

FILM POLICY IN J&K

Jammu and Kashmir, with its picturesque landscapes and rich cultural heritage, has been a favored destination for filmmakers for decades. The region's potential as a prime location for film production is immense, given its diverse terrain that includes majestic mountains, lush valleys, serene lakes, and historical sites. Recognizing this potential, the Government of Jammu and Kashmir has formulated a comprehensive Film Policy aimed at promoting the region as a leading film-making destination. This policy not only seeks to attract filmmakers from across the globe but also aims to revive the local film industry, generate employment, and boost tourism.

The primary objective is to position Jammu and Kashmir as a premier destination for film production. By offering breathtaking locales and state-of-the-art facilities, the policy aims to attract national and international filmmakers.

The policy aims to create job opportunities for local artists, technicians, and ancillary service providers. By encouraging film production, the region can experience a significant economic uplift, especially in the tourism and hospitality sectors.

Promoting films that reflect the culture, traditions, and stories of Jammu and Kashmir can lead to a greater understanding and appreciation of the region's unique heritage.

To streamline the process of obtaining permits and clearances, the policy introduces a single-window clearance system. This system simplifies bureaucratic procedures, making it easier and faster for filmmakers to start their projects.

The government offers various financial incentives, including subsidies on production costs, tax rebates, and grants. These incentives are designed to reduce the financial burden on filmmakers and encourage them to choose Jammu and Kashmir as their shooting location. The policy emphasizes the development of film-related infrastructure. This includes setting up film studios, production facilities, and post-production units equipped with the latest technology. Additionally, the government plans to develop film cities and create dedicated filming zones in the region.

To nurture local talent, the policy includes provisions for setting up film schools and training institutes. These institutions will offer courses in various aspects of filmmaking, such as acting, directing, cinematography, and editing. Workshops and seminars conducted by industry experts will further enhance the skills of aspiring filmmakers. The policy encourages the production of films in local languages and dialects. By providing financial support and incentives to regional filmmakers, the government aims to preserve and promote the linguistic and cultural diversity of Jammu and Kashmir.

To showcase the region's film-making potential, the policy advocates for hosting national and international film festivals. These events will not only attract filmmakers and tourists but also provide a platform for local talent to gain recognition.

Self-Help Groups-A Tool for Women Empowerment

■ DR.BANARSI LAL

Despite the trend of urbanisation,the majority of people of many counties are still living in rural areas.These people are depending on agriculture and allied sectors and lacking income and employment opportunities.Self help is one of the most fascinating yet frustrating aspects of development.SHGs are creating a platform for sharing of experiences collectively knowledge,building problems solving and resource mobile satisfaction.SHGs provide not only the saving mechanism which suit the needs of the members but also provides a cost effective delivery mechanism for small credit to its members. Self-Help Group is asmall,economically homogenous and affinity based group of people who have decided to save and contribute to a common fund to be lent to its members as per the group decisions.SHGs are a way to involve rural men and women actively in the developmental process by increasing the income,technical skills,mutual help,address constraints etc.The agenda of SHGs is 'Empowerment' and shift from dormant masses of the rural women to vibrant masses by bringing more income in the hands so that they can live better social life.The group can be formed by the initiative of agroup of people or by the initiation of an NGO,bank,project,govt. programme etc.

Sufia Begum was a 21 years old villager and a mother of three children when an Economics Professor, Mohammad Yunus of Bangladesh (Nobel Peace Prize Winner 2006)met her in 1974 and asked her how much she earned. She replied that she borrowed 5 takas(about \$0.09) from a middleman for the bamboo for each stool. About \$0.02 of that went back to the lender. He thought to himself, for five takas'she has become a slave. He thought that why she was so poor when she was making such beautiful things. The following day he and his students did a survey in the woman's village,Jobra,Bangladesh and discovered that 43 villagers owned a total of 856 takas' (about \$27). He was unable to bearany more. He put the \$27 out there and told them that they could liberate them. An idea of self- help groups came in his mind.His monetary generosity grows into afull fledged concept that came to fruition with founding of Grameen Bank in 1983.The term 'Self Help' was coined by Samuel Smiles in his book in 1859 to describe the people whom we might today call entrepreneurs.The critical factor that he found in people was not their individualism but their willingness to help themselves rather than waiting for others to help.The concept of Self- Help Groups gained significance after 1976 when Professor Mohammad Yunus of Bangladesh began experimenting with micro-credit and women SHGs.His planning made a revolution in Bangladesh in poverty eradication. President represents the SHG as group leader and he/she is selected by the members of the group. It is expected that the person who occupies this position should have good communication skills, leadership quality maintaining cohesiveness in the group and encourage participation of every member in all activities of the group. Secretary is responsible for organising all the meetings.

He/She plays the role of president in his or her absence. Secretary keeps all the records of the group. Cashier acts as the financial custodian of the group. He/She is responsible for the maintenance of accounts of the group.

He/She keeps the accounts of the members of the group for savings, internal lending, repayments, linkage with the banks, etc. Every SHG needs to pass through three stage of development, viz. forming and storming stage (0-3months),Norming stage(3-4months) and functioning and developing stage(6-12 months). SHGs general objectives are :to encourage small saving habits among the people,to bring an overall change in socio-economic conditions of people living below poverty line,to understand the dynamics of managing and collection of money, to make the people aware of banking procedures, to identify the leadership qualities in the people and also to encourage the people to avoid the traditional source of financing i.e. money lenders and also encourage the people to develop cordial environment within and outside the group.

It is estimated that more than 400 women in India join self help groups every hour and one non- governmental organisation joins NABARD micro-finance programme every day. Over 90 per cent of the bank linked groups are women groups.

By forming the self help groups members can increase their income and employment, they can identify their potential to perform, they can develop collective approach, dependence on money lender is reduced ,they can gain social recognition,women can become more assertive in confronting social evils and problems, initiate new ventures through which the group members can be benefited, facilitates group members to have easy access of information regarding state and central government schemes,programmes, projects etc., speedup developmental efforts by developing the self-confidence and self reliance. Self-Help Groups can promote holistic development of ruralIndia.

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One of the biggest killers, Tuberculosis (TB) is an infectious disease and found in every part of the world. It continues to be a major public health issue of global concern. India carries one of the largest global burden of the disease. The central and state governments are committed to ending it by 2025, five years ahead of the global target under the Sustainable Development Goals (SDG) 2030. Let us deep dive into the different aspects of the disease and understand India's initiatives in this direction.

Global burden of TB

TBis an infectious airborne disease caused by Mycobacterium tuberculosis (M.tb). WHO estimates that nearly 1.8 billion people, accounting for close to 1/4 of the global population, are infected with TB. Approx. 13 lakh children get sick with TB each year. It is one of the leading infectious causes resulting in worldwide deaths. Last year, TB was noted to be the world's second leading cause of death from a single infectious agent, after COVID-19. It caused almost twice as many deaths as HIV/AIDS. In 2022, 1.06 crwere infected from TB and 14 lakh died due to it. TB results in 3500 deaths on a daily basis.

Tuberculosis is strongly influenced by different social and economic and health-related risk factors. These are undernutrition, diabetes, HIV infection, alcohol use disorders and smoking. According to WHO, on theglobal scale in 2020, an estimated 19 lakh incident cases of TB were due to undernutrition, 7.4 lakhto HIV infection, 7.4 lakhto alcohol use disorders, 7.3 lakhto smoking and 3.7 lakhto diabetes. Although, there are regional and national variations. For instance, a high incidence is noticed among the urban population living in slums.

Thirty countries that bear a high TB burden account for 87% of the world's total TB cases. Of these, two-thirds of the global total burden was found in eight countries.

India accounts for a large share at 27% of the total global cases followed by Indonesia (10%), China (7.1%), the Philippines (7.0%), Pakistan (5.7%), Nigeria (4.5%), Bangladesh (3.6%) and the Democratic Republic of the Congo (3.0%).

WHO commends India's strides

The World Health Organisation (WHO) Global TB Report 2023 has credited India for its noteworthy activities and interventions towards a tuberculosis free country. WHOhas appreciated India for its highly significant progress in reducing the incidence of tuberculosis by 16 per cent and mortality due to it by 18 per cent since 2015 (till 2022).

India has been commended for its intensified case detection strategies that have led to the highest-ever cases notification of cases 2022; at more than 24.22 lakh TB cases, these notifications surpassed the pre-COVID levels.A record notification was undertaken in 2023, with 25.5 lakh TB cases notified. Of these, 17.1 lakhTB cases were notified in the public sector; while8.4 lakhstood notified by the private sector. At 33% of the total notifications, this was the highest ever. The increase by more than eight times over the past nine years in the private sector notification has come through as a result of a focused and targeted engagement with the private sector through various interventions.Additionally, the treatment coverage has expanded to 80 per cent of the estimated TB cases, a hike of 19 per cent over the previous year.

In an encouraging observation, the WHO report also acknowledges that the pace of decline in India is almost double the pace at which global TB incidence is declining, which is 8.7 per cent. In addition, WHO has also made a downward revision of the TB mortality rates (from 4.94 lakhs in 2021 to 3.31 lakhs in 2022). The reduction of over 34 per cent is based on cause-of-death data for 2014-2019 collected from the sample registration system (SRS).

Key Initiatives to make India TB-Mukt

It is important to note that even though Tuberculosis is very infectious, it is entirely preventable and a curable disease when detected in a timely manner and the treatment is fully completed.

Saddled with the burden of the highest level of global TB incidence Government of India has decided to tackle the menace of TB in a mission mode. The UN and WHO have committed to end the TB epidemic. TB is part of SDG Target 3.3 which states: 'End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030'. But Prime Minister Shri Narendra Modi announced in 2018 that India will drive out TB from the country by 2025, five years ahead of the global target. This has spurred the policy makers and the agencies working towards a TB free India to work with focussed energy. At the Stop TB Partnership meeting at Varanasi in March 2023, reaffirming India's commitment towards ensuring a TB-free society, the PM stated that "the commitment and determination with which

■ BHAVNEET KOUR

World Lung Cancer Day, observed on August 1st, is a significant day dedicated to raising awareness about lung cancer and its impact on individuals and families worldwide. Lung cancer remains one of the most common and deadly forms of cancer, making it crucial to understand its causes, symptoms, and preventive measures.

Understanding Lung Cancer

Lung cancer originates in the tissues of the lungs, usually in the cells lining the air passages. It is broadly classified into two main types: non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC). NSCLC is the most common type, accounting for about 85% of all lung cancer cases. SCLC, although less common, is known for its rapid growth and early spread to other parts of the body.

Causes and Risk Factors

The primary cause of lung cancer is

India dedicated itself to tackling TB after 2014 is unprecedented."

India's efforts are important, the PM mentioned, as this is a "new model for the global war on TB". India's efforts have won global accolades. Dr LucicaDitu, Executive Director of Stop TB Partnership, praised India's scale in tackling TB and the TB-Free India initiative. She expressed the belief that India will end TB by 2025, and this will make a huge dent in the global TB burden.

With less than two years to for India to meet its target of being TB Free by 2025, theapproach going forward is to focuson prevention of the disease and to saturate coverage of services in the detection and treatment of TB. It is encouraging to note that with continuous efforts of the governments, support agencies and the communities, the number of missing TB cases in India has reduced from 1 million in 2015 to 0.26 million in 2023.

With the goal of achieving Sustainable Development Goals (SDGs) related to TB by 2025, Union Ministry of Health & Family Welfare is implementing the National TB Elimination Programme (NTEP) with the following objectives:

1. Early diagnosis of TB patients, prompt treatment with quality-assured drugs and treatment regimens.
2. Engaging with the patients seeking care in the private sector.
3. Prevention strategies include contact tracing in high-risk/vulnerable populations.
4. Airborne infection control.
5. Multi-sectoral response for addressing social determinants.

Pradhan Mantri TB Mukat Bharat Abhiyaan

To give a mission mode approach to the fight against TB, the Pradhan Mantri TB Mukat Bharat Abhiyaan was launched in September, 2022. The objective was to design activities and interventions to ensure how to meet the SDG target regarding TB by 2025. This required a community level engagement where various agencies, communities and the governments working in tandem together. The initiative brought together people from all backgrounds into a 'Jan Andolan' and escalated the progress toward TB elimination.This alsoleveraged Corporate Social Responsibility (CSR) activities.

A novel initiative of Ni-kshay Mitras was started, where volunteers from various walks of society would become 'Mitras' (friends) in helping TB patients in their journey of recovery. Nishkay Mitras can be individuals, NGOs, co-operative societies, faith-based organizations, private sector, political parties, and others who consent to support TB patients in the form of nutritional support, nutritional supplements, additional investigations, and vocational support for a minimum period of six months or maximum period of up to three years. TB patients often face stigma in the communities. Involvement of the community in the TB elimination campaign aims to alleviate the stigma related to the disease. Community engagement also will result in more awareness about the disease and ways to prevent it and manage it better. The disease itself and the long duration treatment has resulted in loss of jobs for many, and resulted in economic hardships. Ni-kshay Mitras also pledge to extending vocational support for the TB patients.

Till April 20 24, morethan 1.55 lakh Ni-kshay Mitra have registered. Of the 13.45 lakh TB patients on treatment in the country, over8.66 lakh have consented to receive community support.The Union Health Ministry has launched a countrywide campaign for encouraging everyone to come forward and register themselves as Ni-kshay Mitras and support local communities and patients. Among the renowned Ni-kshay Mitras, Hon'ble Governors/Lt. Governors of 27 State/UTs, Union Ministers, Ministers of State, Chief Ministers, State Health Ministers of many States/UTs have come forward to adopt TB patients. Many MLAs & local parishads have also become Ni-kshay Mitras. Several officers fromthe Cabinet Secretariat and Central Ministries have adopted TB patients to support them through various means.

Active Case Finding Campaign

Several other measures have strongly boosted the anti-TB drive in India. Studies (Ho J. et al., 2016) have shown that TB case detection through passive case finding (PCF) could result in suboptimal detection of TB patients. The tendency is more so in low- and middle-income countries having a high TB burden. This is mainly due to geographic and/or socioeconomic barriers in accessing health facilities, which also often leads to diagnostic delays.

A 'systematic screening' of high-risk population subgroups has been advocated as part of the 'End TB Strategy' by the World Health Organization (WHO) to increase TB case detection and for timely treatment.

India launched the national community-based

active case finding campaignin high-risk groups as part of the strategic plan of the National Tuberculosis Elimination Programme for reaching out to missing TB patients. Under this programme,proactivehouse-to-house searches of TB cases among these vulnerable populations are conducted. This includes people living with HIV, diabetics, undernourished, residential institutes like prisons, asyhums, old age homes, orphanages, tribal areas, and marginalized populations. This activity has resulted in the diagnosis of an additional nearly 3 lakh TB cases since its inception.

TB screenings during Viksit Bharat Sankalp Yatra

The Viksit Bharat Sankalp Yatra was started during November 2023. As part of this nationwide program, health camps were organised on routes taken by the awareness enhancement IEC Van in states/UTs where several health services were provided for the communities near their homesat the village level, including screening for TB.

Over 38 million individuals have been screened for TB at these health camps and over 1 million have been referrals for TB testing. Additionally, over 1,00,000 individuals at the village level showed interest in becoming a Ni-kshay Mitra.

Remarkable upswing in TB Notifications

The specialised active case finding drives, combined with scaling up of molecular diagnostics up to the block levels, decentralised screening services through Ayushman Bharat Arogya Mandirs (earlier known as health & Wellness Centres, which number more than 1.64 lakh across the country) and private sector engagement have significantly boosted the process to bridge the gap in missing cases.These kendras serve as the first point of contact for screening of TB.

India notified 24.2 lakh TB cases in 2022 which was appreciably higher than the pre-COVID level of 2019. In 2023, a total of 25.5 lakh TB patients have been notified in 2023.

TB Mukat Panchayat Abhiyan

The objective of TB Mukat Panchayats is to empower the Panchayats to realize the extent and magnitude of the problems associated with Tuberculosis, take necessary actions towards solving them and create healthy competition amongst panchayats and to appreciate their contribution.

As a part of capacity building, several regional workshops have been organised to orient state & district level officials on this initiative. All State and district level functionaries have been sensitized. Currently, verification is being undertaken and results will be announced subsequently. As on date, this has helped to secure of over 5 million courses of TB preventive treatment drug. This has also encouraged the villagers to get themselves screened for TB at the Ayushman Arogya Mandirs.

A marked jump witnessed in private sector notification

With a focused and targeted engagement with the private sector through interventions like Patient Provider Support Agency (PPSA), gazette notification for mandatory notification of TB cases, incentives for notification of cases and collaborations with professional bodies like Indian Medical Association (IMA), Indian Association of Paediatrics (IAP), Federation of Obstetric and Gynecological Societies of India (FOGSI), etc., there has been an increase in private sector notification by more than 8 times over the past nine years. In 2022, 7.33 lakh TB cases were notified whereas in 2023, 8.42 lakh patients were notified from the private sector which contributed to 33% (highest ever) of total notifications (as in Feb 2024). The programmatic collaborative efforts resulted in an 8 times increase in cases reported from the private sector. These innovative private sector models have been global best practices.

Increase in TB treatment success rate

Over the last nine years, despite one-third of notifications coming from the private sector, the programme was able to sustain a treatment success rate of above 80%. In 2021, the success rate had reached 84% and in 2022, it marginally increased to 85.5%. In 2023, the success rate increased to 86.9%.

Introduction of newer anti-TB drugs has made a significant impact

Shorter, safer oral Bedaquiline-containing DR-TB regimens have been rolled out across all states and UTs. These drugs are given to multi-drug-resistant TB patients with or without resistance to fluoroquinolones as a part of shorter oral MDR/RR (multidrug-resistant/(rifampicin-resistant) -TB regimen or longer oral M (multidrug-resistant)/XDR (Extensively drug-resistant)-TB regimen as per the indication. In 2022, a total of nearly 31,000 patients were initiated on the longer all-oral M/XDR-TB regimen and 27,431 patients were initiated on the shorter MDR/RR-TB regimen (oral/injection based).

In 2023, over 63,939 patients were diagnosed with MDR/RR and out of them a little more than 58,527 initiated on treatment. Amongst these, nearly 20,567patients were initiated on shorter oral MDR/RR-TB regimen (9-11 months) and close to 29,990 patients were initiated on longer M/XDR-TB regimen (18-20 months).

Nutritional support through Nikshay Poshan Yojana

Undernutrition is found to be a critical risk factor for TB with a significant impact on recovery of TB patients. The undernourished are more at risk to develop active TB compared to the healthier. According to WHO report (2017), people with active TB who suffer from undernutrition usually are linked to a two- to four-fold increase in mortality. There is also a five-fold risk of drug-induced hepatotoxicity.

In view of this potent co-relation, the Government introduced a scheme of Nikshay Poshan Yojana (NPY) in April 2018 for providing Rs. 500/month as direct benefit transfer (DBT) to support the nutrition of TB patients for the entire duration of treatment. Till date, more than 1 crore TB patients have benefited. Cumulatively, till Mar-2024, more than Rs.2859.96 cr have been disbursed.

Infrastructure Scale-Up

Diagnostic infrastructure has played a vital role in active TB case detection. Through concerted efforts, there has been a notable infrastructure scale-up of TB laboratory services. Designated Microscopy Centres (DMCs) have increased by 80% (13583 in 2014 to 24449 in 2023) over the past 9 years. Also, 6196 new molecular diagnostic laboratories have been established till now. The number of drug-resistant TB treatment centers has increased from 127 in 2014 to 792 in 2022.

Sub National disease-free certification

In order to monitor the trends of the TB epidemic at the State/UTs/District level, the Health Ministry has introduced a novel initiative of estimating disease burden through a methodology of community-level survey (Inverse sampling methodology) and tracking drug sales data in the private sector and measuring the level of under-reporting to the programme.

Through this methodology, State/UTs/District level estimates of TB disease are derived and measured against the baseline of 2015.

- In the year 2020, Kerala, UTs of Lakshadweep, Puducherry and 35 districts have successfully achieved various levels of reduction in TB incidence. The UT of Lakshadweep and the district of Budgam in J&K were declared as the first UT & the first district in the country to achieve more than an 80% reduction in TB incidence. (SDG Targets).

- In 2021, 3 States (Kerala, DNHDD & Puducherry) received Silver (>40% reduction) & 5 States (Gujarat, Himachal Pradesh, Sikkim, Tripura, Ladakh) received Bronze (>20% reduction). Whereas 8 districts receive Gold (>60% reduction), 27 districts received Silver & 56 districts received bronze.

- In 2022, Karnataka received Silver (>40% reduction) and Jammu & Kashmir received Bronze (>20% reduction). Three districts were declared TB-free (>80% reduction), 17 districts received Gold (>60% reduction), 35 districts received Silver and 48 districts received Bronze.

High Level focus during G20 India Presidency

Apart from these steps, under the G20 India Presidency in 2023, the Union Health Ministry has diligently advocated and addressed selected concerns of global importance, which included improving the effectiveness and reach of health services using digital solutions; strengthening cooperation to enhance pharmaceutical development and manufacturing capabilities. There was a sharp focus on "One Health" approach and Anti-Microbial Resistance(AMR) during the deliberations in the Health Working Groups and the Ministerial meeting at Gandhinagar, Gujarat in November 2023. All of these have had strong resonance with India's and the world's fight against TB.

Conclusion

Combating TB requires a broad based action plan with timelines and accountability structures which would be monitored diligently, involving the communities and different stakeholders and partners. WHO has drawn up a multisectoral accountability framework for TB (MAF-TB) which was shared with countries in 2019. This is complemented by national action plans. It is for nations now to implement these action plans commensurate with the global targets and timelines to rid the world of the scourge of TB.

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Lung Cancer Awareness on World Lung Cancer Day

smoking, responsible for approximately 85% of cases. Tobacco smoke contains over 7,000 chemicals, many of which are carcinogenic. However, lung cancer can also affect non-smokers due to factors such as:

- Exposure to Radon Gas: Radon is a naturally occurring radioactive gas that can accumulate in homes and buildings, posing a significant risk.
- Secondhand Smoke: Non-smokers exposed to secondhand smoke are at an increased risk of developing lung cancer.
- Asbestos Exposure: Asbestos fibers, when inhaled, can cause lung damage and increase the risk of lung cancer.
- Air Pollution: Prolonged exposure to polluted air can contribute to lung cancer development.
- Genetic Factors: A family history of lung cancer can also increase an individual's risk.

Symptoms and Early Detection

Early detection of lung cancer signifi-

cantly improves the chances of successful treatment. Common symptoms include: Persistent cough, Chest pain, Shortness of breath, Unexplained weight loss, Coughing up blood, Hoarseness.

It's essential for individuals experiencing these symptoms to seek medical attention promptly.

Prevention and Treatment

Preventing lung cancer involves reducing risk factors. Quitting smoking is the most effective measure. Avoiding exposure to known carcinogens, such as asbestos and radon, also plays a crucial role.

Treatment options for lung cancer depend on the type and stage of the disease. They may include surgery, radiation therapy, chemotherapy, targeted therapy, and immunotherapy.

Advances in medical research continue to improve treatment outcomes and offer hope to patients.

Support and Advocacy

World Lung Cancer Day serves as a reminder of the importance of support and advocacy for lung cancer patients. Organizations worldwide are dedicated to providing resources, support groups, and educational programs to those affected by lung cancer. Raising awareness helps reduce the stigma associated with the disease and encourages early detection and treatment.

Conclusion

On this World Lung Cancer Day, let's unite in the fight against lung cancer. By spreading awareness, supporting research, and advocating for early detection, we can make a significant impact on the lives of those affected by this devastating disease. Together, we can strive for a future where lung cancer is no longer a leading cause of death but a manageable and treatable condition.

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