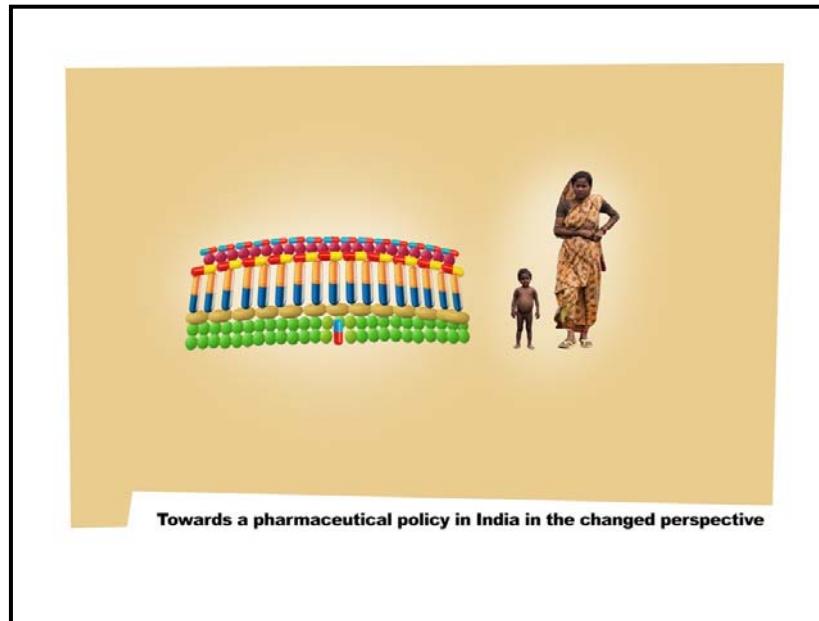




Report on follow-up seminar 'Towards a pharmaceutical policy in India in the changed perspective'



Entitled: Pharmaceutical policy and access to essential medicines



Organized by
Community Development Medicinal Unit
in collaboration with
**Health Action International Asia Pacific &
Community Development Medicinal Unit Orissa**

Date: Bhubaneswar, September 3, 2010

Venue: CYSD Training Centre, E I Industrial Area, Gangadhar Meher Marg,
Bhubaneswar 751 013

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Introduction to the seminar

Keeping in mind the success of the “National Workshop on Pharmaceutical Policy in the Changed Perspective”, held in Kolkata in February, the Community Development Medicinal Unit [CDMU] in collaboration with Health Action International Asia-Pacific [HAI-AP] and Jan Swasthya Abhiyan decided to maintain and build on the momentum created six months ago by holding a series of three follow-up seminars in Kolkata, September 2, 2010, Bhubaneswar, September 3, 2010 and Siliguri on October 9, 2010. All three meetings had the nomenclature “Pharmaceutical Policy & Access to Essential Medicines”.

The Bhubaneswar seminar was held at the DRTC-CYSD Training Centre in the EI Institutional Area in collaboration with CDMU-Orissa. A total of 68 persons representing the Orissa government, national and state-level health activists, non-government and community-based organizations, health care delivery workers and volunteers took part. They included experts and specialists in the field of pharmacy, who imparted their years of experience in relation to the present-day scenario.

The objective of the meeting was to see that the recommendations of the Kolkata workshop (Kolkata Declaration-II) were disseminated among a greater number of stakeholders at all levels as well as to draw from their experiences. The fact that a number of participants were attending such a meeting for the first time also gave opportunity for a healthy and frank interaction on the important issue of access to affordable and appropriate medicine.

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] & Community Development Medicinal Unit [CDMU] - Orissa

Introduction to organizers & 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.

Presently CDMU reaches more than 2000000 people through its network of 600 partner members or member organizations [MOs] working in the field of healthcare in the state of West Bengal. The MOs saves 30% of their medicines budget by procuring medicines from CDMU.

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.

Community Development Medicinal Unit [CDMU] Orissa the concept of 'Essential Medicines' arise at a time of great changes in the field of International Health Cooperation in 1977. World Health Assembly endorsed 'Health for the all by year 2000' to lead a socially and economically productive life. Equitable Access to Essential Medicines to all was one of the core objective of World Health Assembly. CDMU Orissa was formed in the year 1987 to ensure equitable access to essential medicines and promotion of rational use of medicines, till today majority of Indians are not accessible to essential medicines and rational use of medicines are dream to them.

CDMU Orissa is ensuring millions of people getting direct benefits annually through our distribution section. CDMU Orissa is talking on rational use of medicines with different targeted population. We need to have to do more activities to make people aware on RUM.

Executive Summary

The day-long seminar was held in two parts – pre and post lunch. Some of the organizations were attending such a seminar for the first time, with their staff getting maiden exposure on the fallacies in government policy and the profit motives of the private sector. An interesting feature of the meeting was the presence of organizations working in remote and backward areas like Kalahandi and Kendrapara. The problems and issues in such areas, where health awareness levels were low and belief in myths and traditions high, were highlighted by the participants, who included NGOs and missionary organizations working for tribal development.

After the inauguration by the guest of honour, Dr G.P. Mohanty, Deputy Director of the Orissa State Drug Management Unit (SDMU), the objectives of the meeting were outlined by Tarak Banerjee, Administrative Officer of CDMU Orissa. Three sessions followed in which specialist speakers depicted the latest scenario on drug pricing, access to medication, rational drug use, spurious drugs and quality control. Discussions were held at the conclusion and a future action plan was chalked out. The organizers appreciate the hard work and involvement of CDMU Orissa for making the program also appreciated the contribution of speakers as well as HAI AP for their support, guidance and involvement in regard to issues and concern related to above.

Schedule of the seminar

<u>TIME</u>	<u>TOPIC</u>	<u>SPEAKERS</u>
09.30 to 10.00	Registration	Mrs. Binodini Mohanty
10.00 to 10.10	Welcome Address & Objective of the seminar	Mr. Tarak Banerjee (AO)
	Chair by	Mr. A. K. Das, Ex. Drug Controller, Govt. Orissa
10.10 to 10.20	Self Introduction	Participants
10.20 to 10.25	Lighting of the lamp	Dr. G.P. Mohanty, Dy. Director State Drug Management Unit - Govt of Orissa
10.25 to 10.30	Guest of Honour	Dr. Amit Sengupta National Campaign. Committee for Drug Policy, New Delhi
10.30 to 10.35	Speech By Guest of Honour	Dr. G.P. Mohanty, Dy. Director State Drug Management Unit- Government of Orissa
10.35 to 10.40	Tea	
10.40 to 10.55	Orissa Health Situation	Dr. Rabi Narayan Roth Ex. Regional Director, Govt. of India
10.55 to 11.20	Present Policy Framework in India and recommendation of national workshop	Dr. Amit Sengupta AIPSN / JSA
11.20 to 11.25	Question answer	
11.25 to 11.45	People VS Pricing of medicines - the concern and remedial measures action at Government, healthcare organization and the community level.	Prof. Dr. Tapas Bhattacharya Dept. Pharmacology, NRS Medical Collage Kolkata
11.45 to 11.50	Question answer	
11.50 to 12.15	Menace of Spurious Medicines and in Quality Control system of medicines in India and its remedy	Prof. Durga Prasad Panda Dept. of Pharmaceuticals College of Pharmaceutical Sciences, Mohuda.
12.15 to 12.20	Question answer	
12.20 to 12.45	Promoting of Rational Use of Medicines in the community - the concept and module. [How to start, manage and grow]	Prof. Dr. P.K. Panda Head of Pharmacology, Utkal University)
12.45 to 12.50	Question answer	
12.50 to 13.00	Rational Use of Medicines to SHGs Level	Mr. Gobinda Chandra Das, Gram Utthan
13.00 to 13.10	Access to quality Assured Medicines	CDMU - Orissa
13.10 to 13.30	Concluding remarks/ Future action plan	Participants
13.30	Vote of thanks	CDMU -WB
Lunch		

Dr Amit Sengupta of the National Campaign Committee for Drug Policy and Jan Swasthya Abhiyan gave an overview of the drug policies the country was following and the fallacies in them. "Talking about policies is sometimes very distant from what we all are doing at the ground level. This dissociation has to change. The divide between India and Bharat has to be removed, where India is the 5 per cent that dominates over Bharat, which is where most of the country's people live.

Stressing that access to medicine was vital to health care, Dr Mohanty, Deputy Director of the Orissa State Drug Management Unit [SDMU], said essential drugs are those that are required by most of the population and are accessible. But 50 per cent of the country's population does not have the medicine that they need. Medicines must cover primary, secondary and tertiary levels of health care. But the cost of medicines is a major problem. "Only 8 per cent of drugs consumed by the people are through public facilities. The rest is through the private sector which charges the patients, majority of whom are from low-income groups." He hoped that the recommendations and suggestions made at the seminar would provide some solutions and practices that should be followed.



Dr. G P Mohanty in his inaugural address

Presenting the health situation in Orissa, Dr Rabi Narayan Roth, former Regional Director, National Malaria Eradication Program [NMEP], Government of India, said though the state government was committed to equitable and affordable health care delivery, a lot still needed to be done. He gave the state's indicators for health development, where it was seen that the target for maternal mortality rate had not been achieved. He mentioned the statewide initiatives taken up over the last 15 years, including the disease surveillance system and the Panchabyadi Chikitsa program. There were areas for improvement, like the filling up of several vacancies in the state's paramedical manpower. Dr Roth also mentioned that the main health problems of the state were the three Ms - malnutrition, mortality and malaria. "Now one more has been added: medicine accessibility."



Dr. R N Roth



Topic: Present policy framework in India and recommendation of national workshop

Speakers: Dr. Amit Sengupta, All India Peoples' Science Network / Jan Swasthya Abhiyan

Dr Amit Sengupta, while speaking on the present policy framework in India and the recommendations of the national workshop in February, said the Kolkata Declaration II, which was built on the declaration made in 2005, laid stress on the implementation and dissemination of the recommendations outside and beyond seminars and meetings. "We have to change this contradiction that a country which is the fourth largest producer of drugs in the world, exporting to 200 countries, cannot provide its population with the essential medication that it needs." The difference between 'India' and 'Bharat' has to be removed. He added that India did not have a problem in producing medicine. "The country can produce almost every medicine in the world." The problem was in making these medicines accessible to those living in Bharat.

He then gave a history of the ups and downs of the drug policy of the Indian government and its effects on drug pricing and availability.

"The drug policy of 1978 was a major move in protecting Indian companies, forcing MNCs to produce in the country and not rely on costly imports. Public sector drug companies like Hindustan Antibiotics and IDPL were able to supply nearly 70 per cent of bulk drugs till the 1980s, when the policies were reversed. "In 1986, the drug policies reversed all the earlier positive features. The span of price controls was reduced and drug companies were allowed greater profitability. Imports were liberalized and production control measures were scrapped. The 1994 drug policy continued this trend, while in 2002, all licensing restrictions were abolished and 100 per cent foreign investment was allowed. Essential drugs under the price control list were reduced from 378 in 1978 to 74 in 2002. "But in reality, only 35 drugs are under price control today as many in the list are not produced any more."



Dr. Amit Sengupta

He explained how advertising and promotion costs incurred by drug companies had spiraled up drug prices, making them inaccessible to up to 70 per cent of India's population. "MNCs have now stopped drug production, outsourcing this to smaller Indian companies." He cited the example of Pfizer's Becosule, which was being made at a small factory near Mumbai by Marol Industries. Emphasising the need to eradicate

irrational prescribing, he said as much as Rs 25,000 crores were spent on buying drugs in India in 2009. "No regulation can ensure that every person will get the medicine he or she requires unless the public sector steps in and produces and makes them available. A people-oriented health policy is required in this regard."

Topic: People VS Pricing of medicines – the concern and remedial measures action at Government, healthcare organization and the community level.

Speakers: Dr. Tapas Bhattacharya, Head of Pharmacology, R G Kar Medical College, Kolkata



Dr. Tapas Bhattacharya

While talking on People's health versus pricing of medicines, Dr Tapas Bhattacharya, Head, Department of Pharmacology, R.G. Kar Medical College, Kolkata, gave an outline of the extent of poverty in India. "How will people buy medicine if the government's policy is to earn foreign exchange through drug export? And since drugs are the only commodity where the end user does not decide what to buy and what price to pay, depending on the doctor's prescription, drug policies must be people-oriented." He also pointed out that the myth that costly medicines enjoyed greater trust had to be broken. The growing trend of drug companies to

concentrate R&D on the formulation of non-essential drugs like tonics, vitamins and fair complexion creams had to be stopped. "In a country where medicine costs take up between 50 to 80 per cent of treatment expenditure, which has become the most common cause for rural indebtedness after dowry, there has to be a system by which drug rates can be controlled." The first step towards this would be to bring the National Pharmaceutical Pricing Authority (NPPA) under the ministry of health instead of the ministry of chemicals and fertilizers.

Topic: Menace of Spurious Medicines and in Quality Control system of medicines in India and its remedy

Speaker: Prof. Durga Prasad Panda, Department of Pharmaceuticals, College of Pharmaceutical Sciences, Mohuda.

Prof. Durga Prasad Panda of the College of Pharmaceutical Sciences in Mohuda highlighted the menace of spurious drugs and the need for quality control in production and storage. The concept of quality assurance essentially involved good manufacturing practices. "Several steps have to be followed, including training of personnel, maintaining proper equipment and following correct measures for production and process control. While conducting stability



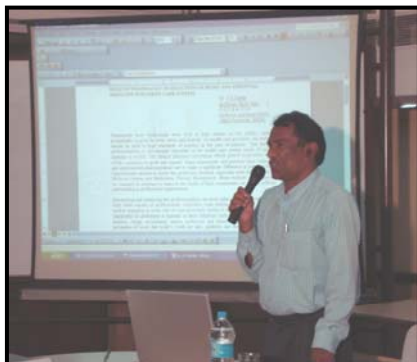
Prof. Durga Prasad Panda

studies, complaints have to be properly recorded, investigated and remedial measures taken." Even though rules are stringent, spurious drugs still sometimes enter the market. "For this, drug controllers should enforce rules and prosecute offenders, and the public must also report the detection of such drugs."

Session III: Rational use of medicines |

Topic: Promoting of Rational Use of Medicines in the community – the concept and module. [How to start, manage and grow]

Speaker: Prof. Dr. P.K. Panda Head of Pharmacology, Utkal University



Prof. P K Panda

The pharmacist has a role to play in the selection of correct medicine and rational drug use, expressed Prof. P.K. Panda, head of the pharmacology department of Utkal University. “A pharmacist can tell a patient that some drugs, like aspirin, have to be taken after food along with a digestive enzyme. In case of life-saving drugs, he can also point out that some types of food, when taken with certain drugs, can lead to adverse effects on the gastro-intestinal tract.”

Topic: Rational Use of Medicines to SHGs Level

Speaker: Mr. Gobinda Chandra Das, Gram Utthan

An interesting aspect of rational use of drugs was taken up by Mr Gobinda Chandra Das of Gram Utthan, a 20-year-old NGO which had set up 25 medicine points or centres serving 45 villages in collaboration with CDMU. “Given the problems that accessibility is poor in rural Orissa, the conception of people in regard to generic drugs are less popular, quality is questionable, while the branded medicine cost is too high and unaffordable to the people, and medicine transportation is expensive, especially in coastal areas, we took up the idea of forming self-help groups that would manage medicine delivery. We took up a pilot project in three villages, where women with highest literacy were selected and given health education and management techniques. Three medicine points were set up in consultation with CDMU, which met with success. We received applications from other villages. Now we have 25 medicine points that have grown over the last three years.” The benefits are availability of quality medicine at doorstep 24 hours a day in generic at affordable prices, and health counseling for members twice a month.



Mr. Gobinda Chandra Das

Topic: Access to quality Assured Medicines

Speaker: Mr. Tarak Banerjee, Administrative Officer, CDMU Orissa



Mr. Tarak Banerjee

Mr Tarak Banerjee of CDMU Orissa gave an overview of its operations over the last 25 years. "The core areas of our activities are in making quality and essential drugs available to the poor, promotion of rational use of medicines amongst doctors and various communities, and awareness building." Maintenance and storage methods are strictly followed, even while transporting to remote areas like Mayurbhanj. The results of these efforts are that people are saving up to 50 per cent on out of pocket expenses on medicine, and there is no scope for hazardous or spurious medicines being accessed by healthcare

organization in Orissa state who are currently 400 and reaching to 10 lakhs people [approx]

Conclusion

During the concluding session, a wrap-up of the deliberations was made and then the proceedings were thrown open for questions. Participants were vehement about the lack of government will in enforcing a ban on dangerous drugs. They were also angry over how drug companies were overpricing medicines to cover promotional costs. “Who is controlling pricing? Who is pocketing the extra money? Why is there no policing or government action? Why is the common man being looted? Why were public sector drug companies closed down?” These were some of the troubling questions asked. Replies revealed that the government was making half-hearted efforts in bringing down prices. The NPPA, created in 2000, was under the ministry of chemicals and fertilizers and was more focused on promoting industry than health. But the NPPA could only act on price-controlled medication, the list of which now effectively stood at only 35 formulations. “Five years ago, a group of ministers was formed after several PILs led to a court order asking the government to do something. The group, headed by minister Sharad Pawar, is still to give its recommendations.”



In the end, a call for a transparent national drug policy was made, where there would be no scope for bias or being influenced. It was pointed out that this call was implicit in the Kolkata Declaration-II, wherein it was resolved that the Oriya translation of the declaration would be made available. Many participants felt that such workshop should be organized in Andhra Pradesh and CDMU should initiate medicine access program in Andhra Pradesh.

List of participants

Sl no	Name of the participants	Name of the organization
1.	Peripadenri Singh Samanta	Mahatma Gandhi Eye Hospital
2.	Satyananda Mahaut	Antardoya Chetna Mandal
3.	Banta Nayak	Mahatma Gandhi Eye Hospital
4.	Dr. Sujit Pradhan	PECUC PATNA KEONJHAR
5.	Dr. Ashok Das	Ex -DC, L 3 / 107 Acharya, BSSR
6.	Dr. Ranjan Kumar Maharam	Jana Swasthya Seva Sangha, Kalahandi
7.	Chaitnya Biswal	Gram Utthan, Rajkanika, Kendrapara
8.	Dr. Biswa Ranjan Pradhan	Jagruti, Daringibadi, Kadhamala
9.	Dr. Debendra Nayak	AVINASH, M. Rampur, Kalahandi
10.	Aruna Kumar Mohanty	Niswartha, Nayagarh
11.	Ajaya Kumar Pati	ADHIKAR, BSSR
12.	Udaya Nath Behera	VARRAT, Kendrapara
13.	Sr. Faustine Maria M.C.	Missionaries of Charity
14.	Sr. Reena Maria M.C.	Missionaries of Charity
15.	Mr. Dilip Kusahe	OCHA
16.	Mr. Pradeep Kudigal	OCHA
17.	Mr. Manas Ranjan Parhi	KISS
18.	Biswanath Das	TSRD
19.	Dr. R.N. Roth	Ex-Director, NMEP, Govt. of India
20.	Dr. G.B. Mohanty	Deputy Director, SDMU, Orissa
21.	K.K. Swain	OVHA
22.	Fr. Mukund	Catholic Charities, Jatni, BSSR
23.	Dr. T.K.Bhattacharjee	R G Kar Medical College, Kolkata
24.	Dr. S. C. Jena	NIAHRD, Cuttack
25.	Dr. Amit Sengupta	AIPSN / JSA
26.	Biswanath Nayak	Khandhamal, Orissa
27.	Binoy Ranjan Hill	Christian Hospital, Bissamcuttack, Rayagada
28.	Dr. Henald J	Asha Kiran Hospital, Koraput
29.	Alok Ranjan Dash	Project Aparajita, BSSR
30.	Santanu Sata	Project Aparajita, BSSR
31.	Prativa Nanda	Arun Institute of Rural Affairs
32.	Dr. Bishnu Charan Panda	SHADES, BSSR
33.	Dr. Swapan Kr. Pradhan	MMC Hospital, Kandhamal
34.	Dr. Prasanna Kr. Patak	SODA, Baripada
35.	Dr. P.K. Mishra	RSB, BSSR
36.	Dr. S. K. Mohanty	KISS, BSSR
37.	Dr. Mira Das	KISS, BSSR
38.	Dina Bandhu Mahana	KZSVS, Kandhamal
39.	Satyan Kr. Nayak	KZSVS, Kandhamal
40.	Pranaya Kumar	NYSASDRI, Dhenkanal
41.	Sr. Mary Lords	St. Joseph Convent
42.	Dr. G.N. Patnaik	RUSH, Puri

Sl no	Name of the participants	Name of the organization
43.	Sanjuata Pradhan	POPULAR, Malkangiri
44.	Bishnu Chakraborty	CDMU West Bengal
45.	Dr. Mamata Mohanty	Mamata Charitable Trust, BSSR
46.	Gouri Nayak Acharya	Lipika, Berhampur
47.	Parikshita Patlay	GUC, Nayagarh
48.	Kumuda Chandra Mohan	GUC, Nayagarh
49.	Bemdh Mahaparta	Lokshakti, BSSR
50.	Sushree Chitrupa	Tapobhumi Trust, Khurda
51.	M H Aoil	ADHIKAR, BSSR
52.	R.N. Barin	MAS, BSSR
53.	Dr. Srikanta Senapathy	SEDP, Jajpur
54.	Dr. Pramod Rout	BAM, Behrampur
55.	Dr. Prassan K . Panda	Utkal University
56.	Dr. Durga Prasad Panda	College of Pharmaceutical Sciences, Mouda
57.	Dr. Gunalar Rath	PREM, Behrampur
58.	Sanjay Sengupta	CDMU Orissa
59.	Trilochan Dalai	CDMU-Orissa
60.	Santa Kr. Palhut	CDMU-Orissa
61.	Tarak Banerjee	CDMU-Orissa
62.	Binodini Mohanty	CDMU-Orissa
63.	Samuel Chahu	CDMU-Orissa
64.	Asaya Kanaharana	CDMU-Orissa
65.	Nanda Nandan Nayek	CDMU-Orissa
66.	Sushanta Roy	CDMU West Bengal
67.	Sulagna Dutta	CDMU West Bengal
68.	Amit Ukil	The Telegraph

Photo gallery

