Category: INTERNATIONAL RELATIONS

1. ‘If WHO has limitations, these have been imposed on it by nations’

Context:

- The World Health Organization (WHO) is facing criticism over its initial response to the COVID-19 pandemic and a funding cut from the United States.
- Shashi Tharoor, a former Under Secretary General of the United Nations, in an interview, has analyzed the situation.

Challenges faced by WHO:

- Even though the WHO’s response to the pandemic has been less than satisfactory, it would not be right to blame the WHO alone given the challenges faced by the organization.
Lack of autonomy:

- One of the **institutional challenges** for a UN body like WHO is that it tends to be **obligated to its most powerful member states** due to the following reasons:
  - The head of the organization of most UN agencies is **elected with the support of powerful member states**. As a result he/she does not enjoy independence and autonomy.
    - The present Director General of WHO is a former Ethiopian health minister. Generally, the WHO Director General used to be someone from the medical community, but this time around, a politician helped by Chinese support, has been selected to the top post of the WHO.
  - The **powerful member states contribute a major share of the organization’s budget**.
- The powerful member states expect UN agencies to be bound to their interests for the most part. This leads to a lack of enough independence and autonomy for these agencies and thus **impacts their functionality and effectiveness**.

Dependant on member nations:

- WHO, like many other UN agencies, is mainly dependent on member nation contributions for its budgetary expenses. The **WHO has a wide mandate and responsibilities, and the lack of sufficient resources and budget limits its operations**.
- WHO and most UN agencies are reliant on the information they receive from member states as the organization itself cannot afford to set up a parallel base in the countries.
  - Even in the case of the current COVID-19, the principal fault may be with China and not the WHO for the lack of appropriate and timely information on the pandemic.

Concerns:

Funding cut:

- The U.S. contributes a substantial amount to the WHO budget. The recent decision to withhold funding would severely limit the WHO’s ability to act in these critical times.

Fall of multilateralism:

- There has been an increasing trend of countries turning inward. There are definite signs of a **resurgence of national sovereignty over multilateralism**.
- This will **impede collaboration** and throw up more barriers in the global efforts and subsequently limit the effectiveness of such efforts.

Way forward:

- WHO is part of the United Nations framework and is one of its specialized agencies. Given the important role played by it, it needs to be strengthened further.

Recognition of the limitations:

- The pandemic has brought about an **awareness of the limitations of global institutions**.
- The WHO has limitations. There is a need to recognise that these are limitations that governments have imposed upon it given that it is still dependent on member states.

Reforms:

*Increased autonomy:*
The world needs institutions of **greater independence** for everyone’s collective interest. There is a need to reform the existing institutions, to give them that independence.

The policy to have a **single, non-renewable term** for maybe six or seven years, rather than two terms of five which is the normal practice, might give the elected leaders of these organizations the authority to take certain independent actions.

*Increased transparency:*

- There is a need for **increased transparency in its functioning**.
- There should be better **information flow between the WHO and its member nations**. All members should have access to authentic and timely information.

*Increased funding:*

- Given the inadequate budgetary support, there is a need for increased funding. This can come through **compulsory state support** or could come through private sector funding. International institutions, like the World Bank, need to support WHO through sufficient budgets.

*Involving experts:*

- The specialized agencies of the UN like WHO should have a **higher representation of the medical community**. They should also involve scientists and experts across disciplines to work together.

*India’s role:*

- India must play a role in defying the current impulse of inward looking and drawing away from multilateralism. India should **play a leading role in reviving and reforming the international organization**.
- **India’s call for strengthening the WHO in the recently held virtual G-20 summit** is a move in this direction.

*Conclusion:*

- The world needs to be more ready next time around to face such pandemics. A multilateral organization would play a pivotal role in leading the fight against global issues like a pandemic.
- **Multilateralism should strengthen and not fall at this crucial juncture.**

For more information on this issue refer to:

CNA dated April 19, 2020

**Category: HEALTH**

1. ‘Lockdown cannot be the only strategy’

**Context:**

- The article discusses the need to view lockdown as just one aspect of the strategy and not the only strategy to contain the spread of COVID-19.
Enhanced testing, isolation of infected individuals, monitoring of development of herd immunity, a phased withdrawal of the lockdown should all be part of the strategy to fight the COVID-19 outbreak. Lockdown should be part of a broad well planned comprehensive strategy.

This issue has been discussed in the following articles:

CNA dated April 8, 2020
CNA dated April 12, 2020
CNA dated April 15, 2020

C. GS 3 Related

Category: ECONOMY

1. ‘Preventing food shortages is high priority for South Asia’

Context:

Details:
- South Asia as a region has done **comparatively better in terms of containing the health impact of the novel coronavirus**. The World Bank has endorsed India’s strict 40-day lockdown, which other South Asian countries have followed in varying degrees.

Please check CNA dated April 19, 2020

- However, the World Bank report predicts a ‘dire’ situation for South Asia due to the economic impact of the measures to counter the novel coronavirus pandemic.
- The restrictions on movement and lockdown measures have led to sharp declines in exports, and have disrupted global value chains. There has been a sharp decline in domestic tourism and hospitality services.
- Given the global nature of the crisis, the pandemic has also **deteriorated investment sentiment, and caused the reversal of capital flows from the developing economies**. There has also been the trend of **reduced remittances**.

Economic impact:

- The eight SAARC countries (Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, Maldives and Sri Lanka) would experience their **worst economic performance in 40 years**, with at least half of them falling into a deep recession.
- The forecast for the South Asian economy in the WB report is in the range of 1.8% - 2.8%. The upper and lower bounds are based on two scenarios, one with a two-month lockdown of advanced economies, the other with a four-month lockdown of the economies. This would mark a **significant drop from the present growth rate** of 6.3%.
- The impact could be even bigger given the uncertainty over the lifting of the lockdown measures and reviving of economic activities. A prolonged lockdown of South Asian economies with an extended
lockdown for three months and a more partial lockdown in subsequent quarters may cause negative growth for the region, with a contraction of about 1%.

Major Challenges:

Food security:

- Disruptions in the supply chain and panic buying can lead to price spikes.
- The lockdown deprives the most vulnerable people of their income. The loss of income of many informal workers due to lockdown can limit their ability to buy food. This can lead to food shortages for the most vulnerable.
- Most of the countries have resorted to the banning of food exports from their domestic territories. This could exacerbate the crisis by disrupting the food supply chains of the world.

Vulnerable sections:

- Containment of the pandemic is especially challenging among slum dwellers, domestic migrant workers and refugees. These sections bear a higher burden of the economic impact of lockdowns.

Migrant crisis:

- The pandemic will cause a global recession. This, along with the sharp drop in oil prices, will lead to high layoffs in the West Asian region. It is likely that migrant workers, especially in the Gulf countries, will return home after the lockdown restrictions are released.
- The inbound reverse migrants will need to find work at home and will indeed compete with domestic migrant workers.
- This will change the labour market and add to the domestic migrant labour crisis in India.

Decreased remittances:

- Most South Asian nations depend on migrant remittances. This plays a substantial role in the development of the nations. India receives the largest amount of remittances in the world and other economies in South Asia like Bangladesh and Pakistan are also dependent on migrant remittances.
- The global recession and layoffs would impact the inward remittances.

Loss of jobs:

- The WB report identifies the service sector as the worst hit. Tourism and hospitality sectors have come to a complete standstill and have resulted in substantial pay cuts and job losses.

Way forward:

Food security:

- The governments should focus on the aspect of food security along with health security.
- There is a need to release the strategic food reserves being held by government agencies.

Vulnerable sections:

- The government must ensure sufficient distribution of food resources to the most vulnerable. It has to be complemented with temporary work programmes.
Managing migrant returns (both internal and external migrants) must be a major priority for the region.

Generating employment:

- The government must consider starting temporary work programmes to ensure income avenues for the vulnerable.
  - The temporary work programme could focus on food delivery, production of protective equipment, disinfection of public spaces and on the testing and tracing system.
- Governments would have to consider new ways to regenerate employment in the sector most affected by the current crisis.
  - Tourism will not return to normal till effective vaccines become widely available. However, there will be demand for safe tourism and health and wellness tourism. Governments and businesses may consider reevaluating their products and business models to adapt to the changed condition.
- The government will have to look at other prospective sectors to generate new employment. The government should consider policies to help such sectors grow.
  - The post-pandemic era would witness higher demand for digital services like remote learning or other remote services and for delivery of e-commerce sales.
- The government should create conditions under which the economy can be reopened and should play an active role in job creation.

2. Pharma units still not able to operate freely

Context:

- Despite the Department of Pharmaceutical’s warning that the pharma industry was operating at just 20%-30% of capacity, which could threaten the availability of medicines, there has been only a marginal improvement.

For more information on this issue refer to:

CNA dated April 11, 2020

D. GS 4 Related

Nothing here for today!!!

E. Editorials

Category: HEALTH

1. A shot of hope with a game changing vaccine

Social Vaccine
A social vaccine is a metaphor for a series of social and behavioural measures that governments can use to raise public consciousness about unhealthy situations through social mobilisation. Social mobilisation can empower populations to resist unhealthy practices, increase resilience, and foster advocacy for change. This can drive political will to take action in the interests of society and hold governments accountable to address the social determinants of health by adopting progressive socio-economic policies and regulatory mechanisms that promote health equity and reduce vulnerability to disease.

How it helps?

- When applied to pandemics, the effectiveness of a social vaccine is determined by the extent of dissemination and uptake of accurate information about personal infection risk and methods to reduce the risk through consistent core messages disseminated through a variety of means.
- A social vaccine addresses barriers and facilitators of behaviour change, whether attitudinal, social, cultural, or economic, and supplements Information, Education, and Communication (IEC) with targeted Social and Behaviour Change Communication (SBCC) strategies.

Example

- Uganda and Thailand used these strategies effectively during the HIV/AIDS pandemic to bring down the incidence of HIV infection, before Highly Active Anti-Retroviral Treatment (HAART) was introduced in 1995.
- They demonstrated how an effective social vaccine helped “flatten the curve” till effective treatments were discovered that dramatically reduced mortality, viral loads and infection transmission.

Lessons from the HIV pandemic

1. Timeline of HIV/AIDS

   - The Human Immunodeficiency Virus (HIV) that causes the Acquired Immune Deficiency Syndrome (AIDS) is believed to have made the zoonotic jump from monkeys through chimpanzees to humans in Africa as early as the 1920s, but the HIV/AIDS epidemic was detected in 1981 and was a pandemic by 1985.
   - From 1981 till 2018, around 74.9 (range: 58.3 to 98.1) million people worldwide were HIV-infected, and around 32.0 (range: 23.6 to 43.8) million died (43%, range: 41 to 45%) from AIDS-related illnesses.
   - The early years of the HIV/AIDS pandemic were also a time of global panic. The cause was unknown (till 1984) and diagnostic tests were unavailable (till 1985). Since there was no treatment, a diagnosis of HIV infection was a death sentence.

2. The stigma of HIV/AIDS

   - Widespread fears of contagion rendered many infected people homeless and unemployed. Many were denied access to care.
   - Shame, discrimination and violence towards infected individuals, their families, social groups (sex-workers, gay men, drug users, truck drivers, migrants), and even health workers, were common.
   - Criminalising sex-work and injecting drug use followed.
   - Conspiracy theories, misinformation and unproven remedies were widely propagated.
   - The blame game targeted world leaders and international agencies. The preparedness of health systems, societal prejudices and socio-economic inequities were starkly exposed.

3. Preventive strategy
• The core preventive messages involved being faithful to one sexual partner or 100% condom use during sexual intercourse outside stable relationships; resisting peer-pressure for risky behaviours, and harm reduction for intravenous drug use.
• These measures conflicted with prevailing cultural, social, religious, behavioural and legal norms.
• IEC and SBCC activities targeted (and partnered) individuals, families, community leaders, peer-led community networks and social and health systems to change attitudes and behaviours. Religious and community leaders were key change agents.
  o For example, the Catholic Church in Uganda did not initially support promoting condoms for safe sex since its use prevents life.
  o After large numbers of people died of AIDS, their tacit acknowledgment that their religion did not preclude the use of condoms to prevent death was an important turning point.
• Thailand pioneered the effective use of social marketing of condoms for safe sex and used humour to defuse social taboos about publicly discussing sex.

These strategies and advocacy against stigma and discrimination were successfully adapted in India.

**How it can work in the present scenario?**

• The core infection-control messages are available from official sources.
  o Maintaining physical distancing in social situations (unless impossible) and
  o Wearing cloth masks or facial coverings in public (especially where distancing is impossible) by 100% of the people (and 100% of the time) is key to preventing infection along with regular disinfection of oneself and one’s surroundings.
• People are more likely to practise these behaviours if all leaders (without exception) promote them publicly and consistently, the whole community believes in their importance, and if proper information, support, and materials are available and accessible.
• A social vaccine also requires people to hold leaders accountable to invest in:
  o rapidly scaling-up testing;
  o meeting the basic and economic needs of vulnerable sections;
  o providing psychological support where needed;
  o not communalising or politicising the pandemic;
  o providing adequate Personal Protective Equipment (PPE) to front-line workers in health, sanitation, transport and other essential services; and
  o not compromising the privacy and dignity of infected individuals and their families in the interest of public health.

**Conclusion**

• Coercive or punitive methods are invariably counter-productive, as was seen with HIV/AIDS.
• There is still no biomedical vaccine for HIV/AIDS. Considering the limited efficacy and uptake of influenza vaccines, vaccines for SARS-CoV-2/COVID-19 may not provide a panacea.
• Thus, the components of the social vaccine should be in place before relaxing or lifting the lockdown.

**F. Prelims Facts**

1. **It’s Bangalore Blue for Karnataka’s grape farmers**

• **Bangalore blue grape, also simply called Bangalore Blue**, is a variety of fox grape grown in districts around Bengaluru, **Bengaluru rural, Chikkaballapur and Kolar districts**.
• Its cultivation has been going on for the past 150 years in about 5,000 hectares.
• It has been given the Geographical Indication (GI) status in 2013. The Bangalore Blue got the GI tag for its specific geographic and indigenous variety.
• Almost all the growers of Bangalore Blue grapes are now in dire straits as their crops have started drying up with no buyers due to the COVID-19 lockdown.

2. Islamophobia is rising in India: OIC

• The Organisation of Islamic Cooperation is an international organization founded in 1969, consisting of 57 member states, with 53 countries being Muslim-majority countries.
• Its permanent secretariat is in Jeddah, Saudi Arabia.
• The OIC has permanent delegations to the United Nations and the European Union.
• India is not a member of the organization in spite of it having a large Muslim population.

G. Tidbits

1. Goa is first to turn virus-free

• Goa became the first zero COVID-19 State in the country.
• This makes Goa the first green State in the country with no case of COVID-19 being reported from April 3.
• Government offices would be soon resuming work with appropriate measures of social distancing in place. The state will continue screening and testing.

H. UPSC Prelims Practice Questions

Q1. Which of the following countries is/are member/observers of the Organization of Islamic Cooperation?

1. Syria
2. Russia
3. Thailand
4. India
5. China

Options:

a. 1 only
b. 1 and 4 only
c. 2 and 3 only
d. All of the above

Answer:

Option c

Explanation:

• Syria was a member previously. But its membership of the OIC has been suspended currently.
Russia and Thailand are granted observer status in OIC.

Islam is the second-largest religion in India after Hinduism, with roughly 15% of the country's population or 201 million people identifying as adherents of Islam (2018 estimate). It makes India the country with the largest Muslim population outside Muslim-majority countries. Despite these facts, India has not been offered membership or observer status with OIC.

Given India’s tense relation with Pakistan, Pakistan which is a founding member of the OIC has often used the OIC platform to pursue its interests against India.

Q2. Which of the following pairs is wrongly matched?

a. Tulaipanji rice: West Bangal  
b. Nilambur teak: Tamil Nadu  
c. Sirsi supari: Karnataka  
d. Araku valley Arabica coffee: Andhra Pradesh

Answer:
Option b

Explanation:
Nilambur teak: Kerala

Q3. Which of the following statement/s is/are correct?

1. The World Health Organization is a specialized agency of the United Nations.
2. World Health Report is a publication of the World Health Organization.

Options:

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

Answer:
Option c

Explanation:

- The World Health Organization (WHO) is a specialized agency of the United Nations responsible for international public health.
- Specialized agencies are autonomous organizations working with the United Nations and each other through the co-ordinating machinery of the United Nations Economic and Social Council at the intergovernmental level. Specialized agencies may or may not have been originally created by the United Nations, but they are incorporated into the United Nations System. These specialized agencies carry out various functions on behalf of the UN.
- WHO’s flagship publication, the World Health Report, provides expert assessments of global health topics and health statistics on all nations.

Q4. Which of the following is/are part of the UNESCO’s List of Intangible Cultural Heritage for India?
1. Mudiyettu
2. Chhau
3. Kolam
4. Yoga
5. Pachoti
6. Sankirtan
7. Nawrouz

Options:

a. 1, 2, 3 and 5 only
b. 3, 5 and 6 only
c. 1, 2, 4, 6 and 7 only
d. All of the above

Answer:

Option c

Explanation:

- Pachoti and Kolam have been included in the national draft list of intangible cultural heritage. They are not part of the UNESCO list.

---

I. UPSC Mains Practice Questions

1. A recent World Bank report predicts dire economic and social consequences for the South Asian region due to the novel coronavirus pandemic. Discuss the challenges faced and suggest suitable remedial measures to be taken. (15 marks, 250 words)

2. What is meant by Social Vaccine? What skills and experiences from the handling of the HIV epidemic can be innovatively adapted to the current COVID-19 pandemic? (15 marks, 250 words)