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1. Eye drops which claim to 'reduce dependency on reading glasses': What to know about PresVu**Introduction**

Mumbai-based Entod Pharmaceuticals has announced that the Drug Controller General of India (DCGI) — the country's apex drug regulator — has approved its new eye drop, which has been "specifically developed to reduce dependency on reading glasses for individuals affected by presbyopia."

According to the company, the eye drop PresVu is the first of its kind in India, and that Entod has "applied for a patent for this invention in terms of its formulation and the process".

What is presbyopia?

Presbyopia is an age-related condition in which the eyes gradually lose the ability to focus on nearby objects. People usually start to develop presbyopia at around the age of 40. According to doctors, spectacles are one of the most effective ways to manage the condition.

How does PresVu work?

The active ingredient — chemical compounds in medicines that have an effect on the body — in PresVu is pilocarpine. The compound contracts the iris muscles, which control the size of the pupil and help humans see things clearly, thereby enabling one's eyes to focus better on nearby objects, according to Entod Pharmaceuticals.

The company also said that PresVu uses "advanced dynamic buffer technology" — essentially, a base solution — to adapt to the pH level (a scale used to measure how acidic or basic a substance is) of tears. This ensures that the eye drop has "consistent efficacy and safety for extended use, keeping in mind that such drops will be used for years at a stretch".

PresVu is a prescription-only medicine and, according to doctors, its impact is unlikely to last beyond four to six hours. It should not be used by people who have inflammation of the iris. Regular use of PresVu may lead to itching and redness, eyebrow pain, and muscle spasms in the eyes.

Is this a novel therapy?

Although Entod's claims make it seem that PresVu is a new therapy, pilocarpine, the main compound used in the eye drop, has been available in India for decades now.

While pilocarpine has been in use as the first line therapy for cataract, its property of temporarily improving the depth of focus is something that has been known for quite some time. The drug has been tried for presbyopia in other countries as well.

The United States Food and Drug Administration approved a pilocarpine eye drop for presbyopia in 2021.

In India, the government decides on the ceiling price of pilocarpine in 4% and 2% concentrations. PresVu has pilocarpine in 1.25% concentration.

Relevance: GS Prelims; Science & Technology

Source: Indian Express

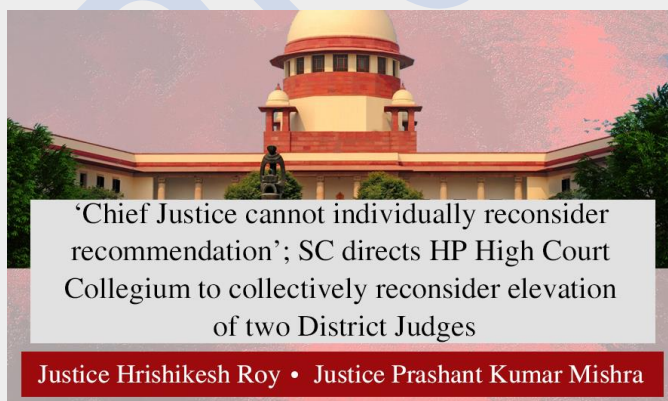
2. 'Effective consultation': How SC ruling underlines process of HC judges' appointment

Introduction

The Supreme Court has directed the Himachal Pradesh High Court collegium to consider again the names of two judicial officers it had first recommended for elevation to the Bench 21 months ago.

The unusual direction came after the affected individuals moved the Supreme Court against the HC collegium's decision to recommend two other names for judgeship earlier this year.

The top court has in the past placed strict limits on when it can review decisions at HCs relating to the appointments of judges, or direct them to reconsider. Recently, a Bench of Justices Hrishikesh Roy and P K Mishra decided that the current case fell within the scope of review.



What is the procedure for appointing judges of High Courts?

The collegium system of appointment (and transfer) of judges of the Supreme Court and High Courts was laid down by a nine-judge Bench of the Supreme Court in *Supreme Court Advocates-on-Record Association vs Union of India* (1993), commonly known as the *Second Judges Case*.

The ruling made the recommendations of the SC collegium binding on the Centre, and gave the power to appoint and transfer judges of the higher judiciary to the judiciary. Under the collegium system, judges choose judges — and while the government can delay their appointments, it cannot reject the collegium's choice.

In 1998, in response to a series of questions from then President K R Narayanan, the SC clarified how the collegium system would function. (Third Judges Case)

The court said that collegiums for HC appointments would include the Chief Justice of India (CJI) and the two seniormost judges of the Supreme Court. This collegium would be required to consult the “Chief Justice and senior judges” of the HC concerned, the “seniormost” SC judge from that HC, as well as any SC judges who were “knowledgeable” about that HC.

The court also spelled out the limited grounds on which a recommendation could be challenged. First, if there was lack of “effective consultation” with any of these individuals or institutions. Second, if the candidate in question was not “eligible” to be a judge — these qualifications are laid down in Articles 217 (High Court) and 124 (Supreme Court) of the Constitution.

Following the opinion given by the SC in the Third Judges Case, the central government and the SC entered into a Memorandum of Procedure (MOP) in 1998, which detailed the process, from the beginning, for the appointment of HC judges.

As a part of this process, the Chief Justice of the HC must consult two other seniormost judges at the HC — together forming the High Court collegium — and send their recommendations, with reasons, to the Chief Minister, the Governor, and the CJI.

The Governor, based on the advice of the Chief Minister, will send the proposal to the Minister of Law and Justice at the Centre, who will conduct a background check and send the entire material to the CJI, who will consider it with the rest of the SC collegium.

So what happened in the Himachal Pradesh case?

In December 2022, the then HC collegium comprising the then Chief Justice and then two seniormost judges recommended district judges Chirag Bhanu Singh and Arvind Malhotra for elevation to the HC.

On January 4, 2024, the SC collegium sent the recommendation back to the HC Chief Justice for “reconsideration”. On January 16, the Union Law Minister wrote to the HC Chief Justice, requesting that fresh recommendations be made for Singh and Malhotra.

However, on April 23, the High Court collegium recommended two other judicial officers for elevation to the HC, prompting Singh and Malhotra to approach the SC. They argued that the HC collegium had ignored their seniority (as the two seniormost district judges in the state) by recommending two other judicial officers without first considering them again (Chirag Bhanu Singh & Anr v High Court of Himachal Pradesh).

The SC had in both the Second and Third Judges cases highlighted the importance of considering seniority among judges while making recommendations for appointments.

In a report submitted to the SC by the Registrar General of the Himachal Pradesh HC, it was revealed that the HC Chief Justice had written to the SC collegium on the “suitability” of appointing the two judicial officers on March 6, 2024. The HC argued that this was in “full

compliance" of the SC collegium's January 4 resolution, which was addressed only to the HC Chief Justice.

What did the SC decide?

MAINTAINABILITY: The SC first decided whether the case fell within the SC's narrow scope for reviewing recommendations for appointments.

Relying on the Second and Third judges case, the court held that this case was limited to whether there was "effective consultation" after the SC collegium's January 4 resolution, and had "nothing to do with the 'merits' or the 'suitability' of the officers in question".

PROPER PROCEDURE: The second issue was whether the HC Chief Justice individually sending a letter (on March 6) could qualify as "effective consultation".

The court held that even though the SC collegium's January 4 resolution was addressed to only the HC Chief Justice, "the language therein by itself cannot be understood as permitting the Chief Justice...to act on his own, in matters of recommendation or even reconsideration, for elevation to the High Court Bench".

The court ruled that the decision must be made only after "collective consultation amongst the three Constitutional functionaries of the High Court i.e., the Chief Justice and the two senior-most companion judges".

Relevance: GS Prelims & Mains Paper II; Governance

Source: Indian Express

3. Why the spread of mpox is a concern and what caused the delay in vaccines reaching Africa

Introduction

The Democratic Republic of Congo (DRC) — epicentre of the mpox outbreak that has become virulent and spread to other countries — has received its first donation of mpox vaccines.

Since January 1, 2022, mpox cases have been reported from 121 countries, including 20 WHO member-states across Africa. As of September 5, 2024, a total 1,03,048 laboratory-confirmed cases, including 229 deaths, have been reported from across the world since January 1, 2022. On Monday, India confirmed its first mpox case, which was a travel-related infection.

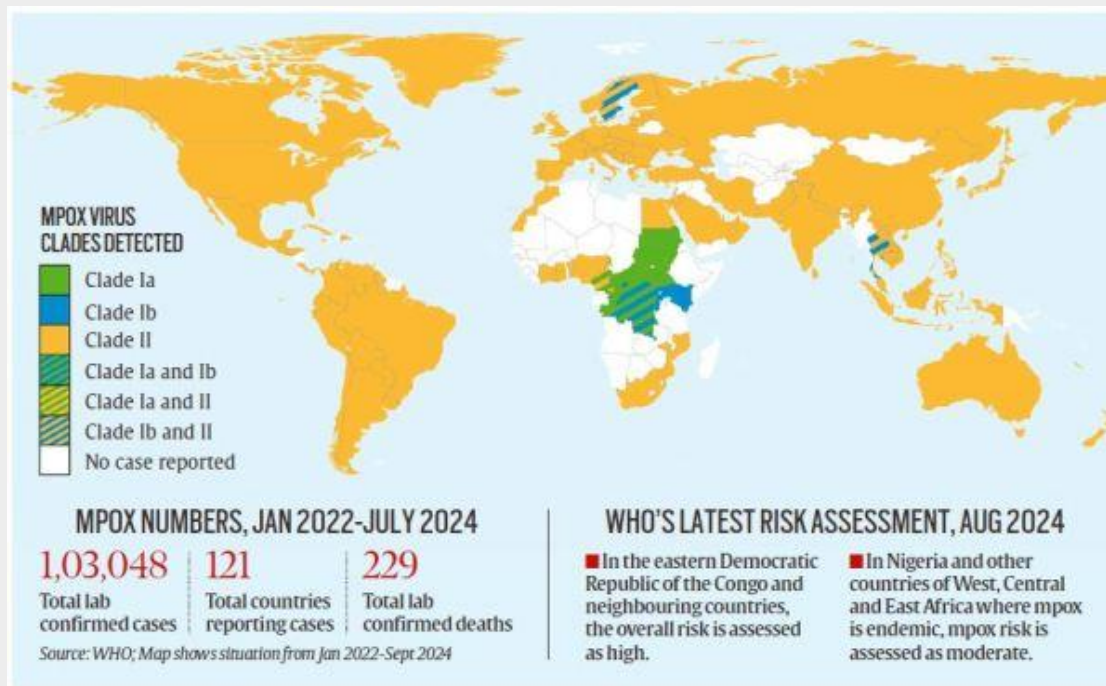
Despite the surge in the number of cases, vaccines have been in short supply in Africa. Apart from DRC, the only other African country to have any mpox vaccine is Nigeria. That is one of the main reasons why mpox spread rapidly, prompting the WHO to declare the infection a global health emergency last month.

Why is the spread of mpox a concern?

Mpox, which was first reported in humans in 1970, has come under the spotlight largely due to the spread of its new clade Ib variant.

Organisms belonging to a clade share common ancestors. When it comes to mpox, there are two different clades: clade I and clade II; the former is the deadlier of the two.

Clade Ib seems to be transmitting more rapidly between people than previous variants, including through sexual activity. Clade Ia mostly comes from animals, according to a report in the journal Nature. The new variant is also affecting more women and children in the impacted African countries.



Scientists are still trying to determine the reasons behind these aspects of the transmission.

What vaccines are being used against mpox?

Three mpox vaccines are available currently. All are weakened versions of vaccinia, a live virus that also served as the basis for the smallpox vaccine. Virologist Dr Gagandeep Kang told The Indian Express, "Both smallpox and mpox belong to the same family of viruses. Mpox is less severe and has lower case fatality rates but is spreading fast because it has animal reservoirs, which smallpox did not have."

The most commonly used vaccine is modified vaccinia Ankara (MVA), manufactured by Denmark-based Bavarian Nordic. It has approval for mpox from both the US Food and Drug Administration (FDA) and European Medicines Agency (EMA). The DRC has received this vaccine.

The other vaccine is LC16m8, which is produced by KM Biologics, a company in Japan. Only Japan's regulatory authority has approved this vaccine for mpox.

The third is ACAM2000, which is made by a US company, Emergent BioSolutions. It was approved for mpox by the FDA last month.

New mpox vaccines are also being developed. A vaccine by BioNTech, a German biotechnology company, is currently in early clinical development, Dr Kang said. Pune-based Serum Institute of India (SII) has announced it is developing an mpox vaccine, and hopes for a positive outcome within a year.

The Indian Council of Medical Research (ICMR) last week called for experienced pharmaceutical companies and research organisations to “collaborate on royalty basis” for developing mpox vaccine and diagnostic kits.

Why did Africa not get mpox vaccines sooner?

The currently available mpox vaccines are too expensive — \$50 to \$75 per dose, according to the WHO — for African countries. As a result, they have to usually rely on direct donations by developed countries and vaccine producers, and on purchases by Global Alliance for Vaccines and Immunization (Gavi, the Vaccine Alliance) and UNICEF.

Another reason is that during previous mpox outbreaks, the number of cases remained quite low. Many African countries did not ask for mpox vaccines as health officials had to tackle far more serious health problems in the region.

When should the mpox vaccine be taken?

Getting a vaccine is recommended for a high-risk population, especially during an outbreak. The vaccine can also be administered after a person has been in contact with someone who has mpox. In these cases, the vaccine should be given less than four days after contact with an infected person. The vaccine can be administered for up to 14 days if the person has not developed symptoms.

Relevance: GS Prelims; Science & Technology

Source: Indian Express