

COMMERCIAL SURROGACY BANNED IN INDIA

The Union Cabinet passed the Surrogacy Bill 2016, in which foreigners, overseas Indians, homosexuals, people in live-in relationships and single individuals are debarred from conceiving a child by surrogacy. As per the Bill, only legally-wedded Indian couples can have children through surrogacy, provided at least one of them have been proven to have fertility-related issues. A woman will be allowed to become a surrogate mother only for altruistic purpose, and under no circumstances money shall be paid to her, except for medical expenses.

Commercial surrogacy in India is estimated to be a staggering 2-billion dollar industry. Eighty percent of surrogacy births are planned for foreigners as commercial surrogacy is banned in most countries except Russia, Ukraine, and some states of the US. The whole issue caught the national spotlight when a Japanese doctor couple commissioned a baby in a small town in Gujarat. During the pregnancy, the couple got divorced, and the newborn baby had no takers and no nationality. Because surrogacy is illegal in Japan, though the baby is with the grandmother in Japan, they have not yet granted citizenship.

In another case, an Australian couple who conceived twins by surrogacy, arbitrarily took one child and left another behind. A single mother of two in Chennai who tried to earn money from surrogacy was cheated by the middleman. She went on to undergo an egg harvestation procedure in which she died. Such tragic stories have highlighted the rampant disregard of the rights of the surrogate mother and child which have led to various public interest litigations, culminating finally in this Bill.

According to the Bill, the surrogate mother must be a close relative of the intending couple, and can act as a surrogate mother only once in her lifetime. Any establishment found undertaking commercial surrogacy, abandoning the child, exploiting the surrogate mother, or selling/importing a human embryo, shall be punishable with imprisonment for a term not be less than 10 years, and with a fine up to Rs.10 lakh. Registered surrogacy clinics will have to maintain all records for a minimum period of 25 years. (*The Hindu, 28 August 2016*)

CHILDHOOD OBESITY PLAN, UK, 2016

The UK Government has published a Childhood Obesity Plan – a report which attempts to put forward strategies to counteract the gargantuan problem of childhood obesity in their country. A third of British children aged 2–15 years are overweight or obese. The UK spends more on the treatment of obesity and diabetes than it does on the police,

fire service and judicial systems put together. They will be introducing a soft drinks industry levy across the UK. This is a levy on producers and importers, and not on consumers, and is designed to encourage producers to reduce the amount of sugar in their products and to move consumers towards healthier alternatives. All sectors of the food and drinks industry will be challenged to reduce overall sugar across a range of products that contribute to children's sugar intakes by at least 20% by 2020. Every public sector setting, from leisure centers to hospitals, will have a food environment designed so the easy choices are also the healthy ones.

The UK Chief Medical Officers' recommends that all children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes every day. Many schools already offer an average of two hours of physical activities per week. They now aim that every primary school child should get at least 60 minutes of moderate to vigorous physical activity a day. At least 30 minutes should be delivered in school every day through active break times, extra-curricular clubs, active lessons, or other sport and physical activity events, with the remaining 30 minutes supported by parents and caregivers outside of school time. (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016__2__acc.pdf)

SRI LANKA IS MALARIA-FREE

On 5th September 2016, the WHO declared Sri Lanka to be malaria free. The last case of indigenous malaria was reported from the country in October 2012. The road to this point has been tough. In the 1970's and 1980's, cases of malaria had soared. A change of strategy was incorporated in the 1990's. Both the vector and the parasite were dually targeted since then. One of the key pillars of success was the use of mobile malaria clinics in high transmission areas to quickly diagnose and treat malaria. This helped to reduce the parasite reservoir and limit transmission. By 2006, the country recorded less than 1 000 cases of malaria per year, and since October 2012, the indigenous cases were down to zero. To maintain elimination and ensure the parasite is not reintroduced to the country, the anti-malaria campaign is working closely with local authorities and international partners to maintain surveillance and response capacity and to screen high-risk populations entering the country. Sri Lanka is the second country in the WHO South-East Asia Region to eliminate malaria after Maldives.

(<http://www.searo.who.int/mediacentre/releases/2016/1631/en/>)

GOURI RAO PASSI
gouripassi@hotmail.com