



# Report

## Seminar on Pharmaceutical policy and access to essential medicines



Organized by  
**Community Development Medicinal Unit**  
in collaboration with  
**Catholic Health Association of Bihar/Jharkhand/Andaman,  
Social Initiatives for Growth and Networking &  
Voluntary Health Action for Jharkhand**

Date: Ranchi, February 18, 2011

Venue: Social Development Centre, Dr. Camil Bulche Path, Ranchi 834 001, Jharkhand

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## Introduction to the seminar

After the success of a national workshop in Kolkata in February 2010 and three follow-up seminars in Kolkata, Bhubaneswar and Siliguri, the Community Development Medicinal Unit (CDMU) has partnered with organizations in Jharkhand to take forward an issue of much importance – the access to essential medicines by the common people.

In collaboration with Social Initiatives for Growth and Networking (SIGN), Catholic Health Association of Bihar/Jharkhand/ Andaman (CHABIJ, a unit of The Catholic Health Association of India [CHAI]), and Voluntary Health Action for Jharkhand (VHAJ), CDMU organized a half-day seminar titled “Pharmaceutical Policy and Access to Essential Medicine” at the Social Development Centre in Ranchi, the capital city of Jharkhand, on February 18, 2011. A total of 100 participants attended the seminar. They were mainly health care providers from the hospitals and centres spread over the various dioceses in Jharkhand. A few representatives of healthcare organizations in the region also attended.



The speakers included experts from Delhi who have been involved for many years in the much-needed campaign of making essential medicines accessible to all persons needing them. They also included former government officials from the health department. Significantly, among the speakers were heads of Church institutions from the region, who could highlight the difficulties and problems being faced in the procurement, distribution and prescription of important medications to the ailing in their respective areas.

The objective of the seminar was to explain and expand on the vital recommendations that emanated from the February 2010 Kolkata workshop. These recommendations are contained in the Kolkata Declaration – II, and are an update of the proposals made in a similar national workshop held in 2005. The overall areas covered were prices of medicines and their irrational use, universal access, intellectual property and affect on prices and availability, promotion of generic medicines, importance of medical stores management, medical and pharmacy education, quality control standards, vaccines in the public health system, promotion of nutraceuticals, unethical clinical trials and Indian systems of medicines. CDMU took this opportunity to invite some healthcare organizations by personnel visit to access to need of extending their access to medicines program in Jharkhand.

## **Objective of the seminar**

The objective of the seminar are as follows

- To campaign the recommendation of the seminar with other stakeholders

## **Organizer of the seminar**

Community Development Medicinal Unit [CDMU]

## **Collaborator of the seminar**

- Social Initiatives for Growth and Networking (SIGN),
- Catholic Health Association of Bihar/Jharkhand/ Andaman (CHABIJ, a unit of The Catholic Health Association of India [CHAI])
- Voluntary Health Action for Jharkhand (VHAJ)

## **Introduction to organizer & collaborator**

**Community Development Medicinal Unit [CDMU]** is a state-based network to enhance access to quality essential medicines at affordable price and improve their use through members, partners and associate organizations currently focused in West Bengal & Orissa.

It undertakes action-based research, evidence based advocacy, need-based training and right based community oriented consumer awareness program.

Presently CDMU reaches more than 2500000 [approx] people through its network of 1000 partner members or member organizations [MOs] working in the field of healthcare in the state of West Bengal & Orissa.

### **Our program**

- Medicine access for poor and marginalized
- Training program / Capacity building of healthcare deliverers
- Lobbying and advocacy with Government, National & International organization
- Capacity building of SHG members on rational use of medicines

**Social Initiatives for Growth and Networking (SIGN)** is a registered society of the Regional Bishops of Jharkhand for social concern and human development. It anchors the efforts of the 8 Social Service Societies of the dioceses of Ranchi, Gumla, Jamshedpur, Simdega, Khunti, Daltonganj, Hazaribagh and Dumka in promoting a just and humane society based on the gospel values of love, peace, equality and dignity to all. It works towards the creation of an Empowered society – Well Knit and Disciplined, that upholds human dignity of the oppressed and the marginalized, especially the Tribals and the Dalits by means of advocacy, liaison and networking with the diocesan institutions in collaboration with government and like-minded organizations.

**Catholic Health Association operating in Bihar , Jharkhand and Andaman Nicobar** is one of the eleven regional Units of Catholic Health Association of India (CHAI) the largest Non-Government Health Organization of the World. It's main thrust is co-ordination of the MLS and people oriented community based primary health and sustainable development.

CHABIJ was founded as part of decentralization process during the golden Jubilee year of CHAI on 4th may 1993. Its members consist of 0-5 bed health care centers to small , medium and large hospitals , Social Services Societies , School of Nursing, Homes for the mentally and physically challenged and HIV Prevention AIDS & Care centers . As on Oct. 2010 CHABI Has 304 Members Belong to Bihar, Jharkhand and Andaman Nicobar.

Some of the key strategies being used are decentralization , capacity building , advocacy. collaboration with the government , lobby , joining hands with people's movements , promotion of alternative system of medicines [ASM], gender sensitization, research and documentation.

### **Activities**

- Holistic Approach to Holistic Health Care: An inter-sectoral approach is adopted to facilitate and promote holistic health in community.
- Formation and strengthening of diocesan units and facilitating the formulation of Diocesan Health Policies , effective utilization of the resources in the member institutions is being ensured.
- Advocacy : Formation of district health Action Forums Enables Planning & implementation as collaborated action . and utilize the existing Govt. services & resources with people's participation.
- Promotion of Community Based Health Care and sustainable development through formation of Neighborhood Healthy Communities:
  - Every village has health committee
  - Every Community has a trained TBA & a Voluntary Health Practitioner.
- Control of Communicable Diseases: CHABIJ has undertaken measures for control of communicable diseases like TB, Diarrhea, Malaria, and HIV/ AIDS etc. on a massive scale.
- Resource Support to our members.
- Promoting rational use of safe & essential drugs.
- Capacity Building: Quality up-gradation of members (MIS) and capacity of community based health promoters are undertaken through various types of training programs.
- Alternative System of medicine: Empowering people with knowledge skill and practice of various alternatives system has been one of our major strength.
- Safe drinking water and Food security: Safe drinking water is a human right issue as well as the food security . India produces sufficient food to fill every one of the countries population , provided an equal distribution of resources is secured by political good will.
- Gender sensitization: Empowering women economically without neglecting the male counterpart is our strategy.

**Voluntary Health Association for Jharkhand** is a secular, non-political and non-profit making federation of health and development NGOs. It is established in the year 2003-04. Presently it is a network of more than 106 voluntary organizations working in different parts of the state. Since inception, VHAJ strives to strengthen voluntary health movement in state and promotes cost-effective, preventive, promotive and rehabilitative healthcare system.



## Executive Summary

The enthusiasm for attending the seminar was quite high, with most of the participants turning up early for the registration. Some of them had come from quite far away places like Jamshedpur and Patna and had stayed overnight in accommodation at the Social Development Centre. For the majority, this was the first time that they were attending a meet where such an issue and subject were being discussed. The proceedings started with the lighting of the ceremonial lamp by Reverend Bishop Binay Kandulna, Auxiliary Bishop of Archdiocese of Ranchi. This was followed by a prayer read out by Sister Stella.

The welcome address was delivered by Sushanta Roy, the RUM Coordinator, CDMU, wherein he explained the genesis and objectives of the seminar. Then came the inaugural session, the healthcare and access to medicines sessions, followed by the session on rational use of medicines and the conclusion. The meet ended with the drawing up of important recommendations and suggestions on follow-up action to be pursued by both the organizers as well as the participants.

## Schedule of the seminar

Time	Topics	Speakers
9.15 - 10.00	Registration	Sr. Sarofina
10.00 - 10.10	Lightening of the inaugural lamp	Most Rev. Auxiliary Bishop of Archdiocese of Ranchi
10.10 - 10.20	Prayer	Sr. Stela
<b>Session I: Inaugural session</b>		
<b>Chairperson: D P Poddar</b>		
10.20 - 10.30	Welcome address • Genesis & objective of the seminar	Mr. D P Poddar, Secretary, CDMU
10.30 - 10.40	Genesis & objective of CDMU	Fr. John L Noronha, Parish Priest, Ex-Director, CARITAS India
10.40 - 10.55	Health scenario in Jharkhand [address by Chief Guest]	Dr. A K Sarkar, Health Secretary, Govt of Jharkhand
<b>Session II: Healthcare &amp; concerns in access to medicines</b>		
<b>Chairperson: Dr. Mira Shiva</b>		
10.55 - 11.05	Challenges in healthcare for the NGOs in Jharkhand	Fr. Chistu Das, Director, SIGN
11.05 - 11.15	Access to medicines problems for healthcare NGOs	Sr. Prabha HC, Director, Catholic Health Association Bihar / Jharkhand / Andaman
<b>Session III: Access to medicines</b>		
<b>Chairperson: Dr. C M Gulhati</b>		
11.15 - 11.35	Present policy framework in India and recommendation of national workshop	Dr. Mira Shiva, AIDAN / IHES
11.35 - 11.55	Menace of spurious medicine in India and its remedy	Dr. Sajal Kumar Roy Choudhury, Ex-Director - Directorate of Drugs Control - Govt of West Bengal
11.55 - 12.05	<b>Discussion</b>	
<b>Session IV: Rational use of medicines</b>		
<b>Chairperson: Dr. S K Roychoudhury</b>		
12.05 - 12.25	Rational use of medicines & cost reduction: Situation in India	Dr. C M Gulhati, MIMS
12.25 - 12.45	Access to medicines program for not-for-profit organizations	Sulagna Dutta - Administrative Manager, CDMU
12.45 - 13.00	<b>Discussion</b>	
13.00 - 13.10	<b>Concluding remarks / Future action plan / vote of thanks</b>	
13.10	<b>LUNCH</b>	

At the outset, Reverend Bishop Binay Kandulna, Auxiliary Bishop of Archdiocese of Ranchi delivered his message for the seminar. He pointed out that two sectors that would never be short of business were food and medicine. "Everywhere you go, you will find shops selling either food or medicine, as both items are essential requirements." But the government had not been able to fully take care of these sectors and organizations and the Church had a lot to contribute in an effort to close the gap. Dwelling on the health scenario in Jharkhand, he said the government had taken some major steps recently. "But the state was still not in a good position – maternal mortality had improved but much work had to be done in other areas. Medicine accessibility is one of them, and this seminar is very important." He congratulated the organisers and the participants for joining hands to provide good, quality medicine for the poor. He also hoped that in the coming years, good policies could be developed. Since a healthy body leads to a healthy mind, this initiative of starting from towns and going to the villages was commendable. "With your help, the government will be able to do more, and our society will be a healthy society, our country a healthy country."



Reverend Bishop Binay Kandulna



D P Poddar

Describing the genesis and aims of CDMU, its Founder & Secretary, D.P. Poddar, said the beginnings of access programs for medicine went back a long way "when the likes of Dr Gulhati and Dr Mira Shiva (both of whom were speakers at the seminar) started becoming doers instead of being listeners". He said when he was director of the West Bengal Voluntary Health Association, "a request came for us to do something that would take up this problem of access to essential medicines. While moving among the needy came a voice: 'do

we not have the right to essential medicine because we are poor?' I teamed up with my breakfast friend, Father John Noronha, the then director of Caritas India and we worked on how access could be made simple and possible. But we needed likeminded people...today, there are 1000 organizations covered by CDMU in Bengal and Orissa. All of them are alive and growing, giving a sense of security and safety to thousands of beneficiaries. Up to 40 per cent of funds are being saved by healthcare organizations

because of efforts like CDMU, enabling them to reach more people. Over the next three years, CDMU would expand its activities to Jharkhand a process which had already begun.”

**Topic: Challenges in healthcare for the NGOs in Jharkhand**

**Speaker:** Fr. Chistu Das, Director, SIGN



Fr. Chistu Das

This session was chaired by Dr Mira Shiva, who recalled the first meeting in Pune in 1981 where the focus and stress was on only on access to essential medicines, which was followed two years later by the first moves to directly purchase drugs from companies. “We have come a long way in 2011, but we still have much further to go,” she said.

Father S Christu Das, the Director of SIGN, while speaking on the subject, said Jharkhand had a number of civil societies but there were few in healthcare as Know how was required. The Church was, however, doing work in many areas, some of them quite remote. He said an XLRI survey had shown that 70 per cent health NGOs worked in urban or semi-urban areas. He pointed out two main challenges in providing healthcare – understanding the national health mission, and providing services in an equitable manner under mega program such as the NRHM. “My simple study of health centres in rural areas finds that we are not yet competent to match government efforts.” He added that as a result, outreach was restricted. “In the last few years, we have been able to cover 20 of the 24 districts in the state, reaching 6.85 lakh people in the villages. This has to be increased,” he said. Calling for a professional outlook, he said “our commitment needed a more scientific approach in delivery, a strategic orientation with a holistic approach. Referring to government policies, he felt the Jharkhand government “has not been so proactive with NGOs; they have not been able to identify and extend projects through public-private-partnership”.



Public health challenges like malaria and diarrhea remain, and just networking was not enough. In this connection, he recalled the 2009 malaria outbreak in Dumka, where lack of resources impeded intervention. “This gap was made up somewhat with CDMU help. After Dumka, many centres are now getting medicine from CDMU.”

**Topic:** Access to medicines problems for healthcare NGOs

**Speaker:** Sr. Prabha HC, Director, Catholic Health Association Bihar / Jharkhand / Andaman [CHABIJ].

A different problem was pointed out by Sister Prabha, Director, CHABIJ. “The problem is not of access, but excess. There were 80,000 types of medicines, and we don’t have enough knowledge in pharmacology to know which one would be harmful for the patients,” she said. Flooded by visits from medical representatives, the sisters were confused over which medicine to administer.



“The selection of the right medicine was a problem, as there were many duplicate substitutes. The lack of trained pharmacists compounded the problem.” She also said frequent strikes and agitations were preventing carriers from delivering medicines to the centres. Lack of cash resources, absence of quality medicine, unorganized distribution and a lack of planning and foresight were also problems. To this end, she suggested developing natural medicines, and requested CDMU to procure and develop a distribution network of natural medicines.

**Topic: Present policy framework in India and recommendation of national workshop****Speaker: Dr. Mira Shiva, AIDAN / IHES**

Chaired by Dr C.M. Gulhati, this session had two parts. In the first, Dr Shiva spoke on the



present policy framework and the challenges it put up, and the recommendations in the Kolkata II Declaration. She concisely reviewed the several developments that had influenced policy over the last 10 years, pointing out that in terms of human development index, India's socio-economic situation was very low. With government health budgets still remaining low at around 5 per cent, 70 to 80 per cent of the people's medical expenditure was out of pocket.

"There were a few milestones in the national drug policy: the 1975 Health Committee report, the 1978 drug policy, the 1986 drug policy which introduced rationalization measures. But after that, the national drug policy is still being formulated." She outlined the various agencies involved in policy making, from the ministry of chemicals and the drug price control order to the National Pharmaceuticals Pricing Authority, the health ministry and the commerce ministry. She also spoke on using legal tools to change drug policies through public interest litigation, citing a few instances. Dr Shiva also explained how Intellectual Property Rights influenced drug pricing. "Patented Anti-retroviral (ARV) drugs for AIDS patients at one time cost \$15,000 a month till generic drugs came in and brought the cost down to \$1,000 a month." She said the Indian Patent Act was a model act since it was a balance between patient and industry.



"But the government was pressured into changing this because of intense lobbying by the industry." She said the major threats to access to medicine in terms of policy were:

- TRIPS Plus Agendas
- Indo-EU FTA
- Data Exclusivity (i.e. beyond Data Protection TRIPS)
- Misinterpretation of Data Protection
- Patent Linkage

She also referred to the recent spate of acquisitions and mergers of Indian drug companies by international giants while pointing out the commercialization and profiteering in the manufacture and marketing of essential drugs.

**Topic:** Menace of spurious medicine in India and its remedy

**Speaker:** Dr. Sajal Kumar Roy Choudhury, Ex-Director - Directorate of Drugs Control - Govt of West Bengal



Dr Sajal Roy Choudhury, the former director of drug control, government of West Bengal, spoke on spurious and counterfeit medicines and how to overcome this problem. Stressing that supplies must always be procured from a proper and reliable source and that cash memos / bills should always be obtained no matter what quantity of medicine is bought, he pointed out that the Drugs

and Cosmetics Act 1940 had drawn up the standards of quality control in manufacture, storage and distribution of medicines. Describing the specific nature of misbranded, adulterated and spurious drugs as detailed in the Act, he gave the WHO definition of counterfeit medicine: one which is deliberately and fraudulently mislabeled with respect to identity and/or source. These may include products

- with correct ingredients but fake packaging
- with the wrong ingredients
- without active ingredients
- with insufficient active ingredients.

A study of a samples of drugs tested all over the country in last 4 to 5 years reveals that about 0.3% to 0.4% of around 40,000 samples fall within the category spurious drugs. He said the drugs that were most likely to be counterfeited were drugs with high brand value, fast moving and well known brand, easily manufactured, available over the counter (OTC), supplied to Government institutions, products for export, and drugs used for treatment of AIDS and cancer, that is, diseases that were not curative. He explained the procedures by which spurious and counterfeit drugs were being tackled: by confidential purchase of drugs suspected to be spurious, by confidential testing of these samples, comparison with original product, wherever possible obtaining opinion of original manufacturer, following suspect with the help of watcher or by officer himself, and decision taken to raid the place or places with or without help of police. He also suggested that special trial courts should be established to try the cases.





**Topic: Rational use of medicines & cost reduction: Situation in India**

**Speaker: Dr. C M Gulhati, Editor - MIMS**



This session was chaired by Dr Roy Choudhury. The main speaker was Dr Gulhati, editor of MIMS, who described the health scenario in India by lamenting that only 1 per cent of the GDP was allocated to health. He outlined the obstacles in the rational use of medicine. They were regulatory failures, irrational combinations, inadequacies in the price control systems (75 per cent of the drugs available in India were outside the price control mechanism), unethical market control practices, and the lack of trained pharmacists. He then said that there was nothing new in most new drugs, except for minor molecular changes. But they led to “vaguely worded approvals and new drug prices, and potentially dangerous consequences”. For, “a new drug is like a computer. If the software is not correct, the drug is useless.” He named several drugs that were either banned or had restricted use in the West but were being promoted in India because of their huge profitability. He mentioned the “dirty dozen” drugs, including some analgesics, that were banned in the world but not in India. “More often than not, the consumers are in the dark. Simple literature should accompany all medications. On the other hand, there were misleading advertisements promoting supplements and tonics that increased the height of children or improved their memory. They are basically nonsense but are thriving because doctors are being bribed.” He added that in December 2009, new rules were introduced that prevented doctors from accepting gifts and could not go to sponsored seminars abroad. Referring to courts in the West which took up cases against companies for violating codes, he said this practice should be followed in India as well. “India should have a voluntary board examining the promotional measures that pharmaceutical companies take up.”



**Topic: Access to medicines program for not-for-profit organizations**

**Speaker:** Sulagna Dutta – Administrative Manager, CDMU



Speaking on not-for-profit medicine access program, Sulagna Dutta, Administrative Manager CDMU, said it had been seen that 30 per cent of the population are unable to buy medicines because of their cost. She mentioned CDMU's role towards alleviating this problem. "We procure from the companies at lesser rates and supply to healthcare delivery NGOs. There is a significant difference between branded prices of drugs available in the market and the CDMU price. We also train

health workers and supply medicines on a priority basis during emergencies. Another role was to disseminate information on rational drug use through posters, booklets, the media and seminars. A recent activity was to promote healthcare through self-help groups." She invited all Jharkhand organizations to join hands with CDMU to further not-for-profit medicine access programs.

## Conclusion

An interactive discussion was held during the concluding session, during which questions were asked by the participants to the speakers.

An essential part of the seminar was to get the feedback from the participants who were aware of the ground realities and problems while delivering healthcare in the Jharkhand-Bihar region. Some questions from the participants included how an organization could get medicines from CDMU and whether the supplies would be without break. Is training on storing of medicines also available? The answers were in the affirmative, especially after CDMU became conversant with the Jharkhand terrain and procedures.

The response from the participants was also recorded in feedback forms. The overall reaction to the presentations and usefulness of the seminar was that it was a good and informative meeting. An analysis of the answers revealed the following problems:

- Access to generic medicines
- Quality of medicines
- Timely and uninterrupted supply
- Transportation to the health facility
- Getting medicines at affordable price



The participants required support in the following areas:

- 80% of participants requested CDMU to initiate essential medicines program in Jharkhand
- 50% of participants requested CDMU to initiate stores management training
- 40% of participants requested CDMU to prepare a medicines list for their clinic

Towards the end of the seminar Fr. Christu Das appreciated CDMU's effort to organize such program and invite CDMU to participate in the workshop 'Towards Partnership' on March 22, 2011.

## List of participants

Sl no	Name of the participants	Name of the organization
1	Prameshwar Paswan	Dr. Bhimrao Ambedhkar Siksha Sansthan
2	Mathura Prasad	Dr. Bhimrao Ambedhkar Siksha Sansthan
3	Sr. Anjana	Nazareth Health Centre
4	Sr. Manjula	Pushpika Health Centre
5	Sr. Stella D.S.A	Catholic Charities, Ranchi
6	Sr. Gloria S.C.J.M	Sister of Charity of Jessu and Mary. St. Vinuli Hospital Barwadih.
7	Sr. Prabha HC.	Catholic Health Association of Bihar / Jharkhand / Andaman
8	Sr. Emilia	St. Xavier H.E Chaibasa
9	Sr. Anna Mary Q.S.U	Kiran Health Center Bishrampur
10	Sr. Mary Kujnu	St. Annes Health Centre
11	Sr. Gemma	St. Amnes Health Centre
12	Sr. Augutlina O.S.U	Sanjeevni Seva Kendra
13	Sr. Phulcheria O.S.U	Community Health Centre, Kendli
14	Sr. Shalini C.F.M.S	Jesu Bhavan Convent, Baheya
15	Sr. Shobha B.S	Bethany Health Centre
16	Sr. Laila S.R.A	Presiton Kirani Health Centre
17	Sr. Jyoti Soreng O.S.U	Ursuline Health Centre, Khunti
18	Sr. Fulkeria Phjc	Jeevan Jyothi Convent, Khunti
19	Sr. Virginia D.S.A	St. Teresa Health Centre
20	Sr. Annamma S.J.T	St. Joseph's Convent

Sl no	Name of the participants	Name of the organization
21	Sr. Saney O.L.P	St. John's Health Centre
22	Sr. M. Reeja S.R.A	Nirmala Health Centre
23	Sr. Elsu Cherian	Mercy Hospital, Baridih
24	Sr. Albina Samad	St. Ignatius Health Centre
25	Sr. Mariam F.C	Khemtpani Mata Swasthya Kendra
26	Sr. Joyce M.M.S	Holy Family Hospital
27	Sr. Delphire M.M.S	Holy Family Hospital
28	Sr. Sujata Kujur D.S.A	Sawamarg Health Centre
29	Dr. (Mrs) C.E. Titas	Nirmala Hospital, Dhanbad
30	Dr. Sr. Romeo Edattel	Carmel Hospital, Mahuadane
31	Sr. Alphy C.M.C	Krist Raja Health Centre, Godda
32	Sr. Angela C.S.S	Nirmala Leprosy Hospital, Govindopur
33	Sr. Lellis C.M.C	Carmel Hospital, Mahuadane
34	Sr. Shantibala D.S.A	St. Joseph Health Centre
35	Sr. Dibya Baxla D.S.A	St. Annes Health Centre
36	Sr. Salomi Minj S.C.D	St. Health Centre, Murguni
37	Sr. Stella S.D	St. Petter's Health Centre, Daltongunj
38	Sr. Callisia O.S.U	St Angela Hospital
39	Sr. Teresa O.S.U	St Angela Hospital
40	Sr. Bhagya D.S.A	St. Agnes Health Centre
41	Sr. Agnes O.S.U	Health Centre, Goikera

Sl no	Name of the participants	Name of the organization
42	Sr. Blanche Tirkey O.S.U	St. Urseline Hospital, Lohardaga
43	Sr. Serophnia	St. Joseph's Health Centre, Deopur
44	Sr. Theresa Kunnel S.A.B.S	Chrit Jyothi Health Centre, Dumka
45	Sr. Amuliya O.S.U	Social Development Centre, Dumka
46	Sr. Blandera O.S.U	St Urseline Hospital, Dumka
47	Sr. Antasia	St. Annes Health Centre
48	Sr. Candida C.F.M.S.S	St. Mary's Convent
49	Sr. Mary Ekka D.S.A	St Michel Health Centre
50	Sr. Theresa Toppo D.B.A	St. Annes Health Centre
51	Sr. Sushma	St. Annes Health Centre
52	Deepak Bifunj	Vikas Kendra, Simdega
53	Sr. Suchita Tigga D.S.A	St. Annes Health Centre
54	Sr. Beatrice D.S.A	St. Terresa Health Centre
55	Sr. Susanna Tigga D.S.A	St. Annes Seva Ashram
56	Sr. Mary Grace D.S.A	St. Annes Convent
57	Amit Ukil	The Telegraph, Kolkata
58	Sr. Aruna Kerketta S.C.N	Nazareth Health Centre
59	Sr. Marian M O.S.U	St. Urseline Health Centre
60	Sr. Louise Mary	Asha Seva Kendra, Gomia
61	J Gupta	Jharkhand TV
62	Sr. Monica	Bernadeth Health Centre

Sl no	Name of the participants	Name of the organization
63	Sr. Pushpam	Holy Family Hospital, Koderma
64	Sr. Anji Rose	Health Centre Hazaribagh
65	Shanti Bhusan Sinha	Jan Jagram Kendra
66	Fr. Michel L	Jan Vikas Kendra
67	Sr. Sneha Phje	Seva Niketan Health Centre
68	Fr. Romamu	St. Mary's Church
69	Sr. Philisitas Beck D.S.A	Gram Uttan Kendra
70	Sr. Emilia Kispotta Q.S.U	Ureseline Health Centre
71	Sr. Shanti Orau D.S.A	Pragati Health Centre
72	Sr. Pava Tachae Topno	D.M.V.K
73	Kiran Munda	D.M.V.K
74	Sr. Crisy	St. Francis Hospital
75	Sr. Rosmania	Holy Family Hospital
76	Sr. Jessy	Holy Family Hospital
77	Sr. Sunam	Vijaya Niketan Health Centre
78	Sr. Emelda Soreng D.S.A	Nirmala Health Centre
79	Sr. Sonej S.C.J.M	Deepti Health Centre
80	Basilla Xalxo	Voluntary Health Action For Jharkhand
81	Ravi Kumar	Mahila Mukti Sanatha.
82	Manoj Parveen Lakra	Prabhat Khabar
83	Ajit Pal	UCA News

SI no	Name of the participants	Name of the organization
84	Comelius Munj	Jharkhand News Line
85	Sanjoy Kapardar	Dainik Bhaskar
86	Mritunjoy Kumar	Mohua TV
87	Sr. Sunita Xalxo	Garalodhama
88	Sr. Sishila Toppo	Fatima Hospital
89	Sr. Rita SCB	St Charles Health Centre
90	Subhas Singh	7 Days News
91	Monoranjan Kumar	Hindusthan
92	Susanth Pandey	PBL Nazal TV
93	Sansit Mansi	PBL Nazal TV
94	Chandan Dey Bhattacharya	Taza TV
95	Sony Kachhap	Hindusthan
96	K K Vinod	Dainik Bhaskar
97	Sushanta Roy	CDMU
98	D P Poddar	CDMU
99	Sulagna Dutta	CDMU
100	Avijit Ghosh	CDMU
101	Sajal K Roychoudhury	Ex-Director of Drugs Control



## Photo gallery



Discussion with organization during visit



Discussion with organization during visit



Group photo [L to R]: Mira Shiva, D P Poddar, Rev. V Kandulna, Fr. C Das, Ms. S Dutta, Sr. Pracha



Glimpses of participants



Glimpses of participants



Representatives from press

## चर्च के लिए स्वास्थ्य सेवा सर्वोपरि



संवाददाता ■ रांची

रांची महाधर्मप्रांत के बिशप विनय ऑगजीलरी बिशप विनय कंडुलना ने कहा कि चर्च ने आत्मिक सेवकाई से साथ-साथ स्वास्थ्य व शिक्षा को भी प्रमुखता दी है. कम्युनिटी डेवलपमेंट मेडिसिनल यूनिट ने कैथोलिक हेल्थ एसोसिएशन (बिहार, झारखंड व अंडमान), सोशल इनिशिएटिव फॉर ग्रोथ एंड नेटवर्किंग व वोलेंटरी हेल्थ एक्शन एंड की मदद से सुदूरवर्ती ग्रामीण इलाकों में कम कीमत पर दवाइयां उपलब्ध कराने का बीड़ा उठाया है, जो प्रशंसनीय है. बिशप शुक्रवार को फार्मास्यूटिकल पॉलिसी एंड एक्सेस टू एसेशियल मेडिसिंस विषयक सेमिनार में बोल रहे थे. उन्होंने कहा कि शरीर स्वास्थ्य रहेगा, तभी दिमाग भी स्वस्थ रहेगा. सीडीएमयू के सुशांता रॉय ने

बताया कि 50 से 60 फीसदी लोगों को जरूरी दवाइयां नहीं मिल पातीं. देश में फार्मास्यूटिकल पॉलिसी नहीं बन पायी है. सेमिनार में फादर क्रिस्टोदास, सिस्टर प्रभा, डीपी पोद्दार आदि मौजूद थे.

Dainik Bhaskar, Ranchi, Saturday, February 19, 2011

19 फरवरी 2011 हिंदुस्तान

## आम जन तक पहुंचेंगी आवश्यक दवाईयां

रांची। सुदूरवर्ती क्षेत्रों में ग्रामीणों की स्वास्थ्य सुरक्षा एक अहम जिम्मेदारी है। यदि आप इन इलाकों में जरूरतमंदों की दवाईयां उपलब्ध कराते हैं, तो यह सबसे बड़ी बात होगी। उक्त बातें रांची महाधर्मप्रांत के सहायक बिशप विनय कंडुलना ने कहीं।



सिस्टर प्रभा

बिशप विनय शुक्रवार को एसडीसी सभागार में सीडीएमयू (कम्युनिटी डेवलपमेंट मेडिसनरी यूनिट) के तत्वावधान में आयोजित सेमिनार में बोल रहे थे। सेमिनार में फार्मास्युटिकल पॉलिसी और आवश्यक दवाईयों तक आम जन की पहुंच विषय पर चर्चा की गयी। इसमें तय किया गया कि सीडीएमयू अब बंगाल और उड़ीसा के बाद झारखंड में भी वाजिब दामों में जरूरतमंदों को दवाईयां उपलब्ध करायेगा। इस काम में स्वास्थ्य और सामाजिक विकास के क्षेत्र में काम कर रहे चर्च के संगठन साइन, भाज और चाबीज सीडीएमयू के साथ मिलकर काम करेंगे।

Hindusthan, Ranchi, Saturday, February 19, 2011

## Report: Workshop entitled 'Towards partnership'

The workshop entitled 'Towards Partnership' was held at Ranchi on March 22, 2011 which was organized by Social Initiatives for Growth & Networking [SIGN] in collaboration with Catholic Relief Services [CRS]. It is the occasion of releasing a booklet 'Towards Partnership'. The booklet consist of the findings of the health facility survey conducted to record the achievements of the Catholic Faith Based organization in health sector in Jharkhand.



The key speakers are Dr. Suranjeen who spoke about the Private-Public partnerships [PPCs] health sectors with special reference to National Rural Health Mission [NRHM] which is followed by message from His eminence Telesphore Cardinal P Toppo. The Chief Guest of the program was Ms. Aradhana Patnaik, Mission Director, NRHM Jharkhand

spoke about the need of PPPs in Jharkhand, its achievement and partnership with church-based organizations.

Fr. S Christu Das presented the health facility survey and its findings followed by presentation of Mr. D P Poddar, Secretary, CDMU on 'Primacy of Primary Healthcare' and role of CDMU is fulfilling component 7 of Alma Ata Declaration, MDG Goal 8 & Health policy of Catholic Churches in India i.e. 'provision of essential drugs'.



A total of 130 participants attended the program representing the Jharkhand government, non-government and faith-based organizations. Towards the end of the seminar there was a panel discussion for health strategy and plan for the future. It emerges out that a training of the trainers [TOT] program will be organized for the health coordinators for the all the diocese in Jharkhand. The participants also felt that one of the important aspect for providing good health care for the poor and marginalized is providing medicines at affordable cost. Effective stores management is a key factor for providing essential medicines at affordable prices. Therefore they suggested to invite CDMU for a session on 'medical stores management'.



This TOT program for the first time also gave opportunity for CDMU to have a healthy and frank interaction on the important issue of access to affordable and appropriate medicine.