

Access to affordable generics poses huge challenge in public healthcare: KDPMA chief

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The government should now seriously look at creating an awareness among the medical practitioners in the Tier II and Tier III cities on the availability of efficacious and affordable generic drugs. While issues like unreliable supply system, irrational prescription/dispensing/usage, unfair health financing mechanism, inadequate funding for research in neglected diseases have resulted in the high cost of drugs, the patent regime enforced from 2005 has been one of the key deterrents for drug affordability. Global pharma majors efforts to acquire Indian companies has left a serious negative impact resulting in high cost of drugs in the country, stated SG Biligiri, president, Karnataka Drugs & Pharmaceutical Manufacturers Association (KDPMA) and vice president, Technical, Jagat Pharma.

One of the ways to improve affordability of drugs is through public funded education about quality generics. This will make the patient ask the doctor to prescribe a quality generic. There is a need to educate the doctors in the Primary Health Centres (PHCs) on the availability of efficacious and affordable generic drugs, stated the KDPMA president while addressing on the issue of safe and quality drugs at affordable prices at a seminar on Availability and Accessibility of Quality Healthcare for All, organized by the Federation of Indian Chamber of Commerce and Karnataka's department of health and family welfare.

Speaking at the session on 'Issues and Challenges of Healthcare', Biligiri delved into the aspects of availability of quality drugs at affordable prices. "There are multi-factorial processes associated with the affordability of drugs. These covered marketing practices, brand cost, availability of the brand in the market, line of therapy adopted by the doctor, patient psychology and regulatory guidelines," he said.

Medical practitioners prefer branded generics over generics. This preference is driven by pharmaceutical marketing which is backed by the conviction that make doctors obliged to prescribe certain brands, he pointed out.

Although the Department of Pharmaceuticals has issued a marketing code for the Indian pharma industry, it is yet to be adopted. The Medical Council of India has also provided guidelines for ethical practices but all these are not implemented. Hence the patient has to bear the brunt of the aggressive marketing costs extended to doctors by the pharma companies which in turn affects the affordability of patients, stated Biligiri.

It is a situation of competition versus monopoly. The government needs to strengthen hospital pharmacies in rural hospitals. The only way to curb the excessive and indiscriminate branded generic prescription would be to educate masses about generic drugs available/ to insist doctors on same. This is where the five-year Pharm D courses

which mandates hospital pharmacy would help create an organized system for access to good quality and efficacious generic drugs that are affordable and economical for patients.

In the rural areas, pharmacists need to insist and install cold chain management solutions and be adept in inventory management. The government will also need to identify hospitals in south Karnataka/ North Karnataka who can have manufacturing facility dedicated for quality generic drugs, which could help in tackling issues of drug accessibility and affordability, stated Biligiri.