



# Drug Information Bulletin

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## Editorial

*The attitude of the pharmaceutical company reflected by a recent statement by the CEO of a multinational company that the company didn't develop a cancer drug for the Indian market, but rather "for western patients who can afford". This statement has raised question about the investment of pharmaceutical companies on drug research of diseases of the rich like- Diabetes, High Blood Pressure, Cancer etc. instead of spending on R & D for development of diseases of the poor like-TB, Malaria etc. It has been supported by the statement of a multinational company that they are winding up research on Malaria, TB and neglected tropical diseases. Recent policy change of some companies of investing on R & D of diseases other than antiinfectives is a worrying trend. It is the high time when more research requires to be done on antiinfectives due to development of some drug resistant strains like MDR/XRD-TB.*

*The lack investment on R&D for new drugs doesn't only affect developing/underdeveloped countries; developed countries are also faced with a huge gap in medical innovation. With the numbers of cases of antibiotic resistance on the rise in many parts of the world including in western part of the globe, worryingly, few new antibiotics being developed. A day will come when people will develop infections that are resistant to all existing antibiotics, and we'll have nothing effective with which to treat them.*

*It is the high time to rethink on R & D investment for the need of the people*

**Dr. Subhash C. Mandal**  
**Editor**

## **Global deaths from measles dropped 78% between 2000 and 2012, the World Health Organization estimates**

New figures from the WHO suggest that around 13.8 million deaths were prevented during this time and reported cases declined by 77%.

Good routine immunisation levels and campaigns to vaccinate children are thought to be behind the figures.

But the WHO says measles is still a global threat and some populations remain unprotected.

The mortality estimates from the WHO show that annual measles deaths decreased from more than 562,000 in 2000 to 122,000 in 2012.

Reported cases of measles worldwide declined from 853,480 to 226,722 over the same time.

There is much more work to be done as more than 330 deaths (mainly among children) still occur daily from measles " Karen MahThe Measles and Rubella Initiative.

Currently, 84% of the world's infants receive the first dose of measles vaccine before their first birthday, according to the WHO.

It says that 145 countries have also introduced a routine second dose of measles vaccine to ensure immunity and prevent outbreaks.

Mass campaigns against measles in 2012 resulted in a further 145 million children being vaccinated against the disease, taking the total number of vaccinated children to more than one billion since 2000.

However, there are still concerns that despite this good news, measles remains a worldwide threat.

The regions of Africa, south-east Asia and Europe all experienced large outbreaks in 2012, and the Americas region had to deal with many imported measles cases.

The Democratic Republic of Congo saw the largest measles outbreak of 2012,

with 72,029 reported cases. There were around 18,000 cases in India and 12,000 in Ukraine, while the UK experienced just over 2,000 measles cases.

The WHO says the Africa, Eastern Mediterranean and European regions are not likely to meet their measles elimination targets on time.

Without improved immunisation coverage, outbreaks will continue to occur, it says.

Karen Mah, a spokeswoman for The Measles and Rubella Initiative, a global partnership led by the WHO and UNICEF among others, said there were still too many children dying.

"While estimated measles deaths have dropped significantly since 2000, there is much more work to be done as more than 330 deaths (mainly among children) still occur daily from measles.

"We need to move beyond an 84% global routine immunisation coverage. It's also vital that parents are fully aware of the benefits of immunisation and the risks associated with not vaccinating children," she added.

The Measles and Rubella Initiative wants to reduce measles deaths by 95% by 2015 and get rid of measles and rubella in at least five regions of the world by 2020.

## **India faces resource gap of 1.4 million doctors and 2.8 million nurses**

Despite its growing economic prowess, India ranks among the bottom five countries with the lowest public health spending globally and accounts for 21 per cent of the world's burden of disease, according to a new report by Accenture.

The report, titled 'Delivering e-Health in India – Analysis and Recommendations', focuses on the access to healthcare systems in India as per global and regional standards. It highlights the current status of the Indian healthcare

industry and its growth in the past decade.

"While India's healthcare expenditure has increased in the past and the government plans to increase the same further to nearly 2.5 per cent of the GDP (gross domestic product) in the 12th five year plan, India has invested less public money in health than most comparable countries. India's overall health spending does reach 6 per cent of the GDP but most of that is private money," according to the report.

Highlighting the substantial gaps in healthcare infrastructure, the report says, "Hospital bed density in India has stagnated at 0.9 per 1000 population since 2005 and falls significantly short of WHO laid guidelines of 3.511 per 1000 patients' population. Moreover, there is a huge inequity in utilization of facilities at the village, district and state levels with state level facilities remaining the most strained."

The report further says, "Low healthcare insurance service coverage leads to high levels of out of pocket spending: Nearly 80 per cent of spend in India is out-of pocket, primarily due to extremely limited insurance coverage, both personal and government funded. Research has shown that the proportion of medical and healthcare expenditure in overall personal consumption has risen considerably over the years."

Analysing the inadequacy of medical manpower, the report says, "India is currently known to have approximately 600,000 doctors and 1.6 million nurses. This translates into one doctor for every 1,800 people. The recommended WHO guidelines suggest that there should be 1 doctor for every 600 people. This translates into a resource gap of approximately 1.4 million doctors and 2.8 million nurses. There is also a clear disparity in the manpower present in the rural and urban areas."

"There is also a clear disparity in the manpower present in the rural and urban areas. Nearly, three-fourth of the qualified doctors in India practice in the urban areas leaving the rural areas (with around 72% of the population) with practically very few doctors. In 2008, around 37.8 per cent of the PHCs (primary health centres) were without a lab technician and 12.4 per cent without any doctor," the report reveals.

"Our report identifies the importance of shifting from 'infrastructure focus' to 'productivity focus' to generate corresponding improvements in India's healthcare access. This can only be achieved if larger fund allocation for healthcare is accompanied by effective and innovative interventions to improve the existing healthcare ecosystem in order to achieve global standards," said Krishna Giri, managing director, health and public services, Accenture India. He added, "Comprehensive adoption of information technology and digitization of systems to improve access to these services is central to the success of these projects."

The report identifies that greater healthcare funding cannot guarantee better access to the healthcare facilities, unless accompanied by powerful and innovative interventions to improve the healthcare ecosystem.

"While the system has evolved in India over the past 50-60 years, the coverage and service levels of the entire public health ecosystem remain inadequate. Indian healthcare system continues to suffer from underfunding and poor governance, which have created significant inequities in providing basic healthcare," states a media release by Accenture.

**India defends drug safety as US official visits Delhi**

India yesterday defended the safety standards of its vast generic drugs industry as the US Food and Drug

Administration chief arrived in New Delhi to discuss quality concerns.

FDA Commissioner Margaret Hamburg's trip follows a string of import restrictions slapped by the body on products made by Indian pharmaceutical heavyweights Wockhardt and Ranbaxy over safety concerns.

India's lower cost medicines should not be viewed as "cheap and spurious," Health Minister Ghulam Nabi Azad said in New Delhi as Hamburg opened her eight-day visit.

"Efficacy of the Indian drugs should not be judged on the basis of their cost," he said, adding that "the input cost in India is much less than that in the developing countries due to the less expensive human resources."

Azad said the Indian pharmaceuticals industry was growing at a fast pace in terms of volume.

India exports medicines to about 210 countries and vaccines to about 150 countries in the world. These medicines while being affordable are as effective as drugs manufactured in the developing countries, Azad said.

The health minister said developing countries such as India which have a growing pharma industry should be allowed to grow. He highlighted that India has taken several measures to strengthen regulatory mechanisms in terms of capacity building, strengthening of laboratories and bringing enhanced transparency through its laws and legislations.

Hamburg congratulated India for its success in polio eradication. She commended India's leadership and powerful presence in the pharma industry.

India's generics industry is a massive supplier of copycat lifesaving drugs to the US and over 200 other nations, many of them poorer countries.

On the first day of Hamburg's trip, India's health ministry and the FDA signed a

statement of intent on co-operation in the field of medical products between the two countries.

Speaking ahead of her talks with Indian government officials, Hamburg said the FDA's "engagement" with its Indian regulatory counterparts was "critical to our ability to effectively promote the health and safety of American and Indian consumers."

"I look forward to enhancing our existing relationship and identifying additional opportunities for collaboration," she said.

India's Commerce Minister Anand Sharma told reporters both sides believe "this is a partnership which is very important." The two sides have agreed to create an "institutional framework" involving "sensitising and educating the pharmaceutical industry" over the certification of medicines, he said.

Hamburg was due to meet pharmaceutical industry representatives today for talks organised by a national business group.

Her trip in India will also take her to the financial hub of Mumbai and Kochi in Kerala.

In other developments, the US has told India that a trade enforcement action it plans to announce will involve it taking Delhi to the World Trade Organisation over subsidy levels in its solar power industry.

US Trade Representative Michael Froman is due to hold a news conference at 2pm (1900 GMT), his office said. It said it could offer no additional details.

Source: Pharmabiz.com

### **Forthcoming Event:**

**Health Camp at Furfura Durbar Sarif,  
Hooghly**

Organized by:

Indian Pharmaceutical Association, Bengal  
Branch & IPA Bengal Pharma & Health Care  
Trust

5-8<sup>th</sup> March 2014