

CURRENT AFFAIRS FOR UPSC

9TH TO 15TH MAY, 2021

DreamIAS



INTERNATIONAL

WHAT'S HAPPENING IN JERUSALEM?

Israeli armed forces stormed Al-Aqsa Mosque in the Haram esh-Sharif in Jerusalem, ahead of a march by Zionist nationalists

commemorating Israel's capture of the eastern half of the city in 1967. More than 300 Palestinians were injured in the raid. In retaliation, Hamas, the Islamist militant group that runs Gaza, fired dozens of rockets that killed two Israelis. Israel launched an airstrike on Gaza in response, killing 26 Palestinians, including militants and nine children.

What led to escalation?

Tensions have been building up since the start of Ramzan in mid-April when Israeli police set up barricades at the Damascus Gate outside the occupied Old City, preventing Palestinians from gathering there.

As clashes erupted, the police removed the barricades, but tensions were already high. The threatened eviction of dozens of Palestinian families in the East Jerusalem neighbourhood of Sheikh Jarrah escalated the crisis further in the last week of Ramzan. Clashes erupted on the night of May 7 in Jerusalem between Palestinian protesters and Israeli police in which hundreds of Palestinians and over a dozen police personnel were injured. The Israeli authorities had given



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permission to the Jerusalem Day march, traditionally taken out by far-right Zionists through the Arab Quarter of the Old City. Ahead of the march on May 10 (which was rerouted given the tensions), Israeli armed forces stormed Al-Aqsa Mosque with rubber bullets, stun grenades and tear gas to evict Palestinians, who Israel said had camped with stones and Molotov cocktail. Hamas issued an ultimatum to the Israeli troops to stand down from Al-Aqsa. By the evening, they launched rockets. Israeli strikes followed.

Sheikh Jarrah dispute

*Hundreds of thousands of Palestinians were forced out of their homes when the State of Israel was created in historic Palestine in 1948 (the Palestinians call the events 'Nakba', or catastrophe). Twenty-eight of those Palestinian families moved to Sheikh Jarrah in East Jerusalem to settle there. In 1956, when East Jerusalem was ruled by Jordan, the Jordanian Ministry of Construction and Development and the UN Relief and Works Agency facilitated the construction of houses for these families in **Sheikh Jarrah**. But Israel would capture East Jerusalem from Jordan in 1967. By the early 1970s, Jewish agencies started demanding the families leave the land. Jewish committees claimed that the houses sat on land they purchased in 1885 (when Jews, facing persecution in Europe, were migrating to historic Palestine that was part of the Ottoman Empire). Earlier this year, the Central Court in East Jerusalem upheld a decision to evict four Palestinian families from their homes in Sheikh Jarrah in favour of Jewish settlers. The Israeli Supreme Court was scheduled to hear the case on May 10. But the hearing was postponed on advice from the government amid the ongoing violence in Jerusalem. The issue remains unresolved.*

Why Jerusalem?

*Jerusalem has been at the centre of the Israeli-Palestinian conflict. According to the original 1947 UN Partition Plan, Jerusalem was proposed to be an international city. But in the first Arab Israel war of 1948, the Israelis captured the western half of the city, and Jordan took the eastern part, including the Old City that houses **Haram esh-Sharif**. Al-Aqsa Mosque, Islam's third holiest site, and the Dome of the Rock are situated within Haram esh-Sharif (Noble Sanctuary). One side of the compound, called **Temple Mount by the Jews**, is the **Wailing Wall (Western Wall)**, which is believed to be the remains of the Second Jewish Temple, the holiest site in Judaism. Israel captured East Jerusalem from Jordan in the 1967 Six-Day War and annexed it later. Since its annexation, Israel has expanded settlements in East Jerusalem, which is now home for some 220,000 Jews. Jews born in East Jerusalem are Israeli citizens, while Palestinians in the city are given conditional residency permits. *Palestinians in East Jerusalem, unlike other parts of the occupied West Bank, can, however, apply for Israeli citizenship. Very few Palestinians have done so.* Israel sees the whole city as its "unified, eternal capital", a claim endorsed by Donald Trump when he was U.S. President but not recognised by most other countries. Palestinian leaders across the political spectrum have maintained that they would not accept any compromise formula for a future Palestinian state unless East Jerusalem is its capital.*

Most countries have not recognised Israel's claim over the city and are of the view that its status should be resolved as part of a final Israel-Palestine settlement. Israel's tactic till now has been to hold on to the status quo through force. A peace process is non-existent and the Palestinians are divided and weak. With carte blanche from the Trump administration, Israel expanded its settlements and extended repression of the Palestinians in the occupied territories. The move to evict



Palestinians from East Jerusalem is seen as an attempt to forcibly expand Jewish settlements in the Arab neighbourhoods of the Old City. Israel's actions have triggered condemnations from across the world, but it is unlikely to mend its ways. The international community, which largely overlooked Israel's violent repression of Palestinians, should pressure Tel Aviv to at least treat the Palestinians with dignity, if not to ease the yoke of the occupation. U.S. President Joe Biden has said that America's commitment to human rights would be at the centre of his foreign policy. In West Asia, he faces a reality check.

CEASE THE FIRE

From Israeli armed forces storming Jerusalem's Al-Aqsa Mosque on Monday morning to Israel pounding Gaza with air strikes and *artillery on Thursday night in response to the rocket firing by Hamas*, the Israel-Palestine conflict has escalated dangerously within days. At least 119 Palestinians, including 31 children, have been killed in Israeli attacks on Gaza since May 10, while nine people were killed in Israel in the rocket attacks, including an Indian national and a child. For now, *both sides have refused to stand down from the fighting despite international appeal. Israel cannot evade responsibility for the crisis engulfing the region. There was already resentment and frustration among the Palestinians in the occupied territories as Israel has expanded Jewish settlements and deepened occupation.* Besides, *Israel's high-handedness in East Jerusalem and the move to evict Palestinian families from their homes in Sheikh Jarrah for Jewish settlers added to the anger, leading to clashes. Hamas, which claims to be the main national resistance force against the occupation, seized on the opportunity and escalated the crisis with rocket attacks.* Israel has vowed to destroy Hamas's militant infrastructure. But Israel knows that it is easier said than done. In 2014, Israel carried out a seven-week-long operation with the same objective. Seven years later, there is Hamas, firing over 1,800 rockets into Israel within five days. Beyond the rhetoric by both sides, this is a loss-loss situation in which the civilians are taken hostages. *Hamas's rockets do not distinguish between Israeli civilians and soldiers. While the Iron Dome defence system neutralised most of the rockets, some actually hit Israel's population centres,* killing civilians and raising concerns for the country's rulers. Israel is in fact witnessing a twin crisis. While the conflict with Hamas is escalating into a land attack, *Israeli cities are gripped by riots between Jewish vigilantes and Arab mobs.* The riots prompted President Reuven Rivlin to evoke fears of a civil war and the government to declare a state of emergency in some locations, including the central city of Lod. *This is the most serious law and order crisis Israel is facing internally since the second intifada of 2000.* In return, Israel has pulverised Gaza, inflicting a heavy casualty on the impoverished region's population. *The high casualty of children points to the collective punishment approach of the Israeli military. Israel's right to defend itself, which the U.S. and Germany have endorsed, cannot be the right to launch an indiscriminate bombing on the civilians of Gaza.* The international community, especially the U.S. which is a close ally of Israel, should put pressure on both sides to cease the fire. They should do it sooner rather than later as every day, dozens are being killed in the bombings.

Since the beginning of Ramzan last month, Israel, faced with political instability at home, has been using force to prevent Palestinian movement and gatherings in East Jerusalem. But did it expect the Jerusalem violence to take the country to the brink of a full-scale war?



Pressure from within

For Hamas, the Jerusalem conflict unfolded at a critical time. The coastal strip, under Israeli blockade for years, faces mounting economic challenges. *Earlier when Hamas was a resistance movement, it could blame both the occupation and Palestine's political leadership for the day-to-day miseries of Palestinians. But now, Hamas has been in charge of Gaza since 2007 and its governance faces criticism from within. Hamas also largely stayed away from directly provoking Israel in the past seven years, while smaller militant groups fired rockets occasionally. This also led other Islamist groups to challenge Hamas's commitment to "resistance".* In the larger Palestinian political theatre, the struggle for leadership between Fatah, which runs the Palestinian Authority (PA) in the West Bank, and Hamas has never been settled. Hamas wants to emerge the main force in the political spectrum. *In January, the PA, headed by President Mahmoud Abbas, had called for parliamentary elections in the occupied territories — the first poll in 15 years. Fatah, faced with infighting and allegations of corruption and incompetence, was expected to do poorly in the election, scheduled for May 22, while Hamas was prepared to play a bigger role post the polls. In late April, Mr. Abbas announced that he was delaying the elections indefinitely. An angry Hamas called Mr. Abbas's decision "a coup".*

Anger towards Israel

There is also widespread anger against the way Israel treats Palestinians in East Jerusalem and the tightening of the occupation. Mr. Abbas, 85, seemed unable to counter Israeli measures. His decision to resume the PA-Israel security cooperation in January was also unpopular. Hamas termed the move "a stab in the back of efforts toward building a national partnership". So, when Israeli troops raided Al-Aqsa and protests were spreading in East Jerusalem against the eviction of dozens of Palestinians from their houses, Hamas seized on the moment. Its codename for the rocket operation was 'Sword of Jerusalem'. Clearly, it wants to project itself as a protector of Jerusalem and the only force that can stand up to Israel and thereby consolidate its position among the Palestinians.

More rockets

Israel has vowed to intensify its airstrikes on Gaza. It is capable of carrying out deadly attacks. But there is a difference in the way Hamas fought this time. *In 2014, it fired almost 4,000 rockets over 50 days, and most of them were intercepted by Israel's rocket defence system. This time, Hamas launched about 1000 rockets in the first two days, some of them piercing through the Iron Dome defence umbrella.* If in 2014, six civilians were killed in seven weeks, Hamas rockets have killed five civilians in the first 24 hours this time. It is not sure whether Israel anticipated Hamas to escalate the Jerusalem tensions to an open conflict. But Hamas, given the way it is firing rockets, seems to be prepared for this moment.

WHAT'S IRON DOME SYSTEM?

The Iron Dome aerial defence system intercepted a Hamas Unmanned Aerial Vehicle (UAV) on Friday that crossed from Gaza into Israel, Israeli Defence Forces (IDF) said on social media. The IDF said on Thursday that in the last three days, Hamas has fired more than 1,500 rockets from Gaza all the way into Israel. The night sky over Israel has been ablaze with interceptor missiles from Iron Dome shooting down the incoming rockets in the sky. So what is the Iron Dome system?



Multi-mission

Iron Dome is a multi-mission system capable of intercepting rockets, artillery, mortars and Precision Guided Munitions like very short range air defence (V-SHORAD) systems as well as aircraft, helicopters and Unmanned Aerial Vehicles (UAV) over short ranges of up to 70 km. It is an all-weather system and can engage multiple targets simultaneously and be deployed over land and sea. Iron Dome is manufactured by Rafael Advanced Defence Systems and has been in service with Israeli Air Force since 2011. The radar system was developed by Elta. Its development was prompted after a series of rocket attacks on Israel by Hezbollah and Hamas in the 2000s. In the 2006 Lebanon war, around 4,000 rockets were fired on the northern parts of Israel resulting in the death of about 44 Israeli civilians and evacuation of around 250,000 citizens following the development of the system was taken up.

How does it work?

An Iron Dome battery consists of a battle management control unit, a detection and tracking radar and a firing unit of three vertical launchers, with 20 interceptor missiles each. *The interceptor missile uses a proximity fuse to detonate the target warhead in the air. The Iron Dome is deployed in a layered defence along with David's Sling and Arrow missile defence system which are designed for medium- and long-range threats.* According to a 2013 research paper by Yiftah S. Shapur titled 'Lessons from the Iron Dome' in Military and Strategic Affairs, *one of the system's important advantages is its ability to identify the anticipated point of impact of the threatening rocket, to calculate whether it will fall in a built-up area or not, and to decide on this basis whether or not to engage it. This prevents unnecessary interception of rockets that will fall in open areas and thus not cause damage, the paper states.* The system has intercepted thousands of rockets so far and, according to Rafael, its success rate is over 90%. *The I-DOME is the mobile variant with all components on a single truck and C-DOME is the naval version for deployment on ships.* The system has performed very well so far. However, *the system can see limitations when it is overwhelmed with a barrage of projectiles. "The system has a 'saturation point'. It is capable of engaging a certain (unpublished) number of targets at the same time, and no more. Additional rockets fired in a crowded salvo could succeed in breaching defences and cause damage,"* Mr. Shapur says in the paper.

Mitigating strategies

Several assessments suggest that Hamas is developing *mitigating strategies including lowering the trajectories* of the projectiles while also continuing to accumulate thousands of rockets with improved precision. According to Mr. Shapur, *one of the possible limitations is the system's inability to cope with very short range threats as estimates put the Iron Dome's minimum interception range at 5-7 km.* The other factor is the cost of interception is high. The cost of the interceptor missile is about \$40,000-50,000, according to Mr. Shapur. According to a November 2017 commentary on RAND Corporation blog by Elizabeth M. Bartels, the system is built to intercept a certain of projectiles and can be overwhelmed by a more capable adversary. According to Ms. Bartels, the planning scenario for a war with "Hezbollah involves 1,000-1,500 rockets per day fired at Israeli population centres." Taking North Korea as a context, the study puts estimates of forward-deployed conventional artillery of North Korea would be "capable of firing 500,000 shells an hour for several hours, or firing tens-of-thousands of shells per day over an extended period." "This rate



of fire would easily overwhelm a variant of Iron Dome, which is currently being proposed as a solution," it state.

JOHNSON CALLS FOR U.K. TALKS AFTER SCOTTISH NATIONALISTS WIN

British Prime Minister Boris Johnson on Sunday invited the leaders of the U.K.'s devolved nations for crisis talks on the union after *Scotland's pro-independence party won its fourth straight parliamentary election. Nicola Sturgeon, leader of the Scottish National Party (SNP), said the poll results proved that a second independence vote for Scotland was "the will of the country" and that any London politician who stood in the way would be "picking a fight with the democratic wishes of the Scottish people."* The United Kingdom is made up of England, Scotland, Wales and Northern Ireland, with devolved governments in the latter three. Mr. Johnson congratulated Ms. Sturgeon on her re-election, but told the leaders of the devolved governments in a letter that the U.K. was "best served when we work together." The letter invited the leaders to a summit to discuss plans to recover from the coronavirus pandemic and work out how the four nations can work together to overcome "shared challenges." Final results of Thursday's local elections showed that the SNP won 64 of the 129 seats in the Scottish Parliament. Although it fell one seat short of securing an overall majority, the Parliament still had a pro-independence majority with the help of eight members of the Scottish Greens. *Ms. Sturgeon said an independence referendum was "now a matter of fundamental democratic principle," and did not rule out legislation paving the way for a vote at the start of next year. Mr. Johnson has the ultimate authority whether or not to permit another referendum on Scotland gaining independence.* He wrote in Saturday's Daily Telegraph that *another referendum on Scotland would be "irresponsible and reckless" as Britain emerges from the pandemic. Scotland has been part of the U.K. since 1707 and the issue of Scottish independence appeared settled when Scottish voters rejected secession by 55%-45% in a 2014 referendum.. But proponents of another vote say the situation has changed fundamentally because of the U.K.'s Brexit divorce from the European Union.*

SOUTH SUDAN PRESIDENT DISSOLVES PARLIAMENT AS PART OF PEACE ACCORD

South Sudan's President Salva Kiir has dissolved Parliament, opening the way for lawmakers from opposing sides of the country's civil war to be appointed under a 2018 peace accord. *Mr. Kiir's decision was announced on public television on Saturday evening but no date was given as to when the new Parliament will begin working.* The setting up of a new legislative body was part of an accord signed in September 2018 between Mr. Kiir and Vice-President Riek Machar, for years on opposition sides during the five-year civil war that left 3,80,000 people dead and four million displaced. Civil society groups welcomed the dissolution of Parliament, saying it was long overdue but also expressing distrust. "It is a welcome development and we hope that the dissolution (will not) also open the way to a lengthy process towards reconstituting the parliament," Jame David Kolock, chairman of the South Sudan Civil Society Forum. *"The civil society is getting frustrated and no longer believes that even if the Parliament is reconstituted it will be a very viable parliament." In accordance with the 2018 accord, the new assembly will number 550 lawmakers, the majority — 332 — from Mr. Kiir's governing SPLM party. The parliamentarians will be nominated by the different parties.*



OLI REAPPOINTED NEPAL PM

*K.P. Sharma Oli, heading a minority government, was sworn in as Nepal's Prime Minister on Friday, four days after the embattled leader lost a crucial vote of confidence in Parliament. The 69-year-old Chairman of the Communist Party of Nepal-(Unified Marxist-Leninist) was reappointed as Prime Minister by President Bidya Devi Bhandari in his capacity as leader of the largest political party in Nepal's House of Representatives. Mr. Oli will head a minority government as he does not enjoy a majority in Parliament after losing the vote of confidence on Monday. He was reappointed to the post on Thursday night as the Opposition parties failed to secure majority seats in Parliament. Mr. Oli will now have to take a vote of confidence at the House within 30 days, failing which, **an attempt to form a government under Article 76 (5) of the Constitution would be initiated by the President.** The Ministers of Mr. Oli's Cabinet were also sworn in during the ceremony. All the Ministers from the old Cabinet have been included in the new Cabinet. **Pradeep Gyawali has been reappointed as Foreign Minister while Ram Bahadur Thapa and Bishnu Poudyal were appointed as Ministers for Home and Finance.***

Mr. Oli won just 93 votes in the 271-strong House of Representatives where only 232 turned up to vote, with 124 voting against him and 15 members staying neutral. The leading party in the Opposition, the Nepali Congress (NC) led by Sher Bahadur Deuba, with 61 members voted against Mr. Oli along with the Pushpa Kumar Dahal-led Communist Party of Nepal (Maoist-Centre) with 49 votes. The Maoists had just recently de-merged from the Nepal Communist Party after a Supreme Court ruling de-recognised its merger with Mr. Oli's Communist Party of Nepal (Unified Marxist-Leninist). Mr. Oli could not command the full support of his own party as the 28 legislator-strong Madhav Kumar Nepal-Jhalanath Khanal-led faction within the UML decided to remain absent from the House. Mr. Nepal had taken up the cudgels against Mr. Oli in the unified NCP along with Mr. Dahal, and had opposed Mr. Oli's decision to dissolve Parliament — a move which was also struck down by the Supreme Court. Even more intriguing was the vertical split in another Opposition party, the Janata Samajwadi Party-Nepal (JSP) — the 15-member Baburam Bhattarai-Upendra Yadav faction voted against Mr. Oli while the 15-member Mahantha Thakur-Rajendra Mahato-led group decided to stay neutral. While Mr. Bhattarai and Mr. Yadav have taken a clear ideological position in line with their stated goal of a federally restructured Nepali state favourable to the plain-dwelling Madhesis — something that Mr. Oli had steadfastly opposed — the other faction is inclined to support Mr. Oli in order to wrest concessions for the Madhesis. The net effect of the trust vote was a loss of face for Prime Minister Oli, and yet it is not clear if an alternative government can be formed by the Opposition as things stand. Mr. Deuba enjoys support from the Maoists and the Bhattarai-Yadav faction of the JSP but it remains to be seen whether the Nepal-Khanal faction will decide to resign from Parliament to enable a victory for the NC. Nepal's political class has been, more often than not, caught up in political tugs of war with frequent changes in regimes despite the people reposing their faith in democratic institutions through two "jan andolans" — the first removing absolute monarchy, and the second enabling a constitutional republic. At least now, when Nepal faces the onslaught of the novel coronavirus, the polity must rise to the occasion and work towards an alternative stable regime.



CHINA'S POPULATION GROWTH SLOWS TO LOWEST RATE IN DECADES

China's once-in-a-decade population census has recorded a slowing population growth rate that will likely see China's population peak — and be overtaken by India's — by as early as 2025, experts said, with the number of births falling for the fourth consecutive year. The seventh census, released on Tuesday by the National Bureau of Statistics (NBS) in Beijing, noted 12 million babies were born last year, the lowest number since 1961, a year when China was in the midst of a four-year famine unleashed by Mao Zedong's Great Leap Forward policy in 1958 that devastated the farm sector and claimed millions of lives. China's population was 1.41 billion in 2020, according to the census, increasing by 72 million since the last census in 2010, recording a 5.38% growth in this period. The average annual growth was 0.53%. *The slowing growth rate, a consequence of China's stringent family planning rules over decades — known as the "one-child policy" but involving a range of varying restrictions across urban and rural areas — has evoked concerns of a rapidly ageing society and the impact on China's labour force, and fears that China will, as some experts have said, "get old before it gets rich".* The census recorded 264 million in the age group of 60 and over, up 5.44% since 2010 and accounting for 18.70% of the population. Those in the 15-59 age group were 894 million persons, down by 6.79% since 2010 and accounting for 63.35% of the population. Chinese experts on Tuesday acknowledged the seriousness of the problem, without linking it directly to the history of the Communist Party's harsh family planning policies, at a time when it is planning to mark its 100th anniversary in July. In the lead up to the anniversary, China's Internet regulator said it had deleted more than 2 million posts containing "harmful" discussions of history, the South China Morning Post reported, with the party clamping down on any adverse commentary about its present or past. *China loosened family planning rules and allowed couples to have two children in 2016, but that has failed to mark a boom amid changing lifestyles and declining preferences, particularly in urban areas, for larger families.*

PAKISTAN GOVERNMENT TO SET NEW RULES TO MEET FATF REQUIREMENTS

Pakistan, keen to exit from the grey list of the FATF, is set to introduce new rules relating to anti-money laundering cases and change the prosecution process to meet its remaining tough conditions, a media report said on Monday. Pakistan was put on the grey list by the Paris-based Financial Action Task Force (FATF), the global watchdog for money laundering and terror financing in June 2018 and the country has been struggling to come out of it. The Dawn newspaper reported that the changes being made also include the transfer of investigations and prosecution of anti-money laundering (AML) cases from police, provincial anti-corruption establishments (ACEs) and other similar agencies to specialised agencies.

Outstanding issues

This is part of two sets of rules, including the AML (Forfeited Properties Management) Rules 2021 and the AML (Referral) Rules 2021 under the "National Policy Statement on Follow the Money" approved by the federal Cabinet meeting a few days ago, the report said. These rules and related notifications for certain changes in the existing schedule of Anti-Money Laundering Act 2010 (AMLA) would come into force immediately, to be followed by the appointment of administrators and special public prosecutors for implementation. Based on these measures, the FATF would



conclude if Pakistan has complied with three outstanding benchmarks, out of 27, that blocked its exit from the grey list in February this year.

Grey list- other monitored jurisdictions

Black list- Call for action

BANGLADESH REBUFFS CHINA ON QUAD WARNING

Bangladesh's government has asked foreign envoys in Dhaka "to maintain decency and decorum" after public remarks from China's Ambassador to the country provoked a sharp response. The strongly-worded statement from the Foreign Ministry followed remarks by *China's envoy in Dhaka, Li Jiming, who warned Bangladesh to not consider joining the Quad grouping and said doing so would "damage" relations.* While the informal India-Australia-United States-Japan framework has no plans as yet to expand, Mr. Li's remarks were seen as an advance warning and followed similar recent comments by China's Defence Minister, General Wei Fenghe, who on visits to Colombo and Dhaka last month urged countries in South Asia to not join any military alliances. *Some Chinese officials have described the Quad as an "Asian NATO" and as a military alliance, a label that its members have rejected.* "Obviously it will not be a good idea for Bangladesh to participate in this small club of four because it will substantially damage our bilateral relationship," Mr. Li said at a meeting organised by the Diplomatic Correspondents Association on Monday, the Press Trust of India reported. The comment brought a sharp response from the Bangladesh Foreign Ministry, which said in a statement that Foreign Minister A.K. Abdul Momen told reporters "as a sovereign country, Bangladesh will determine the course of its foreign policy in the interest of its people" and "urged foreign envoys in Dhaka to maintain decency and decorum while speaking in public". *"We're an independent and sovereign state. We decide our foreign policy. But yes, any country can uphold its position," he was quoted as telling the media.*

'Treat as equals'

China's Foreign Ministry spokesperson Hua Chunying told reporters in Beijing she "had not seen any reports from our Embassy in Bangladesh" on the issue. *"So about the protest from the Bangladesh Foreign Minister, I'm not sure what exactly the protest is and what the accurate words are. But we always treat other countries despite their size as equals.* We always follow the peaceful coexistence principle in developing bilateral relations and we always support each other," she said. "About the Chinese Ambassador's remarks on the Quad we have made our position clear on this issue," she said. *"We believe it is an exclusive clique against China and trying to rally countries around China to work against China. So I believe you understand our position very clearly."* "It is not China who has been interfering in other's internal affairs," Ms. Hua added. *"We follow the principle of non-interference in other's internal affairs. India knows better than us about the Quad, what's the true intention of the Quad, is it trying to exclude China, or to target against China. If so, then it is not about interference, it is about expressing opposition to this Quad group and expressing the hope it will stop doing so."*



Chinese vaccine

Beyond the spat over the remarks, *Bangladesh and China have been deepening cooperation, including on COVID-19. China invited Bangladesh, along with Afghanistan, Nepal, Pakistan and Sri Lanka, to a Foreign Minister-level virtual dialogue last month, the fourth such meeting organised with South Asian countries to discuss COVID-19 cooperation, and offered Chinese vaccines and a plan to set up an emergency reserve for supplies for South Asian countries.* Foreign Minister Wang Yi said at the dialogue India had also been invited to the forum, but did not attend. *A day after the Bangladesh Foreign Ministry's statement on the Chinese envoy's remarks, it expressed its thanks to China for "gifting 500,000 vaccines" and said a "regular supply of Chinese vaccines to Bangladesh is under way", as the Ministry shared a photo of Mr. Momen receiving a package of Sinopharm vaccines from Mr. Li.*

KEY SUSPECT IN NASHEED ATTACK ARRESTED

Maldives police said on Sunday they arrested a person believed to be the prime suspect in an explosion that critically wounded the country's former President and which was blamed on Islamic extremists. Police said they now have three of four suspects in custody. Thursday's blast targeted *Mohamed Nasheed, currently the Speaker of Parliament*, who is recovering in a hospital after multiple surgeries. Police did not give details on the latest suspect, but in a text message confirmed that they believe he is the person whose pictures were released on Saturday as authorities sought public assistance in identifying him. The fourth suspect remains at large. *Officials blamed Islamic extremists for the attack, although investigators still don't know which group was responsible.* Two of Mr. Nasheed's bodyguards and two apparent bystanders, including a British citizen, were also wounded. *Mr. Nasheed has been an outspoken critic of religious extremism in the predominantly Sunni Muslim nation, where preaching and practicing other faiths are banned by law. He has been criticised by religious hard-liners for his closeness to the West and liberal policies.*

Narrow escape

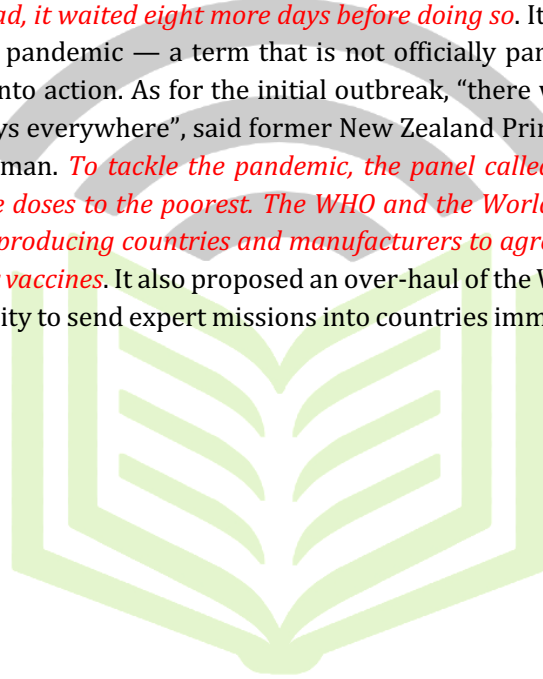
Mr. Nasheed was the first democratically elected President of the Maldives, serving from 2008 to 2012, when he resigned amid protests. He was defeated in the subsequent presidential election, and was ineligible for the 2018 race due to a prison sentence, but has remained an influential political figure. He has championed global efforts to fight climate change, particularly warning that rising seas caused by global warming threaten the archipelago nation's islands. The Maldives is known for its luxury resorts but has experienced occasional violent attacks. In 2007, a blast in a park in the capital wounded 12 foreign tourists, and was also blamed on religious extremists. *The Maldives has one of the highest per capita numbers of militants who fought in Syria and Iraq alongside the Islamic State group.* Authorities announced in January that eight people arrested in November were found to have been planning to attack a school and were in the process of building bombs in a boat at sea.

COVID-19 CATASTROPHE COULD HAVE BEEN AVOIDED, SAYS REPORT

The catastrophic scale of the COVID-19 pandemic could have been prevented, an independent global panel concluded on Wednesday, but a "toxic cocktail" of dithering and poor coordination meant the warning signs went unheeded. *The Independent Panel for Pandemic Preparedness and*
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*Response said institutions “failed to protect people” and science-denying leaders eroded public trust in health interventions. Early responses to the outbreak detected in Wuhan, China, in December 2019 “lacked urgency”, with February 2020 a costly “lost month” as countries failed to heed the alarm, said the panel in its long-awaited final report. Requested by the World Health Organization (WHO) member states last May, the report, “COVID-19: Make it the Last Pandemic”, argued that the global alarm system needed overhauling to prevent a similar catastrophe. “We have identified failures at every stage and we do believe that it could have been possible to prevent this pandemic,” panel co-chair and former Liberian President Ellen Johnson Sirleaf said. “We cannot simply point to one individual who is ultimately responsible,” she said. **The panel said the WHO could have declared the situation a Public Health Emergency of International Concern — its highest level of alarm — on January 22, 2020. Instead, it waited eight more days before doing so.** It was only in March after the WHO described it as a pandemic — a term that is not officially part of its alert system — that countries were jolted into action. As for the initial outbreak, “there were clearly delays in China — but there were delays everywhere”, said former New Zealand Prime Minister Helen Clark, the report’s other chairwoman. **To tackle the pandemic, the panel called on the richest countries to donate a billion vaccine doses to the poorest. The WHO and the World Trade Organization should also get major vaccine-producing countries and manufacturers to agree to voluntary licensing and technology transfers for vaccines.** It also proposed an over-haul of the WHO to make it less cautious and give it more authority to send expert missions into countries immediately without waiting for their approval.*



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WTO CHIEF TARGETS WAIVERS FOR COVID VACCINES IN DEC.

World Trade Organisation (WTO) Director General Ngozi Okonjo-Iweala on Wednesday said she was pushing for member-nations to reach some agreement by July and deliver a final outcome on the intellectual property (IP) waivers for COVID-19 vaccines at the next ministerial meeting in December. “There are times when we can’t afford to take months and years... We are talking about lives being lost. Someone told me I am very ambitious. Yes, I am very ambitious when there are lives,” she said, emphasising the urgency to arrive at a swift pact on the intellectual property waivers needed to vaccinate the world faster. During an interaction with Commerce and Industry Minister Piyush Goyal and *World Economic Forum president Børge Brende, she expressed anguish at the second wave that had engulfed India and hoped the situation would be resolved soon.* “India has exported more than *40% of the vaccines...* and we are very proud that India has been able to share when it had difficulties. And of course, all our hearts go out to the struggles that are there and I know that they will resolve very soon,” she said. Apart from India, China and the EU had also exported vaccines so far, she noted, thanking the three WTO members. Stressing that her objective would be to push members to come to the table quickly and start discussions on the IP waivers, she said: “I am hoping by July, we will start to see something, with a final outcome by MC12,” she added, *referring to the WTO’s ministerial conference set to take place in Geneva from November 30 to December 3.*

Package on agriculture

Expressing the hope that the conference would encompass agendas important to both developing and developed countries, she said there would be wide disappointment if the *WTO could not come up with a package on agriculture in order to meet food security concerns on a permanent basis.* “I very much like the food security angle because it’s real. *We are experiencing it and so we will be trying to persuade our members to look at the issue of public stockholdings and making that permanent, with all the transparency that is required and I am sure India has no problems with that.* *The Nigerian WTO chief added that domestic support issues and industrial subsidies also needed review. “We have our work cut out for us, because we still have deep divides.* But guess what, I am optimistic. We have to get it done. We just need some successes for the WTO,” she said.

CENTRE’S SC AFFIDAVIT JARS WITH TRIPS STAND

Public health advocates and intellectual property rights experts point to a “contradiction” in India’s global push for suspension of intellectual property protection with its stand in the Supreme Court that bringing COVID-19 vaccines under a statutory regime will be “counter-productive” at this stage. India, along with South Africa, had initiated a proposal for the temporary waiver of certain provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to facilitate fair, affordable and universal access of COVID vaccines and medicines, especially for developing countries. The two countries had highlighted that some WTO members had carried out urgent legal amendments to their national patent laws to expedite the process of issuing compulsory/government use licences. However, experts point to an affidavit filed by the Centre in the SC on May 9, which shows the government taking a different stand in favour of

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protection of intellectual property rights. “Any exercise of statutory powers either under the Patents Act, 1970 read with TRIPS Agreement and Doha Declaration or in any other way can only prove to be counter-productive at this stage,” the Centre said in the affidavit. The government said that it is “very actively engaging itself with global organisations at a diplomatic level to find out a solution in the best possible interest of India”. In fact, the Centre even goes to the extent of issuing a word of caution that “any discussion or a mention of exercise of statutory powers either for essential drugs or vaccines having patent issues would have serious, severe and unintended adverse consequences in the country’s efforts being made on global platform using all its resources, good-will and good-offices through diplomatic and other channels”. An April 30 order of the SC had “flagged” the legal framework within which the Centre could “possibly consider compulsory licensing and government acquisition of patents”. However, not all are impressed by the balancing act.

A TRIPS WAIVER IS USEFUL BUT NOT A MAGIC PILL (PRABHASH RANJAN - SENIOR ASSISTANT PROFESSOR AT SOUTH ASIAN UNIVERSITY’S FACULTY OF LEGAL STUDIES)

The United States has finally relented and declared its support for a temporary waiver of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement for COVID-19 vaccines at the World Trade Organisation (WTO). In October 2020, India and South Africa, at the WTO, proposed (<https://bit.ly/3vTJ9SK>) waiving Sections 1, 4, 5, and 7 of Part II of the TRIPS agreement (covering copyrights, industrial designs, patents, and undisclosed trade information) related to the prevention, containment, or treatment of COVID-19. The U.S.’s support of the TRIPS waiver is a significant step forward in the global fight against the pandemic. Hopefully, the U.S.’s decision would cause other holdouts like Canada and the European Union to give up their opposition. Legally, the waiver is surely possible since Article IX of the WTO Agreement allows for waiving obligations in ‘exceptional circumstances’ (<https://bit.ly/3uCTMJy>), which the COVID-19 pandemic undoubtedly is. The stumbling block is the political will of the richer countries that house the giant pharmaceutical corporations producing COVID-19 vaccines and medicines.

Devil in the details

While the U.S.’s decision is to be welcomed, the devil would be in the details. The countries would now negotiate on the text of the waiver at the WTO. If the experience of negotiating such waivers, especially on TRIPS, were anything to go by, it would be too early to celebrate. In the aftermath of the HIV/AIDS crisis in Africa in the 1990s, the WTO adopted a decision in 2003 waiving certain TRIPS obligations to increase the accessibility of medicines in countries that lacked manufacturing capability. Specifically, the obligation contained in Article 31(f) of TRIPS (<https://bit.ly/3vMmfwC>) that medicines produced under a compulsory licence are predominantly for the domestic market of that country was waived, paving the way for the export of such medicines to a country that lacked manufacturing capability. However, this waiver (later incorporated as Article 31 bis in the TRIPS agreement; <https://bit.ly/3tBzRsZ>) was subject to several stringent requirements such as the drugs so manufactured are to be exported to that nation only; the medicines should be easily identifiable through different colour, or shape; only the amount necessary to meet the requirements of the importing country are to be manufactured; the importing country has to notify to the WTO’s TRIPS Council, etc.,. Given these cumbersome requirements, hardly any country, in the last 17 years, made effective use of this waiver.



Developing world must watch

The statement issued by Katherine Tai, the U.S. Trade Representative (<https://bit.ly/3hbtpXI>), states that the negotiations on the text of the waiver will 'take time' given the WTO's consensus-based decision-making process and the complexity of the issues involved. This signals that the negotiations on the waiver are going to be difficult. While the U.S. would not like to be seen as blocking the TRIPS waiver and attracting the ire of the global community, make no mistake that it would resolutely defend the interests of its pharmaceutical corporations. The developing world should be conscious to ensure that a repeat of 2003 does not happen. Ms. Tai's statement also reveals that the U.S. supports waiving intellectual property (IP) protections on COVID-19 vaccines. However, India and South Africa proposed a waiver not just on vaccines but also on medicines and other therapeutics and technologies related to the treatment of COVID-19. So, the U.S. has already narrowed down the scope of the waiver considerably by restricting it to vaccines. Medicines useful in treating COVID-19 and other therapeutics must be also included in the waiver.

Overcoming key obstacles

While the TRIPS waiver would lift the legal restrictions on manufacturing COVID-19 vaccines, it would not solve the problem of the lack of access to technological 'know-how' related to manufacturing COVID-19 vaccines. Waiving IP protection does not impose a legal requirement on pharmaceutical companies to transfer or share technology. While individual countries may adopt coercive legal measures for a forced transfer of technology, it would be too draconian and counterproductive. Therefore, governments would have to be proactive in negotiating and cajoling pharmaceutical companies to transfer technology using various legal and policy tools including financial incentives. Finally, while a TRIPS waiver would enable countries to escape WTO obligations, it will not change the nature of domestic IP regulations. Therefore, countries should start working towards making suitable changes in their domestic legal framework to operationalise and enforce the TRIPS waiver. In this regard, the Indian government should immediately put in place a team of best IP lawyers who could study the various TRIPS waiver scenarios and accordingly recommend the changes to be made in the Indian legal framework. Notwithstanding the usefulness of the TRIPS waiver, it is not a magic pill. It would work well only if countries simultaneously address the non-IP bottlenecks such as technology transfer, production constraints, and other logistical challenges such as inadequacy of supply chains and unavailability of raw materials to manufacture vaccines and medicines.

IP RIGHTS AND VACCINES

Breaking with a long-held position, the U.S. Trade Representative, Katherine Tai, announced that the Biden administration would support waiving trade-related aspects of intellectual property rights (TRIPS) for the production of COVID-19 vaccines. The news was welcomed by liberal activists and some global leaders, given that the United States was until now a major World Trade Organization (WTO) member blocking such a proposal, framed by India and South Africa. The proposal, if passed by the WTO with the support of the European Union (EU), could dramatically alter how pharmaceutical companies worldwide access proprietary trade know-how for the production of leading vaccines. However, questions remain regarding whether the easing of TRIPS rules for COVID-19 vaccines will lead to a greater supply of efficacious vaccines in countries where they are the most needed, or if less circuitous options to boost supply are more relevant in the present scenario.

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What is the argument in favour of relaxing TRIPS rules?

The broader context for emergency action aimed at rapidly increasing vaccine availability across the world is the sharp surge in COVID-19 cases in India and Brazil. Global concern also stems from the risk that the Indian variant, believed to be driving a second wave of devastating intensity in the country, could potentially fuel second or third waves across the world, causing a setback to the progress made in controlling transmission across the U.S. and EU. Additionally, the Brazil and South African variants still pose a threat in some pockets. Across many affected nations, vaccine availability has emerged as a bottleneck impeding progress. In this context, a fierce debate has been underway, pitting global-vaccine-access advocates against vaccine developers and pharmaceutical firms that rely on patented technology, usually of a highly specialised nature, to produce vaccines. The latest step by the U.S. to declare its support for TRIPS waivers for such vaccines stems from the promise Joe Biden made during his election campaign, to “absolutely positively” commit to sharing vaccine technology if elected.

Can a waiver resolve the vaccine shortage?

This is a complex question to which there is, so far, no clear answer. On the one hand, it is undeniable that intellectual property rights are a part of the problem of worldwide vaccine shortages — the logic of a wider production base globally leading to an exponential increase in vaccine production is undeniable. However, several caveats remain. First, *there may be serious issues associated with manufacturing vaccines, for example, with those based on messenger RNA (mRNA) technology, if there is just an easing of the associated intellectual property rights rules but no further support to generic pharmaceutical firms in countries such as India and South Africa. This is because a “tech transfer” is also needed for the latter to actually commence production, especially for mRNA vaccines, including the ones produced by Moderna and Pfizer along with BioNTech. To illustrate, Pfizer has pointed out that its vaccine requires the use of 280 components from 86 suppliers and highly specialised manufacturing equipment. Second, there is a strong likelihood that it will take a considerable amount of time, even several years, for generic producers’ plants to become operational at optimal capacity. This raises the question of whether today’s vaccines would even be relevant at that point in time, especially if new variants prove resistant to vaccine formulations currently available. Finally, there is the classic counter-argument to calls for patent relaxations, that such policies could discourage pharmaceutical companies from investing in producing next-generation vaccines.* Though many, including Mr. Biden, have argued that humanitarian need trumps the profit motive during a pandemic, the decision to waive all TRIPS rules should be preceded by a rigorous analysis of the effects such a policy would have on the biotechnology sector and global supply chains for its products.

What actions are likely?

No significant steps forward will be possible until other major member nations of the WTO sign on, including the EU. *The speed of potential action will also be dampened by the fact that in parallel to the waivers, a transfer of personnel, raw materials and equipment to developing nations will be necessary. However, there is another possibility: Mr. Biden may either intend to release more of the existing U.S. vaccine stockpile to other countries to meet emergency needs and seek the cooperation of pharmaceutical companies in that mission, or he may be using the threat of the TRIPS waivers to nudge U.S. vaccine producers to ramp up their production and donate more doses to countries like*



India and Brazil. Either way, it would be unwise for countries like India to rely on this initiative for an increase in vaccine supply.

E.U., INDIA RELAUNCH FTA TALKS, SIGN CONNECTIVITY PARTNERSHIP

India and the European Union agreed on Saturday to relaunch free trade negotiations by resuming talks that were suspended in 2013 for the Bilateral Trade and Investment Agreement (BTIA), as Prime Minister Narendra Modi interacted virtually from Delhi with President of the European Commission Ursula Von der Leyen and E.U. Council President Charles Michel along with 27 European leaders gathered in Porto, Portugal, on Saturday. The E.U.-India leaders meeting also discussed COVID recovery plans and vaccine cooperation, adopted a *Connectivity Partnership document outlining plans to cooperate on digital and infrastructure projects, and signed the contract for the second tranche of \$150 million from the E.U. for the Pune Metro rail project.* However, India failed to secure the support of the *European leaders for its proposal at the World Trade Organisation at the meeting for patent waivers for COVID vaccine, and government officials said they hoped to see the E.U. continue to debate the issue.* President of the European Commission briefing the media at the end of the meeting, Ms. Von Der Leyen and Mr. Michel said a greater imperative at present was for countries to ramp up the production and delivery of SARS-Cov-2 vaccines through greater investment. "There are different feelings about the [Indian] request from around the world... In the short term many of us think that this may not be the magic solution, but we would like to keep a closer eye and keep discussing the issue," said Mr. Michel. Ms. Von Der Leyen said the E.U., which was the "pharmacy of the world" and had exported 50% of its production of 400 million vaccine doses to other countries, had shown the way forward. India, which is facing vaccine shortages during the current crisis has had to halt its export programme for vaccines worldwide. When asked about the E.U. hesitation over supporting the proposal jointly presented by India and South Africa at the WTO, MEA officials pointed that the U.S. had recently changed its stand and now supports the idea of waiving intellectual property rights on vaccines for the duration of the pandemic, and India would therefore watch the "evolving E.U. position on this". The support of a major bloc like the E.U. is crucial to passing the resolution at the WTO by consensus. *The joint statement issued after the meeting said India and the E.U. agreed to work towards a "balanced, ambitious, comprehensive and mutually beneficial trade agreement which would respond to the current challenges," and launch negotiations for a "stand-alone" investment protection agreement and a separate agreement on "geographical indications" pertaining to intellectual property rights. Hailing the decision by the leaders to resume trade negotiations for the BTIA as a "remarkable moment", Ms. Von Der Leyen said the talks that had begun in 2007, and stalled in 2013, will finally be picked up again.* The talks had run into trouble over market access issues, and tariffs by India on products like wine, dairy and automotive parts, as well as E.U. resistance over visas for Indian professionals. In addition, *the Modi government's decision to scrap all Bilateral Investment Treaties (BITs) in 2015 posed hurdles for new E.U. investments in India. The timing and structure of the relaunched talks would be steered by the recently set up High-Level dialogue between Commerce Minister Piyush Goyal and his counterpart, EU Trade Commissioner, said MEA Secretary (West) Vikas Swarup.* The India-E.U. connectivity partnership signed on Saturday also committed the two sides to working together on *digital, energy, transport, people to people connectivity* that was "transparent, viable, inclusive, sustainable, comprehensive, with a rules-based approach". The partnership is seen as a response to China's Belt and Road Initiative, and comes as the E.U.'s



negotiations with China on their Comprehensive Agreement on Investment (CAI) have run into trouble.

OCIS STUNG BY HOME MINISTRY NOTIFICATION

The Home Ministry's March 4 order that required professional Overseas Citizens of India (OCIs), such as journalists, engineers and researchers, to notify the Ministry about their activities in India has left them in the lurch. A portal that was to come up for the purpose is not operational yet. A Ministry official said it was delayed as several officials in the Ministry's Foreigners Division had tested positive for COVID-19 in the past month. The official said the OCIs could intimate the Foreigners Regional Registration Office (FRRO) through e-mail till the portal is activated. Rajanna Sreedhara, president of the Association of Resident OCI and Families (AROCIF), said they believed the notification was discriminatory adding that they planned to challenge it in the High Court but the plan is currently on the back burner due to the COVID-19 pandemic.

NRI quota seats

On March 4, the Ministry issued a gazette notification that OCI cardholders could claim "only NRI (Non-Resident Indian) quota seats" in educational institutions. It specified that OCIs could only pursue the following professions — doctors, dentists, nurses and pharmacists, advocates, architects and chartered accountants, and the rest would require "special permission". *OCIs are of Indian origin but hold foreign passports. India does not allow dual citizenship but provides certain benefits under Section 7B(1) of the Citizenship Act, 1955 to the OCIs. So far, 37.72 lakh OCI Cards are said to have been issued. The notification said that OCIs shall be required to obtain a "special permission or a special permit" from the competent authority or the FRRO or the Indian mission "to undertake research, missionary or Tabligh or mountaineering or journalistic activities or internship in any foreign diplomatic missions".* "The notification does not mention IT professionals, a large number of OCIs are engineers; so will they have to apply for employment visa? It says permission required to conduct research ... this will place undue burden on scientific, pharmaceutical, medical, biotechnology and other research fields," Dr Sreedhara said. "Even if an OCI student has secured a high rank in an exam like NEET [National Eligibility Entrance Test], several institutions of repute do not have NRI seats. The exorbitantly high fees under the NRI quota cannot be afforded by many OCIs as they live and work in India. India-domiciled OCI students are deprived of domicile status both in India [country of residence] as well as the country of their citizenship," Dr. Sreedhara said. Anjana Hulse, an OCI and Bengaluru resident, said her son secured All India Rank 2 in the Kishore Vaigyanik Protsahan Yojana examinations held by the government, but added, "We are not sure of getting admission in the Indian Institute of Science, Bengaluru," she said.

THE SC RULING ON IDENTIFYING BACKWARD CLASSES

In the judgment that declared the Maratha reservation unconstitutional, a Constitution Bench of the Supreme Court dealt with another issue. *By a 3:2 majority, it ruled that after the passage of the 102nd Constitution Amendment Act in 2018, the States do not have any power to identify 'socially and educationally backward' (SEBC) classes. The Union government argued that it was never its intention to deprive State governments of their power to identify SEBCs, but the Court interpreted*



the bare text of the Amendment to the effect that only the President can publish a list of backward classes in relation to each State and that only Parliament can make inclusions or exclusions in it.

What does the 102nd Amendment say?

The Amendment established a National Commission for Backward Classes by adding Article 338B to the Constitution. The five-member Commission was tasked with monitoring safeguards provided for socially and educationally backward classes, giving advice on their socio-economic development, inquiring into complaints and making recommendations, among other functions. Significantly, it was laid down that the Centre and the States shall consult the Commission on all policy matters concerning the SEBCs. The Amendment also added Article 342A, under which the President shall notify a list of SEBCs in relation to each State and Union Territory, in consultation with Governors of the respective States. Once this 'Central List' is notified, only Parliament could make inclusions or exclusions in the list by law. This provision is drafted in exactly the same word as the one concerning the lists of Scheduled Castes and Scheduled Tribes. Further, a definition of 'SEBCs' was added to the Constitution — 'SEBC' means "such backward classes as are so deemed under Article 342A for the purposes of this Constitution".

Why did this Amendment come up for judicial interpretation?

The reservation for the Maratha community was challenged in the Bombay High Court on various grounds. *One of the grounds was that the Act creating the Maratha quota through a new category called 'SEBC' was unconstitutional because after the introduction of the 102nd Amendment, the State legislature had no power to identify any new backward class. Separately, a writ petition was also filed in the Supreme Court questioning the validity of the Amendment as it violated the federal structure and deprived the States of their powers. In this context, the court had to examine the validity of the Amendment.*

What were the rival contentions?

The crux of the issue was whether the State government's role in identifying backward classes had been denuded by the Amendment. *The Union government said Parliament's intent was only to create a Central List that would be applied only in the Central government and its institutions. It had nothing to do with the State Lists of backward classes or the State governments' powers to declare a community backward. Those who questioned it contended that the effect of the Amendment was that only the President, or the Union government, was authorised to make a list in relation to each State, and thereafter, any change in it would be made only by Parliament.*

How did the Supreme Court reach these conclusions?

Justice S. Ravindra Bhat, with two others concurring with him, adopted a literal interpretation of the 102nd Amendment, holding that there was no ambiguity in its drafting that warranted a "purposive interpretation". Writing for them, Justice Bhat cited three main reasons. One, the text was clear that the President alone could notify the list, and subsequent changes could be made only by Parliament by law. Two, the text was identical to the provisions governing the National Commission for Scheduled Castes and the procedure to identify SCs was exactly the same, which led to the conclusion that Parliament intended to "replicate" the same process for backward classes, too. Third, a definition clause was added to the effect that only a class found in the list notified by the President



under Article 342A was an SEBC. Further, the definition was for “the purposes of the Constitution”, which meant that it was to apply to the Constitution as a whole, including Article 15(4) and Article 16(4), which enable special provisions for backward classes, including reservation in public services, and are also implemented by the States. The Supreme Court’s judgment also drew on deliberations before a Rajya Sabha Select Committee that showed that the Centre had rejected suggestions from members who demanded that a specific clause be added saying that States would continue to have the power to identify SEBCs. Justice Ashok Bhushan, with another judge agreeing with him and constituting the minority on this point, accepted the Union government’s position that it was never its intention to deprive the States of their powers. They held that the ‘Central List’ was only for use by the Centre in reservations for jobs and institutions under the Union government, and will not apply to States.

What next?

The Supreme Court has directed the Centre to notify the list of SEBCs for each State and Union territory, and until it is done, the present State Lists may continue to be in use. The Centre may either comply with this or seek to further amend the Constitution to clarify the position that the 102nd Amendment was not intended to denude the States of their power to identify SEBCs.

TV ACTOR BOOKED FOR CASTEIST REMARK IN VIDEO

Taarak Mehta Ka Ooltah Chashmah actor Munmun Dutta aka “Babita Ji” has been booked under the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act for an alleged casteist slur in a recent video. The FIR has been registered at Haryana’s Hansi. Superintendent of Police (Hansi) Nitika Gahlaut confirmed that the case was registered at City police station under Section 3(1)(u) of the SCs and STs Act. The case was registered on Thursday, said the police. The FIR was registered following a complaint by Rajat Kalsan, convener of National Alliance for Dalit Human Rights. Mr. Kalsan complained against the actor on May 11 and also produced a compact disc with the video in which Ms. Dutta allegedly made objectionable comment against the SC. Ms. Dutta, in a make-up video, said *she wanted to look good and referred to a particular Scheduled Caste to say that she did not want to look like them. “Munmun Dutta has uttered the name of the Scheduled Caste with the intention to insult the entire Dalit community.* The video has been released on an Instagram profile with lakhs of followers. My community members and I have been hurt on watching the video,” said Mr. Kalsan. Ms. Dutta, following the controversy, apologised in a post on her Instagram profile three days ago, *attributing it to “language barrier” and saying that she was “genuinely misinformed about the meaning of the word”.* “I sincerely would like to apologise to every single person who has been unintentionally hurt,” said the post.

ANTICIPATORY BAIL IN RAPE CASE: HC SAYS ‘INSISTENCE’ CAN’T BE SEEN AS ‘COERCION’

Granting anticipatory bail to Mumbai-based journalist Varun Hiremath in the rape case registered against him by the Delhi Police in February, the Delhi High Court Thursday said that insistence (on part of the accused) cannot be construed as coercion or fear. “As noted in the statement of the prosecutrix... though she stated ‘no’ to the sexual intercourse, however on the insistence of the petitioner (Hiremath), she took off her clothes on her own. Insistence cannot be construed as coercion or fear,” said Justice Mukta Gupta in the order. The court also noted that for oral



intercourse, the woman said she kept shaking her head “which meant ‘no’”, and that while she agreed to vaginal intercourse with condom, she had said that in her mind, she thought she didn’t want it. “What was going on in the mind of the prosecutrix would not be known to the petitioner,” observed the Bench. The court said that the mandate of Section 90 of the IPC is that the accused must know that consent is under fear of injury or misconception of facts. “In the circumstances, as the prosecutrix continued participating in the acts on insistence... what was going on in her mind was conveyed to the petitioner or not is an issue required to be determined in trial,” the order said. However, the court said, the act of booking a hotel room and going to the hotel room with the accused, undoubtedly, did not amount to consent. “It is also well settled that if at any stage the prosecutrix states ‘no’ to the act, the other person cannot commit any further act,” reads the order. Hiremath was granted interim protection from arrest by the court on April 9 and later joined the investigation. The court had held an in-camera hearing in the case and reserved the order on April 19. Hiremath, an anchor with ET Now, had gone missing after the FIR was registered against him on February 23 by the woman, claiming he had raped her at a five-star hotel in Chanakyapuri three days earlier. The complaint was filed under IPC Sections 376 (punishment for offence of rape), 342 (punishment for wrongful confinement) and 509 (word, gesture or act intended to insult the modesty of a woman) at the Chanakyapuri Police Station. The woman had repeated the charges in a statement before the magistrate. Hiremath’s application for anticipatory bail was dismissed by a lower court on March 12 and a non-bailable warrant was issued against him. After the High Court granted him protection from arrest subject to his joining the investigation, Hiremath had come out of hiding and appeared before police. Hiremath has argued that he has been falsely implicated and whatever took place between him and the woman was consensual. The Delhi Police argued in court that consent given under fear cannot be read to be ‘consent’ under Section 375 of the IPC (that defines rape). While declining pre-arrest bail to Hiremath, the lower court had observed that “from her previous experiences with the accused, consent cannot be implied” as Section 53A of the Indian Evidence Act specifically states that “previous sexual experiences with any person shall not be relevant on the issue of such consent or the quality of such consent”. The FIR states that the woman and Hiremath, who were friends since 2017, met at a cafe in Khan Market, and the accused asked her to come to his hotel room, where multiple incidents of sexual assault and violence allegedly took place.

RAJYA SABHA SECRETARIAT TO KHARGE: NO VIRTUAL MEETS OF STANDING COMMITTEES

Days after Leader of Opposition in Rajya Sabha Mallikarjun Kharge wrote to Chairman M Venkaiah Naidu urging him to allow virtual meetings of parliamentary standing committees, the Rajya Sabha Secretariat is learnt to have replied to him turning down his plea. Requests to allow virtual meetings of the standing committees were turned down last year as well by Rajya Sabha Chairman Naidu and Lok Sabha Speaker Om Birla on grounds that virtual meetings would *violate the confidential nature of such meetings and that any change to the norms require approval by Parliament.* Sources said a joint secretary level officer has replied to Kharge, referring to the decision taken by the presiding officers last year. *Naidu and Birla discussed the issue following Kharge’s letter and demands by many opposition leaders for allowing virtual meetings of standing committees, the sources said.* On Thursday, *Adhir Ranjan Chowdhury, chairman of the Public Accounts Committee, also wrote to the Speaker with the same demand. According to sources, the letter by the Rajya Sabha Secretariat points out that the Chairman and Speaker had decided last year, during the first wave of the pandemic, to refer the issue of allowing virtual meetings of parliamentary panels to the*

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Committee on Rules in both Houses. The Committee on Rules, however, did not take up the matter for discussion since Committees started physical meetings as the lockdown restrictions gradually eased in the second half of last year. Sources said the Rajya Sabha Secretariat has told Kharge that meetings of the committees can be considered “shortly” once the situation improves. As for the confidentiality issue, it is learnt to have said that the matter can be resolved during the session as any amendment to the Rules can be approved by the Houses “only after the matter is considered by the Rules Committees”.

OUT OF LINE

There is little doubt that West Bengal Governor Jagdeep Dhankhar’s visit to areas hit by post-poll violence in Cooch Behar constitutes a grave transgression of the bounds of constitutional propriety. A habitual critic of the Mamata Banerjee regime, he has been given to ignoring the principle that constitutional heads should not air their differences with the elected regimes in public. As recently as December 2020, Ms. Banerjee had appealed to the President to recall the Governor for political statements that she believed were being made by him at the behest of the BJP-led Union government. One would have thought that a fresh election, in which Ms. Banerjee’s TMC has won a resounding victory, would be a reminder, if one was needed at all, that the norms of representative government ought to be a natural restraint on Mr. Dhankhar’s gubernatorial propensity to speak out of turn and step out of line. There was a time when another West Bengal Governor, Gopalkrishna Gandhi, came in for some criticism for setting aside the restraints of constitutional office by expressing “cold horror” at the police firing that left 14 protesters dead at Nandigram in 2007. Some may believe that the gubernatorial office ought not to be an impediment to the incumbent yielding to the moral urge to condemn incidents of rare enormity. Yet, the larger principle that the Governor should not offer public comment on situations best handled by the representative regime ought to hold good in all circumstances. In the case of Mr. Dhankhar, what worsens his persistent criticism of the TMC regime is the unfortunate congruency between his words and the interests of the BJP. His visit to Cooch Behar can be seen as an action louder even than his words in derogation of the elected regime. A visit to a scene of violence by the Governor cannot be justified as a gesture to show solidarity with victims. M. Channa Reddy, as Tamil Nadu Governor, shocked the AIADMK regime in 1993 by visiting the RSS headquarters in Chennai after a bomb exploded there. It may be argued that the present situation in West Bengal is different from those in which other Governors had shed the restraints of their office. Post-election violence is something that should not be witnessed at all in an electoral democracy. West Bengal is certainly out of step with the rest of the country in allowing post-poll celebrations to degenerate into triumphalism and attacks on the losing side. Yet, the onus is on Ms. Banerjee to restore order and end the violence, even if she believed that the extent of the violence was being exaggerated by the Opposition. Regardless of one’s view of a regime’s inaction, there should be no departure from the principle that any advice or warning the Governor wants to give to the elected government ought to be in private and in confidence.

A PARTISAN SIGNAL

The Union Home Ministry’s decision to have commandos from central agencies such as the CRPF and CISF guard the 77 BJP MLAs in West Bengal — a blanket cover to all elected members of a single party in a state — sends out disturbing signals. The decision, ostensibly taking into cognisance a

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report prepared by central security agencies and inputs of a high-level fact-finding team of officers sent to the state by the ministry in the wake of post-poll violence, undermines the spirit of a federal constitutional framework. *Law and order is a state subject.* There is a newly elected government in West Bengal and the state police is duty-bound to protect all citizens, including the Opposition MLAs. *The Centre's unilateral move, with no case-by-case assessment of security threat, and without taking the state's consent, is clearly meant as a show of the Centre's might, and a provocation directed against a government led by Mamata Banerjee's TMC, which has just won a resounding mandate after fending off the BJP's challenge.* Even as the post-poll violence shows that Bengal's new government has work to do in securing the peace for all, including and especially for the TMC's political opponents, the Centre's move points to a BJP unwilling to fully respect the people's verdict. In this West Bengal election, the BJP campaign was led by the Prime Minister and included prominent Union ministers. The grand mobilisation framed a clash of personalities — the battle for Bengal morphed into a Narendra Modi versus Mamata Banerjee fight, and the cadres took their cue, turning it into a do-or-die confrontation on the streets. *Now that elections are over, both parties should sober down and let the rhythms of governance take over.* To begin with, the onus is on Chief Minister Mamata Banerjee to ensure that law and order is restored and that the state police follows the rulebook and acts impartially. *Her government needs to probe the violence that followed the results — at least 14 people were killed — and act against perpetrators, irrespective of their political affiliation. But the Centre also has its task cut out for it. Amid a public health emergency, it must engage with the West Bengal government, and lend it a hand.* This is the time for the Centre and state to fight together against the virus. There is no time to be churlish or show down a political opponent.

AS BENGAL FARMERS GET PM-KISAN CASH, RECALLING TUSSLE OVER SCHEME

When Prime Minister Narendra Modi released Rs 20,667 crore as the eighth installment of payouts under PM-Kisan on Friday, among the over 9.5 crore beneficiaries across the country were more than 7 lakh farmers in West Bengal. *This was the first time that Bengal farmers received this benefit; the state had thus far stayed away from the central scheme.* A total Rs 281.58 crore was transferred to the bank accounts of 7,03,955 Bengal farmers on Friday as two installments for December-March 2020-21 and April-July 2021-22. On Thursday, *Chief Minister Mamata Banerjee had demanded Rs 18,000 for each farmer, in keeping with the promise made by Modi during the Assembly election campaign.*

PM-Kisan scheme

The Pradhan Mantri Kisan Samman Nidhi (PM-Kisan) is a 100 per cent centrally funded scheme under which Rs 6,000 is transferred in three equal installments to eligible farmer families in a year. Though the scheme was announced in the General Budget (Interim) for 2019-20 ahead of Lok Sabha elections, it was implemented from December 1, 2018, when the first installment for December-March, 2018-19 was released.

How the scheme works

The money is transferred to bank accounts of beneficiaries through the Direct Benefit Transfer (DBT) mode. According to scheme guidelines, state governments are required to send “correct and verified data of farmers”, which State Nodal Officers (SNOs) authenticate and upload to the



scheme portal in batches. Based on the verified data, SNOs sign the Request For Transfer (RFT), with the total number of beneficiaries. The Public Finance Management System (PFMS) then issues a Fund Transfer Order (FTO), based on which the Department of Agriculture, Cooperation & Farmers' Welfare in the central Ministry of Agriculture & Farmers' Welfare issues the transaction order for the mentioned amount. The money goes to the State Nodal Account maintained at a sponsor bank (in the case of Bengal, it is the State Bank of India), and the SNO gives a letter of authority to the bank manager to auto debit the PM-Kisan amount and credit it to the accounts of eligible farmers.

Centre vs West Bengal

The West Bengal government had demanded that the money be given to the state to distribute to farmers. It went slow on providing the list of beneficiaries, and did not designate an SNO until a few days before the Model Code of Conduct came into force (on February 26). As the high-stakes Assembly election approached, this became a political issue. The Chief Minister and Union Agriculture Minister Narendra Singh Tomar wrote to each other on more than one occasion. BJP leaders, including the Prime Minister, accused the Trinamool Congress of depriving farmers of benefits offered by the Centre, while the TMC said the state government had already done the needful, and accused the Centre of delaying the funds. Meanwhile, *of the 69 lakh farmers estimated to be eligible for PM-Kisan benefits by the Agriculture Ministry, some 41 lakh had registered themselves on the scheme portal.* About 14 lakh among them had been verified by the state government, and about half that number were cleared by the PFMS to receive the benefit. On the day after the TMC's thumping election victory, Tomar again wrote to Banerjee, complaining that "the state government is yet to approve the auto debit facility to transfer the money directly into the accounts of beneficiaries". A day later, on May 4, the West Bengal government authorised SBI to make the automatic debits. Banerjee then wrote to Modi, requesting him to advise the Agriculture Ministry to release funds under the scheme to the eligible beneficiaries. At a press conference on May 6, the Chief Minister said: "I hope the funds...will be released soon. They said Rs 18,000 will be given to each farmer. Five months ago we uploaded the names of recipients on the central government's portal and made all arrangements." On Friday, an Agriculture Ministry official said farmers of Bengal had received two installments because the state government had sent the data of farmers during December-March, 2020-21. Once the state sends the list of remaining eligible farmers, they would get their money in the next cycle of payment, the official said.

The sum involved

From the beginning of PM-Kisan in 2018-19 to the seventh installment released in December 2020, Rs 1.16 lakh crore had been transferred into the accounts of 10.82 crore eligible farmers under the scheme. On Bengal, Agriculture Minister Tomar had said: "Had the state government decided to join the scheme from the beginning, about Rs 9,660 crore would have been transferred to the accounts of farmer families until now."

RIDING ON DIRECT PAYMENT, PUNJAB WHEAT PROCUREMENT HITS NEW HIGH

In the midst of the second coronavirus surge and the agitation by farmers against agricultural laws that has been now on for five months, *Punjab has surpassed all previous records in wheat*

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procurement for the rabi season. Government agencies have procured 132.08 lakh metric tonnes of wheat, 2 lakh metric tonnes more than the target set by the state, with more than 9 lakh farmers receiving over Rs 23,000 crore directly into their bank accounts. It was the first time in Punjab that farmers were paid directly instead of through arhtiyas or middlemen. At 34 days, this rabi marketing season, that began on April 10 and ended Thursday, was 12 days shorter than last year. Food Corporation of India records show that this is the highest wheat procurement in Punjab's history. The number was under 100 lakh metric tonnes till 2009-10. At over 9 lakh, the number of farmers who came with their grain to mandis this year is also higher than the figure of 8.8 lakh last year. While the procurement was lesser in the Malwa region, the epicentre of the farmers' agitation, the jump in Doaba and Majha made up for it. In fact, the districts that saw lesser procurement compared to last year slightly outnumbered those that saw higher. Incidentally, *the higher procurement was despite a slightly lesser yield. While the weather was largely favourable, an unusually warm March meant the average was 49 quintals per hectare compared to 50.04 per hectare last year.* Ravi Bhagat, Director, Department of Punjab Food Supply and Consumer Affairs, said direct payment into the accounts was one of the main reasons for this. "The government has registered farmers on the Anaj Kharid portal and the money was credited into their accounts, not those of arhtiyas... Punjab has also become the first state where the J form that carries the details about the crop a farmer sells to the government is included in the Digilocker. He is not dependent on a middleman for getting the J form." Bharatiya Kisan Union (Dakaunda) leader Jagmohan Singh also said that one of the important reasons more wheat came to mandis was direct payment of MSP into accounts, which meant farmers went there instead of to flour millers. A Punjab Mandi Board official said the other reason was that farmers sitting on dharna also wanted to take advantage of the MSP (Rs 1,975 per quintal), believing it may not last. According to him, more wheat also landed in government mandis due to lesser private players in the market due to Covid.

ASSAM NRC AUTHORITY SEEKS REVERIFICATION OF CITIZENS' LIST

The Assam National Register of Citizens (NRC) authority has approached the Supreme Court seeking a comprehensive and time-bound re-verification of the citizens' list, highlighting "major irregularities" in the process. The interlocutory application by State NRC Coordinator Hitesh Dev Sarma also prays for the deletion of illegal voters from Assam's electoral rolls besides the revision of the draft NRC and a supplementary list under a relevant clause of the Schedule of Citizenship (Registration of Citizens and Issue of National Identity Cards) Rules, 2003. The notification for starting the Supreme Court-monitored exercise to update the 1951 NRC in Assam was issued in December 2013. The final draft published in August 2019 had excluded 19.06 lakh out of 3.3 crore applications for lack of adequate documents establishing them as Indian citizens. The NRC Coordinator filed the application on May 8, two days before newly-appointed Chief Minister Himanta Biswa Sarma said the BJP-led government favoured 10-20% re-verification of the citizens' list. Highlighting that the final NRC is yet to be published by the Registrar General of India, the application states that some "issues of substantive importance" cropped up while preparing the rejecting slips, thus delaying the process. Each of the 19.06 lakh people left out of the draft NRC are required to approach the nearest Foreigners' Tribunal within 120 days of receiving a rejection slip for weighing their citizenship claims. Highlighting some "glaring anomalies", the plea admits the NRC process helped create a "huge digitised database of NRC of 1951 and the electoral rolls of Assam up to 1971, as also the digitised details of NRC applicants".



The CM wants up to 20% re-verification in the NRC for areas bordering Bangladesh and 10% for interior areas; and the Supreme Court's guidance on the issue if discrepancies are found. *The BJP's evasive position on the Citizenship (Amendment) Act, which Assamese nationalists fear will open a floodgate of Bengali Hindus into the State besides granting citizenship to those who are already there, has been successful as an electoral strategy this time.* That it is a central law and the State has little to do with it is technically correct, but it is disingenuous for a party that is in power at both levels. The BJP has been riding a tiger on the citizenship question. The party must use its fresh mandate in Assam as an opportunity to refresh its approach towards peoples and their movements in the northeast with compassion and realism.

HIMANTA TO TAKE OVER AS ASSAM CM TODAY

Himanta Biswa Sarma, the face of the BJP in Northeast India, will be sworn in on Monday as the 15th Chief Minister of Assam. Dr. Sarma and the outgoing Chief Minister, Sarbananda Sonowal, met Governor Jagdish Mukhi on Sunday afternoon and put forward the BJP's claim to form the government. Earlier, Mr. Sonowal submitted his resignation to the Governor, paving the way for his younger colleague to succeed him. Both leaders had cut their political teeth in the All Assam Students' Union. The BJP won 60 of the 126 seats in the Assam Assembly election. Its allies, Asom Gana Parishad (AGP) and United People's Party Liberal (UPPL), won nine and six seats, respectively. Earlier in the day, Mr. Sonowal proposed the name of Dr. Sarma as the Chief Minister at the BJP Legislature Party meeting, ending a week of speculation over who would take charge of the new government. BJP State president Ranjeet Kumar Dass and MLA-elect Nandita Garlosa seconded the proposal. The AGP and the UPPL too extended support. The BJP's central leaders Narendra Singh Tomar, B.L. Santosh, Arun Singh and Baijayant Panda attended the meeting. "A few MLAs of our party and the two allies will be sworn in as Cabinet Ministers along with Dr. Sarma around noon. Others will be sworn in later," Dilip Saikia, Lok Sabha member, said. Party insiders said Dr. Sarma was likely to keep the Finance, Health and Home portfolios with him. He handled Finance and Health in the Sonowal government as also in the Tarun Gogoi-led Congress government earlier. Mr. Sonowal said he was confident of Dr. Sarma leading Assam well and strengthening the BJP. "We managed to ensure peace, progress and security because of which the people re-elected us. I have the faith Himanta will serve people honestly and fight corruption," he said, urging the MLAs to stay united. Mr. Sonowal had on Friday said he has no immediate plans to move to the Centre and would be happy to serve his constituency Majuli as an MLA. Dr. Sarma said Mr. Sonowal's "spotless tenure" was a factor in the first non-Congress government managing to retain power in Assam. He also credited the electoral victory to Prime Minister Narendra Modi's vision for the northeast. "Mr. Sonowal was our leader and he will remain so. We will march ahead by following the road he showed us," Dr. Sarma said. "I promise the value-based politics will remain in our endeavour to become one of the five best States in India," he said. The oath-taking ceremony on Monday would be held at the Srimanta Sankaradeva Kalakshetra on the southern edge of Guwahati. "The ceremony will be organised with adherence to COVID-19 protocols," Biswajit Pegu, the Deputy Commissioner of Kamrup (Metropolitan), said.



THE SCIENCE TEACHING AND RATIONALITY INDIA NEEDS (KRISHNA KUMAR - FORMER DIRECTOR OF THE NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING AND THE AUTHOR OF 'EDUCATION, CONFLICT AND PEACE')

A speeding autorickshaw driver once told me that slowing down might not be very useful to avoid an accident. He was responding to my unease, sitting behind him, feeling helpless about the consequence I might have to face on account of his reckless manoeuvres, especially at turns and roundabouts. He agreed to slow down because I asked him to, but he was not convinced that it would help avoid an accident. I was intrigued to hear this view and asked him to elaborate. He said that if another vehicle was going to collide with him in the coming few minutes, speeding might save you from that collision. The collision itself was a matter of destiny, not chance, for him and his logic was based on that perception. He wanted to persuade me to realise that an accident is something inevitable. When it is to happen, it will happen. Therefore, slowing down might invite it as much as speeding would. In academic parlance, this kind of logic has long been regarded as an expression of fatalism. This label does not allow nuances to be recognised in what is a broad framework for making sense of human life and its encounters with sudden changes, especially tragedies. Recalling this autorickshaw driver's logic has helped me to make sense of arguments given in the context of diseases such as malaria and typhoid. When it comes to malaria, whether you get it or not depends on your ability to avoid being bitten by a mosquito. Of course not every mosquito, and not every bite, can cause malaria, but avoiding the proliferation of mosquitoes does prevent the chances of being infected by the parasite that causes malaria, carried by mosquitoes. Malarial mosquitoes breed in stagnant water, and that is where the imperative of avoidance begins.

Logic of avoidance

For many decades now, schoolchildren have scored marks by giving the correct answer to the question, 'How can mosquitoes be stopped from breeding in our neighbourhoods?' It is a rare school that gives children a task of going around noticing stagnant puddles formed during the rainy season containing visible mosquito larvae. The standard textbook line of action is to spread kerosene on stagnant water. That is what municipal workers supposedly do, and that is what is taught in the lesson on the services that municipalities provide. As the pedagogic calendar goes, once a lesson has been delivered and the test based on it taken, there is no reason to recall its content in the later parts of the year, except for the final examination. So, if malaria, dengue and chikungunya persist during the long autumn and winter months, it is unlikely that a teacher will relate them to the lesson taught earlier on mosquito prevention. Thus, while mosquitoes are avoidable, the diseases they cause take on an inevitable character, quite different from the inevitability that my autorickshaw driver was associating with an impending accident. Before the advent of antibiotics, typhoid fever and jaundice were life-threatening, and especially in the case of children. Doctors knew that it was possible to prevent both these diseases by avoiding contaminated water. And this could be done by boiling drinking water. But more usually, boiling of water only started after someone had been diagnosed as suffering from typhoid, or from jaundice. In any case, boiling was cumbersome and expensive. Along with antibiotics, water purifying devices and bottled water have distanced us from the grim experiences associated with water-borne diseases prevalent before the 1970s. Common diarrhoea is still a threat to the life and health of babies. Instead of preventing it by ensuring the supply of clean water in all



geographical locations, India as a nation has ended up addressing the problem of drinking water by popularising personalised devices.

No public systems

The absence of public systems has proved costly both in health and in education. The teaching of science from the primary levels was a major policy initiative taken in the early decades of Independence through which the welfare state hoped to create general awareness on crucial matters of disease prevention and health. But the teaching of science is more than talking about science and telling students what ought to be done. In the case of boiling water, for example, it is hardly enough to say that high temperatures kill microbes. To achieve the belief that it actually does, one needs to see microbes with one's own eyes. For an overwhelming majority of children, our system of education fails to provide them this kind of experience, even at the higher secondary level. The idea that boiling purifies water remains a matter of giving the correct answer in the examination, rather than a belief based on evidence seen through a microscope. This can hardly be described as a failure of education, because the seed of a capable public system was never sown, and, therefore, we could hardly expect a harvest. The novel coronavirus crisis has fully revealed the price that the neglect of education and health has wreaked.

COVID compulsion

Just this week I had the opportunity to talk to a city-based rickshaw puller who had booked a seat in a private bus which would take him to his native village in Uttar Pradesh. When I asked him why he was going, he gave me the obvious answer I had expected, referring to the sheer inadequacy of income to sustain himself in the city. But then he mentioned another reason why he had to go urgently, and this had to do with a wedding in the village. He had to attend it, he said, otherwise his relatives would feel upset with him. It did not help our conversation when I alluded to the risk of him contracting the novel coronavirus while travelling in a bus and later attending a wedding ceremony. He was not particularly interested in my concern that he must take every precaution, and especially make sure that he did not remove his mask during the journey and during the wedding ceremony. His response to my concern for his well-being reminded me of what the autorickshaw driver had said many years ago, namely, that the inevitable cannot be avoided. In this case, the inevitable was hardly a matter of fate. In fact, it is the wedding that was inevitable and therefore unavoidable, even if it posed the risk of getting sick. My interlocutor also shared with me the feeling that the pandemic is mainly in the big cities and that villages are free of it. Apparently, despite being on WhatsApp, he had not heard about the surge currently being witnessed across rural parts of northern India. But the most interesting part of this conversation had to do with the mask. If the mask, a bit like boiling water, prevents an invisible microbe from entering the human body, it is a matter of faith for someone who has no idea of the world of invisible pathogens.

The mask and the citizen

We may wonder why several western countries, where education is supposedly better, also failed to convince their citizens to wear masks. This argument is based on a positive stereotype of the West. Looking more closely at different countries that comprise the West, one noticed sharply differentiated levels of the quality of their school science. Over the last half century, some of the



richest countries have allowed science at school to decline. India's education system, which was already impoverished, suffered severe cutbacks under the repeated waves of lopsided economic reforms. New norms of public financing have undermined science teaching, robbing ordinary citizens of the intellectual resources they might have acquired during childhood. But science teaching alone cannot create miracles. For science to mean anything, a rational social environment is needed. Moreover, for science to acquire meaning during school life, it is important that children grow up in an ethos where dissent and debate are encouraged. It is obvious that the benefits of science and its teaching do not accrue when the democratic order, and the institutions on which it is based, are not in good health.

HOW TO ADOPT A CHILD LEGALLY (ANIL MALHOTRA - LAWYER, AUTHOR, LEGAL ANALYST AND AN IAFL FELLOW)

Profiteering from child trafficking rackets knows no bounds. Today, some people are offering infants for instant adoption by selling sob stories of how the children have lost their parents to the dreaded virus. These unscrupulous people target gullible persons who fall into the trap, little realising that such adoptions are illegal. The lack of inputs for proper procedures for legal adoption and hasty sentimental considerations are exploited for exorbitant sums of money. Tough times call for tough measures. This business of criminal trading of children must be checked with an iron hand.

Protection granted by the law

According to UNICEF, India has over 30 million orphan and abandoned children. Unfortunate parental deaths added unknown numbers of orphans to the list. Many children escaped monitoring by the official machinery due to the breakdown of systems. *The Juvenile Justice (Care and Protection of Children) law was enacted in 2015. The Juvenile Justice Rules of 2016 and the Adoption Regulations of 2017 followed to create the Central Adoption Resource Authority (CARA) as a statutory body for the regulation, monitoring and control of all intra-country and inter-country adoptions. Furthermore, CARA became pivotal in granting a 'no objection' certificate for all inter-country adoptions, pursuant to India becoming a signatory to the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoptions. India is also a signatory to the UN Convention on the Rights of the Child. Thus, protections afforded to children became a legal mandate of all authorities and courts.* Laws were enacted. Machineries and mechanisms created were put in place. The Juvenile Justice Act is a secular law. *All persons are free to adopt children under this law. However, persons professing the Hindu religion are free to adopt under the Hindu Adoptions and Maintenance Act of 1956. Rehabilitation of all orphaned, abandoned and surrendered children is regulated by the strict mandatory procedures of the Adoption Regulations. Children of relatives can also be adopted under the Juvenile Justice Act, if desired.* Only such children declared legally free for adoption under the Juvenile Justice Act by prescribed procedures can be adopted. Any person or organisation offering or receiving such children for adoption in violation of the Juvenile Justice Act and the Adoption Regulations invites punishment up to three years and a fine of ₹1 lakh, or both.



HER DUE OPPORTUNITY

The woman voter can give a decisive edge to electoral outcomes. That has been evident for a while now in the sharp rise in women voter turnouts in state and national elections. In the 2019 Lok Sabha elections, the percentage of women who turned out to vote marginally outstripped men for the first time. Now, the woman voter and her choices are in focus again, after the West Bengal elections, in which India's only woman chief minister at present, Mamata Banerjee, successfully fended off an aggressive challenge from the BJP's electoral machine with a campaign that highlighted the delivery of welfare schemes, many of them targeted at women, and her identity as a "daughter" of the state. Women have been a mainstay of Banerjee's support base in past elections; and analysis of the 2021 verdict suggests that 50 per cent women voted for Trinamool Congress compared to 37 per cent support for the BJP (Lokniti-CSDS). Much of the election analysis that predicted a closer fight in Bengal might have discounted this so-called "silent" vote. In the Bihar assembly election last year, too, Nitish Kumar's welfarist appeal to women is believed to be a factor in the victory of the BJP-JD(U). Among the many factors that account for the popularity of Prime Minister Narendra Modi, an undeniable one is his success in turning women voters into beneficiaries of schemes that provide gas cylinders, toilets, and bank accounts. But while leading political parties are attempting to tailor their electoral pitch to women as voters — the demand for wages for housework came from Tamil Nadu's political parties in this election — they have refused steadfastly to make more room for women as leaders and politicians. In these elections, for instance, women constituted only 10.4 per cent of candidates, and 8.5 per cent of MLAs. In the larger scenario, not only has the demand for 33 per cent reservation for women in Parliament been sent to a deep freeze, political parties have done little to remove the structural barriers that stop more women from taking up roles in public life. These include male-dominated party structures, the use of muscle and money power, and rampant misogyny, evident in alarming levels in the Bengal BJP's campaign. Indeed, the "silence" of the woman voter demands more gender-sensitive frameworks that can account for their political aspirations. But, more importantly, the gap between their assertion as voters and Indian democracy's appalling record on political representation is unsustainable. It needs urgent action from all stakeholders.

HOW SACHIN WAZE WAS DISMISSED WITHOUT DEPARTMENT PROBE

Suspended police officer Sachin Waze, arrested by the National Investigation Agency (NIA) in connection with the Mukesh Ambani terror scare case, was dismissed from service by Mumbai Police Commissioner under *Article 311 (2) (b)* without a departmental enquiry.

Why was former cop Sachin Waze dismissed from service without departmental enquiry?

After Waze was arrested by the NIA in March in connection with his role in the Ambani terror scare case and subsequent murder of Mansukh Hiran, he was suspended. On May 11, Mumbai Police Commissioner Nagrale dismissed him for service under Article 311 (2)(b) of the Indian Constitution. *While Article 311 is meant to act as a safeguard for civil servants that gives them a chance to respond to the charges in an enquiry so that he/she is not arbitrarily dismissed from service, the article also provides exceptions to these safeguards under subclause 2 provision b.* It states "when an authority empowered to dismiss or remove a person or to reduce him in rank is satisfied that for some reason, to be recorded by that authority in writing, it is not reasonably



practicable to hold such enquiry". In Waze's case, Nagrale wrote that he was the competent disciplinary authority and was satisfied that holding a departmental enquiry against Waze "will not be reasonably practicable."

What are the safeguards that article 311 provides civil servants?

Article 311 says that no government employee either of an all India service or a state government shall be dismissed or removed by an authority subordinate to the own that appointed him/her. Section 2 of the article says that no civil servant shall be dismissed or removed or reduced in rank except after an inquiry in which s/he has been informed of the charges and given a reasonable opportunity of being heard in respect of those charges.

What is the process of a departmental enquiry?

In a departmental enquiry, after an enquiry officer is appointed, the civil servant is given a formal charge-sheet of the charges. The civil servant can represent himself/herself or choose to have a lawyer. Witnesses can be called during the departmental enquiry following which the enquiry officer can prepare a report and submit it to the government for further action.

Are there other exceptions where a person can be dismissed without departmental enquiry?

Yes. As per Article 311 subclause 2 provision a, if a government employee is convicted in a criminal case, he can be dismissed without DE. Apart from this, under 311 (2) (c), a government employee can be dismissed when the President or the Governor, as the case may be, is satisfied that in the interest of the security of state it is not expedient to hold such an enquiry, the employee can be dismissed without DE.

Are 311 (2) sub sections used frequently?

They are invoked in exceptional circumstances. But the Jammu & Kashmir administration recently set up a Special Task Force (STF) to "scrutinise cases of employees suspected of activities requiring action under article 311(2)(c). The order dated April 21 further tasks the STF headed by ADG (CID) J&K to "compile records of such employees, wherever necessary and to the committee constituted by the government". Three government employees, including two teachers, have already been fired. The move has been opposed by rights activists.

Can the dismissal under section 311 (2) be challenged by the government employee?

Yes, the government employee dismissed under these provisions can approach either tribunals like the state administrative tribunal – in Waze's case it would be the Maharashtra Administrative Tribunal — or Central Administrative Tribunal (CAT) or the courts.

186 ELEPHANTS KILLED ON RAIL TRACKS IN OVER 10 YEARS

A total of 186 elephants were killed after being hit by trains across India between 2009-10 and 2020-21, according to the Ministry of Environment, Forest and Climate Change (MoEFCC). According to the data furnished by the Project Elephant Division of the Ministry, Assam accounted for the highest number of elephant casualties on railway tracks (62), followed by West Bengal (57), and Odisha (27). Uttar Pradesh saw just one death. Trains claimed the highest number of

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pachyderms in 2012-13, when 27 elephants were killed in 10 States as per the data accessed by activist R. Pandiyaraja from Tenkasi district in Tamil Nadu through the Right to Information (RTI) Act. K. Muthamizh Selvan, Scientist 'D' and Central Public Information Officer (Project Elephant), said in the RTI reply that various measures had been taken to avoid elephant casualties on railway lines. According to the Ministry, a Permanent Coordination Committee was constituted between the Ministry of Railways (Railway Board) and the MoEFCC for preventing elephant deaths in train accidents.

Key measures

The formation of coordination committees of officers of Indian Railways and State Forest Departments, clearing of vegetation along railway tracks to enable clear view for loco pilots, using signage boards at suitable points to alert loco pilots about elephant presence, moderating slopes of elevated sections of railway tracks, setting up underpass/overpass for safe passage of elephants, regulation of train speed from sunset to sunrise in vulnerable stretches, and regular patrolling of vulnerable stretches of railway tracks by frontline staff of the Forest Department and wildlife watchers are among other initiatives the Ministry has undertaken. The MoEFCC also stated that it released ₹212.49 crore to elephant range States under Centrally Sponsored Schemes (CSS) of Project Elephant to protect elephants, their habitat and corridors, to address man-elephant conflicts, and for the welfare of captive elephants, between 2011-12 and 2020-21. Kerala stood at the top in getting CSS funds of ₹35.39 crore during the period. Punjab received the lowest of the funds — ₹ 1.82 lakh, according to the RTI document.

HOPE SOARS AS SECOND WORLD WAR AIRPORT IN ASSAM TAKES COMMERCIAL WINGS

An airport built for warplanes in 1939 took commercial wings on Saturday, heralding the best of times for western Assam's Dhubri district during the worst of times. Rupsi airport near Gauripur, about 15 km from district headquarters Dhubri, was one of South Asia's largest airports with a 1.8 km runway used by Allied aircraft for supplying arms, manpower and ammunition to forces in Burma and China during World War II. Rupsi is Assam's 7th airport and 15th in the northeast including Pakyong in Sikkim. Commercial flights were allowed later. India's Partition in 1947 began eroding the airport's importance. It was abandoned after the last flight — a Vayudoot from Dhubri to Guwahati — took off in 1983. "It feels nice to be a part of history, and I hope the service is sustained for the sake of a corner of Assam that lost its importance as the regional communication hub soon after Independence," Gauripur MLA Nizanur Rahman said. The All India United Democratic Front leader was one of the passengers who alighted from the 72-seater twin-engine turboprop touched down from Guwahati at 12.10 p.m. The flight took off for Kolkata at 12.40 p.m. and returned to Rupsi at 4.10 p.m. en route to Guwahati. Flybig, an Indore-based company, would be operating the Kolkata-Guwahati-Rupsi flight under the subsidised UDAAN scheme for regional connectivity. "Work on reviving the airport began in 2019. The return of the COVID-19 scare had dampened our spirits, but the flight happened despite the odds to make our hopes soar," Dhubri-based Bimal Oswal, the president of Rupsi Airport Revival Demand Committee told The Hindu. "Rupsi is vital not only for western Assam. It used to and again will cater to the people of western Meghalaya, Cooch Behar and Alipurduar districts of West Bengal and south-western Bhutan, besides fuelling small-scale industries," he said. Jyotirmoy Chakraborty, the committee's general secretary said they had been fighting for the airport for more than 15 years. "Dhubri used to be the gateway to the northeast



during the British area. It was a strategic river port (the Brahmaputra flows by Dhubri town) and an important stop on the pre-1947 railway line through present-day Bangladesh next door," he said. Partition virtually turned Dhubri into a prisoner of geography. The river port was closed after the India-Pakistan war in 1965 and the railway service suspended in 1988. The East-West Corridor connecting the northeast with India's "mainland" through Kokrajhar district to the east also reduced the dependence on the old highway via Gauripur. "Railway service resumed in 2011 after gauge conversion and the river port at Free India Ghat (Dhubri town) was revamped in 2018. We are now awaiting regular inland water service via Bangladesh, like in the pre-1965 days," Mr. Oswal said.

AMID CYBER RISKS, NO DATA STORAGE ON CLOUD SERVICES; ACTION IF LEAKAGE: DOT TO STAFF

With incidents of cyberattacks on government's official email ids and websites on the rise, *the Department of Telecommunications (DoT) has issued fresh instructions to its employees asking them not to store any official and classified information on private cloud services such as Google Drive, Dropbox, iCloud, and others. If any such information is stored on these private cloud services, the employee storing such data may be liable for penal action in case of a data breach, the DoT said in a communication to all its staff. Further, any kind of classified work must be "strictly be carried out only in a standalone computer which is not connected to internet", the DoT said. Employees have also been asked to avoid, when on officials tours, any mobile or internet-based service that requires their location, "unless it is necessary for discharge of office duties".* These instructions are a part of the DoT's instructions on best information security practices. Last year in July, the telecom department had written to all web portals and websites within its ambit to conduct a security audit and submit a compliance certificate as soon as possible. The Telecom Ministry had then also written to all other ministries and departments requesting them *to migrate their websites and web-portals to the 'gov.in' domain by August 31, 2020 if they had not done so already.* A similar letter was sent by DoT to all web portals and websites yielded no results. In that letter, dated October 7, the DoT had said that a security audit was necessary for the "robustness of information systems and associated networks". The letter was sent after the DoT was alerted that "data exfiltration" was taking place from one of the web portals of the ministry that did not have a valid cyber-security audit. *Data exfiltration occurs when a malware or a virus gains unauthorised access to any computer connected to a network.*

WHY WHATSAPP DEFERRED DEADLINE FOR USERS TO ACCEPT NEW PRIVACY POLICY

Global instant messaging platform WhatsApp on Friday deferred for now the May 15 deadline for users to accept its privacy policy. The Facebook-owned platform said that even those users who had not accepted the updated terms of services will not have their account deleted for now.

Why did WhatsApp defer the compulsory deadline for users to accept its privacy policy?

One of the main reasons for the deferment of the deadline could be that the new privacy policy of WhatsApp has been under a lot of fire from users, privacy activists and even the Ministry of Electronics and Information Technology (MeitY), which flagged the new policy as "invasive" and said that it enabled WhatsApp and other Facebook group companies to make "precise inferences about users". These fears triggered a small exodus of users from WhatsApp in early January, with



many either opting to download other instant messaging apps such as Signal and Telegram, and others deleting their accounts on WhatsApp. WhatsApp maintains that this was caused due to “misinformation” and that it would continue to reach out to people. It has also said that the update does not impact the privacy of personal messages for anyone. It has, however, deferred the deadline as it claims that “some people haven’t had the chance to do so yet”.

Why did the IT Ministry, users and privacy activists oppose the new policy?

While the users and privacy activists feared that with the new update they would have no privacy whatsoever left on the platform, the IT Ministry said that WhatsApp rolling out the update right before the data privacy law was scheduled to come in was not right. In an affidavit before the Delhi High Court, the MeitY had said that since the Supreme Court had placed upon it a responsibility to come out with a “regime on data protection and privacy”, which would “limit the ability of entities” such as WhatsApp to issue “privacy policies which do not align with appropriate standards of security and data protection”, WhatsApp must be stopped from rolling out the services. *The IT ministry had listed five points, such as the platform’s failure to specify the type of sensitive data being collected by it, the purpose for which it is being collected, failure to provide users an option to withdraw consent on data sharing retrospectively, and failure to guarantee non-disclosure by third parties.*

What’s next for WhatsApp in the privacy policy debate?

According to experts, WhatsApp is likely to choose one of two options. The platform will either roll back the privacy policy completely for now and come out with a new policy which will be more acceptable to users, privacy experts and the IT Ministry. The second option, experts said, is for the company to wait till the Personal Data Protection Bill is passed by the parliament and then make changes to its policy accordingly. “Given its vast user base here (in India), it is unlikely that WhatsApp will withdraw from this market. It is not only about WhatsApp. You also have Facebook and Instagram in the same family now,” a legal expert said, asking not to be named.

WhatsApp will not delete any account for not accepting its new privacy update, but users not agreeing to the controversial terms after “several weeks” will not be able to access their chat list, and eventually, will not be able to answer incoming phone or video calls over the app. Last week, the Facebook-owned company had said users not accepting its privacy policy update by its May 15 deadline will not face deletion or lose functionality of their accounts on the said date.

REFORMING MEDICAL EDUCATION (SOUMITRA GHOSH - ASSOCIATE PROFESSOR, TATA INSTITUTE OF SOCIAL SCIENCES)

India’s health systems have been confronting numerous challenges. In order to effectively address these challenges, our health systems must be strengthened. One of the critical building blocks of the health system is human resources. *The serious shortage of health workers, especially doctors, in some northern States is a major impediment for achieving the health-related Sustainable Development Goals. Health workers are critical not just for the functioning of health systems but also for the preparedness of health systems in preventing, detecting and responding to threats posed by diseases such as COVID-19.* If urgent action is not taken, the shortage will amplify and health systems will get further weakened. *The workforce crisis has been aggravated by the imbalances*



within the country. For instance, the doctor-population ratio in northern States is far short of the required norm, while the southern States, barring Telangana, have enough doctors in possession. There is also a general lack of adequate staffing in rural areas.

Shutting out the poor

These health system challenges will remain largely unaddressed with the government's market-oriented approach towards medical education. There is no denying that in order to meet the significant shortfall of qualified doctors in northern States, scaling up of medical education is warranted. However, certain proposals, such as the NITI Aayog's proposal of allowing private entities to take over district hospitals for converting them into teaching hospitals with at least 150 MBBS seats, may sound attractive but there are reasons to be deeply concerned. Through the implementation of such a policy, the private sector in medical education will be encouraged; it will also directly aid the corporatisation processes of healthcare provisioning while the under-resourced public health system will be a collateral damage. District hospitals are considered as the last resort for the poor. This will change. The corporatisation will make the services very costly and exclude them from getting care. Even from the perspective of producing more doctors to meet the shortages in under-served areas, this is unlikely to yield the desired result. Private players treat medical education as a business. Thus, it would shut the door on a large number of medical aspirants who would otherwise have a strong motivation to work in rural areas but do not have the means to finance themselves. Additionally, the medical graduates trained in such private sector 'managed' medical colleges will prefer to find employment in corporate hospitals and not in rural areas to regain their investment. Further, this proposal is not aligned with India's national health policy goals like achieving universal health care and health equity. Instead, it will widen health inequalities further. Solving doctor shortage, therefore, needs long-term thinking and commitment from the political leadership. The government should learn from previous cases of public-private partnerships (PPPs). In the past, contrary to the expectation that markets would help increasing access to primary and tertiary care for the poor through private players, the evidence supporting their effectiveness is very limited. In fact, many PPPs had to be shelved owing to the non-compliance of the agreement conditions by the private sector under which they were also supposed to cater to the non-paying patients.

A public good

An unfettered market approach or a regulated market with medical colleges that are publicly funded but privately operated, providing competition for traditional government medical colleges, is not the answer to the health workforce crisis. *Medical education is a public good as its purpose is to improve the population health and decrease disease burden. The pandemic has provided us an opportunity to make medical education a public good once again.* There should be a substantial step-up in public investment in medical education. By establishing new medical colleges, the government can increase student intake as well as enhance equitable access to medical education. Besides, it must allocate adequate financial resources to strengthen the overall capacity of existing medical colleges to enrich student learning and improve output.



GANGWAR UNHAPPY WITH U.P.'S COVID-19 RESPONSE

Union Minister of State for Labour and Employment Santosh Kumar Gangwar flagged concerns over the COVID-19 response in Uttar Pradesh in a letter to Chief Minister Yogi Adityanath on May 8. Mr. Gangwar complained that officers were not answering phone calls and patients were being forced to visit multiple facilities before being admitted to hospital. Mr. Gangwar participated in a review meeting in Bareilly, his Lok Sabha constituency, called by the Chief Minister on May 8, where, sources said, the letter with suggestions and complaints was handed over. In a tweet on Sunday, Mr. Gangwar said the Chief Minister met the elected representatives and officials of Bareilly to review the measures against the second wave of COVID-19. He made suggestions to improve the healthcare facilities.

'Cap prices of machines'

In the letter, Mr. Gangwar said vendors were selling essential equipment needed by hospitals such as ventilators at higher prices. He said the government should fix the prices. Mr. Gangwar wrote that it was important for COVID-19 patients to receive medical care as soon as possible, but he had come to know that when patients went to any government hospital, they were asked to first go to a district hospital and get a referral. The patients' oxygen levels kept dropping while they had to visit multiple places before being admitted, he wrote. Terming it a cause of concern, he asked the Chief Minister to address the issue. He said those who hoarded oxygen cylinders should be identified. Mr. Gangwar complained that "important" officers involved with the COVID-19 response in Bareilly did not answer phone calls, which was leading to "inconvenience" to patients. He suggested that all private hospitals in Bareilly cater to COVID-19 patients.

STATE ACTION

India's national positivity rate, or the proportion of tested cases returning positive, is around 21%. Moreover, 533 of the 734 districts have reported positivity greater than 10%. There are 26 States that had more than 15% positivity, nine with over 25% and 10 with 20%-25% positivity. Couple that with the faltering vaccination drive, and the picture is far from pretty. On April 12, India administered 3.7 million doses of vaccine and after April 26, it has failed to administer over 3 million doses a day. Ever since the vaccine drive was expanded to all adults over 18, on May 1, the maximum number of daily doses administered has been 2.4 million. *This, even as daily new cases added continue to be above 380,000 and deaths close to 4,000 a day. The oxygen crisis continues and the pandemic has now established itself in rural India in lethal proportions, with macabre reports of bodies surfacing in the Ganga in the stretch from Uttar Pradesh to Bihar. All of these point to the fact that there is a very large pool of those infected and prone to infecting those around, bringing up the question of whether a national lockdown should be reimposed. No fewer than 18 States have imposed various grades of lockdown or curfews.* Some only lay stress on shutting down marketplaces whereas others are more reminiscent of the curbs of March and April last year. These restrictions are expected to be in force at least till the third week of this month. Many of the States with the highest positivity rates and growth in infections have already imposed restrictions on the main sources of continued spread. These include religious gatherings, social functions and leisure visits to public entertainment spaces. A 'national lockdown' at this stage has only cosmetic value. India's economy was already in a nosedive before March 2020 and the sudden imposition wreaked havoc



on the migrant workforce. The brutality of the second wave has burnished the importance of masking up and opting for a vaccine as early as possible. In the absence of newer effective treatments, these continue to be the mainstay in staying safe. A lesson that has emerged from the pandemic is that States are best equipped to take care of themselves with the Centre doing its job best while acting as a facilitator. Central Ministers, armed with the best medical experts, had declared early this year that India was in the 'end game' of the pandemic and that India had "shown the world" how to beat it. Instead, the Centre must focus on distributing equitably across States vaccines, oxygen tankers, testing kits and other critical medical equipment while also accounting for a potential third wave.

PAPPU 'RAIDS' AMBULANCE FLEET OF RAJIV RUDY, DEMANDS DEPLOYMENT

Former Madhepura MP and president of Jan Adhikar Party (Loktantrik) Rajesh Ranjan alias Pappu Yadav got into a spat on Saturday with BJP MP from Saran Rajiv Pratap Rudy over the latter keeping ambulances parked at his native village in Saran. Mr. Yadav asked Mr. Rudy to hand over keys of the "30 ambulances" to be deployed for ferrying COVID-19 patients. "I've nothing against Rudy ji, but as he had said the ambulances are parked due to a lack of drivers. I have a bunch of drivers with driving licences here ready to go to Saran in the service of COVID-19 patients," Mr. Yadav told media persons in Patna, flanked by a group of drivers displaying their driving licences.

Friday visit

On Friday, the Jan Adhikar Party (Loktantrik) chief along with his associates had reached Amnour village in Saran district and found unused ambulances covered with plastic sheets and tarpaulin parked on premises allegedly owned by Mr. Rudy. The ambulances, bought with the local area funds of Mr. Rudy, had "MPLADS-2019" labels on them. "We want to know why they were being kept off the streets at a time when there is a huge rise in COVID-19 cases and oxygen, drugs and ambulances are in short supply. Ambulance service providers are exacting hefty charges from those in need," said Mr. Yadav, urging the State government to look into it. "There is nothing about Rudy ji or Pappu... this is about Bihar and the people of Bihar," he said. An incensed Mr. Rudy soon released a video, saying there were only 20 ambulances and that they were grounded because of a lack of drivers.

'OWN UP TO MISTAKES': THE LANCET CRITICIZES MODI GOVT, SAYS 'INDIA SQUANDERED EARLY COVID-19 SUCCESS'

International medical journal The Lancet commenting on the current COVID-19 situation of India has said that the country has "squandered" its early successes in controlling the pandemic outbreak and Prime Minister Narendra Modi's government could preside over "a self-inflicted national catastrophe". Criticising the government's handling of the coronavirus pandemic, Lancet said that the success of India overcoming the crisis will depend on PM Modi's administration "owning up to its mistakes". "India squandered its early successes in controlling COVID-19. Until April, the government's COVID-19 taskforce had not met in months. The consequences of that decision are clear before us, and India must now restructure its response while the crisis rages," the Lancet said in its editorial. "The success of that effort will depend on the government owning up to its mistakes, providing responsible leadership and transparency, and implementing a public health



response that has science at its heart," it added. It widely criticised the government of India for giving out the impression that India had beaten COVID-19 after several months of low case counts, despite repeated warnings of the dangers of a second wave. "Despite warnings about the risks of super-spreader events, the government allowed religious festivals to go ahead, drawing millions of people from around the country, along with huge political rallies-conspicuous for their lack of COVID-19 mitigation measures," Lancet said. At times, Prime Minister Narendra Modi's government has seemed more intent on removing criticism on Twitter than trying to control the pandemic," Lancet notified. According to the Institute for Health Metrics and Evaluation, India will see a staggering 1 million deaths from COVID-19 by Aug 1. "If that outcome were to happen, Modi's government would be responsible for presiding over a self-inflicted national catastrophe," the institute added. Meanwhile, India continued to record more than four lakh COVID-19 cases per day, even as the death toll rose to an all time high of more than 4,000. This incidentally is the first time that the single day toll has crossed the four thousand mark. While the case tally was marginally lower than the record-setting previous day, it is still among the highest observed in the world.

NEED 6 TO 8 MORE WEEKS OF LOCKDOWN

The head of the main Indian health agency responding to the coronavirus has said districts reporting a high number of infections should remain locked down for another six to eight weeks to control the spread of the rampaging disease. *Balram Bhargava, head of the Indian Council of Medical Research (ICMR), said in an interview that lockdown restrictions should remain in place in all districts where the rate of infection is above 10% of those tested. Currently, three-fourths of India's 718 districts have what is known as a test-positivity rate above 10%, including major cities like New Delhi, Mumbai and Bengaluru. Dr. Bhargava's comments are the first time a senior government official has outlined how long lockdowns, which already encompass large parts of the country, need to continue to rein in the crisis in India. Several States have introduced varying levels of curbs on economic activity and public movement to stop the spread of the virus, which are mostly being reviewed and extended on a weekly or fortnightly basis. "The high positivity districts should remain (shut). If they come to 5% from 10% (positivity rate), we can open them, but that has to happen. That won't happen in six-eight weeks, clearly," Dr. Bhargava said in an interview at the New Delhi headquarters of the ICMR, the country's top medical research body.*

Capital hit hard

Referring to the capital, *one of India's hardest hit cities, where the positivity rate reached around 35% but has now fallen to about 17%*, Dr. Bhargava said: "If Delhi is opened tomorrow, it will be a disaster." India is in deep crisis in the current wave of COVID-19 infections with around 350,000 cases and 4,000 deaths being reported daily. *Hospitals and morgues are overflowing, medical staff is exhausted, and oxygen and drugs are running short. Many experts say the actual case tallies and deaths could be five to 10 times higher. Prime Minister Narendra Modi and other top political leaders have faced a public backlash for addressing mass election rallies where no major COVID-19 safety protocols were followed.*

'Slight delay'

Dr. Bhargava did not criticise the Modi government but conceded there had been a delay in responding to the crisis. *"I think the only discontent we have was there was a slight delay accepting*



the 10% (recommendation), but that did happen,” he said. He said an April 15 meeting of the National Task Force on COVID-19 had made the recommendation to the government to lockdown areas with a 10% positivity rate or higher. Yet, in a televised speech on April 20, Mr. Modi dissuaded States and said a lockdown should be used as the “last resort” and the focus should remain on “micro containment zones”. On April 26 — more than 10 days after the task force meeting — India’s Home Ministry wrote to States, asking them to implement strict measures for “large containment areas” in hard-hit districts, but only for 14 days. India’s Home and Health Ministries, as well as Mr. Modi’s office, did not respond to requests for comment. Reuters reported earlier this month that the head of the National Centre for Disease Control had privately told an online gathering that strict lockdown measures were required in early April. Two senior ICMR officials told Reuters that the organisation was frustrated about political leaders addressing large rallies and allowing religious gatherings, saying the actions publicly flouted required safety measures. “Our messaging has been completely incorrect, not in sync with the situation,” said one of the officials, referring to the government. “We have miserably failed.” Dr. Bhargava denied there was any discontent within the ICMR and added the agency was on the same page with policymakers. Without commenting directly on political leaders, he said mass gatherings during COVID-19 should not be acceptable in India or anywhere else. “It’s common sense,” he said.

LOCKDOWN GAINS

Several States have done the inevitable, going into a strict lockdown for a fortnight to arrest India’s calamitous descent into COVID-19 hell since mid-March. The horror of sweeping infections, severe disease and staggering death rates has made a lockdown a popular measure, unlike last year’s imposition on an ill-prepared nation. Public acceptance of restrictions comes with the realisation that the threat to life from a mutating virus has aggravated manifold, although the spread of the scourge, from about 9,000 new daily cases in early February this year to over 4,00,000 in May, was brought about mainly by wrong messaging, massive political rallies and large religious events. After having been failed, what people now look forward to are measures that draw insights not from crude policing, but public health research. Unlike in 2020, the evidence is also stronger: WHO explains that SARS-CoV-2 spreads primarily through respiratory droplets and aerosols produced when people cough, sneeze, speak, sing or breathe, are within one metre of each other and also in crowded, poorly ventilated settings. Contact with contaminated surfaces poses another risk. Insistence on wearing good masks, distancing and a prohibition on risky gatherings, such as in restaurants, malls, religious sites, auditoria and on public transport are, therefore, essential. It is welcome that lessons have been learnt, and people were given time to prepare this time. Moreover, rather than shut out employment and services completely, home delivery services and some vending have been permitted. Tamil Nadu, which has commendably announced a relief of ₹4,000 for COVID-19, part of it to be disbursed during the lockdown, should avoid big gatherings at ration shops, opting instead for e-payments or doorstep disbursement. States should prevent crowding at shops open for limited hours by allowing door deliveries of all consumer goods and not just food, using online services. Travel for emergencies must be facilitated without harassment. For an exhausted medical community, staggering under the weight of over 37 lakh active COVID-19 cases and a severe shortage of medical oxygen and drugs, the pause in activity comes as a life saver. The lockdown window can help it manage existing patients while governments augment critical supplies; a slowing infection curve will give everyone breathing space in coming weeks, although the heart-rending death rate may take time to decline due to the lag effect. A drop in the



vaccination rate poses a serious challenge, and it is incumbent on the Centre to arrange for vaccine imports or augment domestic production to scale it up. *Testing access must also be dramatically increased by May-end to assess the true scale of the pandemic. Without such progress, the lockdowns may yield only small gains, since the opportunity to build the systems to handle another surge would have been frittered away, again.*

Universal vaccination

It said that in 1997 and 2014 India could declare eradication of smallpox and polio, only by adopting universal free vaccination and not by a differential pricing system. “When ₹35,000 crore were allotted in the budget, with which the maximum required 200 crore vaccine doses are purchasable, why did the Central government not take full responsibility? Today for nearly a week no vaccine is available in small and medium private hospitals. People are succumbing to oxygen mismatch supply and it is creating panic both among patients and medical fraternity,” the Association said, appealing for urgent action.

IN COVID STORM, THE KEY PRINCIPLES DRIVEN HOME (SEEMA CHISHTI - JOURNALIST/WRITER BASED IN NEW DELHI)

Dead men do tell tales and history bears witness that pandemics leave their imprint among those they leave behind. In India, a full reckoning would take place when the pandemic is fully behind us. But even from deep inside the storm there are some first principles that have been driven home. Adherence to them would have undoubtedly mitigated the ghastly fallout of the virus.

Health care, not coverage

The first is the debate between universal health care and universal health coverage. That stands settled now, in the spirit of the landmark Aneurin Bevan’s-led National Health Service Act in 1946, which revolutionised health care in the United Kingdom by delinking it from a person’s income. It became a benchmark for the recognition that it could not be left to market forces to deal with public health. The most comprehensive document prepared so far in India, by the high-level expert group appointed by the Planning Commission, submitted in November 2011 (<https://bit.ly/3tNmGFx>), concluded that “progressive strengthening of public facilities” is the only way to reach medical services to the population as a whole. While finance was a concern to be dealt with, the centrepiece of health care was not insurance. After 2014, insurance has instead been a focus — good health to be somehow secured via insurance, as with Ayushman Bharat. But for all the hype, there is no getting away from strengthening public health facilities and making that the fundamental way of ensuring a healthy life for its people. India, already spending woefully limited amounts on health, for all the hoopla and hype, ended up reducing allocations in the February 2021 budget. The results are there to see. Kerala, when it started investing heavily in public health care in the 1950s, was told it was too expensive for a poor State like it was then. But as it went on to demonstrate, primary health care was labour-intensive, generating its own virtuous cycle of trained personnel and a well-looked after populace. It enhanced the people’s ability to produce, to be economic assets and enriched the State much more than could be imagined.



Reason, not mumbo-jumbo

The second principle of so-called 'New India', of faith over science and the silencing of rationalists as 'western' and 'alien' to the 'Indian ethos', must be kicked very hard if India has to start breathing again. In the past seven years and even when the novel coronavirus pandemic was looming, top Ministers, including the Health Minister, were seen flanking the sides of a yoga guru proclaiming that he had found a cure for COVID-19. The World Health Organization had to step in and make it clear that it had not endorsed it (<https://bit.ly/3feMk0U>). The Prime Minister has himself privileged myth over reason, most visibly at a hospital inauguration in Mumbai, in 2014, where he spoke of "plastic surgery" as an Indian invention, citing Lord Ganesh's trunk. This set India back by centuries. The message downwards was clear; *science, rationalism or expertise was 'Nehruvian' and not to be encouraged. Public allocations for science have fallen and Indian scientists criticised two speakers at the Indian Science Congress "for making bizarre, unscientific claims, including that ancient Hindus invented stem-cell science". Scientists held protests against the unscientific statements in Bengaluru, Kochi, Kolkata and Thiruvananthapuram on January 6, 2019. With the Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) coming under fire frequently for peddling non-cures with the weight of the Government of India behind it, it appears as if science itself was perceived as a threat to the ruling party's ecosystem.* All through last year, no public health expert — and India has many — was empowered enough to be seen advising, directing, taking questions or giving out advice that the public could trust, and on occasion question policy. The thali banging, candle lighting, abrupt lockdowns, were all done via public addresses to the nation by the Prime Minister. There was no group with respected scientists or public health experts who could challenge government diktats or test decisions taken by the Narendra Modi government against scientific principles. The Prime Minister took to declaring victory over the pandemic on January 28. The Home Minister authoritatively announced to the media that rallies were not causing the surge in the middle of a crowded Bengal campaign. On if the Kumbh Mela should be allowed a year earlier, it was the Akhil Bhartiya Akhada Parishad that had the last word, not epidemiologists. It took hundreds of anguished scientists to write a letter urging that genomic data be collected and shared, like other civilised democracies, on the virus for the protocol to be altered. The wholesale junking of science even deep into the pandemic worsened the situation.

Data integrity, not hesitancy

Third, comes data integrity, which is shorthand for the credibility of any government, at any time. Data-hesitancy has been a feature of this government, whether it was about economic data, on making the GDP look good or on recording employment statistics. So changing baselines, withholding periodic labour force surveys or consumption survey data, set the path for continued data denial over testing last year and this year, over COVID-19 deaths. Other than the moral and human imperative of owing it to each Indian who dies, the basic courtesy of recording her existence and departure, not recording deaths faithfully, has deep practical implications. If you do not track it honestly and accurately, you do not understand the disease, and if you do not do that then you cannot handle it and lesser still, rescue the future by accurate predictions. In the case of COVID-19, India's mortality data are many times lower than what is officially acknowledged, as discussed in detail by the latest assessments of the Institute for Health Metrics and Evaluation, and experts such as Dr. Bhramar Mukherjee, Dr. Ashish K. Jha and Dr. Murad Banaji. The



discrepancy is above the regular margin of error seen in many countries. This is deeply damaging to India's international standing as a reliable recorder of information. Not recording or diligently sharing data has consequences, for India and the world.

Our economics and the poor

The fourth and final principle that the pandemic has driven home is the importance of centring good economics around improving the lives of those worst-off. Recently, India has been anxious about turning into a '5 trillion' economy. But there is no Security Council seat or grand entry into the big rich clubs of the world if India's overwhelming majority, those who live under \$1.90 a day, cannot be lifted out of the morass. Numerous surveys and reports have consistently hammered at the slide into poverty. The latest report by the Azim Premji University talks of 230 million Indians slipping below the breadline during the pandemic (<https://bit.ly/2RPIp2o>). India's obsession with being Vishwaguru, egged on by misleading analysts deriding "Povertarianism", talking of "freebies" cannot be a replacement to sound welfarism which must prioritise the majority of Indians who need a social security net. It is stunning disregard for global experience, whether it is Joe Biden's big spending, Boris Johnson ending the age of austerity, Germany launching the biggest state spend since the war or China's historic drive to end absolute poverty, and India's own, when the International Monetary Fund acknowledged the fastest decline in poverty globally occurring in India between 2005-06 and 2015-16. Understanding "good economics" as what helps its majority, the most poor and vulnerable, must be a principle rather than a matter of embarrassment. The virus is no sociologist but it responds to how society and human beings behave with it. Allowing gargles of cow urine to double as cures, giving it a free run to travel and diversify amongst large unprotected crowds or in a desperation to win elections such as in West Bengal, actively courting and boasting about mass gatherings till just days ago were all invitations to disaster, providing the virus with what it wanted — a chance to multiply, diversify, jump hosts and regions rapidly, adding as accelerators to the second wave. This was contrary to what India did with smallpox and polio, with far fewer resources. There, its adherence to basic scientific and rational principles, helped its people, and the world beat back the disease. The least good that might be hoped for, at an unimaginably high cost, is for COVID-19 to cure us of the basic distortion in our public and political culture which has been on a speed pill for the last seven years. Else, it would be hard to stop analysts from terming this the man-made, Indian, or worse still, Modi variant.

INDIA STILL RESISTS COMMUNITY SPREAD TAG

In spite of adding the highest number of COVID-19 infections to the global caseload every day, India continues to label itself as a country with no community transmission (CT), opting instead for the lower, less serious classification called "cluster of cases", according to the latest weekly report by the World Health Organization (WHO) on May 11. Countries such as the United States, Brazil, United Kingdom, France — and a perusal of the list of over 190 countries suggest the majority — have all labelled themselves as being in "community transmission". Among the 10 countries with the most number of confirmed cases, only Italy and Russia do not label themselves as being in community transmission. Both countries have been on a declining trajectory for at least a month and together contribute fewer than 20,000 cases a day — about 5% of India's daily numbers. India, since the beginning of the pandemic, has never marked itself as being in community transition. Broadly, CT



happens when new cases in the last 14 days cannot be traced to those who have an international travel history, when cases cannot be linked to a specific cluster. The WHO guidelines further suggest four subcategories within the broader definition of CT. CT-1 implies “low incidence of locally acquired, widely dispersed cases... and low risk of infection for the general population” with the highest, a CT-4 suggesting “very high incidence of locally acquired, widely dispersed cases in the past 14 days and very high risk of infection for the general population”. *The cluster of cases classification says, “Cases detected in the past 14 days are predominantly limited to well-defined clusters that are not directly linked to imported cases. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.”*

Positivity rate

India’s national *positivity rate*, or the proportion of tested cases returning positive, *is around 21%* and 533 of the 734 districts had reported positivity greater than 10%. There are 24 States with more than 15% positivity and 10 with over 25%, according to figures from the Health Ministry on Thursday. An expert told The Hindu that India’s refusal to describe itself as being in community transmission was an “ostrich in the sand” approach since being in *CT — far from being stigmatic or an indicator of failure — had a bearing on how authorities addressed a pandemic. If cases were still a cluster, it would mean that the government ought to be prioritising testing, contact tracing and isolating to prevent further infection spread. CT, on the other hand, meant prioritising treatment and observing advisories to stay protected.* “We may have been in community transmission since last April. Testing continues to be useful for forecasting the future course of the pandemic (through random tests) and preparing for it,” said Dr Jacob John, epidemiologist and Professor, Christian Medical College, Vellore. “Or it is useful if there is a specific course of treatment, or medicine, that can be prescribed once someone tests positive. However, *that’s not really why the government seems to want to avoid the term. It just makes us look stupid.*”

PROTECTING PRISONERS

If overcrowding of prisons has been a perennial problem in this country, high occupancy levels can only mean bad news amidst a pandemic. The Supreme Court has been intervening from time to time to address this problem, but its latest order directing the interim release of eligible prisoners acquires salience in view of the uncontrolled second surge in the raging pandemic. Last year, the Court had passed such an order quite early — the one of March 23, 2020 came even before the nation-wide lockdown. *The Court had then ordered all States to take preventive steps as well as constitute high-powered committees to determine the class of prisoners who could be released on bail or parole for a specified period.* In directing this week that besides identifying more prisoners for release, the same set of prisoners be given parole this year too, the Court continues its trend of seeking to protect prisoners as well as those guarding them from getting infected. *There have been significant initiatives to prevent any uncontrollable spread within the congested jails, ranging from stopping the practice of transporting remand prisoners to court for periodical extension of custody and hearings to asking authorities to prepare readiness and response plans. The Court’s order is welcome, both as a move to decongest jails and a measure that protects the right to life and health of the prisoners. Now that the issue of reducing occupancy in the prison is once again under focus, and not merely for the usual reason of overcrowding, but also in view of the vulnerability of prisoners and*



prison staff to infection and disease, a comprehensive look at imprisonment practices in the country may be in order. There have been reports of prisoners testing positive and getting hospitalised. How far the regular testing and medical treatment available to inmates across the country is effective is unclear. Further, even political prisoners, such as those jailed in the Bhima Koregaon case without any direct link to any act of violence, are being repeatedly denied bail, solely because stringent laws have been invoked against them. Some political activists in Delhi are also in jail under anti-terrorism laws for alleged complicity in riots early last year. The courts must take into account their vulnerability to infection and consider bail. In its order, the Supreme Court has rightly emphasised the need to adhere to the norms it had laid down in Arnesh Kumar vs State of Bihar (2014) under which the police were asked not to effect unnecessary arrests, especially in cases that involve jail terms less than seven years. In the past, the Court has also asked authorities in all districts in the country to give effect to Section 436A of the Cr.P.C., under which undertrials who have completed half of the maximum prison term prescribed for the offence may be released on personal bond. Effective follow-up action is needed to audit these measures so that these are not implemented selectively or arbitrarily.

The Supreme Court has turned a humanitarian eye on the over four lakh prison population inside overcrowded jails even as the second wave of the pandemic continues its devastating run across the country. In a 14-page order released on Saturday, Chief Justice Ramana's Bench ordered the police to take a leaf from the court's judgment in the Arnesh Kumar case and limit arrests during the pandemic to prevent over-crowding in jails.

Why not place convicts under house arrest, asks SC?

The Supreme Court has thrown open the door to the legislature to "ponder" over the idea of placing convicts under house arrest to avoid overcrowding of prisons. A Bench of Justices U.U. Lalit and K.M. Joseph, in a judgment, highlighted the "alarming" statistics of prisons. The suggestion is relevant considering the spread of COVID-19. A few days ago, a Bench, led by Chief Justice of India N.V. Ramana, issued a series of directions, including the grant of interim bail and parole to prisoners to decongest prisons. Justice Joseph said the occupancy rate in prisons had climbed to 118.5% in 2019. The court referred to the National Crime Records Bureau's figures of 2019 to show that 18,86,092 inmates were admitted in jails. The number of undertrial prisoners in 2019 was 3,30,487, which, in fact, constituted 69.05% of the total number of prisoners. Secondly, a very large sum (₹6818.1 crore) was the budget for prisons. The "tremendous" overcrowding of prisons and the huge budget were both "relevant in the context of the possibilities that house arrest offers", the court noted. It concluded that "as regards post-conviction cases, we would leave it open to the legislature to ponder over its employment. We have indicated the problems of overcrowding of prisons and the cost to the State in maintaining prisons". The 206-page judgment was based on a plea for default bail filed by activist Gautam Navlakha. Mr Navlakha had said he had spent several days in house arrest. *In the judgment, Justice Joseph elaborates the rather "long" history of house arrests starting with that of St. Paul the Apostle in Rome. Drawing vignettes from 'A Brief History of House Arrest and Electronic Monitoring' by J. Robert Lilly and Richard A. Ball, he refers to how "societies found in Poland, South Korea, India, and the Soviet Union are known to employ 'house arrest' primarily to deal with troublesome political dissenters".* Justice Joseph details how 'house arrest' in India has its roots in laws providing for preventive detention. He then moves on to how ankle bracelets have become an indispensable



appendage to monitor compliance of house arrests in foreign countries. He said how these bracelets were the product of an inspiration of a New Mexico district court judge “who read a comic strip where Spiderman was being tracked by a transmitter fixed to his wrist”.

HC PULLS UP UTTARAKHAND GOVT. OVER RELIGIOUS FAIRS

The Uttarakhand High Court on Monday pulled up the State government for continuing to allow religious events despite a surge in the coronavirus cases and doubted its preparedness to deal with the pandemic, asking it to “wake up from slumber”. “We cannot behave like the proverbial ostrich and bury our head in sand in the face of the pandemic,” Chief Justice R.S. Chauhan and Justice Alok Kumar Verma said while hearing a PIL on the government’s handling of the pandemic. The Bench asked why the State was still not prepared despite combating the pandemic for more than a year, and reminded the government about predictions of a third wave. The court said the while the State reeled under the effect of the Kumbh Mela, the Purnagiri Mela took place attracting a crowd of 10,000. It asked whether the rise in coronavirus cases in Kumaon was a result of that mela.

Confusion over yatra

The court questioned the State government for the confusion over the Chardham yatra, asking whether the annual pilgrimage will be allowed to become a coronavirus hotbed. While the government says the yatra has been cancelled, the board managing the temples has issued the standard operating procedure for the same, it said. “How can we make sure that it will be followed when the same was flouted during the Kumbh Mela?” it asked, referring to the SOP. The court directed the State government to pool all its resources in the fight against the pandemic. “We are fighting a world war with an invisible enemy and must put in all the resources. Under Article 21 of the Constitution, it is the foremost duty of the state to preserve the life of its citizens. The government must pour every drop into it,” the Bench said.

UPHOLD DIGNITY OF THE DEAD, NHRC TELLS CENTRE AND STATES

The National Human Rights Commission (NHRC) on Friday issued an advisory to the Centre and States on “upholding the dignity and protecting the rights of the dead” in view of the “large number of deaths during this second wave of the COVID-19 pandemic and the challenges in management of the bodies.” The advisory comes after several bodies, suspected to be of those who died of COVID-19, have been found floating in the Ganga in Bihar and Uttar Pradesh in the past few days. The NHRC wrote to the Secretaries of the Union Home Affairs and Health and Family Welfare Ministries and Chief Secretaries of States to implement the recommendations.

‘Challenging process’

“As of May 9, 2021, globally 32,96,841 people have died on account of COVID-19 pandemic whereas in India 2,42,398 people have lost their lives due to this deadly virus. Due to this record number of deaths, the process of management of dead bodies while adhering to the COVID safety protocol, transportation of bodies and their burial or cremation, etc., has become challenging,” the advisory said. Despite various international and national guidelines, the “mismanagement” of COVID-19 affected bodies, thereby “lowering their dignity,” has been reported, it said. The NHRC



recommended that the government enact legislation to protect the rights of the dead and set up temporary crematoriums to reduce the delay in performing last rites being seen today.

‘Sensitise staff’

The advisory also said staff of crematoriums and burial grounds should be sensitised to ensure dignity while handling bodies. “Further, they need to be provided necessary safety equipment and facilities so that they may perform their duty efficiently without any fear or risk ... In cases where family members or relatives are not there to perform last rites as they themselves may be infected or are not willing being afraid of getting infected, etc., or where the repatriation of the body to the family may not be possible, the State/local administration may perform the last rites of the body, taking into account the religious/ cultural factors,” the advisory said. The NHRC said bodies should not be piled up during transportation or at any other point and mass burials or cremations should not be allowed as it was a violation of the right to dignity of the dead.

‘Regulate services’

The advisory said the State authorities must handle information about the dead and missing persons properly. It added that the prices of hearse or ambulance services should be regulated. “Since the staff at crematoriums, burial grounds, mortuaries, etc., are working round the clock during this wave of pandemic, they may be paid fair wages to compensate their hard work. Further, they should be vaccinated on a priority basis keeping in view the risk they are exposed to,” the NHRC said.

COVID MISHANDLING FORETOLD IN THE BUDGET (PRAVEEN CHAKRAVARTY - POLITICAL ECONOMIST AND CHAIRMAN, DATA ANALYTICS DEPARTMENT OF THE CONGRESS PARTY)

“India has begun medically safeguarding not only her own citizens against COVID-19 but also those of 100 or more countries. I have provided ₹35,000 crores for Covid-19 vaccine in BE 2021-22...,” was the bombastic claim made by Finance Minister Nirmala Sitharaman in her Budget speech to the nation on February 1, 2021 (<https://bit.ly/33yHVAw>). Ms. Sitharaman assured the nation that her government at the Centre was protecting not only Indians but also people of other countries against COVID-19 and that she had provided enough money. She also boasted that the overall Budget for health had been increased substantially and pointed to details in Annexure I of the Budget speech. In Annexure I, a table under ‘Health and Wellbeing – Expenditure’ lists ₹35,000 crore for ‘Vaccination’ under ‘CoVID related Special Provisions’.

Zero amount

Logically, when the Finance Minister says that the Budget for ‘Health and Wellbeing’ is being expanded significantly, one would expect to see these details in the Ministry of Health and Family Welfare’s Budget. Page 155 of the 350 page ‘Notes on Demands for Grants’ lists the Health Ministry’s Budget details for the year 2021-22. Item No.19 is clearly titled ‘Covid-19 Emergency Response & Health System Preparedness’, which lists an expenditure of ₹11,757 crore that was incurred in the previous year (2020-21) by the Centre in its fight against COVID-19. But for the current year 2021-22, the amount budgeted for ‘Covid-19 Emergency Response’ is zero. One then ponders, wondering whether for some reason, COVID-related Budget provisions have been made under another



expenditure item in the Ministry's Budget this year. The answer is 'No'. It is a matter of alarm that there is no provision in the entire Ministry of Health's 2021-22 Budget for COVID-19 vaccinations and other related expenditure. *Moreover, the Health Ministry's Budget for this year is lower than the amount spent last year when more money was needed to defeat the novel coronavirus this year. It turns out that ₹35,000 crore for COVID-19 vaccination has been allocated as "Loans/Grants to States" in the Budget of the Ministry of Finance.* Does this mean that when Ms. Sitharaman and the government sat down to prepare the Budget earlier this year, they did not think the Centre had any role to play in vaccination? Did they think that COVID-19 would just disappear providentially and that there was no money required this year for health supplies, infrastructure, and other expenses under the Health Ministry's 'Covid-19 Emergency Response package'? On what basis then did the Finance Minister say that her government would not only "safeguard" Indians but also the citizens of 100 or more other countries? After this writer pointed this out first in a tweet, the Finance Ministry gave a long and a bureaucratic response about how even if the vaccination amount is not budgeted under the Health Ministry, the Centre could still use the money to procure vaccines and give it as an 'in-kind' grant to the States. This misses the point. This is not a squabble about the technical details of budgeting for activities under different heads. This is about the intent, thought and actions of the Narendra Modi government in the middle of a national health emergency. Either the government was callous about the nation's continued fight against COVID-19, or wanted to abdicate responsibility to the States entirely. If not, it would have made a meticulously detailed 'Covid-19 Emergency' Budget for the year 2021-22.

More questions

It is also justifiable to say that public health is a State subject, vaccination is the responsibility of the States, and hence, COVID-19 vaccination money should rightfully be given only to the States and not to the Health Ministry at the Centre. In which case, the States should also be given the full rights to decide and implement a COVID-19 health policy. How is it then that the Centre chose to intervene and dictate an irrational vaccination pricing policy that has a lower price for the Centre and a higher price for the States for the exact same vaccine? If at the time of the Budget, the Finance Minister thought COVID-19 vaccination money was fungible and could be used either by the Centre or the States, then how does it square with the fact that with the same money, the Narendra Modi government would buy vaccines at a lower cost to vaccinate Indians above the age of 45 while the States would buy the same vaccines at a higher price for all others?

Vaccine is public good

It is amply evident that the Finance Minister and her government's handling of the COVID-19 pandemic is like a deer caught in the headlights. The thought behind the Budget for COVID-19 is at odds with its health policies for COVID-19. A knee-jerk and confused vaccination policy, with varying price structures and quotas for the Centre, States and private hospitals for the same vaccine, has made a royal mess of India's vaccination efforts. The basic economic principle that a COVID-19 vaccine is an essential public good and not a private good like flight tickets to be priced differently for everyone, seems to have been lost on the government's policy makers. It has now put the lives of a billion Indians and India's \$3 trillion economy at risk. Earlier in January this year, it was crystal clear that India would need to vaccinate the vast majority of its people to put an end to the COVID-19 pandemic. It was also well-established then that there were at least two vaccines available in India and more could be imported, as the Finance Minister herself alluded to in the



Budget speech. The approximate costs for these vaccines were also known. Presumably, the Finance Minister and her team also knew the size of India's population, and that they should multiply the costs of the vaccines with the total number of people to calculate the total amount needed for vaccinations. Then, all that the government needed to do was to explicitly budget for the vaccination amount and other attendant costs in this final battle against the virus. The Health Ministry should have negotiated one standard price for each type of vaccine and procured them directly. After this, the vaccines should have been distributed to the States to set up vaccination camps and vaccinate people. All this was blindingly obvious even in January before the Budget was prepared. Lives and livelihoods were at stake. Instead, the Finance Minister resorted to headline and narrative management using half-truths and misleading claims.

Ineptitude

Is the Narendra Modi government so incompetent and reckless that even after five months, and after lakhs of lives have gone and billions of dollars lost in economic output it is still struggling to come up with a coherent vaccination policy and save Indians from this deadly pandemic? Alas, the answer is a yes. Let us not forget that it is the same Prime Minister and his government who thought that invalidating all currency overnight, in 2016, would magically eliminate black money or locking down the entire nation last year at just four hours notice would defeat the coronavirus as quickly as 'the Pandavas won the Mahabharata war'.

OUTREACH AND OVERREACH

Judicial intervention in response to the Union government's failing response to the health crisis has reached its apotheosis with the Supreme Court order forming a 12-member national task force for the effective and transparent allocation of medical oxygen to the States and Union Territories "on a scientific, rational and equitable basis". Making recommendations on augmenting the supply based on present and projected demands and facilitating audits by sub-groups within each State and UT is also part of its remit. *The Court has also mandated it to review and suggest measures for ensuring the availability of essential drugs and remedial measures to meet future emergencies during the pandemic. In other words, the national task force has become a judicially empowered group that may significantly guide the handling of the health crisis set off by the second pandemic wave. Faced with proceedings in High Courts relating to the allocation and availability of oxygen, the Centre submitted that an expert committee may be constituted, consisting of persons drawn from public and private health-care institutions, to facilitate a fresh assessment of the basis for the allocation. When the Karnataka High Court ordered last week that the Centre should supply 1,200 tonnes of medical oxygen daily to the State, the Centre rushed with a challenge to the apex court. Solicitor General Tushar Mehta argued that if every High Court started entertaining petitions on equitable allocation of oxygen, pandemic management would become unworkable. The Supreme Court declined to stay the order, describing it as a careful and calibrated one.* Several High Courts and the Supreme Court are examining different aspects of the pandemic response, including availability of beds and oxygen. The trend did raise concerns about the judiciary encroaching on the executive domain. *There is some merit in the argument that allocation of resources based on a formula related to the present and projected requirements of each State is indeed an executive function. However, as the daily infection numbers and death toll have acquired frightening levels, the constitutional courts felt obliged to take it upon themselves to protect the right to life and good*



health of the population. It cannot be forgotten that the judiciary drew much flak last year for its initial failure to mitigate the crisis set off by the lack of succour to millions of migrant workers. Justice D.Y. Chandrachud, who heads the Bench hearing the suo motu proceedings, has clarified that the Court was not usurping the executive's role, but only wanted to facilitate a dialogue among stakeholders. As long as this position is clear, the present intervention need not be seen as a dangerous overreach.

'Policy, strategy and steps taken by the Executive must be appreciated'

The Centre wants the judiciary to keep its hands off the management of the COVID-19 crisis and its "waves/surges". The latest 218-page affidavit filed by the Centre in the Supreme Court on May 9 informs the judiciary in no uncertain terms that "though it [Centre] is duty-bound to fully assist this Honourable Court... the policy, strategy and steps taken by the *Executive, based on expert medical and scientific advice, have to be appreciated in the context of the medical crisis*". *It said decisions were taken after "detailed deliberations at the highest Executive level". Hence, no "interference" is called for in judicial proceedings. In other words, the Centre has asked the courts — Supreme Court and the High Courts — to "leave it open" for the government to discharge its functions in "larger interests". However, an examination of the Supreme Court orders from April 30 to May 6 show that the court acted only on the Union government's suggestions and in consultation with it, right from revisiting the government's "rough and ready" formula of "oxygen for bed" to the formation of a national task force. The judiciary's attitude can be clearly understood from the words of Justice D.Y. Chandrachud to the Centre. He made a point to say that courts refused to remain a "mute spectator" to a national calamity, but it is "together" with the government to "help the Centre" ease the pain of people. A look at the orders show the Centre initially shifted the blame on the States for their lack of oxygen lifting prowess and making "unrealistic" demands for oxygen. All the while, the Centre had claimed that it had "no dearth of oxygen". The court records in its April 30 order that "the Solicitor General has stated that there is no dearth of oxygen supply in the country as on date and steps are being taken continuously to augment the supply of oxygen... Having said that, the Solicitor General also admitted that there has been a shortage of supply to certain States and has attributed this shortage to various factors including the failure of State governments to lift the allocated quantity of oxygen from the supply point; transportation bottlenecks caused by inter-State movement of tankers; and technical failure of certain plants leading to reassessment of allocation on a real-time basis". The hearings in the Supreme Court also saw the Centre express its annoyance at the "judicial interference". When the court termed the Karnataka High Court's direction to the Centre on May 5 to allocate 1200 MT to the State, an exasperated Centre had reacted by offering to hand over its oxygen stock to the High Courts for distribution. However, by May 6, the Centre toned down to admit in court that its "oxygen for bed" formula needed a "revisit" and there was an urgent requirement to form a national task force to devise an equitable way of allocation of oxygen. In fact, the court, in its order on May 6, recounted the Centre's submission that "the formula on the basis of which oxygen is being allocated to the States and UTs is not static but needs to be revisited". On the formation of the national task force, the Centre had found such a move necessary "to ensure that the allocation and distribution of oxygen takes place on a rational and equitable basis". "It is necessary to constitute a national task force of experts which would determine the method of allocation and distribution of oxygen across States/UTs. Smaller expert committees or sub-groups may look into issues of auditing the manner in which supplies are to be distributed and utilised in each State/UT," the Supreme Court had recorded the Centre's submission.*



POLICE QUESTION YOUTH CONGRESS CHIEF OVER COVID-19 ASSISTANCE

The Congress on Friday attacked the Narendra Modi government after the Crime Branch of the Delhi Police questioned Indian Youth Congress chief B.V. Srinivas about the assistance being provided by him to COVID-19 patients. The party asked if providing oxygen cylinders and life-saving drugs to patients was a “crime”. “Today every person has to decide if providing oxygen, helping people to get life-saving drugs, arranging beds or providing food to ambulance drivers is a crime. It seems to be a crime according to Prime Minister Narendra Modi,” Congress chief spokesperson Randeep Surjewala said. “They [Delhi Police] wanted to know the details of how are we helping people. We answered all their questions,” Mr. Srinivas said. “Today, Modi and [Home Minister] Amit Shahji sent Delhi Police to the office of the IYC office to question Srinivasji. Can there be a more despicable act than this? Is it a sin committed by the Youth Congress and the Congress to provide help that the Modi government has been unable to do,” Mr. Surjewala asked. The government should be “ashamed” of itself, he said, asserting that Youth Congress would continue to provide oxygen and other life-saving drugs to patients. A Delhi Police officer claimed that the questioning followed a direction from the Delhi High Court on a writ petition filed by Dr. Deepak Singh about politicians involved in illegal distribution of COVID-19 medicines. Several persons, including ruling Aam Admi Party lawmaker Dilip Pandey, would also be questioned, he added. Mr. Surjewala said the explanation by the police was “an after thought after getting exposed”.

INDIA’S THIRD COVID VACCINE IS NOW AVAILABLE: HOW MUCH WILL YOU HAVE TO PAY FOR SPUTNIK V?

Dr Reddy’s Laboratories on Friday said it had launched Sputnik V in India. The vaccine is currently the second most expensive Covid-19 jab in the country.

What is Sputnik V?

Made by the Gamaleya Research Institute of Epidemiology and Microbiology in Moscow, Sputnik V is a two-dose Covid-19 vaccine using a similar platform to Covishield — the most widely used vaccine in India since the government’s immunisation programme began in January. However, unlike Covishield, which uses a weakened common cold “adenovirus” that affects chimpanzees, Sputnik V makes use of two different human adenoviruses. The vaccine has an efficacy of over 91 per cent, according to a publication in scientific journal The Lancet. This means it has the ability to bring down symptomatic Covid-19 cases by over 91 per cent in those vaccinated compared with those who have not received a Covid vaccine. In India, Dr Reddy’s Laboratories is the local distribution partner for Sputnik V.

Where was Sputnik V launched in India?

Following clearances from the Central Drugs Laboratory, which performed various tests on the vaccine’s quality and stability, the first dose of Sputnik V was administered in Hyderabad.



How many doses will Sputnik add to India's vaccination efforts?

So far, DRL has only received 150,000 doses of this vaccine from Russia. The company expects more doses soon. According to its agreement with the Russian Direct Investment Fund (RDIF), which has been in charge of signing agreements for supply of this vaccine across the world, India is expected to get at least 250 million doses, which will be sufficient to inoculate 125 million people. However, it is unclear by when these doses will be supplied and distributed in India. Capacity to make around 850 million doses of the vaccine is also being set up in India through pacts inked with various biotechnology companies.

How much will Sputnik V cost?

The imported vaccine has been priced at Rs 948 per dose. However, including 5 per cent Goods and Services Tax, the price of this vaccine goes up to Rs 995.40 per dose. DRL says the price might go down once local supplies begin. It is unclear when this is expected to happen.

How does this price compare to other Covid-19 vaccines?

Covishield, manufactured by Serum Institute of India, is cheaper than Sputnik V at the moment. It is provided to States at Rs 300 per dose, while it is priced at Rs 600 per dose to private hospitals. Bharat Biotech's Covaxin — the other Covid vaccine supplied in India — is the most expensive Covid-19 vaccine in India's portfolio of vaccines so far. It is priced at Rs 400 per dose for States and sold at Rs 1,200 per dose to private hospitals.

THE DEBATE OVER VACCINE GST EXEMPTION

Several states have called for removing taxation on Covid-related medicines and supplies, including a GST exemption on vaccines. In response, Finance Minister Nirmala Sitharaman has said that exemptions on domestic supplies and commercial imports "would make these items costlier" for consumers. Some experts feel categorising domestic supplies as zero-rated might be a better option than granting a full exemption, since it will pave the way for availing input tax credit.

Who has demanded GST exemption?

Punjab, West Bengal, and Chhattisgarh have demanded a GST Council meeting to discuss waivers and exemptions for Covid-related supplies, drugs and vaccines. West Bengal Chief Minister Mamata Banerjee wrote to Prime Minister Narendra Modi on May 9 saying donors of Covid-related drugs and equipment had sought exemption from Customs duty/ State GST/ Central GST/ Integrated GST. "...I would request that these items may be exempted...to help remove supply constraints...and contribute towards effective management of Covid pandemic," she wrote.

What is the Finance Minister's argument?

On Twitter, Sitharaman said: "If full exemption from GST is given, vaccine manufacturers would not be able to offset their input taxes and would pass them on to the end consumer/ citizen by increasing the price. A 5% GST rate ensures that the manufacturer is able to utilise ITC (input tax



credit) and in case of overflow of ITC, claim refund. Hence exemption to vaccine from GST would be counterproductive without benefiting the consumer.”

What is the tax on these items now?

A 5% GST is levied on domestic supplies and commercial imports of vaccines; Covid drugs and oxygen concentrators attract 12%. For a wholesale (B2B) transaction, the seller can claim input tax credit (ITC) by setting off the tax liability against the tax already paid. For example, a vaccine manufacturer would have inputs such as vials, bioreactors, etc., which would be taxed at different rates (5%, 12% or 18%). Services such as warehousing for storage also get counted as input services (taxed at 18%). These taxes can be claimed as ITC at the time of final supply — and if the tax on output is higher than that on inputs, the final seller can claim an ITC refund.

How much comes in from the levies? Is it shared?

Sitharaman said that if Rs 100 IGST is collected on an item, the states and Centre get Rs 50 each as SGST and CGST respectively. Also, 41% of CGST revenue is transferred to states as devolution. “So out of a collection of Rs 100, as much as Rs 70.50 is the share of the states,” she said. On GST revenues collected from sale of vaccines, Sitharaman said half is earned by the Centre and half by the states. And 41% of the Centre’s collections devolve to the states. These items are already exempt from Customs duty and health cess, she said. Also, IGST exemption is provided for all Covid relief material imported by the Indian Red Cross for free distribution, along with goods that are imported free of cost for free distribution in the country by any entity.

What are zero-rated supplies?

Under Section 2(47) of the CGST Act, 2017, a supply is exempt when it attracts a nil rate or is specifically exempted, but that is not equivalent to being zero-rated. Inputs and input services that would have gone into the making of the good or provision of service would have already faced a tax levy, and only the final product is exempted. GST-related laws do not allow availing of credit on inputs and input services used for supply of the exempted output. This becomes a cost for the supplier, and is usually passed on to the consumer. *Zero-rating makes the entire value chain of the supply exempt from tax.* Not only is the output exempt from tax, there is no bar on availing credit of taxes paid on the input side for providing the output supply. As per GST-related laws, zero-rating is applicable for exports and supplies to Special Economic Zones (SEZs). Addition of any other category would require a legal amendment.

COVISHIELD AND COVAXIN ARE LESS EFFECTIVE AGAINST B.1.617 STRAIN

Both Covishield and Covaxin, while effective at generating an immune response against the coronavirus, appear to generate only half as many antibodies against the B.1.617 strain, or the Indian strain, according to a series of early reports authored by scientists at the Indian Council of Medical Research (ICMR). However, several scientists told The Hindu that this drop didn't diminish the fact that the vaccines continued to be a potent tool against COVID-19. Scientists at the ICMR-National Institute of Virology (NIV), Pune, have since January been collecting samples from coronavirus-positive individuals and testing them for prominent variants — mostly the international variants of concern B.1.1.7 (the U.K. variant), the B.1.351 (the South African variant),



the P2 (the Brazil variant) and B.1.617 (the Indian variant). Three related variants of the B.1.617 now make up an increasing proportion of cases in India. Like their global counterparts, the two vaccines authorised in India, Covaxin and Covishield, while made differently, were designed on the blueprint of the virus variant, called B.1, that became the dominant strain in India by last April. With reports emerging from vaccine trials, across the globe, of certain mutations in the virus helping it evade immune systems and antibodies, several labs have been working to check the potency of vaccines against emerging variants. When the NIV scientists tested the virus, bearing the B.1.617 signature mutations, on antibodies that were extracted from the blood serum of those with two doses of Covaxin, they found roughly 55% fewer antibodies than the antibodies generated against B.1.

Similar study

When a similar study was done with those inoculated with Covishield, the Geometric Mean Titer (a proxy for the number of antibodies) with B.1 was 42.92 whereas with the B.1.617 it was 21.9, again roughly half. On the other hand, when antibody levels were compared against the B.1.1.7 (U.K. strain), there was only a 6% reduction whereas against Brazilian strain (P2) there was again a 50% reduction. Dr. Samiran Panda, who heads the Epidemiology Division at the ICMR, Delhi, and was a co-author of the papers, said while the reductions were roughly on these lines, they showed that both Covishield and Covaxin were “almost similarly” protective against the B.1.617. *In those vaccinated, protection against a future infection isn't solely determined by the number of antibodies and the extent to which they wax and wane over time, but also by the mobilisation of a class of defensive bodies called T cells, which it is believed direct a more specific kind of attack against the virus and destroys it unlike antibodies, which only block replicating virus cells. “The antibody tests don't account for the T-cell response. Moreover these tests were done on a very small number of individuals. The average level of antibodies don't always capture the true range of antibody production,” he told The Hindu.*

FIXING THE VACCINE CRUNCH (G. PADMANABAN, FORMER DIRECTOR, IISC, IS SENIOR SCIENCE INNOVATION ADVISER, DEPARTMENT OF BIOTECHNOLOGY, GOVT. OF INDIA)

The unprecedented rise in COVID-19 cases has changed vaccine hesitancy to vaccine advocacy. Even as the government has allowed those aged 18 and above to get vaccinated, the availability of vaccines has become an issue. Many extraneous issues such as Centre-State relations have clouded the picture. Given the rise in cases and deaths, COVID-appropriate behaviour has to be strictly implemented from now on and vaccination has to take place on a war footing.

Production capacity

The main issue is of volume of vaccines. Bharat Biotech (BB) was making about 8-10 million doses of Covaxin a month. Serum Institute of India (SII) makes about 70 million doses of Covishield a month. We need about 1,500 million doses (two doses per person) to vaccinate the target population. India has covered about 10% of the target population. BB is expanding its capacity and hopes to reach a target of 50-60 million doses a month in four months. SII has stated that it will push production to 100 million doses a month. Sputnik may chip in with 50 million doses a month in about four months. *Besides these, three vaccine candidates look promising. The DNA vaccine (for spike protein) by Zydus Cadila, the recombinant spike protein (Biological E), and self-*



amplifying messenger RNA (Sa-mRNA for spike protein) by Gennova can reach field application in four months. All the three may need emergency approval from the DCGI. With the availability of five approved vaccines, with some outside help perhaps, and with an aggressive timeline, India should be able to vaccinate the target population in six months from now. What are the riders and imponderables? Despite the unfolding tragedy, there are some major outcomes. The DNA vaccine, if successful, will be the first DNA vaccine that goes into human application for any disease. The 10,000L bioreactor for mammalian cell expansion, to be commissioned by BB, will be largest by global standards. But it is not easy to scale up the micro-carrier technology used by BB. Sa-mRNA, being developed by Gennova, is the first of its kind (uniquely, stable between 2-8°C), even for a mRNA vaccine, already commercialised by Moderna and Pfizer (require -20 and -70°C for stability). *Sa-mRNA can amplify itself and so a lower dose may be adequate. In the context of 'variants', mRNA vaccines provide the greatest flexibility to tweak and make a new vaccine in the shortest time.* Interestingly, the five vaccines would represent five different platforms and eventually need not be confined to a single company for production. Several research publications have shown that vaccines produced using different platforms are all effective in preventing severity of disease and hospitalisation, although infection may still happen.

The way forward

It is possible that when 60% of the target population is reached in terms of vaccination (in addition to the infected and recovered individuals), herd immunity may kick in and cases may go down drastically. But people and the system may once again get complacent and a third wave may become a reality. *We also do not know how long the antibody-mediated protection lasts. We need to look into T-Cell memory and its role in long-term protection.* The issue of vaccinating children will become a priority, since, being asymptomatic, they are the largest carriers to spread the disease. This would call for independent trials based on age groups. A few other public sector units have also been supported for capacity building and can become major vaccine manufacturing centres over time. *Viral variants will evolve, especially under vaccine pressure, and pose challenges to vaccine efficacy.* Constant tweaking may be needed or a new vaccine strain may be added each year. Vaccines produced using different platforms may be priced differently and it is possible that we may have a poor man's vaccine and a rich man's vaccine since the government may not subsidise the cost forever. One hopes that these efforts will also prepare India for a future pandemic.

FORGET 'PLAY', THE MACHINE NEEDS TO BE SCRAPPED (PARTHA MUKHOPADHYAY - SENIOR FELLOW, CENTRE FOR POLICY RESEARCH, NEW DELHI)

The submission provides three good reasons to revisit the new "liberalised" policy. First, it is indefensible and out of line with international practice; put bluntly, it is patently stupid. Second, it is incoherent and internally inconsistent — *it alludes to liberalisation while controlling both price and quantity for every State — an inevitable consequence of the infeasibility of a liberalised policy at this time.* Indeed, the Centre is currently threatening to penalise States that are not administering sufficient second doses. Third, the submission frequently resorts to legal legerdemain, obfuscating the argument, instead of constructively addressing the essential problem at hand. To begin with, at a time when the Centre is deciding which manufacturer of Remdesivir, hitherto a competitively marketed drug with multiple manufacturers, will sell how



much to which State at what price, it is concomitantly deregulating the vaccine market, which currently has just two suppliers, in a situation of extreme shortage, exacerbated by adding 600 million 18 to 44-year-old citizens to 200 million unvaccinated people above the age of 45. This is far from using “differential pricing... to instil a competitive market”, a goal best left for later. *In every other country, only the national government is buying vaccines, with odd exceptions such as Indonesia and the Philippines, where corporates are allowed to buy internationally, to vaccinate their workers for free. It is also perplexing why Covaxin is not more widely licensed, given that the affidavit makes it clear that much of the core work in developing the vaccine was done at the ICMR-NIV in Pune.*

The high price States will pay

In the affidavit, the Centre baldly admits that “by nature of its large vaccination programme, [it] places large purchase orders for vaccines as opposed to the State Governments and/or Private Hospitals and therefore, this reality has some reflection in the prices negotiated” — i.e., it can buy vaccines cheaper than States or the private sector. If so, why should it not buy and distribute, as it was doing till April 30? Next, *the Centre takes 50% (it may have booked more than its share) to give to States for the 45-plus age group, and the States get 25% of the total vaccine production for their use.* Each State is “informed by the Central Government in writing about the number of vaccines it would receive....” Further, “by conducting informal consultations with the vaccine manufacturers, [it] ensured that the prices of vaccine is uniform for all the States”, i.e., the Centre has fixed both quantity and price. It is clearly not a liberalised policy. *The balance 25% in each State “will go to the private sector based upon the contracts between private sector and vaccine manufacturers,” but how is the private sector in a specific State defined, since contracts are at a corporate level and not by State units?* Also, what happens if the private sector cannot absorb the 25%? After all, *in terms of CoWIN sites, the private sector, which earlier had about 10% share, is now under 3%.* Day before yesterday, Bihar had nine sites, Chhattisgarh, 32 and Arunachal Pradesh had none. *The private sector allocation actually privileges large urban areas, where it is more present.* Thus, instead of the full production at zero cost, the States now get one quarter of the production at twice or more the price paid by the Centre. The private sector will access the other quarter, at a landed cost that, based on current reports, might be up to 10 times the price it paid earlier. Little did States know that their petulant insistence on immediate universal vaccination would come at such a high price.

The Centre has little to show

But, cannot States secure other supplies, e.g., via global tenders that many are now floating? The affidavit states, quite sensibly, that “efforts in the direction of procurement of other vaccines from other countries is essentially a responsibility of the Central Government” and “discussions for procurement of vaccines... has been going on since third-quarter of 2020... These negotiations are a complex undertaking which is currently ongoing on a war footing using all resources including diplomatic channels.” Effectively, the Centre has been trying for over six months, with little to show for it. Thus, States are either being led up the garden path — it is difficult to accept that States are so naive — or their global tenders are just grandstanding. Finally, legal legerdemain, that is most evident in the response to door-to-door vaccination. Yes, it is impracticable. But, the spirit was to make vaccination easier to access, e.g. through pop-up centres in communities, maintaining the necessary protocols. Instead, after expending five pages on creating and demolishing an unnecessary straw man of door-to-door vaccination, the affidavit dismisses the



central question as to “whether the Central government will revisit its policy by procuring 100% of the doses which can then be equitably disbursed to the State Governments” with an airy “the answer has been already elaborated hereinabove”, when it has no such answer. Is there not enough residual trust between the Centre and States for such equitable distribution? If so, the need is to reinvigorate this trust, rather than accept policies leading to further Balkanisation. *What then does this liberalised policy accomplish? It increases the vaccine maker’s revenue, with a weighted price of ₹477 per dose for Covaxin and ₹302 per dose for Covishield, based on prices to be paid by States and private firms. (On pricing, the weighted average is calculated based on a share of 50% for the Centre, 25% for States and 25% for the private sector for both vaccines, according to the affidavit. Covaxin and Covishield are both at ₹154 — <https://bit.ly/2SBTwwa> — for the Centre, and ₹400 for States and ₹1,200 for the private sector for Covaxin and ₹300 for States and ₹600 for the private sector for Covishield.) While this is possibly too high, their revenue can be raised more simply by increasing the Centre’s price, currently ₹154, and providing the comfort of large long-term orders for 100% of India’s needs, enabling firms to invest more and sell globally.* States could bear the extra cost directly without this convoluted new policy. It could even be financed by special interest-free 50-year loans to States, as promised last year for infrastructure, by the Finance Minister. The Union Minister for Health has clearly stated that “those who can afford to get them at the private and corporate sector rates shall go ahead” (<https://bit.ly/3y54hrd>). Should such a policy be accepted, one that makes supplies less reliable and vaccination more expensive and less equitable across geographies and sends the marginalised to the back of the queue? One that delays vaccinating the vulnerable, by halving their allocation? Or should this “new” policy just be scrapped?

VACCINE INEQUITY DEEPENS IN YOUNG: 85% OF THOSE JABBED ARE IN JUST SEVEN STATES

In what underlines the absence of a transparent formula for allocation and raises critical questions of vaccine equity, seven states account for almost a staggering 85% of all vaccine doses administered to those in the 18-44 group since that opened on May 1. Records analysed by The Indian Express show that the pattern contradicts assurances given by the Centre to the Supreme Court that to ensure equity, it has worked with private manufacturers to factor in states’ population. Of the 34.66 lakh doses administered from May 1-May 12 to those in the 18-44 age group (the cohort for which states have to procure from the open market), *over 85% were administered in seven states: Maharashtra (6.25 lakh), Rajasthan (5.49 lakh), Delhi (4.71 lakh), Gujarat (3.86 lakh), Haryana (3.55 lakh), Bihar (3.02 lakh), and Uttar Pradesh (2.65 lakh).* Except for Delhi, these are six of the 13 states of concern flagged by the Centre that together account for 82.51% of India’s total active cases. Yet, while the seven states mentioned above recorded over 85% of vaccinations, the remaining seven “concern states — with more than 1 lakh active cases — administered a dismal 5.86% of the total doses to their 18-44 population. In fact many states have curbed vaccinations to this group because of shortage. Consider this: Karnataka, with the country’s highest active caseload (5.87 lakh), administered just 74,015 doses; Kerala, with the third-highest active caseload (4.24 lakh), administered merely 771 doses. Andhra Pradesh, with the sixth-highest caseload (1.95 lakh), administered 1,133 doses; Tamil Nadu, with the seventh-highest case load (1.62 lakh), administered 22,326 doses; West Bengal with ninth-highest caseload (1.27 lakh) administered 12,751 doses; Chhattisgarh with tenth-highest cases load (1.21 lakh) administered just 1,026 doses. This pattern is telling. First, *because the Centre, while distributing 50% of its doses*

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to the states to vaccinate only health care workers, frontline workers, and those above the age of 45, uses “extent of infection” (number of active Covid cases) as one of the three criteria to allocate vaccines. But this criterion, meant to break the chain of transmission and reduce mortality in high caseload states, is not the factor in the allocation of vaccines to the 18-44 age group for which states have to necessarily procure vaccines from the open market. The two other criteria used by the Centre are performance (average consumption and speed of performance) and wastage. These don't seem to matter when it comes to the 18-44 year group. For instance, Kerala is one of the best performers in terms of recording the lowest vaccine wastage and has administered an impressive 81.12 lakh doses. But it has administered merely 771 doses to 18-44 age group. Significantly, the Centre, in its affidavit to the Supreme Court, assured that “in consultation with the vaccine manufacturers,” it has determined the pro-rata population of each state in the 18-44 group.” And that “each state will procure only that quantity so that there is no disparity in availability of vaccines between the states inter-se either based upon difference in their bargaining power or otherwise.” The Centre added that it informs each state in writing the number of vaccines it would receive for the month of May 2021, “from the manufacturers which would be the figure of pro-rata number of state’s population which belong to 18-44 years age group.” But records show disparity on this count, too. *Telangana and Assam have similar population of over 3 crore. However, when it comes to the 18-44 group, while Assam has administered 1.31 lakh doses, Telangana has administered a dismal 500.* Similarly Uttarakhand which has around 1 crore population, administered 50,968 doses; however, Punjab and Jharkhand which have population of around 3 crore administered just 5,469 and 94 doses respectively.

A NATIONAL HEALTH SERVICE IN INDIA (ARVIND SIVARAMAKRISHNAN - FORMER VISITING PROFESSOR IN THE DEPARTMENT OF HUMANITIES AND SOCIAL SCIENCES AT IIT MADRAS)

“When we fall sick, we die.” The villager who said that to a student of mine may have got unpleasantly close to the truth about the condition of healthcare in India. The current surge in COVID-19 infections has exposed problems amounting to near-chaos throughout Indian healthcare, even if the pandemic has also brought to light Herculean attempts by medical staff, patients’ families, and governments to try and cope with what has been called a tsunami, one which is rapidly getting worse. While those involved in the clinical response are clearly doing their often-desperate best — care staff are at high risk of contracting COVID-19 — the Central and State governments are now coordinating measures within and across their respective jurisdictions. For example, the railways are running special trains carrying oxygen supplies, and the military is also involved in supply chains. The Karnataka government has ordered private hospitals above a certain size to reserve 75% of their beds for COVID-19 patients who will be paid for under a public scheme. Other States have taken similar measures. The Supreme Court has, suo motu, called for a national plan to deliver oxygen and vaccines. The responses to the worsening COVID-19 crisis are, nevertheless, not free of tensions. Some private healthcare providers have objected to public authorities’ orders on widened patient access, and the Supreme Court’s call for a national supply plan has been publicly criticised in the political sphere. Some of the problems have occurred on previous occasions. At least one private hospital chain has lost a court action over its failure to treat a government-specified quota of poorer patients; the quota was a condition of help with land allocation to build a hospital.



System under strain

Yet the current crisis may well redirect national attention to what is only barely recognisable as a system of healthcare. India's fragmented, often corrupt, urban-centred, elite-focused and wretchedly underfunded agglomeration of clinics, hospitals, and variably functional primary health centres can look like no more than an accidental collection of institutions, staff, and services. India's public spending on health is set to double in the 2021-22 financial year, but that is from a figure that has long been only a little over 1% of GDP. In certain rural areas, the doctor-population ratio is over 1:40,000. India's healthcare providers, however, have the task of serving 1.4 billion people, for the overwhelming majority of whom sickness or serious injury of any kind is a matter of lifelong dread. Medical expenses constitute the major reason for personal debt in India, whether the causes are episodic afflictions or, for example, those caused by environmental conditions which none can escape, such as air pollution (which the journal Lancet Planetary Health says this accounted for 1.7 million deaths in India in 2019; the annual business cost of air pollution is currently estimated at \$95 billion, which is about 3% of India's GDP).

An idea whose time has come

In effect, COVID-19 may bring about serious consideration of an Indian national health service. National public discussion of that would be almost unprecedented in India, but the idea itself is not new. *In 1946, the civil servant Sir Joseph Bore submitted to the then government a detailed proposal for a national health service broadly modelled on the British National Health Service or NHS, which was on the way towards legislative approval in Britain. Bore went further by recommending that preventive and curative medicine be integrated at all levels. The British plan had been drafted in the 1930s, as problems worsened in healthcare services. The fact of the Second World War, in the darkest hours of which a plan was prepared to transform Britain into a post-war social democracy with a comprehensive welfare state and a universal free public health service supporting a mixed economy, may therefore have been catalytic rather than decisive in the creation of the NHS. The result is a mighty achievement in public policy, politics, and the provision of top-class universal healthcare, including training, research, and changing engagement with the public as society changes. The service is funded entirely from general taxation. The budget includes payment to general practitioners, most of whom remain private providers but are paid by the state for treating NHS patients. Items listed in general practitioners' prescriptions incur no charges in the devolved regions of Scotland, Wales, and Northern Ireland, and in practice only a proportion of patients in England have to pay for prescription items. All hospital treatment and medicines are free, as are outpatient and follow-up appointments. The British public share the costs through their taxes, and almost without exception receive treatment solely according to their clinical needs. With about 1.1 million staff, the NHS is the largest employer in the U.K. Its current budget is about 7.6% of GDP, but despite its size and scale, it provides highly localised access to care.*

Problems in the NHS

Of course, problems have arisen. Among them are largely unintended inequalities in the time and attention given to patients of different social classes (this discovery resulted in substantial changes), huge and frequent reorganisations imposed by Central government, and often ideologically driven underfunding. Nevertheless, many senior hospital consultants who were opposed to a public health service when the NHS started have declared unreserved support for it



in at least one national conference resolution. An authority on the NHS has said that it is the most loved and trusted institution in the country and is held in even higher regard than the monarchy. India now faces a very serious health crisis, possibly the worst since Independence. By all accounts, several areas of the Indian healthcare provision are under severe strain. The precise structure envisaged by Bhore may need some adaptation for today's society and conditions but dealing effectively with the pandemic may itself require the urgent creation of an Indian National Health Service.

MORE NURSES LEAD TO FEWER PATIENT DEATHS

The years 2020–21 have been designated by WHO as the International Year of the Nurse and Midwife to honour the 200th anniversary of Florence Nightingale's birth, Nightingale's innovative work with statistics showed the importance of hospital hygiene in preventing deaths; her research showed trained nurses were associated with reduced hospital deaths. May 12, Florence Nightingale's birth anniversary, is International Nurses Day. *New research suggests that patient harm can be further reduced by investments in nurse staffing. A study across 55 hospitals in Queensland, Australia suggests that a recent state policy to introduce a minimum ratio of one nurse to four patients for day shifts has successfully improved patient care, with a 7% drop in the chance of death and readmission, and a 3% reduction in length of stay for every one less patient a nurse has on their workload. The study of more than 400,000 patients and 17,000 nurses in 27 hospitals that implemented the policy and 28 comparison hospitals has been published in The Lancet. In 2016, 27 public hospitals in Queensland were required to instate a minimum of one dedicated nurse for every four patients during day shifts and one for every seven patients for night shifts on medical-surgical wards. The research team collected data from those 27 Queensland hospitals that instated ratios and from 28 other hospitals in the state that did not, at baseline in 2016 and at follow-up in 2018 (two years after the policy was implemented). Only nurses in direct contact with adult patients in medical-surgical wards were included. Researchers used patient data to assess demographics, diagnoses, and discharge details for patients, as well as length of hospital stay. These data were then linked to death records for 30 days following discharge, and to readmissions within seven days of discharge. The chances of being readmitted increased by 6% in the comparison hospitals over time, but stayed the same in hospitals that implemented the policy. Between 2016 and 2018, the length of stay fell by 5% in the hospitals that did not implement the policy, and by 9% in hospitals that did. When nurse workloads improved by one less patient per nurse, the chance of death and readmissions fell by 7%, and the length of hospital stay dropped by 3%.*

A MATTER OF CONCERN

The Indian variant, B.1.617 and its family of related coronaviruses have been categorised as a Variant of Concern (VOC) by WHO, a classification which will now prompt greater international scrutiny of those who test positive overseas. While there are several so-called 'variants of interest', only three, other than the B.1.617, have been categorised as VOC — *the U.K. variant (B.1.1.7), the South Africa variant (B.1.351) and the Brazilian variant (P2).* Usually, in countries that detect emergent variants, it is the health authorities there who flag them as potential VOC. *To qualify as one, the identified variant must be linked to increased transmission or be associated with more severe disease or found to be evading detection by diagnostic tests.* Concerns that the B.1.617 may be playing a role in disease spread in India were expressed by scientists by mid-March. The INSACOG,

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or the Indian SARS-CoV2 Genomic Consortia, had flagged a variant with two concerning mutations, E484Q and L452R, that separately had been found in other variants elsewhere. *INSACOG said they now seemed to appear together on a variant that was linked to a large fraction of cases in Maharashtra and began to be called 'double mutant' or even 'triple mutant' (as it also had another important mutation, P614R).* In March nearly 20% of the cases out of Maharashtra, which has consistently been among the most afflicted States, were being linked to the variant. However, it was in early April that this variant became formally classified as a lineage, B.1.617. It was only after the U.K.'s labelling it as a VOC that it was called so by health authorities in India. In fact, unlike the United States's CDC or Public Health England, India still does not have a classification criterion for labelling viruses as variants of interest, or concern. Classifying variants is not just a matter of mere academic interest. *Based on the prevalence, some variants may go on to become the dominant strain in a region or multiple geographies. It then becomes the responsibility of vaccine companies to check whether their vaccines continue to be effective.* Such studies have already begun in India, but while laboratory studies show that vaccines continue to be effective, some of the emerging variants do seem to be better at evading antibodies. Along with monitoring reinfections and cases of breakthrough infections (testing positive after being double inoculated), flagging variants must be seen as a crucial health response. *Detecting newer variants does not always merit radical changes in public health response — such as masking up — but they go a long way in reminding people to continue being alert, viewing vaccines as an important defence but not a magic pill, and keeping health authorities on their toes.*

FCRA HURDLE MAY BLOCK FOREIGN COVID AID TO HOSPITALS, NGOS

Indian entities, including hospitals and charitable trusts, hoping to receive COVID-19 relief material from overseas individual donors or donor agencies, could be in trouble, unless they are registered under the Foreign Contribution Regulation Act (FCRA) with a stated objective involving provision of medical care. On May 3, the government permitted imports without GST levies for pandemic relief material donated from abroad for free distribution in the country, delegating States to certify the entities that will receive such imports. However, no exemption has been granted from the FCRA law that requires any domestic entity receiving foreign material or cash donations to have requisite approvals from the Ministry of Home Affairs. Sources said this ambiguity and the prospect of facing prosecution under the FCRA Act's strict provisions is jeopardising some large donors' plans to buy equipment like oxygen plants and concentrators for Indian hospitals and smaller charities and informal groups of persons working in rural areas with weaker health infrastructure. In the case of a large hospital, where nearly two-dozen patients died after Oxygen supplies were not replenished in a timely manner, foreign donors are keen to donate an oxygen production plant on its premises, but the lack of an FCRA nod is holding up the process. As FCRA approvals take a lot of time, the government needs to urgently grant an exemption for all such donations, tax and legal experts told The Hindu. "The notification would not meet the intended objective, in the sense that no entity can receive foreign aid in cash, medicines or equipment to save lives, without an FCRA registration. Moreover, the intended use of such foreign contribution should also match the specified objective of the trust at the time of FCRA registration," said Gaurav Gupta, a Delhi-based lawyer who is privy to several similar cases. "The FCRA law does not provide any blanket exemption for imports exempted by the Central Government, so no such exemption is available for importers of such COVID aid. It is advisable that the Centre issues a clarification exempting the receiver/importer from complying with the FCRA provisions for approval and

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other compliances,” Suresh Surana, founder of tax consulting firm RSM India said. The said notification may at best be beneficial only for State-approved entities with FCRA approvals and a stated objective of providing healthcare services, said Mr. Gupta.

237 OF 320 VENTILATORS RECEIVED THROUGH PM CARES FUND ‘DEFECTIVE’

As COVID-19 cases continue to surge in Punjab, putting its medical infrastructure to test, at least 237 of the 320 ventilators received through the PM CARES Fund at the three government medical colleges are defective and non-functional. Professional adviser to Punjab’s COVID-19 response and procurement committee, Dr. Raj Bahadur, told The Hindu on Wednesday that the government of India has been providing ventilators to States which are allotting them to various medical institutions. “The medical college in Patiala received 98 ventilators from the PM CARES Fund. Though 48 of them were made functional after repair, they are still not put to use because the anaesthetists are not confident lest they should break down at critical times. Another 50 are non-functional there. The college is using its own 61 ventilators,” he said. “At the medical college in Amritsar, only 12 of the 109 ventilators provided by the Centre are functional. Similarly, at the Guru Gobind Singh Medical College and Hospital in Faridkot, 90 of the 113 ventilators are non-functional.

Tremendous pressure

“..as the number of COVID-19 patients is increasing, there is tremendous pressure on the institutions for providing ventilators to critically ill patients. We have been regularly informing the State regarding the malfunctioning and the Health Department has conveyed the same to the government of India in loud and clear words. It is to be inquired whether the other States have received functional ventilators or not from the PM CARES? I believe other States too might be facing a similar situation,” he said. Mr. Bahadur said it is imperative that the Centre should have provided a long-term annual maintenance contract for these ventilators. “Currently, we are working with State-owned resources to fight the pandemic,” he said. The Opposition parties have demanded a probe into the issue.

QUERIES RAISED ON DRDO’S COVID DRUG

A drug developed by the Defence Research and Development Organisation (DRDO) has been approved by the Drug Controller General of India (DCGI) for “emergency use” in those with moderate to severe COVID , but independent experts say that from the information so far available, the drug’s utility in COVID care has not been established. *The lack of published data on its performance in human trials, opaqueness on whether the phase-3 trial objectively evaluated the benefit from, or lack of it, of the drug and the drug’s history — of being an unapproved anti-cancer drug and therefore potentially able to harm healthy cells — some of the concerns contributing to the uncertainty,* experts told The Hindu. *2-Deoxy-D-Glucose drug has historically been extensively tested for treating cancer but is so far an unapproved drug.* The Institute of Nuclear Medicine and Allied Sciences (INMAS), a lab of the DRDO, in collaboration with Dr Reddy’s Laboratories (DRL), Hyderabad, too has been studying this drug, in the context of radiation therapy for cancer.



Medical mechanism

The drug had been tested in trials and was given to Dr Reddy's Laboratories in 2014 as part of a collaboration, according to Dr. Sudhir Chandna, Additional Director, INMAS, DRDO. *The basic mechanism of the drug involves inhibiting glycolysis, or one of the ways in which cells break down glucose for energy. This approach while used to starve and kill cancer cells, could in theory work in inhibiting virus cells too, that were almost entirely dependent on glycolysis for replication.* Tests at the Centre for Cellular and Molecular Biology, Hyderabad, last year indicated that the drug demonstrably killed virus cells after which it progressed to trials in people. Dr Reddy's in its application to the SEC for Phase-2 trials in June 2020, noted that while the drug was yet unapproved, it had been tried in 218 clinical trials so far as an anti-cancer drug. Announcing the success of the drug, a press statement from the DRDO said: "Clinical trial results have shown that this molecule helps in faster recovery of hospitalised patients and reduces supplemental oxygen dependence. Higher proportion of patients treated with 2-DG showed RT-PCR negative conversion in COVID patients." *"Cancer cells depend heavily on glucose for their survival and hence by tagging them with 2DG we can restrict cancer cell growth. Similarly, it can also affect high glucose utilising normal cells like brain cells (neurons) and could cause brain related side effects,"* Dr. Cyriac Abby Philips, who specialised in Hepatology and Liver Transplant Medicine, at Rajagiri Hospital in Kerala said in an email.

USE OF CT SCANS AND STEROIDS FOR COVID-19

As doctors try out different protocols to manage patients with COVID-19, Dr. Randeep Guleria, director of the *All India Institute of Medical Sciences (AIIMS) and member of the National Taskforce on COVID-19, has cautioned against the use of CT scans indiscriminately to diagnose the disease, especially in the early stages. This exposes individuals to unnecessary radiation, which could be harmful in the long run, he said. A single CT scan is equal to 300 X-rays, Dr. Guleria warned, which may increase the risk of cancer later in life for young people.* Doctors and the World Health Organization (WHO) are also cautioning against the use of corticosteroids like dexamethasone, a potent anti-inflammatory drug, for patients who have non-severe COVID-19. Corticosteroids have been proven to benefit patients with moderate and severe infection.

When is a CT scan advised for a COVID-19 patient?

An RT-PCR test is the standard for diagnosis or confirmation of COVID-19. Use of CT for the diagnosis of COVID-19 should be restricted to that *subgroup of patients who may have classical symptoms of the illness but have a negative RT-PCR test result.* However, a chest CT can be useful in evaluating patients with *moderate or severe disease, to identify complications like thromboembolism or pneumomediastinum. There are certain situations involving COVID-19 patients in which a clinician might depend on a CT scan to arrive at treatment decisions.* These include scenarios where a patient may have classical symptoms of COVID-19 but his RT-PCR test is negative, or situations when a CT pulmonary angiogram might be in order to rule out pulmonary embolism in a patient who is on anti-coagulants and steroids and is not showing any signs of recovery. *Also, in cases where a patient in the ICU with severe COVID-19 is not showing any improvement and a chest X-ray shows new lesions, a CT appearance might give a clue towards a diagnosis of dangerous COVID-19-associated fungal super-infections like aspergillosis or mucormycosis. In a fourth scenario, a clinician might order a CT chest to rule out spontaneous*

3RD FLOOR AND 4TH FLOOR SHATABDI TOWER, SAKCHI, JAMSHEDPUR



pneumomediastinum, a life-threatening complication. “However, these four scenarios together constitute less than 2% of situations where a CT chest is ordered in COVID-19 cases. Rather than CT findings, it is oxygen saturation that is the key to treatment decisions. Yet, in 95% of the cases, CT scan is a misused tool, often prescribed to rule out pneumonia even in mild cases of COVID-19. There is no point in ordering CT early in the course of COVID-19 because even patients with mild severity may have some ground-glass opacities in the lungs, which do not merit treatment and will resolve on their own,” says R. Aravind, Head of Infectious Diseases, Government Medical College, Thiruvananthapuram. *The consensus statement from Fleischner Society, an international, multidisciplinary association for thoracic radiology, states that “imaging is not indicated” in suspected COVID-19 infection with mild clinical features. The statement supports the use of imaging in patients with worsening respiratory status as well as in those with moderate to severe clinical features that are indicative of COVID-19 pneumonia. To sum up, although CT has been used in assessing the severity of COVID-19 pneumonia, its routine use is not recommended.*

Are multiple CT scans harmful?

When indicated, a chest CT should be performed with a low-dose, single-phase protocol using fast scanning techniques to minimise motion artifacts (patient movement leading to subtle errors). There is no evidence to support the use of routine multi-phase chest CT in patients with COVID-19 pneumonia. Dr. Guleria said according to data from the International Atomic Energy Agency, one CT scan was equivalent to almost 300 to 400 chest X-rays, which put youngsters at substantial risk of cancer in the long term. A study published in the New England Journal of Medicine in 2007 said based on data from 1991 to 1996, 0.4% of all cancers in the U.S. may be attributable to radiation from CT studies and that the current estimate could be in the range of 1.5% to 2%. Apart from all this, the risks of transmission and contamination faced by radiology technicians and staff every time a COVID-19 patient undergoes diagnostic imaging, especially in an air-conditioned, closed space, cannot be dismissed.

Why are steroids being prescribed for COVID-19 patients?

Even though many doctors in India had started treating seriously ill COVID-19 patients with corticosteroids like dexamethasone much earlier during the pandemic, recommendation on their use from international agencies like the WHO came only in September 2020, following the U.K.'s RECOVERY Trial, which found mortality benefit for patients who received steroids. *In many patients, death occurs following a hyper-immune response (cytokine storm) to the SARS-CoV-2 virus, which damages the lungs and other organs, leading to multi-organ dysfunction syndrome. Corticosteroids like dexamethasone, as anti-inflammatory agents, work by calming down the immune system and preventing the progression of organ damage. “Steroids are the most potent weapon we have to combat COVID-19. But the therapeutic window for starting steroids has to be spot-on. Determining the timing, dosage and duration is an art which has to be mastered,” says Dr. Aravind. One of the main concerns is that we do not want to start steroids too early in the illness when viral replication is happening as it might interfere with the immune system’s natural ability to fight back.* We also do not want to miss that critical point when steroids can prevent the immune system from unleashing the cytokine storm, he says. *The WHO guidelines say that steroids may be administered to patients whose resting saturation levels are below 94% and whose respiration rate at rest is over 24 per minute. However, steroids can benefit some patients who are not on supplementary oxygen yet but are showing early indications that they might worsen.* Kerala’s



guidelines thus talk about recognising exertional desaturation — the fall or depletion in oxygen saturation reading by over 3% from the baseline oxygen levels, post-exercise or after the six-minute walk test — and addressing it at the right time so that interstitial inflammation can be arrested. The walk test requires individuals to walk for six straight minutes, without a pause, on an even surface with an oximeter on the finger. After six minutes, if the oxygen level does not go down, the individual will be considered healthy. But if the oxygen level drops below 93%, or by 3%, or if the individual suffers from breathlessness, then they are advised to seek medical attention. “We want to pick up patients who are at risk of progressing to hypoxemia at rest. The earliest feature of COVID-19 pneumonia will be interstitial involvement, which leads to a demand-supply mismatch of oxygen. *So, patients with normal oxygen saturation (> 94%) at rest in room air and who are clinically stable are put through the six-minutes/40-step walk test. If the oxygen levels drop after the walk test, these patients may be started on low-dose steroids after consulting the pulmonary specialist or a physician to prevent the cytokine storm syndrome,” says Dr. Aravind.*

When do steroids become a double-edged sword?

That said, steroids can turn out to be a double-edged sword if the dosage, timing or duration of the drug goes wrong. Steroids are not mandated for all patients and certainly not for mild patients in the early stages of the illness. The trigger for starting steroids has to be exertional desaturation and not the day of illness. Dr. Guleria had pointed out recently that he was seeing many mild COVID-19 cases where steroids had stimulated viral replication, causing oxygen levels to drop. There is potential harm associated with the long-term use of steroids in a serious COVID-19 patient. This includes a rise in blood glucose levels, which will need to be carefully managed with insulin to prevent secondary bacterial or fungal infections.

RURAL IMPERATIVE

The year 2020-21 was exceptional, where the farm sector expanded by 3 per cent, even as the Indian economy as a whole contracted by 6.5 per cent. Agricultural exports also grew 17.5 per cent, despite the value of the country’s overall merchandise shipments falling by 7.2 per cent. There were three drivers behind this unusual dichotomy. The first, of course, was Covid-19 cases being very low in rural areas last year and the government exempting agricultural activities from lockdown restrictions. The second was excellent rains and favourable winter temperatures that helped farmers harvest a bumper crop. The third was a spike in global agri-commodity prices from around October, the benefits of which were reaped by soyabean, mustard, groundnut, cotton, arhar, urad and chana growers. All these crops were sold near or above their minimum support price (MSP) levels, making it a Goldilocks moment of sorts for farmers, who produced more as well as realised good harvest prices. The end result was that rural India provided a cushion for the economy, which suffered its worst recession since Independence and the first after 1979-80. The availability of that cushion is in doubt today, with the second wave of the pandemic not sparing even the hinterlands. The Indian Meteorological Department has forecast a normal southwest monsoon, while the Food and Agricultural Organisation’s world food price index hit an 83-month-high in April. On both these fronts — rainfall and prices — the outlook for agriculture, thus, remains favourable. That leaves the one, albeit major, source of uncertainty: The spread, intensity and duration of the pandemic. The sole consolation as of now is that the main kharif planting season will begin only from mid-June with the arrival of the monsoon rains. If the current wave subsides by then, things shouldn’t turn



out too bad. That, needless to add, is a best case scenario — including for tractor, FMCG and cement companies that rode high on rural demand in 2020-21. Last year, the government did two things that were right. The first one was to undertake massive procurement of wheat, paddy, mustard and rabi pulses that were marketed post the lockdown. The second was the record 389.37 crore person-days of employment that got generated under MGNREGA during 2020-21. Both these, together with the Rs 6,000-per-farmer cash transfer under PM-Kisan, ensured sizeable liquidity infusion into the rural economy. This year, there is not much requirement for MSP procurement, barring in wheat. The scope of MGNREGA works is also limited when Covid has made deep inroads into rural areas. The focus should, instead, be more on cash transfers. There's no better time to put to use the JAM (Jan Dhan-Aadhaar-Mobile) infrastructure than now.

BACK IN THE SHORTAGE ECONOMY (PULAPRE BALAKRISHNAN TEACHES AT ASHOKA UNIVERSITY, SONIPAT)

We have been witnessing shortages of almost everything needed to treat COVID-19 patients: hospital beds, drugs, ventilators and, above all, oxygen. The world has taken note, and offers of help have come in from the U.S., the U.K., the European Union, and even China. *India is once again the focus of global attention, as it was in the mid-1960s when two consecutive years of drought resulted in a severe shortage of food. Then, India had to turn to the U.S. for assistance. This did arrive, but grudgingly, for India had not supported the West during the Cold War. The lore is that President Lyndon Johnson had directed: "Send food to India by the shipload, so that she is kept on a short lease". Though that moment in our history is not a happy memory, that of the response of the country's then leadership is inspiring. Prime Ministers Lal Bahadur Shastri, Indira Gandhi and their cabinet colleagues had stirred the scientific and bureaucratic communities to bring about a quantum leap in food production. This was achieved within a few years.* No one imagined that India, a byword for a basket case, would be able to feed itself. *The Green Revolution stands out in Indian history as a display of extraordinary accountability by the political leadership, combining resolve, humility and intelligence.* We crucially miss this today.

Lessons from the sixties

Unlike the two years of drought that tipped the country into food shortages in the mid-sixties, the need for ramping up the health infrastructure could have been anticipated in March 2020 when a lockdown was announced at very short notice. In fact, the medical case for a lockdown was that it would slow the spread of the disease thus avoiding overwhelming the health system and giving time to strengthen the capacity of the health system. The lesson from the Green Revolution is that India has recovered from extremely trying crises, under the most adverse of circumstances, in the past. It is entirely possible to replicate this now, but we need sincere and competent leadership. In many ways the task is far easier today. *Now India has something that it lacked in the mid-sixties, namely, industrial muscle.* It should not be too difficult to ramp up hospital beds, ventilators and oxygen supply within a reasonable time. That certain parts of the country actually have a surplus of oxygen should give confidence on this score. *An additional feature today, again in contrast to the mid-sixties, is the considerable foreign exchange reserve.* Therefore, some crucial medical inputs can be imported, especially vaccines. But it is important to recognise that these measures are absolutely necessary. We should not adopt an ostrich-like posture denying shortage, which the Central government is displaying on the issue of vaccines in particular.



Health spending

The inter-State variation in the death rate in India is directly related to the extent of health spending in relation to the state domestic product. It is also related to health infrastructure, but less strongly.

This is also true for COVID-19-related deaths across South Asia. So, to avert a health crisis in the future, the States would have to raise the level of spending on health very substantially. On average, *States spend only around 5% of their total expenditure on health.* Should we be surprised at the shortages we are facing now? Finally, even as we struggle against the health emergency, a shortage that we should do everything to avoid is with respect to food. Food prices shot up from April 2020 suggesting that there may have been a disruption of supply due to the lockdown. It would be advisable to anticipate a similar disruption following State-level lockdowns now, and take all possible measures to assure the supply chain. The kharif operations are set to commence. As agricultural activity takes place at the level of the States, Prime Minister Narendra Modi needs to interact closely with their leaders and the farming community. This is the abiding lesson from the mid-sixties when we as a nation were in a similar place.

A BULLET TRAIN TO HUNGER (RAJENDRAN NARAYANAN TEACHES IN AZIM PREMJI UNIVERSITY, BENGALURU, AND IS WITH LIBTECH INDIA. DIPA SINHA TEACHES IN AMBEDKAR UNIVERSITY, DELHI. BOTH ARE WITH RIGHT TO FOOD CAMPAIGN)

Pinki is a 28-year-old Dalit woman from Saharanpur, U.P. Her husband met with an accident during the national lockdown in April 2020. The two of them had to sell all their belongings for his treatment and subsequently became dependent on her parents. Such avoidable miseries were heaped on millions due to the unilateral national lockdown in 2020. The monthly report from the Finance Ministry in October stated, "From a trickle in not so distant past to now a sea of humanity coming out on the streets, the people of India have embraced the new normal where self-protection is inseparable from economic activity." It attempts to poetically celebrate the spirit of resilience among the people by alluding to "self-protection" by shying away from the government's responsibility of social protection. The experience for the poor is a kind of syndemic: a juxtaposition of the healthcare crisis due to the pandemic and the daily precarity of having to deal with hunger and uncertainty about livelihoods.

The rural-urban divide

As per the State of Working India report 2021 of Azim Premji University, nearly half of formal salaried workers moved into informal work between late 2019 and late 2020 and the poorest 20% of the households lost their entire incomes in April and May 2020. Considering the modest national minimum wage threshold of ₹375 per day (the Anoop Satpathy Committee), 23 crore individuals have been pushed below these minimal earnings. Poverty rates in rural areas have increased by 15 percentage points (pp) and by 20 pp in urban areas. A worse impact on the urban poor was also observed in other surveys. For instance, many organisations affiliated with the Right to Food campaign and the Centre for Equity Studies, under the banner 'Hunger Watch' (HW), conducted a survey of nearly 4,000 households in 11 States in October 2020. The respondents were equally split between rural and urban. The survey focussed on understanding the hunger and livelihood situation among marginalised communities such as daily wage workers, single women households, people with disability, etc. The differential impact on rural and urban



populations came across in this as well. Incomes reduced by half/quarter for more than half the urban respondents while it was a little over one-third for rural respondents. In October, in rural areas, 26% had no income while 30% had no income in urban areas. For only one in five rural respondents, the nutritional quality of food remained “more or less the same” in October compared to pre-pandemic levels. This was doubly worse for urban respondents. While 54% in urban areas had to borrow money for food, it was 16% lower for rural respondents. Nearly two-thirds of the urban respondents had to skip a meal while it was lower (41%) for rural respondents. Urban respondents experienced at least 12 pp more reduction in consumption of grains and pulses compared to rural. In summary, across 13 key parameters, urban respondents were 15 pp worse off compared to their rural counterparts. The conditions are worse when data are spliced by caste, religion and other special forms of vulnerability. For instance, 60% of Muslims, 51% of Dalits, 58% of older persons without caregivers and 56% of single women-headed households went to bed without a meal at least once. This pattern holds true across other parameters too. The number of respondents in each of these categories varies so they are not strictly comparable. However, the uniformity of these numbers across surveys indicates the disproportionate impact faced by some of these more vulnerable communities.

Two important laws

Under the National Food Security Act (NFSA), 75% of the rural population and 50% of the urban population are entitled to 5 kg of foodgrains each month at subsidised prices. Despite well-known exclusions from NFSA due to identification errors as well as using old population estimates, the additional measures announced by the Central government under the Pradhan Mantri Garib Kalyan Yojana after the national lockdown were restricted to only those already covered by the NFSA. An additional entitlement of 5 kg of foodgrains per individual and 1 kg of pulses per household for free was given to those who hold Antyodaya Anna Yojana (AAY) cards under the NFSA. AAY card holders fall under the extremely poor category. This was discontinued in November. Supplementary rations were available under various State schemes. In the HW survey, a higher proportion of respondents in rural areas (56%) had NFSA cards compared to urban areas (27%). Of the respondents, 36% in urban areas did not have any ration cards compared to 13% in rural areas. Similarly, as per official records, there was a 47% increase in persondays of work under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) in 2020-21 compared to 2019-20 and a record 72 lakh households completed 100 days of work in one year. The wider coverage of the public distribution system (PDS) and a promise for employment in rural areas have perhaps cushioned the blow to some extent compared to urban areas. While still a long way to go, NFSA and MGNREGA have at least demonstrated the importance of expanding the social security nets. PDS entitlements are basic survival kits and fall far short of minimal nutritional requirements for a healthy society. As per conservative estimates, there are at least 33 crore poor households in India. If even the basic survival needs of these households are not ensured, it is like plunging the combined population of Germany, France, the U.K., Spain, Portugal and Italy into irredeemable levels of starvation and malnutrition. With over 100 million tonnes of foodgrain stocks in the Food Corporation of India warehouses (as on May 1), not universalising rations at this stage is akin to taking a bullet train to hunger. The Central government must immediately expand the coverage and quantity under the NFSA for at least one year, increase MGNREGA entitlements to 200 days per household, initiate consultations for an urban employment programme and offer a wage compensation of ₹7,000 per poor household for the next few months.



BUSINESS & ECONOMICS

BENGAL FM CALLS FOR GST COUNCIL MEET

There is an urgent need to call a meeting of the GST Council, especially with the brutal second wave of COVID-19 that is likely to severely hit the economy, West Bengal Finance Minister Amit Mitra said in a letter to Union Finance Minister Nirmala Sitharaman on Thursday. The council has not met since the virtual meeting it held in October last year. Mr. Mitra is the second State Finance Minister to raise the issue in the last ten days. In a letter to Ms. Sitharaman, Punjab Finance Minister Manpreet Singh Badal made a similar demand on May 5. *Mr. Mitra reminded Ms. Sitharaman that the rules dictate that the Council must meet once every quarter of the financial year.* "You would agree that not meeting every quarter to discuss vital issues is not in line with the very principle of cooperative federalism," he said. The alarming shortfall that is expected in the compensation to the States needs to be discussed urgently, he said. As per the government of India's projection, the shortfall was expected to be to the tune of ₹1,56,164 crore in 2021-22, without taking into account the impact of the current COVID-19 crisis. "Now, due to COVID wave-2 and lockdowns, the compensation will be much higher than what was projected earlier. This is undoubtedly, deeply distressing," he said. *GST revenues constitute nearly 50% of the State government's revenue. With the States being the majority stakeholders in the GST Council, they hold the deciding power.* Mr. Badal had earlier pointed out that the committee of officers or the GST implementation committee was formed only for mundane matters, but in the absence of the Council's meeting, it is bringing about substantive changes without consulting States. Opposition parties, including the Congress, have also been demanding that GST be waived on key medical items required to fight the COVID-19 pandemic.

INFLATION EASES TO 4.29%; BASE LIFTS IIP

India's retail inflation slowed to a three-month low of 4.29% in April, from 5.52% in March, helped by softer food prices as well as a base effect. Separately, industrial output surged by 22.4% in March, lifted by the statistical impact of the year-earlier period's Index of Industrial Production (IIP) being significantly lower on account of the national lockdown to contain COVID-19 imposed that month, data from the National Statistical Office showed on Wednesday. Retail food inflation eased to 2.02% in April, from 4.87% in the preceding month, with rural India recording a mere 1.45% food inflation compared with almost 4% in March. Overall rural retail inflation was 3.82%, slower than the 4.77% pace averaged in urban areas. The March IIP data showed manufacturing grew by 25.8% and electricity generation by 22.5% over the year-earlier period, when industrial activity had collapsed 18.7% in the wake of the COVID-19 lockdown. For 2020-21, industrial output shrank by 8.6%, compared with a 0.8% contraction in 2019-20. Manufacturing contracted by 9.8% in the year, while mining production shrank 7.8%. Electricity seemed to have recovered from the initial shock, dipping just 0.5% over the full financial year. Observing that the inflation and IIP data provided strong positive signals for the economy, EY India chief policy advisor D. K. Srivastava, however, stressed that the turnaround in manufacturing related to the period 'just prior to the extensive rounds of lockdowns induced by the ongoing second COVID wave'. While inflation in fuel and light increased in April, indicating that cost-push inflation persists through petroleum prices, Mr. Srivastava reckoned lower demand for food and beverages and other consumption items drove



overall inflation lower. “The policy message is that the government needs to support demand without getting excessively concerned about the pressure on prices of petroleum products,” he said.

Little room for rate cuts

Most economists expect the RBI to remain accommodative, but don't see much room for rate cuts. “As the lockdown base fades away, we expect the CPI inflation to bounce back to an average of 5%” in the remainder of the first half, ruling out the possibility of further rate cuts, said ICRA chief economist Aditi Nayar. *DBS Group economist Radhika Rao emphasised that inflation and IIP data over the next three months were likely to be 'significantly distorted' by base effects.* “Focus has returned to inflation in light of the recent rally in commodity prices,” Ms. Rao observed.

FOREX RESERVES SEE FOURTH WEEK OF GAINS, CLOSE TO ALL-TIME HIGH

The forex reserves registered a growth of \$3.913 billion to reach \$588.02 billion during the week ended April 30, data released by the RBI showed. In the previous week ended April 23, the reserves had risen by \$1.701 billion to \$584.107 billion. With the latest gain, the forex kitty posted its fourth successive week of gains — starting with a rise of \$4.344 billion to reach \$581.213 billion during the week ended April 9. The latest boost also placed the reserves in touching distance of the all-time high of \$590.185 billion, recorded in the week ended January 29. In the week ended April 16, the reserves had swelled by \$1.193 billion to \$582.406 billion. According to data released by the Reserve Bank of India (RBI) on Friday, during the reporting week ended April 30, *the rise of reserves was on account of an increase in foreign currency assets (FCAs), a major component of the overall reserves.* FCAs increased by \$4.413 billion to \$546.059 billion, as per the weekly data by the RBI. *Expressed in dollar terms, the FCAs include the effect of appreciation or depreciation of non-US currencies such as the euro, pound and yen held in the foreign exchange reserves. Gold reserves, meanwhile, declined by \$505 million to \$35.464 billion during the reporting week, according to the central bank data. The special drawing rights (SDRs) with the International Monetary Fund (IMF) rose \$3 million to \$1.508 billion for the week ended April 30. The country's reserve position with the IMF rose by \$2 million to \$4.99 billion in the reporting week, the RBI data showed.* The rising forex reserves could bring some comfort to the government as well as the Reserve Bank in managing the nation's external and internal financial issues at a time when the economy is facing Covid stress once again and it could have an impact on the GDP growth rate for the ongoing fiscal as states are announcing lockdowns. *It is a big cushion in the event of any crisis on the economic front and enough to cover India's import bill for a year.* An increase in the forex kitty could also help strengthen the rupee against the US dollar. Higher reserves could bring confidence to markets that a country can meet its external obligations, demonstrate the backing of domestic currency by external assets, assist the government in meeting its foreign exchange needs and external debt obligations, and maintain a reserve for national disasters or emergencies. *The RBI functions as the custodian and manager of forex reserves, and operates within the overall policy framework agreed upon with the Centre.* It allocates the dollars for specific purposes. For example, *under the Liberalised Remittances Scheme, individuals are allowed to remit up to \$2,50,000 every year.* The central bank uses its forex kitty for the orderly movement of the rupee. It sells the dollar when the rupee weakens and buys dollar when the rupee strengthens.



The value of its investment in gold came down by \$2.54 billion during the six-month period ended March following the decline in gold prices. As at end-March, the Reserve Bank held 695.31 metric tonnes of gold. While 403.01 metric tonnes of gold is held overseas in safe custody with the Bank of England and the Bank of International Settlements (BIS), 292.30 tonnes of gold is held domestically.

According to the RBI, while safety and liquidity constitute the twin objectives of reserve management in India, return optimisation is kept in view within this framework. *While the Reserve Bank of India Act, 1934 provides the overarching legal framework for deployment of reserves in different FCAs and gold within the broad parameters of currencies, instruments, issuers and counterparties, the return on FCA deployment is negligible as interest rates abroad are very low.* The banking regulator did not disclose the return on its FCA investment abroad. The RBI said liquidity risk involves the risk of not being able to sell an instrument or close a position when required without facing significant costs.

BANK V HFC: WHO TRANSMITS HOME LOAN RATE CUTS BETTER?

Even as Housing Finance Companies (HFCs) have come under the direct supervision of the Reserve Bank of India (RBI) since August 2019, existing home loan customers are getting differential treatment from banks and HFCs. Over the last 18 months to 5 years, *if bank customers have seen better transmission of rate cuts in their home loan rates on account of cut in marginal cost of lending rate (MCLR), HFC customers have had limited benefit because of relatively smaller cuts in the prime lending rate (PLR) — something that matters a lot in a long-term product such as a 10-20-year home loan.*

How do existing home loan customers benefit from a cut in repo rate?

While HFCs and banks compete hard on rates to attract new customers, *the cut in rates for existing customers depends on the reduction in MCLR by banks and in PLR by HFCs in response to a repo cut by RBI.* HFCs base their lending rates on PLR and offer a discount on it to customers. While the discount is fixed for the term of the loan, an upward or downward revision in PLR (in line with repo rate movement) impacts the lending rate of the existing customer. As for new customers, the HFC can increase the discount on the PLR to offer a more attractive rate. A cut in PLR is reflected in the effective rate for the customer within three months. In the case of banks, lending rates are based on either MCLR or on the repo rate (since October 2019). When RBI cuts the repo rate, the customer (on the MCLR base) will see a fall in her effective rate only if the bank lowers its MCLR. For new customers, banks could reduce their spread over MCLR to offer an attractive rate. In case the loan is benchmarked against 1-year MCLR, if the bank revises its MCLR, it will reflect in the effective rate of the customer only at the end of the year. *Beginning October 1, 2019, RBI introduced the external benchmarking system to replace the MCLR for home loans and other loans. This new lending rate system is only applicable for loans with floating interest rates. Banks are now offering external benchmark-linked loans that are connected to repo rate, Government of India treasury bills, etc.*



How have rates moved for HFCs and banks?

Since October 1, 2019, the repo rate has come down by 140 basis points from 5.4% to 4%, but the transmission in lending rates has been varied. *While the leading banks have brought their MCLR down by around 110-115 basis points, leading HFCs reduced their PLR by roughly 80 bps in the same period.* But an HFC like LIC Housing Finance has not touched its PLR in the same period — it continues to be 14.7% as in October 2019. This means that an existing LICHF customer (who did not pay a conversion fee) would have received no benefit of the 140-basis-point-cut in repo rate during this period. *In fact, over the last 5 years, while existing home loan customers of leading banks would have seen a decline in their rates by around 190-220 bps on account of cut in the MCLR, HFC customers would have seen a decline of only around 25-30 bps. The cuts in MCLR and PLR have been on account of sharp cuts in repo rate. Between April 1, 2016 and March 31, 2021, the RBI reduced the repo rate by 275 bps from 6.75% to 4%. RBI has in the past raised concerns over transmission of repo cut in lending rates of banks on outstanding loans.*

How do HFCs keep their rates competitive for new customers?

While there is a large gap between banks and HFCs when it comes to passing the benefit of a repo rate cut to existing borrowers, large HFCs compete with banks and offer similar rates to new customers. *As HFC rates are benchmarked to PLR, they increase the discount on PLR for new customers.* But *since existing customers only see a decline in their rates when the PLR is reduced, they do not benefit when the HFC increases the discount on PLR for new customers.* So, if you took a home loan in 2017 and the PLR then was 16%, if the HFC offered a discount of 7%, your effective rate would have been 9%. But once you are on board, your rates would go down only when the HFC reduced its PLR. However, for new customers, as the RBI cuts the repo rate, the HFC cuts its rate by increasing the discount on PLR. A new customer taking a loan in 2018 would have got a higher discount of say 7.5%, thus bringing his effective rate at 8.5% (assuming no change in PLR). *While both HFCs and banks offer the facility of switching to rates being offered to new customers after payment of conversion charge, a reduction in their PLR/MCLR would directly benefit borrowers.* Existing customers often keep paying rates upwards of 9%, even though market rates on home loans have fallen below 7%.

What should existing customers do?

The transmission of rates for existing floating rate home loan customers is not very transparent. Existing customers should keep an eye on the rates they are paying, and compare them with the rates that the bank or HFC is offering to new customers. If there is a difference, they should convert their loans to lower rates after paying conversion charges, which vary from institution to institution. When you pay the conversion fee, the bank/HFC revises the spread on your PLR/MCLR in sync with what it is offering to new customers. This will, however, also depend on your CIBIL score.

AMID COVID EFFECT, BANK STEPS, WILFUL DEFAULTS RISE RS 38,976 CRORE

Banks have added Rs 38,976 crore from 662 borrower accounts as wilful defaulters during the 12 months ended December 2020 when the Covid pandemic hit the country's financial system. With this, total wilful defaults amounted to Rs 244,602 crore from 12,917 accounts as of December 2020, as



against Rs 205,606 crore from 12,255 accounts in December 2019, according to data available from credit information bureau Transunion Cibil. Wilful defaults have now more than doubled from Rs 118,130 crore in December 2017. “Banks are now often using the wilful defaulter status as a weapon to force borrowers to repay loans. *Many borrowers pay up fearing the tag, as once they are declared a wilful defaulter, they won't get any more bank funding. Banks used the wilful default tag during the Covid period, so recoveries improved,*” a banking sector source said. *However, recoveries from some of the top wilful defaulters have remained negligible.* In cases such as Winsome Diamonds and Jewellery Pvt Ltd (Rs 8,000 crore), Kingfisher Airlines Ltd (Rs 10,000 crore), Sterling Biotech Group (Rs 15,600 crore), Rei Agro Ltd (Rs 3,871 crore), Pixion Media Pvt Ltd (Rs 3,000 crore), which were referred to investigative agencies, banks are yet to recover any money. While the agencies have seized assets of these defaulters under the money laundering law, most of the promoters have challenged the attachment — and cases are stuck in various courts. Most promoters, including Jatin Mehta of Winsome Diamonds, Vijay Mallya of Kingfisher, and Nitin Sandesara of Sterling Biotech, have left India and are now locked in legal and extradition battles with the banks and the government. *As per the Reserve Bank of India's (RBI) classification, a 'wilful default' would be deemed to have occurred if the borrower has defaulted in meeting their repayment obligations to the lender even when they have the capacity to honour the said obligations. A wilful default happens when the borrower has not utilised the finance from the lender for the specific purpose for which finance was availed — and has diverted the funds for other purposes, or siphoned off funds, or disposed of or removed the movable fixed assets or immovable property given for the purpose of securing a term loan without the knowledge of the bank.* State Bank of India (SBI), India's largest bank, has topped the list of wilful defaulters with 1,792 borrower accounts owing Rs 62,709 crore as of December 2020. Punjab National Bank is in the second position with wilful defaults amounting to Rs 36,684 crore as against Rs 24,062 crore in December 2019. Banks had offered moratoriums and announced loan restructuring in 2020 to various classes of borrowers to mitigate hardships caused by the pandemic. SBI has declared 1,538 borrowers including companies, with aggregate outstanding of Rs 53,806 crore, as wilful defaulters in respect of loans that were sanctioned before March 31, 2014. Of these 1,538 wilful defaulters, at least 218 have outstanding of more than Rs 50 crore each. *The majority of wilful defaulters are in sectors such as iron and steel, textile, food processing, gems & jewellery, trading, engineering, construction, and infrastructure.* According to data reported by public sector banks, *till December 2020, suits for recovery have been filed in 12,917 cases of wilful defaults. In cases involving secured assets, action under provisions of the Securitisation and Reconstruction of Financial Assets and Enforcement of Security Interest Act, 2002 has been initiated in 8,175 cases.* Apart from this, the Central Bureau of Investigation (CBI) has registered and probed 512 cases of bank loan default at the behest of public sector banks (PSBs) between 2018 and 2020. The probe agency has launched prosecutions in about 269 cases. *According to the RBI's Master Circular on wilful defaulters, once the bank declares a borrower wilful defaulter, no additional funding facility should be granted by any bank to the listed wilful defaulter. In addition, such companies (including promoters) should be barred from institutional finance from banks for floating new ventures for a period of five years from the date of removal of their name from the list of wilful defaulters as published or disseminated by the RBI or credit information companies. Lenders should initiate criminal proceedings against wilful defaulters, wherever necessary, it states.* In March 2014, there were only 5,090 wilful defaulters who defaulted on Rs 39,504 crore. This grew steadily over the years to number 12,917 wilful defaulters and Rs 2.44 lakh crore by December 2020, as per the CIBIL list. *This figure is set to rise further in the coming quarters as banks are expected to add more names to the list. The RBI has allowed credit*

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information bureaus such as CIBIL to disclose the identity of wilful defaulters and those borrowers against whom banks have filed suits for recovery of loans. Regular suit-filed NPA (non-performing asset) accounts of banks involve loans of Rs 6,60,865 crore involving 26,190 borrowers. SBI leads with Rs 1,71,189 crore of 4,873 borrowers, according to CIBIL data.

NATIONAL ASSET RECONSTRUCTION COMPANY TO BE OPERATIONAL NEXT MONTH: IBA CEO

National Asset Reconstruction Company Ltd (NARCL), the name coined for the bad bank announced in the Budget 2021-22, is expected to be operational in June. Bad bank refers to a financial institution that takes over bad assets of lenders and undertakes resolution. The new entity is being created in collaboration with both public and private sector banks, Indian Banks' Association Chief Executive Officer (CEO) Sunil Mehta told PTI. "Various preparatory work is going on and we hope that it should be operational next month. The biggest advantage of NARCL would be aggregation of identified NPAs (non-performing assets). "This is expected to be more efficient in recovery as it will step into the shoes of multiple lenders who currently have different compulsions when it comes to resolving a bad loan," he said. NARCL will take over identified bad loans of lenders, Mehta said. He added that the lead bank with offer in hand of NARCL will go for a 'Swiss Challenge', where other asset reconstruction players will be invited to better the offer made by a chosen bidder for finding higher valuation of an NPA on sale. The company will pick up those assets that are 100 per cent provided for by the lenders, he added. Finance Minister Nirmala Sitharaman in Budget 2021-22 announced that the high level of provisioning by public sector banks of their stressed assets calls for measures to clean up the bank books. "An Asset Reconstruction Company Limited and Asset Management Company would be set up to consolidate and take over the existing stressed debt," she had said in the Budget speech. It will then manage and dispose of the assets to alternate investment funds and other potential investors for eventual value realisation, she added. Last year, IBA had made a proposal for creation of a bad bank for swift resolution of non-performing assets (NPAs). The government accepted the proposal and decided to go for asset reconstruction company (ARC) and asset management company (AMC) model for this. Mehta further said NARCL will pay up to 15 per cent of the agreed value for the loans in cash and the remaining 85 per cent would be government-guaranteed security receipts. The government guarantee would be invoked if there is loss against the threshold value, he added. The Reserve Bank of India (RBI) has said that loans classified as fraud cannot be sold to NARCL. As per the annual report of the RBI, about 1.9 lakh crore of loans have been classified as fraud as on March 2020. To facilitate smooth functioning of asset reconstruction companies, the RBI last month decided to set up a panel to undertake a comprehensive review of the working of such institutions. After enactment of the Securitisation and Reconstruction of Financial Assets and Enforcement of Security Interest (SARFAESI) Act in 2002, regulatory guidelines for ARCs were issued in 2003 to enable development of this sector and to facilitate smooth functioning of these companies. Since then, while ARCs have grown in number and size, their potential for resolving stressed assets is yet to be realised fully.

SEBI'S SUSTAINABILITY REPORTING NORMS MANDATE ESG OVERVIEW

The Securities and Exchange Board of India (SEBI) on Monday issued a circular notifying new disclosure norms on sustainability related reporting for the top 1,000 listed companies by market cap by FY23. Such a reporting will now be under a new business responsibility and sustainability

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report (BRSR) format. The decision was first made at SEBI's board meeting on March 25. "The BRSR is a notable departure from the existing business responsibility report and a significant step towards bringing sustainability reporting at par with financial reporting," SEBI said in the circular. Now, the companies will need to provide an overview of their material environmental, social, governance risks and opportunities and approach to mitigate or adapt to the risks along with financial implications. The social-related disclosures will cover the workforce, value chain, communities and consumers. Companies will have to disclose the gender and social diversity of employees, including measures for differently-abled employees and workers, occupational health and safety and trainings. On the community front, companies need to make disclosures on social impact assessments (SIA), rehabilitation and resettlement and corporate social responsibility. For consumers, they have to make disclosures on product labelling, product recall and complaints in respect of data privacy and cybersecurity.

CABINET NOD TO RS 18,000 CRORE PLI SCHEME FOR BATTERY STORAGE MANUFACTURING

*The Union Cabinet on Wednesday approved an Rs 18,100 crore production-linked incentive (PLI) scheme for manufacturing of advanced chemistry cell (ACC) battery storage. The government estimates the scheme would lead to manufacturing of up to 50,000 MW capacity of battery storage in India with foreign and domestic manufacturers investing Rs 45,000 crore in the sector. Announcing the scheme, Prakash Javadekar, the Minister of Environment, Forest and Climate Change; Information and Broadcasting; and Heavy Industries and Public Enterprises, said **that the country currently imports battery equipment worth Rs 20,000 crore a year. The PLI scheme will not only decrease India's import dependence but would also boost local manufacturing.** "Incentive based on sales, energy efficiency and localisation," Javdekar added. **The latest announcement is a part of the Rs 1.97 lakh crore PLI schemes for 13 key sectors to create national manufacturing champions and generate employment opportunities for the country's youth. Launched last year, initially for mobile manufacturers and pharma ingredient manufacturers, the scheme has been extended to sectors such as telecom and networking products, food products, white goods, solar PV modules, auto and auto components, textile, etc. The scheme extends an incentive of 4-6 per cent on incremental sales for a period of five years subsequent to the base year. The strategy behind the scheme is to offer companies incentives on incremental sales from products manufactured in India. The scheme has been designed to boost domestic manufacturing in sunrise and strategic sectors, curb cheaper imports and reduce import bills, improve cost competitiveness of domestically manufactured goods, and enhance domestic capacity and exports.** Welcoming the move, the Society of Manufacturers of Electric Vehicles (SMEV) said that the new incentive will help in bringing down the cost of electrical vehicles. "Battery occupies a larger portion of any electric vehicle's cost. Thus, the policy move will help us steer towards green growth in the industry, while exponentially increasing our manufacturing capacity," said SMEV Director General Sohinder Gill in a statement. Once battery manufacturing operations kick off in the country, the prices will eventually come down, he added.*

GOVT. ALERTS PSBS AS CAIRN MAY SEIZE OVERSEAS ASSETS

The Finance Ministry has asked public sector banks (PSBs) to be on a high vigil against any attempt being made to seize their overseas deposits to recover \$1.2 billion that the U.K.'s Cairn Energy has

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been awarded against India levying retrospective taxes, sources said. Cairn had previously stated it can seize Indian assets abroad if it is not paid \$1.2 billion plus interest and cost an international arbitration panel had awarded against levy of retrospective taxes. Cash of Indian banks lying in nations such as the U.S. and the U.K. are said to be easy targets for seizing and enforcing the arbitration award. To guard against cash being taken over, the Ministry has asked PSBs to be extra vigilant and immediately report back any attempt Cairn makes to legally attach the deposits, two sources aware of the matter said. This will allow the Indian government to quickly take legal recourse to prevent the assets from being taken over, they said.

OXYGEN CURBS HIT CONTAINER AVAILABILITY

The curbs placed on industrial use of oxygen by the Centre to augment availability of medical grade oxygen for hospitals to save lives of critically ill COVID-19 patients, is impacting exporters by exacerbating a shortage of containers. *Thousands of damaged containers, which arrived with import consignments on shipping lines, have not been repaired due to lack of oxygen and are hence not available for exporters, said industry executives.*

'Damage unavoidable'

With containers being handled by heavy cranes and transported over long distances by trains and trucks, some containers get damaged and typically undergo repairs before being returned to the system. The percentage of damaged containers may be in the range of 1-5% of the total containerised trade, but this volume is significant enough to impede foreign trade when the economy is at a critical juncture, already facing shortages of containers, said freight forwarders and executives from the maritime trade. "Since mid-January, the situation in container movement was easing, following government intervention. But the second wave of the pandemic and shortage of industrial oxygen supply has aggravated the issue of container shortage," said Sanjay Bhatia, co-founder & CEO, Freightwalla, a digital freight-forwarding company. *"Oxygen is essential for repairs and welding of damaged containers; due to the prohibition it cannot be availed of. It has now become a big issue. There are thousands of empty containers lying unrepaired. This has further added to the crisis for exporters,"* he said, adding the problem started from the third week of April. According to industry officials, exports of commodities moving in large volume have been impacted. These include rice, sugar, stones and tiles, as well as plant and machinery. However, light-weight containerised cargo is getting loaded on ships. Besides, *the dwelling time of containers has almost doubled to 45-50 days due to the emergence of the second wave of the pandemic globally on account of short supply of workers,* officials said.

'Imbalance began early'

The imbalance in container supply surfaced from the beginning of the pandemic due to congestion at major ports worldwide and piling of containers in key global destinations due to lockdowns and slower consumption. In such a scenario, any shortage in the supply would naturally hit exporters hard, officials added.



LIFE & SCIENCE

WHY A CHINA ROCKET CRASHING IN INDIAN OCEAN HAS DRAWN NASA FLAK

Debris from a Chinese rocket Sunday made an uncontrolled re-entry into the Earth's atmosphere and disintegrated over the Indian Ocean, with remnants falling at a location to the west of Maldives. The debris came from the upper stage of a Long March 5B rocket– China's largest– that had been launched into space on April 29 for putting into orbit a core module of the new Tianhe space station, which is expected to become operational in 2022. For days, there had been speculation on whether the debris would hit a populated area on the Earth's surface, leading NASA to criticise China on Sunday over lack of transparency and for "failing to meet responsible standards".

Why did the Chinese rocket spark worry?

When a rocket is launched, its discarded booster stages re-enter the atmosphere soon after lift-off and harmlessly fall into the ocean– a standard practice. In this case, however, a 10-floor large vehicle of the rocket weighing 18 metric tonnes went into orbit along with the section of the under-construction space station that it was carrying. While in orbit, this vehicle kept rubbing against the air at the top of the atmosphere, and the resulting friction caused it to start losing altitude. The piece hurtled through a low-Earth orbit at roughly 25,490 km/hr, traced by the US military, Live Science reported. An "uncontrolled re-entry" thus became inevitable, but China did not admit this fact to the world until Sunday, when it said the debris had entered the Earth's atmosphere over the Mediterranean, flown over the Arabian peninsula and crashed near the Maldives at 72.47° East and 2.65° North. Few expected the debris to harm humans, mainly due to most of it burning up in the atmosphere, as well as the fact that large parts of the Earth are covered by oceans and massive land areas lie uninhabited. Still, the incident has raised questions about the space technology that China is developing, and the probability of harm being caused to populated areas in the future. In May last year, pieces from another Long March rocket of the same 5B variant had crashed on Ivory Coast in what became the largest uncontrolled debris fall since the collapse of the former Soviet space station Salyut 7 in 1991. While no injuries were reported in the crash, many buildings were damaged, according to Reuters.

So, what caused the rocket piece to enter into orbit?

When rockets carry their payload into space, their booster stages that reach orbit fire the engine again after completing their job so as to drop back to Earth and not remain in orbit. Space agencies plan this process to ensure that such rocket parts end up in uninhabited areas, such as the middle of the ocean. According to a New York Times report, China chose not to do this for its Long March rocket, leading to its vehicle crashing back uncontrollably. China's plan to launch 10 more missions like this until 2022 to complete the Tianhe has thus sparked worry that pieces from its rockets could end up causing injuries.

Have such out-of-control crashes taken place before?

In March this year, a SpaceX rocket stage made an uncontrolled landing on a farm in Washington state in the US, but this happened due to a malfunction in the engine tasked to bring it down, and not by choice. Even before this, in 1979, when the NASA space station Skylab was brought down, some



of the debris ended up in Australia, leading to an apology from then-US President Jimmy Carter. In 1978, when a nuclear-powered Soviet satellite crashed in Canada, Moscow was forced to bear a part of the expense gone into cleaning the radioactive debris, the NYT report said.

How has the US reacted?

As reports emerged of the rocket part's re-entry, US Defence Secretary Lloyd Austin ruled out shooting it down, but blamed China for being negligent in allowing it to fall out of orbit. The Chinese Communist Party-run newspaper Global Times, however, dismissed criticism of the rocket being "out of control" and potentially dangerous as "Western hype". After the debris re-entry on Sunday, NASA Administrator Bill Nelson said in a statement, "Spacefaring nations must minimize the risks to people and property on Earth of re-entries of space objects and maximize transparency regarding those operations," adding, "It is clear that China is failing to meet responsible standards regarding their space debris."

DECODING INEQUALITY IN A DIGITAL WORLD (REETIKA KHERA - ASSOCIATE PROFESSOR (ECONOMICS) AT THE INDIAN INSTITUTE OF TECHNOLOGY DELHI)

Virginia Eubanks' widely acclaimed book, *Automating Inequality*, alerted us to the ways that automated decision-making tools exacerbated inequalities, especially by raising the barrier for people to receive services they are entitled to. *The novel coronavirus pandemic has accelerated the use of digital technologies in India, even for essential services such as health and education, where access to them might be poor.* Economic inequality has increased: people whose jobs and salaries are protected, face no economic fallout. *The super-rich have even become richer* (the net worth of Adani has increased; <https://bloom.bg/3bh1h3B>). The bulk of the Indian population, however, is suffering a huge economic setback. Several surveys conducted over the past 12 months suggest *widespread job losses and income shocks among those who did not lose jobs.* Worse than the immediate economic setback is that *well-recognised channels of economic and social mobility — education and health — are getting rejigged in ways that make access more inequitable in an already unequal society.*

The switch in learning

For a few, the switch to online education has been seamless. Notwithstanding the Education Minister's statement in Parliament that no one had been deprived of education because of online learning (<https://bit.ly/3vT578y>), at least two young students took their own lives because they could not cope — a college student studying in Delhi and a 16-year-old in Goa whose family could not afford to repair the phone he used. According to National Sample Survey data from 2017, *only 6% rural households and 25% urban households have a computer. Access to Internet facilities is not universal either: 17% in rural areas and 42% in urban areas* (<https://bit.ly/2RIKeOp>). Sure, smartphones with data will have improved access over the past four years, yet a significant number of the most vulnerable are struggling. Surveys by the National Council of Educational Research and Training (NCERT), the Azim Premji Foundation, ASER and Oxfam suggest that *between 27% and 60% could not access online classes for a range of reasons: lack of devices, shared devices, inability to buy "data packs", etc.* Further, lack of stable connectivity jeopardises their evaluations (imagine the Internet going off for two minutes during a timed exam). Besides this, *many lack a learning environment at home: a quiet space to study is a luxury for many. For instance,*

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25% Indians lived in single-room dwellings in 2017-19. If between two and four people share a single room, how can a child study? For girls, there is the additional expectation that they will contribute to domestic chores if they are at home. Peer learning has also suffered. When students who did not study in English-medium schools come to colleges where English is the medium of instruction, they struggled. Yet, surrounded by English speakers, however falteringly, many managed to pick up the language. Such students have been robbed of this opportunity due to online education. *While we have kept a semblance of uninterrupted education, the fact is that the privileged are getting ahead not necessarily because they are smarter, but because of the privileges they enjoy.*

Need a bed? Have an app

Something similar is happening with health care. *India's abysmally low public spending on health (barely 1% of GDP) bears repetition. Partly as a result, the share of 'out of pocket' (OOP) health expenditure (of total health spending) in India was over 60% in 2018. Even in a highly privatised health system such as the United States, OOP was merely 10%* (<https://bit.ly/3xZh2mZ>). Moreover, the private health sector in India is poorly regulated in practice. Both put the poor at a disadvantage in accessing good health care. Right now, the focus is on the shortage of essentials: drugs, hospital beds, oxygen, vaccines. *In several instances, developing an app is being seen as a solution for allocation of various health services. It is assumed that these will work because of people's experience with platforms such as Zomato/Swiggy and Uber/Ola.* We forget that those work reasonably well because restaurants/food and taxis/drivers are available for these platforms to allocate effectively. Patients are being charged whatever hospitals like, and a black market has developed for scarce services (such as oxygen). *The sensible response to such corrupt practices would be to clamp down on the handful who indulge in them. Instead, those in power are looking for digital options such as making Aadhaar mandatory. Digital "solutions" create additional bureaucracy for all sick persons in search of these services without disciplining the culprits. Along with paper work, patients will have to navigate digi-work. Platform- and app-based solutions can exclude the poor entirely, or squeeze their access to scarce health services further.* In other spheres (e.g., vaccination) too, digital technologies are creating extra hurdles. *The use of CoWIN to book a slot makes it that much harder for those without phones, computers and the Internet. There are reports of techies hogging slots, because they know how to "work" the app. The website is only available in English.*

Online sharks

It is also alarming if the pandemic is being used to create an infrastructure for future exploitation of people's data. The digital health ID project is being pushed during the pandemic when its merits cannot be adequately debated. Electronic and interoperable health records are the purported benefits. For patients, *interoperability (i.e., you do not have to lug your x-rays, past medication and investigations) can be achieved by decentralising digital storage (say, on smart cards) as France and Taiwan have done. Yet, the Indian government is intent on creating a centralised database.* Given that *we lack a data privacy law in India, it is very likely that our health records will end up with private entities without our consent, even weaponised against us (e.g., private insurance companies may use it to deny poor people an insurance policy or charge a higher premium).* There are worries that the government is using the vaccination drive to populate the digital health ID database (for instance, when people use Aadhaar to register on CoWIN). No one is asking these questions because everyone is desperate to get vaccinated. The government is taking advantage of this desperation.



The point is simple: *unless health expenditure on basic health services (ward staff, nurses, doctors, laboratory technicians, medicines, beds, oxygen, ventilators) is increased, apps such as Aarogya Setu, Aadhaar and digital health IDs can improve little. Unless laws against medical malpractices are enforced strictly, digital solutions will obfuscate and distract us from the real problem. We need political, not technocratic, solutions. More than 10 years ago, we failed to heed warnings (that have subsequently come true) about exclusion from welfare due to Aadhaar. Today, there is greater understanding that the harms from Aadhaar and its cousins fall disproportionately on the vulnerable. Hopefully, the pandemic will teach us to be more discerning about which digital technologies we embrace.*

GERMANY HALTS FB FROM SHARING WHATSAPP DATA

A German regulator on Tuesday slapped a three-month ban on Facebook collecting user data from WhatsApp accounts and referred the case to an EU watchdog, citing concerns about election integrity. The Hamburg Commissioner for Data Protection and Freedom of Information, with jurisdiction over Facebook's branch based in the city, sent the order to the social network. The tech giant informed WhatsApp users earlier this year that they must consent to a new data use policy to continue using the service. The German authority said in an emergency decision that the terms of that agreement were now null and void for three months. It will hand the case over to the European Data Protection Board, an independent EU body that enforces rules throughout the bloc. The head of the German regulator, Johannes Caspar, said past Facebook data protection breaches as well as Germany's general election in September showed the "dangers" of "mass building of user profiles" that could be exploited.

U.S. SLIDER TURTLES POSE A THREAT IN NORTHEAST

A 'cute' American turtle popular as pet is threatening to invade the natural water bodies across the Northeast, which is home to 21 of the 29 vulnerable native Indian species of freshwater turtles and tortoises. *Between August 2018 and June 2019, a team of herpetologists from the NGO 'Help Earth' found red-eared sliders in the Deepor Beel Wildlife Sanctuary and the Ugratara temple pond — both in Guwahati. They published the "grim" finding in Reptiles & Amphibians, journal of the U.S.-based International Reptile Conservation Foundation, in August 2020. But the alarm was raised after H.T. Lalremsanga and eight others from Mizoram University's Department of Zoology published another report in the same journal in April this year. Their report said a red-eared slider was collected from an unnamed stream, connected to the Tlawng River, on a farm near Mizoram capital Aizawl. The red-eared slider (Trachemys scripta elegans) derives its name from red stripes around the part where its ears would be and from its ability to slide quickly off any surface into the water. "Native to the U.S. and northern Mexico, this turtle is an extremely popular pet ... But on the flip side they grow fast and virtually leave nothing for the native species to eat," Mr. Lalremsanga told The Hindu on Friday. "Much like the Burmese python that went to the U.S. as a pet to damage the South Florida Everglades ecosystem, the red-eared slider has already affected States such as Karnataka and Gujarat, where it has been found in 33 natural water bodies," said Jayaditya Purkayastha of the Guwahati-based NGO. "But more than elsewhere in India, preventing this invasive species from overtaking the Brahmaputra and other river ecosystems in the Northeast is crucial because the Northeast is home to more than 72% of the turtle and tortoise species in the country, all of them very rare," he said.*

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Catch-22 situation

Mr. Purkayastha said the red-eared slider presents a Catch-22 situation. People who keep it as pets become sensitive about turtle conservation but endanger the local ecosystem, probably unknowingly, by releasing them in natural water bodies after they outgrow an aquarium, tank or pool at home.

HOMING SHARKS

Do sharks navigate using Earth's magnetic field?

Several birds and animals have been known to use magnetoreception or the special sense to detect Earth's magnetic field to perceive the location and also track the direction during migration. A new study published in (Current Biology) found the first solid evidence that sharks also use Earth's magnetic fields for their long-distance travel. Sharks undergo precise, long-distance migrations and make round-trips for over 20,000 kilometres. For the study, the team captured 20 juvenile bonnethead sharks (Sphyrna tiburo) from the Gulf of Mexico and transported them to the Florida State University lab for experimentation. They exposed the animals to artificial magnetic conditions which represented locations hundreds of kilometres away from their capture location. They found that the sharks orientated themselves according to the provided artificial magnetic field. Project leader Bryan Keller explained in a release that bonnethead sharks return to the same estuaries each year demonstrating that the sharks know where 'home' is and can navigate back to it from a distant location. But the question of how sharks navigate has remained unanswered for about 50 years because sharks are difficult to study, he adds.

WILDLIFE FORENSICS HELPS CAUSE OF PANGOLINS

Pangolins, despite being listed in Schedule I of Wildlife (Protection) Act, 1972 continue to be the world's most trafficked mammal. The primary demand for its scales in the making of traditional East Asian medicines has led to an estimated illegal trade worth \$2.5 billion every year. To enforce the appropriate national and international laws and to track the decline of the species, researchers of Zoological Survey of India (ZSI), Kolkata, have now developed tools to tell apart the scales of Indian pangolin (Manis crassicaudata) and Chinese pangolin (Manis pentadactyla). They characterised the morphological features and investigated genetic variations between the two species by sequencing 624 scales of pangolins and comparing the sequences with all eight pangolin species. Based on the size, shape, weight and ridge counts on the scales, the team was able to categorise the two species. "These simple morphological characters can be easily measured by the use of a simple Vernier caliper. These metric characters will be of immense utility for the law enforcement agencies for taking spot decision during larger seizures," says Mukesh Thakur, lead author and the Coordinator of Wildlife Forensic Facilities at ZSI. The results were recently published in Forensic Science International.

Estimating casualty

He explains that when scales are confiscated, the wildlife officers just weigh and estimate how many pangolins might have been killed. "This needs revision as the dry weight of the scales from one single mature Chinese pangolin is roughly about 500 to 700 grams. However, in the case of Indian pangolin



it goes up to 1.5 kg to 1.8 kg,” explains Dr. Thakur. *“Studies have shown that between 2000 and 2019, an estimate of about 8,95,000 pangolins was trafficked globally, which mainly involved Asian and African pangolins. This has led to a drastic decline of the species. According to the International Union for Conservation of Nature, Indian pangolins are endangered and the Chinese pangolins are critically endangered.* Therefore, it is important to develop protocols that can readily identify species and the number of individuals poached in seizures,” explains first author Prajnashree Priyambada, a PhD scholar at the University of Calcutta. “Though the Chinese pangolin is distributed mostly in Vietnam, Thailand, Cambodia, the northeastern part of our country is also its home. The population is already limited as it has a limited geographical range, low fecundity with just one offspring a year. It is also facing pressure due to habitat degradation and is prone to local extinction,” adds Dr. Thakur.

Skill-building workshops

“We have been conducting training and skill-building workshops for the law enforcement agencies like various officials of forest department, police, revenue department and wildlife crime control bureau and this method of identifying scales will also be demonstrated soon. Forest guards, customs officials or the airport authority when they undertake search and seizure don't have much of a clue about identification. This study has laid out the methods to take a spot decision, which is crucial to prosecuting the case in the court of law,” adds Dr. Thakur.

STUDY REVEALS INTERESTING FACET OF THE NOVEL CORONAVIRUS

Studies of the coronavirus have largely focused on its ‘spike’ protein. A new study from IISER Bhopal has found that other proteins, in particular, the nucleocapsid or ‘N’ protein may also be responsible for the infectivity of the virus.

SARS-CoV-2 structure

The SARS-CoV-2, or novel coronavirus, consists of an RNA genome contained in a spherical capsule which has many proteins, one of which is the ‘spike’ protein that gives it its characteristic spiky surface or ‘crown’. These spike proteins are the ones that help the virus penetrate and enter the body of human hosts. This is therefore used as a target by those developing vaccines as well as drugs. *In order to test the effect of these formulations on the virus, scientists often use not live virus particles but ‘pseudotype’ them. That is, they use a core which is a different, harmless virus, encapsulate it in a lipid-protein sphere which has spikes on them made by the spike protein. Usually only the spike protein is used in pseudotyping. However, in real situations, the spike protein does not act in isolation but in conjunction with other proteins.* Hence the IISER Bhopal team was curious to study the effect of combinations of proteins on the infectivity of the virus. In their study they used vectors of lentivirus that they had pseudotyped with not only the spike protein but with 24 other proteins in all, including the N protein. “We use lentivirus-derived vectors that have been proven really safe to handle inside the labs to study virus-entry processes,” says Ajit Chande from the Department of Biological Sciences at IISER, Bhopal, who led the study, in an email.

Combination effect



The infectivity of each of pseudoviruses containing the 24 proteins was tested separately, and *the group found that the pseudovirus containing the nucleocapsid 'N' protein had higher infectivity than the others. The researchers used an assay where the extent of infectivity can be readily quantified using either enzymatic activity or fluorescence.*

STUDY FINDS VACCINATION CORRELATED WITH LOWERING OF INFECTIONS

People who received the Pfizer COVID-19 vaccine at a U.S. hospital had dramatically lower symptomatic and asymptomatic infections compared with their unvaccinated peers, according to a study. The research, published in the Journal of the American Medical Association, is among the first to show an association between COVID-19 Pfizer-BioNTech vaccination and fewer asymptomatic infections.

U.S.-based study

"While further research is needed, by preventing infections, including in people who have no symptoms, there is a high possibility that vaccination will decrease transmission of SARS-CoV-2," said Diego Hijano from the St. Jude Children's Research Hospital in the U.S. The study involved 5,217 St. Jude employees who were eligible under Tennessee state guidelines for vaccination between December 17, 2020, and March 20, 2021. More than 58% of employees were vaccinated during that period. Most workers received both doses. *Overall, vaccination reduced the risk of asymptomatic and symptomatic SARS-CoV-2 infection by 79% in vaccinated employees compared with their unvaccinated colleagues, the researchers said. An analysis of asymptomatic infections alone found vaccination reduced the risk by 72%, they said.*

Two doses

Researchers found that protection was even greater for employees who completed two doses. A week or more after receiving the second dose, vaccinated employees were 96% less likely than unvaccinated workers to become infected with SARS-CoV-2, they said. When researchers looked just at asymptomatic infections, vaccination reduced the risk by 90%. During the study, 236 of the 5,217 employees included in the analysis tested positive for SARS-CoV-2. They included 185 unvaccinated employees and 51 of the 3,052 workers who had received at least one dose of the vaccine. Almost half of the positive cases, 108, reported no symptoms upon testing, the researchers said. The asymptomatic cases included 20 employees who had received one vaccine dose and three who tested positive within seven days of the second dose, they said.

WHO APPROVES CHINA'S SINOPHARM VACCINE

The World Health Organization on Friday approved the Sinopharm COVID-19 vaccine for emergency use — the first Chinese jab to receive the WHO's green light. The UN health agency signed off on the two-dose vaccine, which is already being deployed in dozens of countries around the world. The WHO has already given emergency use listing to the vaccines being made by Pfizer-BioNTech, Moderna, J&J, and the AstraZeneca jab being produced at sites in India and in South Korea. "This afternoon, *WHO gave emergency use listing to Sinopharm Beijing's Covid-19 vaccine, making it the sixth vaccine to receive WHO validation for safety, efficacy and quality,*" WHO chief Tedros Adhanom Ghebreyesus said. The WHO recommended that the two Sinopharm shots be taken three to four



weeks apart. The vaccine's efficacy for symptomatic and hospitalised cases of COVID-19 was estimated to be 79% when all age groups are combined, it said. *The agency said few adults over 60 were enrolled in clinical trials of the vaccine, so its efficacy could not be estimated in that age group.*

COVID-19 VACCINE DOES NOT DAMAGE THE PLACENTA IN PREGNANT WOMEN

A new study in pregnant women who received the Covid-19 vaccine found no evidence of injury in the placenta. The finding adds to growing literature that Covid-19 vaccines are safe in pregnancy. The study was published on Tuesday in the journal *Obstetrics & Gynecology*. *The safety of administering Covid-19 vaccines to women during pregnancy remains the subject of study. While India's vaccination protocol recommends against pregnant and lactating women taking the vaccine, some countries such as the US and Brazil does not bar such women.* The authors of the new study have said that to their knowledge, this was the first study to examine the impact of Covid-19 vaccines on the placenta, a key organ in pregnancy. *The placenta is the first organ that forms during pregnancy. It performs duties for most of the foetus's organs while they are still forming, such as providing oxygen while the lungs develop and nutrition while the gut is forming.* Additionally, *the placenta manages hormones and the immune system, and tells the mother's body to welcome and nurture the foetus rather than reject it as a foreign intruder. "The placenta is like the black box in an airplane. If something goes wrong with a pregnancy, we usually see changes in the placenta that can help us figure out what happened.* From what we can tell, the Covid vaccine does not damage the placenta," corresponding author Dr Jeffery Goldstein is quoted as saying on the website of Northwestern University, where he is assistant professor of pathology. In May 2020, the scientists had published a study in *the American Journal of Clinical Pathology*. *That study found placentas of pregnant women who tested positive for the SARS-CoV-2 coronavirus showed evidence of injury (abnormal blood flow between mother and baby in utero). Then in April this year, the scientists published a study in the American Journal of Obstetrics and Gynecology showing pregnant women make Covid antibodies after vaccination and successfully transfer them to their foetuses.* The only way for the infants to get Covid antibodies is from their mother. In the new study in *Obstetrics & Gynecology*, the study authors collected placentas from 84 vaccinated patients and 116 unvaccinated patients who delivered at Prentice Women's Hospital in Chicago. They pathologically examined the placentas whole and microscopically following birth. Most patients received vaccines — either Moderna or Pfizer — during their third trimester.

1/3RD PATIENTS HOSPITALISED WITH SEVERE COVID-19 STILL SHOW LUNG EFFECTS AFTER A YEAR

A new study has shown that most patients discharged from hospital after experiencing severe Covid-19 infection appear to return to full health, although up to a third do still have evidence of effects upon the lungs one year on. People are most commonly hospitalised for Covid-19 infection when it affects the lungs — termed Covid-19 pneumonia. While significant progress has been made in understanding and treating acute Covid-19 pneumonia, very little is understood about how long it takes for patients to fully recover and whether changes within the lungs persist. In this new study, published in *The Lancet Respiratory Medicine*, researchers from the University of Southampton worked with collaborators in Wuhan, China, to investigate the natural history of recovery from severe Covid-19 pneumonia up to one year after hospitalisation. Eighty-three patients were recruited after they were discharged from hospital following severe Covid-19

3RD FLOOR AND 4TH FLOOR SHATABDI TOWER, SAKCHI, JAMSHEDPUR



pneumonia and were followed up after three, six, nine and twelve months. At each time point they underwent clinical assessment as well as measures of how well the lungs function, a CT scan of their chest to take a picture of the lungs, and a walking test. Over 12 months in most patients, there was an improvement in symptoms, exercise capacity, and Covid-related CT changes. By 12 months the majority of patients appeared to have fully recovered although about 5% of patients still reported breathlessness. *A third of patients' measures of lung function were still reduced — in particular how efficiently oxygen is transferred in the lungs into the blood — and this was more frequently found in women than in men.* In around a quarter of patients CT scans showed there were still small areas of change in the lungs, and this was more common in patients with more severe lung changes at time of hospitalisation. The researchers acknowledged that this study only involved a small number of patients and the findings will require confirmation in additional studies. However they have identified a number of important implications.

'BLACK FUNGUS' IN COVID-19 PATIENTS: WHAT IS THE DISEASE, TREATMENT

A rare but serious fungal infection, known as mucormycosis and colloquially as "black fungus", is being detected relatively frequently among Covid-19 patients in some states. The disease often manifests in the skin and also affects the lungs and the brain. With a number of mucormycosis cases detected in Delhi, Maharashtra and Gujarat, experts in the national Covid-19 task force on Sunday issued an evidence-based advisory on the disease.

What is the disease?

Although rare, it is a serious infection. It is caused by a group of moulds known as mucormycetes present naturally in the environment. It mainly affects people who are on medication for health problems that reduces their ability to fight environmental pathogens, say experts from the Covid-19 task force task force. Sinuses or lungs of such individuals get affected after they inhale fungal spores from the air. Doctors in some states have noted a rise in cases of mucormycosis among people hospitalized or recovering from Covid 19, with some requiring urgent surgery. *Usually, mucormycetes does not pose a major threat to those with a healthy immune system.*

What happens when one contracts it?

Warning signs include pain and redness around the eyes or nose, with fever, headache, coughing, shortness of breath, bloody vomits, and altered mental status. According to the advisory, infection with mucormycetes should be suspected when there is:

- * Sinusitis — nasal blockade or congestion, nasal discharge (blackish/bloody);
- * Local pain on the cheek bone, one-sided facial pain, numbness or swelling;
- * Blackish discoloration over bridge of nose/palate;
- * Loosening of teeth, jaw involvement;
- * Blurred or double vision with pain;
- * Thrombosis, necrosis, skin lesion;



* Chest pain, pleural effusion, worsening of respiratory symptoms.

Experts advise that one should not count all cases of blocked nose as cases of bacterial sinusitis, particularly in the context of immunosuppression and/or Covid-19 patients on immunomodulators. Do not hesitate to seek aggressive investigations for detecting fungal infection, they advise.

What's the treatment?

While it is treated with antifungals, mucormycosis may eventually require surgery. Doctors have said that it is of utmost importance to control diabetes, reduce steroid use, and discontinue immunomodulating drugs. To maintain adequate systemic hydration, the treatment includes infusion of normal saline (IV) before infusion of amphotericin B and antifungal therapy, for at least 4-6 weeks. Experts in the task force have stressed the need to control hyperglycemia, and monitor blood glucose level after discharge following Covid-19 treatment, and also in diabetics. One should use steroids judiciously — correct timing, correct dose and duration are important. Management of Covid patients with mucormycosis is a team effort involving microbiologists, internal medicine specialists, intensivist neurologist, ENT specialists, ophthalmologists, dentists, surgeons (maxillofacial/plastic) and others.

Life after surgery for mucormycosis

Mucormycosis can lead to loss of the upper jaw and sometimes even the eye. “Patients would need to come to terms with loss of function due to a missing jaw — difficulty with chewing, swallowing, facial aesthetics and loss of self-esteem, doctors say. *Be it the eye or upper jaw, these can be replaced with appropriate artificial substitutes or prostheses.* While prosthetic replacement of the missing facial structures can commence once the patient stabilises after surgery, doctors it is important to reassure him about the availability of such interventions instead of leaving him to panic with the sudden unforeseen loss, augmenting a post-Covid stress disorder which is already a reality,” said Dr B Srinivasan, a maxillofacial prosthodontist. “Prosthetic reconstruction can be effected after surgery, but interim solutions should be planned even before surgery of the jaws for better long-term outcomes. Prosthetic reconstruction can ensure that the cure is not more dreadful than the disease itself,” he said

How can one prevent it?

One should remember that it is a rare disease. However, some groups of people are more vulnerable than others. What predisposes patients is uncontrolled diabetes mellitus, immunosuppression by steroids, prolonged ICU stay, and comorbidities — post transplant/malignancy, voriconazole therapy. Experts advise that you *use masks if you are visiting dusty construction sites. Wear shoes, long trousers, long-sleeved shirts and gloves while handling soil (gardening), moss or manure. Maintain personal hygiene including a thorough scrub bath.*