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Index

Floods and a 'preventive measure' that needs review	2
The fiscal challenge to Kerala's development	5
Ministry of Home Affairs: Year End Review 2023	8
Responding to the new COVID-19 sub-variants, now and in future	27
Lack of awareness, poor adherence to ARV main cause of rabies deaths; pet animals major source of infection	30
312 COVID-19 sub-variant JN.1 cases detected in India	32
511 cases of COVID-19 sub-variant JN.1 detected	34
55% of patients were prescribed antibiotics for preventive indications, 45% for therapeutic indications: NCDC survey	36
Striking fear: On hit-and-run accident cases and Section 106 of the Bharatiya Nyaya Sanhita	38
How conflict and violence frustrate the delivery of health care	40
Should India study wastewater to track malaria, dengue?	43
Active Covid cases in country recorded at 4,049	46
Aviation professionalism which India must draw from	48
An ambitious push for values, ethics in higher education	51
Historic Initiatives Unveiled for Persons with Disabilities	54
Pradhan Mantri Anusuchit Jaati Abhuyday Yojana	57
Awareness about invisible disabilities is important	61
Mint	64
India achieved record TB notification in 2023	66
30 crore Ayushman Cards created under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana	68
Mint	74
How Indian women can rid themselves of cervical cancer	77
The Uttar Pradesh model for crimes against women	79
ICMR starts revising current National Essential Diagnostics List for first time	81
Express View on ASER report: Cues for reform	83
Launch of "Alliance for Global Good- Gender Equity and Equality" by India at World Economic Forum, Annual Meeting Davos, 15-19 January, 2024	84
Smaller citizens: On the gaps in India's education system	88
One litre of bottled water contains around one lakh micro-nano plastic particles: Study	90
Express View on antibiotics: The right treatment	93
How the Telecom Act undermines personal liberties	94
Mint	96
Ministry of Education releases All India Survey on Higher Education (AISHE) 2021-2022	98
Express View on Governor Arif Mohammed Khan: Stooping low	99
Can malaria vaccine rollout be scaled up?	100
Mint	103
How to tackle malnutrition effectively	105

FLOODS AND A 'PREVENTIVE MEASURE' THAT NEEDS REVIEW

Relevant for: Environment | Topic: Disaster and disaster management

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“A hierarchy-based approach, with scaled levels of responsibility based on impact area or ‘target population size’, may work” | Photo Credit: PTI

It has been many days since Cyclone Michuung passed, but every resident of Chennai still experiences the consequences of a slew of decisions taken for them, or on behalf of them, by an army of people.

All these choices had consequences. And so these decisions should be accounted for. Some consequences were visible and obvious, while others were hidden and subtle.

In the rains in 2015, many believed that the choice to hold off the release of water from a nearly full reservoir — until later events forced an urgent decision to do it without due warning or precautions — was what led to the most tragic outcomes of the flooding then.

The choice to stop electricity supply to areas where cyclonic winds can damage power cables and cause live wires to drop into flooded streets appears logical and sensible. But there is another side to this, especially when the practice is carried out as a ‘preventive measure’, extended across a wide area, and continued well after the natural event has passed or an accident has been reported. Homes and neighbourhoods plunged in darkness can be dangerous by themselves.

That an elderly relative can trip, fall, and break a hip is a worry as it can be as life-threatening as suffering a heart attack.

In 2021, Tamil Nadu had 13.8 crore people over the age of 60 years. Of Chennai metropolitan area’s estimated 12 million-plus million population, 5,00,000 people are above this age, and over 50,000 are aged 80 or above. Many live alone, or with limited assistance. An area-wide power disruption is a significant hazard.

There are also the security and safety concerns of having no electricity in domestic households. Accidents and injuries are more likely to happen in the dark. Simple tasks become fraught, and even dangerous. Reptiles and insects could crawl into the house. So could miscreants.

The choice to turn off the electricity supply during a cyclone, and to keep it that way even after

the rain stops, has to be looked at in the backdrop of the facts given above. There is no objectively “safe” choice here. It is a constantly evolving, dynamic balance. And, that is why decision-makers should be held accountable for the choices they make.

Decision-making in any crisis can be emotionally challenging and psychologically stressful. When the scale of these decisions is large, and the nature of a disaster is cataclysmic, the process also becomes an extreme test of intellectual and analytical judgement, as well as that of personal strength and confidence.

The potential cost of mistakes looms large in a decision-maker’s mind, which tends more often towards conservative options being preferred. And, yet, the dangers from inadequately considering the ‘flip side’ can lead to equally serious (even if less dramatic) complications due to inaction. Shutting off the electric supply in the event of a storm can be life-saving. But, restoring supply promptly afterwards is also vital to save lives and safeguard against terrible individual consequences.

A bureaucrat or government employee who has been granted executive power to decide to turn off the electricity supply power to a region, neighbourhood, street, or small area/home should be able to justify the decision and document the reasons, in real-time, in the event of a review. Just as premature restoration of power to areas with damaged cables carries the risks of electrocution and infrastructure damage, the unjustifiable extension of a power cut also has a real, and significant mortality risk for thousands of people in their own homes. However, this is not a reductionist argument.

Making tough choices in a phenomenally complex, poly-dimensional, multivariable scenario such as a natural disaster is a challenge that can be mind-numbing. And the experts tasked with making them deserve unstinted appreciation, gratitude and respect.

Some people make the disingenuous argument for more public transparency to these complicated decision-making processes. But clearly, in view of their specialised (and even confidential) nature, any such review should remain in the realm of specialists and subject-matter experts. A complex calculus should not ever be allowed to become a contest of cheap populism. The consequences of going that route during the floods in 2015 are still fresh in our memories.

And yet, this is not a case for elitist exclusivity either, where all decisions are from the top. In a healthy democratic system, no individual or group ought to have unfettered, unquestioned power over such choices, or be permitted to make them based on little more than a whim and fancy. It is time to hold the decision-makers accountable for their choices, especially when their choices impact the lives of millions. An ‘ideal solution’ may never be feasible, but we should strive towards one.

A hierarchy-based approach, with scaled levels of responsibility based on impact area or ‘target population size’, may work. The decision-making cell should be more granular and definitely faster, quickly developed and implemented to meet rapidly changing circumstances. Perhaps more than one person should be involved when it comes to making major decisions. In an evolving crisis, periodic review, done every few hours, by an oversight team, might help challenge and reverse questionable choices.

Regardless of the specifics, the principle at play is that a decision-maker’s rationale and evidence in support of a choice or preference should be subject to review. If found indefensible or unsupported, such decisions must be overturned or modified at the earliest. And, responsibility is fixed squarely on the individual(s) who make such sub-optimal moves, even

banning them from such decision-making positions in the future.

Dr. Mani Sivasubramanian is a heart surgeon, author and social entrepreneur

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THE FISCAL CHALLENGE TO KERALA'S DEVELOPMENT

Relevant for: Indian Economy | Topic: Issues relating to Mobilization of resources incl. Savings, Borrowings & External Resources

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Representational image

Kerala's development possibilities are being crippled by a fiscal crisis. While the critics allege extravagance in government operations, the State government blames the Centre for its troubles. In many ways, Kerala's problems are no different from the financial difficulties faced by several other States. One of the fundamental issues they all confront is the 'vertical fiscal imbalance': the power to raise most of the taxes is entrusted with the Union government while the bigger chunk of the spending is done by the State governments.

Other than State Goods and Services Tax (SGST), the only sources of revenue for the States are stamp duty and registration fee on property transactions and on vehicles; sales tax and excise duty on a few commodities such as alcohol; and revenue from mining leases, lotteries, and so on. The States bridge the excess of expenditures over their own revenues partly with fiscal transfers, grants, and loans from the Union government and partly with their borrowings, mainly from the market. A share of the taxes collected by the Centre is devolved to the States based on a formula recommended by the Finance Commission. While earlier the States could set tax rates independently, they surrendered that right when national uniform tax rates were introduced, notably the GST regime in 2017.

The States must bear 40% of the outlay for most of the centrally sponsored schemes (CSS) or they risk losing the funds allotted for these schemes altogether. But the projects under CSS may not always be the suitable ones for the individual States given their respective development priorities. The States have also disagreed with some of the norms prescribed for availing themselves of the CSS. Over the last decade, there has been an increase in the share of surcharges and cesses in taxes collected by the Union government, which do not have to be shared with the States as per constitutional provisions. All these have weakened the fiscal autonomy of the States.

In 2021-22, Kerala raised revenues amounting to 688 billion (1 billion = 100 crore), with major contributions from SGST, sales taxes, and income from lotteries. According to the Reserve Bank of India (RBI), Kerala is among the top performers in revenue mobilisation efforts. But it is also one of the biggest spenders of government money, on a per capita basis. The per capita revenue expenditures (for day-to-day operations) in Kerala were 1.3 times higher than the

corresponding average for all the States in all developmental activities put together; 1.9 times higher in the case of health; and 3.7 times higher in social welfare. Kerala's revenue expenditures on social services alone came to 507 billion, which took up almost three-fourths of all the revenues the State mobilised on its own (all figures relate to 2021-22).

Kerala's share in the taxes devolved by the Union government to the States fell from 3.88% during the 10th Finance Commission period (1995 to 2000) to 1.93% during the 15th Finance Commission period (2021 to 2026). Notably, 1.93% is less than Kerala's share in India's population (2.6% in 2021).

Not having adequate financial resources is impairing Kerala's growth prospects. The educated youth are seeking opportunities outside the State. Translating Kerala's potential to emerge as a thriving region for knowledge-based industries requires big investments in infrastructure, research centres, and so on. However, capital expenditures undertaken by the State – equivalent to 1.87% of the State Domestic Product (SDP) – is hardly sufficient for this task.

There has been a lot of discussion about salaries and pensions to government employees, which accounted for 48.8% of all of revenue expenditures by the State. Kerala has 5,26,000 government employees, with nearly half of them employed in the fields of education or health. About half of all government employees are women compared to just one-sixth at the national level.

Public employment has been one of the prime movers of Kerala's social achievements. But the government requires many more professionals and analysts on its ranks, and much fewer 'attenders' and 'typists'. Higher education receives only a quarter of all funds allocated for education in the State. This must be reviewed given the large demand for high-quality higher education on the one hand and the absolute decline in the population of children in the school-going years on the other. Almost 30% of the expenditure on salaries is set aside for teachers in institutions run by private managements. It is time to revisit this arrangement.

Kerala will have to seek new sources of finance. One option is to borrow from the people — to begin with, mobilise savings within the State, much of which is frittered away in houses, vehicles, and jewellery. Commercial and cooperative banks and the Kerala Infrastructure Investment Fund Board could be deployed for this task. However, the hurdle to this is the general opposition to debt-financed government expenditures. The Centre has rejected Kerala's plans to seek more loans, citing that the State's debt level (38.6% of GDP) is already high. But fears of debt are unwarranted if the debt-financed expenditures can generate new incomes and jobs and savings that can pay off the debts. The State government must take the lead in preparing a detailed blueprint for Kerala's future economy, which should allay the fears about its financing plans.

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MINISTRY OF HOME AFFAIRS: YEAR END REVIEW 2023

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

2023 was a watershed year as many landmark strides made towards fulfilling Prime Minister Shri Narendra Modi's vision of safe, secure, inclusive and Aatmanirbhar Bharat

Beginning of a new era in criminal justice system with passage of Bharatiya Nagarik Suraksha Sanhita, 2023, Bharatiya Nyaya Sanhita, 2023 and Bharatiya Sakshya Adhinyam, 2023

Jammu and Kashmir Reservation (Amendment) Bill, 2023 and Jammu and Kashmir Reorganization (Amendment) Bill, 2023 passed by the Parliament

Following the policy of zero tolerance against terrorism under the leadership of Prime Minister Shri Narendra Modi and guidance of Home Minister Shri Amit Shah, MHA declared four organizations as 'Terrorist Organizations', seven individuals as 'Terrorist' and three organizations as 'Unlawful Association' in 2023

Huge success achieved in improving the law and order situation in the three hotspot areas of the country-North-East, Left Wing Extremism areas and Jammu and Kashmir

A historic agreement signed to settle the long-pending border dispute between Assam and Arunachal Pradesh

Government of India and Government of Manipur signed a Peace Agreement on agreed ground rules with United National

Liberation Front (UNLF), the oldest valley-based armed group in Manipur

In presence of Union Home Minister and Minister of Cooperation, Shri Amit Shah, a Memorandum of Settlement signed between Government of India, Government of Assam and representatives of United Liberation Front of Assam (ULFA)

Agreement is a significant milestone to fulfil Prime Minister Shri Narendra Modi's vision of a peaceful, prosperous and insurgency-free Northeast and bringing everlasting peace, prosperity and all-round development of Assam

Security vacuum completely eliminated by setting up security camps in Maoist strongholds like Barmasia, Chakarbanda in Bihar and Budha Pahad, Parasnath in Jharkhand, more than 200 camps opened including 33 new camps in 2023

Under the visionary leadership of Prime Minister Shri Narendra Modi and decisive guidance of Home Minister Shri Amit Shah, a decision was taken to review and revise colonial-era outdated Prison Act in tune with contemporary modern day needs and correctional ideology

Government of National Capital Territory of Delhi (Amendment) Bill, 2023 passed by the Parliament

Cabinet approved Centrally Sponsored Scheme- "Vibrant Villages Programme" for the Financial Years 2022-23 to 2025-26 with financial allocation of Rs. 4800 Crore

Union Home Minister and Minister of Cooperation launched the 'Vibrant Villages Programme' at Kibithoo - a border village in Arunachal Pradesh

Union Home Minister and Minister of Cooperation, Shri Amit Shah addressed inaugural session of the G-20 Conference on Crime and Security in the Age of NFTs, AI and the Metaverse, in Gurugram, Haryana

3rd Tourism Working meeting of G20 held from 22 to 24 May 2023 at Srinagar

1st National Conference of Heads of Anti-Narcotics Task Force of States and Union Territories held in New Delhi

In a landmark decision under the leadership of Prime Minister Shri Narendra Modi, MHA approved conduction of Constable (General Duty) examination for CAPFs in 13 regional languages in addition to Hindi and English

Union Home Minister Shri Amit Shah announced 3 major schemes worth more than Rs. 8000 crore for disaster management in the country

Prime Minister Shri Narendra Modi participated in ceremony to name 21 largest unnamed islands of Andaman & Nicobar Islands after 21 Param Vir Chakra awardees and unveiled model of National Memorial dedicated to Netaji to be built on Netaji Subhash Chandra Bose Dweep

Union Home Minister and Minister of Cooperation Shri Amit Shah handed over appointment letters to 4400 employees of NDMC on their regularization and inaugurated various projects in New Delhi

In the International Year of Millets-2023, MHA took momentous decision to introduce Millets (Shree Anna) in the meals of CAPFs and NDRF personnel

Inspired by the vision of the Prime Minister Shri Narendra Modi and under the guidance of the Home Minister Shri Amit Shah, CAPFs planted over 5 crore saplings across the country

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CHANGES IN LAWS/GUIDELINES

JAMMU & KASHMIR

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1221

0

Organized Hartals (impact of Hartals observed on grounds)

52

0

LADAKH

LEFT WING EXTREMISM

STRENGTHENING NATIONAL SECURITY / POLICE

Following the policy of zero tolerance against terrorism under the leadership of Prime Minister Shri Narendra Modi and guidance of Home Minister Shri Amit Shah, MHA has declared four organizations as 'Terrorist Organizations', seven individual as 'Terrorist' and three organizations as 'Unlawful Association' in 2023.

CENTRAL ARMED POLICE FORCES (CAPFs)

DRUG TRAFFICKING

CYBER SECURITY

BORDER MANAGEMENT

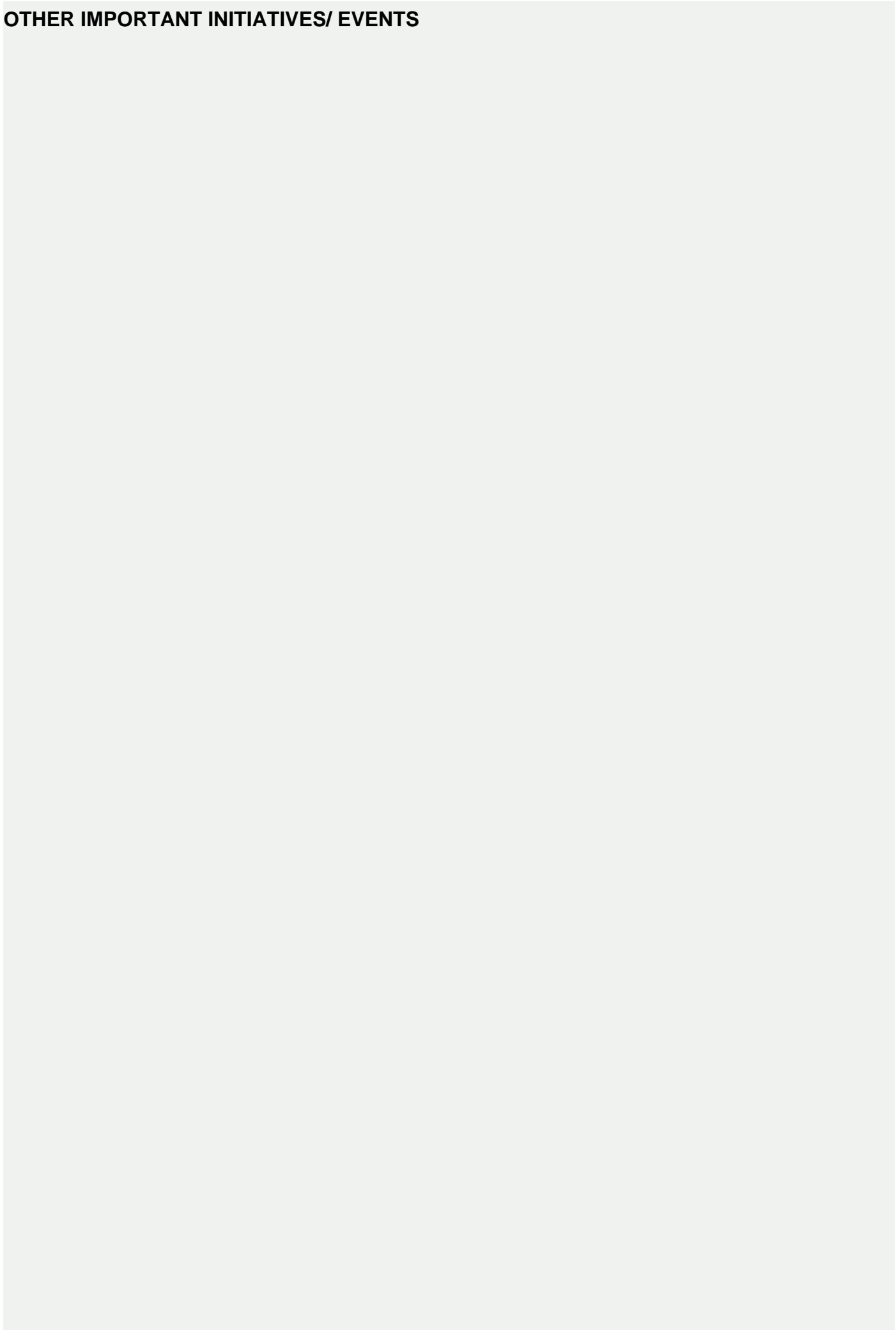
DISASTER MANAGEMENT

ZONAL COUNCIL MEETINGS

INTERNATIONAL EVENTS / CONFERENCES

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RESPONDING TO THE NEW COVID-19 SUB-VARIANTS, NOW AND IN FUTURE

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

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'Since the reporting of the novel virus in 2019, more than 1,000 subvariants and recombinant sub-lineages have been reported' | Photo Credit: G.N. RAO

It is four years since the novel coronavirus (2019-nCoV, later renamed as Severe Acute Respiratory Syndrome Coronavirus-2 or SARS-CoV2) was first reported on December 31, 2019 from China. In the months which followed, it caused severe COVID-19 waves in nearly every country, across the world. Alongside, at end December or early new year, there would be news of a new variant or sub-variant, or of a surge in cases in some countries. At the end of 2021, it was an Omicron variant (BA.1.1.529), and by the end 2022, the COVID-19 case surge in China made news. Now, a new subvariant of the Omicron variant of SARS-CoV-2, the JN.1, is making news.

The JN.1 sub-variant of Omicron has been reported from multiple countries and designated as a variant of interest (VoI) by the World Health Organization. This has raised some concerns and caused some worries. But is it really cause for concern? The short answer is a no. The reason is that the reporting of a new variant or sub-variant is on expected lines. In fact, in May 2023, while declaring the end of the COVID-19 pandemic, WHO had highlighted the need for continuous tracking of the virus and its variants. The rationale was simple. The pandemic is over, but SARS-CoV-2 was and is circulating in all countries and all settings and will continue to do so for long, and possibly forever. That is how most viruses behave. Therefore, there is always the possibility of some seasonal changes in the number of cases, at unpredictable intervals. A linked feature is that the genetic material of the circulating viruses — especially of the respiratory virus — keeps changing over a period. These changes in genetic structure (genome) result in the designation of new variants and sub-variants.

Since the reporting of the novel virus in 2019, more than 1,000 subvariants and recombinant sub-lineages have been reported. Against this backdrop, the emergence of JN.1 is not surprising. However, every change in genome does not matter, and the international agencies and subject experts are on task to assess the risk. However, if mutations or genetic changes result in an alternation in the characteristics of the virus (such as higher transmission, more severe disease or immune escape from vaccine induced or natural immunity), it merits greater attention. The variants are then termed as VoI or variants of concern (VoC). At present, there is no VoC in circulation in any part of the world. On March 16, 2023, WHO's Technical Advisory Group on SARS-CoV-2 Virus Evolution had downgraded the Omicron as the 'previous' variants

of concern. However, national and global agencies are tracking the virus and JN.1 has been designated as Vol.

JN.1 has been designated a Vol, which means it has some genetic changes and indicative characteristics in circulating viruses which need to be monitored by the health agencies and government. Such a designation is a call to step up genomic sequencing scientific work and use data to track the virus. JN.1 is not a new virus but a sub-variant of BA.2.86, which itself is a subvariant of the Omicron variant of SARS-CoV-2. Till now, there is no evidence that JN.1 causes more severe disease or causes immune escape and is, thus, not a reason for worry. In short, designating a variant as Vol does not automatically mean there is a reason to worry. Till now, there is no evidence that JN.1 is responsible for severe disease or immune escape. In fact, the waste-water surveillance in some Indian cities had indicated that the new sub-variant has circulated to a majority of the population without major change in reported or clinical cases in the way of a 'silent wave'.

Does it mean we need to get additional shots of COVID-19 vaccines? Current scientific evidence supports that vaccines and natural infection continue to provide protection from any sub-variant, though there is some possibility of a decline in protection, as time has lapsed since the last vaccination. Immunologically, the natural infections which have happened in addition to vaccine shots, have provided hybrid immunity to people in India and many countries. Therefore, there is no immediate reason to worry. There is no scientific evidence to support having a fourth shot of COVID-19 vaccines, for any age group.

We also need to interpret the rise in COVID-19 cases more carefully. The spike in COVID-19 cases in India could be more artificial than real. It is likely that ramped up COVID-19 testing is picking more cases. Then, some deaths are being attributed to COVID-19. However, there is no evidence that those deaths are causally linked to SARS-CoV-2. These appear to be in the individuals who were already sick and had COVID-19, as an incidental finding. The average five or six deaths in a day in India also need to be considered in perspective.

To put this in context, every day in India, an estimated 27,000 people die due to a range of reasons that include old age. In contrast, respiratory diseases and tuberculosis kill 50 to 60 times more people every day than COVID-19 now. We need to shift attention to preventable deaths due to many other reasons.

Yet, four years should help us to learn. The government's COVID-19 response and actions should be more nuanced and informed by all evidence and real time data. Citizens need to act responsibly and not share unverified social media messages or forwards. Science communication from the government needs to be more interactive, and public communication messaging should be more routine and easy to understand. There is a possibility scenario where reported COVID-19 cases may increase slightly in the days ahead, or in the months ahead — as it happened in April 2023 when daily cases had spiked. However, for most circulating respiratory viruses including SARS-CoV-2, mere transmission or an increase in cases is not an immediate concern. Right now, SARS-CoV-2 infections do not appear to change clinical outcomes in any age groups.

How should we respond to current or any future uptick due to SARS-CoV-2? The short answer is in the same way that we respond to any seasonal rise in cases of flu, respiratory illnesses or dengue virus. By the government increasing standard public health preventive measures such as Severe Acute Respiratory Infections (SARI) and Influenza-like Illness (ILI) surveillance, waste water surveillance and improving provision of required services at health facilities. The clinical management should focus on a syndromic approach to respiratory illnesses. At the individual and community levels, there is no need to disturb the routine or change your travel or vacation

plans. People with cough and cold or flu-like illness must follow good respiratory etiquette such as wearing masks in public places, covering their nose and mouth when coughing or sneezing and frequent handwashing, irrespective of whether it is a type of SARS-CoV-2, seasonal flu or any other respiratory illness. It is proven that the risk to children is the lowest among any age group and thus, school closure should never be considered an option in response to a COVID-19 case surge.

It is time we handle SARS-CoV-2 or COVID-19 just like any other respiratory illness. It is more of an individual health concern than a public health concern. COVID-19 is not a novel virus any more and is here to stay. But it is not a reason to worry.

Dr. Chandrakant Lahariya is a medical doctor with over 15 years of work experience with the World Health Organization (WHO) in the India Country office, the regional office for Africa, Brazzaville; and the WHO headquarters in Geneva. The views expressed are personal

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LACK OF AWARENESS, POOR ADHERENCE TO ARV MAIN CAUSE OF RABIES DEATHS; PET ANIMALS MAJOR SOURCE OF INFECTION

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

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January 02, 2024 09:40 pm | Updated January 03, 2024 01:53 am IST - CHENNAI

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Dog bites are the major cause of rabies death, with 83.5% of 121 victims suffering a dog bite, says study. File

More than half of the persons who died of rabies from 2018 to 2022 in Tamil Nadu did not get vaccinated against rabies. In fact, an analysis of these deaths showed that pet dogs were the major source of infection.

In a study - Secondary Data Analysis of Rabies Deaths Reported in Tamil Nadu for the last five years (2018-2022) from Case Investigation Forms (CIF) - published in the State's public health journal, researchers of the Directorate of Public Health (DPH) and Preventive Medicine took a closer look at 121 rabies related deaths that were registered in the Zoonotic division of the Communicable Disease section of the DPH. Secondary data on the determinants leading to death were obtained from the CIF used in T.N. CIF, the authors said, was a verbal autopsy tool used by trained healthcare workers to collect details from relatives/close acquaintances of the deceased.

The analysis showed that the majority of the victims were men - 97 - of which 25 were aged between 41 and 50 years. About 70% of the victims were from village panchayats, while only 8.5% were from corporation/urban local body areas.

Dog bites were the major cause of rabies death, with 83.5% of 121 victims suffering a dog bite. Category III bites were the most common type of injury as diagnosed in 73.5% (89) of them. Injury-wise, 54.5% of the victims sustained single injury and 38.8% sustained superficial injury with bleeding. Most of them sustained injury in the lower limbs or toes.

Of the 121 victims, Tetanus Toxoid was administered for 34 persons. The analysis showed that 73.6% of the victims did not take Post Exposure Prophylaxis, while 17.4% (21) received Anti Rabies Vaccination (ARV), the course of which was completed by only one victim. Equine Rabies Immunoglobulin was administered to 3.3% and Human Rabies Immunoglobulin to 1.7% of the cases.

A total of 48 (39.7%) of them were attacked at home and 47 (38.8%) on the streets. In 51 cases,

it was a pet involved - 39 household pets and 12 neighbours' pets. A total of 41 stray animals were involved.

Elaborating on the vaccination status of the animals, the authors said 54 of the dogs were not vaccinated against rabies, while the vaccination status was not known in 41 cases. Only 21.5% of the animals were suspected to be a rabies infected animal and only 14.9% of the animals were observed for 14 days to see if they were healthy and alive. A total of 57 of the animals were found to be dead later. None of the dead animal's brain was sent for laboratory testing for rabies virus.

The authors noted that government hospitals were the preferred site for wound care and treatment, while private institutions were preferred for management of rabies-infected victims. The analysis noted that the majority of the victims in the study presented with difficulty in swallowing and hydrophobia followed by difficulty in breathing.

One of the authors, T.S. Selvavinayagam, Director of Public Health, said, "What we observed is that incomplete vaccination is one of the major reasons for death. People should take animal bites seriously and get vaccinated. We assume that pet animals are safe but it is not so. Even if the pet animal is vaccinated, people should get vaccinated against rabies in case of bites."

With the Drug Distribution Management System, availability of ARV has been ensured in all Primary Health Centres, he said. Utilisation of immunoglobulin for Category III bites is poor, and healthcare staff need to be trained, he added.

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312 COVID-19 SUB-VARIANT JN.1 CASES DETECTED IN INDIA

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January 02, 2024 11:06 pm | Updated 11:24 pm IST - New Delhi

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Health workers collect swab samples for COVID-19 tests. File. | Photo Credit: B. Velankanni Raj

A total of 312 cases of COVID-19 sub-variant JN.1 have been detected in the country so far, with about 47% of them recorded in Kerala, according to the INSACOG's data updated on Tuesday.

Ten States and 2 Union Territories have so far detected the presence of the JN.1 sub-variant of the virus. They are Kerala (147), Goa (51), Gujarat (34), Maharashtra (26), Tamil Nadu (22), Delhi (16), Karnataka (eight), Rajasthan (five), Telangana (two), and Odisha (one), according to the Indian SARS-CoV-2 Genomics Consortium (INSACOG).

The INSACOG's data showed 279 Covid cases recorded in the country in December had the presence of JN.1, while 33 such cases were detected in November. The World Health Organisation (WHO) has classified JN.1 as a separate "variant of interest" given its rapidly increasing spread but said it poses a "low" global public health risk.

The JN.1 sub-variant of the coronavirus was previously classified as a variant of interest (VOI) as part of the BA.2.86 sub-lineages, the parent lineage that is classified as a VOI, the world body said.

However, in recent weeks, JN.1 cases continued to be reported from multiple countries and its prevalence has rapidly increased globally.

The Centre has asked States and Union Territories to maintain a constant vigil amid an uptick in the number of COVID cases and the detection of the JN.1 sub-variant in the country. India recorded 573 new coronavirus infections, while the active cases stood at 4,565, according to data released by the Health Ministry on Tuesday.

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511 CASES OF COVID-19 SUB-VARIANT JN.1 DETECTED

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January 03, 2024 11:43 pm | Updated January 04, 2024 02:42 am IST - New Delhi

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A healthcare worker conducts COVID-19 test, amid a rise in coronavirus cases in the country.
File | Photo Credit: PTI

A total of 511 cases of the COVID-19 sub-variant JN.1 have been reported in the country so far, with the maximum number recorded in Karnataka, official sources said on Wednesday.

The sources said 199 cases had been reported from Karnataka, 148 from Kerala, 47 from Goa, 36 from Gujarat, 32 from Maharashtra, 26 from Tamil Nadu, 15 from Delhi, four from Rajasthan, two from Telangana, and one each from Odisha and Haryana, respectively.

The World Health Organization (WHO) has classified JN.1 as a separate "variant of interest" given its rapidly-increasing spread, but said it poses a "low" global public health risk.

The JN.1 sub-variant of the coronavirus was previously classified as a variant of interest (VOI) as part of the BA.2.86 sub-lineages, the parent lineage that is classified as a VOI, the world body said.

The Centre has asked States and Union Territories to maintain constant vigil amid an uptick in the number of COVID-19 cases and the detection of the JN.1 sub-variant in the country.

States have been urged to ensure effective compliance of the detailed operational guidelines for revised surveillance strategy for COVID-19 shared by the Union Ministry of Health and Family Welfare.

They have been also asked to monitor and report district-wise cases of Influenza-like Illness (ILI) and Severe Acute Respiratory Illness (SARI) at all health facilities.

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55% OF PATIENTS WERE PRESCRIBED ANTIBIOTICS FOR PREVENTIVE INDICATIONS, 45% FOR THERAPEUTIC INDICATIONS: NCDC SURVEY

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January 03, 2024 07:40 pm | Updated January 04, 2024 02:46 am IST - NEW DELHI

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Over half of the almost 10,000 hospital patients surveyed recently were given antibiotics to prevent infection, rather than to treat it, amidst growing concerns about the rise in resistance to antibiotics. The vast majority of patients surveyed – 94% – were given antibiotics before the confirmation of a definitive medical diagnosis of the precise cause of infection.

Earlier this week, the Health Ministry released the results of a survey conducted by the National Centre for Disease Control, mapping the patients treated on one to five days each at 20 tertiary care institutes across 15 States and two Union Territories between November 2021 and April 2022.

Out of 11,588 admissions and 9,652 eligible patients, 72% were prescribed antibiotics. Of these, only 45% were prescribed antibiotics for therapeutic indications, meant to treat infection or disease. The remaining 55% were prescribed the drugs for prophylactic indications, meant to prevent the occurrence or spread of an infection. Only 6% were prescribed antibiotics after a confirmed diagnosis of the specific bacteria causing their illness, called definitive therapy. The remaining 94% were on empirical therapy, based on the doctor's clinical experience in assessing the likely cause of an illness.

The World Health Organization (WHO) has identified antimicrobial resistance (AMR) as one of the top threats to public health. It is a natural phenomenon as bacteria evolve, making drugs used to treat infections less effective.

However, as the NCDC survey notes, one of the main drivers for the development of antibiotic resistance is the excessive and inappropriate use of antibiotics.

To deal with the challenge of limited information on how antibiotics are prescribed and used at the patient level, WHO has introduced the global point prevalence survey methodology to understand the prescribing patterns in hospitals, with repeated surveys showing the changes in antibiotic use over time. Few studies have been conducted in India using this methodology.

The NCDC survey report noted wide variations between the different hospitals, with some prescribing antibiotics to 37% of patients, while the prevalence was 100% in other institutes.

Overall, there were 12,342 antibiotic prescriptions, with 86.5% of these prescribed through the parenteral route, meaning that they were not taken orally.

Using the WHO's Access, Watch and Reserve (AWaRe) classification, it was found that only 38% of the prescriptions were for antibiotics belonging to the Access group, which "offer the best therapeutic value, while minimizing the potential for resistance". However, a much larger 57% of the prescriptions were for antibiotics belonging to the Watch group, which are "only indicated for specific, limited number of infective syndromes and are more prone to be a target of antibiotic resistance". Just 2% of the antibiotics prescribed were from the "last resort" Reserve group of drugs.

"About 3% of the prescriptions were of the 'not recommended' group. The high use of Watch group antibiotics is of concern as these antibiotics have a higher potential to develop antibiotic resistance," the survey noted.

The NCDC is the nodal agency for India's national programme on AMR containment, of which one of the key components is the surveillance of antibiotic usage. To achieve this goal, it has established the National Antibiotic Consumption Network (NAC-NET) through which network sites compile data on antibiotic consumption in their respective health facilities and send it to NCDC.

According to NCDC, a major contributing factor to antibiotic resistance is the overuse of antibiotics by humans, with approximately half or more hospitals using antibiotics inappropriately.

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STRIKING FEAR: ON HIT-AND-RUN ACCIDENT CASES AND SECTION 106 OF THE BHARATIYA NYAYA SANHITA

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January 04, 2024 12:20 am | Updated 12:20 am IST

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The provision in the [Bharatiya Nyaya Sanhita \(BNS\)](#) that treats hit-and-run accident cases as an aggravated form of the offence of causing death by rashness or negligence will be the first in the new, yet-to-be implemented code to be scrutinised for its severity. With truck drivers worried about the implications of Section 106 of the BNS abstaining from work, the [government has promised](#) to bring it into play only after consultations with the All India Motor Transport Congress. However, with the transporters' body taking the stand that the strike was primarily resorted to by the drivers who feared additional criminal liability, the issue will require tactful handling. It has now become an issue that concerns transport workers than those running the business of transportation. It may appear that a strike against a law that makes penal provisions concerning hit-and-run accidents more stringent is unjustified, especially in the context of road accidents becoming a leading source of fatalities in the country. However, it has also drawn attention to the question whether there was a case for increasing the jail term for accidents from two to five years in all cases, and to 10, in the case of failure to report them to the authorities.

Section 106 of the BNS will replace Section 304A of the IPC, which punished the causing of death by rash and negligent act that does not amount to culpable homicide. The existing section provides for a two-year jail term. There are three components to Section 106: first, it prescribes a prison term of up to five years, besides a fine, for causing death due to rash or negligent acts; second, it provides for reduced criminal liability for registered medical doctors of two years in jail, if death occurred in the course of a medical procedure. The second clause concerns road accidents in which, if the person involved in rash and negligent driving "escapes without reporting it to a police officer or a Magistrate soon after the incident", the imprisonment may extend to 10 years and a fine. Drivers flee an accident scene out of fear of lynching. In such cases, the authorities seem to believe that such drivers can move away from the scene of crime and then report to the police. The term 'hit-and-run' is one in which the offending vehicle is not identified. It must be emphasised that once the person causing a fatal accident is identified, the onus on the police to prove culpability for rashness or negligence remains the same. Given that many accidents are caused due to poor road conditions too, a relevant question is whether the law should focus on raising prison terms or on a comprehensive accident prevention policy package covering imprisonment, compensation and safety.

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HOW CONFLICT AND VIOLENCE FRUSTRATE THE DELIVERY OF HEALTH CARE

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January 04, 2024 10:47 pm | Updated 10:47 pm IST

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Conflict in Manipur is exposing the displaced population to health issues. | Photo Credit: PTI

“Once the conflict started, my wife and I had to leave our jobs as healthcare providers in Imphal almost overnight”, recounts a Kuki doctor. He agreed to speak only if his identity was protected. All healthcare professionals who shared their opinions wanted the same protection. Though this doctor had been working for Jawaharlal Nehru Institute of Medical Sciences (a premier government institution located in Imphal) since the start of his medical career, his need for safety eventually overcame his loyalty to his institution.

“The problem currently is that both JNIMS and RIMS (Regional Institute of Medical Sciences) - the only centres offering tertiary healthcare services are located in Imphal. Patients in need of services such as ICU care and dialysis cannot be referred to these hospitals, especially if they belong to the Kuki community. We end up sending patients who need advanced care to Nagaland – either Dimapur or Kohima,” he adds.

After all that has happened over the previous months, the doctor still misses a time when people worked together. “The worst is that I am not in touch at all with my colleagues”, says the Kuki doctor. “We had good camaraderie at work. Now there is so much distrust that we all keep to ourselves worried and fearful. Sometimes when we needed a hand managing a case or an opinion, all we needed to do was call someone we knew who could help. That is no more possible.”

“The healthcare infrastructure in Manipur is such that all the good hospitals, private or public are concentrated in Imphal. The other districts are very underserved, their district hospitals lack specialists and infrastructure,” says an anaesthesiologist who also quit his job in Imphal. “For example, Kangpokpi district hospital is operated solely by district medical officers who are MBBS graduates. There is no operation theatre, blood storage facility etc. there. It functions more like a community health centre than a district hospital. And this is true of all other districts in Manipur,” he says. But what is new is that the conflict has uncovered disparities because large hordes of people are being displaced from Imphal and some are moving to severely under-equipped areas. “This has overloaded an already weak system. District medical officers are now called to work inhumane hours and to attend to a heavy workload without the tools to do so.”

According to this doctor, many specialists have left Manipur because of the threat of violence

which has also exacerbated the healthcare problem. “Only a handful of MBBS graduates are managing everything on the public health front. I never imagined that there would be a day when it would be difficult to find even an MBBS doctor.”

Adding to this is the fact that according to NHFS-4 data, only 3.6% of Manipuri households have health insurance. Most people in Manipur need to pay for much of their health care needs from their own pockets. Coupled with weak public infrastructure which may drive them to seek private sector services and the economic liabilities created by the ongoing conflict, this is a serious concern for people living in Manipur.

“We used to source a lot of medicine from Imphal”, says the Kuki doctor, currently working in one of the other districts. “We even arranged blood from there. Now, however, the patient’s name dictates whether or not they will receive blood. Their Aadhar details will be checked before anything is given to them,” he says. “In any case the logistics of transporting medical supplies from Imphal have gone haywire,” says the anesthesiologist. “We are trying to get supplies from other states.”

In September, a team of doctors visited relief camps in Manipur. Their assessment of the health situation was grim. Overcrowding, lack of good nutrition, reduced access to clean drinking water were all visible. It could potentially become a breeding ground for infectious diseases. Lack of privacy and supplies for menstrual hygiene were also observed.

The doctors recommended vaccination against measles, administration of oral Vitamin A supplements as well as improving living conditions and nutrition in the camps. In reality this is difficult to achieve because of the paucity of resources. “Most of these camps receive donations from NGOs and other social welfare organisations but the need far outweighs the resources coming in. Some hospitals in the private sector also subsidise care for patients coming from the relief camps but more often than not, it is not enough.”. One report indicated that relief camps are not receiving any government aid and are being run on donations alone.

According to a postgraduate resident from another state, working in Imphal, many patients with rare autoimmune diseases who would come in from tribal areas to seek medication like monoclonal antibodies have stopped coming. “We used to maintain a list of names under each rare disease to help us keep track of their treatment. Initially, some managed to come with their names changed but eventually, they too stopped. These medications are not easy to come by and these diseases can kill if not treated correctly. I shudder to think of the suffering they are going through now.”

Medical education in the state too has taken a hit. “Usually people with higher ranks join Manipur colleges but due to the conflict, seats here are being ignored. Only people with lower ranks have joined this year,” she says. “Many undergraduate and postgraduate students have also quit their seats fearing for their safety, even missing exams. This is damaging to their careers.”

Due to the violence and displacement, people have lost their health records and important documents including ART cards (anti-retroviral therapy cards) carried by HIV positive patients as a record of their treatment. As per NHFS data, Manipur has the highest concentration of HIV-positive patients in the country on treatment. Efforts are being made to get treatment for them without their ART cards, based on their treatment history alone.

The healthcare system in Manipur is grappling with a number of challenges. The concentration of medical facilities in Imphal, exacerbated by the displacement of communities, has strained an already fragile system, leaving other districts significantly underserved. The departure of specialists, logistical hurdles in medical supply chains, and the lack of health insurance amplify

the plight of both healthcare providers and patients. Relief camps, established as a refuge for those displaced, present their own set of health risks. Health records are also missing. The long-term implications for the region's healthcare are dire. There is a case for urgent and sustained effort.

(Dr. Christianez Ratna Kiruba is an internal medicine doctor with a passion for patient rights advocacy. christianezdennis@gmail.com)

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SHOULD INDIA STUDY WASTEWATER TO TRACK MALARIA, DENGUE?

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January 06, 2024 09:00 pm | Updated 09:00 pm IST

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Wastewater surveillance is an excellent tool to monitor the presence of specific pathogens well before they can be detected through laboratory testing. It has been routinely used for decades for tracking the polio virus in almost every country. Water-borne viruses can be best studied through testing sewage samples. If wastewater surveillance provides accurate information about the presence of polio virus excreted by humans, in the case of other pathogens, for instance SARS-CoV-2 virus, it helps provide information on new variants and virus load which serves as a proxy for the extent of virus spread in the community. The biggest advantage of wastewater surveillance is that it is cost-effective and can independently confirm the presence of pathogens before laboratory testing throws up a warning signal.

For instance, wastewater surveillance carried out by the Tata Institute for Genetics and Society (TIGS) in Bengaluru was able to detect a silent wave of the XBB.1.16 Omicron variant in the city last year. The virus variant began increasing in early-March last year and peaked on April 1.

With the usefulness of wastewater surveillance during the pandemic established, researchers in developed countries have used it for tracking other diseases such as monkeypox, influenza and cholera. In a paper published in November last year in the journal *Science Translational Medicine*, researchers in the U.S. have suggested that wastewater surveillance be expanded to track dengue, malaria, Zika and typhoid.

Should India too use wastewater surveillance to track vector-borne disease like the developed countries? "The U.S. and Europe don't have much dengue and are unlikely to test fevers for dengue or malaria unless they know it is around (which may happen from environmental surveillance). In India, these are endemic diseases, so the questions that can be addressed by environmental surveillance need careful consideration since clinical cases are likely to be tested for known causes," says Dr. Gagandeep Kang, former Professor at CMC Vellore.

In a paper published in the journal *Trends in Parasitology*, Dr. Farah Ishtiaq from the Bengaluru-based Tata Institute for Genetics and Society, which has been using wastewater surveillance to study SARS-CoV-2 burden in Bengaluru, says that employing wastewater surveillance for vector-borne pathogens should take into account the geographical context, pathogen biology, and the availability of sewage networks.

There have been recent outbreaks of malaria and dengue in the U.S., and Portugal. However,

the U.S. and European countries rarely report malaria and dengue. The developed countries also have excellent sewage networks, which makes it easy to track these pathogens. Finally, transmission is seasonal, if at all.

But in India, malaria and dengue are endemic and pathogen transmission takes place almost throughout the year. “Importantly, besides people shedding the pathogens through stools, there are several mammals, including nonhuman primates, that serve as reservoir hosts of malaria and dengue. So in a tropical country like India, it is difficult to say that all the malaria and dengue microbes detected in wastewater are excreted only by humans,” Dr. Ishtiaq says.

In the case of dengue, virus shedding by humans is low. This makes it difficult to detect dengue viral RNA in wastewater at levels similar to SARS-CoV-2 RNA. “Using wastewater surveillance to detect malaria or dengue pathogens and find the actual burden of the disease in the community in a setting like ours is a challenge,” says Dr. Ishtiaq.

“For vector-borne diseases, wastewater surveillance is not enough. Where we are trying to solve the problem through vector surveillance, mosquito surveillance should not be sidelined and wastewater surveillance be seen as a solution.” Unlike water-borne pathogens such as rotavirus and hepatitis which are passed through human excreta, vector-borne diseases that have other reservoir hosts will be a challenge to study through wastewater surveillance, she adds. Though animals serve as hosts for malaria and dengue across the world, the diversity of animal hosts in tropical countries is in no way comparable to temperate countries.

“There is a huge push to identify priority pathogens for wastewater surveillance, which is welcome for water-borne diseases, influenza, etc. But if asked to prioritise dengue and malaria I will think hard as I know that the signal I will get will not exclusively be from humans,” Dr. Ishtiaq stresses. One of the key criteria for the selection of priority pathogens of wastewater-based surveillance is that pathogens are stable in the wastewater and are consistently shed in the faecal material or urine.

In August 2022, besides the SARS-CoV-2 virus, Bangladesh launched a proof-of-concept wastewater surveillance programme to track and monitor three other vaccine-preventable pathogens including *Salmonella typhi*, *Vibrio cholerae*, and rotavirus in the communities.

“When selecting priority pathogens of wastewater surveillance, it is essential to consider the limitations and challenges that arise from different sanitation systems and host-parasite geography before drawing conclusions from wastewater surveillance data,” she writes.

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ACTIVE COVID CASES IN COUNTRY RECORDED AT 4,049

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

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January 08, 2024 03:44 am | Updated 03:44 am IST - New Delhi

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People wearing face masks as a precautionary measure after cases of COVID-19 sub-variant JN.1, in New Delhi on Friday. | Photo Credit: SHIV KUMAR PUSHPAKAR

India has recorded 756 new cases of Covid, while the number of active cases of the infection stood at 4,049, the Health Ministry said on Sunday.

Five deaths – two each from Kerala and Maharashtra and one from Jammu and Kashmir – have been reported in 24 hours, according to the Ministry's data updated at 8 a.m.

The number of daily cases had dropped to double-digits till December 5, 2023, but cases began to increase again after the emergence of a new variant and cold weather conditions.

After December 5, a maximum increase in single-day cases was reported on December 31, 2023, when 841 cases were reported, official sources said.

Of the total active cases, a large majority of these (around 92%) are recovering under home isolation.

"The currently available data suggests that the JN.1 variant is neither leading to an exponential rise in the new cases nor a surge in hospitalisation and mortality," the sources stated.

India has witnessed three waves of COVID-19 in the past with the peak incidence of daily new cases and deaths being reported during the Delta wave in April-June 2021. At its peak, 4,14,188 new cases and 3,915 deaths were reported on May 7, 2021.

Since the pandemic began in early 2020, more than 4.5 crore people have been infected and over 5.3 lakh died.

The number of people who have recuperated from the disease stands at over 4.4 crore with a national recovery rate of 98.81%, according to the Ministry's website.

According to the Ministry, 220.67 crore doses of Covid vaccines have so far been administered in the country.

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AVIATION PROFESSIONALISM WHICH INDIA MUST DRAW FROM

Relevant for: Indian Economy | Topic: Infrastructure: Airports

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January 08, 2024 12:57 am | Updated 07:47 am IST

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'The aviation world should learn a lot from the absolutely high professional standards in Japan' | Photo Credit: AP

"If there is a possibility of several things going wrong, the one that will cause the most damage will be the one to go wrong," is one of Murphy's general laws.

The aviation accident, on Tuesday, January 2, 2024, where a [Japan Airlines \(JAL\) Airbus A350 aircraft collided with a Japanese Coast Guard Bombardier Dash 8 aircraft](#) at Tokyo's Haneda airport while landing, in which all 379 passengers on the JAL plane escaped but with five fatalities on the smaller aircraft, is a perfect example of this. There was a notice to airmen issued for Haneda indicating that the stop bar, a set of red lights that come on at taxi holding point for that runway, was not available. The Coast Guard plane was cleared to the holding point, which was acknowledged by the pilot to Air Traffic Control (ATC). The ATC tape transcript also shows the JAL flight being cleared to land, which was acknowledged by the pilots. The investigation report will indicate what made the Coast Guard pilot enter the runway. Did he miss the notice to airmen? Did he not hear the ATC issue landing clearance to the JAL aircraft? The investigation report will identify these and we can expect the preliminary report in a fortnight, unlike accident reports in India which take months and years.

Aircraft manufacturers are required to demonstrate that an aircraft, in maximum density configuration, can be completely evacuated within 90 seconds using only half the total number of emergency exits. The world witnessed the highest quality of discipline and crew training, which saved 379 people in the fiery accident. It was an amazing display of orderly evacuation from the burning wreckage that the JAL cabin crew executed. All passengers followed the safety instructions and left the aircraft without carrying their hand bags or crowding around after coming down the aircraft evacuation slides. Only three exits were available for evacuation. The cabin public address system was not working and the crew used megaphone and voice announcements for the evacuation.

On August 2, 2005, Air France flight, AF 358, from Paris, France, to Toronto overshot the runway while landing in heavy rain and caught fire. All 309 passengers were evacuated safely, though 11 received injuries. Images of the evacuation showed several passengers leaving the burning aircraft with their hand luggage. Similar action by passengers on an Emirates flight (EK 521) from Thiruvananthapuram to Dubai, on August 3, 2016, that crashed while landing, showed

a complete lack of discipline on the part of passengers who were grabbing their hand luggage, thus delaying the evacuation. The aviation world should learn a lot from the absolutely high professional standards in JAL's training of its crew. Air passengers worldwide should also realise that pre-flight emergency procedure instructions should be followed seriously.

The Japanese authorities have already made the ATC transcripts public. Contrast this with what would have been several months of silence and secrecy in India. Take the case of an extreme hard landing done by the crew of an Air India Airbus flight from Kochi to Dubai on December 20, 2023. The news surfaced only after a tracking site showed the aircraft flying to Mumbai on December 27 at an altitude of 9,000 ft instead of the normal 31,000-plus ft. Eventually, the news was that the flight had made a 3.5g landing at Dubai and was on ground for more than a week. To put that in simple language, 'g' is acceleration due to gravity. If an aircraft does a 1g landing, the weight on the wheels equals the weight of the aircraft. A 3.5g landing means the weight on the wheels of the aircraft at touchdown is 3.5 times its landing weight for that flight. Landing gears are not designed for such an impact and the resultant damage to crucial aircraft parts can be serious. The plane was permitted to depart as an unpressurised flight and was allowed just one take off and one landing.

Did the captain report the hard landing in the aircraft tech log? Did he file the flight safety report within 24 hours, a mandatory requirement by the Directorate General of Civil Aviation (DGCA)? What action did Air India take upon learning of the very hard landing? Why did it take more than 10 days to report this serious event? Was there an attempt to hush up this serious accident?

A disturbing fact is the failure of the Air India management to act proactively on a report by the instructor who trained the captain. He was a copilot on the airline's Boeing 777 fleet and was brought to the Airbus A320 fleet for his first command. The minimum hours on type that is required for first command were bypassed. Let me quote from the letter that the instructor had sent to the Chief of Training, Operations and also Safety of Air India. "Sir, they are facing difficulties in exercises which require manual flying skills and raw data flying and had to be recommended for corrective training twice. This I feel can be attributed to their lack of experience in the same, as they both are from the B777 fleet.

"God forbid if there is an incident/accident involving one of these pilots from the [airline's] 777/787 fleet, many questions will be raised, and we will not have any reasonable answers."

It was a case of shooting the messenger and the instructor pilot was sacked from Air India. Today, the airline has several questions to answer. The DGCA and Air India should look at the accidents caused by confusion of flying different types of aircraft, especially when fatigue and stress are involved. One can go back to October 12, 1976, when an Indian Airlines Caravelle flight from Bombay to Madras (IC 171) crashed shortly after take-off at Bombay and while attempting an emergency landing, killing all 95 passengers on board. The pilots had endorsements on their licences to fly the Boeing and the Caravelle. The switch positions for certain functions worked differently in each aircraft, which was highlighted in the court inquiry

In the Indian Airlines Airbus crash at Bangalore, on February 14, 1990, where there were 92 fatalities, the pilots were fresh from conversion training for the aircraft.

In the TAM Airlines Airbus crash in Sao Paulo, on July 17, 2007, this was the fourth sector of the day. Even though the flight was within duty time, one cannot discount the fatigue factor for the crew. The ATC calls on the wet runway condition were more in line with Boeing terminology. The aircraft also had one thrust reverser unserviceable. One of the pilots had flown previously on Boeing aircraft. The thrust lever action on a Boeing where the reverse thrust lever in the cockpit is wire locked is different from that on an Airbus. All on board the flight literally burnt to death.

In the Asiana crash in San Francisco, on July 6, 2013, the captain had flown previously on Airbus aircraft. On final approach for landing, he was lulled into thinking that the auto thrust would respond like in the Airbus he was so used to, forgetting that he was on a different aircraft.

Air India has had a long history of covering up serious incidents and accidents with the blessings of the DGCA. The hard landing accident at Dubai should serve as a wake-up call for the airline. The airline has just inducted a new aircraft, the Airbus A350, and the criterion for the crew selected to fly it should be based on very high standards and not on seniority. While the first lot of captains are Airbus experienced, the second lot being sent for conversion are from the Boeing fleet. Both the DGCA and Air India should insist on a hard copy of the simulator proficiency check report/certification of the pilots training on this aircraft.

Merely stating that safety is paramount when so many incidents are being swept under the carpet will not improve the reputation of the airline. India can claim to be among the fastest growing aviation markets but where do we stand on the passenger safety count? The Air India management needs to do some soul searching when it comes to operations, training and safety. India and its airlines have much to learn from the Japan Airlines incident.

Captain A. (Mohan) Ranganathan is a former airline instructor pilot and aviation safety adviser. He is also a former member of the Civil Aviation Safety Advisory Council (CASAC), India

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AN AMBITIOUS PUSH FOR VALUES, ETHICS IN HIGHER EDUCATION

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

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January 09, 2024 12:44 am | Updated 12:44 am IST

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“Mulya Pravah 2.0 lays stress on the criticality of ‘encouraging persons at all levels to think and give their advice freely’ | Photo Credit: Getty Images

The University Grants Commission (UGC) has been issuing regulations, guidelines and directives at break neck speed that some of the important ones miss drawing the attention of the higher education community. One such guideline is Mulya Pravah 2.0, a modified version of Mulya Pravah, which was notified in 2019. It seeks to inculcate human values and professional ethics in higher education institutions. The stated intention is to build value-based institutions by orienting individuals and institutions towards developing a deep respect for fundamental duties and constitutional values and bonding with the country.

The trigger is the findings of a survey of human resource managers which highlight unethical practices in various organisations. The most prominent of these are “favouritism in hiring, training, pay and promotion; sexual harassment; gender discrimination in promotion; inconsistent view on discipline; lack of confidentiality; gender differentiation in compensation; non-performance factors overlooked in appraisals; arrangements with vendors for personal gain; and gender discrimination during recruitment and hiring”.

These vices may not be specific or exclusive to higher education institutions but could be rampant among them. None can assert that they are free of malpractices. The UGC must get credit for notifying the guideline, though it may not be sufficient to curb corruption and violations of ethics and integrity.

Unless backed by sincere efforts to ensure that the provisions of Mulya Pravah are effected in letter and spirit, the move may be no more than a mere formality. The higher education regulator(s) must demonstrate zero tolerance and act swiftly to quell even the smallest trace of corruption in the admission, examination, hiring processes or, for that matter, in any aspect of university administration.

OPINION | [Is higher education out of touch with the skill requirements in the job market?](#)

Mulya Pravah 2.0 underscores the need for utmost transparency in administration and highlights that decision-making in higher education institutions must be solely guided by institutional and public interest, and not be vitiated by biases.

It seeks to abolish the discriminatory privileges of officials and urges the administration to punish the corrupt. It lays stress on the criticality of 'encouraging persons at all levels to think and give their advice freely'.

The guideline expects higher education institutions to 'ensure integrity, trusteeship, harmony, accountability, inclusiveness, commitment, respectfulness, belongingness, sustainability, constitutional values and global citizenship'. This is a laudable and timely intervention, as these values are receding. The authorities in and officers of universities must ensure that the provisions of their acts, statutes, ordinances and regulations are strictly adhered to in letter and spirit.

The guideline requires higher education administration to conduct matters ensuring accountability, transparency, fairness, honesty, and the highest degree of ethics. It reminds them to act in the best interest of their institution, create a conducive culture and work environment for teaching, learning, and research and develop the potential of their institution. It further asserts that officers and staff must 'refrain from misappropriating financial and other resources, and refuse to accept gift, favour, service, or other items from any person, group, private business, or public agency which may affect the impartial performance of duties'.

Also Read | [UGC approves draft framework for curriculum for PG courses](#)

The emphasis on the need for and the importance of maintaining the confidentiality of information is bemusing as it runs counter to the right of information as an instrument to ensure accountability. Higher education institutions must, in fact, be mandated to voluntarily disclose all critical information and subject themselves to public scrutiny.

The guideline would do well to urge them to promptly upload agendas, proceedings and minutes of the meetings of their decision-making bodies, sub-committees and standing committees. They must put up their annual reports and audited accounts in the public domain. This will deter malpractices and go a long way in restoring public confidence in the workings of the institutions.

Asserting that teaching is a noble profession, and that teachers play a crucial role in 'shaping the character, personality, and career of the students', it requires them to 'act' as role models and set examples of 'good conduct, and a good standard of dress, speech and behaviour, worth emulating by students'. It asks them to abide by the provisions of the acts, statutes, ordinances, rules, policies, and procedures of their universities but maintain silence on the issue of teachers' associations.

Also Read | [UGC announces regulations for establishment and operation of campuses by foreign universities in India](#)

Mulya Pravah 2.0 expects staff and student unions to 'support the administration in development activities and raise issues in a dignified manner', although this sounds like suggesting that they act and be the team B of the administration and desist from raising issues concerning their members.

Associations and unions of stakeholders are pressure groups to exert collective influence to protect the rights and interests of their members. While no one could ever suggest that they always be at loggerheads with the administration, it may be too much to expect them to take sides with the administration.

Higher education institutions are communities of scholars where no one should be more equal than the other. Each stakeholder must be allowed to proactively participate in protecting,

preserving and promoting the culture and standards of their institutions. The idea of collegiality must require the administration to engage with and consult stakeholders in decision-making.

Mulya Pravah 2.0 insists that staff and students unions must 'raise issues in a dignified manner'. As the guideline does not define or delineate what 'dignified manner' entails, the provision could be misused to threaten, shun, silence or at least undermine the collective voices of the stakeholders.

The threat is real and imminent. Associations and unions of teachers, staff and students have often been banned and suspended on the slightest pretext. Their office-bearers and elected representatives have generally been accused of violating the code of conduct and acting against the interests of their institutions. Many are fighting battles for their survival in courts of law.

It is obvious that provisions such as these may cause more harm than good. Discordant voices may, at times, cause inconvenience to the powers that be. In the ultimate analysis, they only strengthen institutions by improving the quality and sustainability of the decisions.

Furqan Qamar, a professor of management at Jamia Millia Islamia, is a former adviser for education in the Planning Commission and Secretary-General of the Association of Indian Universities (AIU). The views expressed are personal

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HISTORIC INITIATIVES UNVEILED FOR PERSONS WITH DISABILITIES

Relevant for: Developmental Issues | Topic: Rights & Welfare of Persons with Disability including Mentally Ill People - Schemes & their Performance, Mechanisms, Laws Institutions and Bodies

In a groundbreaking collaboration, the Department of Empowerment of Persons with Disabilities (DEPwD) joined forces with Enable India to introduce a transformative 70-hour interactive Employability Skills course for Persons with Disabilities (PwDs). Crafted under the visionary guidance of Secretary, DEPwD, Shri. Rajesh Aggarwal, this pioneering course has been designed to revolutionize access to gainful employment opportunities for PwDs.



The grand launch of this Innovative”course took place at the Purple Fest, heralding a promising and brighter future for individuals with disabilities. Attendees witnessed the inauguration ceremony, highlighting the commitment to creating an inclusive and empowered society.

In addition to this momentous announcement, the National Council for Vocational Education and Training, in collaboration with the Department for Empowerment of Persons with Disabilities, unveiled comprehensive Guidelines for Accessibility Standards. These guidelines, meticulously tailored for both physical and digital skill training infrastructure, stand as a beacon of inclusivity for individuals with diverse disabilities. This revolutionary step ensures that the standards will be adopted nationwide by all government-associated skill training organizations, fostering a more accessible environment for everyone.

The culmination of these efforts was marked by a special event held at the main hall of Kala Academy, where Shri Subhas Phal Dessai and Shri Rajesh Aggarwal launched these transformative initiatives. This event not only symbolized a milestone but also represented a significant stride towards building a more accessible and inclusive future for all. The impact of these initiatives promises to create lasting changes in the landscape of employability and accessibility for Persons with Disabilities across the nation.

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PRADHAN MANTRI ANUSUCHIT JAATI ABHUYDAY YOJANA

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

Pradhan Mantri Anusuchit Jaati Abhuyday Yojana (PM- AJAY) is a merged scheme of 03 Centrally Sponsored Scheme namely Pradhan Mantri Adarsh Gram Yojana (PMAGY), Special Central Assistance to Scheduled Castes Sub Plan (SCA to SCSP) and Babu Jagjivan Ram Chhatrawas Yojana(BJRCY) and has been implemented since 2021-22 with an aim to reduce poverty of the SC communities by generation of additional employment opportunities through Skill development, income generating schemes and other initiatives and to improve socio-economic developmental indicators by ensuringadequate infrastructure and requisite services in the SC dominated villages. Broadly, the Scheme has following three components:

should complete education at least up to the secondary level, all factors leading to maternal and infant mortality are addressed and incidence of malnutrition, especially among children and women, is eliminated.

The scheme aims at socio-economic development of SCs through grants for following types of projects:

Infrastructure development: Development of infrastructure related to the project and also Hostels and residential schools.

SpecialProvisions:

Upto15%ofthetotalGrantsexclusivelyonviableincomegenerating economic development schemes/programme for SC Women.

Upto30%ofthetotalGrantsutilizedforinfrastructuredevelopment Atleast 10% of the total funds for skill development

Promote SC Women Cooperatives engaged in production and marketing of consumer goods and services.

Objectives:-

Scheme for construction of hostels to enable and encourage Scheduled Caste students to attain quality education and reduce their dropout rate

Implemented through the State Governments, UT Administrations & Central and State Universities/Institutions

Admissible Central assistance for construction

North Eastern Region: Rs. 3.50 lakh per

Northern Himalayan Regions: Rs 3.25 lakh per

Gangetic Plains & Lower Himalayan Region: Rs3.00 lakh per

One time Grant of Rs. 5000/- per student for making provisions of cot, table etc.

Repair and maintenance cost uptoRs.5.00lakh for an hostel of 50 inmates constructed under the scheme, once in 5 years

Hostels to be completed within specified period of 27 months.

Recentchanges (Since2021-22)

100% Central assistance for hostels for boys 'hostels as well– earlier it was cost sharing with State

Implementing agencies to send proposals online through PMAJAY portal

Achievements during the current Financial Year2023-24

Under Adarsh Gram Component, a total of 1834 villages have been Declared as Adarsh Gram during the current FY2023-24.

A total of 15 new hostels has been sanctioned under Hostel component of the scheme.

Perspective plan for 17States have been approved under Grant-in-aid component during the current financial year.

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The scheme aims at socio-economic development of SCs through grants for following types of projects:

Infrastructure development: Development of infrastructure related to the project and also Hostels and residential schools.

Special Provisions:

Upto 15% of the total Grant exclusively on viable income generating economic development schemes/programme for SC Women.

Upto 30% of the total Grants utilized for infrastructure development. At least 10% of the total funds for skill development.

Promote SC Women Cooperatives engaged in production and marketing of consumer goods and services.

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AWARENESS ABOUT INVISIBLE DISABILITIES IS IMPORTANT

Relevant for: Developmental Issues | Topic: Rights & Welfare of Persons with Disability including Mentally Ill People - Schemes & their Performance, Mechanisms, Laws Institutions and Bodies

Purple Fest 2024: Stepping out of the shadows and into the spotlight, India's first National Conference on Invisible Disabilities took place as part of the ongoing International Purple Fest-Goa, 2024, tackling the challenges faced by millions silently battling internal battles.

Led by Chronic Pain India and Believe in Invisible, the conference, in collaboration with Department of Empowerment of Persons With Disability, GoI and the State Commissioner of Persons with Disabilities, Goa, sought to bring awareness and solutions to the often-overlooked realm of invisible disabilities.

"These are disabilities you can't see with your naked eyes," explains Dr. Anubha Mahajan, founder of Chronic Pain India, herself an invisible disability warrior. "People with chronic pains, autoimmune disorders, neurological conditions – their struggles are real, their limitations debilitating, yet they often lack access to essential healthcare and social support."

The conference delved into the complex world of these hidden battles, highlighting the need for clearer definitions, specialized doctors, and improved healthcare options. The government's recent focus on invisible disabilities through the G20 and this conference itself were seen as positive steps towards a brighter future.

But the road ahead is long. Concerns about health insurance exclusions, lack of UDID grants, and limited specialized medical workforce were addressed, underscoring the urgent need for comprehensive policies and increased awareness, were points raised about hindrances in moving forward.

The conference focused not only on numbers and policy, but also on storytelling. The audience, a diverse group of people with invisible disabilities and concerned professionals, shared their stories, providing insight into the unseen battles and everyday achievements. The audience also included 40 BA.Ed students from Vidya Prabodhini College, Porvorim.

From chronic fatigue to debilitating pain, from cognitive impairments to social isolation, the stories resonated, challenging stereotypes and reminding us that disabilities come in many forms.

The National Conference on Invisible Disabilities marks a significant step forward. It's a beacon of hope for the millions living in the shadows, a call to action for policymakers and healthcare providers, and a reminder that even the hidden battles deserve to be seen and understood.

A number of events have been happening simultaneously across venues. A convention on Spinal Cord Injury at GMC, Bambolim highlighted how treatment is advanced today and addressed various issues related to a spinal cord injury. There was also a NHRDN Thought Leadership Forum at ESG. A convention on Accessible Publishing by DFI which aimed at plugging all gaps that exist in production, distribution, and reading publications in Braille, Digital talking book, accessible e-text.

Laying emphasis on the Disability Rights, there was an advocate conference held at the High

Court in which several senior lawyers of the state participated.

A bird trail in Carambolim, a cruise ride on Mandovi River and Drum Circle at Kala Academy were some activities under Purple Fun organised to bring a smile and allow delegates to unwind in Goa.

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

As the covid pandemic looks set to extend into autumn, and with even many advanced nations preparing for a second wave of infections, it is becoming increasingly clear that the crisis has taken its worst toll on the poor, disadvantaged and marginalized.

In the United States, the burden of disease has fallen disproportionately on people of colour, minorities and women. In India, studies suggest that minority communities, Dalits and Adivasis have fallen deeper into debt and economic deprivation, disproportionately so compared to others. And, in all countries, the economic burden resulting from both the disease and public policy response—usually involving a partial or total lockdown—has most badly affected those least able to cope.

Some of this differential burden of the disease follows from the fact that well-to-do, “white collar” workers are more easily able to self-isolate, physically distance, and even work from home for months on end. Famously, when covid struck, the New York rich decamped from their high-rise apartment buildings in Manhattan to their summer homes in resort communities, such as The Hamptons, where wide open spaces and the sparse population density greatly decreased the danger of infection.

In Mumbai, one has heard of the super-rich boarding private jets to fly off to (relative) safety in Dubai or London. Even in egalitarian Canada and Scandinavia, many who had the option spent large chunks of time away at mountain or lakeside cottages and chalets, far away from cities with their much higher infection burden.

Meanwhile, in all countries, “blue collar” workers—janitors, drivers, kitchen staff, shop assistants, and others whose occupation is tied to a physical activity that cannot be done from home, and, of course, front-line medical workers, all faced the double whammy of greater exposure to contracting the virus as well as a large economic hit if they were fired, laid off, or chose to stay away from work for safety’s sake.

Other differential impacts are subtler but equally pervasive and important. One of the responses to the crisis in most advanced and some emerging economies has been unloading the twin bazookas of fiscal and monetary policy largesse. While new fiscal spending does help those in need—such as supplementary unemployment insurance for those laid off or furloughed on account of covid—unleashing an additional big dose of unconventional monetary policy has ensured that interest rates stay close to zero.

Paradoxically, this benefits big-time investors, who can invest in riskier but higher-yielding investments, including in emerging economies. This has fuelled asset price bubbles such as those preceding and following the global financial crisis. Meanwhile, small savers, who rely on a savings account at a commercial bank, earn little interest on their savings, and still pay high interest rates on borrowing such as through lines of credit or credit cards. Another subtle enabler of worsening inequality is the differential access to the perquisites of high-quality private education, especially, but not exclusively, in the US. Thus, while most large public institutions of higher learning in most countries have opted for online-only teaching for the foreseeable future, many top private universities in the US, which charge their students top dollar in tuition fees, have opted for at least some face-to-face teaching on campus.

Thus, while most access educational content on their computers and mobile devices, and get

none of the university experience, a few have the privilege of interpersonal interaction and networking, which are the value additions of attending a prestigious university. These few, already privileged, will be in positions of power, wealth and influence, 5, 10 or 20 years later.

Of course, in India, the poorest and most vulnerable have faced a triple whammy of the disease, loss of livelihoods, and the disorderly and sudden return-migration of many to their villages, worsened by a draconian and sudden lockdown, as argued in this column on numerous occasions. This group's prospects remain bleak if and when there is a return to normalcy.

Without doubt, covid and the response to it have already worsened existing economic and social cleavages, and will worsen them further. What is more, this is occurring at a time when wealth and income inequalities were already high and rising throughout the world, in both advanced and emerging economies. When all is said and done, global inequality may well end up at a peak unseen since before the advent of the modern welfare state in the late 19th century.

An unprecedented global crisis tells us a lot about what a society is made of, not just on the surface, but much deeper down. In this regard, it seems to me that the countries of northern Europe, especially Germany, have been exemplary in the public policy response to the crisis—not just with economic and financial support, but with efforts to improve the quality of life for all citizens. This includes the reopening of theatres, concert halls and museums that were shuttered during the crisis. Not only does this generate income for artists and performers—among the worst hit during the pandemic—but it gives people a glimpse of a reality that may lie beyond the immediate crisis. As Beethoven wrote in his Ninth Symphony, Ode to Joy, "Alle Menschen werden Brüder". All men (and women) become brothers (and sisters).

Vivek Dehejia is a Mint columnist

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INDIA ACHIEVED RECORD TB NOTIFICATION IN 2023

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

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Image used for representation purpose only. With 25,37,235 TB cases notified in 2023, India has bettered the TB notification number achieved in 2022.

With 25,37,235 TB cases notified in 2023, India has bettered the [TB notification](#) number achieved in 2022. The number of TB cases notified in the public sector in 2023 stood at 16,99,119 while the number of TB cases notified by the private sector was 8,38,116. Whereas the TB notification by the public sector reached 93% of the target, it was 89% in the case of the private sector.

In 2022, India had notified 24,22,121 TB cases, which the India TB report 2023 remarked as a “milestone year for TB surveillance efforts in India, with a record high notification”. TB case notification in 2022 was 13% more than what was achieved in 2021. Due to the pandemic, TB notifications fell sharply in 2020 and 2021. Compared with 2019 when 24,04,815 TB cases were notified before the pandemic began, in 2020, TB notification dropped to 18,05,670; it improved marginally in 2021 when 21,35,830 TB cases were notified.

Also read: [A new edge to the fight against tuberculosis](#)

Besides marking a record total TB notification, 2022 also recorded the highest ever TB case notification from the private sector — 7,33,694, which was 77.1% of the target notification. In 2023, the number of TB notifications from the private sector increased further to 8,38,116, with a record 89% of the target.

Despite the increase in TB notifications by the private sector in 2023, the private sector still accounts for only 33% of the total notifications in the country. Yet, the share of TB notifications by the private sector has been the highest ever achieved so far. In 2021, the share of TB notification by the private sector was 32%, which then decreased to 30% in 2022. Except for the dip in 2022, TB notification by the private sector has been slowly but steadily increasing — 21% in 2017, 25% in 2018, 28% in 2019, and 31% in 2020.

Also read: [The road to ending tuberculosis](#)

Despite the steady increase in the private sector TB notification since TB notification became mandatory in 2012, the number of TB cases notified by the private sector has been woefully short of the targets set by the National Strategic Plan 2022-2025. As per the target set by the National Strategic Plan, the TB notification by the private sector was 35% in 2020, 45% in 2021,

and 56% in 2022 and 2023. Despite achieving the highest TB notification of 33% in 2023, the notification by the private sector is yet to come anywhere close to the targets set by the National Strategic Plan.

With 50% to 70% of TB patients in India seeking care in the private sector, the percentage of TB cases notified each year is strikingly small. This would mean that tens of thousands of TB cases in India are being missed each year. According to the National Strategic Plan, “close to 0.54 million TB patients remain uncaptured by TB surveillance/notification and services, and are likely in private health delivery systems or the community”.

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30 CRORE AYUSHMAN CARDS CREATED UNDER AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA

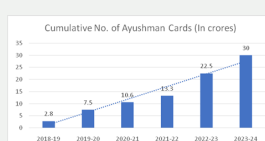
Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) has crossed the milestone of 30 crore Ayushman cards on 12th January 2024. The flagship scheme being implemented by the National Health Authority (NHA) aims to provide health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to 12 Crore beneficiary families.

Ayushman card creation is the most fundamental activity under Ayushman Bharat PM-JAY and concerted efforts are being continuously made to ensure that every beneficiary under the scheme has Ayushman card. As a result of the persistent efforts, the scheme has reached the feat of 30 crore Ayushman cards created. More than 16.7 crore Ayushman cards have been created only during the last two financial years. As on date, during 2023-24, more than 7.5 crore Ayushman cards have been created. This implies that approximately 181 Ayushman cards are created every minute.

Ayushman card creation is included in on-spot services being offered during Viksit Bharat Sankalp Yatra launched on 15th November 2023 with the intent to ensure saturation of different schemes of Government of India. This campaign has significantly helped expedite card creation at the grassroots level. More than 2.43 Cr Ayushman cards have been created during the Yatra. Further, more than 5.6 Cr Ayushman cards (launched on 17th Sep 2023) have been created during Ayushman Bhava campaign launched by Ministry of Health and Family Welfare to achieve saturation of different health schemes.

The financial year wise total Ayushman cards created are as follows:



Data as on 12.01.2023 January, 2

In order to reach out to the last mile, NHA has launched 'Ayushman App' for Ayushman Card creation. The app has a unique feature of self-verification. In simple 4 steps, this feature enables users to create Ayushman Card using an android mobile phone. Further, any person can help beneficiaries to create Ayushman card. Thus, the Ayushman App enables Jan Bhagidari in its spirit. The success of this application can be measured from the fact that the app has been downloaded for more than 52 lakh times, since its launch on 13th September 2023.

With 4.83 crore Ayushman Cards, Uttar Pradesh tops the list of States with the highest number of Ayushman Cards created. Madhya Pradesh and Maharashtra stand at number two and three positions with 3.78 crore and 2.39 crore Ayushman cards respectively. 11 States have more than 1 crore Ayushman cards holders. Top ten States with highest number of Ayushman cards

are as below:

State**No. of Ayushman cards created****Uttar Pradesh**

4.8 Cr

Madhya Pradesh

3.8 Cr

Maharashtra

2.4 Cr

Gujarat

2.3 Cr

Chhattisgarh

2.1 Cr

Assam

1.6 Cr

Rajasthan

1.6 Cr

Karnataka

1.5 Cr

Andhra Pradesh

1.5 Cr

Jharkhand

1.2 Cr

Further, as on date, approximately 14.6 crore Ayushman cards have been created for females. Scheme is striving to achieve gender parity along with regional parity and income parity in access to healthcare services with 49% Ayushman Cards issued to female beneficiaries. Also,

48% of treatment provided under the scheme has been availed by the female; thus, gender equity is part of core design of the scheme.

Today, Ayushman Card has become a symbol of equity, entitlement and empowerment. It gives an assurance to the poor and deprived family that they will be protected against the double-burden of disease and the debilitating impact of catastrophic expenditure incurred during treatment. Underscoring this fact, Government is making all efforts to ensure that all eligible beneficiaries possess Ayushman Card.

Further, Ayushman Bharat PM-JAY has successfully catered to 6.2 crore hospital admissions worth more than Rs. 79,157crores. If the beneficiary would have availed the same treatment on their own outside the ambit of AB PM-JAY, the total cost of the treatment would have gone nearly 2 times higher, thus, saving more than 1.25 lakh crore out of pocket expenditure of poor and deprived families.

More detail updates about the scheme available here: <https://dashboard.pmjay.gov.in/pmj/#/>



Scan to download Ayushman App for creating Ayushman Card



Scan to watch Ayushman Card creation process

MV/RDJ

HFW/30 crore Ayushman Cards created under AB PM-JAY/14th Jan 2024/1

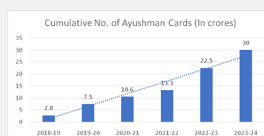
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Relevant for: Developmental Issues | Topic: Important Aspects of Governance, Transparency & Accountability including Right to Information and Citizen Charter

When the European Union implemented its General Data Protection Regulation (GDPR) in 2018, organisations were forced to revisit the way they tracked, stored, managed, and processed data. Data was segmented into various classes—primarily public data, personal data, and sensitive personal data. And this meant a major rethink for the marketing, communications and business development functions of organisations, given the extra-territorial applicability of GDPR and its focus on user privacy.

To enable a smooth transition, the European Union adopted a systematic approach to the implementation of GDPR. It was preceded by years of work involving extensive documentation and training sessions, which provided clarity on the scope and application of the legislation.

However, things may not be as smooth in India's data privacy transition given that there's not much visibility on the rules that will define the pathway or the technology-readiness and preparedness at marketing and communications departments.

As India readies for the implementation of its Digital Personal Data Protection Act, 2023 (DPDP Act), there's much discussion on aligning core business functions and sales-focused processes with the provisions of the law.

For digital functions focused on the end-consumer, there may be a need to revisit the business models, particularly where the sale, transfer and exchange of data are a core part of revenue-generation, customer targeting or profiling, or sales funnel management.

A related scenario from a privacy perspective is the restrictions on cookies usage, but Google and Apple have implemented this voluntarily. With the DPDP Act, which would involve potentially significant penalties, data practices and standards are no longer a matter of business choice.

In addition, the continuous evolution and tightening of GDPR, the benchmark for data privacy regulation, points to standards and compliances becoming more stringent over time.

Take, for instance, stakeholder data governance.

Data governance is an extension of data privacy or data protection (as is referred to in India's much more liberal scheme of things when compared to GDPR standards). With environmental, social and governance (ESG) standards becoming top priority for businesses, stakeholder data governance is also expected to be a significant requirement.

In the digital age, with digitalisation of businesses, the universe of such stakeholders expands beyond investors and customers to include financiers, media and even academia.

So far, outside of customer relationship management (CRM) and the sales funnel, marketing and communications functions have been far removed from the challenges of data audits and legal compliances.

Even for CRM-type data, the focus is on quality and accuracy of data rather than on sources, legitimacy and legality in the hands of an organisation.

In India, most marketing and communications data, specifically stakeholder-related data, has been primarily sourced and stored manually, with the additional baggage of historical data and archives.

This may include personal data such as influencer records, media lists, beneficiary records (participants in initiatives, contests, etc.), people associated with corporate social responsibility initiatives (including health and family records), and details from programmes and past partners.

The law applies to all forms of data, whether collected online or gathered offline and later digitised, and even when data processing is done outside for offering goods and services in India.

Also, the law rests on the pillars of consent, and data can be processed only on the basis of the consent of an individual and for allowed or legal purposes.

While there is a breather where voluntarily provided data is concerned, arguably there may be records to prove the same if a situation arises.

Also, as Data Fiduciaries, organisations bear the responsibility of ensuring the safety of personal data. The law's provisions require specific compliances related to marketing and especially data of minors.

Marketing and communications teams would have to go through the arduous task of cleaning and streamlining their data, which is bound to be both time- and resource-consuming.

While in the EU, considerable support and training was extended, Indian companies may not have that luxury. Whereas multinational companies may benefit from the experience of their peers in Europe, particularly through adoptions of IT tools that may have been implemented in the EU.

Things become slightly more complicated for service aggregators such as public relations agencies and direct marketing agencies. The Indian law specifies restrictions on how long data can be stored, and that data can be used only for purposes for which consent is obtained.

This implies that a PR agency that uses the same data for multiple clients may need to adopt a subscription-based approach for distributing press releases or follow the Chinese wall model for each client, which may pose a significant challenge and entail huge costs.

A CRM-type approach to stakeholder data management appears inevitable, and will require companies, especially those with large historical datasets and manual records, to undertake a massive cleanup.

While it may be painful, in the long-term, digitisation of this domain is likely to benefit organisations by helping reduce business and compliance risks, enhance data governance, and adopt process efficiencies through automation.

However, given the complexity, the earlier companies start working in this direction the more time they will have to transform, rather than rush into painful last-minute transitions.

Rahul Gossain is head of marketing communications at Cyril Amarchand Mangaldas

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HOW INDIAN WOMEN CAN RID THEMSELVES OF CERVICAL CANCER

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

Shailaja Tetali and Usha Rani Poli

Last week, this newspaper reported ([‘Govt set to roll out vaccine drive to fight cervical cancer’](#), IE, January 12) that the government is planning to include cervical [cancer](#) vaccine in the universal immunisation programme; an inoculation campaign targeted at girls in the nine to 14 age group is likely to commence this year. This is a positive development.

Cervical cancer is the second-most common cancer among women in India, mostly affecting the middle-aged. With 1,23,907 new cases and 77,348 deaths in the year 2022, India contributed to one-fifth of the global burden. The main cause is the presence of persistent high-risk type of Human Papilloma Virus (HPV) infection along with co-factors like low socioeconomic conditions, low immunity status, other genital infections, smoking etc, that facilitate initiation and progression to cancer. Cervical cancer is preventable and curable if detected early.

Most cervical cancer and precancer cases can be detected in the reproductive age group. Cervical cancer has a long pre-invasive phase that lasts for 10–15 years. This provides a window of opportunity to detect and treat the neoplasia in pre-invasive stages by simple outpatient treatment modalities, preceded by early detection of cancers. When cervical cancer is detected and managed at an early stage, it is found to have over 93 per cent cure rate. Cervical cancer can be prevented through HPV vaccination of girls.

Women can be screened for pre-cancers and treatment can be initiated. Lack of awareness, fear of cancer, early symptoms of disease not being evident, and women not being screened are the reasons that detection of the disease happens in advanced stages, resulting in high mortality.

This was confirmed through findings from a population-based cross-sectional study that was conducted by the Indian Institute of Public Health-IIPH [Hyderabad](#) in 2021 to evaluate cancer-care pathways in five districts of Andhra Pradesh. It showed that for 68 per cent of patients, the first point of contact after having cancer symptoms was traditional healers and only 3 per cent had received HPV vaccination.

Similarly, for Telangana, the projected increase in the number of cancer cases and the workload for cancer care using radiation, surgery and chemotherapy treatments are estimated (by IIPHH researchers) to increase by about 28 per cent in the next decade. This is in addition to the existing leakages from “screened-positive” to the “diagnosis confirmation” step in the patient journey funnel for cancer care. The estimated patient leakage varied from around 70-90 per cent from “screened-positive” till “treatment completion”.

Cervical cancer is the only non-communicable disease that can be eliminated, with the potential to make significant contributions to Sustainable Development Goal 3.4 of reducing premature deaths by one third by 2030. The WHO advocates for interventions that are simple, feasible, scalable and are already showing initial successes in many low or middle income countries (LMICs). WHO’s global strategy incorporates clear targets and means of accountability, along three strategic pillars — widespread HPV vaccination, screening, and early diagnosis and treatment of cervical pre-cancer and cancer.

The proposed targets are 90 per cent girls fully vaccinated by 15 years of age with two doses of HPV vaccine; 70 per cent women screened with a high-performance test at 35 and 45 years of age; and 90 per cent of women with cervical pre-cancer and cancer receiving treatment, including palliative care, to achieve a goal of less than four cases per 1,00,000 women.

The Government of India has implemented cancer screening by trained nurses even in primary health centres under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke — the NPCDCS programme. Screening tools like visual screening tests and HPV tests are simple and easily available. Even if any precancerous abnormality is detected, it can be treated by simple, painless outpatient treatment methods. Evidence-based management algorithms are in place for guidance. Similarly increased uptake of the HPV vaccine by eligible girls will prevent the disease.

Indigenous HPV test kits and HPV vaccines can be a boon for resource-scarce settings, enabling scaling up of activities further. The promising new developments like single dose HPV vaccination, self-sampling for HPV testing, artificial intelligence technologies for easy and accurate diagnosis and treatment will further accelerate the future potential in elimination of cervical cancer even in LMICs.

However, there is an urgent need to strengthen population-level awareness on causes as well as prevention methods for cervical cancer, encourage the uptake of HPV vaccine, devise strategies to overcome vaccine hesitancy, and encourage age-appropriate screening, especially using HPV testing. This must be combined with capacity building for scaling up pre-cancer treatment processes, smooth referral linkages, ensuring quality cancer treatment and palliative care services as required, and ultimately strengthening the health systems to be prepared to cater the entire gamut of services for cervical cancer.

Efforts will have to be consistent to ensure screening programmes, integrating latest technology for accurate and early diagnosis. This should be coupled with strengthening cancer registries both at the population level and hospital based, with improved referral linkages. Mechanisms to reduce the financial burden for care should be strengthened. Along with all these, it is essential to build and strengthen partnerships at the primary, secondary, tertiary hospital level with NGOs working in communities, innovators striving to develop tests at individual level, and public health professionals.

It is, therefore, vital to connect all the dots in patients' care pathways — swiftness in diagnosis and referral for treatment, improving quality of care, while incorporating digital technologies and easy communication. It will be useful to issue followup reminders and linking palliative care early on, which is essential to strengthen the efforts towards elimination. Collaborations and partnerships in latest research and adopting successful models in community outreach and care pathways are equally crucial to enable us to march towards eliminating cervical cancer.

Tetali is Additional Professor, Dean-Research and Policy Support, Indian Institute of Public Health Hyderabad and Usha Rani Poli is Senior Consultant Gynec Oncologist, Hyderabad

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THE UTTAR PRADESH MODEL FOR CRIMES AGAINST WOMEN

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

Uttar Pradesh has a new feather in its cap. At 70.8 per cent, it has registered the highest conviction rate in the country in cases of crimes against women in 2022, as per the latest report of the National Crime Records Bureau. This is the result of remarkable political support, strong administrative intent and meticulous monitoring of the state's ambitious flagship programme — Mission Shakti.

Mission Shakti was launched in October 2020 to make improvements to women's safety, dignity and empowerment in a state that has been infamous for its feudal mindset towards women and the consequent violence and exploitation faced by them. It is based on two founding pillars. The first involves a concerted attempt to ensure that the schemes and benefits rolled out by various departments for the upliftment and empowerment of women reaches the last mile.

The second promotes women's safety by ensuring easy access to law enforcement services, cracking down on crimes against women, and getting criminals punished in a time-bound manner. In pursuit of the second objective, special women's help desks have been operationalised at all 1,500-plus police stations in the state, supervised 24/7 by women police personnel. A culture of prompt registration of FIRs, time-bound investigations and maximising convictions has been carefully cultivated over the last four years. As a result, 13,099 convictions were awarded in UP in 2022 for crimes against women, which alone account for more than one-third of the total 37,551 convictions nationwide. This reflects a remarkable change in the work culture and accountability of the criminal justice system in the state.

The first and most significant change involves communicating, in no uncertain terms, that the work of the police does not end with investigation and chargesheets but with the actual conviction. The police has taken a lead in building synergies with prosecution officers and the judiciary. Dedicated monitoring cells have been constituted in all districts to pursue trials, to personally connect with the most important prosecution witnesses and to facilitate their appearance on the date of the hearing. The hitherto under-supervised public prosecutors and ad hoc government counsels have also started feeling the heat of accountability. This has been achieved through scaled-up monitoring at all levels creating a charged professional atmosphere.

Forensic science laboratories, a weak link in the justice delivery system, have been infused with a new energy. Sensitive and conviction-worthy cases of crimes against women are being taken off the long waitlist for DNA match or viscera analysis for priority testing. The state is frantically working on expanding the network of forensic labs to relieve the pressure on existing infrastructure. The first forensic institute of the state — the Uttar Pradesh State Institute of Forensic Science, affiliated with the National Forensic Sciences University, Gujarat — has become operational to cater to the massive requirement of forensic experts for the growing number of laboratories and to institutionalise scientific-evidence-driven crime investigation.

As a result of these efforts, the number of convictions within a matter of days and weeks of the commission of the crime is consistently growing. Healthy competition among the districts in seeking maximum punishment in the minimum possible time, is being encouraged, with the top performers being felicitated at state-level ceremonies and in the press. It is noteworthy that the felicitation is reserved for the on-ground crusaders — the investigating officer, public prosecutor

and constables pursuing the case in court. There is, thus, an overall attempt to not just demand accountability from the key components of the criminal justice system but to also inculcate in them a sense of ownership for the case concerned.

The magnitude of the achievement, thus recorded, is evident from the comparative conviction statistics of large states with a similarly heavy crime load. Rajasthan at 37.2 per cent, Maharashtra at 11.2 per cent and West Bengal at 8.9 per cent pale in comparison to UP's nearly 71 per cent conviction rate.

There is every reason to rejoice in this spectacular achievement of the UP government. There is robust global research to support the belief that only a time-bound justice delivery system is a powerful deterrent against the commission of crimes against women.

The writer is an IPS officer serving as SP Bahraich, Uttar Pradesh. Views are personal

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ICMR STARTS REVISING CURRENT NATIONAL ESSENTIAL DIAGNOSTICS LIST FOR FIRST TIME

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

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January 16, 2024 07:10 pm | Updated January 17, 2024 01:24 am IST - NEW DELHI

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The Indian Council of Medical Research. Photo: icmr.gov.in

The Indian Council of Medical Research (ICMR) has begun the process of revising the current National Essential Diagnostics List (NEDL), saying that considerable time has passed since the [first such list was released in 2019](#). The Council has invited relevant stakeholders to offer suggestions on adding or deleting diagnostic tests to the current list by the end of February.

The NEDL lists the essential and most basic tests that should be available at various levels of healthcare facilities in the country, including at the village level, in sub-health centres, health and wellness centres, and primary health centres.

In 2018, the World Health Organisation had recommended the development and implementation of an NEDL to facilitate the availability of in-vitro diagnostics across the various tiers of the healthcare pyramid, in facilities with or without an onsite laboratory. ICMR then released India's first NEDL in 2019 to make the availability of diagnostics an essential component of the healthcare system.

"The inclusion of diagnostic tests in the NEDL was based on careful consideration of the disease burden data across different States of India, alignment with national programs and adherence to Indian public health standards. The required manpower, infrastructure and logistical support required at each health facility to carry out the tests were also recommended," the Council noted.

ICMR has now asked stakeholders to consider factors such as how essential a test is, the disease burden, and the alignment with Indian public health standards before proposing any additional tests to the existing list. It defined essential diagnostic tests as those that satisfy the priority health care needs of the population and are selected with due regard to disease prevalence and public health relevance, evidence of efficacy and accuracy, and comparative cost-effectiveness.

The Council added that the test should focus on conditions with a high disease burden or having significant public health relevance, where the introduction of a diagnostic test will have a clear impact on disease diagnosis and management. It should have a documented use and necessity at the level for which it is suggested, and any proposed addition should align with the availability

of equipment, infrastructure and manpower, as per the Indian Public Health Standards, 2022.

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EXPRESS VIEW ON ASER REPORT: CUES FOR REFORM

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

The latest Annual Status of Education Report (ASER) focuses on an age group that is critical to India unlocking its demographic dividend — 14- 18-year-olds in rural areas. It confirms the heartening trend of more students transiting to secondary education. Apprehensions that the pandemic-induced economic distress would result in older children dropping out of school have been belied. Education's well-established links with people's aspirations seem to have trumped economic exigencies. ASER 2023 notes that "today more children in India have more years of schooling than ever before". But like ASER's previous editions, the latest report doesn't see enrollment as an end in itself. It lists failings and challenges, and charts opportunities. The more sobering findings relate to foundational skills — about a fourth of those surveyed find it difficult to read a Grade 2 level text in the local language and more than half struggle with arithmetic skills they should have been proficient in by Grade 5. This is a serious deficit that has a bearing on the quality of the country's labour force — no skilling programme, however ambitious and well-designed, can succeed when its targeted beneficiaries have problems with elementary reading and basic arithmetic.

The report engages with one of the most difficult education-related predicaments of recent times — the increasing pressure on young students amidst acute academic competition. The problem, as ASER 2023 reveals, is not confined to urban areas. The difficulties of a section of learners get compounded because they have to juggle academic requirements with responsibilities like working in family farms. ASER suggests reforming pedagogic processes to reduce pressures on such students. The increasing use of smartphones in rural areas — about 95 per cent surveyed households had these devices and nearly 95 per cent men and 90 per cent women could use them — is an opportunity to extend education, and design classrooms that are flexible with time and schedules. Planners will, however, have to find ways to nudge students and their parents to use digital technologies for learning. The use of smartphones for education today is way less than that for entertainment. NEP 2020 envisions embedding digital technologies in the educational landscape. It also talks of pivoting from a curriculum-centred approach to one focused on the individual learner. The snapshots of the digital — and other educational — capabilities of youngsters in ASER 2023 could provide cues to policymakers in implementing NEP's visions. At the same time, they should also remain alert against lapsing into technological fundamentalism.

China has been able to realise its demographic dividend to a large extent by prudent reforms in its technical and vocational education and training systems. The ASER report shows that India has a long way to go in this respect. Vocational skilling is not the first choice for youth. Only 6 per cent of the surveyed are currently doing vocational courses. This should be a wake-up call for policymakers to re-imagine vocational education — as NEP envisages — and make it truly aspirational.

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LAUNCH OF “ALLIANCE FOR GLOBAL GOOD-GENDER EQUITY AND EQUALITY” BY INDIA AT WORLD ECONOMIC FORUM, ANNUAL MEETING DAVOS, 15-19 JANUARY, 2024

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

At the World Economic Forum’s annual meeting at Davos, Switzerland held from 15-19 January 2024, India participated in the spirit of “Vasudhaiva Kutumbakam”, ready to shape a common future marked by global cooperation, aligning with the overarching WEF theme for the year, 'Rebuilding Trust'.

At WEF 2024, the Indian official delegation was led by Smt. Smriti Zubin Irani, Union Minister of Women & Child Development and Minority Affairs along with Shri Hardeep Singh Puri, Union Minister of Petroleum & Natural Gas, Housing & Urban Affairs, Shri Ashwini Vaishnaw, Union Minister of Railways, Communications, Electronics & IT, Shri RK Singh, Secretary, DPIIT, Ministry of Commerce & Industry and other senior officers of the Government of India.

One of the key takeaways from the Forum meeting was the announcement of the launch of a “Global Good Alliance for Gender Equity and Equality” with the support and endorsement by WEF and Government of India.

The idea of this alliance emerged from the G20 Leaders’ Declaration and India’s abiding commitment to the cause of women-led development as propounded by Prime Minister Shri Narendra Modi.

The primary and stated objective of this new Alliance is to bring together global best practices, knowledge sharing and investments in the identified areas of women’s health, education, and enterprise.

The Alliance will be taking forward the commitments of the G20 leaders for the benefit of the larger global community as a follow up to the activities of the Engagement Group and initiatives under the G20 framework, inter alia, the Business 20, Women 20 and G20 EMPOWER.

At the announcement of the launch of the Alliance, Smt. Smriti Zubin Irani said “On a street where money walks and politics talks, we were able to bring together the best of industry, enterprise and humanity in this grand Alliance.” She further spoke about India’s achievements including its spectacular inclusive growth story.

The Alliance has garnered support from industry leaders, including Mastercard, Uber, Tata, TVS, Bayer, Godrej, Serum Institute of India, IMD Lausanne, and over 10,000 partners from industry.

Supported by the Bill and Melinda Gates Foundation, the alliance will be housed and anchored by the CII Centre for Women Leadership. The World Economic Forum has come on board as a ‘Network Partner’ and Invest India as an ‘Institutional Partner’.

Given India's abiding commitment to Vasudhaiva Kutumbakam – 'One Earth, One Family, One Future' and its continued efforts towards "Sabka Saath, Sabka Vikas and Sabka Prayas" this 'Alliance for Global Good- Gender Equity and Equality' is poised to be a force to reckon with on all gender related issues.

This year's unique initiative at WEF, led by Union Minister of Women & Child Development was a first ever women leadership lounge (We Lead lounge) by CII and BMGF.

The lounge hosted various panel discussions and meetings on the themes of "Women-led Development" and increasing women's participation in the economy, bridging the digital gender gap, engendering women's health, etc. The lounge also showcased handicrafts by women entrepreneurs and products from tea and coffee board of India.

"We Lead" lounge facilitated the much-needed conversation around the message of global prosperity powered by women.

Smt. Smriti Zubin Irani participated in eight sessions at the WEF, including, 'Restoring Faith in the Global Systems', 'BRICS in Expansion', 'Can India Seize its Moment', and 'Country Strategy Dialogue on India. Her enriching interventions in these sessions brought to focus the GOI policies and initiatives with special emphasis on gender equality and women-led development.

On the sidelines of WEF, the Union Minister held bilateral meetings with leaders from around the world, HE Noor Ali Alkhulaif Minister for Sustainable Development Kingdom of Bahrain, H.E. Mrs. Karien van Gennip, Deputy Prime Minister and Minister for Social Affairs and Employment of the Netherlands and H.E.Ms. Karoline Edtstadler, Federal Minister for the EU and Constitution, Federal Chancellery Republic of Austria and discussed issues of common interest and possible collaborations

SS/AKS

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SMALLER CITIZENS: ON THE GAPS IN INDIA'S EDUCATION SYSTEM

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

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January 19, 2024 12:47 am | Updated 12:47 am IST

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The pandemic was difficult for India's youngest citizens, the children, but the true import of its impact is coming to light now. In the [Annual Status of Education Report, titled 'ASER 2023: Beyond Basics'](#) and released on Wednesday, a survey by civil society organisation Pratham among rural students aged 14 to 18, found that [more than half struggled with basic mathematics](#), a skill they should have mastered in Classes 3 and 4. The household survey, the first field-based one in four years, was conducted in 28 districts across 26 States and assessed the foundational reading and arithmetic abilities of 34,745 students. In other findings, about 25% of this age group cannot read a Class 2 level text in their mother tongue; boys are, however, better in arithmetic and English reading skills than girls. Overall, 86.8% in the 14-18 year age group are enrolled in an educational institution, but there are gaps as they grow older — while 3.9% of 14-year-olds are not in school, the figure climbs to 32.6% for 18-year-olds. Also, for Class 11 and higher, most students opt for Humanities; while girls are less likely to be enrolled in the science stream (28.1%) compared with boys (36.3%), only 5.6% have opted for vocational training or other related courses.

The proportion of children opting for private tuition nationwide went up from 25% in 2018 to 30% in 2022. Close to 90% of the youngsters surveyed have a smartphone and know how to use it, though many are unaware of online safety settings. The trends, especially the lag in reading and solving simple arithmetic, give an inkling of what ails the education system, and the corrective measures required. The National Education Policy 2020 says the top priority is to "achieve universal foundational literacy and numeracy in primary school by 2025". The report says all States have made a major push in foundational literacy and numeracy under the NIPUN Bharat Mission, but the numbers show that in a diverse and vast country such as India, there is a lot of catching up to do. While rising enrolment is a good thing, what awaits the students after they finish the compulsory school cycle (Class 8) is not all that rosy, sometimes because they are simply not able to cope with the ambitious curriculum set for the higher secondary level. The Right to Education Act, 2009 may have ensured universal access to education, but there is many a gap to fill before it touches every child in the true spirit of the law.

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ONE LITRE OF BOTTLED WATER CONTAINS AROUND ONE LAKH MICRO-NANO PLASTIC PARTICLES: STUDY

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

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January 20, 2024 06:47 pm | Updated 07:10 pm IST

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Bottled water is displayed for sale at a store on January 10, 2024 in Austin, Texas. (Representational image) | Photo Credit: Brandon Bell/Getty Images via AFP

A litre of bottled water can contain more than one lakh particles of micro-nano plastics, with 90% of those being nanoplastics, a new study has revealed. Nanoplastics are minute in size, with dimensions ranging from 1 nanometre to 1 micrometre. The new findings are way more than the concentration of microplastics previously reported in bottled water.

The [study](#), conducted by scientists at Columbia University in New York and published on January 8, 2024, profiled individual plastic particles with the intention to bridge the knowledge gap that exists in analysis of nanoplastics due to lack of effective techniques. Experts also believe that the study can be instrumental in providing information about plastic pollution at nano level.

Nanoplastics are difficult to analyse, mainly due to their size and plastic-identifying specificity of techniques. The experiment involved addressing these challenges using a custom hyperspectral stimulated Raman scattering (SRS) imaging platform. The platform can take multiple molecular images at different wavelengths to allow for a comprehensive understanding of the composition of the material under study.

SRS microscopy uses Raman Effect – the scattering of molecules depends on the medium it passes through.

The imaging platform was used with an automated plastic identification algorithm that provided detailed information about the chemical makeup at the single-particle level. Once the method was established to detect nanoplastics quickly and accurately, bottled water was used as a model system to study micro-nano plastics.

The investigation revealed the presence of approximately $2.4 \pm 1.3 \times 10^5$ micro-nano particles per litre of bottled water. The order of magnitude of the result reveals that microplastics are more abundantly present in bottled water than what was previously reported.

Traditional single-particle chemical imaging techniques like Fourier Transform Infrared Spectroscopy (FTIR) or Raman microscopy have lower instrumental resolution and detection

sensitivity. They are hence limited to chemical composition only at the microplastic level. On the other hand, particle-imaging techniques, like electron microscopy and atomic force microscopy, with nano-level sensitivity are not suited to differentiate compositions.

The tiny nanoparticles, which were previously unnoticeable using older imaging techniques, are the dominant ones in the composition, accounting for approximately 90% of the entire plastic population detected in the study. The remaining 10% were identified as microplastics, with a concentration of around 3×10^4 particles per litre, and most of them measuring under 2 micrometres.

The study also revealed the presence of particles in the sample that do not match any standards, indicating the complicated particle composition of bottled water. If we assume all detected organic particles originate from plastics, the concentration of micro-nano plastics will be even higher than estimated in this study. However, the presence of naturally occurring organic matter complicates the spectroscopy analysis and requires differentiation.

The possibility of heteroaggregates between nanoplastics or other natural organic matter is an already recognised potential challenge that may influence toxicological outcomes within biological systems.

The study confirmed the fragmentation of plastic beyond the micron level in real-life samples, despite nanoplastics being invisible or unidentified under conventional particle imaging techniques. It's easy to overlook this nanoplastic population in mass quantification, the researchers said.

Counting the particles in the model system revealed a complex relationship between the composition and shapes of plastics in the system, providing valuable insights into nanoplastics, especially at a time when plastic pollution continues to be a global concern and research has shown that plastic continues to disintegrate even beyond the micron level, with the possibility of crossing biological barriers and entering biological systems like living beings. This makes the fragmented, nano-level plastic potentially toxic.

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EXPRESS VIEW ON ANTIBIOTICS: THE RIGHT TREATMENT

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

The Centre has done the right thing in asking doctors to be more responsible when they prescribe antibiotics. The Union Health Ministry has asked physicians to write down the exact reasons for advising patients to use these medicines. It has also asked pharmacists to not dispense antimicrobials without a prescription. The country has had a policy to prevent the overuse of antibiotics for close to a decade. However, the use of such medicines is still not monitored by the government. A Lancet study in 2022 noted that “India consumes a large volume of broad-spectrum antibiotics that should ideally be used sparingly”. Antibiotic overuse is the primary reason for bugs developing resistance to these medicines. That is why patients with severe diseases like tuberculosis are increasingly not responding to the first line of treatment.

Broad-spectrum antibiotics target a wide variety of bacteria and are antidotes to serious infections. However, anecdotal evidence shows that doctors tend to err on the side of caution and prescribe these medicines without diagnosing whether an infection is viral or bacterial. They also advise antibiotics to prevent secondary infections even when the threat of such a malady is remote.

Individual doctors, though, are only one part of the problem. Medical protocols require hospitals to have a policy for rational use of antibiotics — this is important because studies show that these healthcare facilities are major breeding grounds for antimicrobial resistance. But only a few big hospitals follow this mandate.

A recent study by the National Centre for Disease Control revealed that three out of four patients who went to a tertiary care centre were prescribed an antibiotic, often to prevent an infection rather than to cure it. The study conducted between November 2021 and April 2022 under the National Programme of Antimicrobial Containment found only a 10 percentage point difference in antibiotic use between intensive care units that have the sickest patients and the other wards.

Given the heterogeneity of the country’s healthcare settings, a one-size-fits-all approach might not be apt to regulate antibiotic use. In 2013, the [Chennai](#) Declaration by a group of concerned doctors suggested strict control of the use of such medicines in areas with relatively well-provisioned medical facilities and a more liberal system based on the strict monitoring of select oral antimicrobials in other areas. Another school of experts believes that medical experts must create more awareness within their community. Some others advocate that healthcare centres must have more microbiologists to guide doctors. The government’s nudge to doctors should spur such conversations. The medical community must now step in to tackle the problem in all its dimensions.

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HOW THE TELECOM ACT UNDERMINES PERSONAL LIBERTIES

Relevant for: Developmental Issues | Topic: Regulatory & Quasi-Judicial bodies

“Is Big Brother watching you? At the press of a button a civil servant can inspect just about every detail of your life your tax, your medical record and periods of unemployment. That civil servant could be your neighbour. There is mounting concern over this powerful weapon that the computer revolution has put in the government’s hand. But no civil servant will be allowed to examine personal files from another department, without written authority from a Minister. I shall be announcing legislation enabling citizens to take action against any civil servant who gains unauthorised access to his file.” (Yes Minister). The year is 1980, the computer revolution is just about beginning and questions of surveillance have become pertinent; safeguards in the form of separation of powers between the executive and legislative are announced by the Minister for the protection of citizens.

Although theatrical, Yes Minister can yet be invoked to characterise governments in most parliamentary democracies especially India’s.

More than four decades on, the Indian Parliament witnessed the smooth passage of several pieces of legislation, including the Telecommunications Act (TA) 2023, which justifiably seeks to bury remnants of colonial-era laws. While the modern digital age creates conditions for unprecedented surveillance reflecting the Benthamite tenet of maximum monitoring at minimum cost, the question on everyone’s minds is whether the law has enough safeguards and an independent regulatory architecture to protect the rights of citizens.

Before contemplating this weighty query, let us set the narrative in context with a quick recap of the major markers in digital governance in India that have concluded, at least for the moment, in the passing of TA 2023.

The institutional regime for telecommunications dates back to the late 1990s and was created more by accident and less by design. The Telecom Regulatory Authority of India (TRAI) became necessary because private sector investment came in when the public sector operator was both player and referee. Massive litigation followed, leading to the setting up of TRAI. Within a few years, the Telecom Dispute Settlement Appellate Tribunal (TDSAT) was carved from TRAI to fast-track excessive litigation. In between, there was the dissolution of the first TRAI, only confirming who the “boss” was.

The desire to serve in regulatory regimes has surely been tainted by the goal of securing sinecures. This is not just an Indian phenomenon. For example, the Biden administrators wish they continue in office for long. It is in the nature of such positions that many of those appointed will never again be in a position of authority. There have been few instances after its dissolution that TRAI has taken on the government. The relationship between the legislature and the executive is complex but suffice it to say that such a separation in telecom is met much more in the breach.

The regulatory regime for telecom described above notifies subordinate legislation, enforces and adjudicates disputes — it performs the role of the executive and the adjudicator. One key safeguard for the protection of ordinary citizens is, therefore, already undermined. The separation of powers remains on paper and the exercise of authority through delegated rule-making ensures the government can intervene with little resistance.

In this background, TA 2023 poses challenges. Although undoing colonial-era laws is one of the stated goals, the re-purposing of some existing provisions and ambiguous drafting does little justice to that aim. For example, the definition of telecommunication services has been left open to interpretation. Internet-based services like WhatsApp and Gmail are, therefore, likely to fall under the Act's ambit. Provisions empowering the government to notify standards and conformity measures or ask for alternatives to end-to-end encryption such as client-side scanning could undermine privacy. Further requiring messages to be disclosed in an "intelligible format" is irreconcilable with end-to-end privacy engineering. Tinkering with end-to-end encryption for compliance could create potential points of vulnerability.

The grounds on which such information may be sought, outlined in Section 20 (2) include sovereignty and integrity of India, security of the state and public order. Prima facie these appear reasonable. However, the current phrasing leaves room for expansive interpretation by overenthusiastic enforcement machinery — it could go beyond the letter of the law to please political masters. Research conducted in 2021 by Vrinda Bhandari and others found that many orders issued under the guise of public order restrictions would not qualify as legal per se. The Act cements the government's power to suspend internet services (Section 20(2)(b)) and does not include procedural safeguards envisaged in the Supreme Court's Anuradha Bhasin judgment such as the proportionality test, exploration of suitable alternatives and the adoption of least intrusive measures.

The Act also does not establish an independent oversight mechanism for interception and suspension orders related to telecommunications. These rules, framed in 1996 in line with the directions of the Supreme Court in PUCL v. Union of India and requiring a committee consisting exclusively of senior government officials, reflect inadequate separation. In the UK the law mandates approval of interception warrants by judicial commissioners. Separation of powers is however not a panacea; it is just a necessary condition for the effective functioning of institutions. We must also observe the counsel of John Stuart Mill for the maintenance of institutional integrity namely, not "to lay [their] liberties at the feet of even a great man, or to trust him with powers which enable him to subvert [their] institutions" — JS Mill, quoted by BR Ambedkar on November 25 1949, requoted by sitting Chief Justice of India on Constitution Day (November 26, 2018).

Kathuria is Dean, School of Humanities and Social Sciences and Professor of Economics at the Shiv Nadar Institution of Eminence and Suri is Research Lead, CIS.

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The seventy-fifth Republic Day is a good occasion on which to reflect on our future outlook as a nation. The 21st century is India's century, some say. There are aspirations that by 2050, when India celebrates its 100th Republic Day, it will be one of the largest economies in the world and a developed country in per- capita income terms. How well prepared are we to achieve these goals?

This question is addressed here through the lens of the Annual Survey of Education (Rural) 2023 Report (ASER 2023) released last week. The ASER basic survey of children in the age group of 3-16 years is recognized as a very reliable and up-to-date assessment of the status of education in rural India. In 2016, instead of the basic survey, ASER launched a new series, 'Beyond Basics,' which surveyed the education status of children in the 14-18 age group. It is the group which is moving beyond the eight years of basic education guaranteed under the Right to Education Act. This age group has been surveyed again in 2023 with nearly 35,000 respondents drawn from randomly selected villages in 28 districts across 27 states.

This age cohort is at the entry point of their working life. They and the next few batches to follow will constitute the backbone of the Indian workforce over the next 25 years. Whether or not India can leverage its 'demographic dividend' to meet its developed-country aspirations depends critically on the capacity and skill levels of these age cohorts. ASER 2023 provides several findings to address this issue, some disappointing and others more hope-inspiring.

Of survey respondents at age 14, nearly 96% have enrolled for further education beyond the basic level. That ratio drops to 66% by age 18. Most are studying in classes X, XI and XII and some are in college, with little difference between enrolment of boys and girls. About a third of those enrolled are combining their studies with work outside home. Among those not enrolled, that ratio is higher at over 50%. Interestingly, less than 6% are seeking vocational education, presumably because they do not believe it will help them find jobs. This points to the failure of our vocational training programmes.

What basic reading and arithmetic skills have been picked up by respondents in this age group of students who have completed their basic education? ASER tests indicate that 26% of respondents in the group could not read class II level Hindi. Only 43% can read a sentence in English, but about a quarter of them showed no understanding of its meaning. Only 43% could do a simple division, with a slightly lower proportion among girls. The full impact of this huge deficit in basic reading and arithmetic skills showed up when the respondents were asked to do simple applied tasks that required the use of these basic skills, such as calculating lengths, measuring time, reading instructions for oral rehydration or performing simple financial calculations. Not surprisingly, the skill deficit turned out to be much higher among those who failed to clear the tests for basic reading and arithmetic skills. In other words, the basic skill deficits get significantly amplified when applied to the actual performance of simple, practical tasks.

What kind of tasks can these new entrants to the workforce perform except those requiring a very low level of skills? A large proportion of India's present 14-18 age cohort and those approaching this age group have already missed the conventional learning bus. It will take years if not decades to, hopefully, fix these deficits among younger age cohorts. But by then the country's 'demographic dividend' window may close. If these skill disadvantages of the workforce get added on to India's well-known deficit in logistics, high energy costs and high

regulatory compliance costs, how can the country compete successfully in the global economy?

That was my disappointing takeaway from the ASER report. But there is also an important positive takeaway relating to access, awareness, ownership and skills in using digital devices. Only 9% of those interviewed own computers and most know how to use it. But about a third of those who do not have computers also know how to use them. More exciting is the fact that nearly 90% of respondents have access to smartphones, and 92 % of them know how to use these devices. As for the use of smartphones, the large majority use it for movies and songs, 57% use it for games and 28% have used it for online services. The really good news, however, is that 61% of respondents have used a smartphone for educational purposes. This age cohort has a huge deficit in basic language and arithmetic skills, which gets amplified in actual application to practical tasks. This would seem to condemn them to lives of low skills and low productivity jobs at low wages. However, it may be possible to compensate at least partly for their deficits by leveraging their high awareness, access and skills in the use of digital devices. This would be a whole new paradigm of learning in the emerging digital age, led by technical change in the fast-emerging field of artificial intelligence (AI). This new pedagogic approach need not replace the old education system. Instead, the new paradigm can be used in parallel with and in support of the old learning paradigm.

These are the author's personal views.

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MINISTRY OF EDUCATION RELEASES ALL INDIA SURVEY ON HIGHER EDUCATION (AISHE) 2021-2022

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

The Ministry of Education, Government of India releases All India Survey on Higher Education (AISHE) 2021-2022 today. The Ministry has been conducting AISHE since 2011, covering all Higher Educational Institutions (HEIs) in the country registered with AISHE collecting detailed information on different parameters such as student enrollment, teachers, infrastructural information, etc.

Following are the key highlights of the survey:

Student Enrolment

Number of Institutions

Faculty

SS/AK

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EXPRESS VIEW ON GOVERNOR ARIF MOHAMMED KHAN: STOOPING LOW

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

Kerala Governor Arif Mohammed Khan's remarks, in response to criticism by (retired) Supreme Court judge Justice Rohinton Nariman for holding up bills in the state, are low blows. They ill behove the high constitutional office that Governor Khan holds. Speaking at a public event on Wednesday, the governor pointed to Justice Nariman's father, the eminent advocate and jurist, Fali Nariman, being employed by the Pinarayi Vijayan government for legal advice and alleged a conflict of interest. Justice Nariman's comments over the governor's "wholesale reference of bills to the President after sitting on 23 bills without a decision", he suggested, had to do with the fee paid to his father for legal opinions given to the government.

It is not as if Justice Rohinton's criticism was his alone. For some time now, Governor Khan has been engaged in a very visible and very unseemly tussle with the Pinarayi government. And while both sides have failed to abide by norms of civility in their frequent run-ins, the growing belligerence between the government and Raj Bhawan has hurt the governor's office particularly. It has also drawn a sharp rebuke from the Supreme Court. After the Kerala government moved the top court, a bench headed by CJI DY Chandrachud asked: "What was the governor doing for two years sitting on the bills?"

But this is not just a story of a governor with a thin skin. His drawing of Fali Nariman into the disagreement with his son is outrageous, also, for the disrespect it shows to one of the country's most distinguished constitutional experts, seen by many, because of his formidable body of work, as the conscience-keeper of the court. And because Governor Khan, especially, should know a thing or two about heeding the call of conscience. He is, after all, the politician who famously went against the current, took a stand and resigned from his position as minister of state, protesting against the Rajiv Gandhi government's dismal somersault on the Shah Bano case in 1986.

For Governor Khan to stoop to make a point, therefore, is a terrible let-down. He needs to urgently mend relations with the government so that he can better fulfil his role as the custodian of constitutionalism in the state. Lashing out at critics and criticism, and making bad faith arguments while doing so, is an unnecessary and unflattering diversion from the onerous task at hand.

Sunny Deol, known for his professionalism on film sets, shared a funny incident where he got agitated when co-star Sridevi tried to pull a prank on him during the shoot of their 1989 film *Chaalbaaz*. He also talked about actors' insecurities and how it can ruin a film. Sunny will be seen in Aamir Khan's production *Lahore 1947*, directed by Rajkumar Santoshi.

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CAN MALARIA VACCINE ROLLOUT BE SCALED UP?

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

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Twenty countries aim to roll out a malaria vaccine pilot programme in 2024, according to GAVI, the Vaccine Alliance, and other outfits which aim to provide equal access to new and underused vaccines for children living in the world's poorest countries. Photo: WHO

The story so far: On January 22, Cameroon in Africa became the [first country in the world to launch the RTS, S malaria vaccine for children](#) into its routine national immunisation services. According to the World Health Organization (WHO), the rollout follows a malaria vaccine pilot programme in Ghana, Kenya and Malawi, as efforts gather pace to scale up vaccination against the disease in high risk areas. Twenty countries aim to roll out the programme this year, according to GAVI, the Vaccine Alliance, and other outfits which aim to provide equal access to new and underused vaccines for children living in the world's poorest countries.

Malaria is one of the biggest killers of children under five across the world and according to WHO data, more than 30 countries have areas with moderate to high malaria transmission. Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bite of the infected female Anopheles mosquito. It is preventable and curable.

In 2022, nearly half of the world's population was at risk of malaria. According to the WHO's World Malaria Report 2023, while Africa bears the highest malaria burden, accounting for 94% of cases and 95% of global malaria deaths in 2022, India in 2022, accounted for a staggering 66% of malaria cases in the WHO South-East Asia Region. India and Indonesia accounted for about 94% of all malaria deaths in the WHO South-East Asia Region. Despite a 55% reduction in cases since 2015, India remains a significant contributor to the global malaria burden. The Health Ministry said that over the past 15 years, India has made progress in reducing its malaria burden. It has a vision for a malaria-free country by 2027 and elimination by 2030.

The current rollout is part of a UNICEF initiative where the contract for the first-ever supply of a malaria vaccine was given to British multinational pharmaceutical and biotechnology company GSK with a value of up to \$170 million, according to an official release by the organisation. This, it said, would lead to 18 million doses of the vaccine — RTS,S/AS01 — being available over the next three years. UNICEF adds that the RTS,S malaria vaccine is the result of 35 years of research and development and is the first-ever vaccine against a parasitic disease. The vaccine acts against Plasmodium falciparum, the most deadly malaria parasite globally. Meanwhile, the anticipated rollout of a second jab — R21 — developed by Oxford University, is expected to significantly increase the number of doses available for use. This is to be manufactured by the Serum Institute of India, which aims to make 100 million doses per year, so long as it passes the

regulatory approvals following its recommendation for use by the WHO last year.

The vaccine, as per WHO, should be provided in a schedule of four doses in children from around five months of age. It further adds that a 5th dose, given one year after dose 4, may be considered in areas where there is a significant malaria risk remaining in children a year after receiving dose 4.

While India will have to wait for the vaccination to be introduced here with no date set as of now, the vaccine is currently for areas with highly seasonal malaria or areas with perennial malaria transmission with seasonal peaks; countries may consider providing the vaccine using an age-based administration, seasonal administration, or a hybrid of these approaches. WHO adds that countries should prioritise vaccination in areas of moderate and high transmission. Decisions on expanding to low transmission settings should be considered at a country level, based on the overall malaria control strategy, affordability, and programme considerations. Given this spread and the need for a vaccine, Dr. Kate O'Brien, WHO Director of the Department of Immunization, Vaccines and Biologicals, had noted that with the initial limited supply of the current vaccine "it is crucial that children living in areas where the risk of disease and need is highest are prioritised first." Efficacy of RTS,S/AS01 vaccine is modest, yet still provides significant public health benefits. The current vaccine works well with the malaria control interventions recommended by WHO including insecticide-treated bed nets, indoor residual spraying of insecticides, rapid diagnosis and treatment etc.

Experts say climate change emerges as a major driver, affecting malaria transmission and overall burden. Changing climate conditions enhance the sensitivity of the malaria pathogen and vector, facilitating its spread. WHO emphasises the substantial risk climate change poses to malaria progress, necessitating sustainable and resilient responses.

"The science spells it out — as the climate changes, vulnerable corners of South East Asia face a growing threat of malaria. Rising temperatures let mosquitoes spread to new turf, while warmer, more humid conditions help the parasite prosper inside the bug. Regions like eastern India, the hill tracts of Bangladesh, parts of Myanmar, and Indonesian Papua already grapple with malaria. With increased travel around the globe, infections could easily spill over into new areas," said Dr. Kaushik Sarkar, director, Institute for Health Modelling and Climate Solutions. He added that to get ahead of this, India needs to double down on ways to battle the bite, from better tracking of illnesses to making prevention and treatment more available where it's needed most.

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

The Reserve Bank of India's (RBI) maiden report on 'Finances of Panchayati Raj Institutions,' released on 24 January 2024, fills a long-felt gap in our understanding of the fiscal health of the third tier of government in India: local institutions of governance. Though it is now more than 30 years since the 73rd amendment to the Constitution institutionalized Panchayati Raj Institutions (PRIs) at three levels in rural India—gram panchayats at the village level, mandal panchayats at the block level and zila parishad at the district level—empowerment of the kind envisaged in 1992 is yet to be realized. And sadly so. According to the 2011 Census, almost 69% of our population resides in rural areas. By any reckoning, it is no exaggeration that panchayats are critical to providing local governance and stepping up rural development. As the report says, local governments at the panchayat level (about 262,000 such) have a "significant role in translating the vision and developmental policies of both the Central and State governments into action."

Local governments invariably have more detailed information on the preferences and local needs of citizens than any higher level of government. This makes them best suited to provide many basic public goods and services, such as health, education, sanitation, etc. Yet, despite their pivotal role, challenges abound. Starting with inadequate independent financial resources and heavy reliance on grants from upper tiers of government and an inability to deliver due to lack of trained manpower to weak infrastructure and lack of political will, PRIs have fallen far short of their potential. As the report points out, their efficacy is "contingent upon factors such as the availability of adequate resources, nurturing of capabilities, political support, and active engagement of the local community." Of these, the main stumbling block is inadequate resources. Over the years, PRIs have done little to augment their own revenues—items like property tax, fees and fines—while preferring the softer option of transfers from higher levels. Inevitably, this reliance on grants has meant they are not financially self-reliant, thereby limiting their ability to decide local spending priorities themselves.

The principle of subsidiarity, as enshrined in the EU's Maastricht Treaty, is no less true of all federal forms of government. In a nutshell, it means that higher levels of government should perform only those functions that cannot be effectively performed at the local level. Ideally, the level responsible for providing a particular good or service should also be in charge of its funding and revenue collection, minimizing the scope for moral hazard. For basic services, this means it is PRIs that must provide these to citizens. However, as with economic development in general, where regional disparities are sharp, the devolution of powers and functions to panchayats (and their performance) varies greatly across states. In general, India's southern states have done better than others, which may perhaps explain why these states have made more progress on human development indicators. Clearly, when it comes to the bottom layer of government, we still have a long way to go, notwithstanding the hope embodied in India's panchayati raj legislation, including one-third reservation of seats for women in elected PRI bodies. It will be a while before we realize the dream of Mahatma Gandhi that "every village will be a republic or panchayat, having full powers." But we must speed it up.

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HOW TO TACKLE MALNUTRITION EFFECTIVELY

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

Written Tulika Seth

As a haematologist, I regularly examine patients with anaemia. One of the many causes of anaemia or low haemoglobin is iron deficiency. It primarily impacts children and women. It's common knowledge that good nutrition is critical for overall health, but what's not as well-known is the two-way relationship between nutritional deficiencies and certain disorders. Consistent intake of food lacking in essential micronutrients can lead to iron deficiency anaemia and Vitamin A, and zinc deficiency, and impair immunity. Conversely, conditions such as celiac disease and infections like *h. pylori* or worm infestations can disturb the digestive system, leading to nutrient deficiencies. Malnutrition caused by micronutrient deficiency has inter-generational impacts — anaemic mothers are known to give birth to anaemic babies.

Government programmes like Anaemia Mukht Bharat (AMB) are among the biggest targeted measures to tackle the disorder. It involves administering iron and folic acid (IFA) tablets and other prophylactic measures. The Mid-day Meal Scheme for school children is another such intervention. However, challenges of effective implementation persist.

The burden of malnutrition is complex and needs to be addressed through multiple interventions. Diet plays a significant role. In pre-industrial times, a diverse and balanced diet was the norm. The traditional *thaali* comprises a balanced quantity of cereals, pulses, and vegetables seasoned with spices and herbs. Consuming fruits, seeds, nuts and dairy options has historically been regarded as an effective means of maintaining a balanced diet. Today, dietary patterns have shifted from seasonal and varied foods to processed and sugar-laden alternatives, which are calorically dense but nutritionally deficient. The onus seems to be on people to recognise that reducing consumption of processed foods is a crucial step towards ensuring better health outcomes.

The bigger challenge is that about 46 per cent of South Asia's population lacks access to an affordable balanced diet, as per FAO data. According to *The State of Food Security and Nutrition in the World, 2023*, around 74 per cent of India's population could not afford a healthy diet, and 39 per cent fell short of a nutrient-adequate one. Recent government interventions such as Large-Scale Food Fortification (LSFF) are timely. These could augment the ongoing efforts at individual and community levels. LSFF, when aligned with micronutrient supplementation programmes, diet diversity promotion and measures to induce behavioural change has immense potential to improve the efficacy of existing initiatives. Food fortification may not be the ideal remedy. However, it is a vital first step. Many countries adopted universal food fortification several years ago. India lags behind here.

At the same, fortification in India is not a completely novel strategy. The adoption of iodised salt under the National Iodine Deficiency Disorders Control Programme in 1992 significantly reduced goitre rates. The country's food fortification programme now includes adding micronutrients to staples such as wheat flour, rice, edible oils, and salt.

Awareness is critical to the acceptance of fortified foods among the targeted beneficiaries. The appearance and texture of such foods — fortified rice kernels, for instance — often create misgiving. Addressing such concerns requires an intensive information, education and communication (IEC) campaign. An important step in this direction is to inform the beneficiaries about the stringent standards of fortification. Research also shows no danger of iron toxicity from

such food — the quantity of iron in fortified foods is similar to that of the naturally occurring nutrient. In any case, the body's homeostasis in people with normal health prevents excess iron absorption.

Multiple awareness strategies can be adopted to foster greater awareness. This includes utilising communication channels such as community radio, videos and door-to-door outreach. Messages in vernacular languages ensure that the information is easily understood and also helps dispel misconceptions and build trust. The way forward involves not just adoption of healthier dietary practices at the individual and community levels but also strategies by the state such as LSFF.

The writer is professor of haematology at AIIMS [Delhi](#)

A new policy has been implemented in the Indian Army to address declining physical standards and the rise of lifestyle diseases. It includes additional tests and a designated Brigadier rank officer as the presiding officer for quarterly assessments. Failure to meet physical standards will result in punitive actions, and all personnel must maintain an Army Physical Fitness Assessment Card.

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