

04 May 2020: UPSC Exam Comprehensive News Analysis

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B. GS 2 Related

Category: INTERNATIONAL RELATIONS

1. ‘Saudi investments in India on track despite economic downturn’

Context:

- India and Saudi Arabia ties.

Details:

India- Saudi Arabia bilateral relations:

- India and Saudi Arabia have observed **enhanced cooperation** in the field of **investment, energy, trade, political and security cooperation**. The **strategic partnership** between the two countries continues to deepen in all sectors.
- Acknowledging the fact that India is one of the fastest growing large economies, Saudi Arabia has planned **investments in India worth \$100 billion** in various areas, including oil infrastructure.
 - ARAMCO, Saudi Arabia's state run oil firm is planning a joint venture for an oil refinery in Ratnagiri, Maharashtra.

The two countries are also cooperating in setting up strategic oil reserves in India.

Bilateral cooperation during the COVID crisis:

- The Saudi Arabian Kingdom, like Kuwait and the UAE, has requested **Indian medical teams** to help manage the situation, and to this, India has obliged.
- There is also the continuation of **medical exports from India** to Saudi Arabia.
- Saudi Arabia is helping India evacuate its citizens stuck in Saudi Arabia.

Concerns:

- There has been a massive 50% drop in oil revenues and a downturn in the Saudi Arabian economy. This has led to **worries of job losses** in Saudi Arabia. There is a substantial number of Indian expatriates living and working in Saudi Arabia totalling to around three million. There are concerns that **many Indian migrants will lose their jobs** and this will lead to **reverse migration to India**.

Irritants:

- The [Organisation of Islamic Cooperation \(OIC\)](#), which is headquartered in Saudi Arabia, had recently issued a statement calling on India to protect its minorities, and spoke of a "growing tide of Islamophobia". India had expressed strong condemnation of the OIC observation.

Category: POLITY AND GOVERNANCE

1. Centre drafts new rules for satellite TV channels

Context:

- Information and Broadcasting Ministry's **draft guidelines for private satellite TV channels**.

Background:

- The satellite TV platform has been witness to **fast evolving broadcasting technology and drastic changes in the market scenario**. This has prompted a review of the nine year old uplink and downlink policy for private satellite TV channels.

Details:

Stricter provisions for violation:

- The draft guidelines **list 11 violations**. The major ones include:

- Delay or non-intimation to the Ministry about change in the shareholding pattern of the company.
- Appointment of a Director without prior permission of the Ministry.
- Non-removal of a Director who has been denied security clearance.
- Displaying dual logo or using logo or name not permitted by the Ministry.
- The draft guidelines have **stringent provisions for any violations** of the set rules. The new draft guidelines include an additional clause stating that the Ministry of Home Affairs can step in to revoke the security clearance in case of repeated violations.
- The penalty for violations ranges from warning, prohibition to broadcast up to 10 days and even cancellation of permission.

Security clearance:

- Like in the previous guidelines, all channels have to take security **clearance from the Ministry of Home Affairs**. The clearance is valid for 10 years.
- However, the new guidelines mention that the **MHA can withdraw the clearance** in which case the permission to uplink would stand terminated automatically.

Relaxation of regulations:

- Previously, broadcasters of sports channels had to take separate permission 15-days before telecasting a live event.
- A welcome change in the draft guidelines is the **relaxation offered for non-news category channels to broadcast live events**.
- This **process has been streamlined**. Instead of seeking permission, now the channel merely has to register online at Broadcast Seva with the necessary document five days prior to the telecast.

Concerns:

- Some in the industry have expressed concerns over the powers allocated to the MHA under the new guidelines. This **may discourage investors** into the satellite TV sector.

C. GS 3 Related

Category: ECONOMY

1. Economic recovery may take over a year, says CII

Context:

- Strategy paper submitted by the **Confederation of Indian Industry (CII)** to the Central Government.

Details:

Industry concerns:

- A survey among the member CEOs of the CII notes the **likelihood of job losses**.
- The survey also notes the complete shutdown of operations as their biggest problem, followed by a **lack of demand, supply and distribution chain disruption**, and a **credit crunch**.
- The CII has opined that an economic recovery would take over a year.

Suggestions:

Calibrated exit:

- Given the immense economic impact, the CII has argued for a calibrated exit from the lockdown in the country's most crucial economic regions.

Changes in zone classification:

- The CII has called for changes in zone classification.
- Within the high economic value districts, small restricted areas such as the actual street, mohalla, building or industrial complex where [COVID-19](#) cases have been identified should be treated as the containment zone. An area of about 500 m radius around these areas should be treated as orange zone. The remaining area of the district should be classified as green zones.

Focussing on priority districts:

- The CII has argued that the **country's high performing economic districts** should be allowed to play by different rules in the third phase of the lockdown.
- The 100-150 districts with the highest economic value identified either through GDP contribution or density of industrial clusters should be **allowed to restart industrial activity, even in containment areas**, if stringent rules are followed.

Testing and health protocols:

- Aggressive door-to-door testing, or group testing covering 100% of the population** can be carried out in priority zones and **stringent sanitation and distancing protocols** can be mandated.
- Personal protective equipment should be provided free of cost for all within the industrial unit. Workers would have to be housed on the premises or within walking distance and both raw materials and finished goods would be disinfected and kept in isolation for 72 hours before use.
- CII has argued that the cost of 100% testing and aggressive health protocols is lower than continued shutdown in these areas.

D. GS 4 Related

Nothing here for today!!!

E. Editorials

Category: HEALTH

1. India's disease surveillance system needs a reboot

Context:

- The author of the article discusses the concerns regarding the so called "**silent epidemics**" which, despite the **high impact on health**, receive **very low attention**.

Details:

Issue of Co-morbidity:

- The available data with respect to COVID-19 cases in India shows that 75.3% of deaths have been concentrated in the age group of 60 years and above, and in 83% of deaths, the deceased were battling **pre-existing identified health conditions**.
- The disease is lethal for those with **compromised immunity** brought on by age, **existing respiratory infections**, or essentially, **malnutrition**, and is referred to as **co-morbidity** in technical medical terms.

Concerns:

Vulnerability of the poor:

- A large section of the Indian society continues to remain below the poverty line.
- Poor people are the most affected due to diseases owing to their **poor nutritional health** which leads to **low immunity** in this section.
- The poor have **limited access to health care systems** and are largely dependent on public health care systems.

Poor health conditions:

- Despite having a young population, India is plagued by the issue of **poor health condition of the vast majority of its population**.
 - **Respiratory Tract Infection** kills over 900 people in India every day.
 - **Acute Lower Respiratory Tract Infection (ALRTI)**, which affects mostly children below the age of five years, has been known to infect approximately 3.40 crore people every year worldwide and had led to roughly 66,000 to 199,000 deaths, with 99% of these deaths being reported from developing countries like India.
 - According to public health experts, one person contracts **TB** every 10 seconds, and up to 1,400 people in India die every day of the disease.
 - **Non communicable and life style diseases** like diabetes and cardiovascular diseases have a high frequency in India.
- The large number of hospitalisations, deaths and suffering caused by contagious undifferentiated diseases indicate the prevalence of **persistent but undeclared silent epidemics**.

Side-stepping of other diseases:

- The COVID crisis has led to the public health-care system in India **prioritizing COVID patients and side-stepping other diseases**.
 - Routine functioning, particularly of out-patient department services in public hospitals, has been severely affected, and only emergency cases are being entertained. There have been complaints from patients of high-handedness of hospital staff in the functioning emergency intensive care unit, labour rooms, tuberculosis (TB) wards, etc.
 - Cardiology and neurology departments that cater to elderly sick patients are turning away many in the bid to streamline “critical” cases.
- There are many among the poor who are battling various diseases but now have **little access to major public hospitals** in the wake of the lockdown. This might further **aggravate the poor health condition** of a large section of people in India.

Poor disease surveillance:

- Many of the adverse medical conditions prevalent among the vast majority of the people in our country are not even identified due to the **lax disease surveillance system**.
- The reasons for the poor disease surveillance system in India can be attributed to the following factors

- A significant number of the infected who are predominantly poor and marginalised people do not have access to health-care facilities and hence fail to report their condition to certified medical practitioners.
- There is **lack of sufficient testing** (blood/serum, throat swab, sputum, stool, urine) to ascertain the cause of the diseases.
- The prevailing practice among pathological laboratories is to categorise diseases on the basis of the **pre-existing classificatory system which involves broad classification of diseases**. There is no differentiation among pathogens on the basis of variations in groups, subgroups, strains, etc. This results in failure to identify the definitive cause for an illness.
 - Many ailments are simply clubbed together and referred to by generic names such as 'Respiratory Tract Infection' (RTI), 'Urinary Tract Infection', 'Acute Febrile Illness (AFI)', 'Acute Undifferentiated Fever', 'Fever of Unknown Origin' (FUO).

Lack of definitive knowledge:

- The Indian health scenario is plagued by **non-identification of a definitive cause** behind a number of illnesses even though many of these diseases affect lakhs of people every year.

Lack of scientific research:

- Even if the definitive cause of an illness is identified, it does not necessarily gain the focused attention of scientific research which has an **effect on the disease control**.
- This can be owed to the **selective, biased approach of mainstream scientific research** that is driven by the profits of private pharmaceutical companies, and is the fallout of the **lack of priority** that governments assign to general health care and diseases of the poor.

Lack of appropriate efforts:

- The availability of sufficient knowledge about a disease does not necessarily translate into action.
 - For example in case of TB, even though TB has a R0 value (basic reproduction number) and fatality rate much higher than those attributed to COVID-19 so far, it continues to receive limited attention from the health sector.
- The author argues that since TB is largely a poor man's disease, it fails to elicit necessary attention among the ruling elite.

Way forward:

- Given the evidence regarding higher mortality due to COVID-19 among those with pre-existing identified health conditions, it is imperative that the already prevalent diseases and illnesses should not be ignored and these **silent epidemics must receive the attention they deserve**.

Category: INTERNATIONAL RELATIONS

1. BRICS against COVID-19

Context:

- BRICS initiatives in the fight against COVID-19.

Efforts by BRICS member nations:

- In the global war against the novel coronavirus, member nations belonging to [BRICS](#) have reached out to other countries humbled by the pandemic.

India:

- India has reinforced its credentials as a rapidly emerging **pharmacy of the world**.
 - As the world's largest producer of hydroxychloroquine, India has recently exported the drug not only to [SAARC](#) countries and to its "extended neighbourhood" in the Gulf, but also to Russia, Brazil, Israel and the U.S.
- India has also extended a helping hand to other nations in the neighbourhood.
 - It has offered to send **medical personnel to assist countries** like the UAE, Saudi Arabia and the Maldives.

China:

- Despite allegations of a lack of transparency on the origin of the virus, China has played an important role in containing the pandemic.
- Despite some quality concerns, China has played an important role in **providing masks, gloves, coveralls, shoe covers and testing kits** to hotspots across the globe, leveraging its position as the **workshop of the world**.
- Under its Health Silk Road doctrine, the Chinese has reached out to some of the worst global hotspots.

Russia:

- Despite fighting the virus at home, Russia sent its doctors and virologists overseas, including the launch of the famous 'From Russia with love' air mission to Italy.
- Russia also aided the U.S. administration through **medical supplies and experts**.
 - Since Soviet times, Russia has top-of-the-line emergency services, which are equipped to handle any kind of emergency including biological attacks, nuclear radiation, and chemical weapon attacks.

South Africa:

- South Africa, the current rotating head of the [African Union](#), is engaged in **framing a pan-African response** to COVID-19.

Brazil:

- Among the BRICS nations, only Brazil's response may need a course correction, as its resistance to breaking the infection chains through travel bans, lockdowns, isolation and testing appears to have led to an infection surge.

Way forward:

Co-ordination:

- Having demonstrated their comparative strengths as providers of **Humanitarian Assistance and Disaster Relief (HADR)**, BRICS countries now need to **pool and coordinate their efforts**, in partnership with the [WHO](#) and other affected regions as part of a global fight against the virus.
- India can forge an inclusive **BRICS-driven pharma alliance**, which could actively explore the production of vaccines.

Focus on global south:

- The BRICS interventions could have a **special focus on the emerging economies and the global south**, which are bound to be more affected by the pandemic and have lesser resilience.

Necessary resources:

- The BRICS countries have to **earmark resources and assets** for the response.
 - The **Shanghai-based New Development Bank of the BRICS** countries has recently allocated financial resources to combat COVID-19. Apart from disbursing a \$1 billion emergency loan to China, and subsequently to India, South Africa and Brazil, the NDB had the financial heft to provide \$10 billion in “crisis-related assistance” to BRICS member countries.

For more information on this topic refer to:

[CNA dated April 26, 2020](#)

F. Prelims Facts

1. African swine fever: Assam told to go for culling

- African Swine Fever is a **hemorrhagic fever with high mortality rates in domestic pigs**.
- African Swine Fever **does not cause disease in humans**.
- African Swine Fever persistently infects its **natural hosts, warthogs, bushpigs, and soft ticks**, which likely act as vector, with no disease signs. African swine fever virus is the only virus with a **double-stranded DNA genome** known to be transmitted by arthropods.
- The virus can be spread by ticks and can also be transmitted by direct or indirect contact with infected pigs, faeces or body fluids.
- African swine fever virus (ASFV) is endemic to sub-Saharan Africa. The disease is an example of an **emerging infectious disease**.
- As of 2020, **no vaccine is commercially available**.
- In April 2020, **India reported the first African Swine Fever disease outbreak** in the state of Assam and Arunachal Pradesh.

2. Javadekar slams report on press freedom

- The **Global Press Freedom Index** is brought out by **Reporters without Borders**.
- India has dropped two places on the Global Press Freedom Index 2020 and is ranking 142nd on the list of 180 countries.

G. Tidbits

1. Tripura groups oppose settlement of Brus

- Two community-specific groups in Tripura have renewed their opposition to the **proposed permanent settlement of Bru refugees from Mizoram in Tripura**.
 - This includes the Nagarik Suraksha Mancha, representing Bengali people displaced from erstwhile East Pakistan post-partition in 1947, and the Mizo Convention.

2. 126 lakh tonnes of food grains given to States: FCI

- The **Food Corporation of India (FCI)** issues around 50 lakh tonnes of food grains to States and union territories every month, under the norms of the **National Food Security Act (NFSA)** and other schemes.
- The FCI has supplied around 126 lakh tonnes of food grains, almost equivalent to two-and-a half months' supply in normal situations, to States and Union Territories during the COVID-19 lockdown to help in the implementation of the **Pradhan Mantri Garib Kalyan Ann Yojana (PMGKAY)**, under which beneficiaries of the NFSA are given 5 kg of food grains each per month free of cost for three months (April – June) over and above their monthly entitlement of 5 kg per person.

H. UPSC Prelims Practice Questions

Q1. Which of the following statement/s is/are correct?

1. The Suez Canal lies on the eastern part of the Sinai Peninsula.
2. The Sinai Peninsula is bound by the Gulf of Suez on its eastern margin and by the Gulf of Aqba on its western margin.

Options:

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

Answer:

Option d

Explanation:

- The Suez Canal lies on the western part of the Sinai Peninsula.
- The Sinai Peninsula is bound by the Gulf of Suez on its western margin and by the Gulf of Aqba on its eastern margin.



Q2. Which of the following Indian states share a border with Bangladesh?

1. West Bengal
2. Assam
3. Meghalaya
4. Tripura
5. Mizoram
6. Manipur

Options:

- a. 1, 2 and 3 only
- b. 1, 2, 3 and 4 only
- c. 1, 2, 3, 4 and 5 only
- d. 1, 2, 3, 4, 5 and 6

Answer:

Option c

Explanation:



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

1. African Swine Fever is a hemorrhagic fever with high mortality rates in domestic pigs.
2. African Swine Fever does not cause disease in humans.
3. In April 2020, India reported the first African Swine Fever disease outbreak in the state of Assam and Arunachal Pradesh.

Options:

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

Answer:

Option c

Explanation:

- African Swine Fever is a hemorrhagic fever with high mortality rates in domestic pigs.
- African Swine Fever does not cause disease in humans.
- The virus can be spread by ticks and can also be transmitted by direct or indirect contact with infected pigs, faeces or body fluids.
- As of 2020, no vaccine is commercially available.
- In April 2020, India reported the first African Swine Fever disease outbreak in the state of Assam and Arunachal Pradesh.

Q4. The Global Press Freedom Index is released by which of the following organizations?

- a. Amnesty International
- b. UNESCO
- c. Reporters without Borders
- d. United Nations Development Programme

Answer:

Option c

Explanation:

- The Global Press Freedom Index is brought out by Reporters without Borders.

I. UPSC Mains Practice Questions

1. The so-called “silent epidemics”, despite their high impact on health status, receive very low attention. Analyze the reasons for such a scenario and discuss the concerns associated with such an approach in the light of the COVID-19 crisis. (15 marks, 250 words)
2. Discuss the contributions of the member nations of BRICS in the fight against the COVID-19 pandemic and the potential of a co-ordinated effort among the BRICS member nations. (10 marks, 150 words)

