### The Hindu News Analysis – 05th November 2019 – Shankar IAS Academy

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* C – Chennai; B – Bengaluru; D – Delhi; H – Hyderabad; T – Thiruvananthapuram;
Background

⇒ Traditional medicine → ancient and culture bound medical practice
⇒ Varies with societal and cultural heritage
⇒ Modern medicine – allopathic / western
⇒ 20th Century – revival of traditional medicine
⇒ AYUSH – a subtheme of cultural nationalist resurgence against the British
  * Ayurveda
  * Siddha
  * Yoga and Naturopathy
  * Homeopathy
  * Unani
⇒ Recent govt. efforts to revive AYUSH – would help to achieve universal health coverage

Barriers to traditional – modern integration

1. Lack of availability of AYUSH health facilities
2. Shaky relation between traditional and modern medicine
   * Quackery by AYUSH practitioners
   * Ridicule of practices
   * Mindless promotion of AYUSH
3. Need to address the “Status gap”
4. Isolationist attitude

Efforts by the govt. over the years

a) Chopra Committee (Committee on Indigenous Systems of Medicine) – 1948
b) Separate Ministry for AYUSH – 2014

Part A—Preliminary Examination
Paper I - (200 marks)
- Current events of national and international importance.
- Indian Polity and Governance-constitution, Political System, Panchayati Raj, Public Policy, Rights Issues, etc.

Part B—Main Examination
PAPER-II
General Studies-I: Indian Heritage and Culture, History and Geography of the World and Society.
- Indian culture will cover the salient aspects of Art Forms, literature and Architecture from ancient to modern times.

PAPER-III
General Studies-II: Governance, Constitution, Polity, Social Justice and International Relations.
- Government policies and interventions for development in various sectors and issues arising out of their design and implementation.
- Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.
c) Mous with Defence and Railway Ministries

d) promotion of private investment and entrepreneurship

e) Building Institutes of Excellence – AIIMS, NEIAH

f) 12500 – AYUSH health & Wellness centres

g) Section 50 of National Medical Commission Act, 2019

h) Efforts in the international arena
  * Delhi Declaration on Traditional Medicine for South East Asian countries - 2013
  * World Ayurveda Congress - 2014
  * June 21 - International Yoga Day

Way Forward
  * legitimate inclusion of AYUSH
  * Success story - China
    > Integrate - education, research and practice of both systems
    > Training AYUSH doctors in modern medicine and vice versa
    > Delineates strength, weakness and roles
    > Standardise practice etc.
  * No loss of identity / dilution of medical standards
  * Integration - help to achieve universal health care

Act against cross-border insurgents, Modi tells Suu Kyi

Part A—Preliminary Examination

Paper 1 - (200 marks)

- Current events of national and international importance.

Part B—Main Examination

PAPER-III

General Studies- II: Governance, Constitution, Polity, Social Justice and International relations.

- India and its neighborhood- relations.
- Bilateral, regional and global groupings and agreements involving India and/or affecting India's interests.
- Effect of policies and politics of developed and developing countries on India’s interests, Indian diaspora.

ASEAN

- Association of Southeast Asian Nations
- Established on 8th August 1967
- ASEAN Declaration (Bangkok Declaration)
- Founding members: Indonesia, Malaysia, Philippines, Singapore and Thailand
- Brunei, Vietnam, Laos, Myanmar & Cambodia

Aims and Purposes of ASEAN

- To accelerate the economic growth, social progress and cultural development in the region
- To promote regional peace & stability and adherence of the United Nations charter
⇒ India is not the member of ASEAN
⇒ India is the dialogue partner of ASEAN
⇒ India is the member of ASEAN Regional Forum (ARF)
⇒ 35th Summit @ Bangkok, Thailand

East Asia Summit

* Also hosted and chaired by the same country which is hosting ASEAN summit

* Members : 18 (10 ASEAN nations, + China, India, Japan, South Korea, Australia, New Zealand, Russia & U.S.)

* Indo-Pacific’s premier forum for strategic dialogue
* 14th Summit @ Bangkok, Thailand

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State recorded highest TB deaths in 2018

This is attributed to high prevalence of TB-HIV co-infection; Health Department now prioritising TB comorbidities

AFRIN YASHMIN
BENGALURU

At 0.9%, Karnataka has recorded the highest tuberculosis (TB) death rate in the country in 2018. This is higher than the national death rate of 0.8%. In public sector.

Doctors see this as a worrisome trend, especially when the success rate of treatment in the public sector is 60% in the State. Karnataka is followed by Kerala, Punjab, and Tamil Nadu that have recorded 1%, 1.4%, and 5.2%, respectively.

Attributing this to the high prevalence of TB-HIV coinfection, health officials said among those tested for TB in the last one year in the State, 10.3% were HIV-positive patients and 70% of patients with TB have a known HIV status. “This is one of the reasons why the TB death rate in Karnataka is the highest,” S. Shankar, State Joint Director (Tuberculosis), told The Hindu.

Nearly 40% of the over 16,000 new HIV cases detected in the State are reported to have TB as a co-infection. “Several districts in north Karnataka – Hubballi-Dharwad, Gadag, and Belagavi – have high prevalence of HIV cases. And, over 30% of HIV deaths are due to TB. This explains the high TB death rate in the State,” Dr. Shankar said.

Concerned over the high death rate, the State Health Department is now prioritising TB comorbidities, especially HIV, diabetes and tuberculosis co-infection. The single window delivery of TB and HIV services for all People Living with HIV (PLWH) requiring care in the ART centres has been streamlined with improved oversight, he said.

Comorbidities an issue

According to India TB Report, 2019, over 60% of PLWH were being screened in ART centres for TB symptoms, and nearly 6 lakh PLWH have been given access to rapid molecular testing via CBA-based nucleic acid amplification tests for TB diagnosis.

The report that was released recently said that nearly one-half TB/HIV patients were initiated on daily drug regimen and nearly 60% PLWH were initiated on TB preventive therapy across the country till December

The Revised National Tuberculosis Control Programme (RNTCP) has expanded its collaborations with Diabetes and Tuberculosis Control Programmes and is being further strengthened with cross linkage of services. Nearly 10% and 25% of the TB patients in public sector have been screened for diabetes and tobacco usage, respectively, and linked to appropriate services through the Non-Communicable Disease Programme and the Tuberculosis Control Programme, the report stated.

Part A—Preliminary Examination

Paper I: 200 marks

• Current events of national and international importance.
• General Science.

Part B—Main Examination

PAPER III

General Studies II: Governance, Constitution, Policy, Social Justice and International relations.

• Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.
News

- Karnataka records highest TB death rate in 2018 → 6.2%  
  → Main reason attributed: TB-HIV Coinfection
  → Co-infected patients - @ higher risk of death  
  → TB patients are found to have also
    → HIV and/or Diabetes and/or Tobacco addiction
- Cartridge Based Nucleic Acid Amplification Test (CBNAAT)
  → also called as GeneXpert
  → TB-specific, automated cartridge-based nucleic acid amplification assay, uses Polymerase Chain Reaction

> rapid molecular test
> potential to quickly diagnose TB among co-infected patients
> also detects Rifampicin resistance

Tuberculosis

- caused by Mycobacterium Tuberculosis
- Commonly affects the lungs - Pulmonary TB
- Spreads through air
- Curable with proper treatment

Govt. efforts

- National TB Programme - 1962
- Revised National TB Control Programme (RNTCP) - 1993
- NTP Shortcomings
  → managerial weaknesses
  → inadequate funding
  → over-reliance on X-ray
  → non-standard treatment regimens
  → low rates of treatment completion
  → lack of systemic information on treatment outcomes
- 1993 - WHO declared TB - as global emergency

India to eliminate by 2025

- National Strategic Plan for TB 2017-2025, elimination by 2025
  → implemented under oversight of Central TB Division (CTD), MoHFW
- NIKSHAY
  → Ni = End; KSHAY = Tuberculosis
  → Web-enabled Patient Management System under RNTCP
    → developed and maintained by CTD
    → used by health functionaries at various levels in both public & private sector
    → functions as National TB Surveillance System
Refusing to bite the bullet

Joining RCEP would have helped India integrate with Asia trade regionality

Regional Comprehensive Economic Partnership

First promoted by Asean in 2012 − launched 23rd Asean summit, 2012

Proposed among Asean members and 6 FTA partners of Asean

Agreement in its present form is against Indian farmers, MSME sector and dairy sector

RCEP− UPOV link and impact on India

UPOV Convention − International Union for the Protection of New Varieties of Plants

India − not a member, whereas China, Japan, Australia and New Zealand are members

Saying RCEP will hurt farmers, India walks out

PM says his conscience does not permit him to sign the FTA

Regional implications

The implication of joining RCEP will be...
RCEP gives concerted liberalisation framework where investments and exports can go hand-in-hand

**Conclusion**

- India needs both export-oriented growth model and regional integration strategy
  - to stimulate manufacturing sector
  - to overcome development challenges
- India should join RCEP, after making required corrections in the economy

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**Pak skips opening session of SCO joint exercise**

Special Correspondent

Pakistan did not participate in the inaugural session of the Shanghai Cooperation Organisation (SCO) joint exercise on urban earthquake and rescue drill. The session was addressed by Indian Home Minister Amit Shah on Monday. It is expected to be attended by foreign ministers and delegations from the member countries. The exercise will be conducted in accordance with the principles of mutual respect, equality, and non-interference.

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**Shanghai Cooperation Organisation (SCO)**

- Intergovernmental multilateral platform
  - Previously → Shanghai Five → China, Kazakhstan, Kyrgyzstan, Russia, and Tajikistan
  - Shanghai Five → established in 1996
- Inclusion of Uzbekistan → SCO


India and Pakistan → member states from 2017

- SCO charter
- Strengthening the mutual trust and neighbourliness
- Promotion of cooperation
- Joint efforts to ensure peace, security and stability
- Heads of State Council → highest decision-making body

- 2 Permanent bodies
  - SCO Secretariat - Beijing
  - Executive Committee of RATS - Tashkent

Regional Anti-Terrorist Structure (RATS)

- Permanent body of SCO
- To facilitate coordination and interaction between competent authorities of SCO members
- Function → coordination and information sharing

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Chilla gives tribal produce a steady market

Farm produce, livestock from 40 tribal settlements sold at weekly market

G. J. Raman

Chilla, an initiative launched by the Marayur Panchayat, has ensured a steady market for the produce of tribals. The consumer too benefits, taking home pesticide-free produce. The initiative, which now has a turnover of 2 crores, was launched with the aim of providing the tribals a regular income and reducing their dependence on forest. Humble beginnings: The weekly market was launched in a small scale and it became a major market with consumers and traders from far away places reaching Marayur to participate in the auction. "At Chilla, the farm produce and livestock from 40 tribal settlements in Marayur and Kanyakumari grama panchayats are sold," said K. V. Ramesh, coordinator, Chilla. The market is run by the Murugeshkodi Vanamarudhikshik Samarpana Samiti. There were occasions when Forest Department officials intervened in the auction to ensure a remunerative price for the tribal people, he said, adding that if the prices quoted were found below the market rate, the officials themselves purchased the produce. The open market was the brainchild of Marayur Sattan Panchayat Divisional Forest Officer Sabby Varghese and range officers M.G. Sivasubramaniam and P.K. Veppunna. The tribals cultivate vegetables inside the forest adopting organic methods. However, they find it difficult to sell the produce in the open market as the shape and colour do not match the market criteria. The Chilla market, near the Marayur Sattan Divisional Forest office, on Thursdays, came as a solution to this," said Mr. Ramesh. "The tribals bring their produce to the market and we conduct an open auction in their presence. Traders from Madurai, Karappana, Thuduppu, Adimali, Pallivasal, Udumalpet and Erumkulam participate in the auction," he said. "The exploitation by middlemen was so much that they used to sell a kg of wild gooseberry for as low as 5. Now they sell it for ₹20 a kg. Earlier, 1 kg of snake gourd (Kattai) was sold at ₹10 and now it touches ₹25. Marayur Divisional Forest Officer R. Ramachandran said, "Bird eye chilli (kanalad vilayil), semen, forest honey, plantain, vegetables, turmeric, cumin, coriander and gosam are on sale," said Mr. Ramachandran. "An important feature is that tribalsmen who are not engaged in farming directly grow the produce and sell it. It eases their burden," said Mr. Ramachandran. Beneficial for all: A view of Chilla, an exclusive market for tribals' produce at Marayur in Shikartri district.
'Rice bio-parks a solution to stubble-burning issue'

SPECIAL CORRESPONDENT

CHENNAI

As Delhi and its neighbouring areas continue to be severely hit by pollution due to stubble burning in neighbouring States, eminent agricultural scientist M.S. Swaminathan suggested that the Delhi, Haryana and Uttar Pradesh governments could set up 'rice bio-parks', where farmers could convert stubble into income and employment.

In a series of tweets on Monday, Mr. Swaminathan noted that the air pollution in Delhi had become a matter of public health concern nationally and internationally, and farmers were "being blamed" by many for burning stubble, thereby causing atmospheric pollution.

"In South India, stubble is not burnt as there is economic value as animal feed. For years, I pointed out many economic uses of rice straw. We should adopt a do-ecology approach with farmers to convert rice stubble into income rather than making them agents of eco-disaster," the noted scientist suggested.

Recently, the Chennai-based M.S. Swaminathan Research Foundation (MSSRF) established a rice bio-park at Nay Pyi Taw, Myanmar, funded by the Union Ministry of External Affairs, which was inaugurated by the President of India, he recalled.

The rice bio-park showed how stubble can be utilised to make products, including paper, cardboard and animal feed.

"We should stop blaming farmers since it will take us nowhere. Instead, we should propose methods which are economically and ecologically desirable," he said.

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Part A—Preliminary Examination

Paper I—(200 marks)

- Current events of national and international importance.
- General issues on Environmental ecology, Bio-diversity and Climate Change - that do not require subject specialization.

Part B—Main Examination

PAPER-IV


- Conservation, environmental pollution and degradation, environmental impact assessment.

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PRACTICE QUESTIONS

DISCUSSION

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Practice Question – Prelims

Q1. Consider the following statements with reference to ASEAN.

1. It was established as per the Bangkok Declaration by the Founding Fathers of ASEAN, namely Indonesia, Malaysia, Philippines, Singapore and Thailand.
2. It aims to promote regional peace and adherence to the principles of the United Nations Charter.
3. India is a member of ASEAN Regional Forum (ARF).
4. All the members of East Asia Summit are also the members of the ASEAN.

Select the correct answer using the codes given below.
(a) All the statements
(b) All the statements except 3
(c) All the statements except 2
(d) All the statements except 4

Practice Question – Prelims

Q2. Consider the following statements with reference to Tuberculosis.

1. It is a curable disease if taken proper treatment.
2. It is caused by a Bacteria.
3. It is a communicable disease.
4. It can be found in a person along with other infections such as HIV/AIDS.

Which of the above statements is/are correct?
(a) 1 and 2 only
(b) 2 and 3 only
(c) 1, 2 and 3 only
(d) 1, 2, 3, 4
Practice Question – Prelims

Q3. In which of the following, India is not a member?
1. UPOV Convention
2. Chiang Mai Initiative Multilateralization
3. Asia-Pacific Economic Cooperation

Select the correct code given below:
(a) 1 only
(b) 2 and 3 only
(c) 3 only
(d) 1, 2 and 3

Practice Question – Prelims

Q4. Which of the following countries are the member states of the Shanghai Cooperation Organization (SCO)?
1. Kazakhstan
2. Turkmenistan
3. Kyrgyz Republic
4. Afghanistan
5. India
6. Russia

Choose the correct answer from the options given below.
(a) 1, 2, 3 and 6 only
(b) 1, 2, 3, 5 and 6 only
(c) 1, 3, 5 and 6 only
(d) 1, 3, 4, 5 and 6 only

Practice Question – Mains
GS – II

Q. The discussion over integration of traditional and modern medical systems to improve the overall health infrastructure in India has been going on for several decades. Discuss the barriers for this integration and the efforts of government over the years to promote Indian traditional medicine system. (250 words, 15 marks)
Practice Question – Mains
GS – II

Q. “The proposed Regional Comprehensive Economic Partnership Agreement aims at establishing world’s largest free trade agreement”. In the light of the statement, analyse the various concerns raised in India with respect to the RCEP deal negotiations. (150 words, 10 Marks).

Practice Question – Prelims
Answers

1. Option (d) – All the statements except 4
2. Option (d) – 1, 2, 3, 4
3. Option (d) – 1, 2 and 3
4. Option (c) – 1, 3, 5 and 6 only
LIKE, COMMENT & SHARE

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