

HIV and AIDS (Prevention and Control) Bill, 2016: Necessary but not Sufficient



(Source: <http://indianexpress.com/article/india/india-news-india/amendments-to-hivaids-bill-still-keeps-pediatric-hiv-under-major-shadow-3738561/>)

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Lead Essay

HIV and AIDS (Prevention and Control) Bill, 2016: Necessary but not Sufficient

Human Immunodeficiency Virus (HIV) is a virus, found at infectious levels in human body fluids, such as, blood, semen, vaginal and rectum fluids, and breast milk. It is not easily spread. It can only be transmitted when the body fluids of an HIV infected person come in direct contact with body fluids of another person, who then gets infected by HIV.ⁱ The general medium of virus transmission is through ‘infected needles, syringes or other drug-taking equipment (blood transmission), or from mother-to-child during pregnancy, birth or breastfeeding’. HIV gradually attacks the immune system, body’s natural defence system against illness. If the virus is left untreated, over the years, it leads to a syndrome called Acquired Immune Deficiency Syndrome (AIDS). This is the advanced or the last stage of the HIV infection, when the body is unable to defend itself against various diseases. AIDS can lead to death of the person. Presently, there is no permanent cure for HIV/AIDS. However, with early diagnosis and effective Anti-retroviral Treatment, people living with HIV (PLHIV) can live a normal and a healthy life.ⁱⁱ

In 2015, there were about 36.7 million PLHIV globally.ⁱⁱⁱ South Africa and Nigeria were ranked first and second in respect to the total number of HIV patents in the world.^{iv} India is ranked third globally, with roughly 2.1 million PLHIV. The States which account for the highest HIV prevalence in India are Nagaland, Mizoram, Manipur, Andhra Pradesh and Karnataka. The people who are most vulnerable by the HIV/AIDS are the sex workers, men who have sex with men (MSW), transgender people, people who inject drugs (PWID), migrant workers, and the truck drivers.^v It is these sections of the society who are the most discriminated and are treated as the marginalised group. They face discrimination across various walks of life, such as, employment, educational institutions, health care services, residing or renting property. This leads to the violations of their rights. Hence, it becomes difficult for PLHIV and those who belong to these groups to access the medical services. One important factor leading to the above circumstances is that India does not have anti-discrimination legislation which could cover the discriminated people on the grounds of HIV.^{vi} Therefore, the need for a HIV/AIDS Bill in India was highlighted at the International Policy Makers Conference on HIV/AIDS held in New Delhi, back in 2002. The objective of the Bill was to safeguard the rights of the PLHIV against any form of discrimination, and to prevent and control the spread of the HIV/AIDS. The draft of the **HIV and AIDS (Prevention and Control) Bill** was prepared and submitted to National AIDS Control Organisation (NACO) in August 2006.^{vii} However, the Bill was pending ever since and, after a turbulent journey, the Bill was finally introduced in the Rajya Sabha (Upper house of the Indian Parliament) in February 2014. But due to the dissolution of the Lok Sabha (Lower house of the Indian Parliament), the Bill was further referred to the Parliamentary Standing Committee on Health and Family Welfare for their recommendations.^{viii} The Committee had provided their recommendations and submitted the report to the Rajya Sabha in April, 2015. Subsequently, in October this year, the amendments to the Bill were approved in a Cabinet meeting chaired by Prime Minister Modi. The amended Bill will be presented in the Parliament, during the ongoing winter session, for consent.^{ix}

Provisions of the Bill

The Bill seeks to provide for “*the prevention and control of the spread of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome and for the protection of human rights of persons affected by the said virus and syndrome and for matters connected therewith or incidental thereto*”.^x Therefore, to protect the rights of the PLHIV, the Bill has mandated for an embargo on discrimination against HIV positive person or people living with them. Here, discrimination is defined as ‘denial, termination, discontinuation or unfair treatment’ in regards to “employment, educational establishments, health care services, residing or renting property, standing for public or private office, and provision of insurance (unless based on actuarial studies)”. In addition, the pre-requirement of a HIV test for employment, healthcare or education has been forbidden.^{xi}

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People infected or affected by HIV, are often stigmatised in the society and often within their own households. Therefore, the Bill provides that PLHIV, who are below the age of 18 years, have the right to share and enjoy the facilities of the household. Further, if a person who is aged between 12 to 18 years, and has sufficient maturity and understanding to manage the affairs of his HIV/AIDS affected family member, then he shall be competent to act as a guardian for another sibling below the age of 18 years. Here, the guardianship will apply in the matters of educational establishments, operating bank accounts, managing property, care and treatment, amongst others. The Bill also prohibits any person from ‘publishing information or advocating feeling of hatred’ against the HIV positive persons and the people living with them. In case of the above violation, the person shall be sentenced with imprisonment of not less than 3 months and up to 2 years, with a fine up to Rs. 1 lakh or both.^{xii}

In order to safeguard the rights of the people, no HIV test, medical treatment or research can be conducted on a person without his prior informed consent. However, in certain cases the informed consent of a person shall not be required, such as, a court order, medical research, licensed blood banks and epidemiological purposes, here the HIV test is anonymous and shall not be for the purpose of determining the HIV status of a person. Further, no person can be forced to disclose his HIV status except with his informed consent, or if required by a court order. However, a healthcare provider, a physician or a counsellor of the HIV positive person can disclose the status to his/her partner. This is permitted if the counsellor thinks that the partner may be at a significant risk of an HIV transmission, or if the infected person does not inform his partner. In all regards, it shall be the duty of the HIV positive person to adopt necessary measure to avoid HIV transmission to others. To further strengthen the identity of the PLHIV, every establishment who maintains the records of the HIV positive person is required to keep such data confidential.^{xiii}

Every organization engaged in healthcare services or any other such establishment where there is a significant risk of exposure to HIV shall adopt, educate and provide training on the ‘Universal precautions’ to all the persons working in such establishments. In accordance to the guidelines for a safe working environment, every such establishment is required to designate a Complaint officer, who will deal with the complaints regarding the violations of the Bill.^{xiv}

Every State Government has been designated with the responsibility to appoint one or more Ombudsman. He shall inquire into complaints regarding the violations of the prescribed healthcare services of the Bill. If these norms are violated, the accused person shall be punished with a fine of Rs. 10,000 and if the violation continues, an additional fine of Rs. 5,000 per day can also be imposed. Every six months, the Ombudsman has to report to the State government, on the number and nature of complaints received, action taken and orders passed in relation to such complaints.^{xv}

In any legal proceedings, if an HIV infected person is an applicant, then the court shall take up and dispose off the case on a priority basis. During the proceedings, the court can suppress the identity of such a person by substituting the name, and can refrain any person from publishing any such information, which may reveal the true identity. The proceedings may be conducted in camera. In case, a maintenance application has being filed, the court shall also take into account the medical expenses and any such HIV related costs incurred by the applicant. No Court other than the Judicial Magistrate First Class shall take cognizance of an offence under this Act.^{xvi}

Welfare measures prescribed to the Central and the State Governments

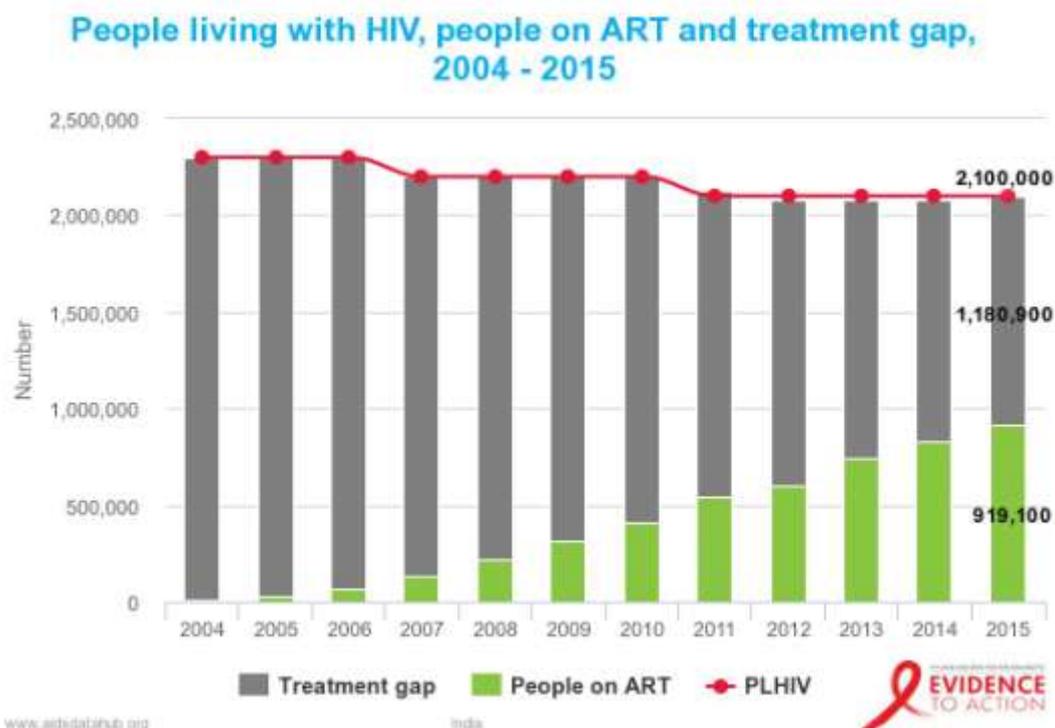
The Bill has assigned the Central and the State Governments, as the case may be, with some important responsibilities to check the spread of HIV/AIDS. This shall be done by facilitating better access to welfare schemes to the people infected or affected by the HIV/AIDS, and without any prejudice to address the needs of the affected women and children. They shall lay down the guidelines for the care, support, and treatment of the affected children. They shall also take steps to protect the property of the children affected by HIV/AIDS. The guardians or the parents of the affected children may approach the Child Welfare Committee for the safe keeping and depositing of the documents of the child’s property. The government shall formulate information, education and communication programmes for HIV/AIDS which are age-appropriate, gender-sensitive, non-stigmatising and non-discriminatory. Government shall provide counsel and information and treatment regarding the outcome of the pregnancy to the HIV infected woman. No HIV

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positive woman, who is pregnant, shall be subject to sterilisation or abortion without obtaining her informed consent. For every person in the care and custody of the State shall have the right to HIV prevention, counselling, testing and treatment services.^{xvii}

In order to prevent the spread of HIV or AIDS, the Central Government or the State Government has been assigned the responsibility to, “*take measures for providing, ‘as far as possible’, diagnostic facilities related to HIV/AIDS^{xviii}, Anti-retroviral Therapy and Opportunistic Infection Management to people living with HIV/ AIDS*”.^{xix} The ART is offered free of cost to all PLHIV who are eligible clinically. All those PLHIV eligible as per technical guidelines are initiated on first line ART.^{xx}

Out of the total 2.1 million PLHIV, about 1.3 million PLHIV are eligible to receive the ART. This is because ART is started for only those PLHIV whose CD4 count is less than 350. However, the World Health Organization (WHO) guideline provides that everyone with HIV should get anti-retroviral (ART) drugs, regardless of their clinical stage and a white-blood-cell tally that India uses to determine who will be treated. Therefore, out of the eligible PLHIV only 940,000 are on anti-retroviral therapy (ART). The situation is worse among children, with no more than 36% getting ART. There are about 455 ART centres nationwide.^{xxi}



(Source: <http://www.aidsdatahub.org/Country-Profiles/India>)

However, the clause “as far as possible” included in the Bill has created distress amongst HIV activists and PLHIV. This is because though the Bill has made treatment a right of the patient, but this particular clause has diluted the legal right of the PLHIV, as they cannot demand for a legal remedy by appealing in the Court, in case they are denied the ART.^{xxii} Therefore, the PLHIV and the activists have demanded for the removal of the above clause from the Bill, and to provide ART as the legal right of every PLHIV.

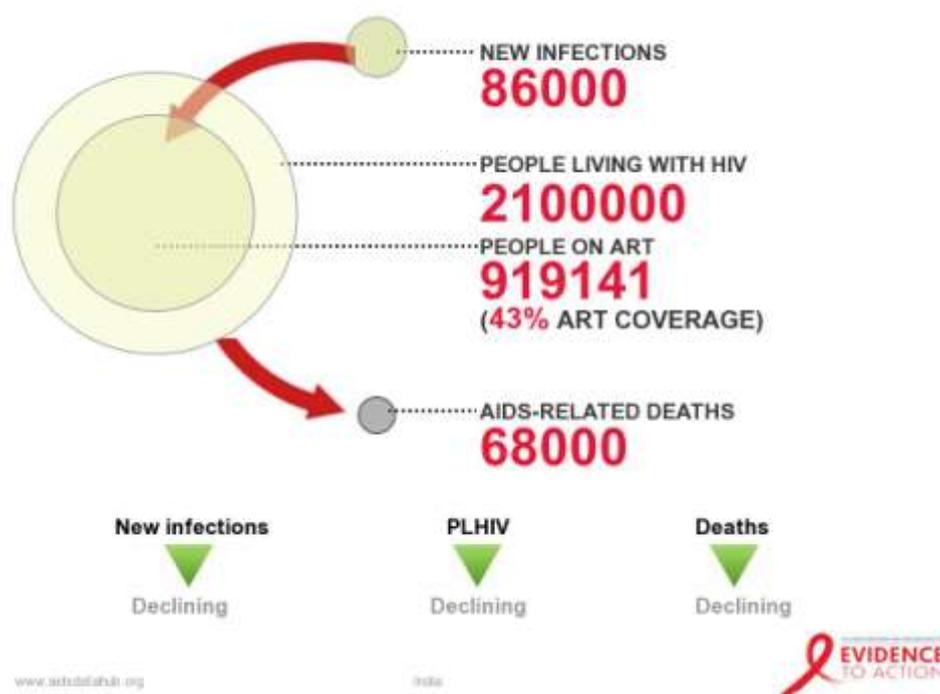
Major factors identified with HIV/AIDS

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One of the major factors leading to HIV infection is unprotected sexual intercourse including Men who have sex with Men (MSM), which accounts for about 95% of the infection. This is followed by HIV transmission from infected pregnant women to her foetus or infant before, during or after birth, accounting for 3%. Followed by infected needles and syringes, which is 0.9%, transfusion through infected blood is 0.1%, and a non-specified factor is 1%.^{xxiii} As per the data, between October 2014 and March 2016, as many as 2,234 people contracted HIV through blood transfusions in hospitals.^{xxiv}

Affected population in India

The HIV prevalence amongst the National adult population (aged 15–49 years) had been estimated at 0.26% (0.22%–0.32%) in 2015. In the above percentage, the HIV prevalence is about 0.30% among males and at 0.22% among females. Whereas, children aged less than 15 years account for 6.54%, while two fifth (40.5%) of the total HIV infections in India are among females. With an annual estimation, in 2015, India had around 86,000 new HIV infections. In comparison this has declined by around 66% (2000) and 32% (2007). In 2015, estimated 67,600 people died from AIDS-related diseases. In comparison, this has declined by around 54% since 2007. This declining trend is due to the expansion in the access to free Anti-retroviral Treatment to PLHIV since 2004.^{xxv}



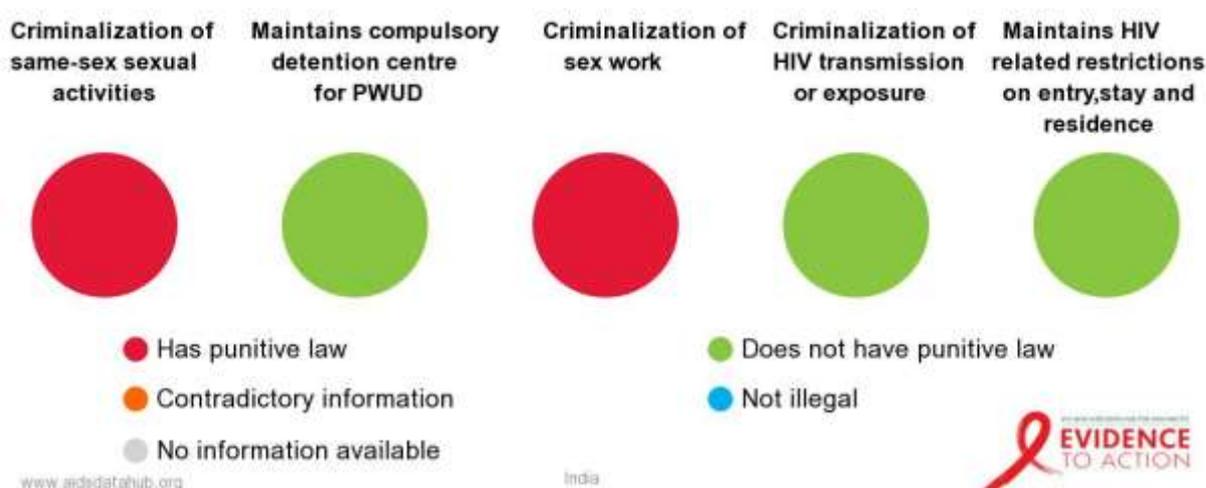
(Source: <http://www.aidsdatahub.org/Country-Profiles/India>)

However, we need to glance at the trends amongst large sections of society affected by HIV/AIDS. There are about 868,000 female sex workers in India, and out of this 2.8% are living with HIV. Though sex work is not strictly illegal in India but, associated activities such as running a brothel are illegal. Amongst the male sex workers, a similar condition prevails and about 33% of them are HIV infected. In 2009, Delhi High Court had de-criminalised consensual same sexual conduct. However, later in 2013, it was re-criminalised by the Supreme Court of India. There are about 427,000 men who have sex with men (MSM) in India. Out of these 4.4% are living with HIV. Though the exact number of transgender people in India are not known. In April 2014, the Supreme Court of India had recognised the transgender people as a distinct gender. According to the data collected by the NACO since 2012, indicates that there are about 8.8% of the transgender people were infected by HIV.^{xxvi}

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The HIV prevalence amongst the 177,000 people who inject drugs (PWID) is 7%. This has remained unchanged since 2007. This is because many people get on to drugs in their teenage years. Eventually, with the use of shared needles and syringes puts them at higher risk of HIV transmission. Available data indicates that prevalence amongst the female PWID is twice that of male PWID. According to researchers across the world, migrant workers are also prone to a higher risk of HIV infection. In India, there are about 7.2 million migrant workers and of these about 1% is HIV infected. It is also noted that about 75% of the women who test positive for the HIV test have a husband who is a migrant worker. Similarly, 2 million truck drivers in India are also prone to HIV. Out of these, 2.6% are HIV positive. This is because about 36% of the clients of sex workers are truck drivers.^{xxvii}

The Criminals - Marginalised Sections



(Source: <http://www.aidsdatahub.org/Country-Profiles/India>)

Despite its efforts against discrimination, **the Bill fails to reflect upon the legal conflict with the case-laws, which discriminate against sex workers, homosexuals and transgenders.** For instance, the **Immoral Trafficking Prevention Act, 1956**, does not provide for the illegality of the sex workers, however, it is often used by the police to criminalise, punish and prosecute female sex workers. Similarly, the homosexual community is subject to criminal actions under **Section 377 of the Indian Penal Code.**^{xxviii} By not safe guarding the rights of these marginalised sections, the State continues to harass and persecute them. Hence, the HIV Bill is isolated, and it would definitely face difficulties with the effective implementation of its objective.

Conclusion

The Bill has incorporated the principles of human rights and seeks to establish an egalitarian legal regime to support India's prevention, treatment, care and support efforts against the HIV infection. However, in isolation the Bill will not be able to achieve any significance success. This is in two contexts. One, the prime emphasis of the Bill has been on guaranteeing the non-discrimination of the PLHIV in the society around them and in the healthcare services being offered. Since, a **large number of PLHIV** belong to the marginalised sections who are subject to criminal conduct beyond the purview of the HIV Bill, **will continue to be discriminated against based on the other laws.** Therefore, to achieve complete non-discrimination, the **Government has to reflect** upon the other legislations, such as, the **Anti-Trafficking Bill** which does not convict all sex-workers; the **Transgender Persons Bill, 2016** which provides for a broad understanding of the transgender identity; the **decriminalisation of Section 377.** Once these legislations are approved, only then will these marginalised groups really have an effective framework that will ensure non-discrimination in its true sense.

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Second, being the removal of the ‘as far as possible’ phrase in regards to the ART in the Bill. Though the diagnosis and the treatment of HIV are provided free of cost by the Government. However, this clause **will snatch away the legal right of the PLHIV**. Hence, the Bill will be handicapped. Therefore, the Ministry of Health and Family Welfare should **completely do away with this phrase, and take a strong position on the access to the treatment** clause. This will empower the PLHIV and **will provide them access to legal remedies in case of discriminations**, which will not be possible otherwise. With this, India will be able to prevent, control and possibly end the HIV/AIDS epidemic by the year 2030, as a target set under the Sustainable Development Goals of the United Nation.

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Headlines

The Latest Threat to India's Food Security: Demonetisation

(Anupam Srivastava, *The Wire*, 27th November, 2016)

Away from the India where Mother Dairies and Kendriya Bhandars feed a few – mostly employees of the Central government – much of rural India is stretched thin for access to food. As the government undertakes a series of knee-jerk policy measures to counter the adverse impacts of demonetisation, it is overlooking the severe threat that the food security of India's poor is facing from these policies.

Read More: <http://thewire.in/82877/latest-threat-indias-food-security-demonetisation/>

Date Accessed: 28.11.2016

Economy

Daily wage earners look for greener pastures

(Damini Nath, *The Hindu*, 25th November, 2016)

There are many others like him who rely on daily cash payments and have been hit by the government's demonetisation move, which triggered a cash crunch across the country. At Old Delhi's Hauz Qazi Chowk, where carpenters, painters and construction labourers congregate to pick up jobs every morning, most labourers say they have been without work since November 9.

Read More: <http://www.thehindu.com/todays-paper/tp-national/tp-newdelhi/Daily-wage-earners-look-for-greener-pastures/article16697592.ece>

Date Accessed: 11/08/2016

Amid 50% revenue slump, handset makers want to sell mobiles for old currency

(Gulveen Aulakh, *The Economic Times*, 28th November, 2016)

Indian handset makers have asked the government to allow consumers to buy mobile phones with the demonetised Rs 500 and Rs 1,000 notes for a month, as the industry faces a 50% drop in daily revenue that translates to Rs 175-200 crore. In a proposal sent to the telecom, IT and finance ministries, handset makers have suggested that sales can be made against valid Aadhaar cards or voter cards, and each device sold can be traced via IMEI (International Mobile Equipment Identity) number, to avoid misuse.

Read more:

http://economictimes.indiatimes.com/articleshow/55655620.cms?google_editors_picks=true&google_editors_picks=true&utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Date Accessed: 28/11/2016

Demonetisation Derails Cashless Plan at APMC markets

(*The Livemint*, November 28, 2016)

Farmers are getting paid for their produce by traders either by cheque or via the Real-Time Gross Settlement (RTGS) option. But many farmers are not able to encash the cheques due to currency shortages at banks, according to government officials and elected office-bearers of Agriculture Produce Marketing Committee (APMC) markets. While both perishable and non-perishable agriculture commodities are still witnessing a moderate to high impact of the withdrawal of the notes, most APMC-regulated markets have started cheque and RTGS-enabled transactions. Government officials and office-bearers of the APMC markets say the situation will normalize only when banks have enough cash to dispense.

Read more: <http://www.livemint.com/Politics/ZpJ28nw9fkhtewls7Lgt9M/Demonetisation-derails-cashless-plan-at-APMC-markets.html>

Date Accessed: 28.11.2016

Banks in chaos over cash withdrawal limit

(*Moneylife*, November 25, 2016)

Hit hard by an unprecedented cash crunch, many banks are just refusing to let customers withdraw the Rs 24,000 they are entitled to every week as per RBI guidelines.

An IANS correspondent who went from bank to bank both in New Delhi and adjoining Noida found confusion over the issue -- and resentment and anger among disappointed clients.

Read more: <http://www.moneylife.in/article/banks-in-chaos-over-cash-withdrawal-limit/48958.html>

Date Accessed: 28.11.2016

Economy

As MNREGA work dries up, even the elderly in Bihar are migrating to brick-kilns

(M. Rajasekar, *Scroll*, November 28, 2016)

In a year when large swathes of rural India reeled under drought, the Centre used WhatsApp messages to ask states to go slow on generating employment under the Mahatma Gandhi National Rural Employment Guarantee Scheme. This startling revelation emerged in the public domain in the last week of October through the reports of the Business Standard.

Read more: <http://scroll.in/roving/820042/as-mnrega-work-dries-up-even-the-elderly-in-bihar-are-migrating-to-brick-kilns>

Date Accessed: 28.11.2016

Demonetisation: Blanket reprieve unlikely for currency deposits up to Rs 2.5 lakh

(Deepshikha Sikarwar, *The Economic Times*, 28th November, 2016)

There may not be a blanket reprieve for anyone depositing demonetised notes up to Rs 2.5 lakh under the scheme being worked out by the government for those holding unaccounted cash. The government is likely to introduce an amendment this week in Parliament that will allow those depositing unaccounted cash in demonetised Rs 500 and Rs 1,000 notes to pay 50% tax, lock in 25% amount for four years at zero interest, leaving only 25% for immediate use.

Read more at:

http://economictimes.indiatimes.com/articleshow/55655791.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Date Accessed: 28.11.2016

RBI taking all steps to 'ease genuine pain of honest citizens': Governor Urjit Patel

(*The Economic Times*, 27th November, 2016)

Reserve Bank of India Governor Urjit Patel broke his silence over demonetisation on Sunday and said the central bank was monitoring the situation on a daily basis, assuring the public that there were enough notes to go around and urging people to switch to electronic transactions.

RBI was taking all necessary steps to “ease the genuine pain of citizens” who are “honest and who have been hurt,” Patel said in an interview to Press Trust of India.

Read more at:

http://economictimes.indiatimes.com/articleshow/55650834.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Date Accessed: 28.11.2016

The new hotspots of Indian microfinance

(Tamal Bandyopadhyay, *Live Mint*, November 28, 2016)

P. Satish, executive director of Sa-Dhan, the oldest industry body for Indian microfinance, and Ratna Vishwanathan, chief executive of Microfinance Institutions Network (MFIN), a relatively younger body which has all large for-profit microfinance institutions (MFIs) as its members, aren't very happy these days. Yes, the historic decision to ban Rs1,000 and Rs500 notes has contributed to their unhappiness as this has affected the entire industry—particularly those entities which operate in rural India. However, this could be a temporary phenomenon. The reason behind their grumpiness is something that the industry has been grappling with for quite some time now. An October newspaper report spoke about this—loan defaults in 10 villages of Wardha district in Maharashtra.

Read More: <http://www.livemint.com/Opinion/0SwRNJNLmBmMCIZFaSD1hK/The-new-hotspots-of-Indian-microfinance.html>

Date Accessed: 28.11.2016

Economy

View: India's poor endure more cash pain as Modi risks voter backlash

(*The Economic Times*, 28th November, 2016)

The most ardent supporters of Prime Minister Narendra Modi's surprise currency withdrawal are those you'd least expect: India's rural poor, who are suffering the most with the prolonged cash shortages. But the backing of many from India's villages -- based on a belief that Modi's actions will even out the scale of inequality and reduce corruption -- may be short-lived.

Read more at:

http://economictimes.indiatimes.com/articleshow/55657844.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Date Accessed: 28.11.2016

What is Islamic Banking and why does the RBI want it in India?

(Seema Rao, *Scroll*, 27th November, 2016)

Islamic banking is a banking system in accordance with the *Shariat*. In Islam, money has no intrinsic value – money, therefore, cannot be sold at a profit and is permitted to be used as per *shariat* only. The Islamic Law or *Shariat* prohibits paying any fee for renting of money (called *riba*) for specific periods of time. It also prohibits any sort of investment in businesses that are considered *haraam* or against the principles of Islam. It is largely believed that these principles have been derived from the Quran and have been in practice since then.

Read More: <http://scroll.in/article/822234/what-is-islamic-banking-and-why-does-the-rbi-want-it-in-india>

Date Accessed: 28.11.2016

Governance & Development

GOVERNMENT

New Draft Bill Says President Won't Have Any Power over IIMs

(*Outlook*, November 28, 2016)

The president will no more have the power to order a review working of IIMs or order a probe if the draft IIM bill is passed in Parliament, reported *Hindustan Times*. The bill has removed President as a visitor to the institutes, a major departure from the practice of follower by all major institutes that are bankrolled by the centre. The draft bill also empowers the country's 20 IIMs to appoint directors of their own choice. "The HRD ministry has decided to give more autonomy to IIMs. The board of governors will be empowered to appoint their director," said a source.

Read More: <http://www.outlookindia.com/newswire/story/new-draft-bill-says-president-wont-have-any-power-over-iims/961481>

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EDUCATION

Delhi University ad-hoc teachers: Four months at a time

(*Indian Express*, 28th November, 2016)

As an ad hoc, I am supposed to work twice as hard as permanent teachers, pick up after them, make sure I am on good terms with the college principal and the teacher in charge. I have to be at every invigilation and answer sheet checking duty I am assigned so that I am not debarred from my job. To appease my principal and colleagues, I have to teach longer hours, do clerical work assigned to teachers and make the semester timetable. Even then, I can be removed from my position after four months if the college deems fit," said a teacher who has been working at a south campus college for over five years.

Read More: <http://indianexpress.com/article/education/delhi-university-ad-hoc-teachers-education-4398822/>

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HEALTH

Notebandi May Exacerbate India's Public Health Crisis

(*Devanik Saha and Swagata Yadavar, IndiaSpend, November 28, 2016*)

Unlike government-run hospitals, private hospitals have not been allowed to use defunct Rs 500 and Rs 1,000 notes, potentially affecting 58% of Indians in rural areas who opt for private healthcare (68% in urban areas), according to National Sample Survey Office (NSSO) data.

Up to 86% of the rural population (717 million people) and 82% of the urban population (309 million people) are without health expenditure support, **IndiaSpend** reported in July 2015.

Post demonetisation, the Maharashtra government's toll-free 108 helpline—the 24×7 emergency ambulance services number—is also reporting complaints against private hospitals refusing to accept cheques. The *Scroll* report talked about angry callers unable to buy medicines or seek treatment due to private hospitals not accepting Rs. 500/1000 notes.

Read More: http://www.indiaspend.com/cover-story/notebandi-may-exacerbate-indias-public-health-crisis-81899?utm_content=buffer420e4&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

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Governance & Development

Why coal-fired power stations need to shut on health grounds

(David Shearman, *Down to Earth*, November 28, 2016)

The three main pollutants from coal-fired power stations are sulphur dioxide, nitrogen oxides and invisible particulate matter (known as PM10 or PM2.5). Collectively, they act as irritants and cause inflammation in the lungs leading to asthma, chronic lung disease, and restricted lung growth in children. The small particles (PM2.5 and smaller) are associated with lung cancer and are also absorbed through the lungs into the blood stream to cause angina, heart attacks and strokes.

Research estimates that 24 people die for every terawatt hours (TWh) of coal burnt. Children are at particular risk from air pollution because they breathe more for their body weight than adults.

Read More: <http://www.downtoearth.org.in/news/why-coal-fired-power-stations-need-to-shut-on-health-grounds-56442?platform=hootsuite>

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URBAN

Sweden has a thing or two to teach the world about waste management

(Catch News, 17 November, 2016)

In a world grappling with inadequate means of waste management and environmental hazards, the Swedes have devised an ingenious method to minimise the percentage of waste going into landfills, and also generate heat and electricity in the process. Setting an example for the rest of the world, the Nordic nation uses the best quality waste-to-energy (WTE) conversion procedure to ensure that the waste that is generated is recycled into energy that is used to distribute electricity and heat to a large percentage of households in the country. "Each Swede produces just over 500 kg or half a ton of household waste every year. Thanks to the efficient waste management in Sweden, the vast majority of this household waste can be recovered or reused. Only 4% is landfilled," reads the Swedish Waste Management newsletter.

Read More: <http://www.catchnews.com/environment-news/sweden-has-a-thing-or-two-to-teach-the-world-about-waste-management-1479376592.html>

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ENVIRONMENT

Storm warning: how Donald Trump may derail the climate change fight

(Nihar Gokhale, Catch News, 18 November, 2016)

In November 2012, Donald J Trump posted one of his most-quoted tweets: "The concept of global warming was created by and for the Chinese in order to make U.S. manufacturing non-competitive." Four years later, he is the president-elect of the United States. Now, the question arises: does Trump still think climate change is a hoax? During his presidential campaign, Trump had said that if elected he would withdraw from the Paris Agreement, which was signed by 196 nations in December 2015 to keep global warming under two degrees Celsius. Then, he appointed a climate change denier to lead the transition at the Environment Protection Agency. Recently, a Reuters report followed rumours that Trump was planning to withdraw from the very international convention that led to the agreement. Exiting the United Nations Framework Convention on Climate Change takes a year, exiting the Paris Agreement takes four.

Read More: <http://www.catchnews.com/environment-news/storm-warning-how-donald-trump-may-derail-the-climate-change-fight-1479485804.html>

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Governance & Development

LAW AND JUSTICE

Need to Protect Witnesses for Better Conviction Rate

(Tribune, November 28, 2016)

The State needs to play a definite role in coming out with a witness-protection programme, at least in sensitive cases involving those having political patronage, muscle and money power so that the trial does not get “tainted and derailed”, the SC has said. Observing that threat and intimidation were major causes for witnesses turning hostile, it said when the witnesses are not able to depose correctly before the court, it results in low conviction rate and many times even hardened criminals escape unpunished.

Read more: <http://www.tribuneindia.com/news/nation/need-to-protect-witnesses-for-better-conviction-rate-sc/329331.html>

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Supreme Court bans sale of firecrackers in Delhi, NCR

(Usman Nasim, Down to Earth, 25 November,2016)

The Supreme Court, today (November 25), has banned the sale of firecrackers in Delhi NCR. The bench headed by Chief Justice TS Thakur gave the order after Delhi witnessed the worst smog in decades. The court, on November 10, had asked the Central Pollution Control Board (CPCB) to submit a graded emergency action plan. According to the apex court’s order, the licences of existing firecrackers sellers will be suspended and the government will not issue new licences to any seller. The court also said the orders should be enforced from today, till further notice or any hearing by the court.

Read More: <http://www.downtoearth.org.in/news/supreme-court-bans-sale-of-firecrackers-in-delhi-56432>

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In numbers: Govt crackdown on NGOs continues, over 11,000 licenses cancelled

(Sourjya Bhowmick, Catch News, 6 November,2016)

The union government has scrapped the Foreign Currency Regulation Act (FCRA) licenses of thousands of non-government organisations (NGOs) for failing to renew their registration on 4 November. This move only serves to widen the rift between NGOs and the Indian government that has been ongoing for the past few years. Earlier, former home minister P Chidambaram had argued against the foreign funding of NGOs, while the present dispensation has been far more rigorous in taking action against NGOs - from international bodies like Amnesty to Teesta Setalvad's Sabrang India.

Read More: <http://www.catchnews.com/india-news/in-numbers-govt-crackdown-on-ngos-continues-over-11-000-licenses-cancelled-1478428146.html>

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DEFENCE

Illness Killing More Men than Border Ops

(Tribune, November 28, 2016)

More BSF personnel have died of heart attack and other illnesses than in action on the borders and anti-Naxal operations in the past two years, according to official data. While men and women of the country’s largest border guarding force BSF face enemy bullets and mortars amid recent hostilities with Pakistan, data reveals that only 25 of total 774 deaths in the period between January 2015 and September 2016 were battle casualties.

Read more: <http://www.tribuneindia.com/news/nation/illness-killing-more-men-than-border-ops-bsf/329334.html>

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India and World

INDIA IN THE WORLD

The Myth of India's Non-Aligned Boycott

(Kate Sullivan de Estrada and Patrick Quinton-Brown, *The Diplomat*, November 23, 2016)

The notion of Modi's "Summit boycott" was also belied by official statements put out by India's Ministry of External Affairs, which reaffirmed New Delhi's support of the Non-Aligned Movement's "pursuance of the collective interests of the developing world" and its status as an "influential grouping" at the United Nations, particularly on the issues of peacekeeping and disarmament. Moreover, the Modi government's choice of deputy — Mohammad Hamid Ansari, an accomplished career diplomat and India's vice president — signaled the respect of high-level representation. If Modi's personal absence from the Summit was meant to convey a symbolic break from the grouping then it was a largely diluted one, far from his hallmark decisive posturing. And Ansari himself keenly insisted that India had not shifted its foreign policy toward the movement, clarifying that "India's participation remains."

Read More: <http://thediplomat.com/2016/11/the-myth-of-indias-non-aligned-boycott/>

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INTERNATIONAL AFFAIRS

Ironic Icon

(*Telegraph*, November 28, 2016)

The death of Fidel Castro at the age of 90 can only be described as being untimely. The ideology for which he had become the poster boy had died more than two decades ago. He was seen as the last bastion of anti-Americanism, which is the last refuge of an antiquated radicalism. Castro's name is synonymous with Cuba, a small island that withstood for long years the onslaughts of the world's strongest economic and military power.

Read more: http://www.telegraphindia.com/1161128/jsp/opinion/story_121633.jsp#.WDu9JLJ97IU

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Opinions/ Books

OPINIONS

Blinded by Its Cow-Urine Craze, the Government Isn't Fostering Good Research Practices

(Vasudevan Mukunth, *The Wire*, 26 November, 2016)

The Government of India, led by Shripad Naik, the minister of state for AYUSH, the ministry that oversees research in traditional medicine, has been taking efforts to promote the use of cow urine as a form of medication, according to a PTI report on November 25. Naik said in a statement that “the Council of Scientific and Industrial Research (CSIR) through its constituent laboratories has conducted research studies in collaboration with Go-Vigyan Anusandhan Kendra, Nagpur, on cow urine distillate for its antioxidant and bio-enhancing properties on anti-infective and anti-cancer agents and nutrients”. This raises many concerns, and though some may seem downright funny, they do present some awful consequences.

Read More: <http://thewire.in/82813/cow-urine-distillate-cancer/>.

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