects with pre-existing SARS-CoV-2 immunity, will spur future in-depth analysis of what constitutes persistent immunity to circulating SARS CoV-2 strains,” said the researchers.

“Importantly, we hope this will mitigate vaccine hesitancy arguments to current and future national COVID-19 booster vaccination recommendations; unfortunately vaccine hesitancy remains a global health challenge in significant pockets of the world,” they said.

Funded by CSR support from Hindustan Unilever, the study was done involving four clinical sites - (Bangalore Baptist Hospital (BBH), King Edward Memorial Hospital Research Center (KEM), Symbiosis University Hospital and Research Center (SUHRC) and St. John’s Medical College Hospital (SJMC)) and five research institutes (National Centre for Biological Sciences (NCBS), Institute for Stem Cell Science and Regenerative Medicine (InStem), St. John’s Research Institute (SJRI), National Chemical Laboratory (NCL) and Indian Institute of Science Education and Research Pune (IISER-Pune).

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QUALITY OF ACTIVE TB CASE FINDING SUBOPTIMAL NATIONALLY: STUDY

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

September 23, 2023 08:29 pm | Updated 08:29 pm IST - CHENNAI

Since 2017, India’s Tuberculosis (TB) programme has been undertaking active case finding (ACF) outside the healthcare settings among high-risk populations. | Photo Credit: AP

Since 2017, India’s Tuberculosis (TB) programme has been undertaking active case finding (ACF) outside the healthcare settings among high-risk populations. Recently, a team led by the Chennai-based National Institute of Epidemiology (ICMR-NIE) undertook the first-ever national-level analysis to measure the quality of ACF. This study was commissioned by the Central TB Division. The results of the study were published on September 21 in the journal Global Health Action.

ACF data were available only for 657 districts. Of the three ACF cycles recommended among the high-risk populations each year, 642 districts (98%) undertook just one cycle. Most districts were not clear what constituted one ACF cycle.

An ACF cycle is mapping of the high-risk population and screening and testing them in a given period. “Based on a study in South Africa, two ACF cycles in a year appear to have additional benefits over one cycle. There is no evidence to suggest three cycles are needed,” Dr. Hemant Deepak Shewade, a senior scientist at ICMR-NIE and the first author of the paper, told *The Hindu.*

Based on the available data, the quality of ACF was measured using three indicators — screening at least 10% of the district population for TB, testing at least 4.75% of the screened, and diagnosing at least 5% TB among those tested. Alternative indicator (that is a composite measure of the latter two indicators) is the number of persons who must be screened to diagnose one active TB case or number needed to screen (NNS); NNS should be less than 1,538.

The study found that the quality of ACF was suboptimal across the country in 2021. Not one State met all the three ACF quality indicator cut-offs or the NNS. At the national level, 9.3% of the population were screened, just 1% of the screened were tested and 3.7% of the tested were diagnosed. The NNS was 2,824 which is much higher than 1,538.

Within a district, all high-risk populations are to be first identified (which is called mapping) and ACF should be conducted among them. But mapping was undertaken only in areas where ACF

was conducted and not for the entire district. “We did not have comprehensive data on the number of high-risk populations in the district to report the extent of ACF among high-risk populations. Hence, we reported the extent of ACF among the district population and compared it against a derived cut-off of 10%,” he said.

They found that States that reported high percentage of screening had very low percentage of testing among the screened. Meanwhile, States that had low screening had high levels of testing and diagnosis. Quality ACF indicators for each State should be based on TB epidemiology in the State.

The percentage of people tested among the screened was the worst of the three indicators; it was even worse in the case of population-based screening. “This could be because sputum collection and transport was suboptimal or the presumptive TB cases were required to visit the nearest testing facilities on their own leading to attrition,” he said.

The recommendations of this study have the potential to guide India’s ACF guidance for TB.

Source : www.thehindu.com Date : 2023-09-25

TAKING INDIA BACK TO THE DRAWING BOARD

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

September 25, 2023 12:47 am | Updated 08:12 am IST

Rajya Sabha votes on the women’s reservation bill on September 21, 2023. Photo: Sansad TV via PTI

Its political motivations aside, the Constitution (One Hundred and Twenty-Eighth Amendment) Bill, 2023, which promises 33% reservation for women in the Lok Sabha, and in the Legislative Assemblies of States and the National Capital Territory of Delhi, sheds the spotlight on another crucial aspect of representative democracy — the delimitation of electoral constituencies. The exercise of carving electoral constituencies and fixing their boundaries is referred to as delimitation.

Given their almost festive nature in India, elections are traditionally considered to be the primary site where democracy translates into action. Equally significant is the carving out of the boundaries of electoral constituencies, an issue that has implications for adequate representation of voters’ interests as well as the number of members from each State who find space in the Parliament.

Since the 1970s, there has been no change in the number of Lok Sabha seats. The Constitution (Forty-Second Amendment) Act, 1976 froze the delimitation of Lok Sabha constituencies as per the Census of 1971, up to the Census which was to be conducted in 2001. However, in 2001, the day of reckoning was pushed further to 2026. This was done through an amendment to Article 82 by the Constitution (Eighty-Fourth Amendment) Act. While the boundaries of electoral constituencies were redrawn in 2002, there was no change in the number of seats in the Lok Sabha. Only after 2026 will we consider changing the number of seats in the Lok Sabha. Strictly speaking, the relevant numbers as to population (and its distribution) are expected to come from the 2031 Census, which will be the first census after 2026.

Article 81 of the Constitution says that each State gets seats in the Lok Sabha in proportion to its population. The freeze on delimitation effected in 1976 was to allay the concerns of States which took a lead in population control and which were faced with the prospect of reduction of their number of seats in the Lok Sabha. The practical consequences, however, of the 1976 freeze is that the allocation done on the basis of the 1971 Census continues to hold good for the present population figures. India’s population has, of course, increased significantly since then. Using figures from 1971 to represent today’s population runs contrary to the grain of the Constitution besides obviously distorting what representative democracy stands for.

The exercise of delimitation also implicates the constitutional values of federalism and representation of States as consolidated units. In the preceding decades, the population of the north has increased at a faster pace as compared with the south. In practical terms, this means that MPs in States in north India represent more voters than MPs in the south. Given this context, the question of delimitation necessarily has serious implications for both the individual voter as well as the States. The southern States run the risk of losing some of their seats in Parliament once the delimitation exercise is completed based on current population figures.

The new Parliament building appears ready to house over 800 MPs in the Lok Sabha. How these MPs will be spread out across India's electoral constituencies, and how many people each MP will represent, are questions that beg urgent answers. The freeze in 1976 was necessitated by States' apprehensions embedded in the consequences of their population control measures and widely differing fertility rates. Such concerns hold good even today.

The delimitation of constituencies will need answers to certain vexed questions. The first question might seem more logistical than anything else, where should the population figures come from to inform the exercise of delimitation? The 2021 Census was pushed courtesy of the COVID-19 pandemic, and the Union Home Minister has indicated that the next Census and subsequent delimitation will be conducted after the 2024 Lok Sabha polls. Interestingly, if the next Census were to be actually conducted in 2031 (which is when it is due), the population figures from 1971 would have informed the distribution of seats in the Lok Sabha for more than half a century. Let us also not forget that upon completion of the Census and the redrawing of electoral boundaries, the change in the numerical composition of the Lok Sabha will have to be reflected in the Constitution through an amendment.

Even more vexed are the qualitative concerns that will determine how boundaries of electoral constituencies will be redrawn. If done entirely in terms of proportion of population, the redrawing of constituencies would yield more seats to States in the north, given their higher population. Besides concerns around representation, this will also lead to distrust on the part of States in the south.

The recently concluded delimitation in Assam, ahead of the 2024 Assembly elections, witnessed widespread concerns around how altering the boundaries of certain districts and renaming certain constituencies can have a potentially acute impact on the representation of specific communities. That is all the indication needed to start a robust conversation around delimitation sooner than later, so that lifting of the freeze on allocation of Lok Sabha seats does not have to be pushed ahead further. That will be a stop-gap solution to an imminent concern, one that cannot be wished away.

Ritwika Sharma is a Senior Resident Fellow at the Vidhi Centre for Legal Policy and team lead, Charkha, Vidhi's constitutional law centre

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Source : www.thehindu.com Date : 2023-09-25

POLITICISING EXCHANGES: ON CHINA USING SPORTING EVENTS TO SCORE GEOPOLITICAL POINTS

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

September 25, 2023 12:20 am | Updated 08:37 am IST

The Asian Games, which were opened on September 23 by Chinese President Xi Jinping in Hangzhou following a spectacular opening ceremony on a scale that has now come to be expected from China, are meant to showcase a broader message of Asian solidarity. The days leading up to the opening ceremony of the 19th edition were, however, marked by anything but. The day before the opening, Union Sports Minister Anurag Thakur cancelled his visit to China as a mark of protest to the last-minute denial of entry to three Indian Wushu players from Arunachal Pradesh. The three athletes — Nyeman Wangsu, Onilu Tega and Mepung Lamgu — were given the accreditation needed to travel along with the rest of the Indian team for the Games. However, in what appears to be a directive issued to the airline by China, the athletes were told they could not board their flight. China has in the past issued stapled visas to Indians from Arunachal Pradesh. Only in July, three wushu players from Arunachal Pradesh, due to take part in the World University Games in Chengdu, were issued stapled visas. In this instance, the decision to bar the athletes appears particularly vindictive as visas were not needed to travel for athletes issued digital accreditations. Indian officials believe Beijing thus went out of its way to bar their travel by instructing the airline to not allow them to board. The Ministry of External Affairs in a statement described the action as “targeted and pre-meditated”.

This is, unfortunately, not the first instance of Beijing using sporting events that should have no place for politics to score geopolitical points. In February last year, Beijing ill-advisedly selected the People’s Liberation Army’s commander involved in the Galwan Valley clash as one of the torchbearers for the Winter Olympics. Both then and now, the organisers have appeared more than happy to look the other way given China’s status as both a willing host and strong financial backer of such events. The acting President of the Olympic Council of Asia, Randhir Singh, who met with President Xi in Hangzhou, in remarks to journalists chose not to call out the denial of entry to athletes, instead only saying the matter was being discussed. Beyond the Asian Games, the latest Chinese action serves as a reminder of the current distrust in bilateral relations, as well as of the absence of adequate channels of communication to deal with long-persisting thorny issues, including visas. New Delhi has correctly made clear that restoring normalcy in relations will not be possible without completing the disengagement process along the Line of Actual Control and restoring peace in border areas. Until Beijing reviews its stance on the border, the current state of affairs, which suits neither India nor China, is likely to endure.

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Source : www.pib.gov.in Date : 2023-09-25

UNION HOME MINISTER AND MINISTER OF COOPERATION SHRI AMIT SHAH ADDRESSES THE VALEDICTORY SESSION OF THE INTERNATIONAL LAWYERS CONFERENCE 2023 ORGANIZED BY THE BAR COUNCIL OF INDIA AT THE VIGYAN BHAWAN IN NEW DELHI, TODAY

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

Union Home Minister and Minister of Cooperation Shri Amit Shah addresses the valedictory session of the International Lawyers Conference 2023 organized by the Bar Council of India at the Vigyan Bhawan in New Delhi, today. Several dignitaries, including Union Minister Shri Bhupendra Yadav, were present on this occasion.

In his address, Shri Amit Shah said that the conference has been organized at a very important and appropriate time as the year marks the completion of 75 years of the making of our Constitution, and in the current year, the Indian Parliament is also working towards making significant amendments to the three main laws of our criminal justice system- IPC, CrPC, and Evidence Act. He said that Prime Minister Shri Narendra Modi has initiated India's commitment to realize the concept of Women-led Development before the entire world through the G 20 Summit, and recently, the Parliament has passed the law ensuring the participation of 33% women in the Lok Sabha and state legislatures to make this vision a reality.

Union Home Minister said that under the leadership of Prime Minister Shri Narendra Modi, India has positioned itself at the forefront in various sectors globally, during the past 9 years. He said that India has successfully improved its global ranking from 11th to 5th place in the world's

economy, in the past 9 years. He said that under Shri Narendra Modi's leadership, India is taking the lead in addressing global challenges such as global warming, terrorism and narco-terrorism etc. Shri Shah emphasized that in such times, it is essential for our justice system to be aware of global changes, align itself accordingly, reaffirm the fundamental principles of Indianness within our legal system, and make efforts to lead the world in this direction.

Shri Amit Shah said that justice is the force that ensures balance, and for this reason, the framers of our Constitution consciously made a decision to keep it separate. He said that a balance is essential between justice and all forms of power for the creation of a just society. He added that in the past 9 years, India has made efforts to redraft or create new laws for various sectors according to contemporary needs. Shri Shah said that under the leadership of Prime Minister Modi in the last 9 years, the Indian government has made changes to many laws, such as the Arbitration Law, Mediation Law, and the Jan Vishwas Bill, which are helping reduce the burden on the judiciary. He added that the Jan Vishwas Bill has helped eliminate more than 300 sections of Criminal Liability from over 300 laws, and thus transforming them into Civil Liability. Shri Shah said that as a result of these efforts, people have been instilled with a new kind of confidence. He added that the Insolvency & Bankruptcy Act has worked towards aligning our evolving economy with the global standards. He said that one should prepare well and keep an open mind to correct the errors in the laws. Shri Shah added that it is crucial for any government, parliament, or law-making agency to understand that a law is not final in its form and it should be amended based on the issues that arise with time and its implementation. He said that the purpose of making laws is to establish an efficient system, and not to establish the supremacy of those who make the laws. He added that the new laws of Social Security Code and the Data Protection Bill are to work towards bringing significant changes within their respective domains and help align with international standards.

Union Home Minister and Minister of Cooperation said that the three new criminal laws being developed under the Criminal Justice System are of utmost importance and are being introduced with entirely new perspectives and systems after almost 150 years of the enactment of the old laws. He added that along with these three initiatives of the Modi government, three administrative initiatives have also been taken to create a conducive ecosystem. Firstly, the third

phase of E-Court has recently been approved by the Cabinet at a cost of Rs. 7,000 crore, secondly, Rs. 3,500 crore have been approved for Integrated Criminal Justice System (ICJS), and thirdly, to embrace new technology in the Indian Penal Code (IPC), Criminal Procedure Code (CrPC), and Evidence Act. Shri Shah said that if we combine these three laws and three new systems, then we will be able to eliminate the complaint of delay in justice in our Criminal Justice System, within a decade. He said that in these three new codes, we will not see any colonial influence, and they will resonate with the essence of Indian soil. He added that at the core of these three new criminal laws is the protection of the constitutional rights, human rights, and the self-defence of our citizens.

Shri Amit Shah said that in our present system there is huge delay in getting justice, it is more difficult for the poor to get justice and the conviction rate is very less due to which there is overcrowding in jails and the number of under trials is very high. He said that instead of 511 sections of the Indian Penal Code, there will be 356 sections in the Bharatiya Nyaya Sanhita, whereby an effort has been made to streamline all these systems. Shri Shah added that similarly, in place of the 487 sections in the CrPC, there will be 533 sections in the Bharatiya Nagarik Suraksha Sanhita, and instead of the 167 sections in the Indian Evidence Act, the Bhratiya Sakshya Adhiniyam with 170 sections has been introduced. He said that the purpose of the old laws was to strengthen the British rule and to give strength to the system to run the government well, its purpose was to punish, not to do justice. Shri Shah said that the purpose of three new criminal laws brought by the Modi government is not to punish but to provide justice to every citizen.

Union Home Minister said that justice is a kind of umbrella term. When we say justice, that word is used for a very large community and it includes the concerns of both the accused and the plaintiff. Shri Shah said that justice and punishment have been explained very well in our Indian justice system, punishment in itself is not a perfect concept, but justice in itself is a perfect concept. He said that three new proposed criminal laws have also made a lot of changes in the structure of the court. In the existing criminal justice system, there is a provision for seven different types of magistrates across the country, but now we will find only four types of judges in the criminal justice system. He said that the process has been rationalized, deadlines have also

been fixed and the number of adjournments has also been fixed. Summary trial has been made wider, in cases where the punishment is up to 3 years, the police will have to compulsorily file challan before the court within 60 days of the first hearing and after filing of the charge sheet not more than 90 days will be available for further investigation under this Act. Along with this, the time for filing discharge application before framing of charges has also been set to 60 days, after that discharge application cannot be filed. After completion of the arguments, the judge will have to give the order within 30 days, which can be extend up to a maximum of 30 days. Shri Shah said that in cases of the prosecution of a civil servant, permission is not granted for a long time, but we have made a provision that if the permission is not received within 120 days, then the permission will be considered granted and the prosecution will start.

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Union Home Minister said that to take it forward smoothly, the Ministry of Home is working on the concept of Inter Operable Criminal Justice System (ICJS) since 2018. He said that work under phase one has been completed, the work of making 98% of the police stations of the country online under Crime and Criminal Tracking Network & Systems (CCTNS) and making all the legacy data online has been completed. Now a provision of Rs 3500 crore has been made to move forward in the direction of E-Prosecution, E-Prison, E-Forensics and E-Court. He said that till now more than 32 crore data items have been made online, more than 14 crore data items of CIS for lower courts have also been made online, data of 2 crore prisoners and more than one crore prosecutions has also been made online. Apart from this, more than 17 lakh forensic data items have also been made online.

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Source : www.thehindu.com Date : 2023-09-26

CHILDREN, A KEY YET MISSED DEMOGRAPHIC IN AI REGULATION

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

September 26, 2023 12:08 am | Updated 12:08 am IST

‘The interests of young citizens must be front and centre’ | Photo Credit: Getty Images/iStockphoto

India is to host the first-ever global summit on Artificial Intelligence (AI) this October. Additionally, as the Chair of the Global Partnership on Artificial Intelligence (GPAI), India will also be hosting the GPAI global summit in December. These events suggest the strategic importance of AI, as it is projected to add $500 billion to India’s economy by 2025, accounting for 10% of the country’s target GDP.

Against this backdrop, Prime Minister Narendra Modi recently called for a global framework on the ethical expansion of AI. Given the sheer volume of data that India can generate, it has an opportunity to set a policy example for the Global South. Observers and practitioners will track India’s approach to regulation and how it balances AI’s developmental potential against its concomitant risks.

One area where India can assume leadership is how regulators address children and adolescents who are a critical (yet less understood) demographic in this context. The nature of digital services means that many cutting-edge AI deployments are not designed specifically for children but are nevertheless accessed by them.

Regulation will have to align incentives to reduce issues of addiction, mental health, and overall safety. In absence of that, data hungry AI-based digital services can readily deploy opaque algorithms and dark patterns to exploit impressionable young people. Among other things this can lead to tech-based distortions of ideal physical appearance(s) which can trigger body image issues. Other malicious threats emerging from AI include misinformation, radicalisation, cyberbullying, sexual grooming, and doxxing.

The next generation of digital nagriks must also grapple with the indirect effects of their families’ online activities. Enthusiastic ‘sharents’ regularly post photos and videos about their children online to document their journeys through parenthood. While moving into adolescence we must equip young people with tools to manage the unintended consequences. For instance, AI-powered deep fake capabilities can be misused to target young people wherein bad actors create morphed sexually explicit depictions and distribute them online.

Beyond this, India is a melting pot of intersectional identities across gender, caste, tribal identity, religion, and linguistic heritage. Internationally, AI is known to transpose real world biases and inequities into the digital world. Such issues of bias and discrimination can impact children and adolescents who belong to marginalised communities.

AI regulation must improve upon India's approach to children under India's newly minted data protection law. The data protection framework's current approach to children is misaligned with India's digital realities. It transfers an inordinate burden on parents to protect their children's interests and does not facilitate safe platform operations and/or platform design. Confusingly, it inverts the well-known dynamic where a significant percentage of parents rely on the assistance of their children to navigate otherwise inaccessible user interface and user experience (UI/UX) interfaces online. It also bans tracking of children's data by default, which can potentially cut them away from the benefits of personalisation that we experience online. So, how can the upcoming Digital India Act (DIA) better protect children's interests when interacting with AI?

International best practices can assist Indian regulation to identify standards and principles that facilitate safer AI deployments. UNICEF's guidance for policymakers on AI and children identifies nine requirements for child-centred AI which draws on the UN Convention on the Rights of the Child (India is a signatory). The guidance aims to create an enabling environment which promotes children's well-being, inclusion, fairness, non-discrimination, safety, transparency, explainability and accountability.

Another key feature of successful regulation will be the ability to adapt to the varying developmental stages of children from different age groups. California's Age Appropriate Design Code Act serves as an interesting template. The Californian code pushes for transparency to ensure that digital services configure default privacy settings; assess whether algorithms, data collection, or targeted advertising systems harm children; and use clear, age-appropriate language for user-facing information. Indian authorities should encourage research which collects evidence on the benefits and risks of AI for India's children and adolescents. This should serve as a baseline to work towards an Indian Age Appropriate Design Code for AI.

Lastly, better institutions will help shift regulation away from top-down safety protocols which place undue burdens on parents. Mechanisms of regular dialogue with children will help incorporate their inputs on the benefits and the threats they face when interacting with AI-based digital services. An institution similar to Australia's Online Safety Youth Advisory Council which comprises people between the ages of 13-24 years could be an interesting approach. Such institutions will assist regulation to become more responsive to the threats young people face when interacting with AI systems, while preserving the benefits that they derive from digital services.

The fast-evolving nature of AI means that regulation should avoid prescriptions and instead embrace standards, strong institutions, and best practices which imbue openness, trust, and accountability. As we move towards a new law to regulate harms on the Internet, and look to establish our thought leadership on global AI regulation, the interests of our young citizens must be front and centre.

Rhydhi Gupta is Analyst, Public Policy at The Quantum Hub (TQH Consulting). Sidharth Deb is Manager, Public Policy at The Quantum Hub (TQH Consulting)

Artificial Intelligence / India / summit / Prime Minister Narendra Modi / cyber crime / discrimination / data protection / parent and child / laws / United Nations / human rights / USA / Australia / online / internet

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Source : www.thehindu.com Date : 2023-09-27

IDENTITY PANGS: THE HINDU EDITORIAL ON AADHAAR AND CONCERNS

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

September 27, 2023 12:20 am | Updated 08:51 am IST

In an innocuously titled report on "Decentralized Finance and Digital Assets" released last Saturday, global rating major Moody's Investors Service has flagged some uncomfortable home truths about India's ambitious digital identification (ID) programme for residents, Aadhaar. As the world's largest digital ID programme with biometric and demographic details of over a billion residents, Aadhaar stands out for its scale. But at a broader level, the agency has red-flagged security and privacy risks from "centralised" digital ID systems such as Aadhaar, where a single entity controls identifying credentials. Moody's, which has mooted decentralised ID systems that give users more control over their data, has also lent weight to worries about the efficacy of Aadhaar's biometric-based authentication systems to verify identities. "The system often results in service denials, and the reliability of biometric technologies, especially for manual labourers in hot, humid climates, is questionable," it said. While this observation is of relevance amid the government's push to switch all payments under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) to an Aadhaar-based payment system, it echoes the concerns raised ever since its launch under the United Progressive Alliance regime.

The vigorous pursuit of Aadhaar, after some initial hesitation, under the present government has manifested in the 12-digit number becoming mandatory for almost all welfare benefits to weaker sections as well as activities such as opening bank or provident fund accounts, securing telephone connections and remitting taxes. Its use, backed by the expansion of access to no-frills bank accounts and mobile phone connections, has indeed enabled the direct transfer of benefits to millions in welfare schemes and weeding out ghosts and middlemen. Yet, there have also been instances of people being excluded from basic services for lack of an Aadhaar or labourers and senior citizens struggling to confirm their fingerprints and retina scans to prove they exist. An audit of the Unique Identification Authority of India (UIDAI) by the Comptroller and Auditor General of India released last year, had flagged lapses that jeopardise privacy and compromise data security, along with flaws in enrolment processes leading to duplication and faulty biometrics. India has pushed for digital public infrastructure like the one built around the edifice of Aadhaar, as a means for service delivery in G-20 nations and beyond. Having appointed a part-time chief to the UIDAI last month after four years, the government must seek an honest review of, and course correction in the Aadhaar programme, before expanding its linkages further, be it for electoral rolls, private entities or MGNREGA payments.

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Aadhaar / rating / demography / Right to Privacy / personal data collection / employment / welfare / banking / mobile phones / data protection / G20 / election

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Source : www.thehindu.com Date : 2023-09-27

WITH CLIMATE CHANGE, TACKLING NEW DISEASE SCENARIOS

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

September 27, 2023 12:08 am | Updated 12:41 am IST

‘Heat has been proven to interfere with the genomic structure of pathogens, changing their infectivity and virulence’ | Photo Credit: Getty Images/iStockphoto

In its latest report released this March, the Intergovernmental Panel on Climate Change (IPCC) delivers a stark warning: climate change heightens the global risk of infectious diseases. The close relationship between climate and disease is being demonstrated every year. For instance, the periodicity of mosquito-borne disease outbreaks no longer follows expected patterns. Dengue manifests in two to three peaks throughout the year. Variability in temperature, precipitation, and humidity disrupt disease transmission cycles. These also alter the distribution of the vectors and animal reservoirs that host the parasite. Heat has been proven to interfere with the genomic structure of pathogens, changing their infectivity and virulence.

Habitat loss forces disease-carrying animals to encroach upon human territory, increasing the risk of human-animal interaction and the transfer of pathogens from wildlife to humans. Viruses which do not harm animals can be fatal for humans. Nipah virus, which has been causing outbreaks in Kerala for many years now, is a good example. An analysis of 2022 published in Nature Climate Change warns that humans now face a broader spectrum of infectious agents than ever before. Over half of all-known infectious diseases threatening humans worsen with changing climate patterns. Diseases often find new transmission routes, including environmental sources, medical tourism, and contaminated food and water from once-reliable sources. While ecosystems shape local climates, climate change is transforming ecosystems. This dynamic introduces invasive species and extends the range of existing life forms. Both these trigger upheavals in ecosystems that are complex and confound ecologists and epidemiologists to predict outbreaks. Human-induced climate change is unleashing an unprecedented health vulnerability crisis. India, in particular, has felt the ominous impact, with early summers and erratic monsoons causing water scarcity across the Gangetic plains and Kerala. These climatic shifts are manifesting in severe health crises, including a dengue epidemic in Dhaka (Bangladesh) and Kolkata and the Nipah outbreak in Kerala. Why should we not be surprised at the recent outbreaks in Kolkata or Kerala or at its un-seasonality?

Changed disease scenarios require a revision of strategies to detect and deal with them. Over the past two decades, India has improved its reporting of outbreaks. The Integrated Disease Surveillance Programme (IDSP) was rolled out in a few States in 2007. From reporting 553 outbreaks in 2008, it last reported 1,714 in 2017. It was phased out in favour of a new, a web-

enabled, near-real-time electronic information system called Integrated Health Information Platform (IHIP). IHIP was launched in seven States in 2018. It added 20 additional disease conditions over IDSP's 13 and could present disaggregated data to its users. Tragically, the programme, which would have enabled real-time tracking of emerging disease outbreaks, has not delivered on expectations.

The current design of surveillance is not adequate for the emerging disease scenario. Mitigating the spread of climate change-induced diseases requires safeguarding ecosystems, curbing greenhouse gas emissions, and implementing active pathogen surveillance. A unified approach, termed One Health which integrates monitoring human, animal, plant, and environmental health, recognises this interconnectedness. This approach is pivotal in preventing outbreaks, especially those that originate from animals. It encompasses zoonotic diseases, neglected tropical diseases, vector-borne diseases, antimicrobial resistance, and environmental contamination.

India must launch One Health and infectious disease control programmes by building greater synergies between the Centre and States and their varied specialised agencies. Animal husbandry, forest and wildlife, municipal corporations, and public health departments need to converge and set up robust surveillance systems. More importantly, they will need to build trust and confidence, share data, and devise logical lines of responsibility and work with a coordinating agency. So far, the Office of the Principal Scientific Adviser to the Prime Minister has been taking this lead but with new World Bank and other large funding in place, this will need greater coordination and management.

Globally, there is an obsession with the enigmatic "disease X," but it is the familiar annual cycles of known agents such as influenza, measles, Japanese encephalitis, dengue, diarrhoea among others that will continue to test the public health system. Climate change is not limited to infectious diseases. It also exacerbates injuries and deaths from extreme weather events, respiratory and cardiovascular diseases, and mental health issues. The re-emergence of Nipah in Kerala is a wake-up call, that mere biomedical response to diseases is inadequate. In the face of a changing climate and the growing threat of infectious diseases, protecting ecosystems, fostering collaboration, and embracing the One Health paradigm are our best defences. The road ahead demands concerted efforts, not just to adapt but also to proactively safeguard our planet and its inhabitants.

Pranay Lal is a Senior Adviser to the Health Systems Transformation Platform (HSTP). Rajeev Sadanandan is the CEO of the Health Systems Transformation Platform and a former Health Secretary of Kerala

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Source : www.thehindu.com Date : 2023-09-27

INDIAN PHARMA, MED-TECH SECTORS SHOULD TRANSFORM FROM COST-BASED TO VALUE AND INNOVATION-BASED INDUSTRY: MANDAVIYA

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

September 26, 2023 07:35 pm | Updated 08:09 pm IST - NEW DELHI

Union Health Minister Mansukh Mandaviya during the launch of the National Policy on Research and Development and Innovation in Pharma-MedTech Sector on September 25, 2023. Image credit: Twitter/@mansukhmandviya

The Indian pharmaceutical and med-tech sectors need to be transformed from a cost-based to a value and innovation-based industry, Union Minister for Chemicals and Fertilizers Mansukh Mandaviya said on September 26.

Mr. Mandaviya was speaking at the launch of the National Policy on Research and Development and Innovation in Pharma-MedTech Sector and the Scheme for Promotion of Research and Innovation in Pharma-MedTech Sector (PRIP).

Speaking about the benefits of the scheme, the Minister said it would focus on transforming India into a high-volume, high-value player in the global market of pharmaceuticals, meeting the quality, accessibility, and affordability goals.

It will transform India's MedTech sector by making it an innovation-driven powerhouse & nurture a culture of high-quality research & innovation.

The initiative will take India's Pharma MedTech sector from a cost-based to a value-based & innovation-based path.

“The policy will help to create an ecosystem of skills and capacities including the academia and the private sectors and give impetus to new talent among the youth through start-ups,” he said.

It will also enhance India’s share in the global value chain, the Minister said.

He said India needed to do mass production of pharmaceutical products and medical devices, and for this “we have made three bulk drug parks in Himachal Pradesh, Visakhapatnam and Gujarat and four medical device parks in Himachal Pradesh, Uttar Pradesh, Madhya Pradesh and Tamil Nadu, which will help in strengthening this sector”.

Emphasising the importance of the scheme, the Minister said India can only achieve self-reliance in pharmaceuticals and medical devices by strengthening its research and development infrastructure that would drive the expansion of access to life-saving medicines and drugs and help India become a global pharmaceuticals and medical exports hub.

”We need to make policies, new products and new research according to the needs of our country and the world, in consultation with industries and academia. We should become so independent that we should not be dependent on anyone for our critical needs,” he added.

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Source : www.thehindu.com Date : 2023-09-28

FROM WOMEN'S RESERVATION TO GENDER EQUALITY

Relevant for: Indian Society | Topic: Women Issues

September 28, 2023 02:12 am | Updated 02:12 am IST

Rajya Sabha members vote on the women's reservation bill. | Photo Credit: ANI

Last week, Parliament passed the women's reservation Bill, which provides one-third reservation for women in the Lok Sabha and Legislative Assemblies. Data from the Inter-Parliamentary Union show that the share of women in Parliament in India is around 15%. India ranks 141 out of 193 countries on this count. Even Pakistan, South Africa, and Kenya have a higher share of women representatives. Over the last 27 years, there have been several efforts to introduce the women's reservation Bill in Parliament. Such efforts faced opposition from different quarters. That there is a strong moral imperative to increase women's representation is beyond debate. The smooth passage of this law shows consensus around this issue.

Reservation for women in elections to the local bodies in India has resulted in increasing their participation in governance. Research by Tanya Jakimow of the University of New South Wales and Niraja Gopal Jayal shows that, contrary, to popular belief, elected women representatives have over time asserted their presence in spite of interference from male family members. A similar outcome may also be seen in higher elected bodies.

However, implementation of the present law is contingent on the conduct of the next Census and the subsequent delimitation exercise. Census and delimitation are not purely administrative eventualities. There has been a freeze on delimitation since 1976 in order to provide a level-playing field for States to contain population growth. The southern States have been more successful in reducing population growth through a series of measures focused around women empowerment. It is now well understood that higher education among girls, increased female labour force participation, and greater financial autonomy among women directly correlate with lower fertility rates. Ironically, States which have improved indicators around women empowerment would now stand to lose seats to Parliament if a delimitation exercise is held.

Another central issue revolves around the legality of the contingency clause itself. Whether a law, let alone a constitutional amendment, can be contingent upon a uncertain future event requires determination by the constitutional courts. It is strange that a much-needed and near-unanimous legislative reform is now inextricably tied to another future law which may not be dealt with until after the next general elections to the Lok Sabha.

In spite of the law, and its laudable intent, the ultimate game changer lies in changing societal

approach to gender roles. Representation of women to elected bodies must necessarily be seen in the larger context of female labour force participation in India, which is abysmal by any standards. Real and substantive gender justice will only be achieved when there is an equitable and fair sharing of household chores and domestic responsibilities, which are all aspects of unpaid labour.

Recent research from the Ministry of Statistics and Programme Implementation's Time Use Survey (2019) shows that for 97 minutes spent daily by men on unpaid domestic services for household members, women spend 299 minutes. Women spend 134 minutes on average daily on unpaid care-giving services for household members as compared to the 76 minutes spent by men. It is clear that women bear a disproportionate burden of household responsibilities. This is a result of a patriarchal societal mindset, which will need to change if women are to fully and effectively participate in the labour force, let alone hold the highest elected representative positions. In this context, government programmes which recognise unpaid labour done by women within households, such as the Magalir Urimai Thogai in Tamil Nadu, are designed to recognise and address the vast gulf in unpaid household labour.

The Urimai Thogai scheme is a monthly cash transfer programme. It is devised not as a largesse but as an obligation to women who carry a disproportionate burden in the household. While Tamil Nadu has already a greater number of women in the active labour force in comparison with the rest of the country, this scheme ,along with free bus passes for women, is expected to drive numbers up over the next two decades.

Nevertheless, when the proportion of women in higher elected bodies increases in accordance with the present law, questions still remain with regard to building capacity for first-time representatives. Initiatives in other countries offer an interesting case study on sustaining women in the political arena. EMILYs List in the U.S. has been providing campaign guidance, mentorship and building capacity for women as they enter politics. Active for nearly four decades, EMILYs List has helped elect 201 members of Congress (equivalent to the House of the People) and 20 Governors (similar to Chief Minister).

Data | **Women Reservation Bill: In 20 States & UTs less than 10% MLAs are female**

Regardless of whether political parties actively groom women leaders, it is now the duty of the governments to build capacity and ensure that the reservation model leads to successful outcomes. The role of the National Commission for Women and the Parliamentary Committee on Empowerment of Women need to be significantly revised to ensure that the women reservation law does not stay a symbolic gesture. Similarly, the recognition of unpaid labour and equitable sharing of household duties will ultimately dictate whether substantive reform in gender equality is achieved.

Manuraj Shunmugasundaram is DMK spokesperson and Advocate, Madras High Court

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Source : www.thehindu.com Date : 2023-09-28

THE G-20’S SCREEN OVER ‘MAZDOORS’, THEIR RIGHTS

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

September 28, 2023 12:16 am | Updated 08:34 am IST

‘By politicising the L20, the Indian government missed a chance to make a real difference in the lives of workers’. Photo: British High Commission via ANI

On September 9 Prime Minister Narendra Modi’s reading of the final declaration of the G-20 Summit was a political win for him and a diplomatic victory for India. The African Union was granted G-20 membership, and a sense of togetherness among the Global South was palpable.

However, there were fears that a joint communiqué would not be issued as the Russia-Ukraine war was ongoing and the divided interests of the G-20 members would affect it. But Mr. Modi made it happen — he softened the language from the Bali G-20 document criticising Russia, kept Ukraine out of the summit, skipped the issue of fossil fuels, read out the 83 paragraphs of the New Delhi Declaration, and symbolically handed over the gavel to Brazilian President Luiz Inácio Lula da Silva, who will now preside over the G-20.

Unfortunately, India missed a great opportunity to protect worker rights and advance the welfare of workers during the G-20 summit, despite the G-20’s Labour 20 (L20), a coalition of G20 leaders concerned about workers, holding two meetings in India.

It is a matter of concern that the L20 was headed by the Bharatiya Mazdoor Sangh (BMS), a trade union affiliated with the ruling Bharatiya Janata Party (BJP). In short, the L20 was politicised. India’s choice of the BMS had irked the International Trade Union Confederation (ITUC), a confederation of global trade unions, and they boycotted the meetings.

In the past, the L20 has been headed by the ITUC. However, this time it was ignored and the chair was given to the BMS, which prioritises right-wing politics over workers’ interests. This incident itself reveals how ‘serious’ the Indian government was about workers’ issues at the G-20. The BMS is not an independent trade union. In the absence of the ITUC, the L20 discussed portable social security schemes, data collection for these schemes, addressing skill gaps in two meetings, and had some words on platform workers.

The Indian government should have taken the opportunity to address the serious issues facing workers in India, such as forced labour, modern-day slavery, and the kafala system in the Arab Gulf where some nine million Indians are working under exploitative working conditions. The

Arab Gulf countries follow an exploitative labour system called the kafala system, which ties migrant workers to their employers. This system makes it difficult for migrant workers to leave their jobs or change employers, and it increases the risk of forced labour and modern-day slavery.

By politicising the L20 with the BMS and ignoring the ITUC, the Indian government missed a chance to make a real difference in the lives of workers. Portable insurance schemes are important, but they are not enough. Workers also need job creation, decent working conditions, equal pay, gender equality, the elimination of forced labour and child labour, an end to modern-day slavery, and the protection of their rights and the welfare of their families.

It would have been a relief for the Indian working class, especially in the Arab Gulf, had these issues been prioritised and debated at the G-20. Saudi Arabia, which hosts over 2.5 million Indian workers, is a permanent member of the G-20. Oman and the United Arab Emirates, which were invited to the summit, have nearly 8,00,000 and 3.5 million Indian workers, respectively.

India is the world’s largest migrant-sending country, with an estimated 13 million workers abroad. Of these, an estimated nine million are working in exploitative conditions in the Arab Gulf.

But the exploitation of Indian workers is not limited to the Arab Gulf. In India itself, workers in a number of industries, including textiles, brick kilns, shrimp farming, copper manufacturing, stone cutting, and plantations, face forced labour and modern-day slavery.

According to the Walk Free Foundation, there are an estimated 27 million people trapped in modern-day slavery in G-20 countries, of whom 11 million are in India.

Many would be surprised with the term forced labour and modern-day slavery. According to the International Labour Organization, forced or compulsory labour is “all work or service which is exacted from any person under the threat of a penalty and for which the person has not offered himself or herself voluntarily”.

It must be noted that India has signed and ratified the ILO’s Forced Labour Convention known as C29.

In other words, forced labour is different from substandard or exploitative working conditions. Various indicators can be used to ascertain when a situation amounts to forced labour, such as restrictions on workers’ freedom of movement, withholding of wages or identity documents, physical or sexual violence, threats and intimidation or fraudulent debt from which workers cannot escape.

My recent investigative experience of forced labour in the shrimp industry in Andhra Pradesh suggests that workers who are paid less or unpaid for overtime, under the threat of being fired if they ask for it, are victims of forced labour. Workers who are forced to work until they have paid off a loan they took from the company are also victims of forced labour. Companies that withhold workers’ identity documents, such as Aadhaar cards or ration cards, and deny them access to the documents when required until the work is done are also engaging in forced labour. Issuing threats of sexual, physical, or mental abuse in order to get the work done is also forced labour.

Addressing forced labour and modern day slavery is important for India because the exploitation of workers would increase inequality, unstable social justice and threaten democracy.

In addition, we should not forget that the move by the Union government to consolidate the

labour laws into four labour codes is drawing protests from trade unions, civil societies, and workers, who allege that it will have a negative impact on decent working conditions.

In India, there are 530 million workers, of whom 430 million are in the informal sector, who are prone to different forms of exploitation, especially forced labour.

This is not only an Indian problem. All G-20 countries face a similar situation. If we do not address the situation of workers, we will not be able to achieve the Sustainable Development Goals targets for 2030, especially the first one, which aims to eradicate poverty.

Without decent working conditions, how can a worker earn a living wage and keep themselves and their families out of poverty?

The Walk Free Foundation also reports that in 2021, the G-20 countries imported goods worth 41 lakh crore that were made by workers exploited under modern-day slavery. We as Indians do not care much about who made the product. However, we should not forget that products made under modern-day slavery will have the sweat, tears, and blood of workers who were forced to work under threat and inhumane conditions to make the products.

The G-20 should have discussed investments in job creation, compliance with the promise of the fundamental principles and rights at work, ensuring minimum living wages and equal pay, social protection for all with official development assistance, establishing equality of incomes, gender, and race, and coordinating action on inclusion as the basis of a rights-based development model realised through multilateral reform that deals with the threats to our peace and common security.

Unfortunately, not much happened. Workers were ignored, just as green curtains were used to screen out the dwellings of the poor that were near areas of G-20 summit events to avoid embarrassment about the reality.

Rejimon Kuttappan is an independent journalist and the author of **Undocumented**

Source : www.thehindu.com Date : 2023-09-28

JOSHIMATH LAND SUBSIDENCE AFFECTED 65% HOUSES, SAYS GOVERNMENT REPORT

Relevant for: Indian Economy | Topic: Infrastructure: Urbanisation and related Issues

September 27, 2023 05:41 pm | Updated 07:11 pm IST - New Delhi

A residential area affected by land subsidence at Joshimath, in Chamoli district. File | Photo Credit: PTI

Land subsidence has affected around 65 per cent of the houses in the pilgrimage town of Joshimath in Uttarakhand, according to a report by government agencies.

Starting January 2, a number of houses and civil structures in an area located near Joshimath-Auli road began to display major cracks due to land subsidence, prompting the relocation of 355 families.

According to local residents, land subsidence had been noticed over several years but became increasingly severe from January 2 to January 8.

A 35-member team conducted a "Post Disaster Needs Assessment" from April 22 to April 25 to assess the damage caused and to identify the assistance required for the long-term recovery and reconstruction of the affected sectors.

The team consisted of professionals from the National Disaster Management Authority, UN agencies, Central Building Research Institute, National Institute of Disaster Management, and other agencies.

According to the assessment report, 1,403 of the total 2,152 houses in Joshimath have been affected due to land subsidence and these need immediate attention.

"A total of 472 houses need to be reconstructed and 931 houses need to be repaired/retrofitted. It is important to note that the partially damaged houses must be retrofitted in line with 'build back better' principles in order to enhance their resilience against not just landslides, but also other disasters," the report read.

The report said the main causes of damage to buildings in Joshimath include the use of weak building materials, insufficient reinforcement, structural flaws, and the location of buildings on steep slopes.

It highlighted that the buildings suffered more damage, even when subjected to minor ground

subsidence, due to the use of weak mud-based mortar to hold the bricks or stones together.

Some buildings do not have strong support structures like reinforced concrete (RC) or wooden bands to keep them stable. The agencies said some buildings have very long walls that aren't well supported and light roofs which cause the building to expand and contract, leading to damage when the ground moves.

They also urged the state government to completely ban new construction in the town till the end of the monsoon season and allow relaxation only for light-weight structures after post-monsoon reassessment of ground conditions.

The report highlights that although building bylaws exist, they are not mandatory for residential buildings.

"People obtain permits only when they need a loan or for other government requirements. One of the primary reasons for Joshimath's current situation is the absence of a building permit system. Had there been risk-based building bylaws in place and existing buildings were in compliance with them, the extent of damage would have been less, and retrofitting would have been less expensive," the report said.

Another issue of concern identified in the report is the "lack of town planning and absence of risk-informed land use maps".

"The roads are too narrow, and there are hardly any open spaces in the neighbourhoods. This makes the town highly unsafe since access in emergency situations is almost impossible," it said, emphasising the urgent need for a comprehensive development plan.

The agencies emphasised the immediate need for the development of a prospective plan with the objective of creating a safe and resilient Joshimath for the next 10-15 years.

Incidents of land subsidence in Joshimath were reported in the 1970s too.

A panel set up under the chairmanship of Garhwal Commissioner Mahesh Chandra Mishra submitted a report in 1978, stating that major construction works should not be carried out in the city and the Niti and Mana valleys as these areas are situated on moraines, a mass of rocks, sediment, and soil transported and deposited by a glacier.

The Himalayan town lies in seismic zone V (the region most vulnerable to earthquakes) and is prone to landslides and flash floods.

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Source : www.thehindu.com Date : 2023-09-29

REFORM CAN ADDRESS INDIA’S KIDNEY TRANSPLANT DEFICIT

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

September 29, 2023 12:08 am | Updated 08:38 am IST

‘Reforms of kidney exchange laws have been slow’ | Photo Credit: Getty Images/iStockphoto

India’s organ shortage when it comes to kidneys is alarming. In 2022, over two lakh patients needed a transplant, but there were only about 7,500 transplants (about 3.4%). Due to the prevalence of diabetes, malnourishment, overcrowding and poor sanitation, there is a high prevalence of Chronic Kidney Disease (CKD) in India, affecting about 17% of the population. CKD often leads to end-stage renal disease (ESRD). A kidney transplant is often the best treatment for ESRD. Specifically, transplant is often better than alternatives on almost all dimensions that matter: quality of life, patient convenience, life expectancy, as well as cost-effectiveness. In contrast to India, the United States and other developed countries could carry out about 20% transplants. Notably, a significant portion of this gap is on account of more stringent regulations in India than a lack of medical facilities.

These are four main ways a patient can obtain a kidney. The first is to get a kidney from a deceased person. This is constrained due to a lack of donations, the particular conditions required on the nature of death, and the infrastructure needed to collect and store kidneys. The second is to request a relative or friend to donate. However, donor and recipient have to be compatible in terms of blood type and tissue type; such relative/friend donors are often incompatible.

Thus, regulations for kidney exchange are needed as kidney exchange must often occur across family units. But we argue that these regulations need urgent reform to unshackle two innovative kidney exchange methods: kidney ‘swaps’ and kidney ‘chains’.

In kidney swap, let us take the example of two strangers, Sunita and Zoya, who need kidneys. Sunita’s spouse is incompatible with her, and Zoya has the same problem. However, if Sunita’s spouse is compatible with Zoya, and Zoya’s spouse is compatible with Sunita, swap donations are possible. In kidney chain, let us look at the case of Sonu who is an altruistic donor donating his kidney with no expectation of a kidney in return. Sonu donates to Sunita (assuming compatibility), Sunita’s spouse donates to Zoya, and Zoya’s spouse donates to some other compatible person, and so on.

Our research shows that there are barely any swaps and almost no chains in India. This is because of legal roadblocks. And this is a significant opportunity missed with terrible

consequences. Consider swaps. Swap transplants are legally allowed in India with due permission, but only near-relatives are allowed as donor-recipient pairs. Exceptions to this restriction are Kerala, Punjab and Haryana, where High Court judgments have recently allowed non-near-relative donor-recipient pairs after verification. Thus, in most States, if Sunita's donor is not a near relative (such as spouse, parents), she and her donor cannot participate in a swap. By contrast, it is legal for Sunita's non-near-relative to donate to her. These double standards across swaps and direct donations are questionable. Easing the laws for swaps to make them on a par with direct donations is necessary.

Further, unlike national, regional, and State lists for direct transplant from cadavers, there is no national coordinating authority for swaps. This is again a huge lost opportunity, since larger and more diverse pools make it easier to find compatible swaps.

While there are occasional swaps in India, there are almost no kidney chains. First, in all States except Kerala, it is illegal to donate a kidney out of altruism. Thus, one cannot start a chain since one cannot donate without getting a kidney (for a family member) in return. And, kidneys from the deceased or brain dead are only used for direct transplants, not for chains or cycles.

The lack of kidney chains is possibly an even bigger opportunity missed than swaps. While participating in swaps, families demand nearly simultaneous operations of all donors and recipients since no one wants to lose a kidney without gaining one. But in chains, each patient first receives a kidney and only then does their relative donate. Thus, chains, compared to swaps, involve significantly lower hospital resources and uncertainty for participants.

Needlessly harsh laws regulating swaps and chains have contributed to a proliferation of black markets for kidneys. 'Selling a kidney' to relieve financial distress is a mainstream reference. These black markets endanger all their desperate participants since these operations are conducted 'off the books', without due legal and medical safeguards.

Reforms of kidney exchange laws have been slow. The Transplantation of Human Organs and Tissues Act 1994 set the ball rolling by recognising transplant possibility from brain-stem death. In the 2011 amendment, swap transplants were legalised, and a national organ transplant programme was initiated. But the national network remained underdeveloped initially. According to the Transplantation of Human Organs and Tissues Rules 2014, swap transplants are allowed only for near relatives. The government's recent reforms (February 2023) allow more flexibility in age and domicile requirements while registering to obtain an organ. But these reforms leave the fundamental issue of inadequate kidney supply largely unaddressed. This is why it is beneficial to allow and encourage altruistic donation, non-near relative donation for swaps, and to improve the kidney-exchange infrastructure.

India does not need to innovate in order to reform chains and swaps. Sufficient precedents have been set globally. Australia, Canada, Israel, the Netherlands and the United States (among others) now allow altruistic donations. Spain and the United Kingdom have national-level registries for kidney chains and swaps. The U.S. has especially made progress in facilitating thousands of swaps and chains. Spain even has international collaborations for kidney exchange. India's real challenge, therefore, is to learn from and replicate such existing successful regulations to improve the lives of several thousands of citizens.

Jay Mehta is an alumnus of the Indian Institute of Management Ahmedabad. Utkarsh Agrawal is an alumnus of the Indian Institute of Management Ahmedabad. Jeevant Rampal is an Associate Professor of Economics at the Indian Institute of Management Ahmedabad

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Source : www.thehindu.com Date : 2023-09-29

A MILESTONE IN HINDU MARRIAGE REFORM IN INDIA

Relevant for: Indian Society | Topic: Salient Features of Indian Society

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A self respect marriage, in Tiruchi in Tamil Nadu, in 1941. | Photo Credit: SPECIAL ARRANGEMENT

Nearly 56 years after the enactment of the Hindu Marriage (Tamil Nadu Amendment) Act 1967, young Illavarasan, from Tamil Nadu, never thought that his Suyamariyathai marriage that was performed and validated under this Act could be invalidated and criminalised by the same Madras High Court which, in 1953, in Chidambaram Chettiar vs Deivanai Achi, had declared such marriages to be null and void since they did not follow the Hindu marriage rituals.

Of course, the ground on which resistance to Suyamariyathai thirumanam (marriage) came up is different today than it was in 1953 when Madras did not have a law to support such radically reformed no-ritual marriages among Hindus. On August 28, 1953, quoting Manusmriti, the judges observed that solemnisation by a priest and Saptapadi was required for a lawful Hindu marriage, and declared that self-respect marriages among professed Hindus were invalid: they were not in conformity with marriages recognised under Hindu Law, and the children born were not legitimate under the law.

In another case, in 1958, when Rajathi, who had a self-respect marriage with Chelliah, sought court intervention for restitution of conjugal rights, a district court in Tiruchi denied her the right on the ground that her marriage was invalid under the Hindu Marriage Act, 1955. Instead, the court castigated the self-respect movement for the plight of young women in such ‘illegal’ marriages, which, in the judiciary’s view, had led to the denial of their conjugal rights. These interpretations were aimed at discrediting reformed marriages, which were typically inter-caste weddings performed with the objective of protecting women’s rights and promoting ideals of companionate marriage. These judgments led the judiciary and Brahminic Hindus to demean the self-respect marriage practice, labelling women in such marriages as concubines and children born as illegitimate. They revealed how some in the judiciary mobilised commonly held hegemonic ideals of Hindu marriage practices to counter Dravidian notions of alternative non-Brahminic marriage practices.

One of the important claims of the self-respect movement was that all forms of customary and traditional Hindu marriages, mainly the Brahmanical ones, upheld caste supremacy and the patriarchal rights of men. The movement advocated that a man and a woman should enter a dissoluble contract to form a conjugal relationship without conforming to any religious practices. Further, in the context of widely practised bigamy among Hindu men, the movement advocated the civil registration of all marriages and upheld women’s rights to dissolve the marriage,

remarry, and claim their rights in property. The court, on the other hand, by denying the validity of self-respect marriage, denied Rajathi her conjugal rights. Subsequently, in 1969, after the Hindu Marriage Amendment Act in 1967 which legalised the Suyamariyathai thirumanam, Rajathi successfully claimed the restitution of her conjugal rights after a new trial.

The making of this legislation meant a protracted struggle for the Dravidian movement in the Madras Presidency and also at the all-India level at a time when the Hindu Code Bill was drafted. In 1944, when the Hindu Law Committee headed by B.N. Rau was gathering evidence across presidencies to draft the Hindu Code Bill, the memorandums and oral evidence submitted by the leaders and activists of the Self-Respect movement demanded not just a few piecemeal changes to Hindu law but also for women's legal rights over all other concerns of Hindus in general.

Kunjitham Gurusamy of the Self-Respect movement argued that the definition of the 'Hindu' was not comprehensive enough to include all those who did not profess the religion, and that non-religious marriages needed to be recognised under the new Hindu code. Unfortunately, the Rau Committee report of 1947 did not acknowledge these demands. It recognised and affirmed the legal status of Virasaiva, Brahmo Samaj, Arya Samaj and Prarthana Samaj marriages; thus the Hindu Marriage Act 1955 granted legal status only to these reformed marriages.

Clause 7 of the Hindu Marriage Act of 1955 gave importance to 'Hindu' rites and ceremonies including the Saptapadi and recognised only customary rites and ceremonies such as thali tying, and not the non-ritualistic and anti-Purohit Hindu contractual weddings. The unanimous response of Parliament and the judiciary was that self-respect marriages should be registered under the Special Marriage Act, 1954. This Act was passed in Parliament without giving much thought to the property rights of couples in civil marriage, which meant separation from the Hindu joint family and denial of rights over ancestral property.

In the case of Chidambaram Chettiar vs Deivanai Achi, the Madras High Court suggested to the Congress party-led Madras legislature that it take the initiative to legitimise self-respect marriages and protect the property rights of Hindus who had adopted non-religious marriage practices. In 1953, the Madras government decided to introduce the 'Hindu Non-Conformist Marriage Registration Bill, 1954', but despite it being taken up for consideration, was withdrawn and even rejected by the same government on the ground that the Special Marriage Act 1954 would cover the provisions for self-respect marriages.

In 1959, S.M. Annamalai of the Dravida Munnetra Kazhagam (DMK) introduced the 'Madras Suyamariyathai Marriage Validation Bill' to legalise self-respect marriages with retrospective effect. It was opposed by Congress legislators while the CPI and the Praja Socialist Party remained neutral, leading to the defeat of the Bill. The DMK's introduction of the Bill in 1965 by S. Madhavan aimed to recognise self-respect marriages under Hindu law and validate them as valid Hindu marriages. The DMK argued that the invalidation of these marriages had negative consequences for the wife. By seeking legal recognition for self-respect marriages under Hindu law, the DMK aimed to give women the legal right to seek divorce, or redress in the case of bigamy. But the Bill went nowhere. When the DMK won the election in 1967, the Bill was introduced as Section 7 A, The Hindu Marriage (Tamil Nadu Amendment) Act 1967. This Act, other than validating all non-ritual Hindu marriages, questioned the Brahminic interpretations of Hindu marriage.

This amendment was radical enough to trouble the Union government (more so in recent years) as much as the judiciary, which was evident in the way they were either rejecting the validity of the amendment or by interpreting the amended Act in such a manner that would discourage non-ritual, consensual inter-caste marriages.

Two examples highlight this. In 2017, the Union Ministry for Social Justice and Empowerment which was rewarding/awarding inter-caste couples refused to recognise the Section 7 Act and rejected applications from Tamil Nadu on the ground that these marriages were not registered under the Hindu Marriage Act, 1955. The Madurai Bench of the Madras High Court had to enlighten the obstinate Union Ministry on the validity of the legislation.

Last month, the Supreme Court of India had to remind the Madras High Court on the validity of Suyamarithai marriage in Tamil Nadu as they are performed without any religious practices and without any public ceremony, but through a declaration of marriage in the presence of relatives, friends, and other persons. However, one must remember that the cumulative effect of legal reforms for women in Tamil Nadu had a far-reaching impact in the various adjudications of the Madras High Court which held far more radical perspectives on gender rights in marriage than any other court in India as in a verdict that related to the registration of a transgender wedding under the Hindu Marriage Act.

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