



Breaking the logjam, handing over the baton

For the first time ever, the Supreme Court Collegium led by the Chief Justice of India (CJI) recommended/selected as many as nine persons at one go to be appointed to the apex court. With the appointment later of the nine judges by the President of India, barring one vacancy which arose after the Collegium met, all the nine vacancies in the Supreme Court will be filled up. The highest court in the country having its near full strength will ease the pressure on it considerably.

Much-awaited move

1. Every CJI during his tenure has taken up the filling up of vacancies as a matter of highest priority, but many could not succeed.
2. CJI T.S. Thakur, in fact, broke down, in 2016, at a function attended by the Prime Minister in a rare expression of extreme anguish because of his inability or helplessness in filling the vacancies which were seriously affecting the functioning of the supreme judicial forum of the country.
3. It is indeed a happy augury that the present CJI, Justice N.V. Ramana, could, along with his colleagues in the Collegium, select the judges within a short period of his assumption of office.
4. It is almost a truism that the selection of judges for appointment to the higher courts, particularly the top court is a complex exercise.
5. After the Collegium came into existence, much to the consternation of political class, the selection of suitable judges has become most arduous in as much as the members of the Collegium have to take extra care to ensure that the process of selection remains transparent and the suitability of the persons selected attracts the highest level of approbation.

The difficult task of Consensus:

1. This is by no means an easy task. The members of the Collegium are all the senior-most judges who have in their own way helped shape the ethos of the highest judiciary.
2. With their keen intellect, long years of experience at the Bench and an admirable ability to discern merit in individuals, it is a tough task to build a consensus around one person or a few persons.



3. The CJI is the head of the Collegium, has an unenviable task in building that consensus. Therefore, it can be said without any fear of contradiction that the job of selecting as many as nine judges for appointment to the Supreme Court was done admirably well.
4. Going by news reports, it appears that the selection process was concluded in the first-ever formal meeting of the Collegium. It is a remarkable feat in itself.
5. Justice Ramana deserves full credit for taking along his colleagues in the true spirit of being the first among equals. The latest resolution of the Collegium gave effect to the multiple judicial pronouncements of the top court on the subject, particularly in recommending three women, a feat which may not be possible to be repeated in the foreseeable future.

Complete Justice:

1. Article 142 (1) contains the concept of 'complete justice' in any cause or matter which the Supreme Court is enjoined to deliver upon. The citizens of the country look up to the Supreme Court for complete justice. So, while selecting a judge to adorn the Bench, the fundamental consideration should be his/her ability to do complete justice.
2. The Supreme Court has gone into this fundamental normative matrix in which the whole exercise of selection of judges is performed. In the Supreme Court Advocates-on-Record Association and Another vs Union of India (1993), the Court spelt out the parameters within which to accomplish the task of selecting candidates for appointment to the higher judiciary.
3. The most crucial consideration is the merit of the candidates. But consideration of merit should be done "... without giving room for any criticism that the selection was whimsical, fanciful or arbitrary or tainted with any prejudice or bias" (paragraph 330). The merit is the ability of the judge to deliver complete justice.

India's compelling realities

1. India is a country of bewildering diversity. In this cacophonous democracy, language, region, religion, community, caste, are all realities which the state cannot ignore while identifying people to man its various organs. The nine judges who decided the above case were quite aware of these compelling realities.



2. So, they said, “In the context of the pluralistic [pluralistic] society of India where there are several distinct and differing interests of the people with a multiplicity of religions, race, caste and community and with the plurality of culture ... it is inevitable that all people should be given equal opportunity in all walks of life and brought into the mainstream so that there may be the participation of all sections of people in every sphere including judiciary”.
3. The overriding concern of the Supreme judiciary is to ensure equal opportunities to all classes of people ... be they backward classes or scheduled castes or scheduled tribes or minorities or women, ... so that the judicial administration is also participated in by the outstanding and meritorious candidates belonging to all sections of the society [and], not by any selective or insular group”.

Need for transparency

1. India is perhaps the only country where the judges select judges to the higher judiciary. It is, therefore, necessary to make the norms of selection transparent. The Supreme Court has emphasised the need for maintaining transparency and openness with regard to the norms of selection.
2. In 2019, a five-judge Bench of the Supreme Court, of which the present CJI was also a member, laid emphasis on this point. The Bench observed: “There can be no denial that there is a vital element of public interest in knowing about the norms which are taken into consideration in selecting candidates for higher judicial office and making judicial appointments”.
3. Thus, the essence of the norms to be followed in judicial appointments is a judicious blend of merit, seniority, interests of the marginalised and deprived sections of society, women, religions, regions and communities. A closer look would reveal that these norms are followed in their essentiality in selecting the nine for the Bench.
4. The selection of three women judges, with one of them having a chance to head the top court, a judge belonging to the Scheduled Caste and one from a backward community and the nine selected persons belonging to nine different states (Kerala, Tamil Nadu, Karnataka, Andhra Pradesh, Maharashtra, Madhya Pradesh, Uttar Pradesh, Delhi and Gujarat; all point towards an enlightened and unbiased approach of the members of the Collegium.



5. It is also a matter of public knowledge that many of those selected have zealously upheld citizens' freedoms and public interests. The contributions of a few of them in waking up governments from their slumber in the wake of the COVID-19 pandemic is well documented.
6. A high level of social consciousness possessed by a Judge enhances the quality of justice. The present CJI can be credited with recognising this crucial factor in the selection of judges.

Going from conflict to conflict

By all accounts, Afghanistan is the worst victim of the fiercest superpower rivalry of the post-World War II era.

A more humane foreign policy

1. Afghanistan's current predicament is only a small part of a much bigger story pertaining to American foreign policy. Seen in conjunction with what has happened to Iraq, Libya and Syria, the moral flaw in American foreign policy and the U.S.'s contribution to destroying nations becomes apparent.
2. If national interest is the only game in town, it is high time American policymakers begin to re-imagine it in a way that is less destructive and more humane.
3. It was believed that President Biden would undo the agenda of his predecessor, Donald Trump. But he seems more determined to pursue Mr Trump's agenda, and with greater ineptitude.
4. Some argue that the decision to withdraw forces from Afghanistan was President Biden's original agenda, which he aired unsuccessfully as Vice President in 2009.
5. The 2020 Doha Agreement between the U.S. and the Taliban merely eased the process and brought forth a rare consensus between a Republican President, Mr Trump, and his Democratic successor, Mr Biden.
6. The current mess in Afghanistan, and in Syria, Libya and Iraq, once more reaffirms that in the domain of foreign policy, there is very little ideological difference between the Republicans and Democrats who alternately govern the U.S.

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7. What is becoming clear is that the western nations lacked a vision for and commitment to Afghanistan.

The monopoly of state power

1. While militant religious groups exist or operate in several countries, the Taliban enjoy the unique advantage of having acquired a monopoly of state power.
2. On the issues of rights, whether human rights or gender rights, each nation-state has its skeletons in the closet. Consider, for instance, the U.S. itself and its track record on human rights with regard to African Americans or indigenous people.
3. But the basic difference between nations like the U.S. and Afghanistan is that there is a political environment in the U.S. that allows these issues to be raised.
4. For instance, the Black Lives Matter movement could not have been possible if a militant group was enjoying the monopoly of state power in the U.S. Clearly, not enough was done in the last 20 years to create institutions for such a conducive environment in Afghanistan. The Taliban were allowed to expand and now they are ready to govern.

Dangers Ahead:

1. Aside from the extremist nature of the Taliban, what poses an equally dangerous threat to Afghanistan is that it remains the site of a power struggle among big and regional powers.
2. At this juncture, a new equation seems to be emerging in the security game in the region. There is a China-Pakistan axis vis-à-vis an India-U.S. one. Russia, Iran and a few others have their own spin to the game.
3. A new but more pernicious Cold War variety rivalry that doomed Afghanistan has reappeared. No one knows how these players will cast their die. But one thing is certain: there are more threats to Afghanistan than just the Taliban.



Focusing on diseases sidelined by COVID-19

Strengthening the primary healthcare system will help tackle the burden of non-communicable diseases.

Non-communicable diseases (NCDs)

1. Nearly 71% of all deaths worldwide occur due to non-communicable diseases (NCDs) such as hypertension, diabetes, cardiovascular diseases, chronic respiratory diseases, and cancer.
2. Cardiovascular diseases such as stroke, heart attacks and coronary artery disease are the top cause of global deaths. One out of every four deaths occurs due to cardiovascular diseases, especially among younger patients.
3. In the Indian subcontinent, there is early onset and rapid progression of such diseases, and a high mortality rate. Premature loss of life due to NCDs in the age group of 30-69 years is also very high among Indians. Half the deaths due to cardiovascular diseases occur in the age group of 40-69 years.
4. To address this growing burden of NCDs, the National Health Mission launched the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke, in 2010, focusing on strengthening infrastructure, promoting good health, human resource development, early diagnosis, management and referral.

Disruption of NCD services

1. The rapid spread of COVID-19 has severely tested primary healthcare systems, which perform myriad functions, across the world. Maternal healthcare services, immunisation, health surveillance, and the screening and management of NCDs have all been severely disrupted.
2. A World Health Organization (WHO) survey conducted in May 2020 among 155 countries found that low-income countries were the most affected by this disruption. More than half (53%) of the countries surveyed had partially or completely disrupted services for hypertension treatment, 49% for treatment for diabetes and diabetes-related complications, 42% for cancer treatment and 31% for cardiovascular emergencies.
3. The outcomes in COVID-19 patients with pre-existing cardiovascular disease risk factors or with established cardiovascular disease can be worse than



others, perhaps due to low cardiorespiratory reserve, worsening of the underlying cardiovascular disease due to systemic effects of the illness, or precipitating novel cardiac complications.

4. Data from the National Health Mission's Health Management Information System in India show that emergency services for cerebrovascular diseases dropped by about 14%. Among NCDs, persons with diabetes are at an exceptionally higher risk of severe clinical outcomes of COVID-19. A recent study reported that nearly one in every two Indians living with diabetes is unaware of their condition.
5. They are at higher risk of dying if they contract COVID-19 because of uncontrolled glucose levels in their blood. Findings from an observational study in Delhi show that 47.1% of hospitalised COVID-19 patients had diabetes.
6. In most countries, staff working in the area of NCDs were reassigned to support patients with COVID-19, and public screening programmes were postponed. Shortage of medicines, diagnostics and technologies were the main reasons for discontinuing services in one-fifth of the surveyed countries.
7. Cancellations of planned treatments decreased availability of public transport, and lack of staff were the most common reasons for the disruption of NCD services. NCD services also got more disrupted as countries moved to the stage of community transmission from the stage of sporadic COVID-19 cases.
8. Lockdowns and reduced physical interactions led to loneliness, especially in the geriatric population. This resulted in mental health disorders such as anxiety and depression.
9. Lockdowns increase exposure to NCD risk factors as people became more likely to increase their consumption of alcohol and tobacco and adopt an unhealthy diet.

Solutions

1. Although most countries reported that they had included NCD services in their national COVID-19 preparedness and response plans, only 42% of low-income countries did so.



2. Worryingly, tobacco cessation activities and rehabilitation have not been included in response plans. India's response plan to address the growing burden of NCDs must include tobacco cessation activities as tobacco consumption has been indisputably linked to hypertension, cardiovascular diseases and stroke.
3. Alternative strategies have been established in most countries to support those at the highest risk so that they continue receiving treatment for NCDs. Among the countries reporting service disruptions, half are using telemedicine.
4. A positive impact of the pandemic has been that two-thirds of the countries are now collecting data on the number of COVID-19 patients who also have an NCD.
5. There is an urgent need for national and State health policymakers to draw up a road map that gives equal weight to patients living with NCDs. Utilising the existing network of NGOs while respecting local factors will go a long way in tackling the growing burden of NCDs.
6. Campaigns on maintaining a healthy lifestyle need innovation; the monotony of broadcasting the same message over and over again must be broken.
7. Uncontrolled epidemics have the potential to snowball into a major pandemic. A paradigm shift in governance, which means effective and participatory leadership with strong vision and communication, is the need of the hour to tackle the silent epidemic transition to NCDs.

At Local Level:

1. Screening for NCDs at the grassroots level and the delivery of locally relevant and contextual messages for health promotion and primordial prevention of NCDs can be significantly improved by incentivising the already overburdened ASHA workers.
2. Access to essential NCD medicines and basic health technologies in all primary healthcare facilities is essential to ensure that those in need receive treatment and counselling.
3. A multidisciplinary approach is imperative. Strategies must include mitigation efforts to address administration challenges, a strong health workforce,



infrastructure, supplies, maintaining the standard of care, and continued access and care for the vulnerable populations.

4. Also, the importance of physical activity and mental health due to restrictions on movement should be brought to the forefront. The use of alternative modalities such as online platforms for disseminating information on exercise and mental health management must be made available to the marginalised.
5. Telemedicine can reduce travel expenses, thus lowering patients' expenditure burden.
6. Multiple risk factors which are interrelated, such as raised blood pressure, glucose, lipids, and obesity, are preventable. Primary healthcare systems must ensure that persons at risk of NCDs receive appropriate screening, counselling and treatment.

In India, those with NCDs find that productive years of life are lost and there is high-out-of-pocket expenditure on treatment. Urgent action is needed using the 'all of society approach to achieve the WHO goal of a 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases by 2025. This can be achieved by strengthening the primary health system to prevent, diagnose and provide care for NCDs in the future, especially during health emergencies such as a pandemic.