

GOVERNANCE
Global Health Security (GHS)

Recently, the Global Health Security (GHS) Index 2021 has been recently released. In India NITI Aayog releases its own health index.

Key Points
GHS Index:

- **About:**

1. It is an assessment and benchmarking of health security and related capabilities across 195 countries.
2. It has been developed in partnership by the Nuclear Threat Initiative (NTI) and the Johns Hopkins Center.
3. NTI is a nonprofit global security organization focused on reducing nuclear and biological threats imperiling humanity.
4. Johns Hopkins Center was created to recognize the crucial role of communication in public health.

Methods of Ranking:

1. The GHS Index assesses countries' health security and capabilities across six categories.
2. The six categories are as follow:
 - ✓ **Prevention:** Prevention of the emergence or release of pathogens.
 - ✓ **Detection and Reporting:** Early detection and reporting for epidemics of potential international concern.
 - ✓ **Rapid Response:** Rapid response to and mitigation of the spread of an epidemic.
 - ✓ **Health System:** Sufficient and robust health system to treat the sick and protect health workers.
 - ✓ **Compliance with International Norms:** Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms.
 - ✓ **Risk Environment:** Overall risk environment and country vulnerability to biological threats.
3. The index measures countries' capabilities from 0-100, with 100 representing the highest level of preparedness. The GHS Index scoring system includes three tiers.
 - ✓ **Low Scores:** Countries that score between 0 and 33.3 are in the bottom tier.
 - ✓ **Moderate Scores:** Countries that score between 33.4 and 66.6 are in the middle tier and
 - ✓ **High Scores:** Countries that score between 66.7 and 100 are in the upper or "top" tier.

Ranking:

- **India's:** India, with a score of 42.8 (out of 100) has slipped by 0.8 points since 2019.
- **World:**
 1. Three neighbouring countries of India like Bangladesh, Sri Lanka and Maldives have improved their score by 1-1.2 points.
 2. The world's overall performance on the GHS Index score slipped to 38.9 (out of 100) in 2021, from a score of 40.2 in the GHS Index, 2019.
 3. In 2021, no country scored in the top tier of rankings and no country scored above 75.9.

Overall Performance of the Countries:

- **Unprepared for Future Epidemic:** Countries across all income levels remain dangerously unprepared to meet future epidemic and pandemic threats. This, even as infectious diseases are expected to have the greatest impact on the global economy in the next decade.
- **Insufficient Health Capacities:** All countries had insufficient health capacities. This left the world acutely vulnerable to future health emergencies, according to the Index that measured the capacities of 195 countries to prepare for epidemics and pandemics.
- **National Public Health Emergency:** 65% of assessed countries had not published and implemented an overarching national public health emergency response plan for diseases with epidemic or pandemic potential.

- **Medical Countermeasures:** 73% of countries did not have the ability to provide expedited approval for medical countermeasures, such as vaccines and antiviral drugs, during a public health emergency. Thus, the world was acutely vulnerable to health emergencies in the future.
- **Lack of Financial Investments:** Most countries, including high-income ones, have not made dedicated financial investments in strengthening epidemic or pandemic preparedness. Close to 79% of the 195 countries assessed had not allocated national funds within the past three years to improve their capacity to address epidemic threats.
- **Public Confidence in their Governments:** A whopping 82% of countries have low to moderate levels of public confidence in their government. Health emergencies demand a robust public health infrastructure with effective governance. But the trust in government, which has been a key factor associated with success in countries' responses to Covid-19, is low and decreasing.

Recommendations:

- **Allocate Health Security Funds:** Countries should allocate health security funds in national budgets and conduct assessments using the 2021 GHS Index to develop a national plan to identify their risks and fill gaps.
- **Additional Support:** International organizations should use the GHS Index to identify countries most in need of additional support.
- **Involvement of Private Sector:** The private sector should use the GHS Index to look for opportunities to partner with governments.

New Financing Mechanisms: Philanthropies and funders should develop new financing mechanisms and use the GHS Index to prioritize resources.

ENVIRONMENT

Ken-Betwa Inter-Linking Project

Recently, the Union Cabinet has approved the funding and implementation of Ken-Betwa inter-linking of rivers project. The project envisages transferring water from the Ken river to the Betwa river, both tributaries of the Yamuna. The project will be completed in eight years.

Key Points

About: It is the first project under the National Perspective Plan for interlinking of rivers. The Ken-Betwa Link Canal will be 221 km long, including a 2-km long tunnel.

Ken and Betwa Rivers

- Ken and Betwa rivers originate in MP and are the tributaries of Yamuna.
- Ken meets with Yamuna in Banda district of UP and with Betwa in Hamirpur district of UP.
- Rajghat, Paricha and Matatila dams are over Betwa river.
- Ken River passes through Panna tiger reserve.

Background: The idea of linking Ken with Betwa got a major push in August 2005, when a tripartite memorandum of understanding for preparation of a Detailed Project Report (DPR) was signed among the Centre and governments of Madhya Pradesh and Uttar Pradesh.

- In 2008, the Centre declared KBLP a National Project. Later, it was included as part of the Prime Minister's package for development of drought-prone Bundelkhand region.
- In 2021, a memorandum of agreement was signed for implementation of this project among the Ministry of Jal Shakti and the two states.

Implementing Agency:

- A Special Purpose Vehicle (SPV) called Ken-Betwa Link Project Authority (KBLPA) will be set up to implement the project.
- The National Interlinking of Rivers Authority (NIRA) has the powers to set up SPV for individual link projects.

Phases of the Project: The project has two phases, with mainly four components.

- Phase-I will involve one of the components — Daudhan Dam complex and its subsidiary units such as Low Level Tunnel, High Level Tunnel, Ken-Betwa Link Canal and power houses.

- Phase-II will involve three components — Lower Orr Dam, Bina Complex Project and Kotha Barrage.

Benefits: The project lies in Bundelkhand, a drought-prone region, which spreads across 13 districts of Uttar Pradesh and Madhya Pradesh.

1. According to the Jal Shakti Ministry, the project will be of immense benefit to this water-starved region.
2. Further, it will pave the way for more interlinking of river projects to ensure that scarcity of water does not become an inhibitor for development in the country.
3. According to the Jal Shakti Ministry, the project is expected to provide annual irrigation of 10.62 lakh hectares, supply drinking water to about 62 lakh people, and generate 103 MW of hydropower and 27 MW of solar power.

Associated Challenges:

- **Submergence of Panna Tiger Reserve:** According to the National Water Development Agency, the reservoir of Daudhan dam will involve “a submergence of 9000 ha area, out of which 5803 ha comes under Panna Tiger Reserve (PTR). To mitigate this, three Wildlife Sanctuaries (WLS), viz Nauradehi, Rani Durgawati of MP and Ranipur WLS of UP are planned to be integrated with PTR.
- **Several Clearances Required:** Various types of clearances are required, such as:
 1. **Techno-economic clearance:** To be given by the Central Water Commission;
 2. **Forest clearance and environmental clearance:** To be given Ministry of Environment, Forests & Climate Change
 3. **Resettlement and rehabilitation plan of tribal population:** to be given by the Ministry of Tribal Affairs.

SOCIAL ISSUE

Road Accidents in India

Recently, the Minister of Road Transport and Highways has informed in a written reply to the Lok Sabha about the death due to Road Accident in India. The Minister also informed that the ministry has issued guidelines for improving the road safety through road safety audits at all stages (design stage, construction stage and Operation & Management stage) by engaging independent road safety experts.

Key Points

Road Accidents:

- **Related Data:** Road Accidents killed as many as 47,984 people on National Highways (NHs), including on expressways, during 2020 and 53,872 people killed in 2019. Globally, road accidents account for 1.3 million deaths and 50 million injuries. Of this, India's contribution to the fatalities is 11%.
- **Major Causes:** The major causes of the accidents on the NHs were vehicle design and condition, road engineering, speeding, drunken driving/ consumption of alcohol and drugs, driving on the wrong side, jumping the red light, use of mobile phones, etc.

Impact of Road Accidents:

- **Economic:** India's socio-economic cost of road traffic accidents for the year 2019 was in the range of USD15.71 billion to USD38.81 billion, which amounts to 0.55–1.35% of the Gross Domestic Product (GDP).

Social:

- **Burden on Households:**
 1. At the individual level, road crash injuries and deaths impose a severe financial burden and push entire (non-poor) households into poverty and the already poor into debt.
 2. Every road accident death causes depletion of nearly seven months' household income in poor families, and pushes the kin of victims in a cycle of poverty and debt.
- **Vulnerable Road Users (VRUs):**
 1. VRUs bear a disproportionately large burden of road crashes and account for more than half of all road crash deaths and serious injuries in the country.

2. It is often the poor, especially male road-users of working age, that constitute the category of VRUs. Daily wage workers and workers employed as casual labourers in informal activities are more prone to be defined as vulnerable compared to workers engaged in regular activities.
 3. In India, where VRUs are forced to share space with other less vulnerable road users, the income level of an individual has a direct bearing on the mode of transport used.
- **Gender Specific Impact:**
 1. Women in the families of victims bore the burden across poor and rich households, often taking up extra work, assuming greater responsibilities, and performing caregiving activities.
 - About 50% of women were severely affected by the decline in their household income after a crash.
 - About 40% of women reported a change in their working patterns post-accident, while around 11% reported taking up extra work to deal with the financial crisis.
 - **Rural-Urban Divide:** The income decline for low-income rural households (56%) was the most severe compared to low-income urban (29.5%) and high-income rural households (39.5%).

Related Initiatives:

- **World:**
 1. **Brasilia Declaration on Road Safety (2015):** The declaration was signed at the second Global High-Level Conference on Road Safety held in Brazil. India is a signatory to the Declaration. The countries plan to achieve the Sustainable Development Goal 3.6 i.e. to half the number of global deaths and injuries from road traffic accidents by 2030.
 2. **UN Global Road Safety Week:** It is celebrated every two years, the fifth edition (held from 6-12 May 2019) highlighted the need for strong leadership for road safety.
 3. **The International Road Assessment Programme (iRAP) :** It is a registered charity dedicated to saving lives through safer roads.
- **India:**
 1. **Motor Vehicles Amendment Act, 2019:**
 - ✓ The Act hikes the penalties for traffic violations, defective vehicles, juvenile driving, etc.
 - ✓ It provides for a Motor Vehicle Accident Fund, which would provide compulsory insurance cover to all road users in India for certain types of accidents.
 - ✓ It also provides for a National Road Safety Board, to be created by the Central Government through a notification.
 - ✓ It also provides for the protection of good samaritans.
 2. **The Carriage by Road Act, 2007:** The Act provides for the regulation of common carriers, limiting their liability and declaration of value of goods delivered to them to determine their liability for loss of, or damage to, such goods occasioned by the negligence or criminal acts of themselves, their servants or agents and for matters connected therewith or incidental thereto.
 3. **The Control of National Highways (Land and Traffic) Act, 2000:** The Act provides the control of land within the National Highways, right of way and traffic moving on the National Highways and also for removal of unauthorised occupation thereon.
 4. **The National Highways Authority of India Act, 1998:** The Act provides for the constitution of an authority for the development, maintenance and management of NHs and for matters connected therewith or incidental thereto.

Way Forward

- The safety of roads needs to be seen as a public health issue rather than a transportation issue. There is a need to focus on the behavioral change in society now. Road safety should be dealt with in a mission mode.
- The design of roads needs to be thoroughly audited before any action regarding the same takes place.

- Road safety needs to be assured from the mobility point of view as well, how to move goods and ourselves in a better, faster and safer way.
- The vulnerable population of the society should be given top priority while ensuring the safety regarding road accidents. The road designing should be done in such a way that the most vulnerable user is safe, eventually making the better protected ones safe as well.

PRELIMS FACT**Main Bhi Digital 3.0 Campaign**

Recently, the Ministry of Housing and Urban Affairs (MoHUA) and Ministry of Electronics & Information Technology (MeitY) launched 'Main Bhi Digital 3.0' Campaign under PM SVANidhi (Prime Minister Street Vendor's AtmaNirbhar Nidhi) Scheme.

Key Points**About:**

- It is a special Campaign for Digital Onboarding and Training (DOaT) for Street Vendors (SVs).
- It is aimed at digital onboarding of SVs who have already been provided loans under PM SVANidhi Scheme.
- Lending Institutions (LIs) have been instructed to issue a durable QR Code & Unified Payments Interface (UPI) ID at the time of disbursement and train the beneficiaries in conduct of digital transactions.
- An Integrated IT Platform has been developed for implementation of this Scheme. SVs can apply for loans directly through PM SVANidhi Portal.

PM SVANidhi Scheme:

- **About:**
 1. It was announced as a part of the Economic Stimulus-II under the Atmanirbhar Bharat Abhiyan.
 2. It has been implemented since 1st June 2020, for providing affordable working capital loans to street vendors to resume their livelihoods that have been adversely affected due to Covid-19 lockdowns, with a sanctioned budget of Rs. 700 crore.
- **Aims:**
 1. To benefit over 50 lakh street vendors who had been vending on or before 24th March 2020, in urban areas including those from surrounding peri-urban/rural areas.
 2. To promote digital transactions through cash-back incentives up to an amount of Rs. 1,200 per annum. As of 31st January 2021, the PM SVANidhi scheme has disbursed loans to 13.82 Lakh beneficiaries amounting to Rs 1,363.88 Crores.
- **Features:**
 1. The vendors can avail a working capital loan of up to Rs. 10,000, which is repayable in monthly installments in the tenure of one year.
 2. On timely/early repayment of the loan, an interest subsidy of 7% per annum will be credited to the bank accounts of beneficiaries through Direct Benefit Transfer on a quarterly basis.
 3. There will be no penalty on early repayment of the loan. The vendors can avail the facility of the enhanced credit limit on timely/early repayment of the loan.
- **Challenges:**
 1. Several banks are seeking applications on stamp papers worth between Rs. 100 and Rs. 500.
 2. There have also been instances of banks seeking PAN cards and even checking the CIBIL or Credit score of applicants or state authorities asking for voter ID cards, which many migrant vendors do not carry with them. CIBIL score is an evaluation of one's credit history and determines their eligibility for a loan.
 3. There have also been complaints of harassment by police and municipal officials.

Other Initiatives for Street Vendors

1. Pradhan Mantri Jeevan Jyoti Bima Yojana.
2. Pradhan Mantri Suraksha Bima Yojana.

3. Jan-Dhan Yojana.
4. Building and Other Construction Workers Act 1996.
5. Pradhan Mantri Shram Yogi Maandhan Yojana.
6. Pradhan Mantri Matru Vandana Yojana.

Way Forward

- PM SVANidhi scheme should be permanent: It should be reimagined as a permanent development scheme for 'ultra-micro industries' (street vendors). This would allow them to access credit on a permanent basis.
- Inclusion of all India vendor representatives in monitoring committees: Section 19 of the PM SVANidhi scheme guidelines (establishing central, state and local monitoring committees to assess its progress) should be modified to include representatives from the vendor unions. They were involved in the conception of the scheme, so should be included in its implementation too.
- Local administrations should operate according to Street Vendors Act: Street Vendors Act 2014 envisages the formation of TVCs (Town Vending Committee) in various districts to ensure that all street vendors identified by the government are accommodated in the vending zones subject to norms. To avoid widespread evictions and harassment of vendors, the scheme, along with related procedures such as declaring of vending zones, drafting of state rules, schemes and bye-laws, must be dealt with in the context of this Act.

DAILY ANSWER WRITING PRACTICE

Qns. A greater role and devolution of funds for local bodies can boost healthcare but administrative challenges need to be addressed for it to be effective. Analyse. (250 words)

Ans:

Introduction

In 1992, as part of the 73rd and 74th Constitutional Amendments, the local bodies (LBs) in the rural (Panchayati raj institutions) and urban (corporations and councils) areas were transferred the responsibility to deliver primary care and public health services.

Body**Background**

- The Department of Expenditure, Ministry of Finance, has released an amount of ₹8,453.92 crore as health sector grant for rural and urban local bodies of 19 States.
- The grants have been released as per the recommendations of the Fifteenth Finance Commission.
- The commission, in its report for the period from 2021-22 to 2025-26, had recommended a total grant of ₹4,27,911 crore to local governments.
- The grants recommended by the commission inter alia include health grants of ₹70,051 crore.
- Of this amount, ₹43,928 crore has been recommended for rural local bodies and ₹26,123 crore for urban local bodies.
- The earmarked health allocation recommended by the 15th Finance Commission can fulfil a mandate on primary care.

A greater role and devolution of funds for local bodies can boost healthcare

- The 73rd & 74th amendment increased autonomy of local governments.
- Rural and urban local bodies can play a key role in the delivery of primary healthcare services, especially at the 'cutting-edge' level and help in achieving the objective of universal healthcare.
- Strengthening the local governments in terms of resources, health infrastructure and capacity building can enable them to play a catalytic role in epidemics and pandemics too
- Local bodies are best placed to understand the needs of the population in their wards. They are closer to the communities they serve.
- They are more responsive to the demands of citizens, given their greater direct accountability and accessibility.

- Experiences from Argentina and Brazil, and closer home in Kerala, show that the decentralization of healthcare to ULBs is beneficial.
- For example, Argentina's Plan Nacer—where city governments receive funds from the national health ministry based on population coverage—has had a positive effect. The probability of low birth weight, a key health outcome, fell by 23% in Argentina.
- FC grants to local bodies provide an opportunity to reshape health.

Challenges

- Most local bodies lack the technical and managerial capacity to utilize the grants
- The challenge in rural areas is the poor functioning of available primary health-care facilities while in urban areas, it is the shortage of primary health-care infrastructure and services both.
- Urban India, with just half of the rural population, has just a sixth of primary health centres in comparison to rural areas.
- Contrary to what many may think, urban primary health-care services are weaker than what is available in rural India.
- Regular outbreaks of dengue and chikungunya and the struggle people have had to undergo to seek COVID-19 consultation and testing services in two waves of the novel coronavirus pandemic are some examples.
- The low priority given to and the insufficient funding for health is further compounded by the lack of coordination between a multitude of agencies which are responsible for different types of health services (by areas of their jurisdiction).
- A few years ago, there were a few reports of three municipal corporations in Delhi refusing to allocate land for the construction of mohallaclinics (an initiative of the State Health Department) and even the demolition of some of the under-construction clinics.

Way forward

- The grant should be used as an opportunity to sensitise key stakeholders in local bodies, including the elected representatives and the administrators, on the role and responsibilities in the delivery of primary care and public health services.
- Awareness of citizens about the responsibilities of local bodies in health-care services should be raised. Such an approach can work as an empowering tool to enable accountability in the system.
- Civil society organisations need to play a greater role in raising awareness about the role of LBs in health, and possibly in developing local dashboards to track the progress made in health initiatives.
- The Fifteenth Finance Commission health grants should not be treated as a 'replacement' for health spending by the local bodies, which should alongside increase their own health spending regularly to make a meaningful impact.
- Mechanisms for better coordination among multiple agencies working in rural and urban areas should be institutionalised. Time-bound and coordinated action plans with measurable indicators and road maps need to be developed.
- Local bodies remain 'health greenfield' areas. The young administrators in charge of such RLBs and ULBs and the motivated councillors and Panchayati raj institution members need to grab this opportunity to develop innovative health models.
- Before the novel coronavirus pandemic started, a number of State governments and cities had planned to open various types of community clinics in rural and urban areas. But this was derailed. The funding should be used to revive all these proposals.
- This should be accompanied by a broader conception of public health, in line with the comprehensive primary healthcare vision of HWCs.

DAILY QUIZ

- Q1. The "Roshini Act" of the Jammu and Kashmir was in news recently, is related to:
- a. 24/7 electricity supply
 - b. Scholarships for girl students
 - c. City cleaning service

d. Hydroelectric power projects

Q2. Consider the following statements:

1. A Central Bank Digital Currency (CBDC) is the legal tender issued by a central bank in a digital form.
2. It is exchangeable one-to-one with the fiat currency.

Which of the statements given above is/are correct?

- a. 1 only
- b. 2 only
- c. Both 1 and 2**
- d. Neither 1 nor 2

Q3. Consider the following statements about the “ACROSS scheme”:

1. It pertains to the atmospheric science programs of Ministry of Earth Sciences (MoES).
2. It addresses different aspects of weather and climate services, which includes warnings for cyclones, storm surges and heat waves.

Which of the statements given above is/are correct?

- a. 1 only
- b. 2 only
- c. Both 1 and 2**
- d. Neither 1 nor 2

Q4. With reference to “Hydrogen-enriched compressed natural gas” (HCNG), consider the following statements:

1. It reduces emissions of CO up to 70%.
2. Its cost is less than CNG.
3. It enables up to 5 % savings in fuel.

Which of the statements given above is/are correct?

- a. 1 only
- b. 1 and 3 only**
- c. 2 and 3 only
- d. 1, 2 and 3

Q5. Consider the following statements about the Information Management and Analysis Centre (IMAC):

1. It is the nodal centre of the National Command Control Communication and Intelligence System (NC3I).
2. It was set up after the 26/11 Mumbai terror attacks.
3. It is located in the Indian Navy’s Western Naval Command, Mumbai.

Which of the statements given above is/are correct?

- a. 1 and 2 only**
- b. 2 and 3 only
- c. 1 and 3 only
- d. 1, 2 and 3