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Daily News Juice

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THE HINDU

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Addition of four tribes to ST list

Relevance: Prelims & Mains Paper I; Social Issues

Tribes included

- The **Union Cabinet approved** the addition of four tribes to the list of Scheduled Tribes (ST), including those from Himachal Pradesh, Tamil Nadu and Chhattisgarh.
- Tribes included:
 - 1. **Hatti tribe** in the **Sirmour district in Himachal Pradesh**
 - 2. **Narikoravan** and **Kurivikkaran hill tribes of Tamil Nadu**
 - 3. **Binjhia tribe** in **Chhattisgarh**, which was listed as ST in Jharkhand and Odisha but not in Chhattisgarh
 - 4. **Gond community**, residing in 13 districts of **Uttar Pradesh**, under the ST list from the **Scheduled Caste** list. This includes the **five subcategories** of the Gond community: **Dhuria, Nayak, Ojha, Pathari and Rajgond**.

Synonyms approved

- The Cabinet approved '**Betta-Kuruba**' as a synonym for the **Kadu Kuruba** tribe in **Karnataka**.
- In **Chhattisgarh**, the Cabinet approved synonyms for tribes like the **Bharia** (variations added include **Bhumia and Bhuyian**), **Gadhwa (Gadwa)**, **Dhanwar (Dhanawar, Dhanuwar)**, **Nagesia (Nagasia, Kisan)**, and **Pondh (Pond)**.

Revised National List of Essential Medicines

Relevance: Prelims & Mains Paper II; Governance



Reasons for deletion

- On September 13, the **National List of Essential Medicines (NLEM), 2022**, was released, with **384** drugs in it across **27** categories.
- While 34 new drugs are on the list, 26 drugs from **NLEM, 2015**, have been dropped.
- **Prices of essential medicines are regulated by the National Pharmaceutical Pricing Authority.**

Criteria for addition of drugs to list

- Useful in **treating diseases** which are a **public health problem** in India.
- **Licensed/approved** by the Drugs Controller General (DCGI), have **proven efficacy**, are **safe** to use, comparatively **cost** effective, and aligned with the current treatment guidelines.
- **Recommended under the National Health Programs of India.**
- When more than one medicine is available from the same therapeutic class, a prototype that is the **best suited medicine of that class** is included.
- The **price of the total treatment** is considered and not the unit price of a medicine.
- **Fixed dose combinations** are usually **not included**.
- In case of **antimicrobials** — if **resistance** pattern has rendered an antimicrobial ineffective, it is **removed** from the list.

Essential medicines list

Relevance: Prelims & Mains Paper II; Governance

Objective of list

- The primary purpose of the NLEM is to **promote rational use** of medicines considering three important aspects which are **cost, safety and efficacy**.
- The NLEM is a **dynamic document** and is revised on a regular basis.

How is the list prepared?

- The National List of Essential Medicines was first formulated in **1996** and was **revised thrice in 2003, 2011 and 2015**, before 2022.
- The **NLEM independent Standing National Committee on Medicines (SNCM)** was constituted by the **Union Health Ministry in 2018**.
- After detailed consultation with experts and stakeholders, the committee revised the NLEM, 2015 and **submitted its report** on NLEM, 2022 to the Health Ministry.
- The **government accepted the recommendations** of the committee and adopted the list.

Q1. Consider the following statements about National Essential Medicines List (NEML):

1. The List was introduced in 1996 for first time.
2. It is revised annual by Health Minister on recommendation of independent Standing National Committee on Medicines.
3. Prices of medicines in the list are regulated by the National Pharmaceutical Pricing Authority.

Which of the statements given above is/are correct?

- (a) 3 only
- (b) 2 only
- (c) 1 and 2
- (d) 1 and 3

Cooling off provision for BCCI office bearers relaxed

Relevance: Prelims & Mains Paper II; Governance

Why in news?

- Supreme court accepted the Indian cricket board's proposal to amend its constitution and relax the mandatory cooling-off period for an office bearer.
- Justice DY Chandrachud-led bench agreed that a cooling-off period after just one term in office is 'too stringent'.

Position now

- The court ruled that the cooling-off period should come into play only after an office bearer has completed two consecutive terms in either the board or a state association.
- The office bearers can now hold a position in a state association and the BCCI for at least 12 years straight. They can complete two consecutive three-year terms at a state association followed by two three-year terms at the BCCI. The cooling-off period will be applicable post that.

Position earlier

- The BCCI had sought the amendment of clause six in the board's constitution, which states that an official who has completed a term of three years each at a state cricket association and the BCCI will have to undergo a mandatory three-year cooling-off period before regaining a position in the board.
- The 'cooling-off period' was one of the recommendations made by Supreme Court appointed Lodha Committee in 2018 for the better functioning of cricket's administrative body in India.

Cooling off provision for BCCI office bearers relaxed



Relevance: Prelims & Mains Paper II; Governance

Impact of order

- The amendment was sought in regards to the current tenure of BCCIs' office bearers, including **president Sourav Ganguly and secretary Jay Shah**, who would have completed their respective first three-year terms at the BCCI in October this year.
- Both Ganguly and Shah were serving in a **state cricket association** before taking over as BCCI's president and secretary in October 2019 and have **completed six years**. But they will now be able to continue in their respective roles and have a second term at the BCCI after the Supreme Court's order.

National Health Accounts (NHA) Analysis



Relevance: Prelims & Mains Paper III; Economics

Health Accounts

- The National Health Accounts (NHA) Estimates describe the country's total expenditure on healthcare — whether by the government, the private sector, individuals, or NGOs.
- NHA for FY 2018-19 are out recently.

KEY NUMBERS IN REPORT

Indicator	2018-19	2017-18	2016-17	2015-16	2014-15
Total health expenditure as percentage of GDP	3.2	3.3	3.8	3.8	3.9
Government health expenditure as percentage of GDP	1.28	1.35	1.20	1.18	1.13
Out of pocket expenditure as %age of total expenditure	48.2	48.8	58.7	60.6	62.6
Government health expenditure as %age of total expenditure	40.6	48.8	32.4	30.6	29
Social security expenditure (govt insurance schemes like PM-JAY, RSBY, state scheme) as %age of total spend	9.6	9	7.3	6.3	5.7
Private health insurance expenditure as %age of total spend	6.6	5.8	4.7	4.2	3.7
Current health expenditure as percentage of total expenditure*	90.6	88.5	92.8	93.7	93.4

*A lower percentage indicates more spending on infrastructure, equipment etc that will last for years
(National Health Accounts Estimates 2018-19)

Key findings

- **1. Government health expenditure as percentage of GDP:** One of the most important findings of the 2018-19 report is that **government spending as proportion of the country's Gross Domestic Product (GDP) went down to 1.28% from 1.35%** in the previous year's (2017-18) report.
- **2. Total health expenditure as percentage of GDP:** The total health spending — which includes spending by both government and non-government agents — **declined from 3.9% of the GDP to 3.2% in the five years up to 2018-19.**

Key findings

- **3. Out-of-pocket expenditure:** People paying for healthcare expenses out-of-pocket made up for 48.2% of the total health expenses in the year 2018-19, down from 48.8% in the previous year (2017-18). The out-of-pocket expense has decreased substantially from the 62.6% recorded in 2014-15. Here, the figures have been **moving in the right direction.**
- **4. Current health expenditure:** The current health expenditure — not accounting for any expenses that can be utilised over a few years — was **90.6% of the total health expenditure. Lower percentage of Current Health expenditure means more spending on health infrastructure and equipment.**

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