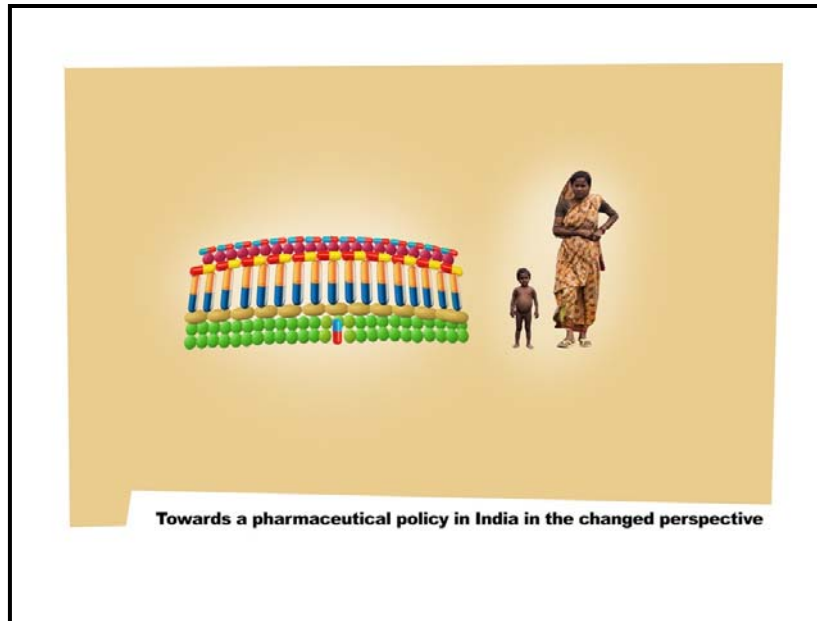




# Report on follow-up seminar 'Towards a pharmaceutical policy in India in the changed perspective'



Entitled: Pharmaceutical policy and access to essential medicines



Organized by  
**Community Development Medicinal Unit**  
in collaboration with  
**Health Action International Asia Pacific, Dooars Branch Indian Tea  
Association, Siliguri Journalists' Club & Indian Medical Association –  
Siliguri Branch**

Date: Siliguri, October 9, 2010

Venue: Saluja Residency, Hill Cart Road, Siliguri 734 001

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## Introduction to the seminar

The northern part districts of West Bengal has one of the low Human Development indices among the states in the state of West Bengal

The North Bengal region consists of six districts. The list are as

- Coochbehar
- Jalpaiguri
- Darjeeling
- Uttar Dinajpur
- Dakshin Dinajpur
- Malda

As per the 2001 Census, the total population of the districts under North Bengal was 14.72 million, which was 18.35 percent of the State of West Bengal.

The region is predominantly rural.

Available statistics indicate that with reference to the three main civic amenities i.e. health, safe drinking water and sanitation facilities, the districts of North Bengal were poorly placed in comparison to the State of West Bengal.

Presently CDMU reaches more than 900000 people through its network of 180 partner members or member organizations [MOs] working in the field of healthcare in North Bengal. The MOs are distributed in Jalpaiguri, Darjeeling, Dinajpur North & Dinajpur South.

The final seminar final of three seminars organized as a follow-up of the national-level Kolkata Workshop held in February, where the Kolkata Declaration-II was adopted, was held at Siliguri in North Bengal on October 9, 2010. The earlier two seminars were held in Kolkata and Bhubaneswar in early September. The venue is the commercial hub in North Bengal and the gateway to the north-eastern states, and thus has strategic importance. For this and other reasons, the rate of growth of population in Siliguri has been the highest amongst all the cities in the country over the past five years. This growing population, as well as those in the surrounding districts of North Bengal, has a dependency, like other people, on medication for cures from various ailments. It was thus pertinent that the last seminar be held here.

Organized by the **Community Development Medicinal Unit [CDMU]** and **Health Action International Asia-Pacific [HAI-AP]**, in collaboration with the Dooars Branch Indian Tea Association [DBITA], Indian Medical Association Siliguri Branch, and the Journalists' Club of Siliguri, the seminar was held at a prominent hotel on the busy Hill Cart Road. It was attended by 65 participants, mostly doctors attached to the hospitals and health clinics at the numerous tea gardens in Darjeeling and Jalpaiguri districts. Representatives of



non-government organizations working in the area as well as government officials participated as well.

The aim, as in the earlier two seminars, was to propagate the developments at the Kolkata workshop - mainly the dissemination of the 10-point *Kolkata Declaration - II* which had focused on ways and means to improve the affordable availability of essential medicines to the masses of the country. The meeting and the interactions that followed were also an attempt to build awareness about the present medicines situation, government policies and to bring in more stakeholders into the movement's fold. This was the first time that a seminar on such a subject was held in Siliguri.

## **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]

## Collaborators of the seminar

- Health Action International Asia Pacific [HAI AP]
- Dooars Branch Indian Tea Association
- Indian Medical Association – Siliguri Branch
- Siliguri Journalists' Club

## Introduction to organizer & collaborators

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

CDMU helped MOs to save Rs.75 lakhs of their medicine budget [2009-10] and therefore reaches to 2400000 [approx] of people in the state of West Bengal.

**Health Action International Asia Pacific** is part of an independent global network, working to increase access to essential medicines and improve their rational use through research excellence and evidence-based advocacy.

Health Action International (HAI) was born out of the sheer determination and the indefatigable courage of a group of healthcare activists who wanted to resist the ill-treatment of consumers by multi-national drug companies.

At the end of the 34th World Health Assembly (WHA) in Geneva on 29 May 1981, representatives of non-governmental organizations from 26 different countries around the world formed an international coalition. The alliance comprised of a broad network of consumer, professional, development action and other groups. Their key intention was to resist the monopoly run by drug multinationals through community action at grassroots level. The abuse of the sick and poor was to be no longer tolerated.

In March 1986, Action for Rational Drugs in Asia (ARDA) was founded at the Planning Meeting for the Asian Drug Campaign in Penang, Malaysia. ARDA was hosted by Consumers International Regional Office for Asia and the Pacific (CIROAP) and was to function as the Asian arm of the HAI network. In 2001, ARDA parted from CIROAP and relocated to Colombo, Sri Lanka. In March 2002, ARDA relieved its name and Health Action International Asia-Pacific (HAIAP) was registered as a non-governmental organization in Sri Lanka with a legal entity of its own.

**Dooars Branch Indian Tea Association [DBITA]** was established in 1878, and has in its membership a large majority of Tea Gardens of Dooars region. It is an Institution registered under the Societies Registration Act, 1961. DBITA acts as a nodal agency for all matters and issues affecting the Tea Industry specifically its members whether that be in the field of Industrial Relations, Land laws, Electricity matters, Law and Order, Production & Productivity, and liaisoning with Governmental and other agencies, etc. It also organizes Orientation Courses, Workshops and Seminars for the Executives employed in member gardens. In its pursuit to improve the quality of life of tea garden workers, the DBITA has been involved in a Family Welfare Project for over two decades which has received acclamation at the District, National and International levels. These apart, the DBITA attend various social functions on behalf of the Industry as a PR measure to maintain/develop relations with individuals and bodies for PR work. It consists of Honorary Officials elected every year from amongst the Planters i.e. Chairman, Vice-Chairman and Addl. Vice-Chairman, and the Secretariat headed by the Secretary.

**Indian Medical Association [IMA] - Siliguri Branch** is the only representative, national voluntary organisation of Doctors of Modern Scientific System of Medicine, which looks after the interest of doctors as well as the well being of the community at large. The Association was started in 1928 on the occasion of the 5th all India Medical Conference at Calcutta with the avowed objectives:

- Promotion and Advancement of Medical and allied sciences in all their different branches.
- The improvement of public Health and Medical Education in India.
- The maintenance of honour and dignity of medical profession.

Today, IMA is a well established organization with its Headquarters at Delhi and State/Territory Branches in 23 States and 9 union Territories. It has over 78000 doctors as its members through over 1274 local branches spread all over the country.

Indian Medical Association, Siliguri Branch has also passed its 50 years of journey. Initially it started under the guidance of Dr. Sudhir Ghosh as Honorary Secretary. Recently this branch has developed a committee to build up a healthy relation between doctors and patients and it also takes the initiative very carefully to handle any dispute between doctors and patients. Members of the association help other NGOs to organize various medical camps surrounding the areas.

**Siliguri Journalists' Club** is the most popular Press Club in the entire region of North Bengal has its main office situated in Kanchenjunga Stadium Siliguri. Most of the working Journalist whether belonging to the Electronic Media or the Print Media are the members of this Journalist Club and this Website is the most popular Website amongst the journalist group of North Bengal. Press Conference is held here at the regular annual intervals of time and is a single window for all the press related matters and all the information. All the members of this Press Club act as family members and are working neck to neck to derive their best performance. Every year new committee is held for the related modifications to be accomplished. This is the best site that can deal the Press related information.

## Executive Summary

The deliberations started a little after 10.30 am. For a few participants, it was the first time that they had got to know about the issues raised, from proper prescription and consumption of medicines to the machinations of pharmaceutical companies and the problem of spurious and poor quality drugs. The seminar comprised the inaugural session, and sessions on Rational Use of Medicines and Access to Essential Medicines. Discussions and the formulation of a future action plan were held at the end.

The welcome address was delivered by Ms Sulagna Dutta, Administrative Manager, CDMU Kolkata, while an overview of the activities of CDMU and an introduction to the speakers was provided by Dr Soumitra Dutta, its joint secretary.



## Schedule of the seminar

Time	Topics	Speakers
10.00 - 10.30	Registration	
<b>Session I: Inaugural session</b>		
<b>Chairperson: Dr. Soumitra Dutta</b>		
10.30 - 10.35	Welcome address <ul style="list-style-type: none"> <li>• Genesis of the seminar</li> <li>• Objectives</li> </ul>	Sulagna Dutta, Administrative Manager, CDMU
10.40 - 10.45	Introduction to the guest	Dr. Soumitra Dutta - Joint Secretary, CDMU
10.45 - 10.55	Health scenario & healthcare challenges in North Bengal [address by Chief Guest]	Dr. J B Saha - Principal, North Bengal Medical College & Hospitals
10.55 - 11.05	Rational use of medicines opportunity in healthcare in government set-up [address by Guest of Honor]	Dr. Puran Sharma, Deputy Chief Medical Officer of Health II - Darjeeling District
11.05 - 11.15	Challenges and opportunity in healthcare in tea gardens [address by Guest of Honor]	Mr. P K Bhattacharjee - Secretary, Dooars Branch Indian Tea Association
11.15 - 11.20	<b>Tea</b>	
<b>Session II: Rational use of medicines</b>		
<b>Chairperson: Dr. Amit Sengupta</b>		
11.20 - 11.45	Essential medicines: the concept, procedure & practices	Dr. Kathleen A Holloway, Regional Advisor Essential Drugs and Other Medicines, WHO SEARO
11.45 - 11.55	Access to essential medicines	Ms. Sulagna Dutta, Administrative Manager, CDMU
11.55 - 12.10	<b>Discussion</b>	
<b>Session III: Access to essential medicines</b>		
<b>Chairperson: Dr. Soumitra Dutta</b>		
12.10 - 12.35	Present policy framework in India and recommendation of national workshop	Dr. Amit Sengupta, AIPSN / JSA
12.35 - 12.55	Rational use of medicines: Situation in India	Dr. C M Gulhati, MIMS
12.55 - 13.15	Menace of spurious medicine and Ills in quality control system of medicines in India and its remedy	Dr. Sajal Kumar Roy Choudhury, Director - Directorate of Drugs Control - Govt of West Bengal
13.15 - 13.30	<b>Discussion</b>	
13.30 - 13.35	<b>Concluding remarks / Future action plan</b>	
13.35 - 13.40	<b>Vote of thanks</b>	Mr. Bishnu Chakraborty, Administrative Officer, CDMU Siliguri Unit
13.40	<b>LUNCH</b>	

In the opening address, the chief guest, Professor J.B. Saha, who is the Principal of North Bengal Medical College and Hospitals, gave a description of the health scenario in north Bengal and pointed out the challenges to health care delivery in the region. Public health had been given a major thrust through the National Rural Health Mission. But the mission's goals had to be implemented in north Bengal with several disadvantages. For example, there was only one referral hospital (NBMCH) serving the seven north Bengal districts and a population of over 2.5 crores. "But since health is a fundamental right, every effort should be made to make it available to all," he stressed.



Dr J B Saha in his inaugural speech

Malnutrition, water-borne diseases, maternal and child health – all these had to be tackled with limited resources.

Non-government organizations play a major role in assisting the government's initiatives to provide health care to the masses. One important issue in this connection was the accessibility of efficacious drugs. North Bengal may be far away from the state headquarters in Kolkata, but efforts on for making health available to the region's people. To this end, such seminars have an important role in informing and motivating people associated with health care delivery, Prof. Saha concluded.

**Topic: Essential medicines: the concept, procedure & practices**

**Speaker:** Dr. Kathleen A Holloway, Regional Advisor Essential Drugs and Other Medicines, World Health Organization – regional office for South-East Asia

For the first time in the three follow-up seminars, a senior official of the World Health Organization based in New Delhi was able to participate and give her findings and suggestions towards availability of essential medicines. Dr Kathleen A. Holloway, regional advisor on essential drugs and other medicines of the WHO's South East Asia Regional Office, described the concepts, procedures and practices involved in making medication accessible to those who needed it.



Dr. Kathleen A Holloway

Pointing out that since all consumers prioritize what they buy, essential medication is always on the top of the list for the healthy well-being of the breadwinner and his/her family. The world health body has made it clear that essential medicines are intended to be available in functioning health systems at all times in adequate amounts, in appropriate dosage forms, with assured quality, and at prices individuals and the community can afford. However, the availability of medicines in developing countries is undermined by poor medicine supply and distribution systems, insufficient health facilities and staff, low investment in health and the high cost of medicines.

The WHO has identified a list of essential medicines (EML) that is meant to be a guideline for countries for prioritizing the purchase and distribution of medicines. The Model List of Essential Medicines includes over 350 medicines to treat priority conditions. It is updated every two years, using a transparent evidence-based process, Dr Holloway said. "Based on this list, countries can draw up their own national essential medicines list, which can be used as the basis for procurement and supply of medicines in the public and private sector, schemes that reimburse medicine costs, medicine donations and to guide local medicine production." Eighty per cent countries now have an essential medicine list. Unfortunately, as later speakers revealed, India's current list is inadequate and cannot be the basis for these functions. Similarly, a list of treatment guidelines and formulary manuals link the EML with clinical practice, and should be drawn up on a regional basis, keeping in mind the common ailments of that region. Dr Holloway described in her presentation how a relationship between the two needs to be drawn, covering factors like availability of items on the EML to prescription regimes by doctors and even nurses' training. Referring to rational use of medicines, she highlighted the preferred actions that a national policy should have to promote this. The WHO official stressed on the setting up of Drug and Therapeutic Committees (DTCs) at every level of health care delivery, from local to the country level. These committees play a vital role in monitoring availability of essential medicines and the implementation of standard treatment guidelines, providing suggestions for improvement and even new drugs to the central authorities.

**Topic: Access to essential medicines**

**Speakers:** Sulagna Dutta - Administrative Manager, CDMU

Ms Sulagna Dutta of CDMU pointed out that most of the participants were from the tea gardens whose clinics procured medicine from CDMU. She spoke on how the organization procured the right drugs, which were a combination of the WHO and the national lists. "CDMU's objectives are to help provide quality and adequate medicine to the poorest of the poor, to promote rational use by doctors and patients, and to promote awareness."

She highlighted future expansion plans in Andhra Pradesh and Jharkhand, where organizations had approached CDMU for assistance.



**Topic: Present policy framework in India and recommendation of national workshop****Speaker:** Dr. Amit Sengupta, All India Peoples' Science Network / Jan Swasthya Abhiyan

Perhaps the most important aspect of the seminar was taken up by experts from New Delhi, both of whom have been experts and activists in this arena for over a decade. Dr Amit Sengupta of the Jana Swasthya Abhiyan and the National Campaign Committee for Drug Policy spoke on the present policy framework in India and the recommendations of the Kolkata workshop. He said as much as 680 million people in the country, the largest number anywhere in the world, do not get all the medicines that they need in terms of quality, quantity, doses and period of treatment. "Above all, most of them have to spend out of their pockets to get this medicine, some foregoing essential items of standard living while doing so," he said, and added that up to 70 per cent of all costs on health care was on purchasing medicines. "But of the total national health care costs, government expenditure is just about 25 per cent. Public health spending is one of the lowest in the world, and this has to change," he stressed. Why does Siliguri have so many chemist shops? This is because people are forced to buy medication, unlike other countries.



Dr. Amit Sengupta



Highlighting another contradiction, he said when the Kolkata Declaration-I was adopted in a national workshop in 2005, national drug policies had evolved in such a way that incentives to the pharmaceutical sector had helped India to become the fourth largest producer of medicines in the world, exporting to as many as 200 countries. This was a good indicator, but at the same time, the fact that up to 80 per cent of the same country's population could not get the medicine that they needed reduced this achievement to dust. He spoke of how the drug policies since 1970 had first spelt well for the availability of drugs and then deteriorated in favour of the drug companies. "One of the offshoots is that the national drug price control list has just 30 essential drugs, down from 378 in 1978. A concerted drive is required to change this," he urged.

**Topic: Rational use of medicines: Situation in India**

**Speaker:** Dr. Chandra Mohan Gulhati, MIMS

Exposing several lacunae in the rational use of medicine as followed various parts of the country, Dr C.M. Gulhati, editor of MIMS, pointed out that, ideally, the four principal players in access to quality and essential medicine were the government, which should have an important central role, doctors, who should follow rational and evidence-based prescribing, chemists, who should follow the drug laws in letter and spirit, and the patients, who should consume drugs as prescribed. "But there are only 36 countries with good drug regulations, and India is not one of them," he lamented. He then presented case studies of several drugs that had been banned in other countries (because of their adverse effects on human beings) but were still available in India.



Dr. C M Gulhati

Speaking on how MNC drug companies were minting money, he said profitability could be up to as much as 1,600 per cent. "A drug, the cost of manufacturing of which is just Rs 1.50 per strip of 10 tablets, is sold for Rs 32 per strip. That is the reason why some banned drugs are still allowed. He also pointed out that when new advisories on the dangers of a certain drug combination are issued by WHO, doctors continue to prescribe based on old information. He spoke about the need to be careful when prescribing fixed dose combinations (FDCs). The drug combinations need to undergo a series of tests before they can be approved. The cost factor in medicines was largely made up from the promotional expenditures the drug companies take up, starting from marketing to providing incentives to doctors. All this was based on the unique fact that medicines were the only product where the consumer had no choice, purchasing what the doctor had prescribed.

**Topic: Menace of spurious medicine and Ills in quality control system of medicines in India and its remedy**

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

The director of the drug control directorate, Dr Sajal Kumar Roychoudhury, enlightened the participants on the evils of spurious drugs and the drawbacks in the quality control system of drug manufacturing, storage and distribution. A national survey carried out in 2008-09 on 61 popular brands in nine categories of health care found that, of the 24,000-odd samples, five were bad in Bihar, three in West Bengal, two in UP and one in Gujarat. He also elaborated methods by which spurious drugs could be detected, and the measures the various government agencies were pursuing in tackling the menace.



Dr. Sajal Kumar Roy Choudhury

"A new area of concern was counterfeit drugs. Dishonest traders/manufacturers usually targeted drugs that had high brand value, could be easily made or had unsure results, like cancer and AIDS medications." Such drugs could be found in rural



markets mostly. Spurious and counterfeit drugs not only increased the cost burden for the sick, but could endanger them further, even becoming a life risk, he said. He advised that all organizations should procure medicines from the right source and urged them to take out a licence, as spurious drugs were not dealt with by licensed organizations which followed proper storage methods.

An interesting feature of the meeting was how the Consumer Protection Act could be applied to medicine safety. Mr Gopal Chandra Ray, Assistant Director, Department of Consumer Affairs, Jalpaiguri Division, recommended that doctors should prescribe generic medicine with brand names given alongside in brackets. He said patients, when they purchased medicine, had the right to be protected, the right to be informed, the right to choice and the right to seek redress.



Mr. Gopal C. Ray

## Conclusion

The turnout, at 65 participants, worked out to approximately 43 per cent of them are doctors and remaining are program managers, pharmacist, etc. The participants agreed that they had gained a lot of new information. There was an active concluding session wherein several of them asked questions to the speakers. For example, Dr Rudra, a retired deputy chief medical officer of the state government, asked whether laws were sufficient to control drug consumption. Dr Gulhati replied that by and large the laws of the country, which were better than the US, were good enough. "But there is a lack of transparency and the government is almost always superficial, providing self-serving answers whenever issues are raised."



All participants endorsed the content and concerns of '**Kolkata Declaration II**' with high appreciation and express their willingness to join hand with solidarity. Besides this they also shared and suggested some initiatives needed for support in their healthcare activities. The details are as follows:

Interaction with the participants

- **40% of participants suggested that CDMU should prepare essential medicines list for the tea gardens.**
- **30% of participants suggested that CDMU should prepare a treatment guidelines for the tea gardens**
- **30% of participants suggested that CDMU should organize training program on rational use of medicines and stores management.**

The participants also suggested that CDMU should regularly publish rational drug bulletin and distribute to the medical officers of tea gardens. They also suggest that CDMU should circulate some of the WHO publication to them.



Distribution of STG to the participant doctors

All the doctors were then presented a copy each of the West Bengal government's Standard Treatment Guidelines for primary healthcare. The vote of thanks was given by Mr. Bishnu Chakraborty, administrative officer of the CDMU's Siliguri unit.



## List of participants

Sl no	Name of the participants	Name of the organization
1.	Dr. Manoj Kumar Sahu	Putharjhora Tea Estate
2.	Durga Saha	North Bengal Council for the Disabled
3.	Dr. G. C. Sarkar	Dagapur Tea Estate
4.	Dr. Prabir Chatterjee	Bochnanga GP
5.	Dr. M Chakraborty	Professor & Head, Department of Community Medicine, North Bengal Medical College & Hospitals
6.	Dr. R N Chowdhury	Choonabhati Tea Estate
7.	Dr. [Mrs] S. Chowdhury	Choonabhati Tea Estate
8.	Dr. G. Bhattacharjee	Washabarie Tea Estate
9.	Dr. N. K. Rao	Jiti Tea Estate
10.	Mr. S. K. Dey	Hilla Tea Estate
11.	Dr. G. C. Sarkar	Nya Sylee Tea Estate
12.	Dr. Vijaya Sharma	Holy Cross Hospital, Rajibpur, South Dinajpur
13.	Sr. Anisha S.D.S	Sister of Divine Saviour, Bolaigoan Mission, North Dinajpur
14.	Dr. Kajal Ghosh	Kalabari Tea Estate
15.	Dr. Ashim Chakraborty	Rheabari Tea Estate
16.	Dr. Arup Mukherjee	Teesta Agro Industries Limited [MBK Welfare Trust]
17.	Pradipta Kumar Dakiki	World Vision India - Siliguri Project
18.	Dr. Chandan Prasad	Nangdala Tea Estate
19.	Dr. Kathleen A Holloway	Regional Advisor, Essential Drugs & Medicines Policy, WHO SEARO
20.	Dr. Sajal Kumar Roy Choudhury	Director, Directorate of Drugs Control, Government of West Bengal
21.	Dr. C M Gulhati	Editor, MIMS
22.	Dr. Soumitra Dutta	Joint Secretary, CDMU
23.	Gopal Chandra Sarkar	Assistant Director, Consumer Affairs & Fair Business Practices, Jalpaiguri Divisional Office, Siliguri
24.	Dr. Prasanta Kumar Rudra	Consultant Medical Officer, NRHM Jalpaiguri
25.	Samuel Charles	CDMU Orissa
26.	Madhusudan Dutta	SEBAYAN
27.	Dr. Amit Sengupta	AIPSN / JSA
28.	Dr. Prantosh Ray	IMA Siliguri
29.	Tarun Maiti	WBVHA
30.	Dr. S Dutta	Chulsa Tea Estate
31.	Jyoti Ghosh	ICSRS
32.	Mrinal Ghosh	CWC, Darjeeling
33.	Dr. Bijan Kumar Dey	Dalgaon Tea Estate
34.	Dr. Kajal Kumar Ray	Tasati Tea Estate
35.	Dr. Bikash K Mandal	CONC'RN, Siligiuri
36.	Dr. J K Chowdhary	Hope Tea Estate

<b>Sl no</b>	<b>Name of the participants</b>	<b>Name of the organization</b>
37.	Dr. M Nandi	Baintgoorie Tea Estate
38.	Dr. P K Banerjee	Kamala Tea Estate
39.	Dr. L Bora	Kumargram Tea Estate
40.	Dr. A Biswas	Badamtam Tea Estate
41.	Dr. A. K. Maiti	Sankos Tea Estate
42.	Partha Choudhury	Consumer Affairs & Fair Business Practices, Jalpaiguri Divisional Office, Siliguri
43.	Tanmoy Pramanik	Consumer Affairs & Fair Business Practices, Jalpaiguri Divisional Office, Siliguri
44.	Professor J B Saha	Principal, North Bengal Medical College & Hospitals
45.	Dr. O P Prasad	Medical Superintendent, Goodricke Group Hospitals
46.	Dr. M K Verma	Taipoo Tea Estate
47.	Ashoke K Sarkar	HCI International
48.	Dr. [Sr] Regina	Navjeevan Hospital & Rural Health Centre
49.	Sanjoy Saha	Dainik Jagaran
50.	Dr. Kanjilal	Totapara Tea Estate
51.	Debashis Bhowmick	Sunakhari Samachar
52.	Ujjal Bhattacharjee	Uttarer Saradin
53.	Bapi Ghosh	Uttarer Saradin
54.	Dinesh Mishra	Dainik Jagaran
55.	Laxmikant	Dainik Jagaran
56.	Sulagna Dutta	CDMU
57.	Bishnu Chakraborty	CDMU
58.	Rabi Sarkar	Radio Corner
59.	Pradip Sarkar	Video Corner
60.	Mr. Niranjan C Biswas	Newlands Tea Estate
61.	Ishwar Bahadur Thapa	CDMU
62.	Subrata Kahali	CDMU
63.	Sushanta Roy	CDMU
64.	Krishna Burman	CDMU
65.	Mohesh Lama	Gopal C Sarkar Memorial Society

## Photo gallery



A glimpse of participants



A glimpse of participants



Interaction with participants



Interaction with participants



Dr. Gopal C Roy in his session



Ms. Sulagna Dutta in her inaugural address



## ওষুধের ব্যবহার নিয়ে সেমিনার আজ

শিলিগুড়ি, ৮ অক্টোবর : কমিউনিটি ডেভেলপমেন্ট মেডিসিন ইউনিটের ব্যবস্থাপনায় শনিবার শিলিগুড়িতে এক কর্মশালার আয়োজন করা হয়েছে। শুক্রবার শিলিগুড়িতে এক সাংবাদিক সম্মেলনে এ প্রসঙ্গে উদ্যোক্তাদের পক্ষে জানানো হয়, জাল ওষুধের বিপদ এবং ওষুধ উৎপাদন ও রক্ষণব্যবস্থা নিয়ে

কর্মশালায় আলোচনা হবে। সরকারের ওষুধ নীতি নিয়েও মানুষের মধ্যে স্ফোভ রয়েছে। এ সমস্ত বিষয়ে বিভিন্ন জনের মতামত নেওয়া হবে।

এদিনের সাংবাদিক সম্মেলনে ডাঃ সজলকুমার রায়চৌধুরি, ডাঃ সি এম গুলহাটি, ডাঃ অমিত সেনগুপ্ত প্রমুখ বক্তব্য রাখেন।

ডাঙ্গিপাড়ায় চোখের পরীক্ষা শিবির : শিলিগুড়ি পুরনিগমের ৬নং ওয়ার্ড কাউন্সিলার রুমা নাথের উদ্যোগে ও লায়ন্স নেত্রালয়ের সহযোগিতায় বিনামূল্যে চক্ষু পরীক্ষা শিবির অনুষ্ঠিত হল ৬নং ওয়ার্ডের ডাঙ্গিপাড়ার আর পি সরণিতে ডঃ রাজেন্দ্র প্রসাদ স্কুলে।

-সংবাদ নিউজ সার্ভিস

Uttar Banga Sambad, Siliguri, Saturday, October 9, 2010

### কমিশানখোরী কে रैपर में पैक है जरूरी दवाएं

सिलीगुड़ी : हिन्दुस्तान में जरूरी दवाओं का दाम इतना ज्यादा है कि आम आदमी खरीदने में लाचार हो जाता है। दवाओं के बेतहाशा बढ़ रहे दाम के पीछे कारण दवा कंपनियां और डॉक्टरों के पीछे साठगाठ हैं। आम आदमी की सेहत के साथ हो रहे इस खिलवाड़ का खुलासा करने के लिए सिलीगुड़ी में नौ अक्टूबर को सेमिनार का आयोजन किया गया है। यह जानकारी जन स्वास्थ्य रक्षा अभियान नईदिल्ली के डा. अमितसेन गुप्ता, डा. सीएम गुलाटी, पश्चिम बंगाल के ड्रग कंट्रोलर डा. राय चौधरी व कम्युनिटी डेवलपमेंट मेडिकल यूनिट के विष्णु चक्रवर्ती ने शुक्रवार को एक प्रेसवार्ता में दी। वक्ताओं ने कहा कि देश में दवाओं के दाम लगातार बढ़ते जा रहे हैं, इसके चलते देश में 68 करोड़ लोगों को जरूरत की दवाएं उपलब्ध नहीं हो पाती हैं। सबसे बड़ी विडम्बना यह है कि एक तरफ हिन्दुस्तान दो सौ देशों को दवा एक्सपोर्ट करता है।

Dainik Jagaran,  
Siliguri, Saturday,  
October 9, 2010

### देश के 64.90 करोड़ लोगों को नहीं मिलती है जरूरी दवाइयां

सिलीगुड़ी (निज संवाददाता)। विश्व स्वास्थ्य संगठन द्वारा 2004 में दी गई रिपोर्ट के अनुसार भारत में करीब 64.90 करोड़ लोगों को जरूरी दवाइयां नहीं मिलती हैं, जबकि भारत दवाई उत्पादन के क्षेत्र में विश्व में चौथा स्थान रखता है। इसके साथ करीब 200 देशों को भारत दवाइयां निर्यात करता है। आज सिलीगुड़ी में कम्युनिटी डेवलपमेंट मेडिकल यूनिट की ओर से आयोजित एक पुस्तकार सम्मेलन में डॉ. अमित सेनगुप्त और डॉ. सी.एम. गुलाटी ने यह जानकारी देते हुए बताया कि चिकित्सकों का एक बड़ा भाग दवाई कंपनियों के अधीन होकर कार्य करते हैं। रोगियों को कीमती दवाईयां तो डॉक्टर लिखते ही हैं, साथ ही साथ ऐसे दवाइयां भी लिखी जाती हैं जिनकी जरूरत मरीजों को नहीं होती है। इसके कारण मरीजों को काफी परेशानियों का सामना करना पड़ता है। इंडियन नेशनल ड्रग्स पॉलिसि एक ऐसी योजना बनाने की कोशिश कर रहा है, जिससे जरूरी दवाइयां को निर्माण और बिक्री किया जाए, जो सभी लोगों के बूते में हो। उन्होंने बताया कि भारतीय को नहीं मिल रही दवाइयां और इंडियन नेशनल ड्रग्स पॉलिसि के विषय में आम लोगों को जानकारी देने के लिए एक चर्चा सभा का आयोजन कल 9 अक्टूबर को जायेगा, जिसमें उत्तर बंगाल मेडिकल कॉलेज के प्रिंसिपल अश्विनि विकास साहा, दार्जिलिंग जिला चीफ मेडिकल ऑफिसर डॉ. पूरन शर्मा, विश्व स्वास्थ्य संगठन के विशेषज्ञ डॉ. केथरीन ए होलिवे उपस्थित रहेंगे।

Janpat Samachar,  
Siliguri, Saturday,  
October 9, 2010