Editorial

Greetings from Drug Information Bulletin!

Recently Pharmacy council of India (PCI) communicated to all approved Institutions and other authorities that as per the recent judgment of Hon’ble Supreme Court of India dated 05.03.2020 the Pharmacy Act 1948 shall only prevail with regard to recognition and /or approval of pharmacy courses/pharmacy institutions/intake capacity and degree and diploma in pharmacy.

This will end the long time debate whether Pharmacy Council of India or All India Council for Technical Education (AICTE) could control pharmacy education. There were two school of thoughts- one believing it should be under the AICTE as this will help pharmacy institutions to get more grants and it will help pharmacy graduates to get recognition as technical graduates, other school believe Pharmacy is a unique course which should be under the “Pharmacy Council of India” and AICTE will not provide any more facilities.

This will end the dilemma of the Pharmacy profession and will help to grow on its own style.

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Pharmacy Act 1948 shall only prevail with regard to recognition of degree and diploma in Pharmacy

PHARMACY COUNCIL OF INDIA
(Constituted under the Pharmacy Act, 1948)

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Ref.No.14-56/2021-PCI 9560-63

To

1. The Secretary / Commissioner (Health, Technical Education), State Governments
2. All Examining Authorities
3. Admission making Authorities
4. All Pharmacy Institutions approved u/s 12 / conduct of course.

Subject: Pharmacy Act, 1948 shall only prevail with regard to recognition of degrees and diplomas in pharmacy.

Reference: i) Judgement dt.5.3.2020 passed by Hon’ble Supreme Court of India in Transfer Petitions (Civil) Nos. 87-101 of 2014.
iii) 14-56/2021-PCI/7246-48 dt. 27.1.2022.

Sir / Madam,

1. The Pharmacy Council of India (PCI) is a statutory body functioning under the Ministry of Health and Family Welfare, Government of India, New Delhi, to regulate the pharmacy education and profession in the country.

2. The Hon’ble Supreme Court of India in its judgement dated 5.3.2020 in Transfer Petitions (Civil) Nos. 87-101 of 2014 between Pharmacy Council of India and Dr S K Toshniwal Educational Trusts and Others etc. has passed a judgement upholding that the Pharmacy Act, 1948 shall only prevail with regard to recognition and/or approval of pharmacy courses/pharmacy institutions/intake capacity and degrees and diplomas in pharmacy. The said judgement is available on Council’s website www pci nic in

3. The para 21 of the said judgement is quoted below -

“In view of the above and for the reasons stated above, it is held that in the field of Pharmacy Education and more particularly so far as the recognition of degrees and diplomas of Pharmacy Education is concerned, the Pharmacy Act, 1948 shall prevail. The norms and regulations set by the PCI and other specified authorities under the Pharmacy Act would have to be followed by the concerned institutions imparting education for degrees and diplomas in Pharmacy, including the norms and regulations with respect to increase and/or decrease in intake capacity of the students and the decisions of the PCI shall only be followed by the institutions imparting degrees and diplomas in Pharmacy”.

2.

4. The statutory provisions of the following Education Regulations framed u/s 10 of the Pharmacy Act, 1948 clearly prescribe that no authority (person, institution, society, trust or University etc.) shall start, conduct and/or increase admission to the pharmacy courses without prior approval of the PCI -

2. Regulation 9 Bachelor of Pharmacy (B.Pharm) Course Regulations, 2014.
4. Regulation 6 of the Bachelor of Pharmacy (Practice) Regulations, 2014.
5. Regulation 8 of Education Regulations, 2020 for Diploma Course in Pharmacy.

The above Regulations are already available on Council’s website under the tab “Rules/ Regulations & Syllabus” and are self-explanatory.

5. In view of above, the concerned authorities are advised to strictly follow the norms and standards prescribed by the Pharmacy Council of India for various pharmacy courses and no admission shall be made or intake be increased to any pharmacy course(s) without prior approval of the Pharmacy Council of India.

6. This is for information and strict compliance.

Yours faithfully

(SIGNATURE)
Registrar-cum-Secretary

ARCHANA MUDGAL
Registra-r-cum-Secretary
U.S., EU, India, South Africa reach compromise on COVID vaccine IP waiver text

The United States, European Union, India and South Africa have reached a consensus on key elements of a long-sought intellectual property waiver for COVID-19 vaccines, according to a proposed text reviewed by Reuters. Sources familiar with the talks described the text as a tentative agreement among the four World Trade Organization members that still needs formal approvals from the parties before it can be considered official. Any agreement must be accepted by the WTO's 164 member countries in order to be adopted.

Some elements of the consensus deal, including whether the length of any patent waivers would be three years or five years, still need to be finalized, according to the text. It would apply only to patents for COVID-19 vaccines, which would be much more limited in scope than a broad proposed WTO waiver that had won backing from the United States, according to the document.

The document authorizes use of "patented subject matter required for the production and supply of COVID-19 vaccines without the consent of the right holder to the extent necessary to address the COVID-19 pandemic". It said IP rights would also be waived for ingredients and processes necessary for COVID-19 vaccine manufacture, a move aimed at granting critical know-how to many countries lacking expertise, especially for advanced mRNA-type vaccines.

The text contained several limitations, including that the waiver is only available to WTO member countries that exported less than 10% of global exports of COVID-19 vaccine doses in 2021. The tentative agreement does not include COVID-19 treatments or tests, and the limitations would likely exclude China from any waiver, a source familiar with the negotiations said.

The text, which was produced in negotiations last week, was being circulated to officials in Brussels, Washington, Johannesburg and New Delhi before being presented to other WTO members. Adoption of the IP waiver by the consensus-driven organization is far from certain.

For details: Reuters

Note: This is an outcome of the proposals initiated by India and South Africa in 2020 for a comprehensive waiver of certain provisions of the Trade –Related aspects of Intellectual Properties Rights (TRIPS) agreement for available Covid-19 treatments, technology and vaccines to help countries fight the pandemic.

Corbevax to cost Rs 800 in market & Rs 145 for the Government

Corbevax, the covid-19 vaccine used for children aged 12 t0 14 years, is being sold to the Govt. at only Rs. 145 per dose, Biological E said even as the country kick-started the vaccination drive to this age group. In private market, the vaccine will cost Rs. 800 before taxes. After GST and administrative charges, it will cost Rs. 990 as per the company.

This is the lowest price in the country and possibly in the world as per Biological E. This is the only vaccine approved in India for the age group 12-14 years.

Maternal mortality ratio improves to 103, India may hit global goal of 70 in advance

A survey on maternal mortality ratio (MMR) over the last three years reveals that India improved it to 103 for the period 2017-2019, but the ratio has worsened in the states like West Bengal, Haryana, Uttarakhand and Chhattisgarh. With the MMR continuing to drop for the third year running, India looks set to achieve the sustainable development goal (SDG) of bringing it to 70 well before the target year of 2030. The ratio MMR, a key health system indicator, is the number of maternal deaths per 100000 live births during a given period. India’s MMR was about 556 in 1990 and 254 in 2004-2006.

Many developed countries have successfully brought down MMR to single digits. Italy, Norway, Poland and Belarus have the lowest MMR of two, while it is seven in both Germany and the UK, 10 in Canada and 19 in the US. Most of India’s neighbours- Nepal (186), Bangladesh (173) and Pakistan (140)-have a higher MMR. However, China and Sri Lanka are way ahead with MMR of 18.3 and 36 respectively.
Major funding award supports Yale efforts to address maternal health inequities

More than 700 women die each year from pregnancy-related complications in the United States, even though the U.S. Centers for Disease Control and Prevention says two out of three of those deaths are preventable.

Pregnancy risks are especially high among women in priority populations that have been historically underserved and experience systemic racism. Black women in the U.S., according to CDC, are more likely to die during pregnancy or childbirth than any other demographic.

A team of Yale researchers, working collaboratively with Yale New Haven Hospital, community partners and two regional hospitals, is exploring ways to improve health outcomes for this priority population with the support of a $20.4 million funding award from the Patient-Centered Outcomes Research Institute (PCORI).

The award, announced on March 8, will allow researchers at the Yale School of Public Health and Yale School of Medicine to compare the effectiveness of two community-based interventions designed to improve clinical outcomes among postpartum at-risk women.

The two health care delivery models at the center of the study focus on awareness, early detection, and control of postpartum hypertension, as well as social and mental health factors known to impact maternal health.

“This study has the potential to transform the quality of care received by women of color and their babies in the period surrounding birth and beyond,” said Yale Professor of Public Health Rafael Pérez-Escamilla, Ph.D., co-leader of the study with Associate Professor of Maternal Fetal Medicine Dr. Heather S. Lipkind, M.D. M.S., of the Department of Obstetrics, Gynecology and Reproductive Sciences at the Yale School of Medicine.

“These kinds of interventions are urgently needed,” Pérez-Escamilla said. “Poor blood pressure control, due to a lack of follow-up and identification during the postpartum period, is one of the drivers of racial inequities in maternal morbidity and mortality. These inequities are beyond the pale in the U.S. and totally unacceptable from both a public health and human rights perspective.”

For details: https://medicine.yale.edu/