

Bridging Divide-Confronting Rural Health Disparities and Building Healthier Communities: Dr Sushil

STATE TIMES NEWS

JAMMU: In view of great disparity in cardiac health and ailments in rural and urban areas Head Department of Cardiology GMCH Jammu, Dr Sushil Sharma held a day long cardiac awareness cum health check up camp at Panchayat Ghar Budwal Block Khour Jammu.

The Camp aimed to raise awareness about cardiovascular diseases, provide essential screenings, and empower rural residents with knowledge and resources to manage their cardiovascular health.

While interacting with the people, Dr Sushil stated that across the world, rural communities continue to face profound health challenges that often remain hidden behind geographic isolation and limited infrastructure. While cities benefit from advanced medical facilities, specialized healthcare professionals, and abundant resources, rural populations frequently struggle with restricted access to essential health services. These disparities contribute to preventable illnesses, delayed diagnoses, and poorer health outcomes. The issue of rural health inequity is not merely a medical concern but a complex social and economic challenge that demands coordinated and innovative solution.

He elaborated that rural populations often encounter significant barriers in accessing healthcare. Long travel



HoD Cardiology GMCH Jammu, Dr Sushil Sharma with team examining patients.

distances to hospitals and clinics create delays in receiving timely medical care. Many rural areas lack adequate numbers of healthcare professionals such as physicians, nurses, and specialists, leading to overburdened facilities and limited appointment availability. In addition, healthcare infrastructure including diagnostic services, emergency care, and mental health resources is frequently underdeveloped in rural regions. These limitations make it difficult for residents to receive preventive care, routine checkups, and early treatment for chronic diseases. Socioeconomic factors further intensify these disparities. Rural communities generally experience lower average incomes, higher unemployment rates, and reduced health insurance coverage. These financial constraints discourage individuals from seeking medical attention until conditions become severe. Furthermore, limited educational opportunities may affect health literacy, making it harder for people to understand disease

prevention, treatment adherence, and lifestyle modifications necessary for long-term well being.

He maintained that another critical contributor to rural health disparities is the scarcity of resources that promote healthy living. Many rural areas lack recreational facilities, safe walking paths, or community centers that encourage physical activity. Addressing these persistent disparities requires innovative and community-centered solutions. Telemedicine has emerged as a powerful tool in bridging geographic barriers by connecting rural patients with specialists located in urban centers. Through digital platforms, individuals can receive consultations, follow-up care, and even mental health counseling without traveling long distances. Expansion of tele health services, supported by reliable internet connectivity, can dramatically improve healthcare accessibility in remote regions. Strengthening the rural healthcare workforce is another essential strategy.

Incentive programs that encourage healthcare professionals to practice in rural areas such as loan repayment programs, rural residency training, and financial subsidies can help reduce the shortage of providers. Community health workers and nurse practitioners also play an important role by delivering primary care, health education, and preventive services directly within rural communities.

He added that infrastructure development must also be prioritized. Investments in rural hospitals, transportation systems, and digital connectivity will not only enhance healthcare delivery but also strengthen economic stability. When rural communities receive adequate support and resources, they become better equipped to address both current health challenges and future public health emergencies. Ultimately, reducing rural health disparities requires a holistic and sustained commitment from policymakers, healthcare professionals, and community leaders. He

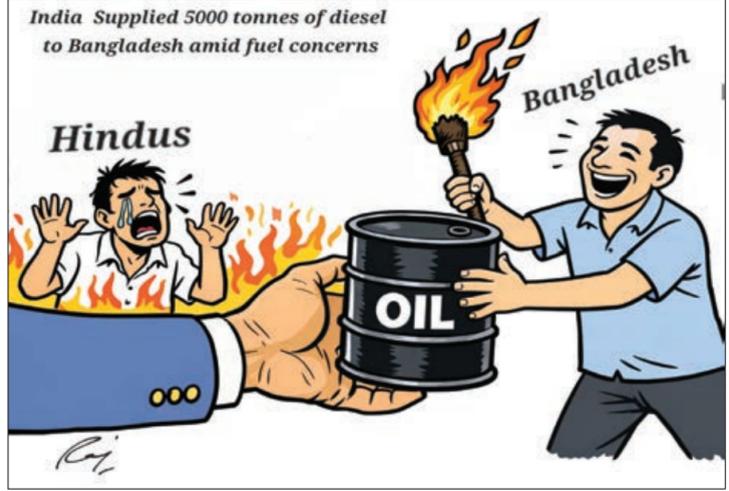
Said

Dr Sushil Sharma, in his concluding remarks, said that rural health disparities represent one of the most pressing and enduring challenges in public health. Geographic isolation, limited healthcare infrastructure, socioeconomic disadvantages, and restricted access to health resources collectively contribute to poorer health outcomes in rural populations. However, these challenges are not insurmountable.

Tarsem Lal, Harbans Singh, Rattan Singh, Karnail Singh, Sat Pal and esteemed community members, lauded Dr. Sushil Sharma's team for organizing the health camp in the remote area.

They praised the initiative for delivering healthcare services and CVD awareness to local residents, expressing gratitude for bridging the healthcare gap. Their efforts have empowered the community with vital health knowledge and services.

Others who were part of this camp include Dr Bhola Kumar and Dr Adarsh Sharma. Paramedics and volunteers includes Rajkumar, Ranjeet Singh, Mohd Altaf, Gourav Sharma, Vikas Kumar, Rajinder Singh, Manoj Sharma, Anmol Singh, Dimple Bhagat, Khushbinder Sandhu, Paramveer Singh, Gokul Sharma, Shubham Sharma, Rohit Nayyar, Ifran Hassan, and Nirvair Singh Bali.



Tributes paid to Praja Parishad Founding Member and four-time former legislator Lala Shiv Charan Gupta

STATE TIMES NEWS

UDHAMPUR: The death anniversary of veteran leader, four-time former legislator and founding member of Praja Parishad, Lala Shiv Charan Gupta, was commemorated on Sunday with deep reverence and respect. A solemn commemoration ceremony was organised in which thousands of people from different walks of life gathered to pay floral tributes and remember his immense contributions to public life and the cause of national integration in Jammu & Kashmir.

Speakers on the occasion described Lala Shiv Charan Gupta as a fearless nationalist leader who played a significant role in the historic Praja Parishad movement, which fought for the full constitutional integration of Jammu & Kashmir with the rest of India. They noted that during those turbulent times many activists faced severe repression from the authorities, yet Lala Ji remained steadfast and continued to lead the movement with courage and conviction.

Speaking on the occasion, Pawan Kumar Gupta, MLA, recalled the struggles and sacrifices of his father during the movement. He stated that Lala Shiv Charan Gupta was imprisoned for nearly five months for his active participation in the agitation. During this period, he was subjected to extremely harsh and inhumane conditions in jail. Shri Gupta said that after his arrest, Lala Ji was treated like a hardened criminal and was taken into custody in humiliating circumstances, including being kept in solitary confinement as a form of physical torture meant to break the morale of the activists.

He further recalled that despite the severe hardships, physical suffering and attempts to intimidate him,



MLA, Pawan Gupta with others paying tributes to founding member of Praja Parishad, Lala Shiv Charan Gupta.

Lala Shiv Charan Gupta remained unwavering in his commitment to the cause of justice and national unity. His courage and determination during imprisonment inspired many other activists who were part of the movement. Shri Gupta also stated that during the agitation period the authorities had even issued shoot-at-sight orders against Lala Shiv Charan Gupta, reflecting the intensity of the movement and the fearlessness with which he stood for his principles. Despite such grave threats to his life, Lala Ji continued his struggle with remarkable courage and dedication. Several speakers also stated that the sacrifices and struggles of leaders like Lala Shiv Charan Gupta and other Praja Parishad activists were ultimately vindicated on August 5, 2019, when Article 370 was abrogated by the Government of India under the leadership of Prime Minister Narendra Modi, fulfilling the long-standing aspirations for the complete constitutional integration of Jammu & Kashmir with the rest of the country. People also recalled his significant developmental contributions and his strong bond with the masses, a fact that was clearly reflected in the overwhelming public participation at the ceremony. Other speakers paid glowing tributes to Lala Shiv Charan Gupta and remembered him as a leader

of courage, simplicity and integrity who dedicated his life to the service of society and the development of the region. They stated that his life remains a lasting inspiration for present and future generations.

Those who spoke on the occasion included Baldev Raj Sharma, MLA SMVD Katra; R. S. Pathania, MLA Udhampur East; Satish Sharma, MLA Billawar; Sunil Bhardwaj, MLA Ramnagar; Devyani Rana, MLA Nagrota; Arun Gupta, District President BJP Udhampur; District President BJP Mahila Moreha Nisha Mahajan Shri Pramod Kapahi, Prabhari Udhampur District; Lal Chand, Former DDC Chairman Udhampur; Ashu Sharma, DDC Member Tikri; Pinki Devi, DDC Member Latti Marothi; and Purn Chand Sharma, DDC Member Udhampur-I, Shri Rohit Sethi BJP District Secretary; Varinder Badyal and Pankaj Mahajan.

Prominent among those present were Dr. Jogeshwar Gupta, Former Municipal Chairman Udhampur, President Shiv Charan Yadgar Committee Sham Suroop Kalsotra; President Sanatan Dharam Sabha Vikramaditya Gupta; President Beopar Mandal Udhampur Jitender Varmani along with several Mandal Pradhans, Sarpanches and Panches.

Governor Kavinder Gupta meets His Holiness Dalai Lama in Dharamshala

STATE TIMES NEWS

DHARAMSHALA: Governor Kavinder Gupta called on Tibetan spiritual leader Dalai Lama at Dharamshala and sought his blessings.

During the meeting, the Governor expressed deep respect and admiration for the spiritual leadership and global message of peace and compassion propagated by His Holiness.

Kavinder Gupta said that the teachings of the Dalai Lama, which emphasize harmony, compassion and non-violence, are of immense relevance for humanity in the present times.

Recalling his earlier interaction, the Governor said that he had also received the blessings of the Dalai Lama prior to assuming charge as the Lieutenant Governor of Ladakh. He said that meeting His Holiness once again



Governor Kavinder Gupta calling on Tibetan spiritual leader Dalai Lama at Dharamshala.

in Dharamshala was a deeply enriching and spiritually uplifting experience.

Gupta observed that the message of peace, tolerance and compassion given by the Dalai Lama continues to inspire people across the world and serves as a guiding light for building a more harmonious and humane society.

The Governor also appreciated the spiritual and cultural environment of

Dharamshala, which has become a global centre for Buddhist philosophy and learning under the guidance of His Holiness. He expressed hope that the teachings of peace, compassion and mutual respect would continue to strengthen harmony and understanding among people.

Senior officials and members of the Tibetan community were also present on the occasion.

Dy CM reaffirms commitment towards strengthening road network

STATE TIMES NEWS

RAJOURI: Reaffirming commitment towards strengthening road connectivity and seamless accessibility for the people, Deputy Chief Minister Surinder Choudhary on Sunday laid the foundation stones for several road projects in Nowshera Constituency of Rajouri district. During his day-long visit, the Deputy Chief Minister held an extensive public outreach programmes in the Nowshera area to listen to public grievances and developmental concerns. He laid the foundation stone for construction and maintenance of the link road from Auto Stand Kheri to Masjid Potha East in Block Seri of Rajouri district under the Pradhan Mantri Gram Sadak Yojana (PMGSY). The project, spanning 4.0 kilometre, has been sanctioned at an estimated cost of Rs 927.62 lakh and is expected to significantly improve the connectivity and facilitate smoother movement for the local population. On the occasion, the Dy CM also laid foundation stones for two additional road projects including "Dwaka to High School Moh Potha" and "Gania to Patli (Link Road)" aimed at strengthening the rural road infrastructure and enhancing access to essential services in the region. Following the foundation stone laying ceremonies, the Deputy Chief Minister held public outreach programmes where he interacted with the local residents and listened to their grievances and suggestions regarding development works. The Dy CM reiterated the government's commitment towards accelerating development works and ensuring that basic amenities reach every corner of the region. He assured the public that the issues raised during the outreach programmes would be taken up with the concerned departments for prompt redressal. He also directed the officers to prepare development plans in consultation with the local population so that projects reflect the genuine needs and priorities of the people.

With Jan Aushadhi sales of Rs 6,975 saving claimed to common are Rs 28000 Cr; imagine saving if JA sales are even Rs 1 Lakh Cr ?

The maximum retail prices of Jan Aushadhi medicines are about 50% to 80% cheaper than those of leading 'Branded' medicines

Need to investigate why there are still not even 20000 JA Shops in India, a Country of over 650000 villages when JA medicines are costing so less ?

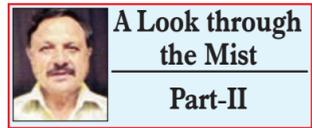
DAYA SAGAR

It was during the times when Sh. Ram Vilas Paswan was the Union Minister for Chemicals & Fertilizers that prices of the allopathic medicines, particularly those that (technical grade materials) had become free from any patent / proprietary right and were commonly addressed as 'generic medicines'/'BRANDED GENERIC' (some companies were manufacturing these medicines although under a brand name but were marketing through a separate division / department) attracted the attention of the Minister. Some investigative study was got conducted and it was found that there was wide range of difference in MRP tags of different companies for medicines made out of the same technical grade material / basic chemical and in some cases the MRP was VERY highly inflated. It was decided by the Ministry to get such medicines manufactured by the Public Sector Pharmaceutical Companies and sell the same under the chemical name / generic name with genuinely marked MRP which would reasonably reduce the cost burden on the common man as well as the government hospitals in India and it was also anticipated that even some private manufacturers who may hence face pressure may also reduce / 'Correct' their MRPs. It was also opined that any private manufacturer who desired to market the medicines under such programme of government would also be taken in for marketing through the channels nominated by government/ outlets or could start man-

ufacturing for the Bureau of Pharma PSUs of India - BPPI (now PMDBI - Pharmaceuticals and Medical Devices Bureau of India). As was also anticipated in 2008 some private Pharma companies are also presently manufacturing for PMDBI like I.Savi Health Science, Lucknow-226010; Savi Health Science EAST Sikkim 737132; Lokbeta Pharmaceuticals ltd, Thane (W) 400406 Maharashtra; Nirmal Lifestyle Mumbai 400080;Ravian Life Sciences Pvt Ltd SIDCUL, Haridwar 249403; Ravenbhel Healthcare Pvt. Ltd and like.

Department of Pharmaceuticals (Ministry of Chemicals & Fertilizers) had five central public sector undertakings under its administrative control ie (a) Indian Drugs and Pharmaceuticals Ltd. (IDPL), Gurugram, Haryana (b) Hindustan Antibiotics Ltd, Pimpri, Pune, Maharashtra (c) Karnataka Antibiotics and Pharmaceuticals Limited, Bangalore, Karnataka (d) Bengal Chemicals and Pharmaceuticals Ltd, Kolkata, West Bengal, and (e) Rajasthan Drugs and Pharmaceuticals Limited, Jaipur, Rajasthan*; and they as a group were named as Bureau of Pharma PSUs of India (BPPI) in 2008 and were made the implementing agency for such medicines to be sold under Jan Aushadhi Scheme in 2008 & in November first such sale store was started in Amritsar (Concerned Department May Kindly Correct Me For Error In Time / Reference) and the same BPPI is presently known as Pharmaceuticals and Medical Devices

Bureau of India (PMDBI) and is the implementing agency for Pradhan Mantri Bhartiya Jan Aushadhi Pariyojna - PMBJP (earlier Jan Aushadhi Scheme -2008, PMJAY-Sept 2015, PMBJP -Dec 2016) of Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers,



GOI for making available the medicines (presently generic) to people in India under generic name labelled with genuine / genuinely priced MRP tag. As per the report 2024-25 of Department of Pharmaceuticals the growth of JA Kendras (shops/retail outlets has been 2008-09 (4) 2014-15 (80) 2015-16 (269) 2016-17 (1080) 2017-18 (3306) 2023-24 (11261) 30-11-2024 (14320) and for 80 stores in 2014-15 with only 300 items in product basket total sales were just Rs. 7.45 Cr and the JA Kendras rising to 14320+ by 30-11-2024 with 2347 items in basket the total sales were still only Rs.1255 cr.

India is globally the largest supplier of generic drugs, accounting for about 20 percent of the global supply. It manufactures about 60,000 generic brands, across 60 therapeutic categories. Because of low price coupled with quality, Indian medicines are preferred worldwide, thereby earning the country

the epithet "pharmacy of the world." To know the level of business that could be available to the PMBJP Jan Aushadhi Kendras let us have some hints from the Annual report 2024-25 of the Department of Pharmaceuticals Ministry of Chemicals & Fertilizers GOI mentions that (i) "The Indian pharmaceutical industry is the world's third largest by volume and the 14th largest by value (ii) The total annual turnover of pharmaceuticals at current prices was 4,17,345 crore for financial year (FY) 2023-24 and has grown at an average of 10.08 percent over five year (iii) In FY 2023-24, the total value of pharmaceuticals exported was Rs.2,19,439 Cr at current prices while that of pharmaceutical imports was Rs. 58,440 crore (bulk drugs, drug intermediates, drug formulations and biologicals). (iv) India is one of the fastest growing markets in the global medical devices (v) India is the fourth largest medical device market in Asia, after Japan, China and South Korea, and is among the top 20 global medical device markets in the world and India has also started exporting ventilators, personal protective equipment (PPES), diagnostic kits, surgical gloves, coronary stents, radio-imaging equipment, body implants, etc. The report does not give the total annual turnover of Medical devices industry in India.

On the basis of the turnover of pharmaceutical industry for FY-2023-24 being Rs 4,17,345 Cr (information for 2025-26/ 2024-25 could not be got) & out of which Rs.219439 Cr was

exported turnover of pharma factories was from Indian trade was Rs1,97,906 Cr. Taking a margin of say just 25% over the producer price minimum billing to the distributor can be assumed as Rs.197906x1.25 = Rs.2,47,382 Cr. Going by the press releases /advertisements prices of JanAushadhi medicines are 50% to 80% less than MRP level of branded generic medicines in the Indian market and taking price of JA as just 50% less than MRP of 'branded generic' the medicine potential on the basis of 'MRP labelled' under prevailing trading practices the Indian market can be assumed as Rs.2,47,382 x2 = Rs.4,94,764 Cr. say Rs.5 Lakh Cr. Going by the disclosures by official press releases / statements by government ministries the Indian citizens are presently saving about 4 times money the money paid for JA medicines in comparison to what they would have spent for purchasing 'branded generic' @ MRP on the label so by that standard the total potential for medicines would be around INR 8 Lakh Cr MRP label base. Increase the level of generic / branded generic market / production is taken as even 90% even then MRP basis unexploited market of generic medicines of over Rs. 7.2 Lakh Cr could be imagined. Keeping in view that the Jan Aushadhi Kendra sales on MRP basis are still not even Rs. 2000 Cr per year & there are not even 20000 shops (17990 as on 31-12-2025) even when there are 2110 medicines in the basket that could cover

requirement of over 95% of the ailments / ailing population in a country of over 650000 villages where majority of population depends on government hospitals / government doctors (serving or retired) there is very disappointing progress made in 17 years which is well reflected from (i) PTI press release of August 02, 2024 had (still) said Jan Aushadhi medicines are available at the centers at a discounted price, medicines sales worth Rs 6,975 crore in MRP terms. Medicines and medical devices sold at affordable prices under the Prime Minister Bhartiya Jan Aushadhi Pariyojana have helped people save more than Rs28,000 crore so far (ii) Press Release PIB: 06 JAN 2026 Delhi: In 2024-25, PMBI registered sales of Rs2022.47 crore which led to savings of approximately Rs8000 crore to the citizens. In the current financial year 2025-26, till 30.11.2025, PMBI has made sales of Rs1409.32 crore, which has led to savings of approximately Rs5637 crore to the citizens.

Imagine how large market was left free for the private trade to fleece the consumers in terms of branded generic medicines where for conventional MRP base Market of 7 Lakh Cr the genuine MRP base market could have been reduced to cost less than Rs. 2 Lakh Cr only going by the proportion of savings as had been expressed in the press releases referred here in above.

To be continued
(The writer is Sr Journalist, social activist and analyst J&K affairs)