

**“One of the best ways to influence people is to make them feel important.” Roy T. Bennett**

**INTERNATIONAL AND BILATERAL****INDIAN PRIME MINISTER RECENTLY VISITED SINGAPORE**

Indian Prime Minister recently visited Singapore and deepens its economic and defence ties with the nation.

Singapore is the last leg of PM Modi's three-nation tour (Indonesia, Malaysia and Singapore).

**Major takeaways from the visit:**

The **two countries signed eight agreements.**

An implementation agreement was signed between the **Navies of the two countries on mutual coordination, logistics and services support for visits of naval ships, submarines and naval aircraft, including ship-borne aviation assets.**

The two leaders confirmed that the second review of the Comprehensive Economic Cooperation Agreement (CECA) has been concluded.

They also discussed maritime security and expressed commitment to a “rules-based” Order.

The two leaders also agreed on the need to maintain an open, stable, fair international trade regime and combat terrorism.

India acknowledge ASEAN unity and their role as regional architects

Singapore supports India claim for permanent member in a reformed United Nations Security Council.

Collaboration on technology, smart cities and skills development were discussed.

**CENTRAL GOVERNMENT ISSUED NOTIFICATION FOR THE CAUVERY WATER MANAGEMENT AUTHORITY**

The central government has issued a notification for the Cauvery Water Management Authority following Supreme Court order.

**Cauvery management control authority:**

The chairman of the authority will be appointed by the Central government. He/She must be of the rank of secretary or additional secretary or an eminent engineer.

Tenure of chairman is five years.

Two part-time members nominated by the Central Government

Four part-time members nominated by the party State governments and Union territory administration respectively.

The authority will decide the sharing of the river water between Karnataka, Kerala and Tamil Nadu and the Union Territory of Puduchery.

**The authority is directed for the following mandate:**

1. To monitor the storage of water
2. Apportion of shares
3. Supervise operation of the reservoirs
4. Regulate water releases with the assistance of the Regulation Committee.

The CWMA will also determine the total residual storage in the specified reservoirs on June 1 every year.

Water share of each state will be determined on the basis of water flows together with the available carry-over storage in the reservoirs

The authority can seek the help of the Central Government for implementation of the Award of the Tribunal if any of states do not cooperate with the Cauvery authority.

**FOURTH QUARTER OF THE FINANCIAL YEAR 2017-18 GREW AT 7.7%**

The fourth quarter of the financial year 2017-18 grew at 7.7%. It is the fastest and strongest growth in the entire FY 2017-18.

The growth in economy is driven by growth in capital formation, manufacturing and construction sector.

The manufacturing sector has contributed to approx 20% of quarterly GVA (gross value

added) and the construction sector contributed to 8%.

The Manufacturing sector grew at 9.1% (4th quarter) and 5.7% for the entire FY18 and the Construction sector grew at 11.5% (4th quarter) and 5.7% for the entire FY18.

Two key group of services that contributed to 38% of fourth-quarter GVA are as follows:

First group: trade, hotels, transport, communication and broadcasting

Second group: financial, real estate and professional services

The growth in construction sector will create more direct and indirect jobs and will serve as multiplier of overall output.

Agriculture, forestry and fishing sector has maintained its growth over the four quarters of the FY.

Gross fixed capital contributed the most in percentage terms (32.2%).

However, the contribution of private final consumption expenditure and government spending is weak.

The economy may further be affected by external risks such as rise in crude price and input costs. RBI may also raise interest rate.

#### **SMOKING TOBACCO IN INDIA HAS DROPPED DOWN TO 11.5% IN 2005 FROM 19.4%: WHO**

According to a WHO report, smoking tobacco in India has dropped down to 11.5% in 2005 from 19.4% in 2000.

The percentage is expected to drop down further to 9.8% by 2020 and 8.5% by 2025.

Although the reduction is insufficient to meet globally agreed targets aimed at protecting people from death and suffering from cardiovascular and other non-communicable diseases (NCDs).

Tobacco usage causes cancer, lung diseases, heart diseases and stroke.

The Global Adult Tobacco Survey revealed a serious lack of knowledge of the multiple health risks associated with tobacco.

In China, over 60% of the population was unaware that smoking could cause heart attacks.

Tobacco usage has decreased more slowly in low and middle income countries than high income countries.

Because control policies in such countries is influenced by lobbying from tobacco industries.

The report covered tobacco usage only in smoking form, but tobacco is also used in chewing form in India.

More than 3/4 tobacco users consume it in chewing form.

Thus a policy is required to address the overall usage of tobacco in India.

Percentage of all tobacco users in the country reduced from 35% in 2009 to 29% in 2016-17

#### **PINAKA SYSTEM GETS AN UPGRADE**

An upgraded version of Pinaka rocket, with enhanced range and guidance system, was successfully test-fired from Chandipur in Odisha.

The earlier Pinaka system, which was an unguided one, has now been transformed into a guided version, with a navigation, guidance and control kit developed by the Research Centre, Imarat (RCI), Hyderabad.

The RCI comes under the Defence Research and Development Organization (DRDO).

The guided PINAKA has been developed jointly by the Armament Research and Development Establishment (ARDE), Pune, the RCI, and the Defence Research and Development Laboratory (DRDL), Hyderabad, for the Indian Army.

The conversion helped in enhancing the range and accuracy of Pinaka.

Its range was 40 km earlier which has increased to more than 70 km now.

**CESS ON SUGAR**

The proposal to introduce a cess on sugar has been green-lighted by the Law Ministry. The cess will come into effect only if and when the GST Council approves it.

Cess is different from GST. It used to be an additionality during the VAT (Value added Tax) regime; so it (the cess) can be applied.

The Finance Ministry will now file a special leave petition in the Supreme Court as there is an interim order on a petition challenging the constitutional validity of the Goods and Services Tax (Compensation to States) Act, 2017.

The proposal envisages the imposition of cess at a rate not exceeding Rs. 3 per kg on supply of sugar” (over and above GST at 5 per cent). The fund collected will be used to create a fund, which will enable the Centre to make prompt interventions to protect the interests of farmers, in view of the extreme cyclical nature of industry.

Before the GST introduction, a cess was being collected under the Sugar Cess Act, 1982, as excise duty for the purpose of a Sugar Development Fund. The money thus collected was used to help the industry on various fronts, including settling farmer dues. This cess was subsumed in the GST.

**SUSTAINABLE DEVELOPMENT GOAL AND UNIVERSAL HEALTH FACILITY**

The health goal under the United Nations Sustainable Development Goals is, arguably, the most important target on the agenda of India and other member countries.

This is because of its inextricable connection with other indicators of socio-economic development like poverty, zero hunger (nutrition), quality education, gender equality, clean water and sanitation.

The essence of this goal is to “ensure healthy lives and promote well-being for all in all ages”, which implies universal health coverage.

The World Health Organization (WHO) Health Assembly set the target of “Health for All” in May 1977.

These were to be achieved by the end of 2000. Subsequently, in 2000, the Millennium Development Goals were formulated by the UN with the target for achievement set for 2015.

This was followed by the Sustainable Development Goals (SDG), set by the UN in 2016, to be achieved by 2030 by all member countries.

Throughout this trajectory, the essence of “health for all” has been preserved.

Reviving the Definition of Health: Including determinants based on Climate Change

The SDGs advocate universal health coverage for which the definition of health needs to be understood from a holistic perspective.

This would entail revisiting the 70-year-old definition of health as described by the World Health Organization—“a state of complete physical, mental, social well-being and not merely absence of disease or infirmity”—and considering other determinants as well.

A determinant-based definition of health and well-being will not only help in better perception of disease, but also provide a better tool in deciding the right priority for public health interventions.

The ongoing 71st World Health Assembly in Geneva deliberated on the importance of environmental, climate and other determinants of health.

**Factors of Health Hazards:**

Besides many others, one important factor that needs to be considered while comparing the magnitude of different diseases is the level of parasitemia or viremia in the general population, incubation period and presence of pathogens in the non-human host in close environment, etc.

Diseases of public health importance, such as kala azar, lymphatic filariasis, leprosy, etc., can manifest in an apparently healthy population in tropical and sub-tropical climatic regions and can re-emerge if not eliminated.

While there has been tremendous progress in addressing neglected tropical diseases in many countries, including India, due to

concerted efforts of the government, elimination efforts are still to be universalized across many districts.

These diseases shouldn't be neglected any more, even though the magnitude of reported cases has reduced over the years.

**Way Forward:**

It is high time for UN bodies/World Health Assembly to acknowledge the need for redefining health in light of the SDGs.

Universal health coverage should be designed based on the revised definition of health. That will lead to a better understanding, and attainment, of holistic health and well-being.

This will help in directing focused priority and mobilization of resources in the right direction.

In addition, a national framework for universal health coverage needs to be developed by the member countries.

This would involve inter-sectoral collaborations at the community level with local health teams, the private sector, non-government organizations and community-based organizations to strengthen primary health and support secondary and tertiary infrastructure.

This would not also empower people to protect themselves from illness and encourage treatment-seeking behaviour for which people's awareness needs to be built up through simple community-level ideas for health promotion, prevention and self-protection as essential part of primary healthcare.

Joint participation with health teams by trained volunteers in uniform, including those from National Cadet Corps (NCC), National Scout Services (NSS), nursing schools, etc., can provide a thrust for addressing social, and environmental determinants and can bring about positive change in personal hygiene, healthy behaviour and cleanliness.

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