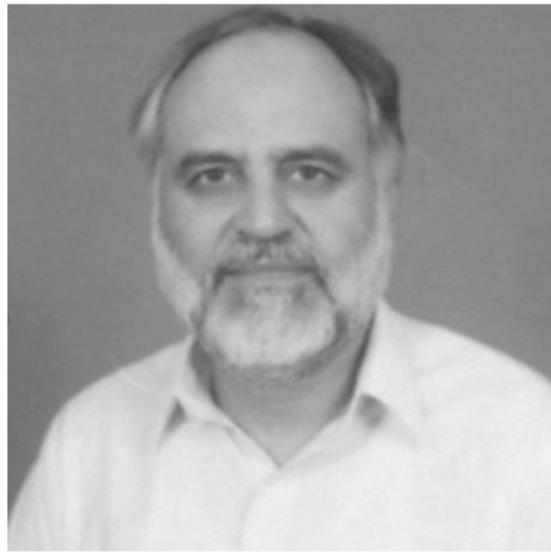


Pharma challenge



THE man who developed the successful polio vaccine, Jonas Salk, refused to patent it. When asked why, he replied: “There is no patent. Could you patent the sun?”

Unfortunately, times have changed. The profit-driven attitude of pharmaceutical companies has often resulted in the non-availability of life-saving drugs in Pakistan. The main reason is low financial returns. But, in this country, the pharmaceuticals are also aware of the lack of effective accountability.

The recent decision of the government to fix the price for the magic drug treating hepatitis ‘C’ was widely appreciated by the medical community. The price was fixed around Rs5,000 for 30 tablets. The price for one tablet of the same drug was fixed at \$1,000 in America. According to the American AIDS Healthcare Foundation, this was a 279,000pc increase on the actual retail cost of the drug. The recent inquiry report of the American Senate committee (published December 2015) clearly states that the manufacturing company has used every means to earn the maximum profits.

Multinational pharmaceutical companies are known to use all means to influence the authorities in order to achieve their objectives, and are accused of ‘bribing’ medical professionals in various ways.

Consider, for example, that the top 20 pharmaceutical companies contributed, by some estimates, more than tens of billions of dollars to America’s last presidential election, with almost equal contributions to both Democrats and Republicans. They also spent billions on lobbying at political levels. The rewards are obvious: in New York, four legislative bills were dropped in 2013-14 that were meant to make the working of the pharmaceutical industry more transparent and accountable.

Strict laws are needed to control unethical practices in the pharma industry.

In a recent report it was disclosed that American pharmaceutical companies provided \$3-5 billion

dollars to doctors for various activities — the amount had to be disclosed under American laws. There may have been an undeclared amount, too.

Last year, a multinational pharmaceutical was fined \$490 million for providing illegal kickbacks in China; its chief executive was sentenced to three years' imprisonment and deportation from the country. In 2012, two multinationals paid \$3bn on the settlement of fraud cases in antidepressant drugs against them.

The situation is no different in developing countries. In a recently published editorial in a medical journal, it is quoted that the annual bribery to get health services in India amounts to hundreds of millions of rupees, and that a countrywide survey found that among users of healthcare services, informal payments were made to providers with a frequency of 96pc.

In Pakistan, the fresh price increase by pharmaceuticals without the permission of the government is an example of them exploiting the situation. It is apparent they use all means to influence decision-makers. Ministers and other officials could certainly control this situation if they had a strong political will, without going to the Supreme Court as announced by the health minister. All that is actually required is strong determination with an effective administrative order asking pharmaceuticals to refrain from independently increasing prices, and taking action against defaulters. The government could even invite them to negotiate the issue in the best interest of the poor.

It is high time that strict laws were formulated and implemented to control the unethical practices employed by many pharmaceuticals vis-à-vis doctors, and bring transparency to doctors-pharmaceuticals relations to avoid exploitation of patients. For example, drug prices should be reviewed by a committee at defined intervals, and this may include representation from the pharma industry. Patency laws should be reviewed and the availability of new drugs should be linked to manufacturing and other conditions, as done in our neighbouring country. Special law should be made to avoid the shortage of life-saving medicines.

Other means of improving the situation include a declaration of budget allocation for promotional activities by pharmaceuticals and the provision of subsequent details of spending; open access of sponsorship of institutions, doctors and health administration by pharmaceuticals. The information should be available on a website and both doctors and pharmaceuticals should be bound to declare sponsorships; a limit should be defined regarding the number of annual sponsorships for doctors and the amount spent on individual doctors with their names displayed on the web.

It would be preferable that if at all pharmaceuticals sponsor doctors for educational activities such as conferences, research, etc, this should be through the institution and not through personal contact. Lastly, no other activity (like meals, pleasure trips and personal gifts, etc) should be sponsored by pharmaceuticals; accepting such 'gifts' should be declared illegal.

All these and other points may be looked into. However, only a sincere, holistic approach by the federal government can improve the situation.

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