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India needs to develop a care ecosystem

(The Hindu, 28-08-24)

What is the current state of female labor force participation in India?

- The female labor force participation rate (FLFPR) in India was 37% in 2022-23.
- This is below the world average of 47.8% (2022).
- Although it increased from 23.3% in 2017-18, 37.5% of this share comprises "unpaid helpers in household enterprises".

What are the main barriers to women's economic participation in India?

- The disproportionately high burden of care within the family.
- Responsibilities include childcare, care for elderly, sick, and disabled family members.
- Women aged 15-64 years spend about three times more time daily than men on unpaid domestic work.

What initiatives are being taken to address childcare needs?

- Some state governments are building support services through the existing Anganwadi network.
- The 2024-25 Budget increased the Ministry of Women and Child Development's budget for integrated childcare and nutrition by 3%.
- Different models of community-based creches are operational in parts of some states.

What is needed to create a comprehensive care ecosystem?

- Develop a needs-based assessment of care services across age groups, socio-economic status, and geographies.
- Map supply-side actors and institutions across public, private, and non-profit sectors.
- Address the gap in training, skilling, and certification of care workers.
- Implement standards and regulations for care services.
- Form a committee of relevant ministries to initiate a comprehensive policy process.

Can you answer the following question?

Discuss the challenges and potential solutions for increasing female labor force participation in India, with particular emphasis on the role of the care economy. How can a comprehensive care ecosystem contribute to women's empowerment and economic growth?

Advancing equity, from COVID-19 to Mpox

(The Hindu, 28-08-24)

What is the current situation with the mpox outbreak?

- WHO has declared mpox a Public Health Emergency of International Concern (PHEIC).
- The outbreak started in the Democratic Republic of Congo and has spread to over a dozen African countries.
- Cases have been identified in Sweden, Pakistan, and the Philippines, indicating global spread.

- Africa CDC estimates 10 million vaccine doses are needed, but only 0.21 million are immediately available.

How does the mpox response compare to the COVID-19 pandemic?

- A vaccine (MVA-BN) is already available for mpox, unlike the early stages of COVID-19.
- The global response appears to be following a similar trajectory in terms of vaccine manufacturing capabilities in the Global South.
- There's a lack of technology transfers and know-how to produce vaccines developed in the West.

What role can India play in the mpox vaccine production?

- Indian manufacturers have the potential to ensure equitable access to the MVA-BN vaccine.
- Three major vaccine manufacturers (Serum Institute of India, Bharat Biotech, and Zydus Cadila) have experience producing vaccines using CEF cells.
- These manufacturers could leverage their expertise to quickly scale up MVA production.
- India's lower cost structure could reduce vaccine prices, increasing accessibility.

What steps are needed to scale up mpox vaccine production in India?

- Comprehensive technology transfer, including biological resources, know-how, and patents.
- Collaboration between the Indian government, regulators, and international organizations to negotiate with Bavarian Nordic for technology transfer.
- The Indian drug regulatory agency (CDSCO) has waived clinical trial requirements for drugs approved in certain countries, which could expedite vaccine availability.
- Leveraging expertise and experiences of organizations like WHO, Gavi, and CEPI to scale low-cost production.

Can you answer the following question?

Discuss the challenges and opportunities in ensuring equitable access to vaccines during public health emergencies, drawing parallels with the COVID-19 pandemic response.

