"Transparency is also critical as the pandemic progresses. It should go beyond sharing basic data about infections and mortality, and cover all aspects such as testing, diagnostics, prevention, treatment and research. Addressing a health emergency requires coordination among several central and state agencies as well as international bodies. Still a cohesive picture needs to be presented by the Ministry of Health and the Indian Council of Medical Research (ICMR) on both administrative as well as scientific aspects of the pandemic."

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About CMS Transparency

The CMS Transparency team focuses on issues of good governance, raising awareness about the Right to Information Act (RTI) and empowering citizens to benefit from the legislation. CMS Transparency has been providing significant database and momentum to create responsive governance systems in our country.

The team will continue to establish links with civil society groups and design campaigns for RTI to further social objectives like transparency in elections, exposing corruption and improving civic services.

"I am happy to note that Centre for Media Studies (CMS) has been carrying out the exceptional good work in various areas having substantial public interest. One of their initiatives is the study on corruption in the country in particular in certain geographical areas or on a theme."

...K.V.Chowdary, Central Vigilance Commissioner, Central Vigilance Commission (2015)

Analysis
Secrecy unhealthy in pandemic time

Dinesh C Sharma

Maintaining secrecy at the time of a health emergency is not good for any nation. In November 2002, outbreak of a new kind of pneumonia which was later given the name SARS (severe acute respiratory syndrome) occurred in China. Its earliest case was reported from Foshan in Guangdong province in early November 2002, but the information about a 'deadly flu' in the province appeared in text messages and some news websites only on February 8, 2003. The local officials had informed provincial health bureau about the outbreak, and the information had reached the health ministry in Beijing thereafter. But nothing was revealed to the people or heath workers about the nature of the disease, its symptoms, prevention, treatment and so on till mid-February. By the time, the World Health Organisation (WHO) could alert the global community about it, the infection had spread to many countries. The timeline of the current epidemic which originated in Wuhan bears uncanny similarity with what happened in 2002-03. Available evidence shows that there was suppression of information and secrecy maintained this time too. That's why China is opposing any global investigation into how the infection travelled to the world from Wuhan.

Transparency is also critical as the pandemic progresses. It should go beyond sharing basic data about infections and mortality, and cover all aspects such as testing, diagnostics, prevention, treatment and research. Addressing a health emergency requires coordination among several central and state agencies as well as international bodies. Still a cohesive picture needs to be presented by the Ministry of Health and the Indian Council of Medical Research (ICMR) on both administrative as well as scientific aspects of the pandemic. All necessary information should be put out in public domain for scrutiny by media and independent experts. After the fiasco about testing kits from China, the daily press briefing of covid-19 has been curtailed and ICMR scientists are not present during press meets, giving rise to speculation that things are not well. Even basic data is not being shared regularly. This does not augur well for the fight against coronavirus. Official agencies should not shy away from uncomfortable questions which are inevitable in a time like this. Let's be open and face the challenge.

Public health facilities need strong stimulus

It is ironical that while the Prime Minister has announced a massive stimulus package in the wake of the pandemic, it does not have anything on revival of the state-run health sector which is crucial for meeting such challenges in the future. In his speech too, he made no direct reference to strengthening the health system. All that the PM talked about was indigenous production of PPE and masks. The health system – consisting of primary and tertiary care, state-run drug production companies and vaccine manufacturers – needs immediate package for its revival. The disease surveillance system needs to

> The disease surveillance system needs to be strengthened, district hospitals needs new investments, primary care workers like ASHA need higher wages.

> State-wise picture is critical since the epidemic is progressing in different ways in states. The epidemic in a state is labelled 'severe' if it has a 'non-decreasing' trend in daily infection rate over the past two weeks with near exponential growth in active infected cases. The assessment is moderate for states reporting decreasing trend in daily infection rate along with stable number of active cases.

be strengthened, district hospitals needs new investments, primary care workers like ASHA need higher wages. This is the time the central and state governments should commit to provide necessary funding and support to the ailing heath system.

Using data to predict trends

Analysis of data in real-time can help in managing the pandemic. Researchers from the Indian Institute of Technology, Guwahati have used data models to predict the pandemic trajectory in different states over the next 30 days. Since depending on any one model can give misleading picture, scientists have used multiple models - exponential, logistic, 'susceptible infectious susceptible' – and daily infection rates to make the assessment. For this exercise, IIT data scientists collaborated with those from Duke-NUS Medical School, Singapore. State-wise picture is critical since the epidemic is progressing in different ways in states. The epidemic in a state is labelled 'severe' if it has a 'non-decreasing' trend in daily infection rate over the past two weeks with near exponential growth in active infected cases. The assessment is moderate for states reporting decreasing trend in daily infection rate along with stable number of active cases. States with both a decreasing trend in daily infection rate and growth in active cases are categorised as 'controlled.' As per this assessment, Andhra Pradesh, Delhi, Gujarat, Madhya Pradesh and Maharashtra are among states in the severe category.

Pandemic research and international law

The COVID-19 pandemic has exposed gaps in national health systems, disaster preparedness as well as international legal frameworks. An effective response calls for development of diagnostics, new vaccines and drugs, for which international cooperation is must. Those engaged in research need to sharing of information, biological samples and genetic sequencing data of the virus. A group of experts has warned that gaps in existing international law can prevent this. At present, the group wrote in journal *Science* this week, there is no legal obligation or precedent for countries to share pathogen samples or data for developing new products urgently. The WHO requires all countries to notify it any potential threats to international public health but it has no legal mandate for sharing genetic data or samples. On the other hand, the legally binding Convention on Biological Diversity and its Nagoya Protocol let countries claim sovereignty over genetic resources including human viruses. During the current pandemic, countries have shared information and data, but international rules and laws need to be suitably amended to facilitate collaborative research during global health emergencies.

Handling medical waste

Safe disposal of medical waste during the pandemic period is posing new

challenge to the health system. The volume of medical waste has increased with health facilities disposing used gloves masks and personal protective gear. In fact, health workers have to be extremely careful while wearing (it is called donning) and removing (doffing) their personal protective equipment (PPE) after use. All health facilities dealing with Covid patients are supposed to have donning and doffing units, as per standards and procedures set by the WHO. However, hospitals located in smaller towns and remote areas could not construct such units as the epidemic progressed rapidly. Researchers from the civil engineering department at the Indian Institute of Technology Madras have collaborated with Chengalpattu Medical College and Hospital to design and develop a doffing unit. The project was executed remotely with scientists guiding local teams in Chengalpattu to fabricate the unit.

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Community radio can help in good governance: Study

Community radio has been playing a very crucial role in the socio-economic empowerment of women, mainly in rural areas and should be promoted widely to increase its reach and access, a research study has found.

Neelima Deepak, who completed her research — "Role and scope of community radio in women empowerment in present socio-economic scenario" — now aims to popularise community radio on large scale.

Talking to TOI, Neelima said she toured UP and Uttarakhand extensively and concluded that unlike commercial radio and FM stations, which mostly have one-sided communication, community radios have two-way exchange and encourage involvement of listeners.

During the lockdown, community radio counselled women of rural areas and encouraged them to start micro and cottage business for becoming self-reliant.

"Another edge community radio has over commercial one is that it is available in local language and dialect which ensures better connect and impact with local audience," said Neelima, adding, "Governments should also use community radio to spread awareness about its policies and programmes to cover maximum women and turn them into beneficiaries and enlightened citizens.

"I have been around Rudraprayag district and counselled the women for working for conserving Mandakini river," she added.

Since it is a two-way communication, the community radio also has another advantage of getting feedback immediately. The government can accordingly introduce changes in the scheme so that they are help address the needs and requirements of the people of a particular region, Neelima said.

Source: The Times of India, July 13, 2020

Open access to facilitate research and information on COVID-19

Balancing sharing of useful data with the right to privacy

TR Desk

In the face of the Covid-19 pandemic, the value and necessity of Open Solutions is crucial. Open Access to scientific information and open data facilitate better and faster research towards a vaccine and inform public health measures essential to contain the spread of the virus. Open Educational Resources (OERs) keep citizens updated and educated about the virus, helping to ensure their compliance with public health advisories, and allow learning to continue at a distance.

Open solutions refers to peer reviewed open access journal articles and open scientific data, and our initiatives on open access and open scientific data are presented.

Building on its existing mandate on ensuring Universal Access to Information, UNESCO in support of various professional organizations disposes of several tools and encourages various initiatives to tap into the power of open solutions in combatting Covid-19.

On 30 March 2020, UNESCO hosted an online meeting of representatives of science ministries of 122 countries to exchange views on the role of international cooperation in science and increased investment in the context of COVID-19. During the meeting, UNESCO Director-General Audrey Azoulay called on governments to reinforce scientific cooperation and integrate open science in their research programmes to prevent and mitigate global crises.

Personal data, such as health and geolocation, can be key measures taken against COVID-19, including for the mapping of the location and spread of the disease, assessing the impact of governments' measures to contain the virus, and providing targeted information in high-risk areas.

Yet, the use of personal data may infringe on the right to privacy, and there is a need to balance these needs. Several international conventions, statements, ethical frameworks and declarations recognise this dilemma and lay out guidelines for dealing with data in situations of public health crisis. A few key ones are the World Health Organisation's guidance for surveillance during an influenza pandemic, which outlines data requirements and surveillance strategies. A supporting statement also can be found in UNESCO's International Bioethics Committee's Report on Big Data and Health, which encourages international agencies to develop ethical frameworks for data and privacy protection while facilitating open access and use of Big Data for the common good. The GDPR has a number of implications for international health research involving the collection, use, and cross-border sharing of people's personal data, but includes exceptions

> The GDPR has a number of implications for international health research involving the collection, use, and cross-border sharing of people's personal data, but includes exceptions where data sharing is in the interest of public health.

where data sharing is in the interest of public health.

Open Science is critical to the fight against COVID-19

There is a need for science communication that is transparent and open, without infringing on the privacy of people. It is imperative to leverage scientific innovations and support principles of openness and inclusiveness in processes that generate solutions to the severe health menace that is likely to bring significant hardships to humanity.

It is important to acknowledge that the creation of new scientific knowledge to deal with the emergency risk management depends on creating an open and level playing field and providing unconditional access and sharing of scientific contents, technologies and processes to the entire scientific community from developed and developing countries alike. Access to verified and peer reviewed data, journal articles and laboratory log books, is thus central to find a cure against the ongoing crisis. Verified information and scientific research can also keep the public updated on the situation and allay fears that may be caused by ignorance or disinformation.

For scientists and institutions which wish to disseminate their materials relevant to COVID-19, virology, and public health, but are unsure how to do so concretely, *UNESCO's Open Access curricula for librarians and researchers provides a helpful guide. The modules explain the objectives, processes, types and existing limitations of Open Access scholarly communication, which include insights into IPR, the methods and limitations of the process of peer reviewing and the concepts and roles of E-journals, databases and ICTs. The final module entitled "Sharing your Work in Open Access" is a step-wise guideline on publishing research work on OA.*

For research organisations and Member States, UNESCO Policy Guidelines for the Development and Promotion of Open Access facilitate the understanding of the most important aspects of Open Access so that they may evaluate their own situations with respect to scholarly communication in Open Access and select appropriate policies and link them to their national research systems.

The Covid-19 Universal REsource gateway (CURE) has been created by the Indian Statistical Institute (ISI) in India, and Redalyc in Mexico. The platform aggregates verified openly-licensed information on the entire life cycle of the pandemic from different sources, facilitating the scientific community and the general public's access to relevant and accurate information on the virus.

Digital innovation to combat COVID-19

In the midst of the global pandemic, digital technologies have captured our imagination for their potential to support us in the fight against COVID-19. Before the current COVID- health, education, social and economic crisis, the most visible uses of emerging technologies, such as Artificial Intelligence, have been their applications in entertainment, in increasing productivity and convenience.

Now, however, the potential of digital technologies to go beyond that have been revealed to the larger public. Emerging technologies such as Artificial Intelligence (AI) help to expedite the development of a vaccine; predict which public health measures would be most effective; and to keep the public updated with scientific information. They have also allowed us to move much of our lives online, maintaining economic and education systems when most people are staying home and helping us to remain connected to one another.

Yet, not all regions and social groups are equally able to harness the potential of digital technologies to combat the virus. According to the State of Broadband 2019 Report, although internet user penetration rate is 51.2%, it is only 45% in developing countries and 20% in least developed countries. The digital and

> A number of countries have developed and deployed mobile applications with different levels of Human Rights safeguards for users.

knowledge divides have always existed, but in a situation where many people have to stay home, it transforms from a disadvantage to a debilitating disability. Work is needed in the long-term to increase access to digital technologies, and in the short-term, to ensure that lack of access does not translate into an inability to continue daily life.

Below are some of the initiatives that UNESCO and its partners have undertaken to harness the potential of digital technologies against COVID-19, including in regions which are digitally isolated. In the long-term, the COVID-19 crisis reminds us that we should nurture the socially-beneficial applications of digital technologies and focus on improving access and uses in countries where it is lacking.

AI Enabled Public Health Mobile Application to Manage the COVID-19 Pandemic

Harnessing AI to mitigate COVID-19 while protecting fundamental rights

UNESCO is supporting efforts to develop and deploy AI-enabled mobile app solutions to mitigate COVID-19 which respect fundamental rights, including data protection and privacy. A number of countries have developed and deployed mobile applications with different levels of Human Rights safeguards for users. UNESCO is supporting efforts of the Quebec Institute for Artificial Intelligence (MILA), a non to develop and deploy an open source peer to peer solution,

currently one of the rare solutions that protect is fundamental rights related to data protection and privacy.

The application will empower individuals to monitor their own health by alerting them if they have crossed paths with an infected individual, provide them with a real-time evaluation of their exposure to COVID-19, provide behavioural messages, in consultation with UNESCO and facilitate easy customised access to information, all while maintaining the highest standards of data and privacy protection. It will also facilitate the work of public health authorities by providing path-tracing information of voluntary, self-disclosing users, providing input into informed data-driven decisions about social distancing measures.

More broadly, UNESCO advocates for the assessment of privacy, non-discrimination, and personal data protection in all ongoing initiatives which use AI to counter COVID-19.

Mobilising young innovators against COVID-19: partnering for a Hackathon

From 6 to 30 April 2020, UNESCO, IBM and SAP are joining forces in the organization of the global hackathon CodeTheCurve. The initiative calls for young developers, innovators, data scientists, and designers to use their digital skills, creativity and entrepreneurial spirit, and to team up to inspire digital solutions to current and future pandemic-related challenges.

Through this online event, UNESCO and its partners aim to highlight how times of crisis might also engender opportunities to rethink our daily lives: imagine different forms of education and learning, step up efforts to combat the spread of disinformation, improve the

quality of information in an ethical manner, and reinforce scientific cooperation at a global scale.

Fostering OERs to support learners and educational professionals in online learning

Given that the pandemic has caused widespread school closures in 185 countries and 89.4% of learners forced to stay home, OERs are important to supplementing formal online classes and even temporarily serving as the main form of education for those who are unable to access online learning. Many educational institutions, both schools and private publishing and assessment companies have opened up their resources so that students in quarantine who may not otherwise have access to learning resources at this time may still continue to learn. UNESCO has also identified a number of MOOCs and OERs which can provide online courses and self-directed learning content through both mobile and desktop platforms.

With a view to supporting teaching and learning materials developments to enhance the capacity of instructors delivering online UNESCO has made available openly licensed tools that can be used by Governments and institutions that can be used for the implementation of the UNESCO ICT Competency Framework for Teachers OER – Hub. These resources have online openly licensed resources to support teacher training for the use of ICTs. With regard to persons with **disabilities**, and online **education**, UNESCO also has an openly licensed tool '*Learning for All: guidelines on the inclusion of learners with disabilities in open and distance learning*'.

UNESCO has joined IIITE in the OER4Covid initiative launched by the Commonwealth of Learning (COL), the International Council for Open and Distance Education (ICDE) and the OER Chair in New Zealand. The objective of this initiative is to provide support for those making a transition to online learning using OER during the Covid-19 pandemic.

UNESCO also provides openly licensed media and information literacy messages on the Covid-19 crisis on public health and social media messaging that is available in all UN Languages and transmitted through social media platforms.

How to support the use of OER, with a focus on developing capacity, policy, inclusion and sustainability are also part

> Emerging technologies have become a battleground to widely disseminate online disinformation, but also to identify and help contain it. UNESCO research has identified nine key themes prevalent in the "disinfodemic" about the COVID-19 crisis.

of the themes in the UNESCO's CodetheCurve Hackathon challenge.

Call for Joint Action: Supporting Learning and Knowledge Sharing through Open Educational Resources (OER)

In response to the massive disruption of education due to the Covid-19 pandemic affecting 1.57 billion learners in 191 countries, UNESCO has issued a Call to support learning and knowledge sharing through Open Educational Resources (OER) world . The Call is co-signed by Moez Chakchouk and Stefania Giannini, respectively Assistant Director-General for Communication and Information, and for Education at UNESCO, and encourages implementation of the OER Recommendation, which identifies actions in five main areas: Capacity building and use of OER; Developing supportive policy; effective, inclusive and equitable access to quality OER; Nurturing the creation of sustainability models for OER; fostering and facilitating international cooperation.

Crowd-Sourcing Creative Content to Fight the COVID-19 "Infodemic"

The COVID-19 pandemic has been accompanied by a viral load of often deadly disinformation that has been described by the United Nations Secretary General as humanity's other "enemy" in this crisis.

Emerging technologies have become a battleground to widely disseminate online disinformation, but also to identify and help contain it. UNESCO research has identified nine key themes prevalent in the "disinfodemic" about the COVID-19 crisis. The themes range from false information about COVID-19's origins, incidence, symptoms and cures, through to political attacks on journalists. The formats adopted include the familiar modes of highly emotive narrative constructs and memes; fabricated, fraudulently altered, or decontextualized images and videos; disinformation infiltrators and orchestrated campaigns, and; bogus websites, data sets and sources.

Source:.https://en.unesco.org/covid19/ communicationinformationresponse

Superstitions during COVID-19

Dr Ankuran Dutta

It was 9 am in India. Prime Minister Narendra Modi addressed the country in a short video message requesting the citizens to turn off lights for 9 minutes at 9 pm on April 5 (04+05=9) and light a candle/earthen lamp/torch or the flashlight on mobile phones to mark the country's fight against COVID-19 (ET Online, 2020). The Prime Minister's message was about making a gesture of gratitude to COVID-19 warriors and give them mental strength during the crisis. Such a move would also remind people they are not alone, and thereby help mitigate the sense of isolation a lockdown brings. But many people reacted on social media by arguing that lighting lamps is a very good gesture, because it creates an 'ethereal aura' that is very calming and effective — which is but a belief.

Many people discovered a significance in the number 9. They sought to explain it 'scientifically' but ended up purveying superstition — about the timing of the PM's address at 9 am, his exhortation to the people to light lamps or flash light for 9 minutes at 9 pm on April 5 (5th day+ 4th month = 9), the address made after 9 days of beginning of lockdown, 9 days left from April 5th, 9 Planets, No. 9 = Mars (the Planet of Light & Fire). There are a lot of nines in this paragraph, even for a coincidence!

Few days earlier on March 19, the Prime Minister in a televised address to the nation, while calling upon citizens to stay home for 14 hours from 7 am, also urged them to boost the morale of frontline warriors against COVID-19 such as doctors, nurses and emergency workers by appearing on their balconies and porches at 5 pm and clap for five minutes (Tiwari, 2020).

The virus has been bringing different things to the fore, and this Sunday evening was no different. A report in The Telegraph said that the entire incident showed India to be a "nation of idiots in front of the world or, rather, a country with a high proportion of very stupid people at the upper economic end of the population" (Joshi, 2020). Ironically, there was a problem in reception and understanding which derailed the communication strategy — large numbers of people came out in noisy procession to the streets at many places, throwing to the winds all precaution of maintaining physical distancing. They sang religious songs and clanged utensils to 'throw out the novel coronavirus' from the country. In this way, a call by the Prime Minister to prepare for the looming threat and boost the morale of health workers was totally misinterpreted by a large section to indulge in undesirable behaviour.

To make sense of life in all its uncertainties and find a way through them, there remains a propensity among many in the developing nations to believe the unbelievable. And in their living memory, life has seldom been more uncertain for a world in the throes of the COVID-19 pandemic. Unfortunately, a sea

> Ironically, there was a problem in reception and understanding which derailed the communication strategy — large numbers of people came out in noisy procession to the streets at many places, throwing to the winds all precaution of maintaining physical distancing.

> Social media can be considered as the primary carrier of infodemic in the unfolding pandemic crisis. Hundreds and thousands of such messages are made viral by unknown sources every day, which creates panic among common people.

of misinformation and fake news has been generated over the pandemic; in particular, social media has been rife with misbeliefs and superstitions galore. Given the poor state of public healthcare in under-resourced hospitals, it is difficult to estimate how many COVID-19 carriers were misdiagnosed or went un-diagnosed. Such a situation is ripe for misbeliefs and superstitions to run riot in the populace unless the authorities concerned take due care.

In the book *Superstition: Belief in the Age of Science*, the author Robert L. Park (2008) explained the concept of faith and superstition: "...scientists use the word "faith" to express their confidence that the laws of nature will prevail, beginning with the law of cause and effect. The religious use of "faith" implies belief in a higher power that makes things happen independently of a physical cause. This defines superstition. The two meanings of "faith" are thus not only different, they are exact opposites". As the author makes it clear here, faith has two meanings and these are exactly opposite.

infodemic and misbeliefs

These infodemic and misbeliefs have been continuously creating a panic situation across the world. Pandemic attacks our physical health, but infodemic attacks our mental health, which isn't less dangerous in this crisis period. Numerous misinformation alias fake stories have been circulating during this crisis and primarily 'infecting' afresh digitally literate people, who are unable to cross-check fake information, and instead blindly believe in forwarded messages going viral. Social media can be considered as the primary carrier of

infodemic in the unfolding pandemic crisis. Hundreds and thousands of such messages are made viral by unknown sources every day, which creates panic among common people. Many people, including the new digitally literate, forward such messages not to harm anyone basically — instead, their intention is to help near and dear ones. And the main game lies hidden underneath this misbelief. The superstitions and misbeliefs are not only created from dark corners of the internet — many people known to be above board too are associated with this phenomenon. Another category of 'homo digitalis' is engaged in stimulating this trend because they make money out of it. Then there is the other category of prosumers who derive malicious pleasure by spreading these misbeliefs. Unfortunately, a section of social media beginners and newly digital literates carry such messages onward and disseminate these among a large population.

Several questions like — whether the virus causing COVID-19 was created in a lab, whether eating non-vegetarian food is risky, whether cow urine or cow dung can protect people from the virus or whether developing countries have better immunity against coronavirus were the first few popular hoaxes (ARMT, 2020).

Can cow urine or cow dung protect people from SARS-CoV-2, the novel coronavirus as named by the International Committee on Taxonomy of Viruses (ICTV)? While cow urine and cow dung might be used as components in some medicinal formulations, claiming their efficacy in curing COVID-19 is certainly far-fetched. No such statement has yet been made by any laboratory or scientist. But the damage is already being done at

the level of common people through such unproven claims. In one incident, 50-year-old Sheikh Mahmud Ali from Hooghly, West Bengal, was held by the police after he was caught selling cow urine and dung as a cure for COVID-19 (Awasthi, 2020).

Surprisingly, during this pandemic crisis many self-made scientists give different treatment to cure or to protect from COVID-19. Some activists are coming up with a new treatment for coronavirus claiming that the water of the holy river Ganges can cure COVID-19. These activists claimed that in most recent investigations by the CSIR-National Environmental Engineering and Research Institute, Nagpur – it was found that at the upper stretches of the Ganga had several species of 20-25 types of bacteriophages. Phages are viruses that specifically target bacteria and are also extremely strain-specific.

The research suggested that these phages may have anti-microbial properties and could potentially destroy bacteria such as Mycobacterium streptococcus and Pseudomonas Yersinia. However, it is unclear whether phages, being viruses themselves, could have anti-viral properties (Singh, 2020).

The National Mission for Clean Ganga — a branch of the Jal Shakti ministry — has proposed that the Indian Council for Medical Research undertake clinical studies for the treatment of COVID-19 patients with water of the Ganges. The ICMR has politely turned down the request citing the lack of "strong enough" evidence to support the theory that the "ninja virus" — bacteriophages is the term preferred by scientific minds — can fight the novel coronavirus (Telegraph, 2020).

The world is populated by millions of groups practicing their faith, speaking their tongue, having their own ethnic traits, customs, beliefs, traditions, rituals etc. The ongoing pandemic along with the disruption and uncertainty it has brought — have found reflection onto this diversity as well. Many groups are performing their own rituals to protect their communities from this menace. It is difficult even to cursorily mention how many such rituals are being performed across the globe.

Religious performances

A country celebrated for its diversity down the ages, India is populated by thousands of groups practicing their faith, speaking their language, having their own ethnic traits, customs, beliefs, traditions, rituals, etc. The ongoing pandemic along with the disruption and uncertainty it has brought — has found reflection in this diversity as well. Many groups are performing their own rituals to protect their communities from this menace. It is difficult even to cursorily mention how many such rituals are being performed across the country. Some people are performing special rituals using coconut shell with neem and placing these outside the village under neem trees to ward off evil spirits. They believe that by doing so, the coronavirus will not enter their village (DHNS, 2020).

A rural woman spoke about the rituals she was performing, which was published in a report. "I have received information from my relatives via WhatsApp which says you should light one diya each per sibling of yours. You are also supposed to pour that many buckets of water into a well. I have been doing this for my family," she said, adding, "A few days ago, my sister who lives in Mumbai, called me and asked to search for a certain kind of hair. If you find it, then it belongs to Lord Hanuman. Now, we have to dip the hair in water and sprinkle it inside the entire home, as it will keep the coronavirus away. I tried to find the hair, but could not find one" (Sharma, 2020).

Some people believe the pandemic is a test by Allah of their faith, while some others assert that it is a sign of Allah's divine anger and punishment (Abderrahmani, 2020).

These are but a few examples of the superstitions and beliefs among thousands flooding social media during the ongoing crisis. Sometimes it is difficult to identify whether a message is

based on superstition or some beliefs/ misbeliefs or faith. But a scientific temperament would surely help to understand whether a message should be believed or avoided. We need to filter 'believed facts' or 'distorted facts' to get 'checked facts' through media literacy.

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Challenges posed by Infodemic

The following is an excerpts from the paper published in Diabetes and Metabolic Syndrome-Clinical Research and Reviews, authored by D C Sharma, Dr Abhishek Pathak, Dr Rameshwar Nath Chaurasia, Dr Deepika Joshi, Dr Rajesh Kumar Singh and Dr Vijay Nath Mishra

While overload of information is a dominating feature of the information age, the Covod-19 pandemic has given rise to a new phenomenon called infodemic. The World Health Organisation (WHO) has described it as "second disease" accompanying the pandemic. The world body has defined 'infodemic' as 'an over-abundance of information – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it.'[14] False information in circulation can be classified as both disinformation (designed with malicious intentions) and misinformation (lies spread with or without bad intentions). In the both the cases, it is harmful to its consumers as the information in question relates to human health.

WHO has also launched an international programme on infodemiology, just like epidemiology of any other disease. It feels that infodemic – its causes, spread, risk factors, prevalence– need attention and focus similar to diseases if solutions or treatment for it has to be found. Another UN agency, UNSECO, in its policy briefs on infodemic has observed that "the volume and velocity of false information within the 'infodemic' points to the existence of a toxic disinfodemic of disinformation and misinformation." It says "while information empowers, the disinfodemic disempowers. It endangers lives and leads to confusion and discord.'[15]

In addition to the existing challenges of increasing space for health in media and enhancing its quality, the emergence of infodemic poses new challenges for health journalism practice in India. Studies have shown that a bulk of the information that forms part of infodemic messages circulating on social media are coming from 'unreliable sources' and which are not originating from verified sources such as newspapers.

Data scientists are applying machine learning techniques to analyse infodemic messages. An analysis of 112 million messages relating to the pandemic in 64 languages, conducted by Bruno Kessler Foundation, showed that 40 percent of these messages came from unreliable sources.

Another study by the COVID-19 Infodemic Observatory found that 42% tweets related to the pandemic were produced by bots and 40% of them were unreliable.[16] As the volume and velocity of misinformation and disinformation message grows during a health crisis such as the current pandemic, the onus of clearing the air falls on the mainstream media. In addition to giving authentic news, mainstream media has to bust fake news which has risen sharply during the pandemic.

> An analysis of 112 million messages relating to the pandemic in 64 languages, conducted by Bruno Kessler Foundation, showed that 40 percent of these messages came from unreliable sources.

> Greater communication between media and health experts, researchers and policy makers is essential for improving quality of health news in Indian media. For this, academic institutions, health bodies, and organisations engaged in scientific and medical research need to improve their communication with media keeping in view the need to explain research findings, policies and trends to media persons.

Ways to improve quality of health news

The pandemic and the rise of infodemic have reinforced the role of professional health journalism. The need for verified and authentic information is the need of the hour, and this need can be fulfilled by health journalists through mainstream media. Free and independent media can be an effective counter or antidote to toxicity of the infodemic. Besides providing facts and verified news to people, independent media also holds governments and public authorities accountable.

That's why trust of people in independent media like newspapers may be growing, despite difficulties being faced in circulation of physical copies. A study by the Reuters Institute found that 60% of respondents in six countries (Argentina, Germany, South Korea, Spain, the UK, and the US) said it was the news media that had helped them make sense of the pandemic. Trust in news media was rated significantly higher than information received on social media.[17] An online and offline survey done in India has revealed a majority of people have rejected myths and conspiracy theories floating around in social media, and have relied on scientific information.[18]

In order to strengthen Indian media to play effectively its role of providing authentic and verified health news and information, the following measures are proposed:

– Employing professionally trained, fulltime reporters and subeditors to write and edit health stories. While health news is covered widely in Indian media, much is left to be desired in its quality and relevance. This is because of lack of appropriately trained health journalists in Indian newsrooms. For this to happen, there is a need for greater focus on health and science journalism in training schools, and also on-the-job training through workshops, fellowships etc.

– Newspapers and television channels will also have to undertake fact-checking functions, particularly to debunk fake news, misinformation and disinformation on health subjects. This needs to be done by professionally trained fact checkers equipped with skills in dealing with new digital platforms as well as editorial insights. Many media houses in India have started doing this, but they need to focus more on health and science domains. There are independent fact checking organisations as well, and media houses can collaborate with them.

– Greater communication between media and health experts, researchers and policy makers is essential for improving quality of health news in Indian media. For this, academic institutions, health bodies, and organisations engaged in scientific and medical research need to improve their communication with media keeping in

> In the time of a health emergency like the Covid-19 pandemic when a new phenomenon called infodemic has emerged, it is critical that health news delivered by newspapers is authentic, accurate and free from vested interests.

view the need to explain research findings, policies and trends to media persons. Experts from these bodies should also be available to offer expert comment to debunk fake news and misinformation. Proactive measures are required from both media and health community.

– One of tenets of good health journalism is to present evidence-based news along with benefits and risks of new therapies and research developments. Findings of medical research come with a lot of caveats and disclaimers. Research findings, therefore, have to be reported in media with proper perspective, and without giving rise to sensationalism or alarm. Fear mongering should be avoided at all the times. Health journalism training should lay special emphasis on this aspect.

– It is also the responsibility of media to engage with people and communities, empowering them with 'news and information literacy.' This will help people to combat infodemic on their own, and reinforce faith of the people in media. Such engagement with people is also critical to stimulate new solutions as well as their participation in health-related decisions and policies that affect them.

Conclusions

As one of the four pillars of a democratic society, media has the responsibility to inform and educate people. Newspapers,

television channels and radio can play a pivotal role in shaping opinions of people and policy makers on key issues facing the society. The coverage of health in the press and its quality is very critical as this is a key source of health-related information for the general public. Health news has the potential to promote public health, particularly when India is facing the triple challenge of communicable, non-communicable diseases and trauma. In the time of a health emergency like the Covid-19 pandemic when a new phenomenon called infodemic has emerged, it is critical that health news delivered by newspapers is authentic, accurate and free from vested interests. Therefore, it is important to take steps to improve the quantity and quality of health news in Indian media.

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India needs 6.2% additional spending of GDP to achieve 2030 development goals: NITI

India needs to enhance its spending by an additional 6.2 per cent of GDP while doing major upgrade of its statistical system, improve its monitoring mechanism and enhance capacity building of all stakeholders if it wants to achieve sustainable development goals by 2030, NITI Aayog said in its second Voluntary National Review (VNR) at the United Nations high-level political forum (HLPF) on sustainable development, 2020.

The NITI Aayog-IMF study has made preliminary estimates that India needs to increase its SDG spending by an additional 6.2 per cent of its GDP until 2030."The ways and means for this additional financing needs to be identified. At the same time, it is crucial to make sure that the budget allocations align with SDG priorities," the Aayog said.

According to the report, the realisation of the 2030 Agenda calls for state-of-the-art reporting and monitoring tools to measure progress under the framework and enable course-correction.

The current national indicator framework (NIF) does not include indicators for 36 out of the 169 SDG targets.

"To ensure that the NIF is a comprehensive tool to monitor the whole of SDGs, the missing indicators will be identified or designed, following a consultative process, and added to the NIF," the Aayog has suggested. The Aayog, further, said that India needs to undertake surveys at shorter intervals to help monitor progress of SGDs across the board periodically.

According to the Aayog, a sizable number of indicators do not present data at the state level, posing a challenge to the SDG localisation model adopted by India."It is also essential to collect and present data disaggregated by gender, social category, income groups, among others for sharper SDG monitoring which will lead to focused policy advice," the Aayog said.

Outlining the need and roadmap for improving data quality, the Aayog said India needs to adopt third-party independent surveys for SDG data besides using modern tools and technologies of data collection such as tablets, mobile phones, and geospatial data and consider using citizen-generated data. "This approach will get rid of pen and paper surveys which are more time and resource consuming and makes data cross-checking a cumbersome task," it said.

NITI Aayog vice chairman Rajiv Kumar presented the India VNR 2020 report titled Decade of Action:

Taking SDGs from Global to Local at the United Nations High-level Political Forum (HLPF) on Sustainable Development, 2020.

Source: The Economic Times, July 13, 2020

Deprived of sources of livelihood, HIV/AIDS vulnerable groups petition global fund

Deprived of sources of livelihood during the pandemic, sex workers, transpersons, gay and bi-sexual men, drug users and people living with HIV/AIDS have petitioned the Global Fund for AIDS, TB and Malaria (GFATM) protesting against being ignored by government and multilateral agencies in coronavirus (COVID-19) related emergency relief efforts.

The petition on behalf of "key populations affected by HIV/AIDS" or KPs is signed by 10,483 people and 236 Indian and international organisations who have sought allocation of funds to meet their basic survival needs for food, shelter and emergency medical care as many find themselves without work and displaced due to lockdown restrictions accompanying the pandemic.

"We have lost our jobs, are losing our homes and are scared sick about how we will survive until we start working again. Yet no government, no multilateral agency, no U.N. organisation — in fact not one of those who signed on to that promise — has allocated any resources to ensure access to emergency rations, shelter and medical care, which are critical to help us survive through this period," states the petition issued on Monday, adding that the neglect was despite the GFATM acknowledging that the pandemic will severely hit HIV prevention and care programmes.

"Instead, in our name, millions of dollars are being spent on COVID testing equipment. For example, the Global Fund approved a $20-million COVID response fund for India that has no direct support for at least 1.5 million KPs, despite repeated, evidence-based demands by civil society."

The petitioners, therefore, urge the GFATM to issue guidance to governments to channelise their COVID-19 relief funds to emergency survival needs of KPs.

The petitioners include National Network of Sex Workers (NNSW) in India, All India Network of Sex Workers (AINSW), Telangana Intersex Transgender Samithi, Assam Network of Positive People (ANP+), Sex Workers Education and Advocacy Taskforce (SWEAT) in South Africa, Global Network of Sex Work Projects in the U.K., as well as several community-based organisations and civil society organisations.

Source: The Hindu, July 21, 2020

Participative governance must reach panchayat level

MyGov platform provides an opportunity to citizens and all stakeholders from across the world to share their views on key governance issues across all stages by directly engaging with the government departments, policy makers and implementers.

The central government's e-governance feedback initiative, MyGov, is now likely to be extended right up to the panchayat level to help improve local participative governance.

MyGov platform provides an opportunity to citizens and all stakeholders from across the world to share their views on key governance issues across all stages by directly engaging with the government departments, policy makers and implementers. Speaking at the eve of the completion of six years of MyGov, which

was launched on July 26, 2014, information technology (IT) minister Ravi Shankar Prasad commended the efforts of the team involved with MyGov in improving participative governance across the country.

"The MyGov movement must go forward," Prasad said. "12 states have already joined it. It represents a model of participative governance that must reach the gram panchayat level." He added that the intiative should act as a be catalyst for giving a platform to the most talented minds to share their ideas.

MyGov also launched the Saathi Chatbot this April, in the wake of the Covid-19 pandemic, that allows people to provide inputs and solutions to the government, thereby participate in policy-making. The chatbot also answers any queries people have with regard to the Covid-19 pandemic.

MyGov also has state intiatives, which provides access to the e-governance initiative in local languages, 12 states. These include Assam, Arunachal Pradesh, Bihar, Jharkhand, Chattisgarh, Himachal Pradesh, Nagaland, Manipur, Tripura, Uttarakhand, Madhya Pradesh and Maharashtra.

Officials in the ministry said that they are also ready to launch chapters in nine other states, once the chief ministers inaugurate the same.

The next phase will include Kerala, Punjab, Tamil Nadu, Karnataka, Puducherry, Goa, Andhra Pradesh and Daman and Diu.

Source: Hindustan Times, July 27, 2020

Results of sero survey offer hope. Next phase needs less fear, better governance

Of the many sero-prevalence surveys conducted in India, the first official results have finally been published. This was done by the National Centre for Disease Control, an agency of the Government of India. More than 20,000 random blood samples were taken in the period June 27 to July 10, 2020 from the city of Delhi and tested for antibodies to the COVID-19 virus. Close to 23 per cent were found to have experienced corona in some form, good enough to have become immune to it for at least the next few months if not years. The actual number of the people immune may be even larger, given that a serological test does not count immunity due to suitable T-cells which may be present in our blood.

This is a remarkable finding and should provide a turning point in the management of the epidemic. Of the 198 lakh people of Delhi, 23 per cent, that is, close to 45 lakh have been infected. Of these 45 lakh, the number of officially confirmed cases is a mere 1.23 lakh, of which roughly 3,700 people have died. This gives us an infection fatality ratio (IFR) of about 0.9 per 1,000. This is, of course, much less than that in the US, Germany and other countries and more in line with other tropical countries such as Thailand.

The survey seems to indicate that since a large number of people are already immune, the virus is indeed finding fewer and fewer new people to infect. Moreover, the informal workers of Delhi who stay in dense pockets were the first to face the epidemic and are most likely to have developed this immunity. Since they form the matrix for a majority of the social and economic transactions in the city, their immunity should be an important factor in slowing the epidemic. That such heterogeneity in the population, in terms of number of daily contacts, may hasten the onset of herd immunity was recently

noted in the reputed journal, Science, in their June issue. And this is what seems to be playing out in Delhi. A similar scenario is unfolding in Mumbai, Ahmedabad and other cities of India. Thus, if we continue to take care, we will now see a slow burn and the extinguishing of the virus within our major cities.

The science of treatment has also evolved. We now know that the treatment for the 97 per cent is simple and may even be given at home. Early diagnosis and care can reduce mortality substantially.

In summary, the results of the survey offer us hope, and perhaps mark a beginning of the end. The initial lockdowns did provide us some time to understand the virus, if not to prepare for it. And it did provide our poor, the first patients, the first crack at our public systems. But the next phase requires a widespread understanding of the disease, of less fear and better governance. And a schedule of relaxations and tightening of rules which aim to meet infrastructure constraints and not merely to promote virtue. It needs a more studied approach and a partnership between bureaucrats and the communities that they serve. This will save both, lives and livelihoods.

Source: The Indian Express, July 24, 2020

Covid-19 toll on mental health

The impact of the coronavirus in the form of domestic violence, child abuse, suicides and ostracisation of Covid patients is a cause for concern, as per mental health professionals.

Professionals from Calcutta and New York held an online discussion addressing uncertainty, depression, and suicide attempts and how people have segregated the infected or those working "valiantly" during the pandemic. One of the panellists pointed out how a Covid patient is stigmatised while another said seeking help for mental health problems was still a taboo.

Psychiatrist Jai Ranjan Ram termed the pandemic a "black swan event". Ram spoke about instances of children not playing with some of their friends in the neighbourhood because their parents are frontline Covid workers. Doctors have been asked to vacate houses. Nurses have been told not to move back to hostels. During a pandemic "the rational response goes away" and in times of "infective illnesses", which is lethal, society has responded in a similar way," he said.

It is a failure of the scientific community because fear has not been resolved through dissemination of scientific knowledge," Ram later told The Telegraph.

In the midst of anxiety and depression, the silver lining will be a "more open and honest national discussion about anxiety, depression, stress and alienation," American Center director Monica Shie said. "The trauma, economic insecurity, domestic abuse, including racism, are important factors that contribute to mental health problems; but the good news is that people suffering from such problems can get relief and many recover through treatment, services and community support systems." Social activist and psychotherapist Alokananda Roy said there was a need to fight this "battle together" despite being isolated because each one is "facing the same situation".

Source: The Telegraph, July 15, 2020

Delay in Replies to Appeals and Complaints Killing RTI Movement, Warn Activists

Exasperated by the tardy pace of disposal of cases filed under the Right to Information Act and delays in the furnishing of replies to the second appeals, RTI activists in Maharashtra have now served a legal notice to the State Information Commission to lay out a roadmap to ensure timely reply to queries and disposal of cases.

Coming under the banner of RTI Katta, the activists have cited various Supreme Court and high court rulings in support of their demand that replies to second appeals should be furnished within 45 days. The activists cautioned that if these directives are not followed, they would be compelled to take "appropriate legal remedies in a court of law in the interest of justice."

One of the signatories of the notice, former central information commissioner Shailesh Gandhi, told that though Information Commissions were created to be the guardians of RTI, most have shown "scant responsibility to safeguarding the citizen's fundamental right". "A primary reason for the RTI Act going through a stagnation phase is the indefinite waiting periods at the various Information Commissions. A law which promised to get the citizen his fundamental right to information within 30 days is being made useless by the Information Commissions, where second appeals hibernate for one-three years very often," he lamented.

Over 58,000 cases pending in Maharashtra

In the case of Maharashtra, he said, the transparency movement was "suffering grievously since RTI appeals and complaints are languishing in the Information Commissions for over a year and more." With the commission not adhering to timelines and not pushing for time-bound delivery of information, he said, the pendency of cases has crossed 58,000. It noted that both the high court of Calcutta in the 2010 case of Akhil Kumar Roy vs The West Bengal Information Commission and the high court of Karnataka in the 2015 writ petition of Jayaprakash Reddy ruled that in the spirit of the RTI Act, the commissions must dispose of second appeals within 45 days.

Furthermore, the Supreme Court, through its ruling in Kusum Ingots & Alloys Ltd versus Union of India held that these rulings apply to the entire country.

Provision of penalty exists to avoid delays in providing information

The notice also reminded the Maharashtra SIC that "the legislative intent of the Parliament of India's behind the enactment of the Right to Information Act, 2005 was that, the citizens of India should get information in a time bound manner within 30 days of making an application under section 6(1) of the Act."

It said to uphold this aspect, parliament also prescribed a penalty of Rs 250 per day up to a maximum of Rs 25,000 for any delay in providing the requested information. It said: "That it is in the same spirit of providing information to the citizens of India in a time bound manner that the appeals u/s. 19(1) are mandated to be disposed of within 30 days from the date of receipt thereof or within such extended period not exceeding a total of 45 days from the date of filing thereof, as the case may be, for reasons to be recorded in writing."

Referring to inordinate delays of over a year in answering second appeals, the notice said, in such a scenario "this entire time bound scheme of the Act is abruptly lost in the wilderness and makes it go totally adrift resulting in a grave miscarriage of justice and undermines the faith of the people of India in the participatory democracy which requires an informed citizenry and transparency of information."

Source: The Wire, July 10, 2020

Media Fellowship on Affordable Housing Design in the Face of COVID-19 for the Year 2020

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The Pioneer, New Delhi

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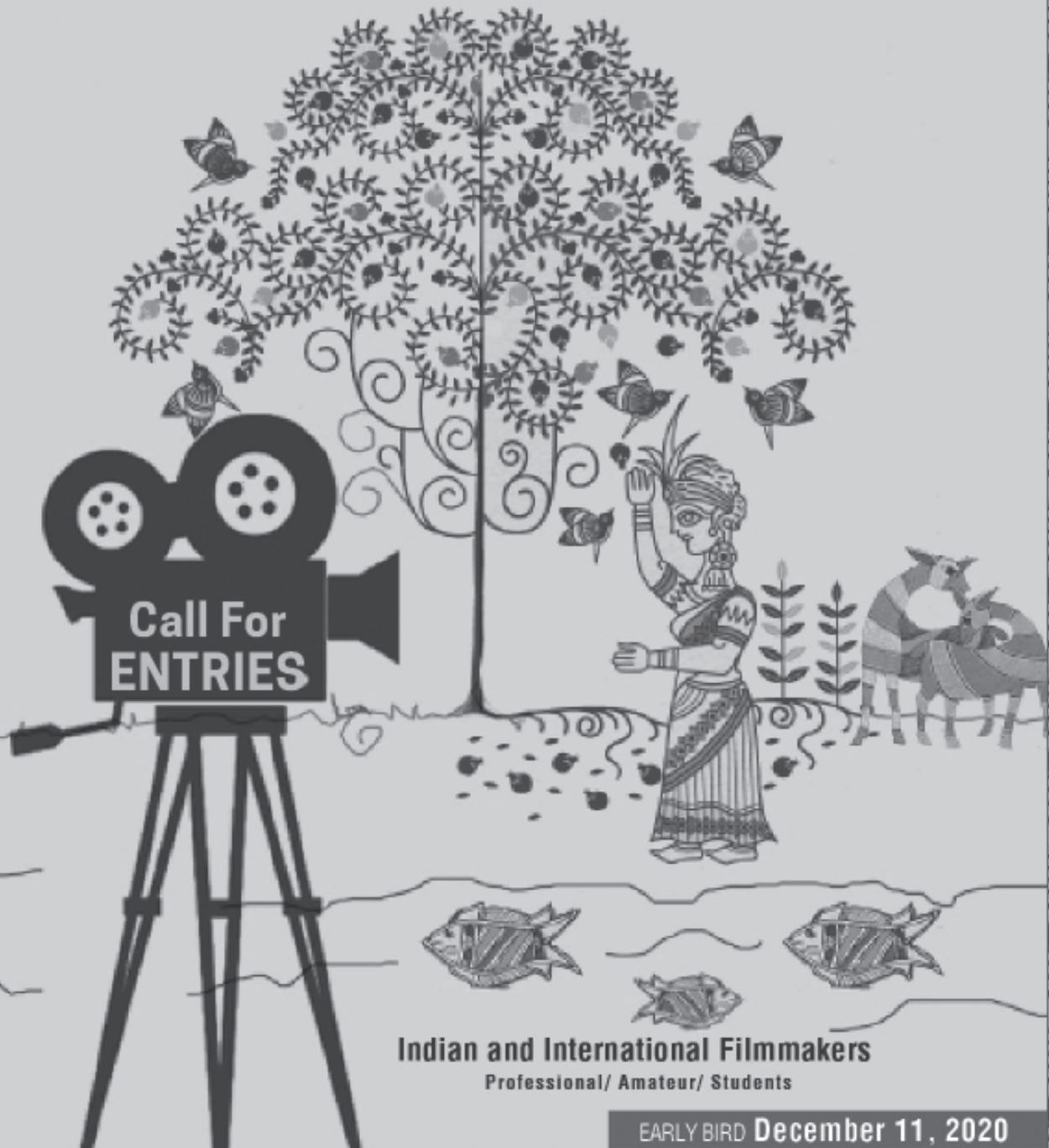
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