

SCO calls for multipolar world order as Iran joins grouping

Indicating a lack of consensus, India stays out of statements on economic cooperation and on China's Belt and Road Initiative, owing to projects in PoK; SCO calls for cooperation on digital payments and countering radicalisation

Suhasini Haidar
NEW DELHI

The formation of a "more representative" and multipolar world order is in the global interest, leaders of the Shanghai Cooperation Organisation said at a virtual summit chaired by Prime Minister Narendra Modi on Tuesday.

The grouping's decision to induct Iran as its ninth and latest member was one of a number of agreements signed at the summit. However, India, who hosted the summit for the first time, refused to join other members on paragraphs relating to China's Belt and Road Initiative (BRI) in the joint statement, and stayed out of a joint statement on SCO Economic Development

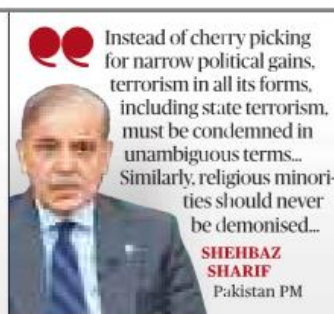


Strategy 2030, indicating a lack of consensus in the grouping. Mr. Modi also took sharp aim at Pakistan for cross-border terrorism, and at China for connectivity projects that do not respect sovereign boundaries.

The SCO grouping now comprises China, India, Iran, Kazakhstan, Kyrgyzstan, Pakistan, Russia, Taj-

kistan and Uzbekistan.

The agreements signed include the New Delhi Declaration, outlining areas of cooperation between SCO countries; a joint statement on countering radicalisation; and one on digital transformation, where India offered to share expertise on digital payment interfaces. In a re-



ference to sanctions on Russia and Iran, SCO members jointly criticised non-UN sanctions as "incompatible with the principles of international law", which have a "negative impact" on other countries. SCO members also agreed to explore the use of "national currencies" for payments within the grouping,

which would circumvent international dollar-based payments.

However, the declaration noted that only "interested member states" signed the economic strategy statement, while leaving India out of the paragraphs supporting China's BRI. India opposes the BRI over its inclusion of projects in Pakistan-occupied Kashmir.

"Better connectivity not only enhances mutual trade but also fosters mutual trust. However, in these efforts, it is essential to uphold the basic principles of the SCO charter, particularly respecting the sovereignty and regional integrity of the Member States," Mr. Modi said.

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SCO at summit calls for multipolar world order

In his statement, Pakistan PM Shehbaz Sharif said that terrorism should not be "used as a cudgel for diplomatic point scoring".

"Instead of cherry picking for narrow political gains, terrorism in all its forms and manifestations, including State terrorism, must be condemned... Similarly, religious minorities should never be demonised in the pursuit of domestic political agendas," he added, in a veiled reference to Pakistan's allegations against the Indian government on minority rights.

Meanwhile, Chinese President Xi Jinping marked the 10-year anniversary of the BRI and mentioned his new Global Security Initiative (GSI), calling for "encouraging political settlement of international and regional hotspots, so as to forge a solid security shield in our region". He called on SCO members "to make foreign policies independently" and to be "highly vigilant against external attempts to foment a new Cold War or camp-based confrontation in our region". Chinese officials have previously blamed the U.S. for "interference" and a "Cold War mentality".

Quoting Rabindranath Tagore in his speech, Mr. Xi said, "The sea of danger, doubt and denial around man's little island of certainty challenges him to dare the unknown."

The Delhi Declaration listed a number of global challenges, including new and emerging conflicts, turbulence in the markets, supply chain instability, climate change and the COVID-19 pandemic.

"[SCO] member States confirm their commitment to formation of a more representative, democratic, just and multipolar world order based on the universally recognized principles of international law, multilateralism, equal, joint, indivisible, comprehensive and sustainable security, cultural and civilizational diversity, mutually beneficial and equal cooperation of states with a central coordinating role of the UN," it said.

(with inputs from Ananth Krishnan)

Pay tribute to Alluri Sitarama Raju by imbibing his values, says President

The message to be drawn from the life of the tribal warrior is to work selflessly and fearlessly for the well-being of the deprived sections of society; his struggle against injustice is a proud chapter in India's freedom struggle, says Murmu

The Hindu Bureau
HYDERABAD

President Droupadi Murmu invoked the Telugu movie *Alluri Sitarama Raju* and the song by Sri Sri "Telugu veera levara... Deeksha boonni saagara" (Take a vow and move forward) while paying tribute to the freedom fighter Alluri Sitarama Raju at the closing ceremony of his 125th birth anniversary celebrations in Hyderabad on Tuesday.

"Children still remember the song that fills them with pride," said the President who described Alluri Sitarama Raju's struggle against injustice and ex-



President Droupadi Murmu with Telangana CM K. Chandrasekhara Reddy and Union Minister G. Kishan Reddy during the 125th birth anniversary celebrations of Alluri Sitarama Raju in Hyderabad. PTI

ploitation as a proud chapter in India's freedom struggle. She said that all Indians, especially the younger generation,

should be aware of his patriotism and courage.

Earlier, she went around an exhibition of paintings showing the life and times

of the freedom fighter. The President said that the character of Alluri Sitarama Raju is an example of uniting society without any discrimination based on caste and class.

She dwelt on how Sitarama Raju worked with the tribal people of the Agency areas, in neighbouring Andhra Pradesh, and united them to fight against the British.

True identity

"He is being remembered as a tribal warrior and it is his true identity. He kept fighting for the rights of the tribal society till his martyrdom," she said.

The President said that

working selflessly and fearlessly for the well-being of the deprived sections of society is the message to be drawn from the life of Alluri Sitarama Raju. She added that we could pay him real tribute only by adopting his ideals in our conduct.

The President urged all to adopt the values and ideals of Alluri Sitarama Raju in the interest of society and the country.

Telangana Governor Tammilaisai Soundararajan, Chief Minister K. Chandrasekhara Reddy, and Union Minister of Culture G. Kishan Reddy joined the President in paying rich tributes to the freedom fighter.

Govt. to help combat child trafficking in border areas, set up rehabilitation homes

Sreeparna Chakrabarty
NEW DELHI

The Centre has decided to help build infrastructure in border areas to combat child trafficking and help in rehabilitation and protection of victims.

As part of this initiative, the Women and Child Development Ministry will provide financial assistance to the States and Union Territories (U.T.) along the border areas to set up homes for the protection and rehabilitation of trafficking victims from neighbouring countries.

These homes would provide shelter, food, clothing, counselling, primary health facilities and other daily needs for the trafficking victims, most of whom are children and minors, officials in the Ministry said.

According to the officials, India is a source as well as a destination country for human trafficking. The main source countries

These homes will provide shelter, food, clothing, counselling and other daily needs for the victims

are Nepal, Bangladesh and Myanmar from where women and girls are trafficked in the lure of a better life, jobs and good living conditions on this side.

A majority of those trafficked are minor girls or young women who after their arrival in India are sold and forced into commercial sex work. These women often reach major cities such as Mumbai, Delhi and Hyderabad from where they are taken out of the country mainly to West Asia and South East Asia, the officials said.

Thus, the States bordering these countries need to be more vigilant and have adequate facilities to provide relief and rehabilitation, and in order to aid this, the Ministry would

provide the financial assistance. Till now, the Women and Child Development Ministry has been providing financial assistance to all States and Union Territories under the Nirbhaya Fund to set up and strengthen Anti-Human Trafficking Units (AHTU) in every district of the country. Funding has also been provided for setting up these units in border guarding forces such as the Border Security Force (BSF) and Sashastra Seema Bal (SSB). As of now, 788 AHTUs are functional.

The trafficking victims in the border areas will also be produced before the child welfare committees to declare them fit for availing sponsorship as per the Mission Vatsalya Scheme guidelines and accordingly, the States and U.T.s will be requested to do the needful, he said.

Mission Vatsalya is the central scheme focused on the protection and welfare of children.

Understanding leptospirosis, a disease that surges during the monsoon

The disease has been called "*ili jwara*" in Kannada and "*eli pant*" in Malayalam, both meaning "rat fever". This usage has fed a common belief that rats are the sole cause of the disease, which is not true. Leptospirosis has a spectrum of reservoir hosts, including pigs, cattle, water buffaloes, goats, dogs, horses and sheep

Irfan Shakeer and
Iswarya Lakshmi

Leptospirosis has emerged as an important infectious disease in the world today. It is a potentially fatal zoonotic bacterial disease that tends to have large outbreaks after heavy rain or flooding.

The disease is more prevalent in warm, humid countries and in both urban and rural areas.

It affects an estimated 1.03 million people every year, killing around 60,000. The burden of leptospirosis is expected to increase in the future as the urban poor population in many tropical countries increases even as sanitary infrastructure falls short.

In India, thousands of people are affected by leptospirosis every year.

However, the numbers at the global and regional levels are not exact because of misdiagnosis (its symptoms mimic those of dengue, malaria, and hepatitis), limited access to reliable diagnostics, lack of awareness among treating physicians, and lack of environmental surveillance.

Within India, studies have found that leptospirosis is more common in the south, although this could be due to the region's better healthcare and thus better disease detection.

What causes the disease?

The disease is caused by a bacterium called *Leptospira interrogans*, or leptospira. It is a contagious disease in animals but is occasionally transmitted to humans in certain environmental conditions.

The carriers of the disease can be either wild or domestic animals, including rodents, cattle, pigs, and dogs.

The cycle of disease transmission begins with the shedding of leptospira, usually in the urine of infected animals.

According to the U.S. Centers for Disease Control and Prevention, infected animals can continue to excrete the bacteria into their surroundings for a few months, but sometimes up to several years.

Which people are at risk?

Humans become part of the cycle when they come in direct contact with this urine or indirectly, through soil and water that contain leptospira bacteria. A person is more likely to contract leptospirosis if they have cuts or abrasions on their skin.

The disease is also considered an occupational hazard for people working in agricultural settings, with animals, or in sanitary services that bring them into contact with contaminated water.

Recreational activities in contaminated lakes and rivers are also reported to increase the risk of leptospirosis.



Working barefoot in a flooded paddy field increases the risk of contracting leptospirosis. FOTO MURTHY/UNSPASH

What are the symptoms?

The severity of a leptospirosis infection ranges from a mild flu-like illness to being life-threatening.

The infection can affect many organs, reflecting the systemic nature of the disease. This is also why the signs and symptoms of leptospirosis are often mistaken for other diseases.

In milder cases, patients could experience a sudden onset of fever, chills, and headache - or no symptoms at all. But in severe cases, the disease can be characterised by the dysfunction of multiple organs, including the liver, kidneys, lungs, and the brain.

Animals exhibit a variety of clinical symptoms and indications. In cattle and pigs, the disease can potentially cause reproductive failure, stillbirths, and weak calves or piglets. Dogs experience a range of symptoms, including fever, jaundice, vomiting, diarrhoea, renal failure, and even death.

What are the misconceptions?

Preventing leptospirosis requires appropriate and adequate health education, community health empowerment, and preventive habits.

The disease has been called "*ili jwara*" in Kannada and "*eli pant*" in Malayalam, both meaning "rat fever". This usage has fed the common belief that rats are the sole cause of the disease, which is not true.

Leptospirosis has a spectrum of reservoir hosts, including pigs, cattle, water buffaloes, goats, dogs, horses, and sheep. Further, seasonal patterns such as the onset of the monsoon can also potentially facilitate the disease's incidence and transmission.



The disease is caused by a bacterium called *Leptospira interrogans*, or leptospira. It is a contagious disease in animals but is occasionally transmitted to humans in certain environmental conditions

Ambient air that is more humid can help the pathogenic leptospira survive longer in the environment, thus increasing the risk of disease exposure in the community.

The incidence of the disease is also linked to extreme weather events like floods and hurricanes, when people are exposed to contaminated water.

Similarly, poor waste management, a high density of stray animals, faulty drainage systems, and unhygienic sanitation facilities are major drivers of the disease in urban areas. In rural parts, these are contaminated paddy fields, dirty livestock shelters, and poor water-quality and sanitation.

Despite this complexity, the use of "rat fever" as a colloquial term for leptospirosis undermines a more holistic understanding of the disease's causes.

If we are to protect people, we must use the correct terms, study the ecology of the disease and use the findings to inform healthcare policy, improve health literacy, and engage with people's concerns.

Preventing leptospirosis?

Leptospirosis control can benefit from a 'One Health' approach. 'One Health' is an interdisciplinary approach that

recognises the interconnections between the health of humans, animals, plants, and their shared environment.

People who frequently interact with animals or their urine should exercise particular caution, such as by wearing personal protective equipment like gloves and boots. The same goes for workers in flooded fields where there's a chance of being exposed to contaminated water. They should take extra care if they have cuts or abrasions on their lower extremities.

Preventing animals from getting infected is also important to reduce the risk of leptospirosis spreading and to limit farmers' economic losses (when the disease causes reproductive failures in pigs and cattle). This in turn requires sanitary animal-keeping conditions, which is also desirable to improve the animals' health and to prevent the spread of many diseases. Given the spike in leptospirosis during the monsoons, it is best to take precautions, including washing one's arms and legs with an antiseptic liquid after handling animal waste and after working in water.

In sum, with 'One Health' in mind, public health professionals must work closely with the animal husbandry department to familiarise people about the dangers of leptospirosis, and create countermeasures that work for the health of both people and animals.

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The irrevocable connection between anaemia and maternal health

A study conducted on anaemic pregnant women of low-and middle-income countries has found that there is a strong link between anaemia and postpartum haemorrhage, with the risk of death or near miss very high

Ramya Kannan

The WOMAN-2 trial collaborators, "Maternal anaemia and the risk of postpartum haemorrhage: a cohort analysis of data from the WOMAN-2 trial", *The Lancet*, June 27, 2023, doi.org/10.1016/S2214-109X(23)00245-0

If late anaemia has been in the news in India, what with the government proposing to remove a question on it from the National Family Health Survey (NFHS) and instead do a more elaborate test to determine haemoglobin levels in the blood as part of the Diet and Biomarker (DAB) survey. A paper recommending that normative values for haemoglobin must be lowered in India, based on a small study, has also come in for criticism. The WhatsApp groups of two professional sectors, where repartees have been flying hard and fast are those belonging to nutritionists and obstetricians and gynaecologists. The latter groups who have actually seen the impact of anaemia especially on maternal and infant health have been articulating their views on keeping the standards for anaemia, and to not amend them based on a statistically insignificant study. Policy makers in India must allow the results of a multi-country study published recently in *The Lancet* to inform their rules on measuring anaemia, handling it and making sure the interventions are sensible and far reaching.

Anaemia and pregnancy

Anaemia has a very strong link with postpartum haemorrhage (excessive vaginal bleeding after delivery), and the risk of death or near miss is very high. As per the study, by the WOMAN

(World Maternal Antifibrinolytic)-2 trial collaborators, worldwide, more than half a billion women of reproductive age are anaemic. Each year, about 70,000 women who give birth die from postpartum haemorrhage, almost all of them in low-and middle-income countries. While a known risk of anaemia or low haemoglobin levels is postpartum death, researchers decided to examine in detail the association between anaemia and the risk of postpartum haemorrhage.

This trial enrolled over 10,000 women with moderate or severe anaemia giving birth vaginally in hospitals in Pakistan, Nigeria, Tanzania, and Zambia, countries where anaemia in pregnancy was common and established by other trials. They examined the continuous association between prebirth haemoglobin and the risk of postpartum haemorrhage in a large cohort of women from low-and middle-income countries. The advantage of examining anaemia as a continuous variable, the authors argued, is that demonstration of a monotonic biological gradient is more suggestive of a causal relationship. The outcome was defined as an occurrence of postpartum haemorrhage, defined in three ways: "clinical postpartum haemorrhage (estimated blood loss ≥ 500 mL or any blood loss sufficient to compromise haemodynamic stability); WHO-defined postpartum haemorrhage (estimated blood loss of at least 500 mL); and calculated postpartum haemorrhage (blood loss of $\geq 1,000$ mL).

Blood loss and shock

The mean age of the women from Pakistan, Nigeria, Tanzania and Zambia was just over 27 years. There was clear evidence from the study that lower haemoglobin values had a direct

relationship with volume blood loss, and clinical postpartum haemorrhage. "We found that with decreasing maternal haemoglobin concentration, the risk of postpartum haemorrhage increases monotonically," the authors recorded.

Anaemia reportedly reduces the oxygen-carrying capacity of blood, and therefore, women with anaemia cannot tolerate the same volume of bleeding as healthy women, and become shocked after a smaller volume blood loss, the authors reasoned. Further they added, "Given the lack of an established definition of postpartum haemorrhage in women with anaemia, before conducting this study, we examined different definitions of postpartum haemorrhage in terms of their specificity for substantial bleeding, and their association with fatigue, physical endurance, and breathlessness." They eventually found that a clinical diagnosis of postpartum haemorrhage was highly specific for clinical signs of shock and irrevocably associated with worse maternal function.

The mean estimated blood loss post delivery was 301 mL for the 8,791 (3.2%) women with moderate anaemia and 340 mL for the 1,770 (16.8%) women with severe anaemia. 742 (7.0% of the total) women had clinical postpartum haemorrhage. The risk of clinical postpartum haemorrhage was 6.2% in women with moderate anaemia and higher, 11.2% in women with severe anaemia. Fourteen women died and 68 either died or had a near miss. Severe anaemia was associated with seven times higher odds of death or near miss than was moderate anaemia. Researchers further said that a 10 g/L reduction in prebirth haemoglobin increased the odds of clinical postpartum haemorrhage.

The authors went on to recommend

that attention should be given to the prevention and treatment of anaemia in women once they hit reproductive age.

Preventing anaemia

The Indian government has a well-structured project to provide weekly iron and folic acid supplements to adolescent girls (and boys), in order to tackle the looming crisis of anaemia. The climb to a barely-acceptable haemoglobin content of 12 for women seems very steep, given the nutrition status of these children, primarily in rural areas, where quality and quantity of what they eat is less than ideal, and is only exacerbated by malabsorption, public health, experts added.

The task has already been cut out for the Indian public health programme. Health managers are aware of the risks of anaemia and know what to do to handle it. However, the rising levels of anaemia in the country is a source of concern and mandates that any project to bring down anaemia in the country must be on mission mode. The solution is not to bring down the gold standard laboratory readings literally. While the argument to detach anaemia from the NFHS is that the DAB would be undertaking a more elaborate blood draw to measure haemoglobin levels accurately, the argument against it is also that such a measure may not be feasible for a large group of people, who may say okay to a capillary blood draw (finger prick) but balk at a venous blood draw. Any public outreach programme must be mindful of the cultural, social realities and have a sense of the attitudes of the people they are targeting. If these factors are not sewn into a public health programme, the outcomes may be far from what was sought or planned, experts said.