News Analysis (19 Nov, 2020)

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FFC Recommendations for Health Sector

Why in News

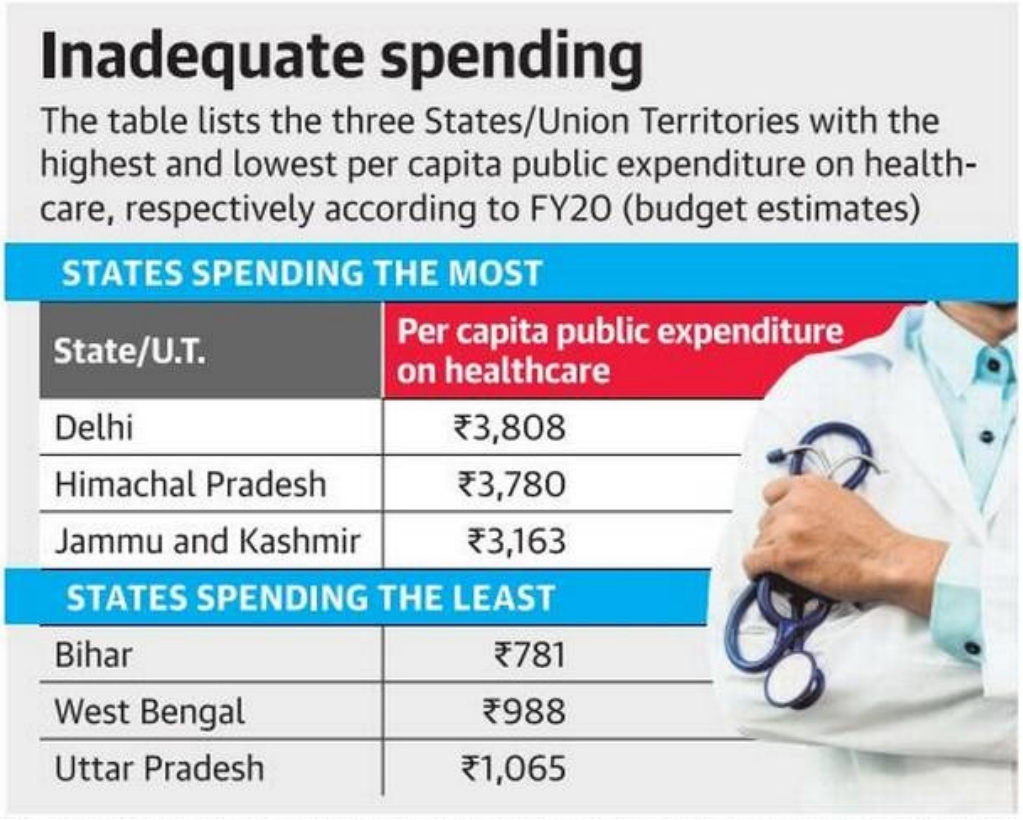
The **Fifteenth Finance Commission (FFC)** has made **recommendations** about the need for **reprioritising public spending to fix the creaky health infrastructure** exposed by the **coronavirus pandemic.**

- FFC has **submitted its report to the President** advising how to share tax revenues with states for the Financial Year (FY) 2022-26 period.
- The FFC report also makes **recommendations about performance incentives to states** in several reform areas.

Key Points

- **Recommendations:**
    - FFC has mooted a **greater role for public-private partnerships (PPPs)** to ramp up the health infrastructure and scale up **public spending on health** from **0.95% of GDP to 2.5% by 2024.**
        - While **public outlays should focus on primary health care** at the panchayat and municipality level, **private players** should be relied on for **specialty healthcare.**
        - The **total spending of around 0.95% of GDP**is **not adequate** in relation to the commitments under the **National Health Policy of 2017.**
            The 2017 Policy proposes raising public health expenditure to 2.5% of the GDP in a time-bound manner.
    - There is a need for a **more holistic approach to encouraging PPP** in the health sector. There should be a **constant working relationship** and the government **should not resort to the private sector in the case of an emergency only.**
        The **trust deficit** that exists between industry and government needs to be bridged.
    - **District hospitals** can become **great grounds** for training paramedics, creating health and employment multipliers.
    - FFC Chairman emphasised on the need to create **a cadre for medical officers** as mentioned in the **All India Services Act 1951.**
        All-India health service is needed to address issues within the health sector.
    - There is a need for **substantial improvements in the working conditions for doctors** in government hospitals, many of whom are hired on a contract basis by States.

- **Issues in the Health Sector:**
    - India's general **government expenditure** on healthcare as a percent of GDP was **just 1.0% in 2017,** according to the **World Health Organisation (WHO)** data, placing it at number **165 out of 186 countries** in terms of government expenditure on healthcare.
    - **Skewed availability of healthcare** across India as poorer States have the worst facilities.
    - In terms of **access and quality** of health services, **India was ranked 145 out of 195 countries** in a Lancet study published in 2018, below countries like China (48), Sri Lanka (71) Bhutan (134) and Bangladesh (132).
    - **Availability of trained epidemiologists** is an issue due to low salary and job insecurity in the health system.
        - There should be one epidemiologist per 0.2 million population. An epidemiologist is a technical person to guide and monitor the process of contact-tracing, marking containment zones and isolating suspected cases.
    - **India's expenditure on R&D** as a percent of GDP has continued to remain stagnant at 0.7% of GDP for three decades, with the public sector accounting for 51.8% of national R&D expenditure.
        - This compares to around 2.8% of GDP for the USA, 2.1% of GDP for China, 4.4% of GDP for Korea and around 3% for Germany where the dominant sector by spending on R&D is the private sector.



Recent Initiatives

- Recently, the government has **expanded the provision of financial support by means of viability gap funding for Public Private Partnerships (PPPs)** in infrastructure projects to social sectors such as health, education, water and waste treatment.
- Several **public-private partnerships** and collaborations are already underway. The **Defence Research and Development Organisation (DRDO)** which has developed ventilators, collaborated with industry to scale up production of ventilators.
- There have been **several examples** of how public research laboratories, public institutions like the IITs, and private players including startups have risen to the challenge of working on Covid-19 testing kits, masks, alcohol-based sanitizers, personal protective equipment (PPEs) and ventilators, to overcome challenges of global supply chain disruptions and to cater to domestic needs.
- The government has made several interventions in the health sector including **National Medical Commission**, **National Digital Health Mission**, **Ayushman Bharat**, etc.
- A total of **17 Global Health Security Agenda (GHSA) projects** have been started in India, with different government and private organisations.
    - GHSA, set in 2014, **builds on the WHO International Health Regulations (IHR)** that provide guidance for countries to assess and manage serious health threats that have the potential to spread beyond borders.
    - **Capacity-building of the healthcare workers** for surveillance and outbreak investigation is a vital step under workforce development of GHSA's action package.
    - One of the institutes responsible for workforce development under GHSA is the **National Institute of Health and Family Welfare (NIHFW),** that has implemented the **"Public Health Systems Capacity Building in India"** project.

Source: TH

Global Coalition Against HIV

Why in News

Recently, the Union Minister for Health and Family Welfare digitally addressed the Ministerial meeting of the **Global Prevention Coalition (GPC)** for **Human immunodeficiency virus (HIV)** Prevention.

It was hosted by **Joint United Nations Programme on HIV/AIDS (UNAIDS)** and **United Nations Population Fund (UNFPA)** on behalf of the **Global HIV Prevention Coalition (GPC).**

Key Notes

- **Global HIV Prevention Coalition (GPC):**
  - It is a **global coalition** of **United Nations** Member States, donors, civil society organizations which was established in the year 2017 to support global efforts to accelerate **HIV prevention.**
  - **Membership:** It includes the 25 highest HIV burden countries, **UNAIDS** Cosponsors, donors, civil society and private sector organizations.
  - **Goal:** To strengthen and sustain political commitment for primary prevention by setting a common agenda among key policy-makers, funders and programme implementers.
- **Significance of the Conference:**

  The conference this year holds significance in achieving the **United Nations General Assembly (UNGA)** commitment to **end Acquired Immuno-Deficiency Syndrome (AIDS) by 2030.**

  Member States of the **GPC** had agreed to reduce new adult **HIV** infections by **75%** at the end of 2020 from 2010 levels.
- **India at the Conference:**
  - Acknowledged that **Global AIDS** response has shown remarkable success in reducing new infections, improving access to prevention services for key population and treatment services for **People Living with HIV (PLHIV),** reducing **AIDS** related mortality, enabling reduction in mother to child transmission of **HIV** and creating an enabling environment.

    GPC has shown to the world a model where multiple stakeholders can come together and work cohesively towards a common goal.
  - Observed that the **global AIDS response** in general has been a fountainhead of innovative service delivery models with rich **civil society involvement and cross learning.**

- **India Against HIV:**
  - **India's unique HIV prevention model:**
    - **Aim:** To provide outreach, service delivery, counselling & testing and ensuring linkages to HIV care
    - **Centered around** the concept of **Social Contracting** through which the **Targeted Interventions (TI) programme** is implemented.
  - **Protected the gains made in HIV during Covid-19** by taking swift and timely action to reach out to the last mile with a robust implementation plan for **Anti-Retroviral drugs (ARV)** dispensation.

    Advisories and guidance notes were issued by **National Aids Control Organization (NACO)** from time to time aligned with global guidelines in the context.
  - **Revamped its Targeted Intervention (TI) programme** to focus on hard-to-reach populations to keep its commitments- People living in prisons and other closed settings were considered as priority populations and interventions launched were gradually scaled up since **2016.**
    - The **HIV Counselling & Testing Services (HCTS) and Community based Screening of HIV** for improving early diagnosis were also ramped up.
    - The **coverage of testing for HIV** across the country was increased to achieve the **Elimination of Mother to Child Transmission of HIV.**
    - **The Test and Treat Policy:** Approximately **50,000 PLHIV** who were lost to follow-up were linked back to **Antiretroviral Treatment services** through **Mission SAMPARK,** while **Viral Load Testing** facilities have been scaled up from the existing ten public sector labs to 64 labs across the country.
  - Enacted **The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017** which has provided a legal and enabling framework for safeguarding the human rights of the infected and affected populations.
  - **Project Sunrise**

    A new initiative called **'Project Sunrise'** was launched by the Ministry of Health and Family Welfare in 2016, to tackle the rising HIV prevalence in north-eastern states in India, especially among people injecting drugs.
  - **Helping the world:**
    - India's provision of **generic (ARV)** to the world has had a critical impact in controlling the HIV epidemic.
    - India is ready to extend its **unique HIV prevention model** to the rest of the world by tailoring the intervention as per local settings.

- **Other international initiatives against AIDS:**
    The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
        Founded in 2002, it is a partnership organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics.

Source:PIB

Chapare Virus

Why in News

Researchers from the US Centers for Disease Control and Prevention (CDC) have recently discovered a rare **Ebola-like illness** that is believed to have first originated in **rural Bolivia** in 2004.

- The virus is named Chapare after the province in which it was first observed.
- **Chapare,** is a rural province in the northern region of **central Bolivia.**

Key Points

- **About:**
    Chapare Virus belongs to the same **Arenavirus family** that is responsible for illnesses such as the **Ebola virus disease (EVD)**. It causes Chapare Hemorrhagic Fever (CHHF).
- **Vector:**
    - Chapare virus are generally **carried by rats** and can be transmitted through **direct contact with the infected rodent, its urine and droppings, or through contact with an infected person.**
    - A disease vector is any agent which **carries and transmits** an infectious pathogen into another living organism.
- **Symptoms of Chapare Hemorrhagic Fever (CHHF):**
    - Hemorrhagic fever much like Ebola.
        Viral hemorrhagic fevers are a severe and life-threatening kind of illness that can **affect multiple organs and damage the walls of blood vessels.**
    - Abdominal pain,
    - Vomiting,
    - Bleeding gums,
    - Skin rash,
    - Pain behind the eyes.

- **Transmission:**

  Virus can spread from **person to person.**

  - Chapare spreads only through **direct contact** with bodily fluids.
  - **Sexually transmission:**

    Researchers also found fragments of **Ribonucleic acid (RNA)** associated with Chapare, in the semen of one survivor **168 days** after he was infected.
- **Diagnosis:**
  - Chapare virus is **much more difficult** to catch than the **coronavirus** as it is **not transmissible** via the **respiratory route.** Instead, Chapare spreads only through direct contact with **bodily fluids.**
  - New sequencing tools will help develop an **RT-PCR test** — much like the one used to diagnose **Covid-19** to help detect Chapare.
- **Treatment:**
  - Since there are **no specific drugs** to treat the disease, patients generally receive **supportive care** such as intravenous fluids.

    Intravenous therapy is a medical technique that delivers a liquid directly into a person's vein. The intravenous route of administration is commonly used for rehydration solutions or to provide nutrition in those who cannot consume food or water by mouth.
  - Maintenance of **hydration.**
  - Management of shock through fluid resuscitation.

    Fluid resuscitation is the medical practice of **replenishing bodily fluid** lost through sweating, bleeding, fluid shifts or other pathologic processes.
  - Pain Relief Medicines
  - Transfusions as the supportive therapy that can be administered on patients.
- **People at Risk:**

  The disease is also known to be most commonly transmitted in more **tropical regions,** particularly in certain parts of South America where the small-eared pygmy rice rat is commonly found.
- **Mortality Rate:**
  - As there are very few cases on record, the mortality and risk factors associated with the illness are **relatively unknown.**
  - In the first known outbreak, the only confirmed case was fatal. In the second outbreak in 2019, three out of five documented cases were fatal **(case-fatality rate of 60%).**
- **Recent Outbreak:**

  The recent biggest outbreak of the 'Chapare virus' was reported in 2019, when three healthcare workers contracted the illness from two patients in the Bolivian capital of La Paz.

Ebola Virus Disease

- **Ebola Virus Disease (EVD) or Ebola Hemorrhagic Fever (EHF),** is a viral hemorrhagic fever of humans and other primates caused by ebolaviruses
- **Transmission:**
  Fruit bats of the Pteropodidae family are natural **Ebola virus hosts.**
- **Animal to human transmission:**
  Ebola is introduced into the human population through **close contact** with the blood, secretions, organs or other **bodily fluids of infected animals** such as fruit bats, chimpanzees, etc.
- **Human-to-human transmission:**
  - Ebola spreads via **direct contact** (through broken skin or mucous membranes) with:
  - Blood or body fluids of a person who is sick with or has died from Ebola.
  - Objects that have been contaminated with body fluids (like blood, feces, vomit) from a person sick with Ebola or the body of a person who died from Ebola.
- **Vaccines:**
  An experimental Ebola vaccine, called **rVSV-ZEBOV** proved highly protective against EVD.

Source: IE

Guillain Barre Syndrome

Why in News

Some patients infected with **Covid-19** have been found suffering from **Guillain Barre Syndrome (GBS).**

Key Points

- **Guillain Barre Syndrome:**
  - It is a very **rare autoimmune disorder** in which the patient's immune system **attacks nerves.**
  - The **exact cause** of Guillain-Barre syndrome is **unknown,** but as per the **World Health Organisation (WHO)**, GBS is often preceded by an infection. This could be a **bacterial or viral infection.** It may also be triggered by **vaccine administration** or **surgery.**
  - In the past, patients of **Middle East respiratory syndrome (MERS)**, **Zika virus**, **Human Immunodeficiency Virus (HIV)**, Herpes virus and Campylobacter jejuni have shown symptoms of GBS.
  - **Link with Covid-19:**
    - The immune system, in an attempt to kill the coronavirus, accidentally starts attacking its own **peripheral nervous system.**
    - The **peripheral nervous system** is a network of nerves that lead from the brain and spinal cord (i.e. central nervous system) to different parts of the body. Attacking them can **affect limb functions.**
    - An interval of **5-10 days** is noticed between **onset of GBS symptoms and Covid-19 infection,** but some doctors say it can also take weeks after Covid-19 infection for a person to develop GBS.
- **Symptoms:**
  - Weakness or tingling sensations, which usually start in the legs, and can spread to the arms and face.
  - Difficulty with facial movements, including speaking, chewing or swallowing.
  - Double vision, rapid heart rate, low or high blood pressure.
- **Complication:**

  There could be **respiratory failure** as the worst outcome, or weakness and effect on walking and limb movement.
- **Treatment:**
  - Intravenous immunoglobulin (IVIG).
  - **Plasma therapy.**

Campylobacter jejuni

Campylobacteriosis is an infection by the **Campylobacter bacteria.** It is more commonly known as C. jejuni. It is among the most common bacterial infections of humans, often a foodborne illness. It produces bloody diarrhea or dysentery syndrome, mostly including cramps, fever and pain.

Herpes Virus

Herpes results from infection with the herpes simplex virus (HSV). It causes **sores or blisters** to form in or around the **mouth or genitals,** as well as other symptoms such as fever and fatigue.

Source:IE

Deemed Forests in Karnataka

Why in News

Recently, **Karnataka** has announced that it would **declassify 6.64 lakh hectares** (nearly 67%) of the 9.94 lakh hectares of **deemed forests** in the state and hand it over to Revenue authorities.

The issue of deemed forests is a contentious one in Karnataka, with legislators across party lines often **alleging that large amounts of agriculture and non-forest land are "unscientifically" classified** as such.

Key Points

- **Definition of Deemed Forests:**
  - Deemed forests, **comprising about 1% of India's forest land,** are a controversial subject as they **refer to land tracts that appear to be a "forest", but have not been notified so by the government or in historical records.**
  - The concept of deemed forests **has not even been clearly defined in any law** including the **Forest Conservation Act 1980.**
  - In the ***T N Godavarman Thirumalpad case 1996,*** the **Supreme Court** (SC) accepted a **wide definition of forests** under the Act and held that the word 'forest' must be **understood according to its dictionary meaning.**
    - This description **covers all statutorily recognised forests,** whether designated as reserved, protected or otherwise for the purpose of **Section 2 (1) of the Act** and also includes any **areas recorded as forest in the government record irrespective of the ownership.**
  - The **provisions for the conservation of forest and the matters connected therewith applies clearly to all forests** irrespective of the ownership or classification.
  - The **freedom to define which tracts of forest** qualify as forest has been the **prerogative of States since 1996.**
    - However, this **only applies to forest land** that has not already been historically classified as "forest" in revenue records, or categorised so by the government as "protected" or "reserve forest".

- **Deemed Forests in Karnataka:**
  - **Areas Included:** An expert committee constituted by the state government **identified 'deemed forests' as:**
    - Land having the characteristic of forests irrespective of the ownership.
    - Thickly wooded areas of the Revenue Department, not handed over to the Forest Department.
    - Thickly wooded areas recommended to be handed over to the Forest Department.
    - Thickly wooded land distributed to grantees but not cultivated.
    - Thickly wooded plantations of the Forest Department.
  - **Land Coverage:** The **expert committee reports in 1997 and 2002** identified 43.18 lakh hectares of forest land for conservation in Karnataka, which included 33.23 lakh hectares notified forest area as per forest records and 9.94 lakh hectares 'deemed forests'.
  - **Issue of Contention:**
    - In **2014,** the government **relooked at the categorisation of forests** and found that some of the 'statutory forests' had been **wrongly classified** as 'deemed forest'.
    - It also held that a **well-defined scientific, verifiable criterion was not used** while applying the dictionary definition which **resulted in a subjective classification** of areas as deemed forests.
    - The subjective classification, in turn, resulted in **conflicts between the Forest Department and other departments** like Revenue, Irrigation, Public Works and Energy.
    - The random classification caused **hardship to farmers** in some areas and there is also a **commercial demand for mining in some regions** designated as deemed forests.
  - **Revised Coverage:**
    - Later, newly formed committees identified 5.18 lakh hectares of deemed forest land that could be released from the total area.
    - After a **recent study of the actual extent of deemed forest areas,** the amount of deemed forest land to be released has been **revised to 6.64 lakh hectares.**
    - In **2019,** the **state had filed an interim application** in the SC for the exclusion of the revised area but the **Court did not pass an order** on the application.

Forest and Tree Resources in Karnataka

- **Total Forest cover:** 20.11%, according to the **India State of Forest Report 2019**, the **16th biennial assessment of India's forests** by **Forest Survey of India** (FSI).
    - FSI is an organisation **under the Ministry of Environment, Forest and Climate Change** (MoEFCC).
    - It undertakes **National Forest Inventory** to assess the growing stock in forests and Tree Outside Forest (TOF), bamboo resource, carbon stock and to assess the dependence of the people living in Forest Fringe Villages for fuelwood, fodder, small timber and bamboo.
- **Physiographically,** the state can be divided into two distinct regions:
    - **Hilly region** *(Malnad)*: comprising the **Western Ghats.**
    - **Plain region** *(Maidan)*: comprising the inland plateau.
- The **evergreen forests** of the Western Ghats cover about 60% of the forest area of the State and are recognised as **one of the four Biodiversity Hotspots of India.**
    Other three biodiversity hotspots are the **Himalayas, Areas under Indo-Burma and Sundalands.**
- **Protected Area Network of the State:** 5 National Parks (Anshi, **Bandipur**, Bannerghatta, Kudremukh, Nagarahole) 30 Wildlife Sanctuaries, 15 Conservation Reserves.
    Karnataka supports about 10% of the total **tiger** population and 25% of the **elephant** population of the country.

Source: IE

NPR and Census 2021

Why in News

The office of the **Registrar General of India (RGI)** has said the schedule or the questionnaire of the **National Population Register (NPR)** is "being finalised" and the information about the expected date of first phase of **Census 2021** is "not available."

- The first phase of Census 2021 and updating of the NPR **were postponed indefinitely** until further orders on 25th March 2020 due to the **Covid-19 pandemic.**
- As many as **13 States and Union Territories have opposed** the update of the NPR due to its link with the proposed **National Register of Citizens (NRC)** and the **Citizenship (Amendment) Act, 2019 (CAA).**

Key Points

- **National Population Register:**
  - NPR is a **database** containing a list of all **usual residents** of the country. Its **objective** is to have a comprehensive identity database of people residing in the country.

    A usual resident for the purposes of NPR is a person who has resided in a place for six months or more, and intends to reside there for another six months or more.
  - The NPR was **first collected in 2010** and then **updated in 2015.**
  - It is **generated through house-to-house enumeration** during the "house-listing" phase of the **census,** which is **held once in 10 years.**

    The **last census was in 2011,** and the next was scheduled for 2021.
- **NPR vs Census:**
  - **Objective:**
    - The **census** involves a **detailed questionnaire -** there were 29 items to be filled up in the 2011 census - aimed at eliciting the particulars of every person, including age, sex, marital status, children, occupation, birthplace, mother tongue, religion, disability and whether they belonged to any Scheduled Caste or Scheduled Tribe.
    - On the other hand, the **NPR collects basic demographic data and biometric particulars.**
  - **Legal Basis:**
    - The census is legally backed by the **Census Act, 1948.**
    - The NPR is a mechanism **outlined in a set of rules** framed under the **Citizenship Act, 1955.**
- **NPR and NRC:**
  - According to the **Citizenship Rules** framed in 2003, the NPR is the **first step towards** compilation of the National Register of Indian Citizens (NRIC) or **NRC.**
    - **Section 14A** was inserted in the Citizenship Act, 1955, in 2004, providing for the compulsory registration of every citizen of India and the issue of a "national identity card" to him or her. It also said the Central government may maintain a "National Register of Indian Citizens".
    - **The Registrar General India** shall act as the "National Registration Authority" (and will function as the Registrar General of Citizen Registration).

      The Registrar General is also the **country's Census Commissioner.**
  - After a list of residents is created (i.e. NPR), a nationwide NRC **could go about verifying the citizens from that list.**

    Recently, **NRC for Assam was prepared.**

- **Concerns:**
    - **Some States** such as West Bengal and Rajasthan have **objected to additional questions** to be asked in the fresh NPR such as "date and place of birth of father and mother, last place of residence and mother tongue".
    - There are apprehensions and fears that the CAA 2019, followed by a country-wide NRC, will **benefit non-Muslims** excluded from the proposed citizens' register, while **excluded Muslims will have to prove their citizenship.**
        - The **CAA 2019 allows citizenship on basis of religion to six undocumented communities from Pakistan, Afghanistan and Bangladesh** who entered India on or before 31st December, 2014.
        - **Six Communities** are: Hindus, Sikhs, Buddhists, Jains, Parsis and Christians.
- **Government's Stand:**
    - The government has **denied that the CAA and the NRC are linked.**
    - The Ministry of Home Affairs (MHA) informed a parliamentary panel earlier this year that there was a **need to update the NPR** to "incorporate the changes due to birth, death and migration" and "Aadhaar is individual data whereas NPR contains family wise data."
    - The MHA informed the panel that it proposes to collect details on additional questions such as "date and place of birth of parents" in the NPR to **"facilitate back end data processing** and making the data items of date and place of birth complete for all household(s)".

Source: TH

Online Education Woes

Why in News

A recent study by the **Azim Premji University** on the **efficacy and accessibility** of e-learning has highlighted various challenges involved in online education in the country.

Key Points

- **Student Specific Finding:**

  Reason for student's lack of accessibility to online classes:
    - Non-availability or **inadequate number of smartphones** for dedicated use or sharing.
    - Difficulty in **using apps** for online learning.
    - Children with disabilities found it more difficult to participate in online sessions.

- **Parents Specific Findings:**
  - **90%** of parents of government school students surveyed were **willing to send their children back to school,** if the health of their children was taken care of.
  - **70%** of the parents surveyed were of the opinion that online classes **were not effective** and **did not help** in their child's learnings.
- **Teacher's Specific Findings:**
  - Teachers' main problem found during the online classes was the **one-way communication,** which made it **difficult for them to assess** whether students were able to understand what was being taught.
  - More than **80% of teachers** surveyed said they were **unable to maintain emotional connect** with students during online classes, while **90%** of teachers felt that **no meaningful assessment** of children's learning was possible.
  - 50% of the teachers reported that **children were unable to complete assignments shared during the online classes,** which had led to serious gaps in learning.
  - The survey also revealed that around 75% of the teachers spent, **on an average, less than an hour a day on online classes** for any grade.
  - Teachers also reported that they were **ill-prepared for online learning platforms.**
  - More than half the teachers surveyed shared that their **knowledge and user-experience** on online platforms and modes of teaching were inadequate.

Source:TH
