

The Indian Pharmaceutical Association (IPA)

Platinum Jubilee Year

Society Regn No. Bom. 10 of 1960 GBBSD • Public Trust Regn. No. F- 746 (Bom) dt. 4.4.1960 Kalina, Santacruz (East), Mumbai - 400 098. India • Tel.: +91 22 2667 1072 • Telefax : +91 22 2667 0744 E-mail: ipacentre@ipapharma.org • Website: http://www.ipapharma.org



MISSION

The Indian Pharmaceutical Association (IPA) is the national professional body of pharmacists engaged in various facets of the profession of pharmacy. The IPA is committed to promote the highest professional and ethical standards of pharmacy, focus the image of pharmacists as competent healthcare professionals, sensitize the community, government and others on vital professional issues and support pharmaceutical education and sciences in all aspects

2014-2016

President

Rao V. S. V. Vadlamudi

IPA/110/58

Date: May 13, 2014

Immediate Past President

J. A. S. Giri

Shri M. L. Meena

Vice Presidents Divisional Heads Joint Secretary (Revenue) Department of revenue

Community Pharmacy

Government of India,

North Block, New Delhi 110 001

Manjiri Gharat

Education T. V. Narayana Sub: Recommendation by the Indian Pharmaceutical Association (IPA) for the Union Budget 2014 - 15.

Hospital Pharmacy

Ramesh Adepu

Dear Sir,

Industrial Pharmacy

Subhash Rijhwani

Regulatory Affairs

We are forwarding herewith recommendations from the Indian Pharmaceutical Association (IPA) for your kind consideration and for making necessary budgetary provisions in the Union Budget for the year 2014 - 2015.

Subhash Mandal

Hon. Gen. Secretary Kaushik Desai

Hon. Treasurer Surendra Manek

The Indian Pharmaceutical Association (IPA) is a premier professional organisation registered as a charitable trust with an objective to promote the sciences and arts of pharmacy in all the aspects and impart suitable education and training to professionals working in pharmacy profession.

Editor - Pharma Times Alka Mukne

Editor - IJPS Divakar Goli

IPA has over 10,000 members and works through its 22 state branches in the country. IPA is also actively associated in managing several academic programs. As a member of the Drug Technical Advisory Board, India, IPA is actively involved in advising the government on matters of professional importance.

Secretary General S. D. Joag

We look forward to your due consideration on the recommendations attached herewith and seekyoursupport for the cause of pharmacy profession and in the interest of healthcare of our society.

Thanking you, Yours sincerely,

S. D. Joag

Secretary General,

Indian Pharmaceutical Association



Request for Budgetary Provision during 2014 – 15 for following projects

Pharmacy Practice Sector:

Point No. 1.Determining data of Human Resources in Pharmacy practice:

Budget needed for finding out total number of pharmacists in public and private sector. Thus data needs to be compiled for pharmacist in PHCs, CHCs, Government hospitals, defense, railways etc as well as pharmacists in private sector ie retail pharmacists.

Rationale: Whenever human resources for health are counted, data for doctors, nurses, ANMs, dentists is collected but till today in our country we do not have any exact numbers for the data on pharmacists. It is the need of the hour to have such data, which will be helpful to do any assessment of population-pharmacist ratio, total requirement of pharmacists, recruitment, demographic distribution and so on.

Point No. 2. Training and Capacity Building of pharmacists for inclusion in <u>national health programmes</u>:

Policy is required for developing a training center/training programmes for continuing professional development of pharmacists in public/private sector and they need to be included in the national health programmes.

Rationale: Pharmacists can play significant role in Communicable and non-communicable disease control and health promotion. Pharmacist' role is very much underutilized and their potential remains untapped. Appropriately trained Pharmacists have proved their role in TB care and control and they are now included in Revised National TB Control Programme by Central TB Division. Similarly they can be trained and included in all other national health programmes such as AIDS Control programme, Malaria Prevention, NCD prevention, Mother and Child health care to name some prominent ones.

Point No. 3. Recruitment of pharmacists in defense services and in other Government sectors:

In defense services usually pharmacists are not hired and in many other Govt sector facilities, pharmacists are not in adequate number, thus medicines are dispensed by other workers. Once data is ready for the number of pharmacists as per Project A (given above) analysis and need assessment exercise can be done and based on it, pharmacists should be appointed in all such healthcare set ups whereever they are deficient in number.



Rationale: Medicines should always be dispensed under the direct supervision of the registered pharmacists. This is not only a legal requirement but is equally important from public health point of view. Modern medicines are potent medicines and need to be stored, dispensed, and used correctly. Several medication errors, adverse drug reactions occur due to dispensing errors.

Point No. 4. Strengthening Regulatory system:

The poor infrastructure and manpower of the Drugs Control administration both at the Centre and the States require to be strengthened. Adequate funds to be allocated in the budget for development of infrastructure and manpower of the Drugs Control administration both at the Centre and the State level.

Rationale: In order to ensure quality medicines and health care to the people the provisions of the D & C Acts and Rules require to be properly implemented for which strong regulatory system with adequate manpower and infrastructure is required.

Point No. 5. Consumer Education about Medicines: Creating awareness amongst public about Responsible Use of Medicines:

Consumers need to be educated through media, through celebrities, through ACSM material etc, all across the country.

Rationale: Incorrect use of medicines, self medication, adverse drug reactions are common in the country and therefore it is an urgent need to educate consumers to improve medicine usage to improve public health, minimize medicine wastage, minimize unnecessary expenditures. Modern medicines are potent and are double edged weapon, if used inappropriately can do more harm than good.

Point No.6 Strengthening facilities at NIPER

Rationale: Presently several NIPERS are operating from different host institutions and with part time faculty. It is quite impossible to provide quality education from such an ad-hoc arrangements. Each NIPER requires its own Building, Infrastructure & regular faculty. Therefore adequate fund should be allocate in the budget

Point No. 7. Generic Medicines: Reduction of taxes.

Many companies are promoting the medicines under generic name and the Government also supports distribution of the medicines under generic name to increase the availability of medicines to the needy patients. The outreach of generic medicines would increase effectively only if the tax structure on generic medicines is reduced as compared to the branded medicines.



Rationale: The Government has in the past, a practice of different rates of excise duty on branded products and generic products. The government may waive or reduce excise duty on generics. The consumption of medicines under generic names will enhance only if they are economical.

Point No. 8. Analytical instruments – Custom duty:

It is known that for assessment of quality of pharmaceutical products, sophisticated instruments are required. These instruments are mostly manufactured by foreign companies and modified suitably to meet the regulatory and pharmacopoeial requirements on regular basis. Since the instruments are imported cost of the instruments become high and high due to steep increments in currency rates. It is therefore recommended that the custom duty on instruments used for analytical purpose is at least waived.

Rationale: The basic cost of imported equipments and instruments is very high. In addition the Indian importers have to pay custom duty, octroi duty etc. The cost could be reduced by waiving the taxes on instruments and equipments required for analytical and R&D use and the importer is relieved to some extent on price.