

GUARDING DEMOCRACY

The rise of Artificial Intelligence (AI) has revolutionised nearly every sphere of modern life, including politics. While AI-driven tools can enhance governance, streamline communication, and make electoral processes more efficient, their misuse in political campaigns poses a grave threat to democracy, public trust, and social harmony.

AI's ability to generate persuasive content-text, images, audio, and even realistic deepfake videos-has opened new frontiers of political propaganda. In recent elections worldwide, we have witnessed the deployment of AI-generated misinformation designed to manipulate voter perception, malign opponents, and distort facts. Such synthetic content, when circulated widely through social media, blurs the line between truth and fabrication, leaving citizens vulnerable to deception. The deliberate use of AI to simulate candidates' voices or create fake endorsements corrodes the very foundation of informed democratic choice.

In India and elsewhere, political parties increasingly rely on AI-based micro-targeting to influence voter behaviour. Algorithms analyse vast amounts of personal data-from social media activity to online searches-to craft customised political messages. While data-driven campaigning is not inherently unethical, its unregulated use raises serious privacy concerns and encourages psychological manipulation of voters. When citizens are treated as data points rather than informed participants in democracy, the electoral process becomes a marketplace of influence rather than a contest of ideas.

The challenge, therefore, lies in balancing technological innovation with ethical responsibility. Governments, election commissions, and digital platforms must act swiftly to frame robust regulatory frameworks that ensure transparency and accountability in the use of AI tools during elections. Political parties must commit to self-regulation and refrain from exploiting AI for deceitful propaganda.

GST Reforms and the New Dawn of Indian Tourism

■ GAJENDRA SINGH SHEKHAWAT



Ladakh's monasteries to Kanyakumari's shores-its full potential remained constrained by fragmented taxation and high costs. The recent reforms in the Goods and Services Tax (GST) have begun to change that story.

For years, India's tourism and hospitality industry bore the weight of a complicated tax regime. A patchwork of levies-service tax, VAT, luxury tax-created confusion and inflated travel costs. The introduction of GST brought simplification, but the recent rationalisation of rates has been decisive in making Indian tourism more competitive.

The reduction of GST on hotel rooms priced under ₹7,500 from 12% to 5% has been particularly transformative. Travel has become more affordable for middle-class families and budget travellers-the backbone of domestic tourism. Higher occupancy rates, longer stays, and greater local spending are direct outcomes. For small entrepre-

neurs and homestay owners, lower compliance costs have improved viability and encouraged formalisation. It is a quiet but profound shift towards scale and sustainability.

Tourism thrives on connectivity. The reduction of GST on passenger transport-especially on buses carrying more than ten passengers-from 28% to 18% is a crucial enabler. It has made intercity and group travel more accessible for pilgrims, students, and families. Heritage circuits, eco-tourism parks, and rural destinations are seeing fresh momentum.

This reform goes beyond cheaper tickets-it is about linking regions, democratizing travel, and giving small tour operators a chance to expand. For India, where tourism is a powerful vehicle for regional equity, affordable mobility is economic empowerment.

India's appeal lies not only in its monuments but also in its living traditions. Reducing GST on art and handicraft products from 12% to 5% has boosted a sector that sustains millions of artisans. Every handmade artifact sold in a local market carries the imprint of India's cultural continuity.

Lowering taxes here is not merely an economic gesture-it is a cultural investment. Tourists today seek authenticity, and when they take home a handwoven Kancheepuram saree or a carved sandalwood figurine, they carry a piece of India's creative economy.

This reform empowers artisans, strengthens craft clusters, and makes heritage part of the growth narrative.

Perhaps the most enduring benefit of GST is clarity. Small hotels, homestays, and travel agencies now operate within a single, predictable framework instead of a maze of state-specific taxes. This improves compliance, boosts investor confidence, and creates space for innovation.

Formalisation also unlocks access to credit, insurance, and digital payments for thousands of small operators who once functioned informally. For a sector that employs more women and youth than most others, this integration is transformative. Tourism becomes not just a leisure industry but a driver of entrepreneurship and livelihoods.

Globally, price competitiveness determines where tourists travel. For years, India lagged behind Southeast Asian destinations such as Thailand and Vietnam, which offered low hotel taxes and simplified levies. The recent GST recalibration has narrowed that gap. India now offers world-class experiences-from Ayurveda retreats to heritage hotels-at globally competitive rates.

The results are visible. Domestic tourism has surged to record highs, and foreign tourist arrivals are steadily recovering. Niche segments such as cruise, wellness, film, and spiritual tourism are expanding rapidly. The government's integrated push through programmes like Swadesh Darshan

2.0, PRASHAD, and Vibrant Villages is further aligning infrastructure, policy, and community participation.

Tourism currently contributes about 5% to India's GDP and supports over 80 million livelihoods. With sustained reforms and infrastructure investments, this could easily double by 2030. Every percentage point increase in tourism activity generates exponential benefits-jobs, local enterprise, women's empowerment, and cross-cultural understanding.

The GST reforms are not isolated fiscal measures; they represent a philosophy that taxation should enable, not inhibit. They make travel more affordable, enterprise more viable, and destinations more attractive. They bring the economy's pulse closer to the people.

As India looks ahead to its centenary of independence, the vision of Viksit Bharat will be incomplete without a globally competitive and culturally confident tourism ecosystem. The world is rediscovering India-not just as a destination, but as an experience that harmonises tradition with modernity, economics with empathy.

With a rationalised GST, improved connectivity, empowered artisans, and a confident industry, India's tourism story is set to become one of the defining success narratives of this decade-a story where reform meets renaissance, and every journey becomes part of the making of New India.

(The author is the Union Minister of Culture and Tourism)

Healthcare in Jammu and Kashmir: Progress amidst persistent challenges

■ MOHAMMAD HANIEF

Jammu and Kashmir, a region renowned for its natural beauty and cultural richness, has been making significant strides in healthcare reform. From the snow-clad peaks of the Valley to the bustling plains of Jammu, healthcare infrastructure is being reshaped to meet the growing demands of a diverse and often remote population. However, alongside noteworthy achievements lie persistent challenges that continue to test the resilience of the region's health system.

One of the most transformative interventions in recent years has been the implementation of the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). Launched in JAMMU AND KASHMIR as part of the broader national health mission, the scheme offers health insurance coverage of up to ₹5 lakh per family per year, benefiting both Below Poverty Line (BPL) and non-BPL families. The initiative has significantly reduced out-of-pocket healthcare expenses and has helped make critical treatments accessible to underserved populations.

In line with this, hundreds of health and wellness centres have been upgraded to AyushmanArogyaMandirs, equipped to offer comprehensive primary care. These centres have improved outreach in remote areas, particularly where access to doctors and specialists was previously scarce.

Technology has played a crucial role in overcoming Jammu and Kashmir's unique geographic challenges. The e-Sanjeevani Telemedicine Service, part of a nationwide digital health platform, has emerged as a lifeline for patients in



mountainous and rural regions. Through virtual consultations with doctors across India, thousands of residents have received timely advice without the need to travel long distances.

Additionally, the Jan Aushadhi Scheme-with its growing network of pharmacies providing generic medicines at affordable prices-has alleviated the financial burden of drug costs for thousands of families.

At the heart of Jammu and Kashmir's healthcare infrastructure are its premier institutions, including the Sher-i-Kashmir Institute of Medical Sciences (SKIMS) in Srinagar and the Government Medical College (GMC), Jammu and Srinagar. These institutes provide tertiary care services, conduct research, and serve as teaching hospitals for future generations of healthcare professionals.

SKIMS, in particular, has been pivotal in advancing specialist care and medical education since its inception in 1982. GMCs across the region have been instrumental in serving high patient volumes while also expanding postgraduate and super-specialty education.

Despite progress, Jammu and Kashmir is facing a worrying rise in non-communicable diseases (NCDs) such as diabetes, hypertension, and cardiovascular conditions. An estimated 7.8% of the population suffers from diabetes, with over 10% in the pre-diabetic stage. These diseases, once more prevalent in urban centres, are now increasingly found in rural populations as well, driven by lifestyle changes and limited preventive care.

Equally concerning is the growing mental health crisis. Anxiety, depression, and substance use disorders have

spiked in recent years, exacerbated by decades of conflict, unemployment, and social isolation. Mental health helplines have recorded thousands of distress calls, while professionals struggle to keep pace with demand amid a shortage of psychiatrists and clinical psychologists.

Perhaps most alarming is the rising tide of drug abuse, particularly among the youth. Recent surveys estimate that over 1.35 million people in Jammu and Kashmir are affected by substance use disorders, with more than half a million addicted to opioids. The spread of intravenous drug use has also raised fears of associated health risks such as hepatitis and HIV.

While the construction of new medical colleges and hospitals has expanded the physical footprint of healthcare services, glaring gaps in diagnostics and human

resources remain. Key medical equipment, such as MRI and CT scanners, are often concentrated in a few tertiary hospitals, with many district and sub-district hospitals lacking radiology or oncology services altogether.

The region has only two PET scan facilities-one each at SKIMS and GMC Jammu-far below the requirement for a population of over 13 million. Many cancer patients still travel out of the union territory for advanced diagnostics or treatment, incurring significant financial and emotional costs.

Staffing also poses a critical challenge. Nearly 60% of sanctioned posts at leading hospitals like SKIMS are vacant, and thousands of paramedical and technical posts remain unfilled in rural health centres. In many hospitals, essential diagnostic equipment lies unused due to a lack of trained technicians or biomedical engineers.

To address these issues, the Jammu and Kashmiradministration has announced a slew of reforms and expansion plans such as a dedicated medical university is being proposed at SKIMS, which will bring all medical colleges under a unified regulatory and academic framework. This could streamline administration and enhance academic standards across institutions.

Also construction is underway on new hospital wings, including at LalDed Maternity Hospital and Bone and Joint Hospital Srinagar, which are expected to ease patient loads and modernize critical departments. The health department has initiated large-scale recruitment drives for doctors, nurses, and paramedics. While bureaucratic delays persist, the increased attention to staffing

is a welcome shift.

Experts emphasize that public health awareness and preventive medicine must be prioritized alongside infrastructure development. Immunization drives, maternal and child health programs, and nutrition campaigns have had measurable success, but there is a growing need to incorporate health education, screenings, and early interventions into every layer of the system.

The government has also launched initiatives focused on maternal health, adolescent hygiene, and non-communicable disease screening, with health workers conducting outreach in both schools and rural communities.

Healthcare in Jammu and Kashmir stands at a pivotal juncture. The region has witnessed meaningful reforms that have improved access, especially through digital platforms and insurance coverage. Major investments in hospital infrastructure, medical education, and drug availability have laid a solid foundation.

However, addressing chronic staffing shortages, expanding diagnostics, and confronting the mental health and drug crises are challenges that require urgent and sustained action. Equally vital is the empowerment of primary care systems and public health outreach, which form the first line of defense for millions of residents.

As Jammu and Kashmir continues on its journey of healing and growth, a resilient and inclusive healthcare system will be one of its most important pillars. The path forward lies not only in bricks and mortar but in policy, compassion, and the commitment to leave no one behind.

NHM Employees: Backbone of Primary Healthcare Still Awaiting Justice

■ FAIZAN A TRAMBOO



India in 2005 with the objective of providing accessible, affordable, and quality healthcare to every citizen, especially in rural and underserved regions. The mission aimed to strengthen the public health system through community participation, capacity building, and integration of services at all levels.

In Jammu and Kashmir, the scheme was implemented around 2007-08, marking a new era in the healthcare delivery system. Since then, thousands of Medical Officers, Paramedics, and Management staff under NHM in difference schemes of NHM viz RBSK, NTEP, SACS, NPCDCS (NCD) and other have been serving across every corner of the Union Territory of Jammu & Kashmir, be it the plains, border belts, or the snow-covered mountain regions ensuring that health services reach even the most remote populations.

The NHM employees have remained the lifeline of the public health system in J&K. They have played a crucial role in implementing national programmes on maternal and child health, immunization, disease surveillance, and health awareness. Their tireless dedication has been a key factor behind J&K achieving remarkable success in primary healthcare delivery.

The former State of Jammu and Kashmir has been conferred three



national-level awards for excellence in primary healthcare- an achievement largely credited to the sincere efforts and ground-level commitment of NHM employees. During the Measles-Rubella (MR) vaccination campaign, which posed several operational challenges, NHM staff worked relentlessly to ensure that no child was left out. Similarly, during public health emergencies, including the COVID-19 pandemic, these employees stood at the forefront, often risking their lives while serving the people. Tragically, one Medical Officer under NHM from the Kashmir Division also lost his precious life in the line of COVID duty, highlighting the risks these employees face daily in their commitment to public service.

Over the years of NHM's implementation in Jammu and Kashmir, more than 50 dedicated employees have lost

their lives while performing their duties. Despite their ultimate sacrifice, there has been no long-term security or support provided to their bereaved families, except for an ex gratia of Rs 10 lakh, which is met from the Corpus Fund contributed by NHM employees themselves. This heartbreaking reality underscores the need for a comprehensive welfare policy that provides genuine social and financial security to the families of those who gave their lives in service to the nation's health mission.

Despite more than 15 to 20 years of continuous service, NHM employees continue to serve on a meager salary, without any job security or regularization policy. Their contribution, though widely recognized, has not translated into tangible welfare measures.

If the Government of J&K had earlier framed job policies for employees of other departments such as SSA and

State Contractual staff, then why have NHM employees who are an integral component of the health sector been ignored?

Recently, the Government of J&K under the leadership of the then Hon'ble Chief Minister Jenab Omar Abdullah had regularized CPW employees of the School Education Department. This move was widely appreciated, yet NHM employees, who have been relentlessly serving in the health sector for nearly two decades, were left out.

In the years 2017 and 2018, during the statewide protest of NHM employees across Jammu, Kashmir, and Ladakh, the then Government took cognizance of their grievances and constituted a High-Power Committee comprising top bureaucrats, tasked with examining the genuine issues of NHM employees and suggesting

appropriate measures. Unfortunately, the recommendations of that committee never saw the light of day, and the matter remained unresolved.

In 2018, the then Health Minister of J&K, Bali Bhagat, had categorically informed the Legislative Assembly that the Government had proposed a draft policy for the regularization of NHM employees in a phased manner, and the relevant file had been forwarded to the Finance Department for necessary action. Sadly, this long-awaited proposal remains a distant dream, as no follow-up or action was taken by the concerned authorities despite several reminders and repeated requests from NHM representatives.

The Government of India has categorically clarified that all matters related to the regularization and service conditions of NHM employees are State/UT-specific issues. This means that only the respective State or UT Government has the authority to frame a job policy or take a decision regarding the regularization of NHM employees.

When the erstwhile State of Jammu and Kashmir was reorganized into a Union Territory, there was a renewed ray of hope among NHM employees that the new administration would take comprehensive steps for their welfare. Unfortunately, even after years of UT governance, no concrete measures have been taken to address their long-pending demands.

The employees have called upon the Government of J&K to follow the example of other States and Union Territories that have already regularized their NHM staff. They emphasize that NHM employees perform their duties with equal dedication, possess similar qualifications, and face even greater risks than regular employees, yet they continue to be deprived of

equivalent benefits and salaries.

Moreover, until any regularization policy is framed, it is strongly urged that a compensation amount of Rs 30 lakh be provided to those employees who retire from NHM services, utilizing the Corpus Fund (Employees Contributory Fund), as a measure of respect and support for their long years of dedicated services under the mission.

Even at very meager salaries, NHM employees continue to serve in rural, inaccessible, far-flung, and mountainous areas of Jammu and Kashmir, driven solely by their mission to provide better healthcare to the people. As per surveys and field reports, nearly 80% of health staff working in rural and peripheral health institutions belongs to NHM, reflecting the scale of their contribution.

Many NHM employees are even serving away from their home districts, having spent years outside their native places to fulfill service requirements. It is high time the administration takes serious steps to address this issue by formulating a comprehensive home return/adjustment policy, allowing employees to serve the remaining years of their tenure in their home districts.

The NHM employees of Jammu and Kashmir have proven their commitment beyond doubt. They have kept the health system functional, efficient, and responsive in even the most challenging circumstances.

Now, it is the responsibility of the Government to acknowledge their service and translate gratitude into policy action. A comprehensive job policy ensuring regularization, fair remuneration, and security of service is not just a demand it is a moral obligation and a step toward justice for those who have given their youth, energy, and even their lives in the service of public health.