



Sleepy Classes
Free. Regular. Quality.

.....

Weekly Editorial Analysis (WEA)

15th May 2021

Visit our website www.sleepyclasses.com or

our [YouTube channel](#) for entire GS Course **FREE** of cost

Also Available: Prelims Crash Course || Prelims Test Series

Table of Contents

1. On the edge(11 May).....	1
2. A TRIPS waiver is useful but not a magic pill (10 May)	7
3. Vaccine skirmishes(11 May).....	8
4. Fixing the vaccine crunch (11 May).....	9
5. The impact of vaccination (11 May).....	10
6. COVID mishandling foretold in the Budget (12 May).....	11
7. Reforming medical education (12 May)	12
8. Outreach and overreach (13 May).....	13
9. Back in the shortage economy(13 May).....	13
10. Decoding inequality in a digital world (13 May)	14
11. The crime of enforced disappearances must end(14 May).....	16
12. Mucormycosis risk mitigation in the COVID battle(14 May)	18

Note -

- **The Newspaper clippings pasted in PDF are important from Mains point of view as it contains the fodder material for Mains Answer Writing.**
- **Also watch DND video lectures everyday @ 4 PM on Sleepy's YouTube channel in order to understand how to get the most out of everyday's Newspaper .**

Click [here](#) to watch the following topics on YouTube

1. On the edge(11 May)

- The ongoing violence in Jerusalem is a culmination of the tensions building up since the start of Ramzan in mid- April. When **Israeli police set up barricades at the Damascus Gate, a main entrance to the occupied Old City**, preventing Palestinians from gathering there, it led to clashes.
- Last week, close to a **scheduled Israeli Supreme Court hearing on the eviction of Palestinian families** in an Arab neighbourhood of Jerusalem, tensions escalated.
- **Israeli police entered the Haram al-Sharif compound (Noble Sanctuary), which houses the Al-Aqsa mosque**, Islam's third holiest site, to disperse the protesters, injuring hundreds of **Palestinians**.
- A **Jewish settlement agency has issued eviction notices to Palestinian families** in Sheikh Jarrah, claiming that their houses sit on land purchased by Jewish agencies in the late 19th century (when historic Palestine was a part of the Ottoman Empire).
- Arab families have been living in Sheikh Jarrah for generations. The Israeli Supreme Court postponed the hearing on Monday on the advice of the government.
- **Despite the volatile situation, the Israeli authorities gave permission to the annual Jerusalem Day Flag March**, traditionally taken out by Zionist youth through the Muslim Quarter of East Jerusalem to mark the city's capture by the Israelis.

Jerusalem Issue

- Jerusalem has been at the heart of the Israel-Palestine conflict.
- **Israel, which captured the western part of the city** in the 1948 first Arab-Israel war and the eastern half in the 1967 Six-Day War, claims sovereignty over the whole city **Palestinians say East Jerusalem should be the capital** of their future state.
- 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 **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.

Israel-Palestine Conflict

- Jews have been persecuted throughout the history due to their religious beliefs and foreign culture.

Zionist Movement

- In 1897, Jews started a movement called a **Zionist** movement, to escape persecution and establish their own state in their ancestral homeland, Israel.

- **The World Zionist Organisation** was created to advocate for the establishment of a Jewish homeland in Palestine.
- As a result, a large number of Jews started flowing into Palestine and they bought land and started settling down there.

Sykes-Picot Agreement

- By 1916, Palestine came under the British control after the **Sykes-Picot Agreement** (a secret agreement between Great Britain and France). This led to the division of the old Ottoman Turkish Empire.
- Later through **Balfour declaration**, the British foreign secretary James Balfour agreed to the establishment of a Jewish homeland.
- After Nazis gained power in Germany in 1930s, the Jews influx to Palestine took a major turn with hundreds of thousands of them resettled from Europe to Palestine
- In 1947, the British Government referred the question of the future of Palestine to the United Nations.
- UN voted to split the land into **two countries**. Jewish people accepted the agreement and declared independence of Israel.
- In 1948, the Jewish declaration of Israel's independence prompted surrounding Arab states to attack.
- At the end of the war, Israel controlled about 50 percent more territory than originally envisioned UN partition plan.
- **Jordan controlled the West Bank and Jerusalem's holy sites, and Egypt controlled the Gaza Strip.**

Palestine Liberation Organization

- It was the beginning of Palestine refugee crisis which ultimately led to the creation of a terrorist organization **PLO (Palestine Liberation Organization)** in 1964.

Six day war 1967 (Arab- Israel war)

Israel captured

- **Golan Heights** from Syria.
- **West Bank and East Jerusalem** from Jordan.
- **Sinai Peninsula and Gaza Strip** from Egypt
- In 2006, Hamas won Palestine election and it intensified the tensions between Fatah and Hamas for power. After a long armed struggle, in 2011 Palestinian Rivals Fatah and Hamas signed a **Reconciliation Pact**.
- Currently, Gaza is controlled by Hamas and Palestine West bank region by Fatah with known presence of Israeli settlements.



Operation Protective Edge

- By Israel to punish Hamas for abducting and killing Israeli settlers.
- Israel seized the Golan Heights from Syria in the closing stages of the 1967 Six-Day War.
- Golan Heights bordered by the Yarmouk River (Tributary of Jordan river) in the south, the Sea of Galilee and Hula Valley (Agriculture land in Israel) in the west, the Anti-Lebanon (Mountain bordered Syria and Lebanon) with Mount Hermon (Bordered Syria and Lebanon) in the north and Wadi Raqqad (Flows into Yarmouk) in the east.



Significance

- Southern Syria and the capital Damascus, about 60 km (40 miles) north, are clearly visible from the top of the Heights
- The heights give Israel an excellent vantage point for monitoring Syrian movements. The topography provides a natural buffer against any military thrust from Syria.
- The area is also a key source of water for an arid region. Rainwater from the Golan's catchment feeds into the Jordan River.
- The land is fertile, and the volcanic soil is used to cultivate vineyards and orchards and raise cattle

Sea of Galilee

- The lake lies in northern Israel, between the occupied Golan Heights and the Galilee region. It is fed by underground springs but its major source is the Jordan River.
- The lake has risen to 209.905 meters below sea level due to heavy rainfall in the surrounding areas.

- The Jordan flows into the lake and then exits it before ending in the Dead Sea, the saltiest and the lowest point on the planet.
- Water is not extracted from the Sea of Galilee. But it is considered to be an important barometer of the water situation in Israel



India

- In the early 1920s and amidst the Khilafat struggle, **Indian nationalists made common cause with the Arabs of Palestine and adopted a position that was unsympathetic to the Jewish aspirations for a national home in Palestine.**

Mahatma Gandhi (1938)

- **Palestine belongs to the Arabs in the same sense that England belongs to the English and France to the French.**
- Opposes the UN's partition plan in November 1947
- 1950
 - ✓ India recognised Israel in 1950
 - ✓ India recognised Palestine Liberation Organisation (PLO) as the sole representative of the Palestinian.
- 1988
 - ✓ Recognise the statehood of Palestine in 1988.
- 2014
 - ✓ India favored UNHRC's resolution to probe Israel's human rights violations in Gaza.
- 2015
 - ✓ Despite supporting probe, India abstained from voting against Israel in UNHRC IN 2015.
- 2018
 - ✓ Treat both the countries mutually independent and exclusive.

June 2019

- **India voted in favor of a decision introduced by Israel in the UN Economic and Social Council (ECOSOC) that objected to granting consultative status to a Palestinian non- governmental organization (ties with militant group Hamas, which rules the Gaza Strip.)**

No dilution in India's support to Palestinian cause: UN committee on Palestine



SPECIAL CORRESPONDENT

NEW DELHI, MARCH 04, 2020 21:45 IST
UPDATED: MARCH 04, 2020 21:50 IST

Jan 2020

- India reaffirmed its call for a two-state solution to the Israeli-Palestinian conflict and asked both sides to resolve all issues through direct negotiations.

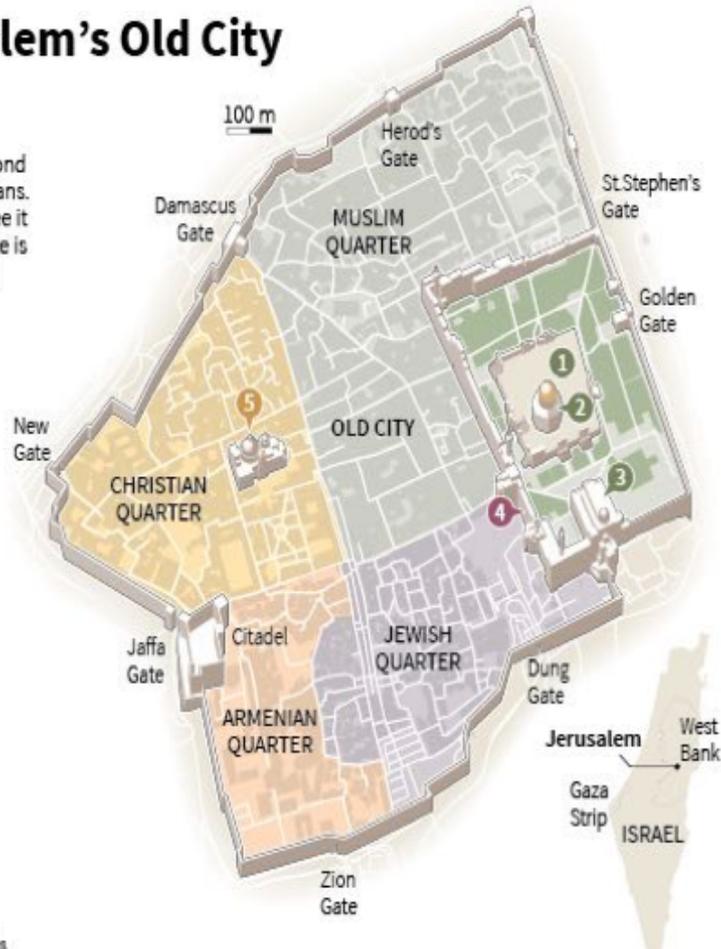


Recent issue

- Israeli armed forces attacked 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.

Holy sites in Jerusalem's Old City

- 1 Temple Mount/Noble Sanctuary**
Jews call the 35-acre compound Temple Mount because it was the site of their Second Temple, which was destroyed by the Romans. Muslims call it the Noble Sanctuary and see it as the third most Holy site in Islam. The site is controlled by Muslims but some Jews and Israelis want the right to pray there.
- 2 Dome of the Rock**
Islamic tradition says that the Prophet Mohammad ascended to heaven on a winged horse from this spot.
- 3 Al-Aqsa Mosque**
The third holiest in Islam after Mecca and Medina in Saudi Arabia.
- 4 Western Wall**
The last remnant of the Second Temple compound and one of the holiest sites in Judaism.
- 5 Church of the Holy Sepulcher**
Christians believe the church marks the sites where Jesus Christ was crucified and buried.



Sources: XPlore Jerusalem | C. Inton, F. Chan/ReutersGraphics

How Israel's Iron Dome intercepts rockets

Iron Dome

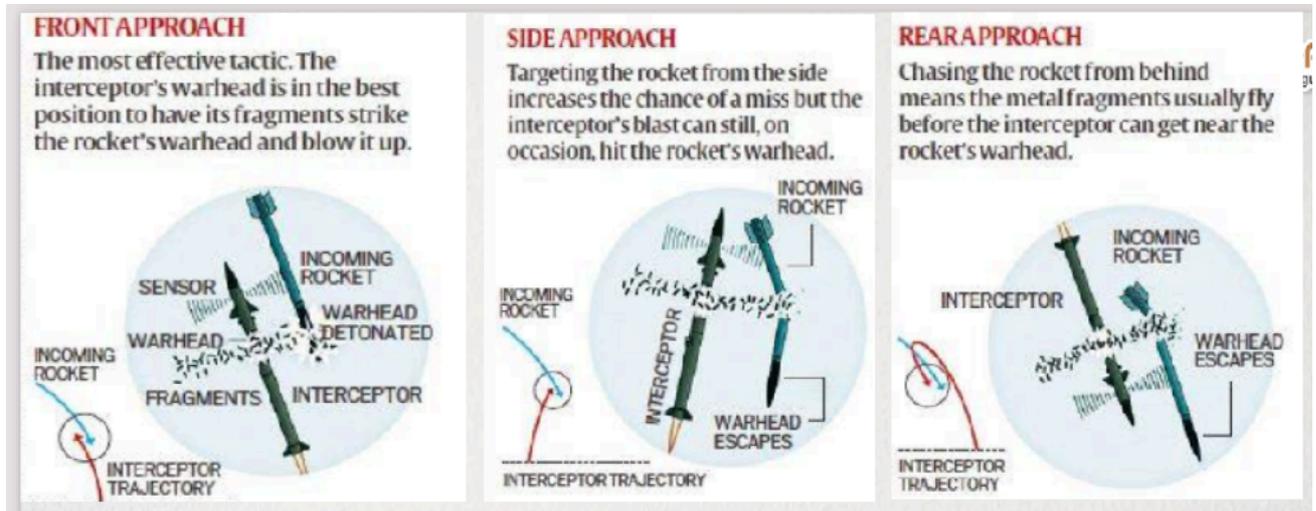
- It is a **short-range, ground-to-air, air defence system that includes a radar and Tamir interceptor missiles that track and neutralise any rockets or missiles aimed at Israeli targets.** It is used for countering rockets, artillery & mortars (C-RAM) as well as aircraft, helicopters and unmanned aerial vehicles.

Background

- The genesis of the Iron Dome goes back to the 2006 Israeli- Lebanon war, when the Hezbollah fired thousands of rockets into Israel. The following year, Israel announced that its state-run Rafael Advance Systems would come up with a new air defence system to protect its cities and people. It was developed with Israel Aerospace Industries
- The Iron Dome was deployed in 2011. While Rafael claims a success rate of over 90%, with more than 2,000 interceptions, experts agree the success rate is over 80%
- The Iron Dome has three main systems that work together to provide a shield over the area



- It has a detection and tracking radar to spot any incoming threats, a battle management and weapon control system (BMC), and a missile firing unit
- It is capable of being used in all weather conditions, including during the day and night.



India

- As India is in the process of buying S-400 air defence systems from Russia for over \$5 billion
- While India is continent-sized, Israel is smaller and has to deal with threats that are relatively close around it.
- India got S-400, which also caters to the three threats (rockets, missiles and cruise missiles).
- S400 has to cater to **shooting down missiles, aircraft in some 300 to 400 km range.**
- India and Israel have significant cooperation in missiles, including the Barak-8.

2. A TRIPS waiver is useful but not a magic pill (10 May)

In October 2020

- India and South Africa, at the WTO, proposed 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.

Recently

- The United States has 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).

Possibility

- Legally, the waiver is surely possible since Article IX of the WTO Agreement allows for waiving obligations in 'exceptional circumstances which the COVID-19 pandemic undoubtedly is.'

Past experience (Case of HIV)

- 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 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.**

Conditions

- However, this waiver 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.
- The **developing world should be conscious to ensure that a repeat of 2003 does not happen.**
- 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.
- **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.**
- **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 with pharmaceutical companies **to transfer technology using various legal and policy tools** including financial incentives.
- 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

3. Vaccine skirmishes(11 May)

- **IPR waiver, even if it were to become a reality, may not entirely resolve the vaccine deficit issue** in countries suffering the worst of the pandemic now.
- First, the grant of a waiver would have to be accompanied by a “tech transfer” that provides generic pharmaceutical manufacturers with the requisite trained personnel, raw materials and hi-tech equipment and production know-how.

- Second, there must be a scientifically convincing answer to the question of how any vaccine then produced by these generic manufacturers – in all likelihood, years from now – would pass the **tests of safety, immunogenicity and protective efficacy**.
- Third, the **impact on global supply chains for vaccine production should be examined** so major disruptions might be avoided.
- Finally, **alternative options to urgently address vaccine shortfalls should be considered**, including developed nations sharing a significantly greater part of their vaccine stockpiles, particularly in cases where the latter exceed projected domestic need.

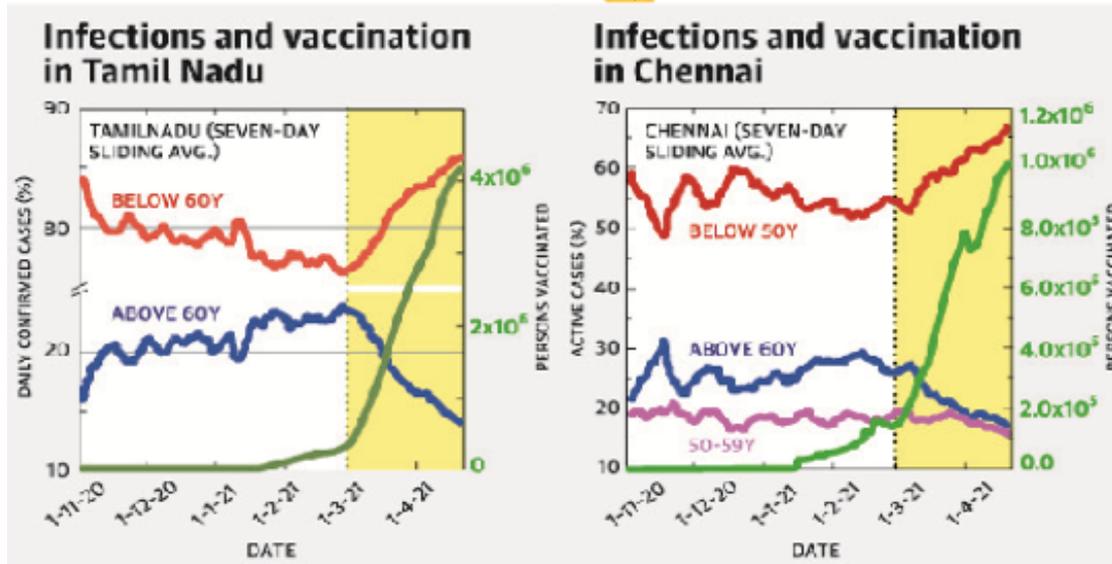
4. Fixing the vaccine crunch (11 May)

- The unprecedented rise in COVID-19 cases has changed vaccine hesitancy to vaccine advocacy.

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 **Genova** 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.
- 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 Genova, 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.

THE HINDU



- 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.

Challenges

- 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.

5. The impact of vaccination (11 May)

A positive effect

- In large trials, administration of Covishield reduced significantly the number of people who were infected compared to control.

- Analysis of the available data from November 2020 and the second wave in **Tamil Nadu suggest that the vaccination of people over 60 years of age has already started showing a positive effect.**
- At present, in Tamil Nadu only 16% of those above 60 years and 4% of those below 60 years (projected population in 2021) have been **vaccinated (one dose).**
- However, there is a **7% decrease in infections among those above 60 years of age.**
- These results strongly suggest the positive impact of vaccination.
- Similar **reduction can be expected in the number of deaths among those above 60 years of age.**

Way forward

- **Educating the public about the benefits** of vaccination and explaining that major side effects are rare will be important to ensure acceptance.
- Vaccinating a large number of people will take time and effort but is **necessary to prevent further waves of infection** and the possible emergence of new mutant strains.
- While the vaccination programme will help in reducing the effects of the second wave, **the only way to contain it quickly is an increased adherence to COVID-19-appropriate behaviour.**

6. COVID mishandling foretold in the Budget (12 May)

- 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.**
- 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.

Health is a state subject

- 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.**
- **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?

Vaccine is public good

- 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.**

- 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.

7. Reforming medical education (12 May)

- India's health systems have been confronting numerous challenges. In order to effectively address these challenges, our health systems must be strengthened.

Issues

- 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.
- 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.

Privatisation of Healthcare

- 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**.
- The corporatisation will make the **services very costly** and exclude them from getting care.
- 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.
- 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.**

A public good

- **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.
- 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.

8. Outreach and overreach (13 May)

- **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".
- 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.
- 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**.
- 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**.

9. Back in the shortage economy(13 May)

Past experience

- 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.
- 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.
- 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

- 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.**

Industrial Muscle

- 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.

Foreign Exchange

- 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
- 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.**

Food prices

- 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.

10. Decoding inequality in a digital world (13 May)

- **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 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.

Internet access

- 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 .**
- 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.

Challenge to online education

- Many **lack a learning environment at home:** a quiet space to study is a luxury for many.
- For instance, **25% Indians lived in single-room dwellings** in 2017-19.
- **For girls,** there is the **additional expectation that they will contribute to domestic chores if they are at home.**
- Most of the material in English language

Health sector

- 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% .**
- Moreover, the private health sector in India is **poorly regulated** in practice.
- Both put the poor at a disadvantage in accessing good health care.
- Patients are being charged whatever hospitals like, and a **black market** has developed for scarce services (such as oxygen).
- Digital “solutions” **create additional bureaucracy** for all sick persons in search of these services without disciplining the culprits.
- Platform- and **app-based solutions can exclude the poor** entirely, or squeeze their access to scarce health services further.

- The **use of CoWIN** to book a slot makes it that much harder for those without phones, computers and the Internet.

Online sharks

- 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).

Way Forward

- 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 **distract us from the real problem**.
- We need political, not technocratic, solutions.

11. The crime of enforced disappearances must end (14 May)

Myanmar

- The democracy movement in Myanmar is at a critical juncture.
- The military is committed to suppressing the people's movement, and the police are carrying out unimaginable acts of violence and oppression against those demanding freedom of expression and the restoration of democracy.
- Since the coup, the United Nations Working Group on Enforced or Involuntary Disappearances (**WGEID**) **has received reports of enforced disappearances from the family members of victims**.
- There is concern that there will be a plethora of cases of enforced disappearances, torture, arbitrary detention, and even murder if the situation continues to deteriorate.

Concerns around minorities

- In China, the Working Group has received numerous reports from family members and concerned civil society organisations that a **massive number of enforced disappearances have occurred in the Xinjiang Uyghur Autonomous Region**.
- Under the pretext of **re-education to prevent terrorism**, members of the **Uyghur minority ethnic group are forcibly sent to what Chinese authorities call 'vocational education and training centers'**, with no information on their whereabouts and fate given to their families.

- The Working Group Chair has met many people from the region who are trying to find out what happened to their family members and they are living in fear.
- It is especially concerning because the basis for such forced disappearances is often very trivial: for example, having relatives living abroad or maintaining international contacts could lead to an enforced disappearance.
- Residential Surveillance at a Designated Location (RSDL) under Article 73 of the amended Criminal Procedure Law, is used against individuals accused of endangering state security, and is another issue of serious concern.

Post-conflict issues

- Sri Lanka has experienced more than three decades of domestic conflict, which was accompanied by various forms of enforced disappearances.
- Recently, the government is weakening initiatives it previously started to search for and investigate enforced disappearances and has now returned to promoting a culture of impunity for these crimes.
- It is **also disheartening to point** out that enforced disappearances are being committed in the name of counter-terrorism measures.
- Increasing numbers of **enforced disappearances are being reported in Pakistan and Bangladesh**, and it does not seem that the situation will improve in the near future.

An enforced disappearance

- is defined by several constituent elements.
- First, it is characterised by the **deprivation of liberty**, where persons are arrested, detained or abducted against their will or otherwise deprived of their liberty.
- Second, there are grounds for seeking governmental responsibility for the act, including of **officials of different branches or levels of government or by organised groups or private individuals acting on behalf of, or with the support, direct or indirect, consent or acquiescence of, the government**.
- Third, such an act typically occurs in the context of a state's continuous refusal to take relevant action, including **refusal to disclose the fate or whereabouts of the persons concerned** or refusal to acknowledge the deprivation of their liberty, which places such persons outside the protection of the law.

Remedial measures

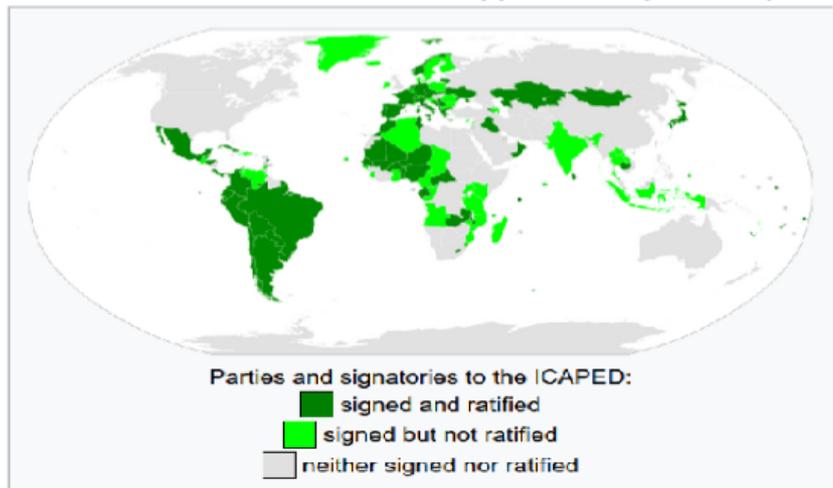
- Under the **Declaration on the Protection of all Persons from Enforced Disappearance (1992)**, the **Working Group works to assist families of disappeared persons to ascertain the fate and whereabouts of the disappeared and to assist and monitor states' compliance**.
- The **Working Group** receives individual petitions from victims' families and civil society members, and channels them through to the relevant governments to **demand searches for the disappeared persons**, investigations, and punishment for those responsible.
- The WGEID **also presses states to offer remedies**, including compensation and a guarantee of non-recurrence of the violations.

- Since its inception, the Working Group has transmitted a total of 58,606 cases to 109 states, and as of 2020, the number of outstanding cases under active consideration stood at 46,271 in a total of 92 states.
- Unfortunately, the number of cases of enforced disappearances in Asian states is not decreasing and we are seeing a rapid increase in some countries.

Ratifying the Convention

- To protect the right to be free from enforced disappearances, the international community adopted the **International Convention for the Protection of all Persons from Enforced Disappearance in 2006**, which became effective in 2010.
- However, the number of participating states is still very low compared to other treaties. Among 63 member states of the treaty, **only eight states from the Asia-Pacific region have ratified or acceded to the treaty.**
- Only four East Asian states – **Cambodia, Japan, Mongolia, and Sri Lanka have ratified it.**

International Convention for the Protection of All Persons from Enforced Disappearance (ICPPED)



- Asian countries should consider their obligations and responsibilities more seriously and reject a culture of impunity in order to eradicate enforced disappearances.
- They should also understand that their domestic criminal law systems are not sufficient to deal with the crime of enforced disappearance.

12. Mucormycosis risk mitigation in the COVID battle (14 May)

- The COVID-19 pandemic continues to play havoc all over the world and India is no exception to this.
- Around 70%-80% of those affected with COVID-19 recover without many side-effects
- About 20%-30% of patients affected with symptomatic COVID-19 might require hospitalisation – here, a minority can get worse and require treatment in an intensive care unit (ICU).

New worry

- The new fear after the treatment of COVID-19, especially in an ICU setting, is contracting a severe disease known as mucormycosis.
- This is a serious, but rare, fungal infection caused by a group of fungi known as mucormycetes.
- Mucormycosis usually affects people who have poor immunity, and those with uncontrolled diabetes have the highest risk of developing it.

Types and diagnosis

- Mucormycosis is of several types, of which the commonest is rhino-orbital-cerebral mucormycosis.
- This starts as a common cold or sinusitis, but soon spreads to the eyes producing redness of the eyes, and **later bulging of the eyes known as proptosis.**
- It may eventually lead to **paralysis of some of the eye muscles, or even to blindness.**
- It can also spread to the brain, and if this occurs, the prognosis is very grave.
- Other forms of mucormycosis include the pulmonary form in which the **lungs are mainly involved and less common cutaneous mucormycosis** or disseminated mucormycosis, where **it spreads throughout the body.**

Sugar control, steroid use

- It is very important for those with diabetes to **keep their sugar levels under very good control.**
- The dose of antidiabetic drugs will have to be adjusted and, in most cases, **insulin would be needed to keep the sugars under control** throughout the day.
- **If steroids have to be used, their judicious use is recommended.** For e.g., steroids should be given only at the appropriate stage of the disease, in optimal doses, and for as short a period of time as possible.
- Meticulous **hygiene and care of the equipment inside the ICU including oxygen tubes** and ventilators should be done in order to reduce the risk of fungal and other infections.