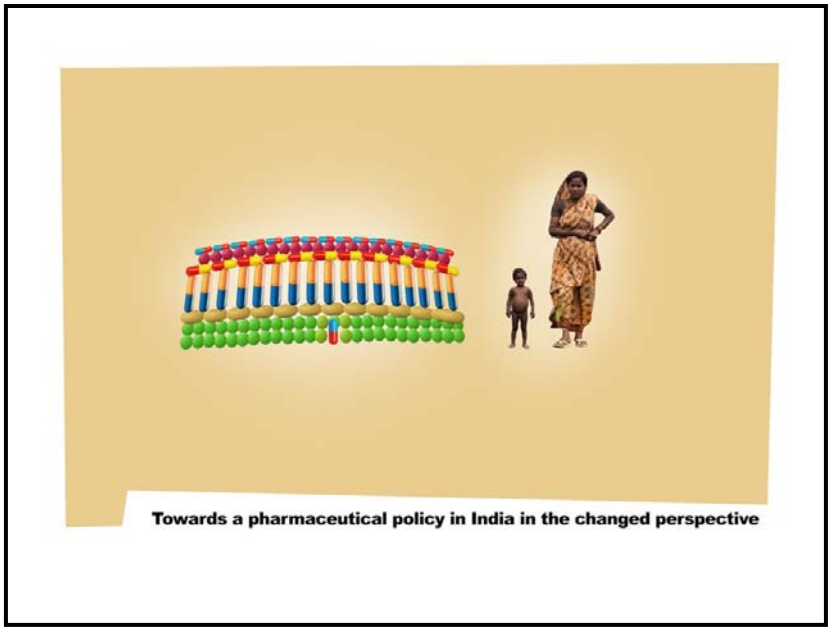
Report on follow-up seminar 'Towards a pharmaceutical policy in India in the changed perspective'

Entitled: Pharmaceutical policy and access to essential medicines



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

Date: Kolkata, September 2, 2010

Venue: WBVHA Tower, 580 Anandapur, Kolkata 700 107

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 Kolkata seminar was held at the WBVHA Tower in Anandapur in well-facilitated and conducive surroundings. A total of 66 persons representing the West Bengal 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]

Collaborator of the seminar

Health Action International Asia Pacific [HAI AP]

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.

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.

Executive Summary

The initially-planned half-day seminar willingly stretched into the afternoon, with the late lunch also becoming an opportunity for interaction among the participants and the speakers. The turnout, at 66 persons, worked out to approximately 80 per cent of the invited participants, though in terms of the number of organizations invited, the turnout was better and stood at about 95 per cent. The presence of teams from remote areas in South and North 24 Parganas as well as from the neighbouring state of Jharkhand was heartening in terms of the reach that the seminar had achieved.

The meeting was inaugurated, along with other key speakers, by the Director of Health Services, Government of West Bengal, Dr Aniruddha Kar. With the genesis and aims of the seminar outlined in the opening session, the subsequent deliberations went into details of the specific issues concerning equitable access to essential medicines, rational drug use and the extent and dangers of poor quality and spurious drugs. The focus of the discussions throughout remained on the **Right Medicines, the Right Dose, and the Right Cost**. Valuable comments and feedback from the participants at the end were encouraging in terms of knowledge gained and the need to make more concerted efforts so that the government and private sectors could lessen the common man's burden of accessing medication. The participants & speakers appreciated Health Action International Asia Pacific for support, guidance and involvement in regard to issues and concern related to above.

Schedule of the seminar

Time	Topics	Speakers
10.00 - 10.15	Registration	
Session I: Inaugural session		
		Chairperson: Mr. D P Poddar
10.15 - 10.20	Welcome address • Genesis of the seminar • Objectives	Sulagna Dutta, Administrative Manager, CDMU
10.20– 10.25	Lighting of lamp	
10.25 – 10.30	Introduction to the guest	Mr. D P Poddar, Secretary, CDMU
10.30 - 10.38	Health scenario & healthcare challenges in West Bengal [address by Chief Guest]	Dr. Aniruddha Kar, Director of Health Services, Govt of West Bengal
10.38 - 10.46	Rational use of medicines & cost reduction in healthcare [address by Special Guest]	Dr. Krishnanshyu Ray, Director, School of Tropical Medicines, Kolkata
10.46 - 10.56	Community health challenges in Jharkhand [address by Guest of Honour]	Sr Marcettee
10.56 – 11.04	Meeting healthcare needs in urban slums of Kolkata & challenges [address by Special Guest]	Dr. G M Rahaman, CEO, Calcutta Rescue
11.04 - 11.15	**Tea**	
Session II: Access to medicines		
		Chairperson: Dr. Subhash C. Mandal
11.15 - 11.40	Present policy framework in India and recommendation of national workshop	Dr. Amit Sengupta, JSA
11.40 – 12.05	'People's health vs pricing of medicines - the concern and remedial measures action at Government, healthcare organization and at community level'.	Dr. C M Gulhati, MIMS
12.05 – 12.30	Menace of spurious medicine and Ills in quality control system of medicines in India and its remedy	Dr. S Roy Choudhury, Director – Directorate of Drugs Control – Govt of West Bengal
12.30 – 12.50	**Discussion**	
Session III: Rational use of medicines		
		Chairperson: Dr. Amit Sengupta
12.50 – 13.10	Promoting rational use of medicines in the community - the concept & module.	Dr. Subhash C. Mandal, Senior Inspector, Directorate of Drugs Control – Govt of West Bengal

Session III: Rational use of medicines		
		Facilitator: Dr. Amit Sengupta
13:10 – 13.20	Healthcare financing & access to medicines	Sulagna Dutta – Administrative Manager, CDMU
13.20 – 13.40	Experience of running a not-for-profit healthcare delivery system by using generic medicines	Dr. Pijush Sarkar, Foundation for Health Action
13.40 – 13.55	**Discussion**	
13.55 – 14.05	**Concluding remarks / Future action plan and vote of thanks**	
14.05	**LUNCH**	

Session I: Inaugural session | Chairperson: Mr. D P Poddar

Setting the scene of the meeting, CDMU Secretary D.P. Poddar stressed that the recommendations of the Kolkata workshop had to be implemented and percolated to practical working levels in the district, state and country. "The Kolkata Declaration-II will remain on paper if we don't act and involve more stakeholders. We have to work together in solving the common problems," he said. Mentioning that there were at present 1,000 health care organizations benefiting from the CDMU drug distribution network, he said expansion to Jharkhand and Andhra Pradesh would take place in two years time considering the requests made by healthcare NGOs in both the states. He then gave a brief introduction to the specialist speakers.

Mr. D P Poddar in his inaugural address

Dr. Aniruddha Kar

Chief guest and Director of Health Services Dr Aniruddha Kar, depicted a disquieting scenario in the state, even though a standard prescription protocol guide had been published for use by every doctor. He cited the example of a junior doctor from Kalimpong who, as a result of wrong medication, ended up with severe necrosis of the kidney while being treated for mild fever. "The CDMU should organise such discussions for junior doctors, who are the forerunners in health care, at medical colleges, where drug companies have less influence," he said. He even said such seminars should be held in the open so that the public could get to know the truth behind barricades to access to medicine. "The government is interested to be a partner in such endeavours."

Dr Krishnanshyu Ray, Director of the Calcutta School of Tropical Medicine, revealed that his institute had recently started a drug information and dissemination centre. "Anyone can approach and all questions will be answered." He lauded the work and agenda being followed by CDMU with which he was associated 17 years ago. He highlighted that the pillars of rational medicine use were: availability of a comprehensive essential drugs list; a guidebook; a dissemination centre; and the political will of a responsible government. The burden of buying medicine was much higher in developing countries. "An unskilled worker in the US has to work 2.5 minutes extra per day, while in India it is one hour extra to

Dr Krishnanshyu Ray

buy medicine for an H1N1 infection." He also pointed out the "unhealthy alliance between drug companies and the prescribers costs go up, which the poor have to bear." It was time for a consolidated effort to bring down medicine costs, he emphasized. He also presented a book entitled 'Standard Treatment Guidelines for primary healthcare' published by Govt of West Bengal to the Secretary.

Sister Marcettee of TSRD Project, Jharkhand, gave a worrisome picture on the ignorance levels of the tribal folk in some areas of the relatively nascent state. "In a state where 70 per cent of the children are undernourished, falciparum malaria and kala-azar are endemic and most people have no concept of health, treatment is incomplete because it is expensive. People are eating less to buy more medicine," the Italian pharmacist who has been working in Jharkhand for over 20 years said. "Practitioners have no idea about community health, while ASHA workers don't know what medicine is for what disease." She pointed out language barriers have to be broken by personnel manning government primary health centres, "otherwise tribal people are hesitating to visit them".

Sister Marcettee

Session II : Access to medicine | Chairperson: Dr. Subhas C Mandal

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

When physicians-turned activists sound a warning, the foreboding is all the more frightening. Access to essential medicine by which most of our countrymen can be cured of even common ailments and thus lead a better life appears to be an impossible dream – unless action is taken to arrest some blatant anomalies by all right-thinking people, especially those who are in a position to do so.

When the Kolkata Declaration I was adopted after a national workshop in 2005, it was seen that national drug policies had evolved in such a way that a strange contradiction had emerged. 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. Indeed, a good indicator, making one feels proud of this success story. But at the same time, the fact that up to 80 per cent of the same country's population – as many as 800 million people – could not get the medicine that they needed reduced this pride to dust.

Dr. Amit Sengupta

Five years later, this anomaly continued to exist, pointed out Dr Amit Sengupta of the All-India People's Science Network and the Jan Swasthya Abhiyan during the second session of the seminar. He explained why the success had taken place, starting with the Indian Patents Act, 1970, whereby monopoly trade practices could not be applied to essential items like medicine and food. This allowed Indian companies to manufacture medicine at one-eighth or one-tenth of the market cost. Cipla and Novartis were among the companies to profit. In 2005, patent laws changed, giving more fillip to big Indian companies and restricting MNCs. But the common man's interests seemed less important.

"From the mid 80s, there has been a continuous reversal of earlier policies, with the earlier good in terms of protection and price control getting undone. The number of essential medicines under the price control order fell from 378 in 1978 to only 74 in 2010. Many small companies too had to close down because of liberalised control, while profitability of the big companies went up to 150 per cent." Now, MNCs are being allowed to come back. They have taken over Indian companies like Ranbaxy and Shanta Biotech. Not only that, they have become traders, relying on goodwill and brand names,

with no role in R&D and quality control. With marketing and promotion costs taking up 39 per cent of their budgets, drug companies are not devoting attention to quality control. "There were some key issues in the Kolkata Declaration-II, like increased participation of the public sector, without which drug pricing controls will be difficult to enforce. The declaration has some good models, but they have to be taken up by the government and publicly funded and implemented," Sengupta emphasised.

Topic: 'People's health vs pricing of medicines - the concern and remedial measures action at Government, healthcare organization and at community level'.
Speaker: Dr. Chandra Mohan Gulhati, MIMS

Dr. Chandra Mohan Gulhati

Pointing out another anomaly, Dr C.M. Gulhati of MIMS, said that on the one hand, efficacy and approval of drugs was under the ministry of health, on the other, their pricing and price controls came under the ministry of chemicals and fertilizers. "Both had divergent views and were working with two different motives. This set-up was not at all conducive for bringing down medicine costs." The pricing of any product depends on the raw material cost, the manufacturing cost and the packing and distribution cost. "But there is a huge gap between these costs and the market price of 95 per cent of the drugs available in India. This gap has become huge and vulgar, and shows the unprecedented profiteering that drug companies in India are enjoying."

Giving an example, he said the cost of Nimesulide (a painkiller banned abroad), if brought under price control, would come to Rs 2.80p. "But it is being sold for Rs 32." Brand prices for the same composition are also quite wide apart. And the peculiarity in India was that most people go in for the Mercedes instead of the Maruti, simply because they are prescribed more and are more aggressively marketed, he explained. Then there was the problem of some medications which actually had no use but were selling the most because of their intoxicating properties. Phensedyl and Corex addiction had become quite rampant in most parts of the country.

Seeking greater state intervention in drug pricing, he said a regulatory authority in this field should be introduced. "The government has one for telecom, for insurance and bank rates – then why not for drug prices?" He cited how governments abroad had tackled the situation. "In the US, insurance covers treatment, in the UK, there's the National Health Scheme, while Australia and Malaysia have a fixed price for all medicines, with the government paying for the rest. But perhaps the best model was the Belgian policy, where you pay according to your ability but get according to your needs." Dr Gulhati also pointed out that the lack of treatment guidelines was the path to misuse of drugs. He lamented the inept government response in most states to this issue.

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

Dr S. Roy Choudhury, Director, Drug Control Directorate, West Bengal government, spoke on spurious medicine and the drawbacks in quality control. 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. "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 NGOs 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.

Dr. Sajal Kumar Roy Choudhury

Session III: Rational use of medicines | Chairperson: Dr. Amit Sengupta

Topic: Promoting rational use of medicines in the community - the concept & module.
Speaker: Dr. Subhash C. Mandal, Senior Inspector, Directorate of Drugs Control – Govt of West Bengal

Given the impact of global changes (implementation of IPR and liberalization) and the changes in India's drug policies, one of the solutions, other than more public involvement in the pharmacy sector, was the rational use of medicines. Dr S.C. Mandal, Senior Inspector, Directorate of Drugs Control, West Bengal government, emphasized that an ailing person should get medication according to his or her clinical needs. "There are several instances where drugs are prescribed or taken even though there is no use. For example, antibiotics are not needed to treat simple viral common cold or diarrhea," he pointed out. Mandal, who is also vice-president of the Indian Pharmaceutical Association (Bengal branch), said a recent survey on prescription patterns among 10 retail shops in Kolkata found that as much as 52.3 per cent of them had antibiotics. "This trend is high and a matter of concern as, over time, resistance may build." There were also instances where injections were given for a placebo effect when oral medication would have sufficed. Percentage of prescriptions for antibiotics, vitamin tonics, fixed dose combinations and injections are quite high in community pharmacies (52.3%, 45.1%, 85.75% and 9.1% respectively) in comparision to the NGO health center (40.93%, 6.00%, 41.70% and 0.4% respectively). Medicines are not being prescribed according to standard treatment guidelines. Incorrect use, use of ineffective, unsafe and banned medicines could lead to unnecessary costs, addiction and drug resistance for the patient. Recommending the use of generic medicines, he said myths like they were ineffective because their prices were less, would have to be tackled.

Dr. Subhas C Mandal

Topic: Healthcare financing & access to medicines
Speakers: Sulagna Dutta – Administrative Manager, CDMU

Ms Sulagna Dutta

Related to rational use was the maintenance of sustainable health care delivery.
A sick person, in order to complete the full course, would have to be in a position to procure all the medicine that he requires. Revealing that case studies

had shown that 40 per cent of treatment costs were spent on medicine, Sulagna Dutta, Administrative Manager, CDMU, said NGOs must stress the use of generic drugs. "They must also be careful about irrational fixed dose combination drugs prescribed by doctors, should have an efficient stores management system as well as staff development programmes." She shared her observation in healthcare financing situation in two NGOs.

Organization	Total healthcare budget	Total medicine budget	Patients / year	Total medical staff	Sustainable percentage from user fees	Training in healthcare management	Sustainable percentage from donor funds
A	80 lakhs	18 lakhs	4 lakhs	40	10%	Yes	90%
B	29.4 lakhs	10.9 lakhs	32400	18	100%	Yes	Nil

Topic: Experience of running a not-for-profit healthcare delivery system by using generic medicines
Speakers: Dr. Pijush Sarkar, Foundation for Health Action

Dr. Pijush Sarkar

Dr P.K. Sarkar of Foundation for Health Action spoke about his Amader Hospital project in Bankura, where generic medicines were being used for running a non-profit health care delivery system. "Just telling doctors to prescribe rationally is not enough. Patients too must be aware." To this end, he was bringing out a magazine for the last 10 years which also educated the public about following the right procedures. A study in 2005 revealed that 85 per cent of India's population relied on unqualified persons for medical advice. "Quacks, compounders, witch doctors had greater contact with rural people. So we started a project by which these persons, specifically those who had a full school education, would be trained and given accreditation. He said, with collaboration with local leaders, the hospital was doing well for the last two years. "Patients are happy because they are healthy."

Conclusion

An interactive discussion was held during the concluding session, during which questions were asked by the participants to the speakers. Questions ranging from why Nimesulide was not being banned to whether organizations dealing with drugs needed licensed pharmacists and how to change the attitude of doctors into prescribing rational and generic medicines were asked. The respective speakers replied that there was a provision for banning harmful drugs but this was not being strictly followed. Getting a licence was not a problem for clinics, while licensed pharmacists were compulsory. As regards educating doctors, "the belief that doctors are God had to be earned by making it logical".

The participants suggested that the neighboring state of West Bengal and Orissa in Jharkhand and Andhra Pradesh similar kind of meeting on pharmaceutical policy should be organized involving healthcare organization and government in the state of Jharkhand and Andhra Pradesh.

All participants endorsed the content and concerns of '**Kolkata Decleration 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:

- **20% of participants suggested that CDMU should organize training program on rational use of medicines and stores management.**
- **30% of participants suggested that CDMU should provide guidance on implementing rational use of medicines in their healthcare setting towards suitability**
- **30% of participants suggested that CDMU should collaborate with NGOs for fact finding of medicine use in the community**
- **20% of participants suggested that CDMU should organize group meeting at their regional level on issues like pricing and availability of medicines**

Also participants required the book entitled 'Standard Treatment Guidelines for primary healthcare' published by Govt of West Bengal

The participants filled up feedback forms, by which they rated the respective sessions and gave suggestions and comments on how the objectives of the seminar could be carried forward.

List of participants

Sl no	Name of the participants	Name of the organization
1.	Samir Kumar Halder	Kautala Friends' Sporting Club
2.	Amritalal Parui	Ashurali Gramunnayan Parishad
3.	Dr. Ketaki Das	WBVHA
4.	Marcettew Buttigieg	CRPC – TRDP, Jharkhand
5.	Sr. Serephing	St Joseph Health Centre, Deopur, , Jharkhand
6.	Usha Kisku	Theodari Christan Hospital Chandrapura, Jharkhand
7.	Sr. Deepti	Sister of Charity
8.	Sr. Blanche	St Joseph Hospital, Cilimpore
9.	Sr. Ethel	St Joseph Hospital, Cilimpore
10.	C S Sarkar	Theodari Rural Development Project, Pakur, Jharkhand
11.	Dr. Moitreyee Mandal	J C Ghosh Polytechnic
12.	Sudhanya Halder	Sri Ramakrishna Ashram, Nimpith
13.	A K Maity	Indian Pharmaceutical Association
14.	Dr. S C Mandal	Directorate of Drugs Control, Govt of West Bengal
15.	Prof K Ray	School of Tropical Medicines
16.	Dr. C M Gulhati	MIMS
17.	Sr. Lizy Sebastian	St Joseph Hospital, Midnapore
18.	Sr. Suma	Sister of Divine Savior
19.	Dr. Mimi Issac	Janata Medical Service
20.	B C Chandra	Calcutta Rescue
21.	Fr. Issac G Verghese	Janata Medical Service
22.	Devidas Banerjee	Ramakrishna Mission Janasikha Mandir
23.	Sr. Suma	Carmel Health Centre, Hatimara, Jharkhand
24.	Sr. Jessly	Jeevana Health Centre, Belphari, Jharkhand
25.	Dr. R Isac David	Prem Jyoti Community Hospital, Jharkhand
26.	Swapan Makal	IIMC
27.	Ratna Chakraborty	IIMC
28.	Ikbal Hossian	IIMC
29.	Nirmal K Mandal	Chakratirtha Welfare Society
30.	Sujata Debnath	Chakratirtha Welfare Society
31.	Dr. Prosenjit Saha	EMC
32.	Sk Nazrul Islam	Indranarayanpur Nazrul Smiriti Sangha
33.	Biswanath Basu	WBVHA
34.	Swarup K Das	Dasghara Ramakrishna Sarada Seva Kendra
35.	Dr. Kushadhrwaj Santra	Sagar Community Welfare Society
36.	Trideep Ray	Bandhan
37.	Avijit Pal	Manas
38.	Amit Ukil	The Telegraph
39.	Biswajit Ray	Antardarshan
40.	Thomas John	Antara

Sl no	Name of the participants	Name of the organization
41.	Dr. Sajal K Roy Choudhury	Director, Directorate of Drugs Control, Govt of West Bengal
42.	Dr D D Ghosh	Snehamoyee Seva Kendra
43.	Mrs. Ratna Basu	Snehamoyee Seva Kendra
44.	Briti Sundar Bhattacharjee	Paripurnata
45.	Rabindra Nath Mandal	Sarvik Vivekananda Gram Seva Sanstha
46.	Pardyut Ghosh	Sarvik Vivekananda Gram Seva Sanstha
47.	Jhilam Karanjai	The Bengal Post
48.	Dr. P K Sarkar	Foundation for Health Action
49.	T K Sur	Human Wave
50.	Sagar Chandra Sit	Bharat Sevashram Sangha
51.	Sukla Roy	Tollygunge Woman In Need
52.	Tapan K Das	OFFER
53.	Sanjoy Shaw	OFFER
54.	D P Poddar	CDMU
55.	Dr. Amit Sengupta	AIPSN / JSA
56.	Bishnu Chakraorty	CDMU
57.	Sanjoy Dinda	CDMU
58.	Pinki Ghosh	CDMU
59.	Arunava Kundu	CDMU
60.	Sadip Thapa	CDMU
61.	Sushanta Roy	CDMU
62.	Gautam Das	CDMU
63.	Sulagna Dutta	CDMU
64.	Sitaram P Sawkota	CDMU
65.	R B Sahani	CDMU
66.	D D Tiwary	CDMU

Photo gallery

Pharma influence worries state

Jhilam Karanjai

Kolkata: Concerned over the proximity between doctors of government hospitals and multinational pharmaceutical firms, the state health department is planning to run a campaign to bring in a change in attitude of junior doctors to such practices.

The department, however, is worried that senior doctors at state-run hospitals maintain a close rapport with MNC pharmaceutical companies. While the department is mulling over how to stem the influence of multinationals, director of health services Dr Anirudhha Kar found this to be "an uphill task, when senior professors are a part of programmes sponsored by pharmaceutical firms".

"There has to be complete change in attitude, laws can't do anything," Kar said, after he spoke at a workshop on 'Pharmaceutical Policy and Access to Essential Medicine'. He suggested that medical colleges hold sensitisation workshops with junior doctors. The department also wanted to bring about a change in prescribing drugs. Accepting that MNC firms exercised an influence on junior doctors at various state-run hospitals, it claimed the medicos were often not aware of the side effects of such drugs they prescribe.

"The myth surrounding these drugs need to be removed," Kar said. He also wondered why the same medicine produced by different companies should vary in price..

School of Tropical Medicine director Prof. Krishnanshu Roy pointed out that doctors were often above scrutiny since consumers were not enlightened. "Doctors have become soft targets to inducements from pharmaceutical companies,"Roy said.

The department has introduced a standard treatment protocol at the district level in August, which would also be extended to all state-run healthcare facilities.

The Bengal Post, Kolkata, Friday, September 3, 2010