भारतीय लोक प्रशासन संस्थान
INDIAN INSTITUTE OF PUBLIC ADMINISTRATION
Building Capacity for Good Governance

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Karnataka Regional Branch
ಕರ್ನಾಟಕ ಪ್ರಾದೇಶಿಕ ಶಾಖೆ

Virtual Newsletter
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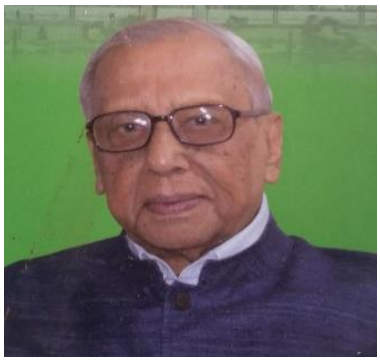
A Note from the Chairman, IIPA-KRB

S. Ramanathan, IAS (Retd.)



It gives me great pleasure to place before our esteemed readers, the fourth issue of our Virtual Newsletter, *Vastava Suddipatra.* It is a Special Issue on '*Management of Pandemics'*, which was the theme of the 2020 Annual Conference of the IIPA. Our Branch conducted the Prelude Conference on the same theme, which is customary for all Regional and Local Branches. A detailed report of the event is carried in these pages. The event was conducted in collaboration with the Karnataka State Rural Development and Panchayat Raj University, Gadag. We are very grateful to its Vice-Chancellor, Dr. Vishnukant Chatpalli, for the kind gesture.

The Lead Article this month is by Prof. Dr. Suresh Kishanrao, an eminent Public Health Consultant. By viewing COVID-19 from a Critical Medical- Ecological Lens, he makes a few significant interpretations. Dr. Suresh helped us organize the Prelude Conference, too, for which we are grateful to him.

We are also carrying the Executive Summary of a very important report, the *Global Health Security Index, 2019*, published by Nuclear Threat Initiative and the Center for Health Security, John Hopkins Bloomberg School of Public Health. Attention of readers is drawn to the Findings and Recommendations of the report, which contains valuable inputs for policy makers. The full report can also be downloaded, by clicking on the link given there.

Our Opinion piece this month is by Dr. D. Jeevan Kumar titled, *Nature, Wildlife and Pandemics,* which was carried in *Deccan Herald* recently, where he states that the increased emergence of zoonotic diseases like COVID-19 is linked to anthropogenic causes.

From this issue, we carry a feature titled, *Policy Matters from Karnataka.* This month, we feature two matters: One, the notification of Karnataka State Civil Services (Conduct) Rules, 2020, by the Government of Karnataka; and two, the announcement by the Bruhat Bengaluru Mahanagara Corporation (BBMP) of a *Citizen Happiness Index* to certify Bangalore Roads.

Esteemed readers are requested to peruse the contents of the newsletter and give a feedback on improving its contents. Ideas and contributions are also welcome.

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Lead Article

Viewing COVID-19 through a Critical Medical-Ecological Lens

Prof. Dr. Suresh Kishanrao
Public Health Consultant

The world has experienced a series of pandemics — SARS in 2003, H5N1 in 2006, H1N1 in 2009, Ebola in 2013, MERS in 2015 — but none of them turned a healthcare crisis into a global financial crisis. But COVID-19 has proven that we live in an inter-connected world of public healthcare where a health pandemic can contract global GDP by 3% with GDP per capita shrinking across 170 nations. IMF has predicted that the impact of the coronavirus will leave India with a mere 1.9% GDP growth in FY21. Some like Moody's predict even worse. The financial aftermath of COVID-19 dwarfs the 2008 financial crisis.

SARS COV2 (COVID-19) pandemic is an infectious disease where no one has a clear understanding about the causative organism, its infectivity, virulence, pathogenicity, presenting features, human organs it affects, causes of complications and deaths. Clinicians are trying standard symptomatic management with anti-viral drug *Remdesivir* (that too, challenged recently), *Cortisone* and blood thinners, along with supportive oxygen therapy and ventilators. Experimental therapies like Plasma therapy and Extracorporeal Membrane Oxygenation (ECMO) therapy have been tried with conflicting results, and are not yet being universally accepted as beneficial in critical cases.

Therefore, no country has any standard management protocols, that are being updated based on the challenges faced and managed. COVID-19 is one such infectious disease crises that has expanded geographically to every country in the world. Even developed countries who were beaming with complacency at winning infectious diseases with the sense of certainty, stability, and familiarity are facing an environment described as "*Volatile*," "*Uncertain*," "*Complex*," and "*Ambiguous*" (the commonly expressed acronym of VUCA).

The VUCA environment paints a gloomy picture of the world that was and continues to validate itself in the COVID-19 scenario. But as humanity made choices, the VUCA world spelt out something to make individuals, families, organizations, and humanity survive - and thrive. After all, what did not kill us made us strong to head on, creating footprints, and moving forward.

Utilitarian unity promotes collective collaboration and synergy to give the greater good to the greater number. The pandemic tapped the kindness in humanity stronger in fighting the uncertainty brought about by a world war against the unseen virus. Humanity never had a shared experience like this and has the most opportune moment to re-define the common good.

Circumspective clarity achieved understanding that was crystallized by taking everything into account. The response to COVID-19 was not a tug-of-war between health and economics, for indeed there were more variables that came into play. Agile action executes the strategy in a relentless pursuit to survive in the VUCA world.

Volatility was shifted to Virtuous Values. Uncertainty was converted to Utilitarian Unity. Complexity was translated to Circumspective Clarity and Ambiguity was converted to Agile Action.

The COVID-19 pandemic is systemic at the global level. We are seeing contraction in both developed and developing countries, simultaneously, presenting a new challenge for all throughout the world. The 'new normal' due to the pandemic paints an extremely grim picture — desperation in emergency rooms, social isolation, rising cases, and fear, red-flagged with potential long-term consequences. The current mental health situation is like a ticking bomb waiting to explode. Some people contemplate taking their lives in this environment for fear of death, fear of illness and fear of uncertainty. For many who have died, the families have not seen their faces as they were cremated by the state, so there was no closure at all. While we are only focusing on deaths related to coronavirus, we need to realise that with mental issues, people end up dying every single day. It could be a breeding ground for suicide.

The Critical Medical Ecology model is a multi-dimensional, multi-level way of viewing pandemics comprehensively, rooted simultaneously in microbiology and in anthropology, with shared priority for evolution, context, stressors, homeostasis, adaptation, and power relationships. Viewing COVID-19 with a Critical Medical-Ecological lens suggests a few important interpretations:

1. COVID-19 is equally — if not more — a socially-driven disease as much as a biomedical disease;
2. The present interventions available for primary prevention of transmission are social and behavioural;
3. Wide variation in COVID-19 hospitalization/death rates cannot be attributable to a more virulent and rapidly-evolving virus, but rather to differences in social and behavioural factors — and power dynamics — rather than (solely) biological and clinical factors;
4. Cities, urban poor especially, were challenged due to logistics and volume of patients, and lack of access to sustaining products and services for many residents living in isolation.

Indian Public Health's real roots of this problem lie much deeper, in the chronic underinvestment and neglect of public health in this country. India has one of the lowest allocations to health among all the countries of the world, consistently less than 2% of GDP. This pandemic cruelly exposed our weakest link—badly equipped and understaffed public hospitals, chronic shortages of hospital beds and unmotivated, poorly trained staff. The decades of neglect are impossible to be fixed during a few months of lockdown. Indeed, if the deaths of many cruelly disregarded migrants, and the toll from other non-COVID diseases which were neglected because people were unable, or too afraid, to seek medical help are factored in, many more lives may have been lost than saved by India's lockdown consequences would reverberate, impacting on lives and livelihoods of millions.

In India, along with the novel coronavirus causing the pandemic, a more sinister, bizarre, and unique "second phenomenon" has affected the minds of national leaders. It made them believe that the response to the coronavirus pandemic must be led directly by the Prime Minister, Chief Ministers, Health or Medical Education Ministers, Chief Secretaries, Health and Medical Education Secretaries, Inspector-Generals of Police, City Police Commissioners, City

Corporation Commissioners, popular cardiologists, pulmonologists, clinicians and so on but no less. Most Indian country and state leaders and bureaucrats fell victim to this phenomenon.

As envisaged in our Constitution, Pandemic Management is the central government's responsibility for which it has several institutions in place: Directorate General of Health Services (DGHS), National Centre for Disease Control (NCDC), Department of Health Research (DHR) and Indian Council of Medical Research (ICMR). These agencies have not functioned harmoniously in the best of times. It was asking too much to expect them to weave themselves into a cohesive unit at this pivotal time. Therefore, GOI bypassed them, in designating the country's pandemic response to the National Disaster Management Agency (NDMA) and invoked the Epidemic Diseases Act of 1897, giving the Centre extraordinary powers to mitigate the consequences of the pandemic - as if the pandemic demanded not public health but political, police and civil administrative responses.

Since Healthcare is constitutionally each State Government's responsibility, India's 28 states and 9 Union territories were conveniently left bereft of a strategic plan, and implementation plans at the corporation and district levels. Operational guidance and timely release of adequate funds were missing. The Centre and States took on the role of umpire instead of coach, sending inspecting teams to selected States and districts, as if they needed umpiring.

There is a dire need to understand the epidemiology of the COVID-19 disease fully by undertaking a detailed analysis of gender and age-specific infection rates, severity, complications and causes of deaths, the attack rates, hospitalization, and case fatality rates. Other technical analysis should look at association of BMI, pre-existing comorbidities, and access to and quality of health services. Countries should also prepare near-real-time data on highly vulnerable populations and their conditions, with a special focus on infection and death rates, vulnerability, joblessness, violence, hunger, forced labour, and other forms of extreme deprivation and abuses of human rights.

A valuable debate is about whether India has the fiscal room to afford a substantial stimulus that is taking place. It is important to note that the size of India's support program is by far the lowest, as a percentage of GDP, among the top 10 global economies. If policymakers make it abundantly clear that unconventional policies will be time- and event-specific and would be unwound once its objectives are achieved, the financial macro-stability will not be affected. On the brighter side, investors should start focusing on a targeted fiscal package to be able to contain the immediate downslide.

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Report of IIPA-KRB Activities
Prelude Conference on '*Management of Pandemics'*

Based on inputs provided by
Prof. Dr. Suresh Kishanrao
Public Health Consultant

The Karnataka Regional Branch of the Indian Institute of Public Administration (IIPA-KRB), in collaboration with the Karnataka State Rural Development and Panchayat Raj University (KSRDPRU), organized the Prelude Conference on 'Management of Pandemics' on 29th

October 2020, in virtual mode. Shri S. Ramanathan, IAS (Retd.), Chairman of the IIPA-KRB, in his Introductory Remarks, outlined the importance of the IIPA Prelude Conferences and the significance of the current one, given the enormous challenges posed by COVID-19. He stressed the need for generalists and specialists in government and civil society to come together to devise appropriate strategies in the management of the pandemic. The conference had the following experts as panelists, who spoke on the themes shown against their names:

Dr. Suresh Kishanrao, Public Health Consultant and Visiting Professor at premier Universities and Public Health institutes: *Introduction of Theme, Moderation of Conference, Summarization of Major Arguments and Policy Recommendations*.

Dr. S. Pruthvish, Consultant, National Centre for Disease Informatics and Research at the Indian Council for Medical Research: *Field-Level Management of the Pandemic.*

Dr. Ms. Shailaja Patil, Professor and Head, Dept. of Community Medicine at BLDEA Medical College, Vijaypura: *Clinical Case Management.*

Dr. Sudhir Krishna, Physician Scientist at the National Centre for Biological Sciences, Bengaluru: *Virus and Vaccines.*

Dr. Girish Rao, Professor of Epidemiology, Centre for Public Health, NIMHANS, Bengaluru: *Mental Health in Pandemics*

Dr. Pruthvish highlighted the key data from an international, national and state-level perspective before dealing with the sub-themes of risk communication, surveillance, testing, tracing, tracking, treatment and discharge criteria, bio-medical waste management, infection control, quarantine, management of essential health services, self-care, training and capacity building, and countering communication on social media. He stressed the need for research and innovation in community involvement and community system strengthening in such crisis for better outcomes, as government orders and punitive actions will not yield long-term results.

Dr. Shailaja Patil's key recommendations for future preparedness included: (i) Better preparedness planning involving district-level coordinating teams; (ii) Increase in budgetary allocation for Public Health infrastructure and manpower to serve urban poor, and remote rural and tribal population: (iii) Focus on supply chain of essential drugs and other materials in time; (iv) Capping of price on drugs and other essential materials sale; (vi) Systematic collection and availability of data for research through multi-centric sentinel centres; and (vii) More involvement of Public Health personnel in policy and planning of Pandemic Management, right from the beginning.

Dr. Sudhir Krishna referred to contentious issues like (i) Is there a shift towards more or less infectious genomes over time and can one identify them? (ii) Does this sequence diversity influence vaccine design? (iii) Can we build on this sequencing capacity to augment pandemic prediction protocols, analogous to the global virome project? He advocated for strengthening multi-institutional, inter-disciplinary approaches at multiple training and execution levels for Pandemic Management to be both effective and competitive. Enhancing capabilities in these areas under the broad ambit of vaccine science, vaccine trial sites and pandemic prediction would be hugely helpful, he stated.

Dr. Girish Rao identified the mental health conditions during the pandemic as (i) Exacerbation of existing illnesses; (ii) Breakdown of sub-clinical illnesses; (iii) COVID syndrome; (iv)

Impact of COVID management; and (v) Post-COVID psycho-social issues. According to him, Mental Health and Psycho-Social Support (MHPSS) will be needed for the entire affected population, regardless of their direct or indirect contact with the virus, race/ethnicity, age, gender, vocation, or affiliation.

Based on the presentations made by the panellists, Dr. Suresh Kishanrao drew the following conclusions to frame recommendations for policy:

1. Undertake systematic data analysis of all hospitalized cases to understand causes of complications and deaths by State, and review IP case sheets that would help develop protocols based on pre-existing conditions, if any, and post-COVID complications observed and the experiences gained so far, countrywide, involving all specialists (pulmonology, cardiology, cancers, diabetes, chronic kidney diseases etc.
2. Make Integrated Disease Surveillance mandatory in all hospitals.
3. Introduce transparent digital bed allocation system based on community level syndromic surveillance of ILI/SARI cases and monitoring SPO2 temperature, BP etc.
4. Develop a protocol and develop skills to use them among all field level health workers for home care management using suitable logarithms.
5. Initiate transparent resource allocation authority for emergency drugs, supplies purchase, transport, etc.
6. Establish Public/Private Partnership Committee by district with strong legal back up to Local Health Authority.
7. Mandate more post-mortems, as autopsy of dead patients will help understand progression and pathology of COVID-19.
8. Establish 100-bed infectious disease tertiary care unit with piped oxygen supply and 20 Ventilators in each district.
9. Establish CT scan facility, apart from standard diagnostic procedures like TR/PCR, that enables better diagnosis in all public sector Medical College Hospitals.
10. Establish comprehensive post-COVID-19 complications (including mental health services) management clinics in all tertiary hospitals.
11. Make permanent arrangements for biomedical waste disposal including recycling and other advanced use of the materials for PPE, masks, gloves, and dead bodies.
12. Foster better understanding and coordination between private and public sector hospitals, instead of using punitive methods.
13. Define a clear role for Indian System of Medicine (ISM).
14. Establish District level Risk Communication, Counselling, and Media Management Committees.

Permanent Pandemic Management Policies

According to Dr. Suresh Kishanrao, the following six issues need policy tweaking:

1. Mainstreaming COVID-19 Pandemic and Disaster Management into Development Planning, forming national, state, district, and block-level steering committees for various tasks to be implemented; and strengthening collaboration, command, control, and communication systems for efficient, prompt and graded response and recovery.
2. Documentation of best practices, data analysis of hospitalized patients and post-mortems of dead patients for creating knowledge and skills platform to promote

inclusive, participatory and well-informed preparedness and case management strategies.

3. Technology and Public Health professionals and clinicians play a critical role in pandemic responses. COVID-19 presents an excellent opportunity to reflect on the legal plausibility, ethical soundness and effectiveness to use emerging technologies to inform evidence-based Public Health interventions. There is an urgent need for assessing the value-add of plasma therapy, Extra-Corporeal Membrane Oxygenation (ECMO) treatment, use of anti-viral drugs and cortisones and other strategies.
4. There is need for a policy to identify implementation champions for water, air pollution control, sanitation, and hygiene (WASH), which is vital for COVID-19 response and recovery. Best practices for safely managing bio-medical waste should be set-up, including assigning responsibility and adequate human and material resources for safe management and disposal of wastes and dead bodies.
5. A policy for multi-hazard preparedness with a focus on health needs to be integrated across sectors. Risk assessments, risk communication and risk preparedness should emerge as a culture for future generations to enable better management of disasters and public health emergencies.
6. As the Government of India and State Governments faced unprecedented governance challenges, the pandemic has uncovered gaps in both government co-ordination and the use of evidence for policy making. This has directly affected the nature and quality of the measures adopted to tackle the crisis and its aftermath. These challenges have led to several quick fixes and agile responses, which will need to be assessed when the worst of the crisis is over, to bring appropriate policy changes.

What if another pandemic appears on the horizon? Surely our response should be governed by science and strategy and overseen by experts. Now is the best opportunity to create a health management infrastructure that is commensurate with India's needs and potential, concluded Dr. Suresh. Can a country that does not know how to control TB, typhoid, cholera, and malaria (diseases endemic but can turn into epidemics in India), learn how to manage a new disease? India has world class experts; why not use them and seize the day?

Dr. Vishnukant Chatpalli, Vice-Chancellor of the Karnataka State Rural Development and Panchayat Raj University presided over the Prelude Conference. Dr. D. Jeevan Kumar, Secretary of the Karnataka Regional Branch of the IIPA welcomed the gathering. Dr. Sridhar Hadimani, Coordinator of the MA RDPR programme at KSRDPR University proposed a vote of thanks.

Below:

A picture of the Dignitaries at the Prelude Conference

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Books/Reports

Global Health Security Index, 2019
Published by
Nuclear Threat Initiative and
Center for Health Security
Johns Hopkins Bloomberg School of Public Health

Executive Summary

Biological threats—natural, intentional, or accidental—in any country can pose risks to global health, international security, and the worldwide economy. Because infectious diseases know no borders, all countries must prioritize and exercise the capabilities required to prevent, detect, and rapidly respond to Public Health emergencies. Every country also must be transparent about its capabilities to assure neighbours it can stop an outbreak from becoming an international catastrophe. In turn, global leaders and international organizations bear a collective responsibility for developing and maintaining robust global capability to counter infectious disease threats. This capability includes ensuring that financing is available to fill gaps in epidemic and pandemic preparedness. These steps will save lives and achieve a safer and more secure world.

The Global Health Security (GHS) Index is the first comprehensive assessment and benchmarking of health security and related capabilities across the 195 countries that make up the States Parties to the International Health Regulations (IHR [2005]). The GHS Index is a project of the Nuclear Threat Initiative (NTI) and the Johns Hopkins Center for Health Security (JHU) and was developed with The Economist Intelligence Unit (EIU). These organizations believe that, over time, the GHS Index will spur measurable changes in national health security

and improve international capability to address one of the world's most omnipresent risks: infectious disease outbreaks that can lead to international epidemics and pandemics.

The GHS Index is intended to be a key resource in the face of increasing risks of high-consequence and globally catastrophic biological events and in light of major gaps in international financing for preparedness. These risks are magnified by a rapidly changing and interconnected world; increasing political instability; urbanization; climate change; and rapid technology advances that make it easier, cheaper, and faster to create and engineer pathogens.

Developed with the guidance of an international expert advisory panel, the GHS Index data are drawn from publicly available data sources from individual countries and international organizations, as well as an array of additional sources including published governmental information, data from the World Health Organization (WHO), the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO), the World Bank, country legislation and regulations, and academic resources and publications. Unique in the field, the GHS Index provides a comprehensive assessment of countries' health security and considers the broader context for biological risks within each country, including a country's geopolitical considerations and health system and whether it has tested its capacities to contain outbreaks.

Knowing the risks, however, is not enough. Political will is needed to protect people from the consequences of epidemics, to take action to save lives, and to build a safer and more secure world.

Findings and Recommendations

The report summarizes the results of the first GHS Index, including overall findings about the state of national health security capacity across each of the six GHS Index categories, as well as additional findings specific to functional areas of epidemic and pandemic preparedness. The full report also offers 33 recommendations to address gaps identified by the GHS Index.

Whereas every country has a responsibility to understand, track, improve, and sustain national health security, new and increased global biological risks may require approaches that are beyond the control of individual governments and will necessitate international action. Therefore, the recommendations contained in this report are made with the understanding that health security is a collective responsibility, and a robust international health security architecture is required to support countries at increased risk. As a result, in addition to the many recommendations intended for national leaders, the GHS Index also includes recommendations aimed at decision makers within the UN system, international organizations, donor governments, philanthropies, and the private sector. These are especially important in the case of fast-spreading, deliberately caused, or otherwise unusual outbreaks that could rapidly overwhelm the capability of national governments and international responders

Overall Finding

National health security is fundamentally weak around the world. No country is fully prepared for epidemics or pandemics, and every country has important gaps to address.

The GHS Index analysis finds no country is fully prepared for epidemics or pandemics**.** Collectively, international preparedness is weak. Many countries do not show evidence of the

health security capacities and capabilities that are needed to prevent, detect, and respond to significant infectious disease outbreaks. **The average overall GHS Index score among all 195 countries assessed is 40.2 of a possible score of 100. Among the 60 high-income countries, the average GHS Index score is 51.9. In addition, 116 high- and middle-income countries do not score above 50.**

Overall, the GHS Index finds severe weaknesses in country abilities to prevent, detect, and respond to health emergencies; severe gaps in health systems; vulnerabilities to political, socio-economic, and environmental risks that can confound outbreak preparedness and response; and a lack of adherence to international norms.

GHS Index Scores

- **Prevention:** Fewer than 7% of countries score in the highest tier for the ability to prevent the emergence or release of pathogens.
- **Detection and Reporting:** Only 19% of countries receive top marks for detection and reporting.
- **Rapid Response:** Fewer than 5% of countries scored in the highest tier for their ability to rapidly respond to and mitigate the spread of an epidemic.
- **Health System:** The average score for health system indicators is 26.4 of 100.
- **Compliance with International Norms:** Less than half of countries have submitted Confidence-Building Measures under the Biological Weapons Convention (BWC) in the past three years, an indication of their ability to adhere to important international norms and commitments related to biological threats.
- **Risk Environment:** Only 23% of countries score in the top tier for indicators related to their political system and government effectiveness.

Recommendations

The report offers 33 individual recommendations related to the data findings across its 6 categories. The following is a subset of high-level recommendations related to overarching findings. Please download the report for the full listing of recommendations.

- National governments should commit to take action to address health security risks. Leaders should closely coordinate and track in-country health security investments with an emphasis on coordinating them with improvements to routine public health and healthcare systems.
- Health security capacity in every country should be transparent and regularly measured. The results of those external evaluations and self-assessments should be published at least once every two years.
- National and international health, security, and humanitarian leaders should improve coordination among sectors, including operational links between security and public health authorities, in response to high-consequence biological events, deliberate attacks, and events occurring in insecure environments. They also should work to reduce political and socio-economic risk factors that can impede outbreak response, including in conflict zones.
- New financing mechanisms to fill epidemic and pandemic preparedness gaps are urgently needed and should be established. These could include a new multilateral global health security financing mechanism, such as a global health security matching fund; expansion of availability of the World Bank International Development

Association (IDA) allocations to allow for preparedness financing; and/or development of other new ways—including through existing donor and multilateral financing programs for global health and disaster preparedness and response—to expand resources to incentivize countries to prioritize preparedness funding.

- The Office of the UN Secretary-General, working in concert with the WHO, the UN Office for the Coordination of Humanitarian Affairs, and the UN Office for Disarmament Affairs, should designate a permanent facilitator or unit for high-consequence biological events that could overwhelm the capacities of the current international epidemic response architecture and result in mass casualties. This function would not be operational in nature, but rather the facilitator or unit would convene the public health, security, and humanitarian sectors before and during crises to identify and fill gaps in global preparedness specific to rapidly spreading events with the potential for great loss of life. The person or unit with this responsibility also would spur simulation exercises in concert with the UN Operations and Crisis Centre to promote unity of effort across public health, humanitarian, and security-led responses.
- Countries should test their health security capacities and publish after-action reviews, at least annually. By holding annual simulation exercises, countries will show commitment to a functioning system. By publishing after-action reviews, countries can transparently demonstrate that their response capabilities will function in a crisis and can identify areas for improvement.
- National governments and donors should take into account countries' risk factors for significant disease outbreaks when making resources available to support health security capacity development. Countries with low scores related to risk environment should be identified as priority areas for capacity development and should receive prompt international assistance when infectious disease emergencies occur within their borders.
- Given the enormous national need, the UN Secretary-General should call a Heads-of-State-level summit on biological threats by 2021 focused on creating sustainable health security financing and new international emergency response capabilities.

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Global Health Security Index-2019

Overall Scores of Top 5 Countries, plus India, China, Brazil, Pakistan and Bangladesh

Rank (out of 195 countries)	Country	Index Score
1.	USA	83.5
2.	UK	77.9
3.	Netherlands	75.6
4.	Australia	75.5
5.	Canada	75.3
22.	Brazil	59.7
51.	China	48.2
57.	India	46.5
105.	Pakistan	35.5
113.	Bangladesh	35.0

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Opinion

Nature, Wildlife and Pandemics

D. Jeevan Kumar

*(*Courtesy*:* ***Deccan Herald****,* 10th July 2020)

While the world continues to grapple with the devastating consequences of COVID-19, WWF is calling for urgent global action to address the key drivers which will cause future zoonotic disease outbreaks. In its latest report '*COVID-19: Urgent Call to Protect People and Nature'*, WWF states that people have increasingly encroached upon the natural world, resulting in escalating levels of contact between humans, livestock and wildlife. As a result, the frequency and number of new zoonotic diseases, originating in animals and transmitted to people, has risen drastically over the last century.

The increased emergence of zoonotic diseases is linked to two widespread anthropogenic causes:

1. Unsustainable food systems, large-scale conversion of land for agriculture and increasing interactions between wildlife, livestock and humans.
2. Trade and consumption of high-risk wildlife species and increasing human exposure to animal pathogens.

If the above causes are not adequately understood and addressed, the risk of a new zoonotic disease emerging in the future is higher than ever, with the potential to wreak even greater havoc on health, economies and global security. The COVID-19 crisis exemplifies the devastating costs of global pandemics, which have been graphically illustrated by WWF.

Between December 2019 and May 2020, over 3,70,000 people died from COVID-19 related causes in more than 200 countries, which is just under three times the number of people killed by armed conflict and terrorism every year. The economic impact has been estimated at between US$2.4 and US$8.8 trillion in lost output. Almost half of the world's workforce is at risk of losing their livelihoods, with the social and economic effects disproportionately affecting already marginalized groups, including women and indigenous communities.

COVID-19 is also threatening global food security, with warnings that the number of people at risk of acute hunger could rise from 135 million to 265 million by the end of 2020. Further, it may impact global stability, with tensions escalating in volatile areas, and geo-political rivalries between countries predicted to worsen. Beyond these devastating costs, the same forces driving an increased risk of pandemics are also exacerbating the current planetary emergency of Nature loss and Climate Change, putting the health of current and future generations at grave risk.

According to the WWF, a four-point Plan of Action is urgently needed. It calls upon four sets of stakeholders, namely the Government, the Corporate Sector, Civil Society Organizations and the Public to take a series of measures to address the situation:

1. All Governments should take the following steps: Halt the high-risk wildlife trade and increase enforcement to combat illicit wildlife trade; introduce and enforce legislation and policy actions to eliminate deforestation and conversion; provide adequate finance

for the implementation of an ambitious post-2020 Global Biodiversity Framework; Commit to a *New Deal for Nature and People*, that puts Nature on the path of recovery for the benefit of the planet and its inhabitants, with three goals: (1) Protect and restore natural habitats; (2) Safeguard the diversity of life; and (3) Halve the footprint of production and consumption.

2. The Corporate Sector should do the following: Deliver credible action to decrease the environmental footprint of food supply chains, including promoting sustainable production, ensuring supplier traceability to points of origin, and encouraging consumers to make sustainable dietary choices; support policies and legislation that ensure all production and consumption of agricultural commodities are free from deforestation and conversion of natural ecosystems; and develop and implement innovative financial mechanisms and solutions that have positive environmental and social outcomes.

3. Civil Society Organizations should support vulnerable communities directly affected by the crisis and its environmental drivers, ensuring that they are adequately represented in recovery efforts; work together with governments and industries to develop sustainable solutions that reduce illegal and high-risk wildlife exploitation and transform our food systems; and increase accountability of international institutions, governments and industries that fail to take action in the wake of the crisis.

4. Finally, the Public should engage with their government representatives to ensure that they commit to a *New Deal for Nature and People*, take action to protect natural ecosystems; pressurize industries to decrease their negative impacts on society and the environment; and shift their dietary and consumption habits to make more sustainable choices.

The COVID-19 crisis demonstrates that systemic changes must be made to address the environmental drivers of pandemics. Now is the time for transformative action to protect natural ecosystems in order to reduce the risk of future pandemics and move towards Nature-positive, carbon-neutral, sustainable and just societies.

In the words of **Marco Lambertini, Director-General of WWF International**: "*We must urgently recognize the links between the destruction of Nature and human health, or we will soon see the next pandemic. We must curb the high-risk trade and consumption of wildlife, halt deforestation and land conversion, as well as manage food production sustainably. All these actions will help prevent the spillover of pathogens to humans, and also address other global risks to our society like biodiversity loss and climate change. There is no debate, and the science is clear; we must work with Nature, not against it. Unsustainable exploitation of Nature has become an enormous risk to us all."*

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Policy Matters from Karnataka

Notification of Karnataka State Civil Services (Conduct) Rules, 2020

(Courtesy: ***The Hindu*** dt. 30th October 2020)

The State Government has decided to ban its employees from acting in films and television serials, publishing books, and voicing criticism against the State and Union Government policies.

A draft of the Karnataka State Civil Services (Conduct) Rules, 2020, said that they cannot act in films and television serials, without permission from the competent authority. The draft rules also seek to stop government staff from sponsoring media programmes in radio and television channels.

Objection in 15 days

The Department of Personnel and Administrative Reforms, Government of Karnataka, notified these draft rules on October 27, 2020, seeking objections within 15 days. The rule said a government servant should not publish any book or engage him/herself habitually in literary or artistic or scientific work, without the permission of prescribed authority.

A new set of rules, likely to be enforced soon, also states that government servants cannot consume intoxicating drinks in public places. It also prohibited employees appearing in a public place in a state of intoxication. The rules also seek to ban employees from embarking on foreign tours without permission. "*No government servant shall undertake a private foreign tour without prior permission from the prescribed authority*," state the rules.

Dress code

Relating to dress code, the rules state that every government servant should cultivate the habit of wearing "*decent dresses*" in office and wear uniforms, wherever such uniform is prescribed for a category of post.

New rules drafted under 39 different heads have prescribed political neutrality; principles of merit, fairness and impartiality in the discharge of his or her duties; accountability and transparency; responsiveness to the public; and courtesy and good behaviour with the public by employees.

The rules would be applicable to about six lakh government employees.

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Citizen Happiness Index to Certify Bangalore Roads

*(*Courtesy: ***Times of India****,* Bengaluru dt. 2nd November 2020)

The Bruhat Bengaluru Mahanagara Palike (BBMP) is all set to introduce a '*Citizen Happiness Index'* clause in road maintenance contracts. This plan is being contemplated by the civic body to enhance civic participation and contractor accountability in building and maintaining of roads in the country's tech capital. There are 14,000 km of roads in the BBMP limits, of which

1,200 km are proposed to be taken up for annual maintenance. These thoroughfares are in a bad shape, and every time it rains, craters show up.

According to BBMP officials, once the new road contract is issued, residents, contractors, assistant engineers and joint commissioners will work in coordination with each other to identify poorly maintained roads and fix them. Based on citizens' opinion on happiness and quality of work, payments will be released to contractors.

Citizens, however, are not very pleased with the decision. *"The BBMP just needs to fix the roads and we will be happy. Making too many committees and groups does not really solve the problem,"* according to P. Vishnu, a resident of Bellandur. S. Parvathi, a resident of ST Bed Layout, said BBMP needs to think of resolving issues, instead of just making plans.

The civic body, though, is still not clear about how to come up with a '*Happiness Index'*. According to a senior official, "*We are certain of forming groups, but are not sure on the technical aspects of it."*

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Feedback

Dear Prof. Jeevan Kumar
Thanks for sharing the e-news and updates. It is indeed good work. The information on Sustainable Development is a good update for the day.

This is to request IIPA-KRB to hold either webinars or consultative meetings with officials of GOK on matters pertaining to NGOs. Some of the issues faced are as follows:

1. There is no NGO platform in GOK. We have made a request to NITTI that in every state, the Planning Ministry should have an NGO platform for continuous interactions.
2. Today majority of the development projects provide provision for NGO partnership. Unfortunately, each department asks for registration of NGOs along with NGO registration no. in DARPAN portal. This is too much duplication and waste of time. There can be a central registry at the state level - the credentials can be vetted by the ministry before assigning a no. This is apart from *emudhra* registration. This is sufficient for applying for projects. This can be renewed periodically. It is a matter of deep concern that Engineers are assigned to receive reports and sanction various development project grants at ZP level.
3. Each govt. department demands EMI deposits in lakhs; there is considerable delay in opening even tenders for assigning projects.
4. The NGOs are asked to run and manage projects without proper release of grants. Some NGOs have to spend as much as Rs. 15-20 lakhs to complete the projects and wait for months to settle the bills.
5. There must be some kind of system across Departments, NOT UNIFORM, to have proper monitoring and project indicators by competent persons.
6. Very often Engineers plead ignorance to understand the development components.
7. A number of development projects do not permit ZP level/local level innovative applications. A practical guide at ZP level can be worked out.

There are other issues too. If NGOs are called Partners in implementing development projects, it should be reflected in spirit, more than in letter.

The GOK must lead by example by showing a model on GO-NGO partnership in Sustainable Development. Our neighbours Kerala and AP have some good working models. IIPA Karnataka can provide a lead in this direction.

IYD will be more than happy to do our mite in this venture.

Dr. Ghandi Doss
Director
Institute for Youth and Development, Bengaluru

Respected Sir,
Virtual Newsletter is a good initiative from IIPA, Karnataka Regional Branch, and I congratulate you over the same. It is also timely, as most of the retired officers are confined to home on account of the prevailing situation and find time to read!

Recent newspaper reading and TV coverage gives an impression that District Administration in North Karnataka was not up to the mark in tackling the sudden and unprecedented rain and flood situation. Things today are much more complex as compared to our days. I suggest taking the help of the Chief Secretary to invite one or two Deputy Commissioners from those districts to write their experience and any out-of-box solutions implemented by them. It should make interesting reading. Thank you.

H.K. Shivananda

Dear Sir,

Greetings from IIPA-TNRB, Chennai.
Congratulations and best wishes for the excellent work

S. S. Jawahar IAS (Retd.)
Honorary Secretary
IIPA-TNRB, Chennai

Sir,
Thanks for sharing the newsletters of IIPA-KRB.

V. N. Alok
Associate Professor
Indian Institute of Public Administration
New Delhi 110 002 (India)
Former Member, The 5th Delhi Finance Commission

Dear Sir,
The *Virtual Newsletter* is very good. Write ups are very informative and well documented.
Thanks and regards,

Vijay Gore

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IIPA-KRB Virtual Newsletter

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Editorial Board

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Feedback/Contributions/Ideas/Book Reviews may kindly be mailed to:

iipakrb.bangalore@gmail.com with a copy to

jeeves0607@yahoo.com