Vaccines

**Fresh order for 44 cr doses placed, govt assures no supply hiccups from August (The Tribune: 20210609)**


Prices capped in pvt hospitals, Covishield to cost Rs780, Covaxin Rs1,410, Sputnik Rs1,145

Free jabs for adults in India will entail a total spending of Rs45,000 crore - Rs50,000 crore.

A day after Prime Minister Narendra Modi announced the decision to revert to centralised procurement of Covid vaccines for free supply to states from June 21, the government ordered 44 crore additional doses for supplies starting August until December.

Also read: Edit: Firm up vaccine policy

Of these, 25 crore doses have been ordered from Serum Institute of India and 19 crore from Bharat Biotech.

Free jabs for adults to cost govt Rs50K cr

Free jabs to around 95 crore adults in India will entail a total spending of Rs45,000 crore - Rs50,000 crore. This is higher than Rs35,000 cr that was announced in the Budget.

Vax nod likely for Pregnant women

AIIMS (Delhi) Director Randeep Guleria, part of the government’s expert group on vaccine plan changes, said India was awaiting safety data and once it was out, approval may be granted to vaccinate pregnant women.
Also, the government today issued an order capping the prices for administration of three approved vaccines in private hospitals across India. The maximum price that can be charged per dose by private vaccine centres is Rs 780 for Covishield, Rs 1,410 for Covaxin and Rs 1,145 for Sputnik V. The Health Ministry has written to all states informing them of the price caps. The final costs are based on price per dose declared by manufacturers (Rs 600 Covishield; Rs 1,200 Covaxin and Rs 948 Sputnik V), plus GST at the rate of 5 per cent and maximum service charge of Rs 150 per dose. Niti Aayog Member (Health) VK Paul today said 53.6 crore doses were available for administration till July and the two Indian manufacturers had been paid 30 per cent advance for 44 crore doses to speed up the national inoculation programme starting August.

Vaccines are still not free as 25% have to be taken at a cost in pvt hospitals. The govt is driven by headlines, not deadlines.

“From August onwards, the challenge will not be vaccine availability, but absorption. We will need to speed up vaccinations,” Paul said as India recorded 86,498 daily Covid cases, the lowest since April 3 and a 79% decline from the May 7 peak of 4.14 lakh cases.

The developments coincided with the Health Ministry today issuing revised Covid vaccine guidelines under which states would not have to spend anything on jabs.

Paul also dismissed the Congress’ accusations that the PM’s announcements were rooted in adverse apex court remarks on the government’s vaccine policy.

“We respect the Supreme Court’s concerns, but the government has been evaluating the decentralised procurement model ever since it was implemented on May 1. The PM held two review meetings on May 15 and 21 and directed that an alternate model be developed. On May 24, we met vaccine manufacturers and discussed the nuances. A feedback was given to the PM 15 days ago and the announcement came yesterday,” the expert said.

Among the 13 states/UTs that had written to the PM to restart central procurement of vaccines are Punjab, Kerala, Sikkim, Mizoram, Meghalaya, Jharkhand, Rajasthan, Andaman and Nicobar Islands, AP, Arunachal, Odisha, Tripura and Maharashtra.

Announced yesterday, the government’s new vaccine policy stated centrally procured vaccines would be distributed free to states based on their population, disease burden, vaccination progress, etc.

**Pfizer to test Covid vaccine in larger group of children below 12**

Pfizer to test Covid vaccine in larger group of children below 12(The Tribune: 20210609)

It will test a dose of 10 micrograms in children between 5 and 11 years of age.

Pfizer Inc said on Tuesday it will begin testing its Covid-19 vaccine in a bigger group of children under age 12 after selecting a lower dose of the shot in an earlier stage of the trial.

The study will enroll up to 4,500 children at more than 90 clinical sites in the United States, Finland, Poland and Spain, the company said.

Based on safety, tolerability and the immune response generated by 144 children in a phase I study of the two-dose shot, Pfizer said it will test a dose of 10 micrograms in children between 5 and 11 years of age and 3 micrograms for the age group of 6 months to 5.

The vaccine - made by Pfizer and German partner BioNTech SA - has been authorized for use in children as young as 12 in Europe, the United States and Canada. They receive the same dose as adults: 30 micrograms.

Nearly 7 million teens have received at least one dose of the vaccine in the United States, according to the U.S. Centers for Disease Control and Prevention.

Inoculating children and young people is considered a critical step toward reaching "herd immunity" and taming the Covid pandemic.

Still, scientists in the United States and elsewhere are studying the possibility of a link between heart inflammation and mRNA vaccines, particularly in young men. Both Pfizer and Moderna Inc's vaccines are mRNA shots.

Israel's Health Ministry said last week it had found the small number of myocarditis cases observed mainly in young men who received the Pfizer vaccine there were likely linked to their vaccination. The cases were generally mild and short-lasting.

Pfizer has said that it is aware of the Israeli observations of myocarditis and that no causal link to its vaccine has been established.

### Pregnancy

**Wary of Covid testing, pregnant women in villages avoid hospitals (The Tribune: 20210609)**


Wary of Covid testing, pregnant women in villages avoid hospitals
To avoid getting tested for Covid, pregnant women from rural areas are running away from hospitals.

Their non-cooperative attitude sometimes forces doctors to call the police to help them in conducting the test.

The dipping number of deliveries being done in government hospitals every month is also a testimony to the fact that pregnant women from rural areas are drifting away from institutional deliveries. Sources revealed that a few healthcare workers were conducting deliveries at home.

According to the health department data, in Ludhiana district, 1,432 deliveries were done in the government sector in January, which reduced to 1,270 in February, 1,265 in March and further dipped to 1,037 in April.

The scene in the private sector is no different. Dr Saroj Aggarwal, president of Ludhiana branch of Indian Medical Association, said rural women were frightened at the mere mention of Covid test and the number of patients from villages had dipped drastically.

“Once a woman (from rural belt) in labour pain came to the hospital and we told the family that Covid test will be done before admitting her. But they started arguing and when the staff did not budge, they took the woman back home. They said the woman will deliver the child at home but won’t get the Covid test done. This will also lead to rise in infant mortality rate,” she said.

Charitable hospitals in the city, which earlier used to have huge footfall from the rural belt, especially pregnant women, had gone down considerably, Dr Aggarwal said.

ASHA workers are a bridge between the rural population and the healthcare system. Kirandeep Kaur, who works in Punjola sub-centre of Fatehgarh Sahib, said these days pregnant women were not getting admitted to government hospitals.

“Once I took a pregnant woman from Kotla Jattan village to a hospital where she tested positive for Covid. She was referred to Rajindra Hospital, Patiala, where she was quarantined. After this incident, villagers panicked and none of the women is now coming forward for institutional deliveries at government facilities,” she said.

Jeet Kaur, another ASHA worker from Pakhowal block, said if earlier she used to help 45 rural women in their pre-natal stage, the number had now dipped to just 30. “Many migrant women are going back to their native places and coming back after delivery,” she said.

A doctor in charge of the Urban Primary Health Centre in Ludhiana said rural women had a misconception that the report of everyone being tested for Covid would be positive. “The number of women coming for their monthly check-ups has also gone down,” she added.
Centre orders 440mn more vaccine doses (Hindustan Times: 20210609)

https://epaper.hindustantimes.com/Home/ArticleView
New Delhi: The Centre on Tuesday placed fresh orders for 440 million additional doses of Covid-19 vaccines – 250 million doses of Covishield and 190 million of Covaxin – a day after Prime Minister Narendra Modi announced that the Union government was taking back the responsibility for procuring vaccines and distributing them for free to states.

These 440 million doses, to be procured from August onwards, are in addition to an advance order of 300 million doses placed with Hyderabad-based Biological E’s vaccine and will be delivered by December, the Union health ministry said. To be sure, the Biological E vaccine has just entered Phase 3 trials.

“Following PM’s announcement on change in vaccine policy, we have placed purchase orders for 25 crore (250 million) doses of Covishield with the Serum Institute of India, and for 19 crore (190 million) vaccine doses with Bharat Biotech... So, we have placed an advance order for 44 crore (440 million) doses from August onwards, for which we will be releasing 30% payment in advance,” Dr VK Paul, member (health), Niti Aayog, said at the Union health ministry’s Covid-19 briefing on Tuesday.

Paul did not specify the price at which Centre will be procuring the doses in the latest order. Officials familiar with the development, who did not wish to be identified, said there is a
possibility that the ₹150 per dose cost of vaccine may no longer be applicable, and that the Centre may have to pay more.

The Centre last week announced that it placed an advanced order of 300 million doses for Biological E’s RBD protein sub-unit Covid-19 vaccine, which is in clinical trials. “We are hopeful that this innovative vaccine that is being developed with central government’s assistance, will be available by September, and ₹1,500 crore has already been paid to the company in advance. So, 74 crore (740 million) doses have been secured for the national programme,” Paul said.

The orders for the 740 million doses are in addition to the 536 million doses of vaccine for which procurement has been arranged till the end of July, he said. To be sure, the 536 million number includes the total doses administered across the country so far. Till Tuesday morning, according to government data, 236 million doses have been administered across the country.

This means that including Tuesday’s orders and the 300 million doses ordered of the yet-to-be-approved Biological E vaccine, the country has now administered, procured or placed orders for nearly 1.3 billion doses – 536 million doses administered or procured for July end, 300 million shots of the Biological E vaccine, and 440 million in latest purchase order.

The vaccine order placement comes a day after the Prime Minister, in an address to the nation, announced that the Union government was taking over the responsibility for procuring vaccines and would then distribute them free of cost to states, in response to a rising chorus from the states, sharp criticism by the Supreme Court, and amid increasing concerns that supply shortages and the insistence of foreign vaccine makers that they would only deal with the Union government.

The latest developments in the vaccine policy change have come close on the heels of a hearing in the Supreme Court on the Covid-19 situation and the state of vaccination in the country. In the latest hearing, the apex court said the Centre’s vaccination policy that put the onus of giving doses to adults in the below-45 years age group entirely on states and private hospitals was “prima facie arbitrary and irrational”.

On Tuesday, Paul said that the shift back to the largely centralised vaccine procurement policy was based on feedback over the past month from chief ministers of at least a dozen states. “We respect the Supreme Court’s guidance and concern, but the government was evaluating the implementation of the decentralised model since May 1.”

The states that requested for the central procurement are Punjab, Kerala, Sikkim, Mizoram, Meghalaya, Jharkhand, Rajasthan, Andhra Pradesh, Arunachal Pradesh, Odisha, Tripura and Maharashtra, along with the Union territory of Andaman and Nicobar Islands.

“We believe, based on specific requests of chief ministers, the new guidelines will go a very long way in galvanising India’s vaccination programme,” he said. “The PM reviewed India’s vaccination progress in two meetings, on May 15 and 21, and directed us to prepare an alternate model. On May 24, a high level expert team, including myself, reached out to the manufacturers... Other teams reached out to states to know their mind and finally we chalked the new roadmap that was presented to the PM who approved it,” said Paul.

Experts, however, said steps taken by Centre now should have come much earlier.

India has so far administered 236 million vaccine doses to 189 million people since January 16, 2021, when the national Covid-19 vaccination drive was launched. A total of 143 million people have received one dose, while 47 million people have been fully vaccinated. Under the free vaccine doses, the central government has distributed 246.5 million doses so far to states,
according to the government data. “A total of 11,946,925 Covid vaccine doses are still available with the states/UTs to be administered,” said Union health ministry in a statement issued on Tuesday.

Vaccination drive

Govt goes extra mile in vaccination drive (Hindustan Times: 20210609)

https://epaper.hindustantimes.com/Home/ArticleView

New Delhi: Groups of booth level officers (BLO) and their teams comprising civil defence volunteers spread across Burari locality in north Delhi on Tuesday afternoon. As they navigated the narrow lanes, visiting shops and knocking on doors of residents, they engaged with a large number of people aged above 45 years who are yet to take their Covid-19 vaccine.

“I have recently recovered from Covid-19. I do not have to take the vaccine for at least three months now,” said Aman Tyagi, a property dealer, as the group of officers approached him at his office in the locality. While Tyagi had a legitimate reason, his neighbour Brij Tripathi showed some hesitance without citing a proper reason.

During the conversation, Tripathi opened up. He told the officers that he had heard somewhere that the vaccines have led to a large number of cases of glaucoma. The officials convinced him that it was a myth and booked a vaccine slot for him in the nearest government school – where people in the locality cast their votes during elections – for Thursday.
These teams are part of a government initiative – Jahan vote, wahan vaccination – aimed at increasing vaccine coverage against Covid-19 among the 45+ age group in four weeks. It was launched by chief minister Arvind Kejriwal on Monday.

According to government records, Delhi has around 5.7 million people who are aged above 45, of which around 2.56 million have taken one dose of Covid-19 vaccine and more than 860,000 have taken a second dose.

On Tuesday, several Aam Aadmi Party (AAP) MLAs joined the initiative and accompanied door-to-door drives in their respective assembly constituencies.

“I appeal to representatives of RWAs, youth groups, women’s groups, market associations, NGOs and religious organisations to do their bit in encouraging citizens aged 45+ to get vaccinated at local polling booths in their assembly constituency,” said Delhi’s food minister Imran Hussain, who was one of the AAP MLAs who joined the drive in his constituency, Ballimaran, on Tuesday.

AAP MLA from Kalkaji, Atishi said, “In the 45+ group, Delhi’s vaccine coverage touched 50% with a sharp rise in the graph which eventually plateaued. During the drive today, we have come across a lot of cases in which people aged 45+ have not taken the vaccines because they have recently had Covid-19. But then there were others too who were hesitant. We are sure that setting up vaccine centres closer to their residences will help increase turnout and vaccine coverage in the coming days.”

**Vaccine intellectual property**

**World Bank opposes vaccine intellectual property waiver as WTO talks resume (The Hindu: 20210609)**


The comment puts the World Bank president, a Trump administration nominee, at odds with the Biden administration.

World Bank President David Malpass said on Tuesday the bank does not support waiving intellectual property rights for COVID-19 vaccines at the World Trade Organisation out of concern that it would hamper innovation in the pharmaceuticals sector.

His comments on the subject, made during a call with reporters on World Bank economic forecasts, came as WTO negotiations over the proposed waiver resumed in Geneva.

Asked whether he backs a WTO vaccine IP waiver, which India, South Africa and other emerging market countries argue is needed to expand vaccine access, Mr. Malpass said: “We don’t support that, for the reason that it would run the risk of reducing the innovation and the R&D in that sector.”
The comment puts Mr. Malpass, a Trump administration nominee, at odds with the Biden administration, which is supporting text-based WTO negotiations for vaccine intellectual property rights, led by U.S. Trade Representative Katherine Tai.

Major vaccine makers and the pharmaceutical industries have opposed the waiver from the WTO’s agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), arguing that it would stifle innovation and do little to effectively increase vaccine supplies constrained by trade barriers, shortages of components and a lack of manufacturing capabilities.

Mr. Malpass on Tuesday reiterated his calls for wealthy countries to quickly donate their excess vaccine doses to the developing world as quickly as possible.

The World Bank said its global growth forecasts, raised to 5.6% for 2021 and 4.3% for 2022, could be higher if vaccinations can be accelerated in developing countries.

In Geneva, negotiations were proceeding on Tuesday and Wednesday over revised waiver proposals from India and South Africa that remained far broader than the narrow vaccine-only waiver favoured by USTR Tai.

“It seems to be they are still far apart. Their positions have not fundamentally changed,” a Geneva-based trade official told Reuters.

**AIDS**

**UN urges action to end AIDS, saying COVID-19 hurt progress (The Hindu: 20210609)**


The coronavirus pandemic has created setbacks in combating AIDS. File | Photo Credit: AP

Calling AIDS “one of the deadliest pandemics of modern times,” Winnie Byanyima said 77.5 million people have been infected with HIV since the first case was reported in 1981 and nearly 35 million have died from AIDS.

The UN General Assembly overwhelmingly approved a declaration Tuesday calling for urgent action to end AIDS by 2030, noting “with alarm” that the COVID-19 pandemic has exacerbated inequalities and pushed access to AIDS medicines, treatments and diagnosis further off track.

The declaration commits the assembly's 193 member nations to implement the 18-page document, including reducing annual new HIV infections to under 370,000 and annual AIDS-related deaths to under 250,000 by 2025. It also calls for progress toward eliminating all forms
of HIV-related stigma and discrimination and for urgent work toward an HIV vaccine and a cure for AIDS.

Without a huge increase in resources and coverage for those vulnerable and infected, “we will not end the AIDS epidemic by 2030,” the assembly warned.

It said the coronavirus pandemic has created setbacks in combating AIDS, “widening fault lines within a deeply unequal world and exposing the dangers of under-investment in public health, health systems and other essential public services for all and pandemic preparedness.” While the international investment response to the pandemic is inadequate, it is nonetheless unprecedented, the assembly said.

The response to the coronavirus by many nations has demonstrated “the potential and urgency for greater investment” in responding to pandemics, underscoring “the imperative of increasing investments for public health systems, including responses to HIV and other diseases moving forward,” it said.

The assembly adopted the resolution at the opening session of a three-day high-level meeting on AIDS by a vote of 165-4, with Russia, Belarus, Syria and Nicaragua voting “no.” Before the vote, the assembly overwhelmingly rejected three amendments proposed by Russia.

They would have eliminated references to human rights violations that perpetuate the global AIDS epidemic and a “rights-based” collaborative approach by UNAIDS, the U.N. agency leading the global effort to end the AIDS pandemic. They would also have dropped references to reforming discriminatory laws, including on the age of consent, on interventions to treat HIV among intravenous drug users including “opioid substitution therapy,” and on “expanding harm reduction programs.” UNAIDS Executive Director Winnie Byanyima welcomed the declaration's adoption and told the assembly it “will be the basis of our work to end this pandemic that has ravaged communities for 40 years.” Calling AIDS “one of the deadliest pandemics of modern times,” she said 77.5 million people have been infected with HIV since the first case was reported in 1981 and nearly 35 million have died from AIDS.

“HIV rates are not following the trajectory that we together promised,” she said. “Indeed, amidst the fallout from the COVID crisis, we could even see a resurgent pandemic.” Ms. Byanyima said COVID-19 showed that science moves “at the speed of political will” and urged speeded up spending on innovations for AIDS treatment, prevention, care and vaccines “as global public goods.” On the plus side, the assembly's declaration said that since 2001 there has been a 54% reduction in AIDS-related deaths and a 37% reduction in HIV infections globally, but it warned that “overall progress has slowed dangerously since 2016.” The assembly expressed “deep concern” that in 2019 there were 1.7 million new infections compared to the 2020 global target of fewer than 500,000 infections and that new HIV infections have increased in at least 33 countries since 2016.

Africa, especially sub-Saharan Africa, has demonstrated the most progress in tackling the AIDS epidemic but it also remains the worst-affected region, the assembly said. It called for
“urgent and exceptional action” to curb the infection's devastating effects, especially on women, adolescent girls and children.

Assembly members welcomed progress in reducing HIV-infections and AIDS-related deaths in Asia and the Pacific, the Caribbean, Western and Central Europe and North America. But they noted that despite progress, “the Caribbean continues to have the highest prevalence outside sub-Saharan Africa,” while the number of new HIV infections is increasing in eastern Europe, Central Asia, Latin America, the Middle East and North Africa.

Ms. Byanyima stressed the importance of ending inequalities in the availability of drugs, and ensuring that medicines that can prevent deaths of people living with HIV are manufactured by multiple producers at affordable prices, “especially in the global south, where the disease is concentrated.” “This moment calls for us to work together across sectors, across countries,” she said. “Populism's false promises are proving no match to biology: As COVID reminds us, we're not just interconnected, we're inseparable.” “We cannot end AIDS in one country or one continent. We can only end AIDS everywhere,” Ms. Byanyima said.

**Covaxin offers protection**

**Covaxin offers protection against beta and delta variants, says study (The Hindu: 20210609)**


A medical worker inoculates a man with the Covaxin Covid-19 coronavirus vaccine, at a health centre in New Delhi. File photo | Photo Credit: AFP

The study was carried out by researchers from National Institute of Virology, ICMR and Bharat Biotech.

A small study claims that Covaxin offers protection from both the delta (B.1.617.2) and beta (B.1.351) variants.

Also read: More anti-bodies produced by Covishield than Covaxin, says study

The study evaluated the neutralisation potential in people vaccinated with Covaxin and found that there was a 3- and 2.7-fold reduction in neutralisation titers against the beta (B.1.351) and delta (B.1.617.2) variants, respectively. In comparison, the reduction in neutralisation titers with sera from people who have recovered from COVID-19 were 3.3- and 4.6-fold against the beta and delta variants, respectively. The results of the study were posted on the bioRxiv preprint server on June 7. Preprints are yet to be peer-reviewed.

“We observed a reduction in neutralisation titer values in Covaxin recipients against the beta and delta variants but the reduction is less than in people who have been naturally infected. So the vaccine does offer protection against the two variants,” says Dr. Pragya Yadav from the
Pune-based National Institute of Virology and the first author of the preprint. The study was carried out by researchers from NIV, ICMR and Bharat Biotech.

The study evaluated the neutralisation potential of sera collected from 20 COVID-19 recovered cases and 17 people vaccinated with two doses of Covaxin against the beta and delta variants and compared it with the prototype D614G variant. “Many other studies investigating the neutralisation potential of sera collected from people administered different vaccines too have used only a small number of samples,” says Dr. Yadav.

The researchers assessed the neutralisation potential of sera from COVID-19 recovered cases after 5-20 weeks of infection and 28 days after two doses in the case of Covaxin recipients. Seventeen of the recovered cases were infected with D614G variant and three were infected with B.1.617.1 lineage.

All COVID-19 vaccines currently used, including Covaxin, have been found to offer relatively lower protection against the beta variant. In comparison, all vaccines offer relatively higher protection against the delta variant.

**Alzheimer’s drug**

**FDA conditionally approves controversial Alzheimer’s drug (The Hindu: 20210609)**


The drug, a monoclonal antibody, is given monthly via injection to patients who suffer from early stages of the disease.

The U.S.’s pharma regulator, the Food and Drug Administration (FDA), made a much anticipated ruling on Monday, in conditionally approving the use of an Alzheimer’s drug, called aducanumab, the first such approval since 2003 . The drug, which goes by the brand name Aduhelm, has been granted ‘accelerated approval’, meaning it will need to verify expected clinical benefits in a new trial.

**Hearing aids’**

**The ‘hearing aids’ helping corporate India to listen better (The Indian Express: 20210609)**

Thanks to these six factors, a new breed of entrepreneurs is participating in the recovery of the Covid-hit economy.

People stand in queue outside the Barakhamba metro station after resumption of the metro services in a graded manner, in New Delhi, Tuesday, June 8, 2021. (PTI Photo: Atul Yadav)

George Fernandes once said, “When I chucked out Coca-Cola in 1977, I made the point that 90 per cent of India’s villages didn’t have drinking water, whereas Coke had reached every village.” It’s too late to ask the talented politician two questions: Instead of chucking out Coke, could we have learnt their secret of reaching every village? Did chucking out a law-abiding job creator help drinking water reach 90 per cent of our villages? The “Fernandes” anti-private bias lives on. Reactions to expanded corporate roles in farming and banking suggest every Indian entrepreneur deserves an episode in Bad Boys Billionaires. We make the case that this stale view ignores six “hearing aids” that are making our companies stronger by helping them to listen better.

In the wonderful movie, Two Popes, the conservative pope played by Anthony Hopkins tells his younger colleague, “All change is compromise but I need a hearing aid”. The pope’s deep insight — the most dangerous lies are the lies we tell ourselves — suggests listening needs structures, people, and tools. Reforms since 1991 mean a new breed of entrepreneurs is replacing crony capitalists because of six hearing aids.

One, lower entrepreneur equity holding. The average entrepreneur equity holding in listed companies is 50 per cent (we cringe at the “promoter” designation that implies circus showmanship). Not surprisingly, many bankrupt companies have entrepreneur holdings above 50 per cent because banks allowed them to borrow or steal their equity. But many new companies — Flipkart, Ola, Paytm, Inmobi for instance — have lower entrepreneur stakes, usually between 5 and 25 per cent because of multiple founders, multiple investors, and low debt. This is not unusual. Jeff Bezos owns 14 per cent of Amazon, Jack Ma owns 9 per cent of Alibaba, and Reed Hastings owns 4 per cent of Netflix. This is not dangerous: Conventional wisdom about skin in the game is not wrong, but company governance does seem to improve when entrepreneurs listen to institutional shareholders.

Two, the new insolvency and bankruptcy code. The suspension of IBC during Covid was painful but it is now back. Over decades, many financially unviable and operationally viable companies didn’t revive themselves because banks couldn’t force change and courts bafflingly allied with entrepreneurs rather than bank depositors. The negotiating leverage for banks has changed with IBC and we expect over 200 companies to change hands over the next 24 months. IBC’s biggest impact is outside the code: Entrepreneurs are careful about debt because of lender tools to eject them.

Three, bad diversification role models. The poet Maya Angelou said, “The universe is not made of atoms but stories.” Role models matter and the licence raj celebrated diversification because regulatory connections mattered more than ambition, courage, and persistence. But many
competent entrepreneurs sunk their fortunes by diversifying too much too fast (diworsification). Higher competition now means that companies don’t have hostages but customers and success require them to focus on skills, brands, and talent that compound over decades. India’s new wealth creators usually run simple businesses and reward shareholders by allowing them to make their own diversification decisions.

Four, good partitioning role models. Entrepreneurs have three distinct roles — shareholder, board director, and CEO. Traditional thinking believed these three are guaranteed, permanent and concurrent. But many listed companies like Marico, Britannia, Dabur, Asian Paints, and Pidilite have, in recent times, grown their value and success by separating these roles and hiring CEOs with different and diverse surnames. Entrepreneurs now recognise that getting the train out of the station sometimes requires different skills than keeping the trains running on time, or making the train go faster.

Five, a growth and governance valuation premium. The drivers of a premium stock market valuation are slowly shifting from regulatory connections to growth and governance. Neelkanth Mishra of Credit Suisse suggests a supporting revolution — unlisted companies valued above a billion dollars now number about a third of the listed companies with that value. Some of this repricing is obviously driven by investor recognition that India is the only large nation on the planet with 20 years of secular growth ahead of it, but the lower risks of execution and capital allocation arising from improved governance are also important. These premiums catalyse a virtuous cycle of role modelling that in turn accelerates change.

Six, rising board effectiveness. Many entrepreneurs now acknowledge that a board of directors that protects them from themselves is a valuable asset. The Tamil classic Tirukkural agrees: “Idippaarai illaadha emaraa mannan/ ketuppa rillaung kedum” (The king whom no one checks, no minister corrects/ Does not have to wait for foes, himself he vivisects). Too many entrepreneurs discount the importance of cognitive diversity and distributed power because, as Wharton Professor Adam Grant suggests in Think Again, “We listen to opinions that make us feel good rather than ideas that make us think hard.” Cognitively diverse, empowered, and engaged boards seem better at stimulating a broader search for information, considering more alternatives, using multiple strategies, more original thinking, and cutting losses earlier on mistakes.

These hearing aids are creating an Indian private sector worthy of overcoming its trust deficit and will take the country’s GDP ranking to third over the next decade (from fifth today) with its superior outcomes for investors, employees, and national productivity. But Covid suggests administrative capacity holds back taking our per-capita GDP into the top 50 (from 142nd today) and we need equally powerful hearing aids for our civil service to overcome their execution deficit. India’s new tryst with destiny is an appointment she will keep only if we replace the tug-of-war metaphor between entrepreneurs and government — the “suit boot ki sarkar” insult or the Coke chucking out power trip — with a dance where neither is superior or skilled than the other. They just play different, crucial, and complementary roles.
संक्रमण घटा पर खतरा भी बढ़ा

79 65

बीमारी पर जागरूकता के तीन स्तर

- बीएसडी में कोरोना के अनुमान 5.31
- लेकिन घर बाहर 51 में अधिकतम
- जल्दी ही मिले आंक 250 में भारी

- दूरदर्शन के खिलाफ 91.4
- रेडियो द्वारा 89.3
- लेखिका की 4.35

- नागरिकों की दोहरी कोशिश

जोर अभी भी कहीं जान नहीं

- मानव संसार के समस्त प्रदेश
- दो हजार से बाहर कहीं नहीं
- अपने घर के विविध स्थान

- आपको जानकारी दीजिए कि कार्यालय

बाएं केवल बड़ी गिरावट

लेखक की 5.79
6.37
6.62
8.81

एक बल व वहीं फिलहाल

60,000
100,000
150,000
200,000
250,000

Infection (Hindustan: 20210609)

https://epaper.livehindustan.com/imageview_855274_87372260_4_1_09-06-2021_0_i_1_sf.html

Health Care (Hindustan: 20210609)

https://epaper.livehindustan.com/imageview_855274_87366942_4_1_09-06-2021_0_i_1_sf.html
फैसला : निजी अस्पतालों में तीनों वैक्सीन की कीमत तय

नई दिल्ली | विशेष संवाददाता

केंद्रीय स्वास्थ्य मंत्रालय ने मंगलवार को निजी अस्पतालों के लिए कोरोना, कोरेरियन, और स्पून्टिक वी टीके की अधिकतम कीमत तय कर दी। सबसे कम दाम पर कोरोना मिलेगी जबकि कोरेरियन के लिए सबसे ज्यादा पैसे देने होंगे। तब किए गए दाम में 50% जीएसटी व 150 रुपए सर्विस चार्ज भी शामिल है।

निजी अस्पताल कोरोना के लिए 780 रुपए जबकि कोरेरियन के लिए 1410 रुपए से अधिक नहीं ले सकेंगे। रूस के टीके स्पून्टिक वी की अधिकतम कीमत 1145 रुपए तय की गई है, जाने इसे ज्यादा पैसे अस्पताल नहीं ले पाएँगे। वैक्सीन निर्माण करने वाली कंपनियों की ओर से घोषित कीमत के हिसाब से सरकार ने नई दर तय की है। जल्द ही इसे कोविन फॉर्मूला पर भी अपडेट किया जाएगा। स्वास्थ्य मंत्रालय के अनुसार, रूस इसकी निर्माण की जाएगी और ज्यादा पैसे देने पर अस्पतालों के खिलाफ कड़ी कार्रवाई की जाएगी।

सरकार ने 44 करोड़ टीकों के ऑर्डर दिए

केंद्र ने टीकाकरण की कमान पूरी तरह से अपने हाथ में लेने के एक दिन के बाद ही टीके की 44 करोड़ खरीद का ऑर्डर दे दिया। कोरोना की 25 करोड़ और कोरेरियन की 19 करोड़ खरीद का ऑर्डर दिया गया है। कुछ दिनों बाद केंद्र ने बांग्लादेश में पहले 30 करोड़ टीकों की खरीदी की है। इस तरह दिसंबर तक देश को 74 करोड़ कोरोना वैक्सीन मिल जाएगी। नीति आयोग के सदस्य डॉ. के. पॉल ने मंगलवार को बताया कि दोनों कंपनियों को 30% राशि का अधिक भुगतान भी कर दिया गया है। आने वाले दिनों में और भी टीके लिए जाएंगे।

Vaccination (Hindustan: 20210609)

https://epaper.livehindustan.com/imageview_855276_87335562_4_1_09-06-2021_3_i_1_sf.html
टीकाकरण सफल बनाने उतरे विधायक

जारी यूपी, वहीं टीकाकरण अभियान की मंजूरी लेने को मंगदी और विधायकों ने आपो-आपो खेल में उतारकर ली। मुख्यमंत्री, बुर्की, विधानसभा मंत्रीदलों में विद्यमान और लोगों ने टीका लगाने के आगे अग्रसर बनाया। इस दोनों श्रेणियों को बताया जा सकता है कि टीका सुरक्षित है और गृह मंत्रालय राज है। कोरोना की लड़ाई में यह आगाज़ा।

वैक्सीन लगाने का प्रसिद्ध किया

वैक्सीन लगाने का प्रशिक्षण किया गया

बीपी और शुगर जांच के बाद वैक्सीनेशन किया गया

भविष्य की है।

प्राइवेसी

• पूरे है वैक्सीन 30 लोगों को प्रति कॉरोना की टीका लगाया गया
• शुगर और बीपी जांच में बीपी के लिए वैक्सीन लगाया गया

बीएसओ की टीम भी मौजूद थी उत्तर देश

अभियान के कारण, उत्तर प्रदेश में भी गृहायोग के लिए वैक्सीन अभियान ने लोगों को उत्ताधिकारिक लिए। इसके लिए वैक्सीन अभियान के प्रमुख नेता बोले— इसके लिए वैक्सीन अभियान के प्रमुख नेता बोले—
‘तीसरी लहर में भी बच्चे सुरक्षित रहेंगे’

दावा

दिल्ली | एम्स

रणदीप गुलेरिया, दिल्ली एम्स के निदेशक थे। रणदीप गुलेरिया ने कहा कि कोरोना की तीसरी लहर में बच्चों के लिए गंभीर स्वास्थ्य रुक्मिणि के बच्चों पर ज्यादा ध्यान देने की आशंका को मंगलवार को दावा किया।

गुलेरिया ने कहा कि किसी भी बच्चे को वैक्सीन अक्षम में ऐसी बात नहीं है कि बच्चों पर कोरोना का असर बढ़ रहा है। यहां तक कि दूसरी लहर में भी जो बच्चे संक्रमित हुए, उनमें मामूली लक्षण ही अभिलेख थे।

गुलेरिया ने कहा, ‘जिन मामलों में बच्चों में कोविड-19 संक्रमण गंभीर स्तर पर हुआ, उनमें अलग बीमारियाँ इसकी बड़ी वजह रही। मैं नहीं मानता कि भविष्य में भी बच्चों पर कोरोना का कोई गंभीर असर होगा।’ एम्स निदेशक ने मई में थी स्पष्ट किया था कि दूसरी लहर के बच्चों के लिए ज्यादा धारक ने के प्रयास प्रमाण नहीं मिले है।

संबंधित

• किसी और भाषा में ऐसे प्रमाण नहीं मिले कि बच्चों पर खतरा बढ़ रहा है।
• दूसरी लहर में जो बच्चे संक्रमित हुए, उनमें मामूली लक्षण उभरे।

भावना

बच्चों के लिए एम्स ने स्पष्ट किया कि दूसरी लहर के बच्चों के लिए ज्यादा धारक होने के पश्चिम प्रवर्तन नहीं मिले है। चूँकि, सार्वजनिक-2 वायरस अभी तक बच्चों में ज्यादा गंभीर संक्रमण का सबब नहीं बना है। इसके भावना लहर में भी उनके सुरक्षित रहने की संभावना है।