

FORUM FOR MEDICAL ETHICS SOCIETY

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Forum for Medical Ethics Society

Annual report – 2021-2022

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Introduction

The Forum for Medical Ethics Society (FMES) completed 29 years in 2022 since its inception. It continues to focus on strengthening medical ethics in modern healthcare. However, over time, FMES has expanded its engagement beyond medical ethics to the broader discipline of bioethics and its various sub-fields such as law, and human rights.

We take this opportunity to report the work accomplished during the year 2021-2022 across its three platforms namely:

- I. Health, Ethics and Law Institute for Training, Research and Advocacy (HEaL Institute) for FMES' programmatic work (since 2018);
- II. The *Indian Journal of Medical Ethics* for exchanges between non-medical experts, philosophers and social scientists, medical providers, health researchers, paramedical personnel and advocacy groups. IJME, till date, is the only journal on bioethics and medical ethics published from India (since 1993);
- III. National Bioethics Conferences (NBCs) are a platform for engagement among the stakeholders in bioethics. So far, FMES in collaboration with other organisations including academic institutes has organised **eight** NBCs in different parts of India (since 2005).

In this report, we present the activities undertaken and achievements in relation to these three platforms.

Additionally, **Section IV** presents contributions of FMES members¹ to various domains of bioethics, such as, scholarly writings; serving as faculty on bioethics educational programmes; participated and/or steered seminars, webinars, or conferences as panellist; serving on ethics review boards or institutional ethics committees; and advocacy and campaigns steered/co-steered by FMES members in their own individual capacity.

Finally, **Section V** presents the audited statement of accounts for the reporting financial year 2021-2022, that is the assessment year of 2022-2023.

I. Health, Ethics and Law Institute (HEaL Institute) For Training, Research and Advocacy

The Health, Ethics and Law Institute ([HEaL Institute](#)) for Training, Research and Advocacy, a programmatic platform of FMES is the youngest one amongst the three platforms of FMES, established in 2018-2019. The HEaL Institute aims to serve as a bridge between academia and activism for promoting and safeguarding people's democratic and constitutional entitlement to health. The HEaL institute takes a multi-disciplinary, multi-sectoral, and intersectional approach which enables it to critically engage with law, regulations, and constitutional entitlements.

I.1. Research Initiatives

The HEaL Institute along with other organisations responded to various ethical, legal, and policy issues relating to caste discrimination, gender-based violence, and community engagement practices.

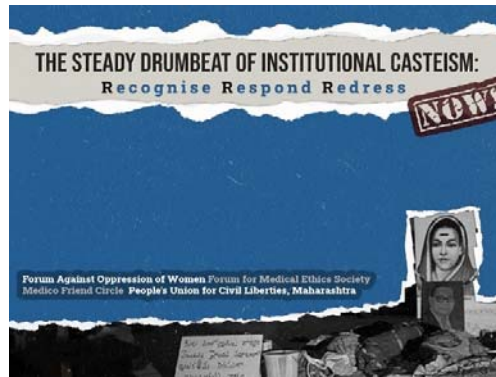
We briefly lay out select work undertaken during this reporting year.

I.1.1. Ending the caste-based violence including casteist discrimination and resulting deaths by suicide among medical students from marginalized communities in higher education institutions (May 2019 onwards) [Non-funded]

FMES, in collaboration with three other networks, initiated an enquiry into the institutionalised casteism in medical education that was triggered by the tragic death by suicide of Dr Payal Tadvi, a young woman who aspired to a bright future for herself and carried dreams of being of service to her community and society at large. She lost her life to the machinations of a cruel, discriminatory, and hierarchical system. Many others before her have also been driven to death by a system that is dominated by those in power, that operates

¹ Every year, FMES sends out a communication to all its members requesting them to share their contributions to bioethics during the reporting year to be included in the FMES' Annual Report. We include materials that we receive from members. For various reasons not all members able to respond to the request.

through a systematic denial of dignity and which seems to be impervious to even the constitutional principles of inclusion, equality, and justice. This is the understanding from which this enquiry began.



This enquiry was initiated and conducted by the members of **Forum Against Oppression of Women (FAOW)**, **Forum for Medical Ethics Society (FMES)**, **Medico Friends Circle (MFC)**, and **People's Union for Civil Liberties (PUCL)**.

This enquiry adopted four approaches to identify data sources:

- In-depth conversations and interactions with individuals, group discussions, joint interviews.
- Contemporary and historical media reports
- Key documentary materials as well secondary data sources such as reports by select committees, regulations, PILs, etc.
- RTI application.

The team that collaborated in writing the report: Amita Pitre, Chayanika Shah, Meena Gopal, Sandhya Gokhale, Sujata Gothoskar, Sunita Sheel

The enquiry report titled '[THE STEADY DRUMBEAT OF INSTITUTIONAL CASTEISM: Recognise Respond Redress, Now](#)' on this issue, was released virtually on September 28, 2021. [[Video recording of the report release meeting](#)] [[Press-coverage of the report](#)]

1.1.2. WHO-TDR Project | Community Engagement in implementation research Eco-research TM (Engagement of Communities in research in Tuberculosis and Mental Health) (2020 onwards) [Funded]

WHO-TDR project is a collaborative research initiative cataloguing key community engagement practices embedded in implementation research public health projects involving disadvantaged (rural/indigenous) communities in India. We received funding for this project from TDR, a Special Programme for Research and Training In Tropical Diseases, co-sponsored by UNICEF, UNDP, the World Bank and World Health Organization (WHO) and hosted by WHO.

The project Eco-researchTM (Engagement of Communities in research in Tuberculosis and Mental Health) focuses on improving the engagement of communities in research and in social innovations to enhance healthcare delivery. This project intends to map current community engagement practices to identify good practices, and have a better understanding of the factors and barriers in engaging with communities in implementation research and social innovation in health. Ours was one of the ten proposals awarded the grant by the WHO-TDR initiative.

Collaborating partners and their initiatives

For this project, FMES has collaborated with two public health interventions namely, **RATIONS** (Reducing Activation of Tuberculosis by Improvement of Nutritional Status) and **TeaLeaf** (Teachers Leading the Frontlines).

RATIONS, which is being implemented in four districts of Jharkhand, is led by Dr Anurag Bhargava, Department of General Medicine and Dr Madhavi Bhargava, Department of Community Medicine, Yenepoya Medical College, Mangalore, Karnataka, in collaboration with colleagues from National Institute for Research in Tuberculosis (NIRT), Chennai, and National Institute of Nutrition (NIN), Hyderabad. Both are also associated with the Center for Nutrition Studies, Yenepoya (Deemed to be University) involved in research and advocacy for public health nutrition. RATIONS is designed to address the conceptual and programmatic gap in efforts towards eliminating TB. It is being implemented in four districts of the state of Jharkhand, India. Social determinants are involved in the causation of TB and its adverse outcomes.

TeaLeaf, which is improving access to children’s mental healthcare by meeting children in schools, is being implemented in rural Darjeeling and being led by a team comprising of Dr Roshan Rai, Dr Christina Cruz, Ms Priscilla Giri, Dr Rinzi Lama, Dr Michael Matergia, Ms Choden Dupka, and Ms Juliana Vanderburg and colleagues at Darjeeling Ladenla Road Prerna (**DLR Prerna**), Darjeeling, West Bengal. The site for this intervention comprises of low-cost community private schools in rural Darjeeling. In Darjeeling’s current system of care, access to mental health services for rural families is essentially non-existent with a single psychiatrist available for only the most severe cases. Thus, in this setting, “usual care” is typically “no care at all”, and care delivered during the research effectively constitutes the entirety of the mental health system accessible to children.

Team Members for this project

Sunita Bandewar, Anant Bhan, Sharanya Sreekumar, Parimala S, Roshan P Rai, Priscilla Giri, Choden Dukpa, Rinzi Lama, Michael Matergia, Christina Cruz, Juliana Vanderburg, Anurag Bhargava, Madhavi Bhargava.

Duration: July 2021 – June 2022

Why Eco-researchTM Project

This project aims to use qualitative methods to identify, catalogue, and evaluate best practices around community engagement at the two sites described above in India. We will take a participatory and collaborative approach in the conduct of the studies. We will document and disseminate the learning in a proactive manner, including to our research participants.

What is the potential Impact?

RATIONS and TeaLeaf projects are located in two different settings to address two different health concerns and provide us with a significant opportunity to catalogue community engagement practices in diverse contexts with regard to implementation research. These would provide us insights into contextual factors which influence community engagement and thereby the uptake of the health interventions. We consider that this research would be the first of its kind and will contribute immensely to community engagement practices in the implementation research.

The results of our study will inform the ongoing public health initiatives towards their further strengthening; will contribute to the understanding of community and stakeholder engagement that served as enablers or otherwise for local buy-in; and will provide insights into the crucial role that community and stakeholder engagement might play in scaling up of these public health interventions. We will publish booklets for sharing the key findings and academic outputs with local community members and also use blogs and social media for sharing project findings. We will also organize dissemination meetings in the communities participating in this research. We also aim to publish a few news articles (commentaries; op-eds) highlighting the importance of and processes involved in undertaking community engagement in implementation science research.

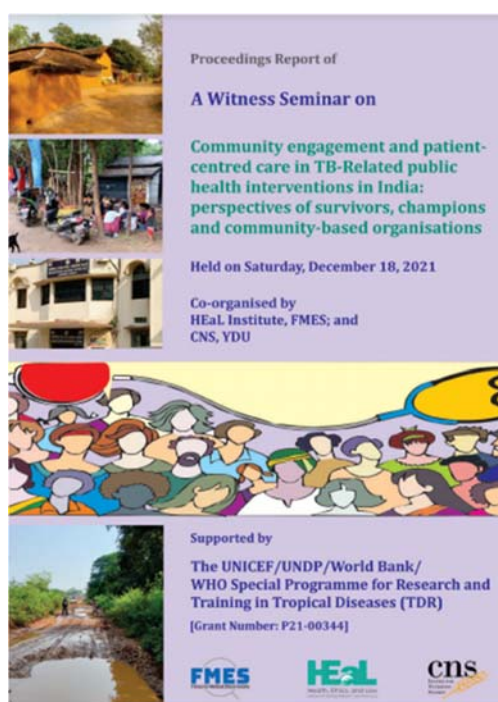
Witness Seminar

‘Witness seminar’ is a specialised form of oral history taking, with the intended purpose of helping historians, social scientists and other similar professionals to track and document the journeys of complex and large-scale health programmes, policies, biomedical discovery programmes or any such subjects that interest. One of the

purposes or motivations behind organising a witness seminar is also to capture any missed perspectives and/or milestones in the existing documentation. In India, it is an emerging approach to exploring the long journey of complex healthcare systems, public health programmes or other thematics of relevance to peoples' well-being.

We conducted two witness seminars in the interfacing space of tuberculosis programmes in India, community and stakeholders' engagement (CSE), and implementation science. The seminar was aimed at better understanding how the involvement of and engagement with communities was conceptualised and operationalised, including omissions, any gaps between intent and implementation of these concepts over the period in independent India.

TB patients, survivors, activists and advocates of patient-centred care were our key witnesses. The sessions were recorded to avoid missing any valuable information and the verbatim transcripts and reports pertaining to the discussions were published online with the consent of the participants. These seminars have given deeper insights into perspectives of TB patients and survivors in relation to CSE in the TB programme and helped us reflect on addressing the gaps in development and delivery of comprehensive, patient-centred quality TB care.



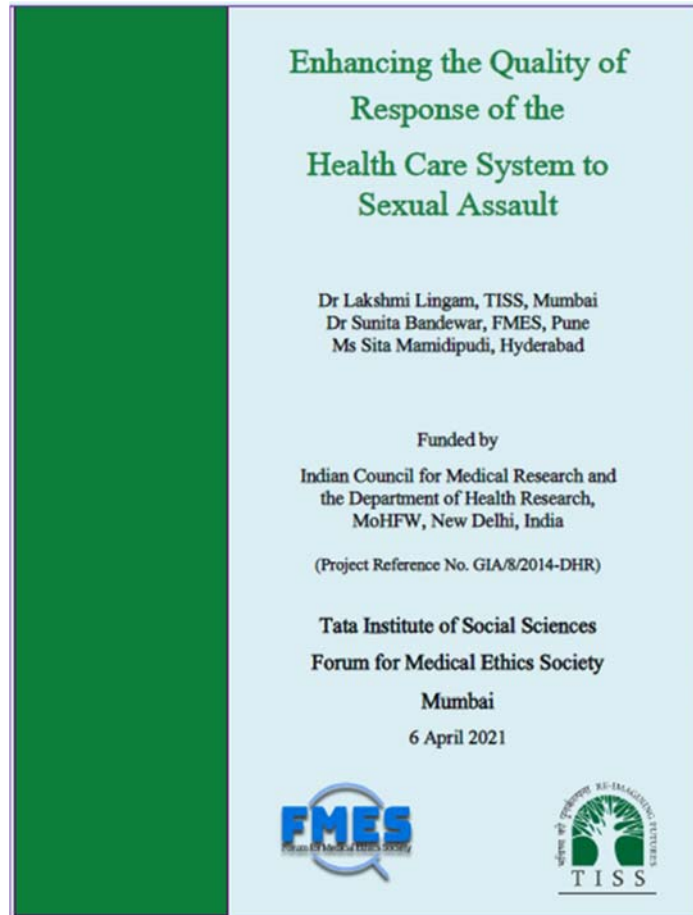
Witness seminar-1 report: [Tracing the historical trajectory of community engagement in TB-related public health interventions in India.](#)

Witness seminar-2 report: [Community engagement and patient-centred care in TB-related public health interventions in India: perspectives of survivors, champions and community based organisations.](#)

Both the reports were e-released on Wednesday, May 25, 2022.

1.1.3. Enhancing the quality of response of the healthcare system to sexual assault [Funded]

A [report published by WHO](#) estimates that one in every three women worldwide experience physical and/or sexual violence, and the perpetrators include an intimate partner or non-partner in her lifetime. Meanwhile [data from India's National Crime Records Bureau](#), in 2019, showed an increase of 7.3% in the cases registered in 2018.



To evaluate the current situation, the project team undertook a comprehensive study of healthcare and medico-legal care for survivors of gender-based violence with a special focus on domestic and sexual violence and identification of gaps in infrastructure and human resources. The findings of the study were reported in “[Enhancing the Quality of Response of the Health Care System to Sexual Assault](#)” and was jointly published by **Tata Institute of Social Sciences (TISS) and FMES**. The study was conducted in Pune district of Maharashtra and Karimnagar district of Telangana, India.

The research team comprised: Dr Lakshmi Lingam, TISS, Mumbai; Dr Sunita Bandewar, FMES, Pune; Dr Sita Mamidipudi, Hyderabad.

The research was funded by the Indian Council for Medical Research (ICMR) and the Department of Health Research (DHR), New Delhi, India. The project was hosted at TISS, Mumbai.

The report was released through an [online dissemination meeting](#) held on Saturday, March 26, 2022.

1.2. Advocacy and campaigns

During this reporting year, HEaL Institute engaged with a number of issues relating to both COVID-19 and non-COVID-19. We supported campaigns on wide ranging issues of human rights, legal reforms, ethical issues in clinical trials, environmental issues, prisoners’ right to health and safety during pandemics; and concerns of marginalised constituencies such as survivors of sexual violence, safeguarding sex workers’ rights, and women’s safety and prevention of sexual violence. We contributed substantively and substantially building on its long-standing work in health, ethics, rights and law spaces to these advocacy efforts. The key constituencies of advocacy engagement have been policy makers and other government offices, such as, central and provincial Ministries, Directorate of Health Services. Most of these advocacy efforts and campaigns were

collaborative engagements with other like-minded groups and national or regional networks in the areas of human rights, health rights, civil liberties, and groups working against the oppression of women.

These advocacy efforts and campaigns have been supported by practitioners from across the sectors including health research, clinical practice, nursing practice, public health; civil society groups, national and regional networks and movements; and academia.

Below, we present a brief overview of the nine themes of advocacy and campaigns we, as HEaL Institute and FMES, steered or co-steered during the year 2020-2021:

1.2.1. FMES – HEaL Institute Campaigns | Contributing to ‘Open Access’ movement

FMES along with others have filed an application seeking impleadment in April 2021 before the Hon’ble High Court of Delhi at New Delhi to support the cause of ‘open access’ movement. This has reference to three key publishing houses coming together to move the Delhi High Court seeking a ban on Sci-Hub and Libgen, a repository of free e-books. They are publishers of some of the most influential academic journals around the world who insist that what Sci-Hub does amounts to copyright infringement. Most of these publishers are expensive, which an individual cannot afford. The problem of inequality in accessing scientific publication is more acute in the third world countries. In the absence of any sources, doctors and medical students are depended on sources like sci-hub to access scholarship in fields of one’s interest and of relevance to one’s professional practice. In the past, these publishers have [successfully moved court in various parts of the world to win injunctions](#) against Sci-Hub. Several of the website’s domains have stopped working as a result. The FMES application seeking impleadment is founded on the fact that any order of restraint or adversity passed against Sci-hub and Libgen, would have a direct and proximate impact on the constituencies of healthcare professionals and students. It admits that these constituencies avail, enjoy and benefit from the information available at the aforementioned websites "SciHub" and "Libgen".

1.2.2 FMES has joined as co-petitioners on a public interest litigation (PIL) questioning the use of untested stem cell intervention as therapy

FMES has joined as one of the co-petitioners on a public interest litigation (PIL) submitted to the honourable Supreme Court of India on the issue of use of untested stem cell intervention as therapy. The said PIL is initiated by the Yash Charitable Trust (YCT), an eight-year old NGO working with and for adults with intellectual and developmental disabilities, through [I-Probono](#) along with The Adult Support Kendra (ASK), an initiative of the Yash Charitable Trust which helps adults with developmental and intellectual disabilities and their families navigate the adult world; and Action for Autism ([Afa](#)), a not for profit organization that pioneered the autism movement in South Asia, and strives to access the rights of individuals with autism and their families.

This Petition seeks intervention of this Hon’ble Court under Article 32 of the Constitution of India in respect of protection of fundamental rights of citizens guaranteed under Article 21 of the Constitution of India. More particularly, the petition seeks protection of ‘right to life’ and other attached rights of the citizens with Autism Spectrum Disorder with reference to the use and increasing proliferation of scientifically unverified, unapproved and potentially harmful administration of ‘Stem-Cell Treatment’ for ‘treating’ Autism Spectrum Disorder

1.2.3. Open letter condemning increasing communalism and casteism in Karnataka

An [open letter](#) endorsed by about 450 individuals expresses serious concern about the growing state-led and state-sponsored targeted violence and discrimination against Muslim, Christian and Dalit communities in Karnataka that can have several long lasting and adverse consequences, particularly on the most marginalised and vulnerable. The judiciary, media, police and bureaucracy are complicit in this violence and discrimination.

The government of Karnataka is primarily responsible to prevent and address these forms of untouchability, targeted harassment and discrimination against vulnerable communities in the state. If the government itself has become an enabler of these social vices, then the country is hurtling towards disaster. The police need to be pulled up for failing to file FIRs, offer protection to the victims and witnesses and instead becoming middle men of the right wing aggression. The media needs to be held accountable for making already vulnerable communities even more likely to face attacks on their livelihood, dignity, homes and lives.

As a group of concerned individuals and progressive organisations endorsing this open letter, we demand that the social determinants of health such as employment, education, food, water, sanitation, nutrition be addressed on priority. The state has to act against hate speeches and the vicious calls for violence as well as social and economic boycotts. The courts in the state have to take suo moto cognisance of the misinformation and false stories against communities that aggravate their risk of being subjected to violence and discrimination. This includes social media and other media platforms.

1.2.4. Civil society statement of concern — Free vaccines for all without tech barriers

Forum for Medical Ethics Society, Internet Freedom Foundation, Rethink Aadhaar Campaign, Swathanthra Malayalam Computing — a group of human rights, digital rights, and public health organisations — wrote a [statement of concern](#) regarding access to healthcare and the intervention of technology during the COVID-19 health crisis. We call on the Central Government, State Governments, Health Secretaries of the Union and the States, and the District Magistrates to ensure that the vaccination process focuses on increasing reach and accessibility, that there are no onerous ID requirements, including Aadhaar, for access to health services or vaccinations, and that health data is not misused. The full statement was endorsed by 1,639 individuals and 13 organisations.

1.2.5. Letter to PMO on collective demand for a people’s vaccine in India

We — **FMES and Oxfam India** — wrote a [letter](#) on behalf of 160 health practitioners and experts (including medical doctors, nurses, health researchers and ethicists), and 73 organisations, unions and groups working on health rights and with marginalised communities, to call on PMO to take action to ensure a peoples’ vaccine. We suggested the PMO to arrive, in consultation with the States and India’s experts and citizens at large, to a detailed, time-bound and transparent COVID-19 Vaccine policy and action plan and ensure transparency in contractual agreements reached by the government with the pharma sector.

We urged the government to ensure vaccines free of charge to all, fair allocation of vaccines prioritizing at-risk groups, vaccine reach to everyone considering the digital divide, immediately enhancing financial outlays to public health, large scale procurement of vaccines by the central government, temporary relaxations for intellectual property rights, etc.

The letter received a total of 567 endorsements (from across 23 states and UTs) including globally renowned scholars, social activists, teachers, and concerned citizens.

1.2.6. Oxfam India and Forum for Medical Ethics Society welcome PM’s announcements for partial free vaccines; highlight need for more inclusive vaccine policy

Prime Minister Narendra Modi’s decision to procure 75% of vaccines in India and providing them free of cost to the states was in line with the demands of the letter submitted to the Prime Minister. The commitment to free delivery, central procurement of the vaccine, a partial price cap in private hospitals and the extension of the Pradhan Mantri Garib Kalyan Ann Yojana was a welcome step. However, [FMES and Oxfam India](#) reiterated that the vaccine policy was far from universal and accessible. Government efforts failed to ensure free vaccination for all by reserving 25% of India’s vaccine supply for the rich.

There was a need for greater transparency in the distribution of vaccines to the states by the central government; enhancing transparency in the agreements with vaccine manufacturers; keeping the vaccine not-for-profit; and enabling compulsory licensing to ramp up vaccine manufacturing.

1.2.7. Safeguarding prison health during the ongoing COVID-19 pandemic

A [petition](#) from healthcare and public health professionals was submitted to the Chief Justices of High Courts and High Powered Committees of the Indian States and Union Territories to safeguard health and health rights of all prisoners during the Covid-19 pandemic.

The appeal — endorsed by [45 organization from across India and outside](#); and [186 professionals in health and allied themes from India and outside](#) — was initiated by the **FMES and Jan Swasthya Abhiyan (JSA)** on behalf

of the healthcare workers and public health professionals, in solidarity with in-mates of prisons in India to safeguard their health and health rights during the COVID-19 pandemic based upon public health and human rights principles. Two other appeals — [appeal 1](#) (April 6, 2020), and [appeal 2](#) (May 3, 2021) — were made earlier, with similar objectives.

Along with other recommendations, we urged them to discuss and modify the categories of prisoners to be considered for release, giving priority to the health status of the prisoners; use the criteria of age and vulnerability across prisoners and treat everyone equally irrespective of charges/offense, and release those who are thus eligible, subject to their consent; ensure that all health facilities, are available, by linking up with local hospitals to ensure their access to timely and dignified healthcare; and ensure speedy trials, granting of bail and releasing those who have been granted bail.

1.2.8. Letter to the National Health Authority (NHA) on the issues with the new CoWIN Application Programming Interface (API) “KYC-VS: Know Your Customer’s/Client’s Vaccination Status”

The Internet Freedom Foundation (IFF), the Centre for Health Equity Law & Policy (C-HELP), and FMES [wrote a letter to the National Health Authority \(NHA\)](#) on the issues with the new CoWIN Application Programming Interface (API) “KYC-VS: Know Your Customer’s/Client’s Vaccination Status”

Through a press release dated September 10, 2021, the NHA launched a new API for CoWIN “KYC-VS: Know Your Customer’s/Client’s Vaccination Status”. According to the press release, this new API would allow government and private entities such as the railways, the airlines and hotels to instantly know the status of vaccination of an individual. Another use case which was included is where an enterprise/employer may want to know the vaccination status of their employee. The CoWIN platform has contributed to the safe administration of vaccines in the country and has ensured that individuals are able to get their vaccination shots correctly while also facilitating ease of administration for healthcare professionals. While the use of APIs has further enhanced the accessibility of the CoWIN platform, it also led to some concerns.

- a. CoWIN’s privacy policy did not allow for such sharing of health data.
- b. Scientific evidence on whether COVID-19 vaccinations prevent transmission was not clear.
- c. The scope of use of the API was not clearly defined.
- d. Access to vaccination was unequal.

In light of these concerns, implementing COVID-19-status certification would adversely and disproportionately affect populations facing greater barriers in accessing the vaccines.

In light of the aforementioned concerns, we urged the National Health Authority to reconsider implementing the new CoWIN API, prior to:

- a. introducing necessary amendments to the CoWIN privacy policy in order to ensure privacy and security of data shared with third parties; and
- b. introducing a clearly defined policy on vaccine mandates keeping in mind current evidence on COVID vaccinations and transmissions; health and safety requirements; equalities; and, non-discrimination, privacy and other fundamental rights of individuals.

1.2.9. Letter to Johnson & Johnson

Third World Network Trust (India), The Access IBSA Project, Sankalp Rehabilitation Trust, Forum For Medical Ethics Society, and others [wrote to Johnson and Johnson](#) (J&J) in September, 2021 and other concerned authorities expressing concerns about consistent failure of J&J to supply large quantities of its vaccine to any country in the world. While global demand for the J&J vaccine is robust, with good reason, demand for the vaccine is falling in some rich countries. The company’s unwillingness to license other manufacturers around the world, under the circumstances, is therefore both inexcusable and inexplicable.

I.3. Trainings: International and national collaborations

The pandemic disrupted our yearly training programmes in three sub-fields of bioethics. However, we continued with the two training programmes which were planned to take place in virtual spaces. These were as follows:

I.3.1. Short-Duration Intensive Institute for CEHAT and its collaborating partners in Research Ethics Matters in the arena of Programmatic Interventions Research to respond to Gender Based Violence (#ResEthicsGBV)

We had an opportunity to have a [short-duration training program for CEHAT and its collaborating partners in Research Ethics Matters](#) by facilitating participants to learn and equip themselves with foundations of research ethics and its operational or applied facets. The course participants served as significant human resource to take the learnings from their own ecosystems and facilitate knowledge transfer in research ethics.

The course included three main thematic modules and sub-themes therein as below:

- a. Foundations of research ethics
- b. Ethics of intervention research towards evidence-based advocacy and program
- c. Navigating through conflicting interfaces of law and ethics

Course Director and core Faculty:

- a. [Sunita Sheel Bandewar](#)
- b. [Anant Bhan](#)
- c. [Amar Jesani](#)
- d. [Lakshmi Lingam](#)
- e. [Mala Ramanathan](#)

I.3.2. Short-Duration Intensive Training Institute for ARMMAN in Research Ethics for Social Science and Public Health Research with focus on Evaluation Programs in Health Arena, and Digital Health Technologies as Programmatic Interventions

We had a [short-duration intensive training institute for ARMMAN](#) in research ethics for social science and public health research to enable participants to appreciate the salience of research ethics in upholding scientific integrity of research enterprise in general; and identify and apply the methods of ethical reasoning to health research with special focus on mHealth, digital technologies in health, and programme evaluations.

We used various learning methods such as interactive methods involving case studies, short videos; role play; and mock ethics review board meetings.

Course Director and core Faculty:

- a. [Sunita Sheel Bandewar](#)
- b. [Dr Amar Jesani](#)
- c. [Mala Ramanathan](#)
- d. [Dr Anant Bhan](#)
- e. [Ms Gracy Andrew](#)
- f. [Adv Apar Gupta](#)

I.4. HEaL Institute's blog space '[COVID-19 Insights: Analysis from ethics, law and human rights perspectives](#)'

To enable spaces for publishing short writings on the ethical, legal and human rights issues of the COVID-19 pandemic, HEaL Institute created a blog space in July 2020. It published about 30 pieces between August 2020 and March 2022 on various aspects of the ethical issues relating to the pandemic and responses developed by the policy makers, the healthcare systems and campaigns undertaken by civil society and health movement networks.

It also served as a repository of evolving resources both, at the National and the Global Level. We made efforts to enlist orders issued by the government and the international agencies such as the World Health Organization; published research reports published by other groups, posted announcements of webinars being organised by various constituencies to discuss the pandemic and response to the pandemic.

Blog 22 | HEaL Institute & IJME – Covid-19 Insights | April 28, 2021 | [Requesting Indian Government to issue government use Compulsory Licence for TB drugs bedaquiline and delamanid](#) | Jan Swasthya Abhiyan

Blog 24 | HEaL Institute & IJME – Covid-19 Insights | May 13, 2021 | [Open letter expressing concerns about convalescent plasma for COVID-19](#) | Yogesh Jain, Vivekanand Jha, Soumyadeep Bhaumik, Soumitra Pathare, Shahid Jameel, Priti Meena, Prathap Tharyan, Prashanth N Srinivas, Oommen John, Kamna Kakkar, Jyoti Tyagi, Gautam Menon, Gagandeep Kang, C.S. Pramesh, Sharita Saran, Aparna Ananthakrishnan, Anant Bhan, Amar Jesani

Blog 26 | HEaL Institute & IJME – Covid-19 Insights | June 7, 2021 | [Open letter calling for a global ban on biometric recognition technologies that enable mass and discriminatory surveillance](#) | Access Now, Amnesty International, European Digital Rights (EDRI), Human Rights Watch, Internet Freedom Foundation (IFF), and Instituto Brasileiro de Defesa do Consumidor (IDEC).

1.5. Collaborators: Academic institutes, networks, and organisations

As always, we continued working collaboratively with a number of like-minded organisations, networks, and academic institutes during the year for research activities, advocacy and campaigns, and training initiatives.

Academic institutes: Center for Ethics, Yenepoya – Deemed to be University, Mangalore; Global Health Policy & Intersectional Equity, School of Health & Social Care, University of Essex, UK; and Tata Institute of Social Sciences, Mumbai

Networks: All India Peoples' Science Network (AIPSN), Azim Premji University, Bangalore; Bebaak Collective, Campaign against hate speech; Community of Practitioners on Accountability and Social Action in Health (COPASAH); Forum Against Oppression of Women (FAOW); Health for all campaign; Indian Christians for Democracy; Innovative Alliance for Public Health, India; Jan Swasthya Abhiyan (JSA); Jan Swasthya Abhiyan – Mumbai; Medico Friend Circle (MFC); People's Union of Civil Liberties, Maharashtra Chapter (PUCL-MH); Campaign against racism and casteism (India chapter),

Organisations: Internet Freedom Foundation (IFF); and Seher.

1.6. Fortnightly Digest

We started crafting and disseminating a fortnightly digest in Aug 2020. It has been aimed at updating our readers and peers about all the activities of FMES, HEaL, and IJME that take place every fortnight along with curated information from peer spaces. The first Fortnightly Digest was sent out on August 11, 2020. During this reporting year, **we curated and disseminated 28 Fortnightly Digests.**

Besides highlighting key events, activities, and issues raised and endorsed by FMES, HEaL and IJME the Digest shares information of peer activities such as forthcoming conferences, webinars and seminars; links to recordings of concluded events; publications on bioethics, human rights, law and allied themes from academic, popular press, reports and guidelines; vacancies available in the field; and calls for submissions and applications. The Digest is evolving as we work on it every fortnight and has been well received.

Relevant updates in bioethics, human rights, and law; feedback from our readers; and request to add your email to our mailing list — can be mailed to us at fmes.digest@gmail.com.

[Link to the archive of our Fortnightly Digests.](#)

II. Indian Journal of Medical Ethics (IJME)

IJME entered its 30th year of existence, still dogged by financial challenges; but it has succeeded in carrying on with continuous publication throughout the three decades. Considered a reliable source of healthcare ethics information and policy, our content is used as a resource for medical ethics courses, and cited by journalists, policy makers, and even the courts. The bleak healthcare scenario in the country became extremely challenging under the repeated waves of COVID-19, but the journal has played an important role in revealing the ethical issues and possible solutions.

This brief report summarises the journal's work from April 2021 to March 2022.

II.1. Submissions we received

IJME received 304 submissions from April 2021 to March 2022. The journals submission saw a dip from the previous year, when we received 442 submissions. Of 304 submissions, 198 were declined, 36 published, 17 are in editing, and 53 are still in various stages of review as on March 31, 2022.

II.2. What we published



From April 2021 to March 2022, *IJME* published 112 items, 85 of them in the four issues from April 2021 to Jan-March 2022, while 27 were published as Online First till March end. These included some received over the previous year. The section-wise distribution of content of all the four issues is shown below:

Editorials: 6;	Theme articles: 21;	Covid-19 section: 12;	Research articles: 5;	Comments: 13;
Reviews: 8;	Case study: 1;	Commentaries: 2;	Reflections: 3;	Students' Corner: 2;
Law: 1;	Letters: 5;	Obituaries: 4;	Report on NBC: 1;	Financial Report: 1

During the year, we published three Theme issues amounting to 21 theme pieces in all:

1. April-June 2021: Double Standards Redux: The Ethics of Future Covid-19 Vaccine Research
2. October-December 2021: Citizenship, Governance and Accountability in Health
3. Jan-Mar 2022: Engaging with the Science, Ethics, and Practice of AYUSH.

II.3. Our reviewers

We are fortunate to have dedicated expert reviewers who put their sincere efforts into working on and improving submissions. Besides our internal reviewers, we thank the following external reviewers for their support during the year 2021-22:

Aarthy Ramasamy, Aarathi Raveendiran, Aasim Ahmad, Abida Sultana, Akhila Vasan, Alastair McLennan, Alex John London, Alok Sarin, Anindita Majumdar, Anika Khan, Anita Gadgil, Arun Bhatt, Arun Kumar Annamalai, Astrid Lobo Gajiwala, Bernard Dickens, Bevin Vinay Kumar, Bijoya Roy, Bushra Shirazi, Catherine Slack, Charles Weijer, Christina George, David Healy, Deepa Pandit, Deepa Venkatachalam, Denny John, Dheeraj Kattula, Dhvani Mehta, Dipika Jain, Eldred Tellis, Eric Meslin, Florencia Luna, Gayathri Prabhu, George Thomas, Hareesh Angothu, Harris Solomon, Ignacio Mastroleo, Isha Sinha, Ishita Goyal, J Devika, Jagdish Patel, Jagriti Gangopadhyay, Jasodhara Dasgupta, Jayanta Bhattacharya, Jing-Bao Nie, Jissa VT, JK Lakshmi, Joe Varghese, Kausar S Khan, Kenneth Zysk, Ketaki Chowkhani, Kingsly Robert Gnanadurai, KS Jacob, Lakshmi Lingam, Lopa

Mehta, Md Abid Geelani, Madhurima Nundy, Mahesh Mathpati, Malu Mohan, Manickam Ponnaiah, Manju Nair, Manjulika Vaz, Manoj Kumar Das, Mario Vaz, Monali Mohan, Monica Hendricks, Monica Sakhrani, Nandini Kumar, Naveen Kumar, Nida Wahid Basheer, Nithya Gogtay, Nobhojit Roy, Nuria Homedes, Padmaja Shaw, Pragati Hebbar, Prathap Tharyan, Prathibha KM, Pravin Bolshete, Priya Satalkar, Priyadarshini C, Priya Pais, Raffaella Ravinetto, Raj Kumar Mani, Rakhal Gaitonde, Rakesh PS, Raman Kutty, Ramesh Awasthi, Ravi Prasad Varma, Ravi Vaswani, Richard A Cash, Rieke van der Graaf, Ruth Macklin, Saima Iqbal, Sadhana Natu, Samir Malhotra, Sanjay Kalra, Santosh Vijayakumar, Sarika Chaturvedi, Satendra Singh, Saumil Dholakia, Saurav Basu, Shahista Parveen, Shaibya Saldanha, Shireen Jeejeebhoy, Siddharth Sarkar, Sophia Modi, Soumitra Pathare, SP Kalantri, Subhasri B, Sudarshini Subramaniam, Sudarshan Kottai, Sudha Ramalingam, Sundar Sarukkai, Sunil K Pandya, Sunil Rajpal, Sunu C Thomas, Supriya Subramani, Suthanthira Kannan S, Swapnatai Meshram, Sylvia Karpagam, Tannistha Samanta, Thomas Lang, Udaya Mishra, Uma Kulkarni, Upreet Dhaliwal, Usha Raman, Vallish BN, Varalakshmi Elango, Vibhuti Patel, Vipin Vashishtha, William Joe.

Many of our reviewers are regulars, but we are trying to increase the pool by including published authors in *IJME*, and sourcing more reviewers from PubMed. This has helped in reducing excessive pressure on our regular reviewers. Our WEs have also contributed reviewers from their networks, which is very helpful, especially with subjects we have rarely covered. We plan to work intensively on developing a larger reviewer base.

II.4. Social media presence

IJME use its social media presence to widely disseminate the articles published in the journal. The *IJME* Facebook public group now has 7.9K members, whereas its Facebook page has 2.3K followers. Additionally, we have Twitter accounts for *IJME* with 2190 followers and LinkedIn account with 996 followers and 960 connections.

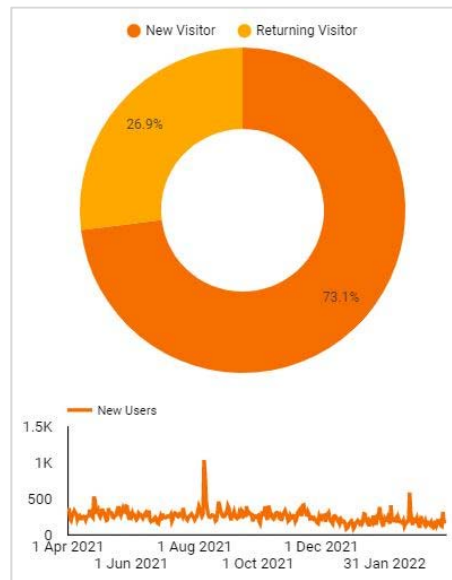
The HEaL institute Facebook page has 541 followers and a Twitter account with 171 followers. Bioethics news items across media, information on our short duration training sessions, and various events and discussions held at FMES are regularly posted on these platforms.

II.5. Indexing

We continue to be indexed in MEDLINE/PubMed, The Philosopher’s Index and Scopus. We have been part of PubMed’s LinkOut facility from 2017 onwards, in order to provide direct access to readers searching the database. The Table below shows the direct usage from the PubMed database over the four years up to March 2022. We have extended the range of our content to law, philosophy and the social sciences, and will keep striving towards inclusion in more databases in those disciplines, thereby enlarging the reach of our content.

Month (2018-19)	Hits	Month (2019-20)	Hits	Month (2020-21)	Hits	Month (2021-22)	Hits
Mar 2019	1239	Mar 2020	974	Mar 2021	1535	Mar 2022	1636
Feb 2019	1058	Feb 2020	939	Feb 2021	1213	Feb 2022	1514
Jan 2019	1020	Jan 2020	880	Jan 2021	1177	Jan 2022	1456
Dec 2018	823	Dec 2019	824	Dec 2020	1160	Dec 2021	1448
Nov 2018	1032	Nov 2019	800	Nov 2020	1220	Nov 2021	1612
Oct 2018	966	Oct 2019	857	Oct 2020	1129	Oct 2021	1561
Sep 2018	923	Sep 2019	869	Sep 2020	1033	Sep 2021	1293
Aug 2018	897	Aug 2019	758	Aug 2020	971	Aug 2021	1155
Jul 2018	885	Jul 2019	790	Jul 2020	1162	Jul 2021	1297
Jun 2018	814	Jun 2019	707	Jun 2020	1573	Jun 2021	1346
May 2018	1081	May 2019	904	May 2020	1953	May 2021	1539
Apr 2018	1136	Apr 2019	1095	Apr 2020	1217	Apr 2021	1463
	11,874		10,397		14,123		15,708

II.6. Usage data for the website



The Table below gives information about the comparative usage of our website over the past six years:

Indicator	2016-17	2017-18	2018 -19	2019-20	2020-21	2021-22
Users	133207	156659	288962	572504	422565	93216
Number of sessions	172809	198645	362369	709948	529277	126915
Page views	324073	377224	554739	983615	744345	211075
Pages/session	1.88	1.90	1.53	1.39	1.41	1.66
Average session duration (minutes: seconds)	1.35	1:29	1.13	1.03	1.04	1.21
Bounce rates (%)	73.72	63.72	80.79	83.79	83.30	80.77

Key terms used:

1. Session: A session is the period/time a user is actively engaged with the website. When a user is inactive for 30 minutes or more, any future activity is attributed to a new session.
2. Bounce rate: Any user session which views only one page is considered to have bounced. Bounce rate is single-page sessions divided by all sessions.
3. Cumulative time spent = number of sessions multiplied by average session duration (in seconds) divided by 86400 seconds multiplied by the number of users.

Explanation:

1. The number of users reduced by about 78% over the past one year, whereas the page views have reduced by 72%.
2. The average session duration has seen a growth of 26% and the pages per session too have increased by 19%, with a slight decrease in the bounce rate.
3. The total time spent by all *IJME* users has decreased by 70%, from 392 days in 2020-21 to 119 days in 2021-22.
4. From the above points, we can draw the following inferences:
 - a. The increase in usage of *IJME*'s website during 2020-21 was during the intense phase of lock down when most people were more or less free to surf, whereas the period 2021-22 represents a relatively stable period when most people went back to work.
 - b. In addition, the number of new visitors has reduced because the returning visitors also show a slight increase. This represents a possible emerging trend that is worth watching as the pandemic period got all the new hits and therefore, given the base of people interested in *IJME*, a possible saturation was achieved during that period. Therefore, we also need to look for stability and returning viewers as a mark of consistent interest.

II.7. Web management

We have three full time staff for all FMES/IJME work. Mahendra Shinde and Vijay Sawant, both veterans of the NGO sector, have been part of our team since 2019-20. While Samanvay Foundation's stint as technical partner will end in 2022, we have accomplished a transfer of skills to enable in-house website management including page-making, uploading of content, and management of the back-end towards making FMES largely self-sufficient in technical management.

II.8. Updates from the editorial office

We welcomed Georgiaria Fernandes to the editorial office in October 2021 as the new Editorial Coordinator.

Revised submission guidelines and cover letter:

IJME revised its submission guidelines and cover letter for the authors from February 08, 2022. Word limit as per article types, use of inclusive language, styling changes (e.g., use of square brackets for references instead of round brackets), journals copyright and author's rights, are a few of the many revisions that have been made to the guidelines. Those interested in submitting their articles are requested to go through the <https://ijme.in/submission-guidelines/>. The revised cover letter is available at <https://ijme.in/submission-cover-letter/>.

II.9. Our print issue

We have maintained the size of the print issue at 88 pages. The subscription rates were revised in January 2021, which remain unchanged this year too. We have been able to print all four issues throughout 2021-22.

Subscription rates for print issue of IJME Effective from January 2021							
Period	India (in INR)			SAARC Countries* (in INR)		International (in USD)	
	Individual	Student	Institutional	Individual	Institutional	Individual	Institutional
One Year	1,440	720	3,600	2,160	4,320	90	180
Two Years	2,520	1,260	6,300	3,960	7,740	150	330
Five Years	6,480	NA	16,200	10,080	19,800	360	810
Life-time	72,000	NA	1,80,000	86,400	1,98,000	7,200	18,000

*SAARC Countries: Bangladesh, Bhutan, Maldives, Nepal, Pakistan, and Sri Lanka
**This will be an e-copy of the full issue in PDF format that subscribers to the e-copy will receive via email.

III. National Bioethics Conference

The Conference proceedings of the last NBC on "[Crisis within a crisis: Scientific, ethical and humanitarian challenges of Covid-19](#)", which took place in Nov-Dec 2020, were woven around four themes: Access, Rights and Justice in a Public Health Emergency; Clinical Ethics and Healthcare in the Pandemic; Research Ethics in the COVID Pandemic; Healthcare Humanities. The NBC was co-organised by FMES and its two platforms, IJME and HEaL, together with the Center for Bioethics, Yenepoya (Deemed to be University), Mangalore.

III.1. Publication of the proceedings

We published its proceedings as a report.

Gangopadhyay, Jagriti ; Davis, J Charles; Kalkoti, Shridevi ; Khadeejath, Farseena ; Ratha, Sre. [Examining the significance of ethics during Covid-19: Overview of the proceedings of the 8th National Bioethics Conference, 2020](#). *Indian Journal of Medical Ethics*, VI(4), 334. <https://doi.org/10.20529/IJME.2021.047>

III.2. FMES-IJME Ethics Award 2020-21

The FMES-IJME Ethics Award is an event of our biennial National Bioethics Conference (NBC), a platform established by the Forum for Medical Ethics Society in 2005. The FMES-IJME Ethics Award 2020-21 was a part of the 8th NBC held in November 2020. The awards for '**Outstanding Contribution to Ethical Practice and Improving Access to Healthcare for Marginalised Groups during the COVID-19 pandemic**' were conferred on April 11, 2022. The Ethics Awards 2020-21 were intended to honour the contributions made by nursing professionals and grassroots healthcare professionals, during the pandemic.

Award organisers:

- FMES and its two platforms, IJME and HEaL
- Center for Bioethics, Yenepoya (Deemed to be University), Mangalore



Award Categories:

- Category 1 | Individual health care providers:** ASHAs (Accredited Social and Health Activist) and ANMs (Auxiliary Nurse Midwife) who served during the COVID-19 times in either urban or rural areas;
- Category 2 | Individual health care providers:** Nursing professionals who provided services during the COVID-19 pandemic in either urban, rural or other remote areas; in public or private health care settings
- Category 3 | Citizens' groups: Expressions of solidarity:** Small entities or groups formed during the pandemic through the citizens' own initiative to address specific needs that emerged due to the pandemic and respond to them; expressing solidarity with fellow citizens

Award prize:

1. A cash award of INR 80,000 (Eighty thousand) in each of the three categories.
2. A citation prepared by the selection committee and read out at the award conferring event.
3. A cash award of INR 10,000/- (Ten thousand only) to each Appreciation Awardee, and
4. A citation prepared by the selection committee and read out at the award conferring event.

Award Selection Committee:

The selection committee had three members, with different backgrounds: (a) a clinical practice expert; (b) a public health practice/activism expert; and (c) a non-medical person or person active in a civil-society organisation for bioethics, healthcare rights, and patient and consumer interests.

The selection work was non-remunerative, but the committee members were provided with any help regarding support of citation works of the Awardees and any other with regards to help with them to attend virtual event.


Selection committee members:

- a. Dr M Prakasamma
- a. Dr Pavitra Mohan
- b. Dr Sulakshana Nandi


SELECTION COMMITTEE FOR
FMES-IJME ETHICS AWARDS 2020-21
 IN COLLABORATION WITH
 THE CENTER FOR ETHICS, YENEPOYA (DEEMED TO BE UNIVERSITY)

**For Outstanding Contribution to Ethical Practices and
 Improving Access to Healthcare for the Marginalised
 during the COVID-19 pandemic**


Dr M Prakasamma,
Executive Director, Academy for
 Nursing Studies and Women's
 Empowerment, Raichur's Studies
 (RAWERS)



Dr Pavitra Mohan,
Co-founder and Secretary,
 Basic Healthcare Services &
 Director, Health Services,
 Aspetech Bureau, Udipiur.



Dr Sulakshana
Co-Chair of People's Health Movement
 Global Steering Council, and National
 Co-Chairman of FIMES India



AWARD CATEGORIES

- ASHAs and ANMs
- Nursing Professionals
- Groups formed during COVID-19 to support vulnerable constituencies

AWARD CEREMONY
 A virtual event on World Health Day
APRIL 7, 2022
8th National Bioethics Conference

Who can apply?
 Any Indian nationals in the award categories serving marginalised and vulnerable communities and promoting the culture of ethical healthcare practice.

NOMINATIONS OPEN : JANUARY 7, 2022
NOMINATIONS CLOSE : FEBRUARY 15, 2022

Call for Nominations FMES-IJME Ethics Awards 2020-21
 Nomination form for Category 1 & 2, Nomination form for Category 3
 For queries, please write to us at: fmes.iymeethicsaward@gmail.com
 Twitter handle: @ijmeethicsaward

PLEASE DO HELP US FIND A DESERVING CANDIDATE. IT COULD ALSO BE YOU.

In this second round of FMES-IJME Ethics Awards 2020-21, [six awardees](#) were recognised for their significant contribution during the pandemic.

Category	Awardees	Award of appreciation
Category 1 (ASHA, ANMs and VHNs)	Pasavathy Muthurangam: VHN, PHC, Minjur block, Tamil Nadu	A. Kokila: ASHA, PHC, Mannavanur block, Palani, Tamil Nadu
Category 2 (Nursing Professional and Counsellors)	Sanjana Shailendra Chikhalkar: Chief community development officer, Khan Bahadur Bhabha Municipal general hospital, Kurla, Mumbai	Nazma: Community worker, previous staff nurse at HAHC hospital, Delhi
Category 3 (Citizen group formed during COVID-19 pandemic)	SWAN (Stranded Workers Action Network): Initiated in Jharkhand and had South, Delhi-Haryana, North, West and East Zone.	Covid warriors: Bangalore based citizen group.





IV. FMES members' contribution to the bioethics discourse, research, capacity building and other engagements (2021-22)

IV.1 Research projects

IV.1.1. Impact of historical and entrenched structural inequities on COVID19 vaccine access and uptake among transgender and disability communities in India

Dr Sunita Bandewar has been involved in this project in her individual capacity as co-Principal Investigator along with Dr Anant Bhan, Sangath, Bhopal Hub, MP with other colleagues. It is a pan-India project involving a multidisciplinary team of professionals.



Marginalised communities such as people with disabilities and transgender persons face considerable challenges in accessing COVID-19 vaccines due to inaccessible health facilities, unaffordability and unavailability, historical marginalisation, and entrenched structural inequities. However, this should be viewed in the context of the historical marginalisation and experiences of exclusion of these communities in the health system which the COVID-19 pandemic has exacerbated. Separate vaccination centres created with the help of activists and the intervention of courts have faced poor demand, suggesting lower vaccine confidence. This is highlighted by our ongoing research with the transgender community and the work on disability by our collaborator ([TransCare:COVID19](#) and [Disability Inclusive Compassionate Care](#))

A large segment of the existing scholarship in this field has a narrow framing of 'vaccine hesitancy' with focus at the individual level and viewing it as a behavioural and attitudinal issue rather than looking at it structurally through the lens of equity and intersectionality incorporating wider issues such as trust deficit in the public health system, embedded stigma, and exclusion both in practice and clinical trials, which often exclude marginalized communities. We aim to conduct a community-based participatory qualitative study to deconstruct forms of structural inequities that shape COVID-19 vaccine access and uptake among the transgender and disability communities in India.

IV.1.2. Acquiescence and submission to COVID-19 vaccination: Ethics considerations [Supported through WHO, Geneva]

Compelling individuals to be vaccinated with candidate vaccines that have been granted emergency use approval based on limited data, and penalising non-compliance, raises challenging ethical issues. For instance, some individuals may wish to be vaccinated, but may be hesitant to be vaccinated with particular vaccine candidates. On the other hand, some individuals may be averse to vaccination of any sort but may find themselves being forced to submit to vaccination in certain situational contexts to gain access to benefits or services. In all such instances, acquiescence and submission runs counter to the notion of voluntariness, which is a central pillar of the doctrine of informed consent. It was short duration (3 months) project and Dr Sunita Bandewar was involved in individual capacity.

Publication: Singh JA, Bandewar SS, Palmero A and Bhan A. **Acquiescence and submission to COVID-19 vaccination: ethics considerations [version 1; peer review: awaiting peer review]**. Wellcome Open Research 2021, 6:91. <https://doi.org/10.12688/wellcomeopenres.16745.1>

IV.2. Scholarly contributions in the areas of bioethics: Papers published in academic journals

1. Mukhopadhyay B. (2022). [Ethics Matters!](#) *Journal of the Indian Anthropological Society*. 57(1): 1-4.
2. Vijayan B, **Ramanathan M**, Rangamani S, Joe W, Gopinathan S, & Mishra US.(2021). [Treatment and rehabilitation of stroke patients in India: A gendered analysis based on repeated cross-sectional national sample surveys on health, 2014 and 2019](#). *Health Care for Women International*.
3. **Ramanathan M** and Thomas SC. [Infertility – an unfinished reproductive rights agenda in India](#). *Indian Journal of Medical Ethics* Vol VI Oct-Dec(4), pp. 267-269.
4. Siniora, D.N., **Timms, O.** & Ewuoso, C (2022). [Managing feeding needs in advanced dementia: perspectives from ethics of care and ubuntu philosophy](#). *Med Health Care and Philos.*
5. Parry B, and **Ghoshal R.** (2022). [Reproductive Empires and Perverse Markets: Unpacking the Paradoxical Dynamics of ART Market Expansion in Non-urban India and Beyond](#). *Catalyst: Feminism, Theory, Technoscience*. 8(1): 1-26.
6. Sikder, S., **Ghoshal, R**, Bhate-Deosthali, P and Roy, N (2021). [Mapping the health systems response to violence against women: key learnings from five LMIC settings \(2015–2020\)](#). *BMC Women's Health*; 21:360.
7. **Srinivasan, S.** (2021). [Placebo in new Covid-19 vaccine trials: data quality prioritised over participants' rights](#). *Indian Journal of Medical Ethics*, VI (2), 103.
8. **Gopichandran V**, Subramaniam S (2021). [A qualitative inquiry into stigma among patients with Covid-19 in Chennai, India](#). *Indian Journal of Medical Ethics*, 6(3):193.
9. Danabal, K.G.M., Magesh, S.S., Saravanan, S., **Gopichandran V** (2021). [Attitude towards COVID 19 vaccines and vaccine hesitancy in urban and rural communities in Tamil Nadu, India – a community based survey](#). *BMC Health Serv Res* 21, 994.
10. **Gopichandran V** (2022). Reducing the ethical burdens of antimicrobial stewardship using a social determinants approach. *Asian Bioethics Review*;14(2):183-190. doi: 10.1007/s41649-022-00202-9

IV.3. Contributions to public engagement on bioethics issues: Writing in the popular press

A number of members of FMES contribute to the bioethics discourse by writing in the popular press which serves as part of our public engagement efforts. Amongst others, Dr Vijay Gopichandran runs a blog space titled '[STORYTELLERS](#)' to present his own experiences working in the clinical care settings and articulating complex ethical issues he and his colleagues faced during the pandemic.

Some other pieces from our members:

1. Scaria LM, Sunu Thomas and Mala Ramanathan, 2021. Review of Sara'S from a Gender and Reproductive Rights perspective, in Plainspeak. url: tarshi.net/inplainspeak/saras
2. Udaya S Mishra and Mala Ramanathan. 2022. [If the Census 2021 is further delayed, silent transition underway in India will be missed forever](#), Online Manorama, Feb 4 2022.
3. Timms O (2021). [Covid-appropriate behaviour is the key](#). *Deccan Herald*.

IV.4. Visiting and guest faculty in areas of bioethics

Mala Ramanathan

1. Taught a session on 'Informed consent processes during the pandemic' for a Program on 'Ethical issues in global health research' organised by Harvard TH Chan School of Public Health, Boston (April 9, 2021)
2. Recorded a lecture for a teaching module on 'Risk benefit assessment in health research' for a programme on Ethics Training for Biomedical Researchers organised by DHRISTI program, Bhopal (May 3, 2021)
3. Taught a session on 'Ethics in social science research in health' for MPhil course in Clinical Epidemiology for Kerala University of Health Sciences, Trissur (May 8, 2021)
4. Taught a session on 'Risk Benefit assessment in clinical trials' for ISWEAR 2021, training program for researchers and Ethics Committee members conducted by Centre for Ethics, Yenepoya deemed to be University, Delarakatte, Karnataka (May 18, 2021)
5. Taught a session on 'Ethics in social science research and Introduction to qualitative research' for Research Capacity Building Program conducted by Gulati Institute of Finance and Taxation, Thiruvananthapuram (Sept 21, 23, 24 and 28, 2021)
6. Coordinated and taught a module for Batch D, MSc Research Ethics Program on Qualitative Research Methodology for Centre for Ethics, Yenepoya Deemed to be University, Delarakatte, Karnataka (October 4-8, 2021)
7. Taught a session on 'Risk Benefit assessment in Health Research' for Short Duration Intensive Training Institute for ARMMAN conducted by FMES and HeAL, Mumbai (November 11, 2021)
8. Taught a session on 'Risk Benefit assessment in Health Research' for Short Duration Intensive Institute for CEHAT and its collaborating partners in Research Ethics Matters in the arena of programmatic interventions research to respond to GBV conducted by HeAL and CEHAT, Mumbai (December 9, 2021)
9. Taught a session on 'Risk Benefit Assessment in Health Research- Case studies discussion' for Ethics Training Course for Health Care Providers conducted by SANGATH-DHRISTI (Jan 21, 2021)
10. ICMR Guidelines-applicability for RMPs-Scope and Implications' for Adoption of ICMR guidelines by RMPs conducted by Ethics and Medical Registration Board, Sub-group 9 (Feb 8, 2022)
11. Designed and taught a one credit module on Research and Publication Ethics for UGC Syllabus for PhD students organised by Gulati Institute for Finance and Taxation, Thiruvananthapuram (Feb 7-19, 2022)

Olinda Timms

1. Adjunct Faculty, Ethics, International Medical School, Bangalore Campus, Ramaiah Medical College Bangalore (September 2021)

Sandhya Srinivasan

1. Taught a module on publication ethics to students of the research ethics programme at Yenepoya Deemed to be University

IV.5. Members of committees appointed by the Government of India and allied bodies

Mala Ramanathan

1. Nominated as a member of the Ethics & Medical Registration Board sub-group of experts-Group 9 for First Meeting-Group 9: Adoption of ICMR Guidelines by RMPs sub-committee (February 2022)
2. Nominated as a member of the Committee for Programme Management Unit Committee to restructure and re-energise the PRC Network of the MOHFW, Govt of India vide OM W-11011/14/2019-Stats (PRC) (February 2022)

Olinda Timms

1. Bioethics member, National Centre for Biological Sciences, GKVK Campus, Bangalore (2021 – present)
2. Group Task Force on Revision of IMC Regulations 2002, Ethics and Medical Registration Board, National Medical Commission, ND (October 08, 2021)
3. Member, Asia Pacific Bioethics Education Network, 2021

Sanjay A Pai

1. Member of a sub-committee on “Informed consent” for the Ethics regulations for the National Medical Commission, (February 2022 onwards)

Vijayaprasad Gopichandran

1. Consultation Revision of Code of Ethics by the National Medical Council, India

IV.6. Members of Ethics Review Boards/Committees

Mala Ramanathan

1. Member of the Institute Ethics Committee, Health Action for People, Thiruvnanthapuram ECR/208/Indt/KL/2014/RR-20

Olinda Timms

1. Member, Hospital Ethics Committee, St. John’s Medical College, Bangalore (May /June 2021 – present)

Sanjay A Pai

1. Institute of Ayurveda and Integrative Medicine [FRLHT/TDU] — Chairman (2012 – 2018), Member (2018 – present)
2. IRB, Karunashraya Hospice, Bangalore — Member (2010 – present), Deputy Chairman (2017 – present)

Vijayaprasad Gopichandran

1. Member Secretary, Institutional Ethics Committee, ESIC Medical College and PGIMSR, Chennai
2. Member, Institutional Ethics Committee, Foundation for Research in Health Systems, Bengaluru
3. Member, Institutional Ethics Committee, World Vision India

IV.7. Participation in workshops, seminars, conferences, colloquiums, international visits

Amit Chakrabarti

1. Participated in the seminar on “the need for integration of health benefits as an ethical challenge in mental health research among low resource populations in India” organised by the Global Forum on Bioethics in Research (GFBR) via virtual medium from November 30 to December 2, 7 – 9, 2021.

Mala Ramanathan

1. Key note speaker for Advanced Certificate Program in Medical Law, Clinical Research and Bioethics conducted by Prof.NR Madhava Menon Interdisciplinary Centre for Research Ethics and Protocols, CUSAT, Kochi (August 4, 2021)
2. Key note speaker on ‘Public Health Ethics-prioritising gender gaps in COVID-19 vaccinations’ for World Bioethics Day, organised by Bioethics Club, AIIMS, Jodhpur (October 19, 2021)
3. Panelist on ‘Incorporating sex/gender as an analytical category in vaccine trials-an ethical imperative’ for a panel on Ethical Challenges in Clinical Trials with a focus on Drug and Vaccine Trials organised by Centre for Human Dignity and Development, IMPRI, Delhi (March 4, 2022)

Olinda Timms

1. Resource person/Speaker on “Public, community (including media) engagement for First-in-Human Infection studies”, Sensitization Workshop for Ethics Committees on First-in-Human Infection studies. (August 6-7, 2021)
2. Convener for “World Bioethics Day” - Theme: Social Responsibility and Health, Competition and Friday Clinical Meeting, St John's National Academy of Health Sciences (October 2021)
3. Panelist at Student Conference 2021 titled ‘Ascension-A Step Above’ of KEM Hospital Mumbai Division of Medical Humanities centred around the theme “COVID and Mental Health – A Cultural Memory”; panel topic “Covid19 - an urgent call for clinical ethics committees in Indian hospitals”. (October 2, 2021)
4. Speaker on topic “Humane Holistic Care: A Fading Light”, a workshop for Catholic Health Care Workers organised by Mysore Diocese - Seminar and Workshop - Catholic Bioethics held at St Philomena’s College, Mysore (November 7, 2021)

Rakhi Ghoshal

1. Panelist on webinar titled “Sex and Age Disaggregated data in times of COVID for GBV programming” organised by Asia Pacific Gender/GBViE Network and CARE (May 17, 2021).
2. Panelist on Global Health Science and Practice, Technical Exchange: panelist on session titled Centering Needs of Women and Girls – integrating health services with response to gender based violence (USAID), (April 23, 2021).

Sanjay A Pai

1. Speaker for a webinar on “Publication ethics” organised by ASSI (July 1, 2021 and January 27, 2022)
2. Plenary speaker on “Research ethics” organised by The UT MD Anderson Cancer Center, Houston, Texas, USA, for the 9th International Association for Education in Ethics (IAEE) Conference on Friday, July 16, 2021.
3. Speaker for a webinar on “Research misconduct” organised by the Indian Academy of Sciences (November 20, 2021 and April 9, 2022)

V. Audited accounts 2021-2022