

CURRENT AFFAIRS

30 SEPTEMBER 2022



TOPIC: JUDICIARY

SC Collegium recommends transfer of two Chief Justices and elevation of three judges

Collegium System:

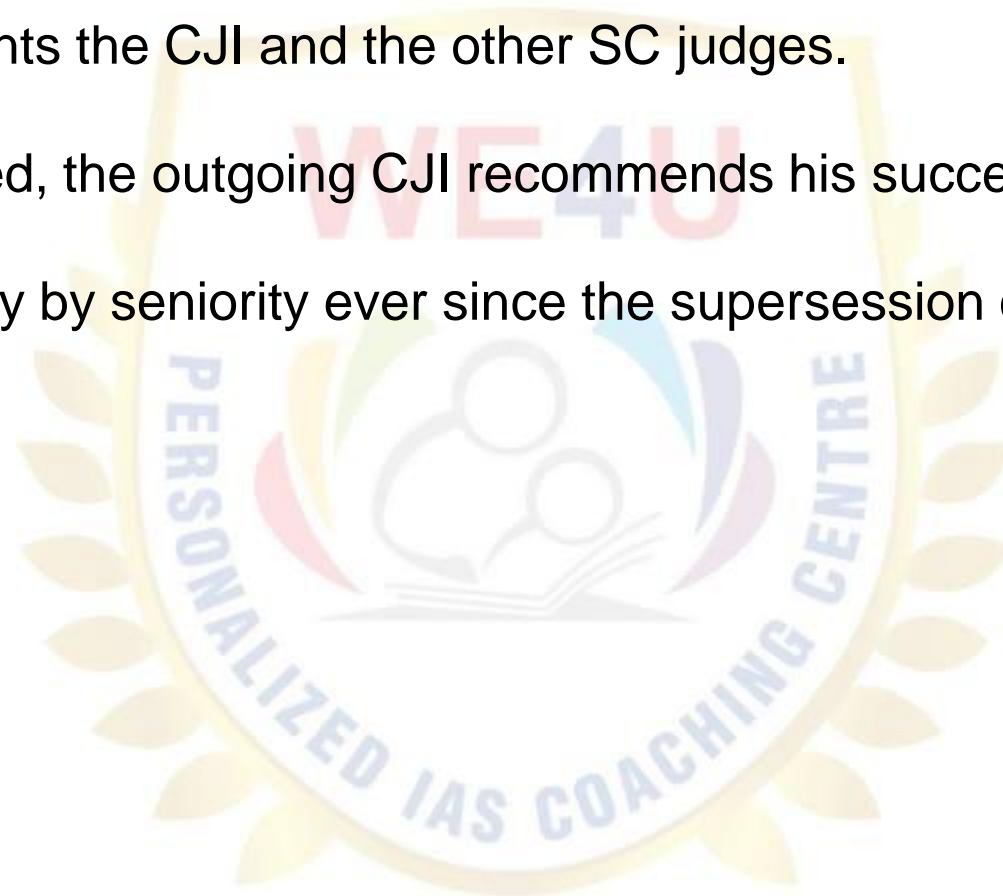
- ✓ It is the system of appointment and transfer of judges that has evolved through judgments of the SC, and not by an Act of Parliament or by a provision of the Constitution.
- ✓ The SC collegium is headed by the CJI and comprises four other senior most judges of the court.

For CJI:

The President of India appoints the CJI and the other SC judges.

As far as the CJI is concerned, the outgoing CJI recommends his successor.

In practice, it has been strictly by seniority ever since the supersession controversy of the 1970s.



For SC Judges:

- ✓ For other judges of the SC, the proposal is initiated by the CJI.
- ✓ The CJI consults the rest of the Collegium members, as well as the senior-most judge of the court hailing from the High Court to which the recommended person belongs.
- ✓ The consultees must record their opinions in writing and it should form part of the file.
- ✓ The Collegium sends the recommendation to the Law Minister, who forwards it to the Prime Minister to advise the President.

TOPIC: POPULATION

As India ages, keeping an eye on the elderly

The United Nations marks today as International Day for Older Persons (October 1), as part of the organisation's efforts to draw attention to healthy ageing. Recently, a report by the UN Department of Economic and Social Affairs (UNDESA), "World Population Prospects 2022", has projected big shifts in global demographic patterns in the coming decades.

As global birth rates stabilise and shrink, 16% of the world population by 2050 is expected to be made up of people over 65 years. India will be home to the largest population in the world which would include a large elderly sub-population. This demographic change will have a profound impact on its health systems. In this, eye care service delivery is uniquely placed to be the first point-of-contact with the elderly and to also help with health surveillance and planning.

Changes to population structure

The "World Population Prospects 2022" report estimates that by 2050, the global population will be 9.7 billion people. By then, those older than 65 years will be twice as many as children under five. That year is also projected to be a pivotal year for India's population too. The report projects India's population to be 1.7 billion by 2050, having overtaken China to be the world's most populous country. Eight countries – India is among them – will account for more than half of the world's increasing population by 2050.

Previous United Nations reports have projected that the proportion of India's elderly population will double to be nearly 20% of the total population by that year. The prevalence of non-communicable diseases such as diabetes, hypertension and heart disease, or disabilities



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With big shifts in global demographic patterns being projected, eye care service delivery is uniquely placed to help in health surveillance and planning

related to vision, hearing or mobility is higher among the elderly. The change in demographic structure will increase the pressure on public health systems that are not geared to deliver universal health care along with social security measures such as old-age and disability pensions.

Eye care and elderly health

The Hyderabad Ocular Morbidity in the Elderly Study (HOMES) by the L.V. Prasad Eye Institute has been producing a series of systematic reports on various aspects of health, quality of life, mental health, morbidity, and disability amongst the elderly living in homes-for-the-aged in Hyderabad, Telangana. Using eye care as a point of entry, the study has been measuring a variety of health and social metrics in over 1,000 participants (all aged over 60), spread across a range of socio-economic circumstances. Over 30% of the elderly in the study had distance vision loss and over 50% had near vision impairment (they needed reading glasses). Nearly half the participants had at least one disability and a third of them had multiple morbidities. About 70% of them were using at least one assistive device, spectacles being the most common. The study also explored the many links between vision impairment and an elderly person's mental health and confidence. People with impaired vision had a greater fear, and risk, of falling (a major cause of disability and hospitalisation among the elderly). This reduced their movement and independence, leading to depression. Addressing their vision impairment improved lives.

The HOMES data show us that the first step towards tackling basic issues of access and confidence in the elderly is to address vision loss. Eye examinations are also good opportunities to

assess and recognise other systemic issues in the elderly. The way forward can then be a package of interventions, including assistive devices for sight, hearing, and mobility, or referrals to psychiatric support for depression or other mental health issues. In this way, eye care can catalyse a model of elderly care that will help us recalibrate our approach to this changing world.

There is more. Most eye conditions typically affect those who are very young or the elderly – age groups that are dependent on others for health access. Therefore, the Indian eye care model has always prioritised primary care 'vision' centres, bringing care closer to those in need. Chronic conditions such as diabetes and hypertension lead to irreversible vision loss and so, the sector has been building referral networks connecting with other health specialities.

A perspective

Eye care has also been at the cutting edge of imaging technologies and tele-health, creating portable devices and apps that remove access issues for those who cannot travel far. Crucially, eye health in India has many cross-subsidy models to help alleviate the financial burden on individuals.

This set of experiences and expertise has put eye care in a unique position to help us navigate the transition to an ageing society. The future of elderly care needs to be long term, comprehensive, and integrated, and must be oriented towards primary care to be accessible. It must account for all kinds of socio-economic realities, working to ensure that no elderly person is denied care irrespective of their financial status. A comprehensive eye examination can be the first step towards enabling such a healthy and happy future for our elderly citizens.

Reserve Bank raises rates by 50 bps, brings down growth outlook to 7%

The Hindu Bureau
MUMBAI

The Reserve Bank of India's Monetary Policy Committee (MPC) on Friday raised the policy repo rate by 50 basis points (bps) to 5.9%, with RBI Governor Shaktikanta Das citing the 'persistence of high inflation that necessitated the withdrawal of monetary accommodation to restrain broadening of price pressures and contain second round effects'.

"This action will support medium-term growth prospects," Mr. Das added.

The committee also voted by a 5:1 majority to "remain focused on withdrawal of accommodation to ensure that inflation remains within the target going forward".

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Monetary Policy

- ✓ Monetary Policy is the process of regulating the supply of money in an economy by the monetary authority of the country.
- ✓ The Monetary Policy, generally, adjusts the inflation rates or interest rates to sustain the price stability and to maintain the predictable exchange rates with foreign currencies.

- ✓ **Monetary Policy Committee (MPC)** was constituted as per Section 45ZB under the RBI Act of 1934 by the Central Government. The first meeting of MPC was conducted on 3rd October 2016 in Mumbai.
- ✓ The committee determines the policy interest rate required to achieve the inflation target.
- ✓ The MPC is required to meet at least four times in a year.
- ✓ The quorum for the meeting of the MPC is four members.
- ✓ Each member of the MPC has one vote, and in the event of an equality of votes, the Governor has a second or casting vote.

Repo Rate:

- ✓ Repo rate or repurchase rate is referred to as the rate at which the central bank (RBI) lends money to the commercial banks for meeting short-term fund requirements in order to maintain liquidity and



TOPIC: FUNDAMENTAL RIGHTS

No discrimination

Supreme Court ruling makes it easier for more women to get safe abortions

The Supreme Court's ruling holding that single and unmarried women have the same right to a medically safe abortion as married women is a necessary intervention to set right an anomaly between the letter of the law and its practice. Anchored on the equality clause in the Constitution, as well as on the right to dignity, privacy and bodily autonomy of women, the Court has ruled that there is no rationale for excluding single or unmarried women from the categories of women who could seek abortion care after the completion of 20 weeks of pregnancy, but before 24 weeks. The Delhi High Court had declined to allow the termination of the pregnancy of a 25-year-old woman who was in a consensual relationship, but did not want to carry the pregnancy to term after her partner declined to marry her. The reason cited was that being unmarried, and the pregnancy having occurred consensually, she was not eligible for the benefit of the amendment under the rules. The High Court took a technical view, as Rule 3B, which listed the women eligible for termination of pregnancy – such as rape survivors, minors, those with physical disabilities and mental illness – did not explicitly include single women who had become pregnant in a consensual relationship.

However, the Court has given a purposive meaning to the rules. "Change in marital status" as one of the reasons for which abortion during the extended upper limit of 24 weeks is permissible. As the rationale here is a possible change in the woman's material circumstances, the Court has ruled that even abandonment by the partner could constitute a change in circumstances that could impact an earlier decision to carry on with the pregnancy. The legislature has allowed abortions up to the 24th week of pregnancy, if two registered medical practitioners are of the opinion that continuing the pregnancy would involve a risk to the woman's life or cause grave injury to her health. Here too, the Court has taken a purposive view, laying down that an unwanted pregnancy affects a woman's physical and mental health, rendering it quite important that she alone should decide on whether to undergo an abortion. On a question that did not directly arise in this case, the Court has said rape survivors who may legally seek an abortion in the extended period will also include survivors of marital rape. This judicial view may prevent questions being raised as to whether pregnancy caused by marital rape, which is not a crime, could also be terminated under this rule. At a time when unsafe abortions remain a major cause of maternal mortality, it is a significant verdict that advances the cause of safe abortion services.

Equality

✓ Part III

✓ Article 14 to 18

Right to dignity – Article 21



THANK YOU

