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Current Affairs

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21. Government puts imports of gold dore in restricted category

- The **Directorate General of Foreign Trade (DGFT)** which works under Ministry of Commerce and Industry has put the imports of gold dore in restricted category on 30th Nov 2018.
- It implies that an importer now, needs a license to import this commodity.

Gold Dore

- o It is a semi-pure alloy which is refined for further purification. The refined gold bars are produced from gold dore bars.
- o India imports about **900 tonnes** of gold a year.
- o India is world's **second-biggest** gold consumer after China,
- The DGFT in a separate notice suggested wastage norms and value addition in respect of gold religious idols (only gods and goddess) -both plain and studded, of eight carats and above (up to 24 carats).
- The DGFT prescribed that percentage of wastage for plain gold idols will be 2.5 per cent and for studded gold idols it will be 5 per cent.
- It added that percentage of value addition for plain gold religious idols will be 10 per cent; and 14 per cent in case of idols studded with colour gems stones.
- Similarly the percentage for value addition in case of idols studded with diamonds will be 15 per cent.
- o Also the DGFT has allowed export of gold idols (only gods and goddess) of eight carats and above (up to 24 carats) from domestic tariff area with condition that 100 per cent examination of these exports be done by the approved government value.

22. Visit of Romanian Foreign Minister H.E. Mr. Teodor Melescanu to India

News:

Mr. Teodor Melescanuthe foreign minister of Romania visited India.

- He visited India for three reasons:
 - o One, to commemorate 70 years of bilateral diplomatic relations with India.

- Two, to mark the completion of five years of the Joint Statement on establishing an Extensive Partnership between India and Romania.
- Three, it was a follow up on the recent visit of the Vice President of India, Shri M. Venkaiah Naidu to Romania in September 2018.
- The Foreign Ministers from both the sides agreed to raise the raise the bilateral trade turnover from **USD 810 million** to a higher level in the coming years.
- Hereassured Romania's support for a permanent seat for India in a reformed United Nations Security Council (UNSC).
- Romania formally opened its **Honorary Consulate** in **Chennai** during the visit.
- He delivered a lecture on 'Going Global vs staying local: Romania's agenda as a connector between Europe and Asia' at the Observer Research Foundation.

23. Nagaland signs MoU with Estonian academy on e-governance

News:

The Nagaland government signed a five-year Memorandum of Understanding (MoU) with **e-Governance Academy of Estonia** to provide advisory and technical knowledge for setting up of **e-Governance Academy of Nagaland (e-GAN)**.

- The MoU is aimed at strengthening bilateral technical cooperation in the fields of information technology and e-governance.
- The MoU was signed during the on-going 4thedition of the **e-Naga Summit**, by the department of IT&C commissioner and Secretary of the state, KD Vizo and Arvo Ott, director e-Governance Academy of Estonia.

24.J-K guv launches AB-PMJAY scheme

On 1st December 2018, Jammu and Kashmir Governor **Satya Pal Malik** launched the ambitious "**Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)**" at Teacher's Bhawan in Jammu.

The scheme which would benefit over **31 lakh** residents in the state will provide medical facilities to the poor and vulnerable families in secondary and tertiary care hospitals of the country.

- Marking the launch of the scheme, the Governor along with other dignitaries distributed Golden Cards among 10 eligible beneficiaries for availing the annual health cover facility.
- The state also received 'Best Performing Large State' award on account of high reduction in Infant Mortality Rate (IMR) in a single year and for effective implementation of health related schemes by the India Today group at the "State of the States Conclave 2018".
- About Ayushman Bharat –Pradhan Mantri Jan AarogyaYojana (AB-PMJAY):

- The AB-PMJAY was launched by the Prime Minister, Shri Narendra Modion 23rd September, 2018 at Ranchi, Jharkhand.
- AB-PMJAY is the "world's largest government funded healthcare program" targeting more than 50 crore beneficiaries.
- o The AB-PMJAY will provide a cover of up to five lakh rupees per family per year, for a cashless and paperless access to secondary and tertiary care hospitalization.
- 1, 50,000 Health and Wellness Centreswill be created at primary level for covering both maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.
- The first such Health and Wellness Centre was launched at Jangla, Bijapur, Chhattisgarh on 14th April 2018.

Ayushman Bharat- National Health Protection Mission (AB-NHPM)

- Healthcare in India is largely underpenetrated, with government expenditure at around 25% of the GDP and an underperforming public healthcare ecosystem.
- o **Problem of 3A's** Availability, Accessibility and Affordability.
- o **Dual disease burden:** Even as the incidence of lifestyle diseases is steadily on the rise, a vast majority of rural and poor patients still suffer from infectious and acute diseases.
- Low levels of healthcare spend: India's per capita public expenditure on health increased from Rs 621 in 2009-10 to Rs 1112 (around \$16 at current exchange rate) in 2015-16.
- o It is 'nominal' compared to other countries. Switzerland spends \$6944 on health per capita, whereas the US spends \$4802 and UK spends \$3500.
- o **Out of pocket expenditure pushing people into poverty**—
 It is extremely worrying that nearly 55–60 million Indians are pushed into poverty every year because they are unfortunately compelled to shell out half of their annual household expenditure to meet medical needs, especially for hospitalisation.
- o **Shortages in government run insurance schemes-** A majority of insured population is covered under Employees' State Insurance Scheme or government sponsored schemes but these schemes have significant coverage limitations.

Availability	Accessibility	Affordability
 Severe shortage of	 As per 71st round of	 Affordability can be
trained medical	National Sample	seen in two ways:

Availability

Accessibility

Affordability

professionals including nurses, dentists, and administrators—but especially doctors.

- The United States has 2.672 doctors per 1,000 people, and 3.1 hospital beds per 1,000 people.
- India, on the other hand, has a mere 0.599 doctors and 0.9 hospital beds per 1,000 people.
- Inequity in infrastructure: While the urban India is witnessing a mushrooming of world-class medical facilities, the rural areas are bereft of even basic healthcare facilities.
- Government should remove disincentives on health insurance. The indirect taxes on individual health insurance have increased from 12.5% to 18% over the last few years. GST on individual health insurance should be reduced.

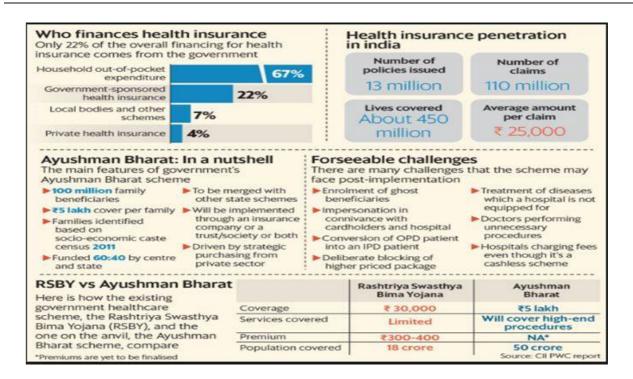
Survey Organisation (NSSO)-

- > 85.9% of rural households
- ▶ 82% of urban households have no access to healthcare insurance.
- Currently, around 28-30% of population has some form of healthcare insurance.
 - About 3-4% have retail health plan and the rest is government sponsored schemes.
- Shortage of healthcare ecosystem-like hospitals and beds. Even majority of these are in urban areas. Beyond that, centres, including PHC centres aren't registered. AB-PMJAY will create this ecosystem in rural India.
- Quantum of health insurance have increased but largely limited to urban areas. In rural areas, people continue to spend from their own pockets.
- Competition
 Committee of India
 report on affordability
 stated that 50 to 65%
 of Indians did not have
 regular access to
 essential medicines.

medicine affordability and treatment affordability

- Huge borrowings to provide healthcare-Catastrophic healthcare related expenditure pushes families into debt, more than 24% households in rural India and 18% population in urban area have met healthcare expenses through some sort of borrowings.
- Ensuring affordable drugs is a necessary prerequisite for bringing down the overall healthcare expenses. Inflated trade margins and quality of medicines needs to be addressed.
- Medical Devices in India are not only largely imported but have high trade and manufacturing margins eventually hurting patients.
- High Out-of-pocket expenditure- WHO's health financing profile for 2017 show 67.78% of total expenditure on health in India was paid out of pocket. The world average is 18.2%.

And this despite over 40% of the Indian pharmaceutical industry's \$33 billion worth of drugs being exported.



Policy shortcomings:-

Systemic challenges that needs to be addressed: -

- Right pricing strategy- Difference between market price and NHPM price is high for costly procedures, thereby limiting the availability of these procedures. It is imperative to follow right pricing strategy on scientific basis for the scheme to make maximum impact.
- Right infrastructure strategy required to meet new bed capacity demand from AB-NHPM.
- **Policy is reactive than proactive-** The policy is reactive in nature rather than proactive. Policy lack focus on preventive care.
- Health is a state subject— Thus, taking all states on board will not be easy as many states prefer their own state insurance schemes over AB-NHPM.
- Providing rural masses with healthcare facilities as available in urban India is still a distant dream.

- Coverage extensive not exhaustive- Although the coverage is extensive under AB-NHPM but it is not exhaustive. Middle class is out of the ambit of the scheme.
- Foreseeable fraud challenges in NHPS
 - Enrolment of genuine/ghost beneficiaries
 - Impersonation in connivance with cardholders and hospital, leading to fraudulent admissions
 - o Conversion of OPD patient into an IPD patient
 - Showing medical management cases as day care procedures
 - Deliberate blocking of higher priced package or multiple packages to claim higher amounts
 - o Treatment of diseases which a hospital is not equipped for
 - Non-payment of transportation charges
 - Hospitals/doctors not following standard protocols
 - Doctors performing procedures needlessly
 - o Hospital charging money even though it's cashless scheme

Way forward

- As per Competition Commission of India (CCI) report- A significant proportion of out-of-pocket expenditure made by patients on medicine bills. The report cites public procurement as a solution, but its present levels are insignificant.
- It is in this backdrop that financial models like **medical loans and crowdfunding** have started to emerge and must further be pushed in an attempt to make the system more inclusive.
- In the long run, AB-NHPM should envision strengthening of primary care, inclusion of out-patient treatment and a public healthcare delivery system, and expanding the scope of coverage to the whole population in order to make the government's transition from provider to payer a successful one and achieve Universal Health Coverage in the true sense.
- All the above measures taken together will help in regulating the unregulated hospital and healthcare sector and in making the health insurance sector a sustainable one.
- In the long run, the conversation on healthcare has to shift from **pricing to sustainability and viability**.
- 25. South Africa's Demi-Leigh Nel-Peters Wins Miss Universe 2017.
- South Africa's Demi-Leigh Nel-Peters was crowned Miss Universe 2017 on 26th November, ending a nearly four-decade long drought for her country in one of the world's biggest pageants.
- Nel-Peters, a 22-year-old business management graduate, beat out 91 other candidates during the finals held in Las Vegas. South Africa last won Miss Universe in 1978.

• Outgoing Miss Universe Iris Mittenaere crowned Nel-Peters with the \$250,000 pearl-encrusted Mikimoto crown.

Highlights Of The Development-

- Nel-Peters helps train women in her country in self-defence, inspired by that one time when she was held at gunpoint and robbed after winning her title as Miss South Africa.
- In one of the final questions during the pageant, she also advocated for closing the gender pay gap when asked about the biggest problem women today face in the workplace.
- Laura Gonzalez of Columbia, an aspiring actress, placed first runner-up, and Jamaica's Davina Bennett, a model with a marketing college degree, was second runner-up.
- Rachel Peters of the Philippines finished in the Top 10.
- Grammy-winning singer Fergie and pop star Rachel Platten provided the musical entertainment for the show.
- In the "Final Word" portion of the competition, Nel-Peters said that Miss Universe is a woman who has overcome many fears, and by that she is able to help many women overcome their fears.
- 26.Odisha Launches Rs 96-Cr Scheme To Increase Fish Production.

Background-

- Odisha government on 27th November, 2017 launched a scheme to boost fish production in the state with a budgetary provision of Rs 96 crore.
- Chief Minister Naveen Patnaik launched the 'Fish Pond Yojana' scheme while inaugurating a workshop on 'Doubling of Farmer Income through Dairy and Allied Farming Practices.
- The scheme aims to create additional 2,200 hectare of fresh water aquaculture farming with 50 per cent financial assistance to farmers.

Highlights Of The Development-

- According to the chief minister the annual fish production in Odisha has increased from 2.60 lakh tonne to more than 6 lakh tonne in the last 17 years.
- Odisha is the only state in the country to have doubled farmer's income in real terms over a decade as per the latest survey of government of India.
- Milk production per day, too, has seen a quantum jump from 24 lakh litre in 2000 to 54 lakh litre at present, egg production has seen a growth of more than 2.5 times.

- The chief minister also inaugurated an animal ambulance service in Berhampur and Cuttack urban areas with a budgetary provision of Rs 1 crore, to provide emergency assistance to sick and injured animals.
- Stating that various services in the fisheries sector are also being made online today, he sought active participation of women self-help groups (WSHGs) and fisheries cooperatives in taking advantage of different schemes launched by the government.