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DO SOMETHING GREAT

Tea industry breaks a sweat over massive import spurt from Kenya

Rahul Karmakar

GUWAHATI

India, the world's largest tea producer after China, has become the largest importers of the beverage from Kenya.

According to the Tea Board of Kenya, exports to India shot up from 3.53 million kg from January to October 2023 to 13.71 million kg during the same period in 2024. The 288% jump makes India the country's largest importer of its teas, it said.

India's tea exports also increased from 184.46 million kg from January to October in 2023 to 209.14 million kg during the same period in 2024, the Tea Board of India's report on tea exports during 2024 said. The increase was a tad more than 13%.

The leap in tea imports from Kenya has been a cause of concern for tea producers and traders in India, who have been grappling with oversupply for some time although production in the country dropped by more than 50 million kg in 2024 with Assam recording a crop loss of about 20 million kg.

"The imports from Kenya in recent months have been alarming as oversupply in India has kept prices of local teas in check. Some Indian brands use the cheap and lower-quality African teas as well as substandard teas from Iran and Vietnam for blending and re-exporting as Indian teas," a tea producer said.

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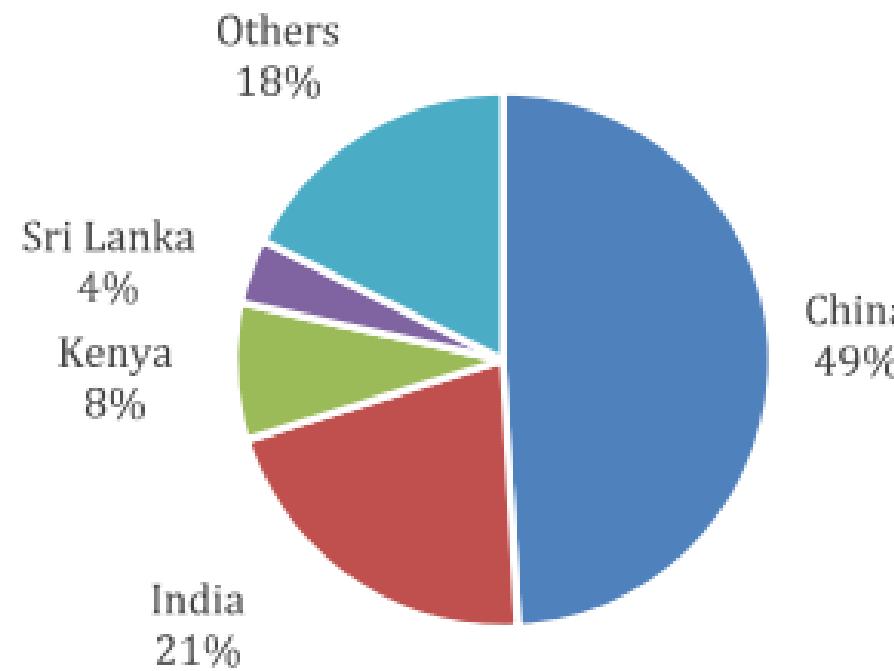
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- **Tea Consumption in India:** India accounted for 19% of global tea consumption.
- India consumes approximately 81% of its total tea production domestically, in contrast to countries like Kenya and Sri Lanka which export the majority of their production.
- **Producer States:** Major tea growing states are Assam, West Bengal, Tamil Nadu, and Kerala that account for 97% of India's total tea production.
- **Major Export Types:** Majority of the tea exported out of India is black tea which makes up about 96% of the total exports. Assam, Darjeeling, and Nilgiri tea are considered one of the finest in the world.

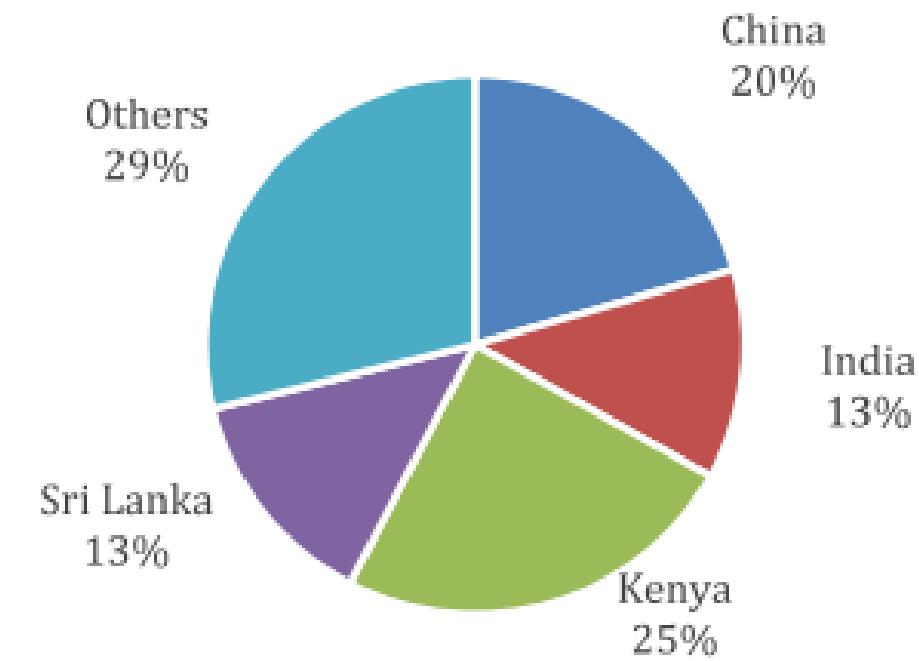
Tea Board of India

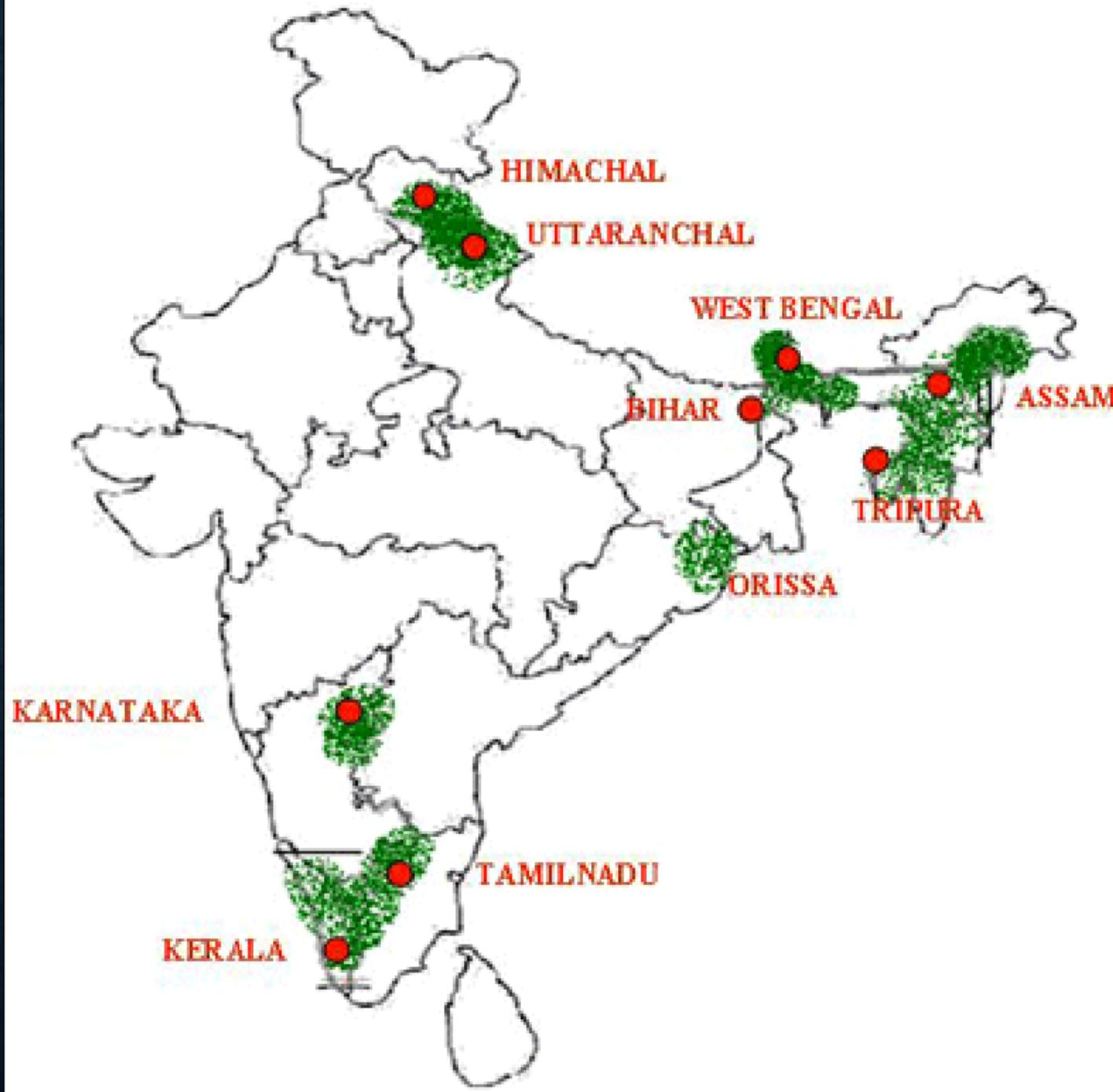
- Establishment: It was established in 1953 and is headquartered in Kolkata. It has 17 offices across India.
- Statutory Body: It was set up under section 4 of the Tea Act, 1953.
- Regulatory Authority: It regulates various entities including tea producers, manufacturers, exporters, tea brokers, auction organisers, and warehouse keepers.
- Functions: It conducts market surveys, analyses, identifies, tracks consumer behaviour, and provides relevant and accurate information to importers and exporters.

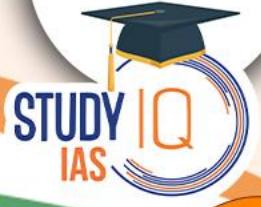
Production Share of World countries



Exports Share of World countries







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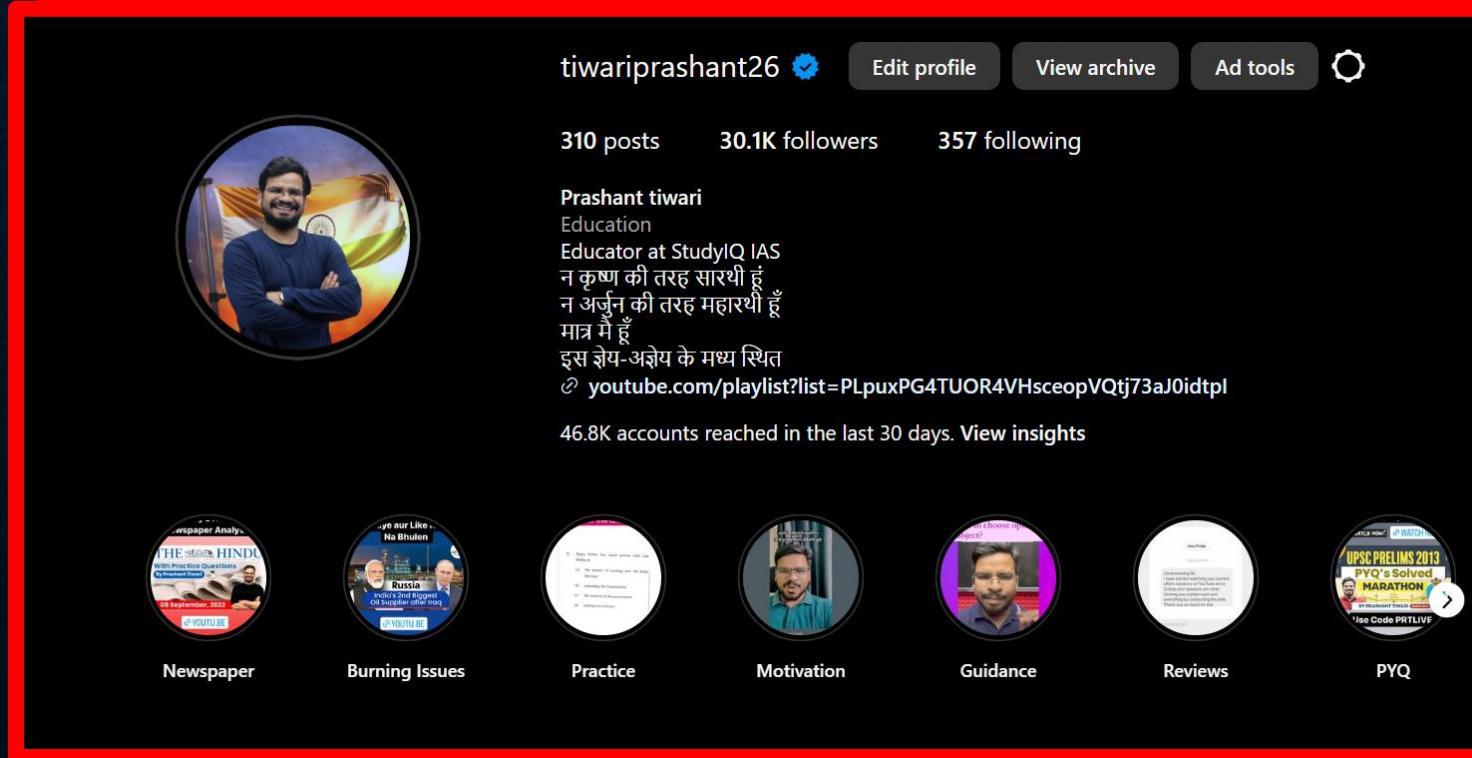


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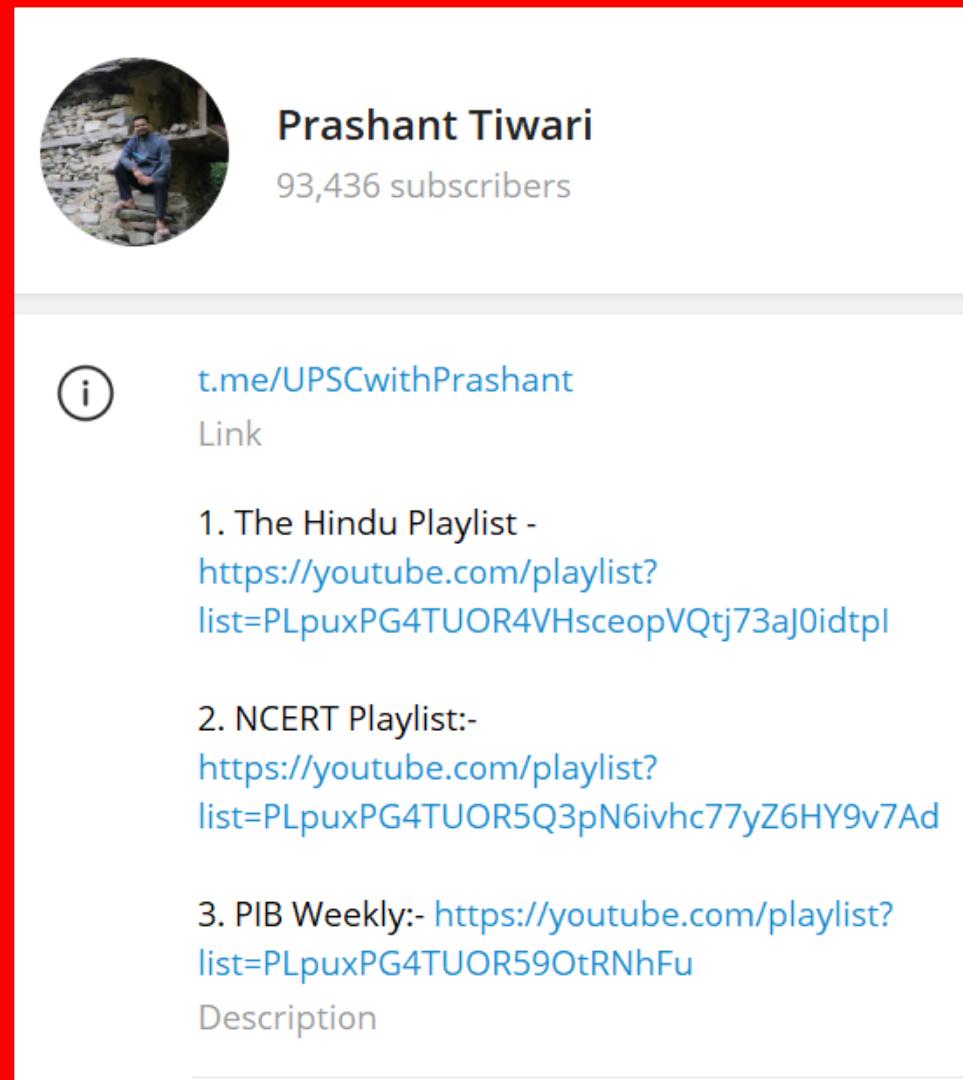
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Description

NHRC orders new inquiry into hiring by Foxconn

Reuters

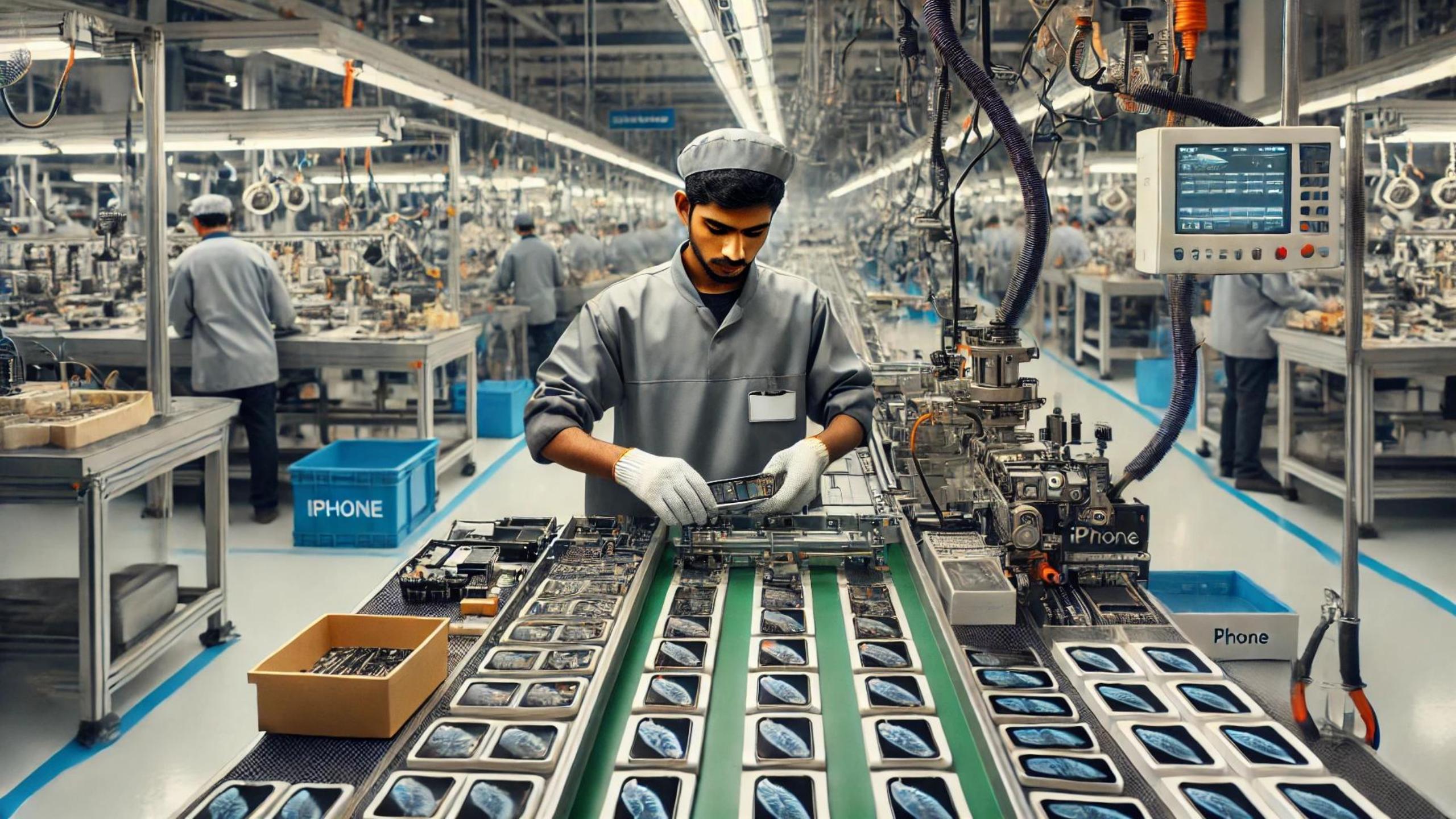
NEW DELHI

The National Human Rights Commission has admonished Labour Department officials for failure to adequately investigate evidence of employment discrimination at Foxconn, which makes Apple iPhones, and told them to re-examine the matter, documents show.

The NHRC, in June, ordered Central and Tamil Nadu officials to probe Foxconn's hiring practices, after a Reuters investigation found that the manufacturer excluded married women from iPhone assembly jobs at its southern India plant. Foxconn relaxed the ban during high-production periods, Reuters found. The iPhone factory is a flagship foreign investment in India.

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- The iPhone factory is a flagship foreign investment in India.



Fact

- The National Human Rights Commission (NHRC) is an independent statutory body established to protect and promote human rights in India.
- It is responsible for reviewing and addressing human rights violations and making recommendations for the protection and promotion of human rights.
- NHRC was established under the Protection of Human Rights Act (PHRA), 1993.
- It is an embodiment of India's concern for the promotion and protection of human rights.
- It is established in conformity with the Paris Principles (1991), adopted at the first international workshop on national institutions for the protection of human rights.

Chairman

A person who has been Chief Justice of India or a Judge of the Supreme Court

5 Members

- One Member who is or has been a Judge of the Supreme Court.
- One Member who is or has been the Chief Justice of a High Court
- Three Members to be appointed from amongst persons having knowledge of, or practical experience in, matters relating to human rights.
- **Note: Of the three members, at least one will be a woman.**

7 Deemed
Members

Chairpersons/Chief Commissioner of the

- National Commission for Backward Classes
- National Commission for Minorities
- National Commission for Scheduled Castes
- National Commission for Scheduled Tribes
- National Commission for Protection of Child Rights
- National Commission for Women
- Chief Commissioner for Persons with Disabilities

Fact

- **Appointment:** The chairperson and members of the NHRC are appointed by the President of India, based on the recommendations of a committee consisting of
 - Prime Minister
 - Speaker of the Lok Sabha
 - Minister of Home Affairs
 - Leader of the Opposition (Lok Sabha)
 - Leader of the Opposition (Rajya Sabha)
 - Deputy Chairman (Rajya Sabha)
- **Term:** Three years or till the age of seventy years for both the Chairperson and Members.
- **Removal:** The Chairperson or any other Member of the Commission shall be removed from his office by order of the President on the ground of proved misbehavior or incapacity after the inquiry of the Supreme Court.

India's winding road to '#EndTB'

Last year, tuberculosis (TB) emerged, once again, as the leading infectious disease killer globally. The goals, i.e., End TB targets of 90% reduction in TB deaths, 80% reduction in new cases, and zero TB-affected families facing catastrophic costs by 2030, seem to be a distant dream. In 2018, India extended the highest level of political commitment for the cause by pledging to achieve End TB targets on an accelerated timeline by 2025. However, the COVID-19 pandemic was a huge pushback to the efforts.

According to the World Health Organization's Global Tuberculosis Report 2024, India continues to lead in the global TB burden (26% of cases) and is also the hub for drug-resistant TB (DR-TB) and TB deaths. While ambitious policies and initiatives are rolled out from the national level, the ground reality in India needs to be better understood to translate them into effective interventions.

Focus on vulnerable groups

India's National Tuberculosis Elimination Programme (NTEP) clearly defines the high-risk or vulnerable groups that are at risk of contracting TB and developing adverse outcomes.

Dr. Pavitra Mohan, paediatrician and founder of Basic Healthcare Services, a non-governmental organisation working in south Rajasthan, says, "We get around 1000 persons with TB in our clinics every year and many of them have severe lung damage owing to fine dust inhalation from mining and stone carving. They are at risk for TB due to contributory factors like silicosis, undernutrition, overcrowding, and uncontrolled co-morbidities like diabetes."

Migrant workers also have an added disadvantage of poor access to health-care facilities. Dr. Mohan says, "They prefer to go back to their native place if they fall ill and hence it is not easy for the healthcare delivery system also to keep track of their treatment."

While a lot of attention is being paid to tackling undernutrition among persons with TB (pwTB), a host of other contributory factors in each geography needs to be addressed, requiring multisectoral action.

TB is a curable disease with effective and free drugs from NTEP. A significant achievement for India is the treatment initiation in more than 95% of notified cases. This was possible, over the years, by establishing an exclusive procurement and supply chain system for the NTEP.



**Swathi Krishna
Njarekkattu-
valappil**

is a public health physician and researcher based in Pune, working in tuberculosis, health policy and systems research



Parth Sharma

is a community physician and public health researcher based in Delhi and is the founder of the public health advocacy organisation, Nivarana

However, in 2023, there was a country-wide break in the supply chain – it still continues in many parts. Shortage of key drugs in the centres, many of which are unavailable in the open market, left the beneficiaries and their families in a struggle. Nandita Venkatesan, data journalist and two-time TB survivor, says, "It takes many a mile for pwTB to reach the finishing line of treatment combating a wide range of side effects. Shortage of such critical medicines disrupts the treatment, risking resistance to antibiotics and poor disease outcomes. Moreover, having to buy drugs from outside leads to catastrophic health expenses."

On extrapulmonary TB

Extrapulmonary TB (EP-TB) affects any organ of the body – lymph nodes, the kidneys, the brain, the spinal cord, bones, joints, and skin. However, the NTEP's main focus has been on pulmonary TB affecting the lung, as it is most common and transmissible.

The share of EP-TB is about 24% of the notified cases, but with wide geographical variations. It is often missed/delayed from being diagnosed due to symptoms which are vague and mimic other diseases. Dr. Deepak Chandra Badhani, a surgeon working in rural Chhattisgarh, says, "Doctors in Indian settings should have a high index of suspicion for TB in the cases they see. Proper history taking, thorough clinical examination and simple tests such as pus staining from a non-healing ulcer can help diagnose TB. But sadly, we wait for expensive, advanced tests just to start treatment and depend heavily on specialists to diagnose, leading to substantial delays and advanced disease." He lays emphasis on the training of general practitioners to pick up EP-TB at the earliest and of the need to sensitise frontline workers and integrating EP-TB into their screening algorithms.

A study by Daniels and colleagues in Mumbai shows that only 35% of private practitioners and 75% of government doctors could correctly diagnose a patient presenting with classical symptoms of TB. Dr. Vasundhara Rangaswamy, a microbiologist working in rural Chhattisgarh, says the reluctance to notify the disease further impacts diagnosis as private practitioners prescribe antibiotics and refer without any diagnostic tests.

TB is an area where guidelines are updated quite frequently. However, studies done by Shah and colleagues and also Hiremath and colleagues show that a shortage of adequately trained

human resources is a major challenge affecting implementation of the NTEP. Dr. Rangaswamy says, "Molecular tests are expensive and often take time to access as they are mostly available only at district level. Results take time due to the heavy workload and shortage of trained staff. In effect, patients have to travel and incur more expenses."

Dr. Mohan says, "The CBNAAT [Cartridge-based Nucleic Acid Amplification Testing] and Truenat machines are not available at many places, [as they are] mostly placed at [the] district level. And very often, when a machine is available, the lab technician will not be there and if the lab technician is there, cartridge supply for the test would not be there." The staff pattern within the NTEP does not meet the growing demands, with most now having more work.

What needs to be done

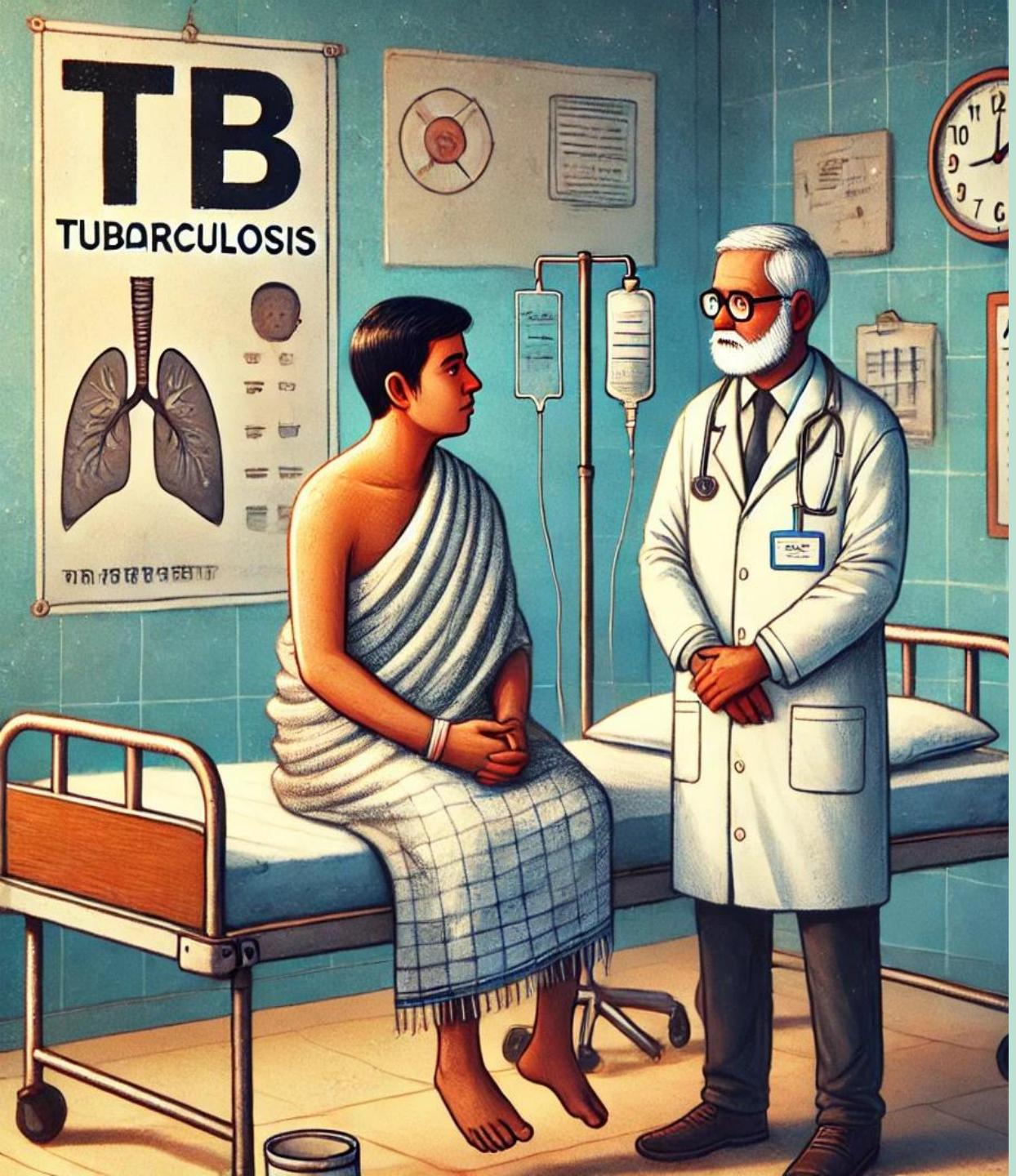
Ownership at all levels is essential to make programmes work. Idukki district in Kerala collaborated with Kudumbashree, one of the largest women's self-help networks in the world, for their TB elimination efforts. This resulted in widespread community participation and advocacy by government/leadership levels created a huge impact. "It helped us achieve our targets and sustain the activities," says Dr. Cency B., former District TB Officer of Idukki district, and current Assistant Director, Kerala Health Services.

She says, "Advocacy by political leadership helps in providing platforms for cross learning from best practices across geographies. But programme implementers will have to go beyond their routine work scope to achieve this."

While the chances of ending TB by 2025 look bleak, there is some hope. India's case notification reached the highest level and deaths due to TB declined by 24% as compared to 2015, which is way more than the global decline.

The administrative levels of the NTEP are designed to adapt to the innumerable contextual challenges. New bodies of knowledge from different parts of the world need to be considered. Vietnam, a high burden country, recently showed the effective use of active case finding for TB (advocated for high-risk groups) among the general population, so that targeted interventions could work better. Perhaps India too needs to restructure and redefine its many conventional frameworks, to combat this deadly disease.

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How Tuberculosis Affects the Body



- Last year, tuberculosis (TB) emerged, once again, as the leading infectious disease killer globally.
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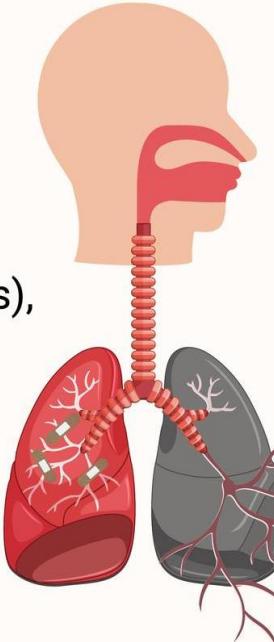
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- “We get around 1000 persons with TB in our clinics every year and many of them have severe lung damage owing to fine dust inhalation from mining and stone carving.
- They are at risk for TB due to contributory factors like silicosis, undernutrition, overcrowding, and uncontrolled co-morbidities like diabetes.”
- Migrant workers also have an added disadvantage of poor access to health-care facilities.
- While a lot of attention is being paid to tackling undernutrition among persons with TB (pwTB), a host of other contributory factors in each geography needs to be addressed, requiring multisectoral action.
- TB is a curable disease with effective and free drugs from NTEP.

Tuberculosis (TB) is an infectious disease that affects the lungs.
Tuberculosis is preventable and curable.

Prevention

- Seek medical intervention if symptoms persist
- If at a higher risk (HIV patients), get tested for TB.
- Practice good cough hygiene: Wear a mask and avoid contact

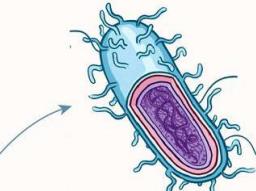


Causes:

- *Mycobacterium tuberculosis*
- Coughing droplets
- Prolonged exposure from a patient

Symptoms of TB:

- Chest pain
- Weakness
- Weight loss
- Fever
- Night sweats
- Prolonged cough



Facts

- 1.6 million deaths in 2021 Worldwide
- 13th leading cause of death
- India aims to achieve the UN's TB-related SDGs by 2025, five years ahead of the global target to end the TB epidemic by 2030.

#Tuberculosis

Ni-kshay Programme

- Nikshay Mitra are individuals or groups who adopt one TB patient for their treatment for a period of 6 months
- Provision of free drugs and diagnostics
- Ni-kshay Poshan Yojana for nutritional support to TB patients

- Extrapulmonary TB (EP-TB) affects any organ of the body — lymph nodes, the kidneys, the brain, the spinal cord, bones, joints, and skin.
- However, the NTEP's main focus has been on pulmonary TB affecting the lung, as it is most common and transmissible.
- While the chances of ending TB by 2025 look bleak, there is some hope.
- India's case notification reached the highest level and deaths due to TB declined by 24% as compared to 2015, which is way more than the global decline.



Multidrug Resistance TB (MDR)

► Resistant to at least **Isoniazid** and **Rifampicin**.



Extensively drug Resistant tuberculosis (XDR-TB)

► Resistant to **Isoniazid and Rifampin**, plus any **fluoroquinolone** and at least one of three injectable second-line drugs (**amikacin, kanamycin, or capreomycin**).



Totally drug-resistant tuberculosis (TDR-TB)

► Resistant to all first- and second-line TB drugs.



Social Stigma and Taboo

- Leads to delayed diagnosis and social isolation of patients



Poor Healthcare Infrastructure

- E.g., lack of diagnostic facilities in rural areas



Poverty and Malnutrition

- Weakens immune system, increases transmission risk



Comorbidities (with HIV, diabetes)

- Increases vulnerability of patients



High Treatment Costs

- In private hospitals and in cases of Drug Resistant-TB



High- dropout rates

- Due to migration, absence of regular follow up etc.

- The National Tuberculosis Elimination Programme (NTEP): Aims to reduce TB burden by 2025, five years ahead of global target of 2030.
- Pradhan Mantri TB Mukt Bharat Abhiyan: Launched to provide additional patient support, augment community involvement and leverage Corporate Social Responsibility (CSR) activities.
- Nikshay Poshan Yojana: It has been launched to provide for financial incentive of Rs 500 for TB patients registered on Nikshay Portal.
- National TB Call Centre – Ni-kshay SAMPARK: To address patients' queries related to TB and providing tele-counseling on treatment.

A grey birthday for the Election Commission of India

The executive Government is instructing or managing things in such a manner that those people who do not belong to them either racially, culturally or linguistically, are being excluded from being brought on the electoral rolls. Electoral rolls are a most fundamental thing in a democracy...

Independence of elections and avoidance of any interference by the executive should be regarded as a fundamental right," said Dr. B.R. Ambedkar in June 1949 in the Constituent Assembly while introducing the Constitutional provision to set up the Election Commission of India (ECI). All of India's founding leaders agreed with this unanimously. Tomorrow (January 25) is the 75th anniversary of the birth of the ECI – also celebrated as National Voters Day (January 25). Sadly, India's founding leaders will feel let-down by the ECI and not deem it to be a happy 75th birthday.

The case of Maharashtra

Dr. Ambedkar was prescient in his warnings about electoral roll manipulation by the executive. While he was more concerned about exclusion of voters through identity discrimination, government interference in electoral rolls can also be through a process of mass inclusion of voters to tilt an election – as seen in the recently held Maharashtra State elections.

The ECI enrolled 9.7 crore voters for the 2024 Maharashtra State election. The Narendra Modi government's Ministry of Health report estimated the entire adult population of Maharashtra (18-plus years), in 2024, as 9.54 crore. The ECI, by its own admission, registered 16 lakh more voters than the official estimate of the total adult population. Even if one were to accept that the government's estimate is only a projection, and can vary, it still implies that nearly 100% or more of all the adults in Maharashtra were registered as voters for the State election. This is very strange because the ECI neither enrolled nearly all adults as voters for the Maharashtra Lok Sabha election



**Praveen
Chakravarty**

is the Chairman of Professionals' and the Data Analytics wings of the Congress party

held just six months earlier, nor ever before in any of the other large States. Then, how were more people than the entire estimated adult population of Maharashtra enrolled as voters only for the State election?

Mass enrolment in just months

This is because 48 lakh people were registered as new voters in just six months between the Lok Sabha and the State elections. For context, between 2019 to 2024, only 32 lakh new voters were enrolled. In other words, 50% more people were enrolled as voters in just six months *vis-à-vis* the previous five-year period. What led to this sudden, and intriguing, rush by Maharashtrians to register and vote in the State election alone?

Clues emerge upon careful analysis of the outcome. The BJP-led Mahayuti alliance gained 72 lakh more votes in the State election compared to the Lok Sabha election. One would logically presume that this gain by the BJP alliance was largely due to voters that voted for the Congress-led Maha Vikas Aghadi alliance in the Lok Sabha election who then shifted allegiance to the BJP alliance for the state election. But that is not the case. Only 24 lakh such voters moved away from the Congress alliance between the two elections. So, where did the BJP alliance get its remaining 48 lakh (72 lakh - 24 lakh) votes from for the State election?

It is not even the case that the BJP alliance got its remaining votes from other parties and independents, since this group too gained more votes in the State versus Lok Sabha election. It is then rational to impute that 48 lakh people who may not have voted in the Lok Sabha election, enrolled themselves as new voters for the State election and voted for the BJP alliance.

Astonishingly, the ECI has confirmed officially that it enrolled the exact same number, i.e., 48 lakh people, as new voters for the Maharashtra election. Is this a miraculous coincidence, a case of divine intervention or executive interference, as Dr. Ambedkar had warned 75 years ago?

What explains the sudden rush of new voters in six months for the State election? Are they real

voters? Or are they ghosts? Were their documents verified when they were enrolled as voters? How is it that all the new voters enrolled seem to have voted for just one alliance?

Regardless of one's political affiliations, to a rational mind, it is amply evident that there is something amiss with the electoral rolls in the Maharashtra election. Perhaps, there are sincere answers to these questions. If so, is it not logical to expect the ECI to release all the data in the public domain and issue clarifications in a transparent manner? But the ECI is conspicuously silent and arrogantly dismissive of these questions. A counter, which includes one by the Chief Election Commissioner, is that if there was such a large-scale addition of dubious or ghost voters, why were the Opposition parties with their war-rooms, not alert enough to catch this in time? This is a duplicitous way to absolve the ECI using the line of a political party's organisational inefficiencies.

It is unfair and illegal to add vast numbers of dubious voters to influence an election and its outcome. It is the ECI's constitutional responsibility to run a fair election. This is why India's founding leaders entrusted an independent ECI with the responsibility of preserving India's electoral sanctity and not to be reliant on political parties.

Use Aadhaar

The Maharashtra incident reveals the importance of using Aadhaar to 'unghost' and de-duplicate electoral rolls and use its biometric verification for voting. Of course, not even a single eligible citizen should be denied his vote, and an appropriate backup process can be evolved for those whose biometric verifications fail. The sanctity of electoral rolls is of supreme importance and is the foundation of India's electoral democracy. Aadhaar verification of electoral rolls and voting is the birthday cake that the ECI must be given to preserve and strengthen India's electoral democracy. It is an idea that even Dr. Ambedkar and other founding leaders may approve of.

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- “The executive Government is instructing or managing things in such a manner that those people who do not belong to them either racially, culturally or linguistically, are being excluded from being brought on the electoral rolls.
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- The Election Commission of India (ECI) is an autonomous constitutional authority responsible for administering Union and State election processes in India.
- It was established in accordance with the Constitution on 25th January 1950 (celebrated as National Voters' Day). The secretariat of the commission is in New Delhi.
- The body administers elections to the Lok Sabha, Rajya Sabha, and State Legislative Assemblies in India, and the offices of the President and Vice President in the country.
- It is not concerned with the elections to panchayats and municipalities in the states. For this, the Constitution of India provides for a separate State Election Commission.

Structure of ECI:

- Originally the commission had only one election commissioner but after the Election Commissioner Amendment Act 1989, it was made a multi-member body.
- The Election Commission shall consist of the Chief Election Commissioner (CEC) and such number of other election commissioners, if any, as the President may from time-to-time fix.
- Presently, it consists of the CEC and two Election Commissioners (ECs).
- At the state level, the election commission is helped by the Chief Electoral Officer.

Appointment & Tenure of Commissioners:

- The President appoints CEC and Election Commissioners as per the CEC and Other ECs (Appointment, Conditions of Service and Term of Office) Act, 2023.
- They have a fixed tenure of six years, or up to the age of 65 years, whichever is earlier.
- The salary and conditions of service of the CEC and ECs will be equivalent to that of the Supreme Court Judge.

Removal:

- They can resign anytime or can also be removed before the expiry of their term.
- The CEC can be removed from office only through a process of removal similar to that of a SC judge by Parliament, while ECs can only be removed on the recommendation of the CEC.

Limitations:

- The Constitution has not prescribed the qualifications (legal, educational, administrative or judicial) of the members of the Election Commission.
- The Constitution has not specified the term of the members of the Election Commission.
- The Constitution has not debarred the retiring election commissioners from any further appointment by the government.

WHO is right

The U.S. must return to WHO's fold
in its own interest

President Donald Trump's decision to withdraw the United States from the World Health Organization (WHO), based on charges of bias, is stunningly short sighted, and deeply concerning to the global health community. Pundits are predicting that this move, if not withdrawn, or reconsidered, may well unleash the butterfly effect – a cascading set of unpredictable consequences arising from even the smallest of changes in a system. Soon after his inauguration, Mr. Trump wasted no time in announcing the beginning of the process of ending the U.S.'s membership of WHO. In language that smacked of petulance, Mr. Trump, as he signed his first batch of executive orders, declared: "The World Health [Organization] ripped us off." The U.S. will now leave the United Nations health agency in 12 months' time and stop all financial contributions to its work. He accused the organisation of mishandling the COVID-19 pandemic, and of being partisan towards China, though the U.S. contributed more to its coffers. The move has not been entirely unexpected: during his previous term as U.S. President, he relentlessly criticised WHO for acting slow and being "owned and controlled by China"; in 2020 he initiated a move to halt funding to WHO, though it was scuppered as his term came to an end.

Why is the withdrawal of the U.S. significant? For starters, Mr. Trump is right – the U.S., which is a founding member of WHO, is also its biggest financial backer, contributing around 18% of its overall funding. Withdrawal of these funds will seriously impact health programmes being implemented across the world, including interventions for HIV/AIDS, tuberculosis and the eradication of certain infectious diseases. WHO is also involved in ensuring equity of access to life-saving drugs for people across the world, building stronger health systems, detecting and preventing disease outbreaks. If Mr. Trump could set his petulance aside, it would be clear that global health does not operate in silos, and neither a stern countenance nor physical boundaries can keep pathogens out of one's own geography. If any lessons have been learned at all from the COVID-19 pandemic, it is that no one is safe until everyone is safe, and that collaboration among nations, and open sharing of data and technology are essential to tackle pandemics. WHO has reached out to the U.S., hoping that it will reconsider its decision and engage once again with it. As fantastic as it may sound, medicine is no stranger to miracles of science, and the health community hopes one more will restore the U.S. back to WHO's fold.

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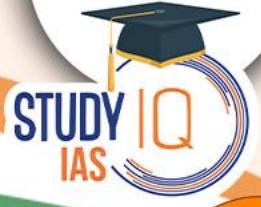
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- World Health Organization (WHO), the United Nations' specialized agency for Health was founded in 1948.
- Its headquarters are situated in Geneva, Switzerland.
- There are 194 Member States, 150 country offices, six regional offices.
- It is an inter-governmental organization and works in collaboration with its member states usually through the Ministries of Health.
- The WHO provides leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.
- It began functioning on April 7, 1948 – a date now being celebrated every year as World Health Day.

There are four kinds of contributions that make up funding for the WHO.

- **Assessed contributions:** These are the dues countries pay in order to be a member of the Organization. The amount each Member State must pay is calculated relative to the country's wealth and population.
- **Specified voluntary contributions:** They come from Member States (in addition to their assessed contribution) or from other partners.
- **Core voluntary contributions:** They allow less well-funded activities to benefit from a better flow of resources and ease implementation bottlenecks that arise when immediate financing is lacking.
- **Pandemic Influenza Preparedness (PIP) contributions:** They were started in 2011 to improve and strengthen the sharing of influenza viruses with human pandemic potential, and to increase the access of developing countries to vaccines and other pandemic related supplies.



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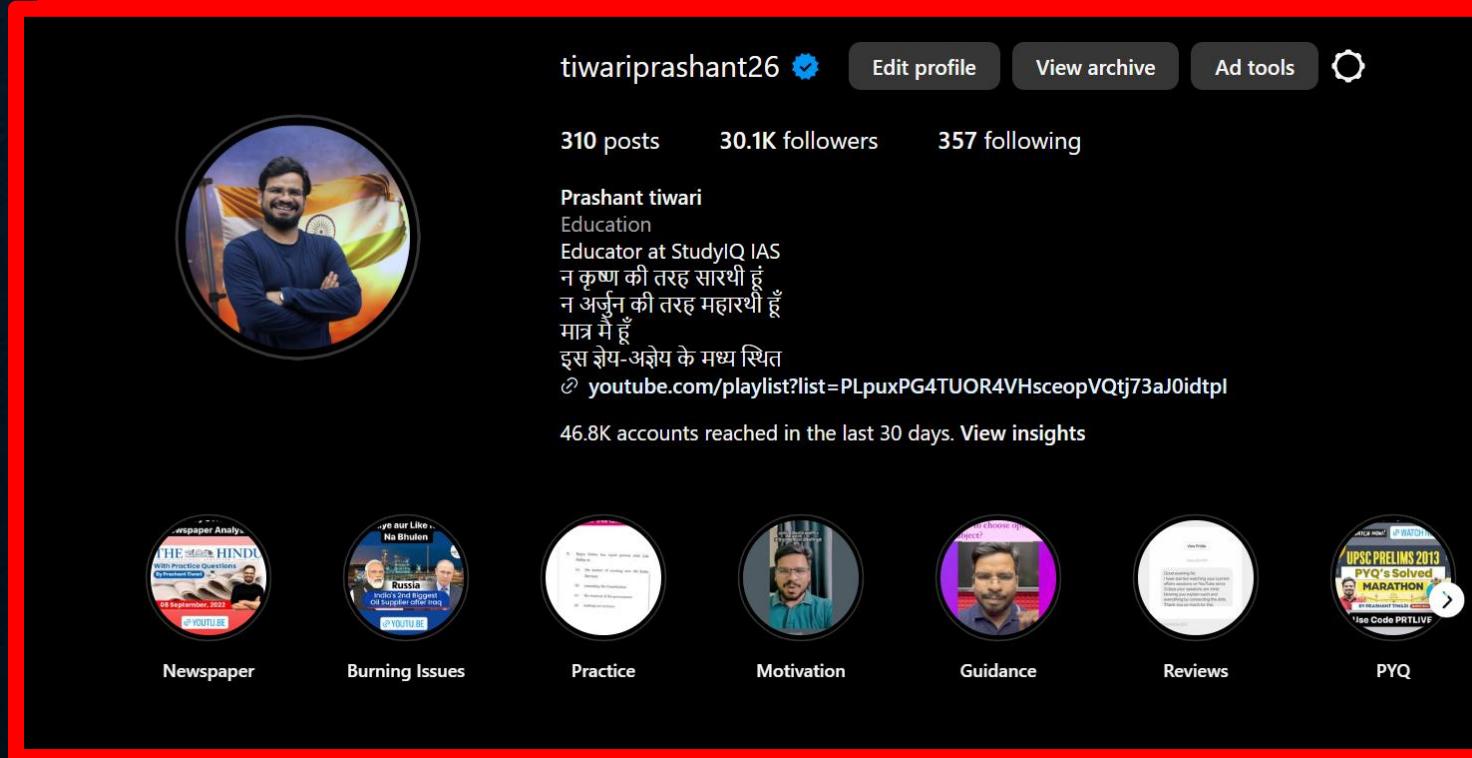


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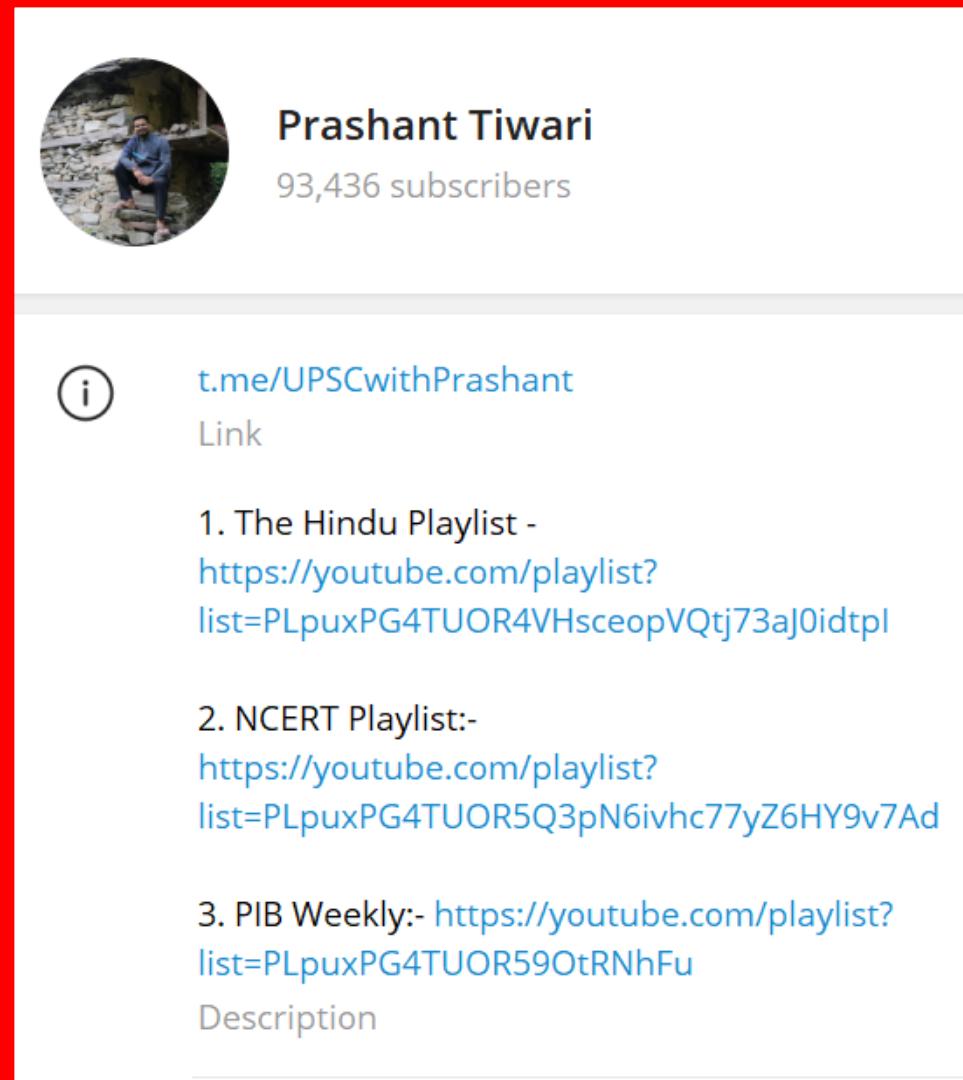
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