MOST RESPECTFULLY SHOWETH :

This Writ Petition is being filed in Public Interest, to (Constitutional Provisions)

1. This writ petition is being filed in public interest, to urge protection of citizen's – right to equality (ART.14) and right to life (ART.21) !! The present petition seeking a writ / direction(s) from this Hon'ble Court is directed against the absence of any credible and self sustainable, input (in health or pharma) policies of Central and State governments, to make medicines, surgical inputs, implants, orthotic and prosthetic devices available at discounted rates, to the majority of citizens of the country, at all health and other facilities, which are owned, partially funded or subsidised by the Central or State governments.

2. The petitioner is a public spirited citizen and seeks remedy from the temple of justice, whenever he finds that the fundamental rights of a large segment of society are being denied. Following are

the humble petitions of the petitioner on which the Hon'ble Supreme Court of India has issued judgements –

a) Petition to verify the postal address of applicants for pre paid mobile connections - since they are most pro actively serving as a facilitator, for those criminally inclined including terrorist. The petition was admitted in - September,10 and a judgement delivered on (27/04/12) instructing the formation of a committee which will include the chairperson of D.O.T. and (02) individuals each from D.O.T. and T.R.A.I. which will finalize verification norms keeping the security angle to be primary, including the proposal to deliver S.I.M. cards by post. Case no. 285 of 2010, in the court of chief justice of India. Petitioner – Mr. Avishek Goenka.

b) Petition to ban black films in glasses of vehicles - since they too serve as a catalyst for criminal activities including terrorism. The petition was admitted in - July,11 and judgement delivered on (27/04/12) with instructions to ban black films on glasses of vehicles, however glasses adhering to the

visibility norms defined in motor vehicles act. can be manufactured by the manufacturer but no external film can be pasted on the glass.

Case no.265 of 2011, in the court of chief justice of India. Petitioner – Mr. Avishek Goenka.

3. That the respondents are Union of India, through – Secretary - Ministry of Health and Family Welfare (Nirman Bhawan, C-Wing, New Delhi-110001) and Director - All India Institute of Medical Sciences (Ansari Nagar, New Delhi-110029).
4. The need of the petition arises out of the glaring instances of poverty and deprivation prevailing across the nation and reflected through multiple instances which are incorporated in the petition. The existence of such intense poverty and deprivation results not only, in both birth and prevalence of diseases but also prevents the citizens, from incorporating rightful remedies, towards effective treatment of the adverse health condition. Further there is galloping inflation, which is adversely harming the middle class, coupled with rising fiscal deficit & need to curb subsidies as per the own admission of government

personnel. The governments at both Centere and States have failed the citizens by being unable to incorporate and deploy a innovative and self sustainable model, which can address the problem of high prices of health care inputs, particularly medicines and surgical inputs – which are needed by almost every citizen of the nation. However there is existence of a silver lining by way of a innovative and self sustainable model, developed by the premier health care institute of the nation (All India Institute of Medical Sciences) which ensures availability of all specified - medicines and surgical inputs at (56%) discount on MRP. and also secures both availability and quality of the medicines as well as surgical inputs, by incorporating a hefty bank guarantee from the seller. The entire process is incorporated by floating tender in the most transparent manner. The entire system is accountable, backed by guarantee (should the seller default on performance). India being a country with vast population having varied economic status, there is without doubt, room for existence of multiple

models to deliver social good and no single model, can deliver all the intended welfares.

5. 12/01/2010 An article published in, Business Standard – reflecting the problems related with Jan Aushadhi outlets. The article communicated that - many of the big players were not interested in supplying unbranded medicines at a very low cost to the Jan Aushadhi programme and did not apply.

   "The programme is heading for a natural death. There are no medicines in the stores. The psu.s cannot supply all the essential medicines that are needed for a medical shop. We are willing to provide them, but they never responded to our application," Singh said.

   The above article reflects, the dismal condition of the Jan Aushadhi outlets !!

   The above article can be downloaded by visiting the following undermentioned link - http://www.business-

standard.com/india/news/not-too-many-takers-forjan-aushadhi-scheme/382422/

6. 27/05/2010 An article published in, Times of India - as per national sample survey office - India has (49) thousands slums of which more than (12) thousands are located along nullahs and drains. The article also communicates that (57%) of slums, came up on public land. Further (10%) of notified and (20%) of non-notified slums, do not have any toilet facilities also (10%) of notified and (23%) of non-notified slums, do not have any drainage facilities and further (32%) of slums suffered water loggin both inside as well as outside the slums.

   The above article reflects, the dismal living conditions of a sizeable population of the nation.
   The above article can be downloaded by visiting the following undermentioned link -

   http://articles.timesofindia.indiatimes.com/2010-05-27/india/28282440_1_urban-slums-approach-road-waterlogging

7. 23/06/2010 An article published in, Times of India – as per un. Report the percentage of undernourished people in (2005-2007) swelled to levels seen in (1990).

   The above article reflects, that over the years, as a nation we have not been able to over come the problem of undernourishment.

   The above article can be downloaded by visiting the following undermentioned link - http://articles.timesofindia.indiatimes.com/2010-06-23/india/28299697_1_hunger-levels-undernourished-food-prices

8. 05/07/2010 An article published in, Times of India - as per Harvard school of public health - India has just (01) operation theatre per (01) lac people. Further the surgical facilities available, do not have basic equipment such as oxygen monitors necessary for safe surgery. The study also reveals that out of estimated (23.4) crores surgeries that take place, around the world every year – the wealthiest third of global population account for

(75%) whereas poorest just (4%). The article further communicated that Eastern Europe has (25.1) operation theatres for per one lac of population.

The above article reflects, the alarming shortage of operation theaters in the country and above that the remarkable absence of infrastructure in the operation theaters. It also reflects that poverty prevents patients from seeking operation.

The above article can be downloaded by visiting the following undermentioned link - http://articles.timesofindia.indiatimes.com/2010-07-04/india/28300327_1_ots-operation-theatre-preventable-surgical-injuries

9. 13/07/2010 & 17/07/2010 Articles published in, Times of India - as per international multi dimensional poverty index - (64.5) crores / (55%) of India's population is poor. The data was derived after considering ten indicators i.e. - years of schooling and child enrollment (education); child mortality and nutrition (health); and electricity, flooring, drinking water, sanitation, cooking fuel

and assets (standard of living). Each education and health indicator has a 1/6 weight, each standard of living indicator a 1/18 weight.

The Multidimensional Poverty Index (MPI) developed with help from the UNDP. supplants the human poverty index, which found place in annual human development reports since 1997. The MPI. assesses a range of critical factors or deprivations at the household level: from education to health outcomes to assets and services, taken together, these factors provide a fuller portrait of acute poverty than simple income measures, OPHI. and UNDP. said.

The measure reveals the nature and extent of poverty at different levels: from household up to regional, national and international level. This new multidimensional approach to assessing poverty has been adapted for national use in Mexico, and is now being considered by Chile and Colombia. The MPI. is like a high resolution lens which reveals a vivid spectrum of challenges facing the poorest households, said oxford poverty and human development initiative director Dr. Sabina

Alkire, who created the MPI. with Prof James Foster of George Washington university and Maria Emma Santos of OPHI. The UNDP. human development report office is also joining forces with OPHI. to promote international discussions on the practical applicability of this approach.

The above article reflects, the new global yardstick for determining the percentage of poor in a nation and that how the number of poor have swelled in the nation as per the new statistics derived from the new formula (which is more practical and technical).

The above article can be downloaded by visiting the following undermentioned links - http://lite.epaper.timesofindia.com/getpage.aspx?articles=yes&pageid=7&max=true&articleid=ar00704&sectid=2edid=&edlabel=toikm&mydatehid=13-07-2010&pubname=times+of+india+-+kolkata+-+times+nation&title=new+poverty+yardstick+assesses+edu+%26+health&edname=&publabel=toi

http://articles.timesofindia.indiatimes.com/2010-07-15/india/28281806_1_child-mortality-nutrition-human-development-initiative

10. 14/07/2010 An article published in, Guardian - as per UNDP. - (08) Indian states account for more poor people than (26) poorest African nations taken together.

The above article reflects, how wide spread is the problem of poverty in India.

The above article can be downloaded by visiting the following undermentioned link - http://www.guardian.co.uk/world/2010/jul/14/poverty-india-africa-oxford

11. 16/07/2010 An article published in, Times of India - as per Economist Intelligence Unit - care of people approaching death is worst in India. Experts on end-of-life care identified access to drugs, especially the availability of opioids to manage pain, and availability of carers as the most important practical issues. They also pointed out that state funded end-of-life care tended to

prioritise conventional treatment over palliative care. Even well funded health systems relied mostly on charities and philanthropic bodies to offer care to patients, noted the experts.

The above article reflects, that how the non-availability of medicines (which results from high prices) have resulted in the suffering of old citizens of the nation.

The above article can be downloaded by visiting the following undermentioned link –

http://articles.timesofindia.indiatimes.com/2010-07-16/india/28299433_1_countries-rich-nations-end-of-life

12. 06/09/2010 An article published in, Times of India - as per Planning Commission - (09) crores and (36) lacs people reside in slums in India. This is an increase of (23%) over (2001).

The above article reflects, the dismal living conditions of a sizeable population of the nation.

The above article can be downloaded by visiting the following undermentioned link - http://articles.timesofindia.indiatimes.com/2010-09-04/india/28264174_1_slum-population-rajiv-awas-yojana-slum-census

13. 18/09/2010 An article published in, Times of India - as per UN. - India holds the record of being home to the highest number of children who die before their (5)th birthday.

The above article reflects, the pitiable condition of health care for children in India.

The above article can be downloaded by visiting the following undermentioned link - http://articles.timesofindia.indiatimes.com/2010-09-18/india/28230967_1_child-mortality-mortality-rate-global-under-five

A copy of media article dated (18/09/2010) has been annexed as **Annexure A-1. Pages (90 to 92)**.

14. 12/10/2010 An article published in, Times of India - as per FPRI. Global Hunger Index - India ranks (67) out of (84) developing nations, in having the number of hungry people among it's citizens. As per International Food Policy Research Institute – even Sudan, North Korea and Pakistan, rank higher than India. Although the proportion of under nourished in India is decreasing but other developing countries are doing better work than India in tackling hunger. The result is derived after equally weighing (03) indicators – the proportion of undernourished in the population, the prevalence of those underweight in children under five years and the under five mortality rate.

The above article reflects, the number of citizens going hungry in the nation and the poor performance of India (by Global Standards) into removing the problem of undernourishment.

The above article can be downloaded by visiting the following undermentioned link - http://lite.epaper.timesofindia.com/getpage.aspx?articles=yes&pageid=13&max=true&articleid=ar01

300&sectid=6edid=&edlabel=toikm&mydatehid=12-10-2010&pubname=times+of+india+-+kolkata+-+times+nation&title=india+slips+further+in+%e2%80%9910+hunger+rankings&edname=&publabel=toi

15. 12/10/2010 An article published in, Times of India - as per FAO. - India has (23) crores undernourished people, which is (27%) of the world's undernourished population and as per UNICEF. - (43%) of India's children are under weight, which is (42%) of the world's under weight children. The article also reflects – that a significant proportion of the population does not take even (1890) kilo calories per consumer unit per day although (2400) kilo calories is the minimum requirement for defining poverty line, in rural areas and (2100) kilo calories, for urban areas.

The above article reflects, the depth of non-availability of proper food both in terms of quantity and quality to sizeable population of the nation.

The above article can be downloaded by visiting the following undermentioned link –
http://www.peerpower.com/et/2544/a-wholesome-recipe

16. 05/11/2010 An article published in, Times of India - as per Human Development Report - based on (Health Care + Education + Income) in a country, India ranks (119) among (169) countries. The article reflects that despite impressive economic growth – rising inequality in life expectancy, education and income, has pulled down India's ranking. It is noteworthy that the index reflects the status of health care, education and income in a country.

The above article reflects, that economic prosperity of the nation has not proportionately contributed to social upliftment of the nation.

The above article can be downloaded by visiting the following undermentioned link - http://www.telegraphindia.com/1101105/jsp/nation/story_13142252.jsp

A copy of media article dated (05/11/2010) has been annexed as **Annexure A-2. Pages (93 to 95)**.

17. 05/11/2010 An article published in, Times of India – reflecting that as per UNDP.'s human development report, despite income growth in last (40) years, India has lagged behind nations in social growth.

The above article reflects, that economic prosperity of the nation has not proportionately contributed to social upliftment of the nation.

The above article can be downloaded by visiting the following undermentioned link - http://lite.epaper.timesofindia.com/getpage.aspx?articles=yes&pageid=11&max=true&articleid=ar01100&sectid=5edid=&edlabel=toikm&mydatehid=05-11-2010&pubname=times+of+india+-+kolkata+-+times+nation&title=india+still+lags+in+education%2c+health&edname=&publabel=toi

A copy of media article dated (05/11/2010) has been annexed as **Annexure A-3. Pages (96 to 98)**.

18. 17/01/2011 An article published in, times of India - as per Medical General “The Lancet” - (30%) Rural India and (20%) Urban India did not go for any treatment because of financial inability and (47%) of Rural India along with (31%) of Urban India financed hospital admission through loans and sale of assets. The article also communicates that, private expenditure on health in India is closed to (78%) and (74%) of expenditure was incurred for out patient treatment and only (26%) for in patient department. Further purchasing drugs accounted for (72%) of total private out of pocket expenditure.

The above article reflects, the inability of a sizeable population to avail medical treatment out of own finances and also the very high contribution, of out patient department towards the cost of medical treatment as well as, expenditure on drugs, being the major factor of total medical cost.

The above article can be downloaded by visiting the following undermentioned link -

http://lite.epaper.timesofindia.com/getpage.aspx?pageid=13&pagesize=&edid=&edlabel=toikm&mydatehid=17-01-2011&pubname=times+of+india+-+kolkata+-+intersections&edname=&publabel=toi

A copy of media article dated (17/01/2011) has been annexed as **Annexure A-4. Pages (99 to 101)**.

19. 23/01/2011 An article published in, Times of India - as per AC. Nielsen - only (12%) of India's (35+) crores menstruating women use sanitary napkins and other (88%) who cannot afford the cost of the same use – unsanitized cloth, ashes and husk sand. The article also communicated that (100%) women in Singapore & Japan used sanitary napkins. The above reflects the dismal state of female hygiene in India.

The above article reflects, the very dismal level of hygiene among menstruating women in India and also reflects the global benchmarks.

The above article can be downloaded by visiting the following undermentioned link – http://articles.timesofindia.indiatimes.com/2011-01-23/india/28363510_1_women-resort-napkins-menstruating

A copy of media article dated (23/01/2011) has been annexed as **Annexure A-5. Pages (102 to 105)**.

20. 04/02/2011 An article published in, Times of India - as per the latest data of the 'Global Burden of Diseases, injuries and risk factors' study, published in British Medical Journal "The Lancet" - whereas average blood pressure declined globally, it increased among both men and women in India. The article reflects that (13.9) crores Indians suffering from high blood pressure account for (14%) of global burden of uncontrolled hypertension. In last (03) decades, the number of Indians suffering from high blood pressure, has increased from (21 to 26) percent.

The above article reflects, the high incidents of blood pressure prevalent among Indians and the fact that high blood pressure contributes to multiple other diseases, is a open secret.

The above article can be downloaded by visiting the following undermentioned link - http://lite.epaper.timesofindia.com/getpage.aspx?articles=yes&pageid=1&max=true&articleid=ar00102&sectid=0edid=&edlabel=toikm&mydatehid=04-02-2011&pubname=times+of+india+-+kolkata+-+front+page&title=world%e2%80%99s+bp+dips%2c+india%e2%80%99s+shoots+up&edname=&publabel=toi

A copy of media article dated (04/02/2011) has been annexed as **Annexure A-6. Pages (106 to 108)**.

21. 14/02/2011 An article published in, Times of India – revealing how cost of health care at government owned facilities, has gone up in the state of Maharashtra. The article communicated that - the government's decision to increase the

cost of tests and services in its hospitals has come as rude shock to patients, especially the poor, for whom treatment used to be free till a fortnight ago. Most of the patients, much to their disbelief, found that their bills have shot up to almost double the earlier amount. And several patients, say doctors, are now avoiding government medical and dental hospitals. Though the government maintains that the raise is "nominal", in most of the cases, the patients' bills have gone up substantially or even doubled. Apart from case papers, blood tests and x-rays, where there is an increase of Rs. 5-20, the cost of other services and tests is bound to deal a body blow to the poor. An MRI., which earlier used to cost Rs. 1,600 would now cost Rs 2,500. The fees for some major tests like liver function test, ecg, lipid profile and sonography too have been increased to almost double. Emergency treatment now costs Rs. 200 per day and a ventilator costs Rs. 20 per day.

The above article reflects, the growing cost of health care at state level.

The above article can be downloaded by visiting the following undermentioned link –

http://articles.timesofindia.indiatimes.com/2011-02-14/mumbai/28541558_1_capita-income-emergency-treatment-patients

22. 07/03/2011 An article published in, Times of India - as per Medical Council of India - India has (01) doctor for every (1700) citizens, whereas Germany has (01) doctor for every (296) citizens.

The above article reflects, the shortage of medical personnel in India.

The above article can be downloaded by visiting the following undermentioned link –
http://articles.timesofindia.indiatimes.com/2011-03-07/india/28665485_1_medical-colleges-doctor-teachers

23. 05/05/2011 An article published in, Times of India - as per UNO. - India's population will stand at (170+) crores in (2060) and by (2030) will have

the highest population share among nations of the globle.

The above article reflects, the uncontrolled growth in population of India and given the existing constrain on resources, the problem is going to aggravate in future, with further rise in population.

The above article can be downloaded by visiting the following undermentioned link – http://articles.timesofindia.indiatimes.com/2011-05-05/india/29512357_1_population-projections-billionth-person-peak

24. 11/05/2011 An article published in, Times of India - as per Planning Commission - an Urban Indian spending more than rupees (20) a day on his basic needs cannot be termed as poor.

The above article reflects, that the poor have no room to sustain medical expenses.

The above article can be downloaded by visiting the following undermentioned link –

http://articles.timesofindia.indiatimes.com/2011-05-11/india/29531941_1_bpl-population-social-security-poverty

A copy of media article dated (11/05/2011) has been annexed as **Annexure A-7. Pages (109 to 111)**.

25. 11/06/2011 An article published in, Times of India - as per National Sample Survey Organization - over (03) crores Indian cannot find work despite being in labour force and another (2.5) crores Indian citizens are officially under employed as per most conservative estimates. The above no.s are reflective when, work participation rate is (50%) for males and (70%) for females.

The above article reflects, the problem of unemployment and the resultant miseries.

The above article can be downloaded by visiting the following undermentioned link - http://lite.epaper.timesofindia.com/mobile.aspx?article=yes&pageid=4&edlabel=toim&mydatehid=11-

06-
2011&pubname&edname&articleid=ar00401&format&publabel=toi

26. 18/08/2011 An article published in, the website India Health Progress – specifying the slow progress of Jan Aushadhi project. The article communicated that - the department of pharmaceuticals' (DOP.) Jan Aushadhi (Generic Drug Store) project for making quality medicines available at affordable prices to the common men is progressing at a snail's pace, thanks to the indifferent attitude of the senior dop. officials towards the programme. Against an ambitious target of around 500 stores, the dop. could open only 100 such stores so far in the country.

According to the latest data announced by union minister of state for chemicals and fertilisers Srikant Jena in Lok Sabha, as on august 18, 2011, only 100 Jan Aushadhi outlets are functional in the country in the states/uts of Andhra Pradesh, Haryana, Himachal Pradesh, Jammu & Kashmir, Odisha, Punjab, Rajasthan, Uttarakhand, West Bengal, Chandigarh and Delhi. The government

launched the project on November 25, 2008 when it opened the first Jan Aushadhi store at Amritsar in Punjab. Though it is almost three years since the launch of the project, it did not pick up momentum.

The tardy progress of the scheme can be gauged from the minister's announcement on the issue in parliament around two years back. Considering the fact that providing quality medicines at affordable prices to the poor people was one of the promises made by the congress-led upa government at the centre during the Lok Sabha elections in 2009, the minister had then made a statement in parliament that the government will open at least 276 stores by march 31, 2010. But that remained on paper only as the dop. could open only 55 stores by March 31, 2010.

But, even after three years into the project, the dop. could not even open one fourth of the targeted number of generic stores. Most of the stores are now in the northern states like Punjab, Haryana

and Rajasthan and it is a non-starter in the southern and northern states of the country.

The above article reflects, the inability of the government to execute the Jan Aushadhi roll out in a time bound manner, despite it's immense social benefit.

The above article can be downloaded by visiting the following undermentioned link – http://www.indiahealthprogress.in/dops-jan-aushadhi-project-moves-snails-pace-only-100-stores-three-years

27. 26/08/2011 An article published in, Ludhiana Tribune – reflecting the problems with Jan Aushadhi outlets. With the 'Jan Aushadhi' generic drugstore the city's civil hospital yet to reopen, patients and those accompanying them have been facing a lot of difficulty in getting medicines at night as no chemist shop near the hospital is open during that time. The store was launched in November 2008 to sell non branded drugs on a no-profit, no-loss basis but was shut

down about a year and a half ago after patients complained of overcharging. According to sources, for opening a chemist shop in a hospital one requires medicines for at least a hundred types of diseases. However, the Jan Aushadhi store had only 32 types of drugs before it was closed.

An employee of the store said: "we are supposed to keep all sales records in our computer. As many medicines are not yet available so the time when we open it for some work, we do not sell medicines as computers are also not functional."

Meanwhile, Dr Subhash Batta, the hospital's senior medical officer, said: "actually the problem lies at the stockists' end as there are no stocks of some medicines. We are searching for empanelled chemists included in the government's purchase policy as they can provide us drugs at cheaper rates". However, he said he did not have any idea when the Jan Aushadhi store would be reopened.

The above article reflects, the dismal condition of the Jan Aushadhi outlets in the state of Punjab.

The above article can be downloaded by visiting the following undermentioned link –

http://www.tribuneindia.com/2011/20110826/ldh1.htm

28. 03/09/2011 An article published in, the Telegraph – specifying the problems with Jan Aushadhi in Orrisa. The availability of these medicines has become a problem. “medicines used in day-to-day life are not available. If you come with a list of 10 medicines, you will get only one or two. I have visited the red cross bhavan counter on many occasions but most of the time i have had to return disappointed,” said h. Arun Kantam, a businessman.

Secretary of the state red cross, the implementing agency of the Jan Aushadhi campaign, Mangala Prasad Mohanty, admitted that there was lack of cooperation from doctors in popularizing the campaign. Also, supply of the medicines from the five psu.s was not adequate and timely. “we are planning a state-level workshop for 200 doctors to spread awareness. It will be held soon,” he added.

The above article reflects, the dismal condition of the Jan Aushadhi outlets in the state of Orissa.

The above article can be downloaded by visiting the following undermentioned link – http://www.telegraphindia.com/1110903/jsp/orissa/story_14457546.jsp

29. 19/09/2011 An article published in, IBN. Live – specifying the problems with Jan Aushadhi in Orrisa. The article communicated that - however, at present, doubts are being raised on the utility of the outlet as it has just 90 varieties of generic medicines instead of the 269 varieties that were promised during the inauguration.

This apart, a lone pharmacist handles the affairs at the outlet which opens from 9 am to 2 pm on weekdays. Sources said although doctors are prescribing generic medicines, patients are unable to get them at the outlet.

The above article reflects, the dismal condition of the Jan Aushadhi outlets in the state of Orissa.

The above article can be downloaded by visiting the following undermentioned link – http://ibnlive.in.com/news/jan-aushadhi-store-comes-a-cropper/185601-60-117.html

30. 02/11/2011 An article published in, Times of India - as per (who.) (3.2%) Indians will fall below the poverty line, because of high medical bills. As per Planning Commission (3.9) crores, Indians are push to poverty because of illhealth. The article also specifies that there is a reduction in the quantum of funds being spent on purchasing drugs, out of the total health budget of Indian states. For example whereas the spending of Maharashtra in (2010) on drugs was (5.2%) of its health budget but in (2000) was (11.3%) and similar trends have been witnessed for Rajasthan, Haryana, Karnataka and Madhya Pradesh. Even for the state of Kerala which had spent (12.5%) the same was significantly less than it's spend of (17%) in (2001).

The above reduced spending by the states is contrary to the planning commission's recommendation to ensure free availability of essential medicines, by increasing public spending on drug procurement.

The above article reflects, that how a sizeable population of India is being pushed to poverty because of high cost of health care and how the expenditure of states on drugs as a percentage of health care spending, is getting reduced across states in India.

The above article can be downloaded by visiting the following undermentioned link - http://lite.epaper.timesofindia.com/mobile.aspx?article=yes&pageid=11&sectid=edid=&edlabel=toikm&mydatehid=02-11-2011&pubname=times%20of%20india%20-%20kolkata&edname=&articleid=ar01100&publabel=toi

A copy of media article dated (02/11/2011) has been annexed as **Annexure A-8. Pages (112 to 113)**.

31. 02/12/2011 An article published in, Economic Times – specifying that India has dropped (11) places to be ranked (95th) in transparency international corruption index. Transparency international's corruption perceptions index scores 183 countries and territories from zero (highly corrupt) to 10 (very clean) based on data from 17 surveys that look at factors such as enforcement of anti-corruption laws, access to information and conflicts of interest. That India has sunk in the global corruption index has not come as any surprise to the political observers and social activists, given the environment that has been created across the country because of the surfacing of high-profile cases of financial irregularities in the past one year.

The above article reflects, the inability of the nation to contain corruption and hence it’s negative fall out on social welfare schemes. Most of the government implemented schemes get derailed because of the prevailing rampant corruption in government departments.

The above article can be downloaded by visiting the following undermentioned link –

http://articles.economictimes.indiatimes.com/2011-12-02/news/30467987_1_corrupt-country-australia-shares-cases

32. 03/12/2011 An article published in, the website Spicy India – which pointed the demerits of draft national pharmaceuticals policy – 2011. The article communicated that - the policy's objective is: to put in place a regulatory framework for pricing of drugs so as to ensure availability of essential medicines at reasonable prices while providing opportunity for innovation and competition.

The 2011 policy follows two failed attempts (2002 and 2006) to replace the 1994 policy currently still in place.

Main features of the policy

- Prices would be regulated based on essentiality of drugs rather than the economic criteria and market share principle enunciated in the drug policy of 1994.

- The new policy would regulate the price of formulations only which is different from the earlier principle of regulating the prices of specified bulk drugs and their formulations.
- The price of formulations would be regulated through market based pricing rather than cost based pricing.
- Formulations will be priced only by fixing the ceiling price which would be calculated on the basis of weighted average price (wap) of the top three brands.
- The policy is unclear on the pricing of patented drugs; it states that their prices will be determined by a separate committee constituted by the government.

What the critics say?

Initial reaction to the policy suggests that most of the Indian pharma industry is against it. Most critics state that the policy instead of reducing prices will increase the price of drugs. Some of the main criticisms to the policy are

- The mechanism used to calculate ceiling prices is a tedious process
- Imposing a ceiling price will ensure that all brands increase their price to match the ceiling price limit, since the ceiling price for a drug would be fixed on the basis of the wap of the top 3 brands by value it. Since the prices of the brand leaders tend to be higher than the others, the ceiling price would actually drive prices up rather than down.
- More drugs will be subjected to price control (almost 60% of the pharma market up from the current 20% of the market being subject to control).

The above article reflects, the complete irrational and non responsible attitude, of the authorities into reducing drug prices in India.

The above article can be downloaded by visiting the following undermentioned link –

http://spicyipindia.blogspot.in/2011/12/look-at-draft-national-pharmaceuticals.html

33. 03/12/2011 An article published in, the website Kaaranam-Ketkadey – reflecting the reason

for failure of Jan Aushadhi scheme. The article communicated that - so far, 113 Jan Aushadhi stores have been opened in the states of Punjab, Haryana, Rajasthan, Uttarakhand, Andhra Pradesh, Odisha, West Bengal, Jammu & Kashmir, Himachal Pradesh, NCT. of Delhi & UT. of Chandigarh. Sri Srikant Kumar Jena, minister for chemicals and fertilizers laments: “since opening up of Jan Aushadhi stores mainly depends upon the health policies followed by State government, besides the support and cooperation they extend to open such stores, in the identification of agencies to manage such stores, allotment of space etc., it is difficult to prescribe any timeline for launching stores in the remaining states.”. The official website for Jan Aushadhi scheme http://janaushadhi.gov.in gives prices of some 320 essential medicines in generic form available in these shops. In reality, almost all shops set up so far, display empty shelves. In nims, Hyderabad the Jan Aushadhi shop always says no stock, while a next door chemist has a roaring daily turn over of more than 4 lakhs!

Problems and issues:

All kinds of problems have cropped up: shops have no stocks as already indicated. Doctors refuse to prescribe generics though they have been directed to do so, especially in the case of govt. hospitals. Ima has advised that doctors need to prescribe generics only if so requested by patients or write out equivalents as a substitute. Hand in glove with manufacturers, doctors take their commission / cut and leave poor patients to be exploited, by prescribing only branded products. Competitors in trade threaten generic only shops to close down through unfair means.

Supply chain from manufacturer to retailers is mismanaged; moreover the suppliers hitherto have only been large scale public sector companies who are so big that the requirements of a few generic shops is peanuts for them and are not interested in doing business coming through Jan Aushadhi chain. Now govt. has started looking into middle level players too. Most importantly there is no awareness among public and doctors – most

doctors do not know what / how to prescribe generics! Many doctors also harbor wrong belief that low priced medicines are useless, forgetting that the drugs are produced by reputed manufacturers in the same factory adopting same methods and controls applicable both for branded ones as well for generic ones!. Another reason is that health is in concurrent list – so many State governments have to co-operate for any scheme to be successful.

The above article reflects, the dismal condition of Jan Aushadhi outlets across the states, where the scheme has been implemented.

The above article can be downloaded by visiting the following undermentioned link –

http://vyasa-kaaranam-ketkadey.blogspot.in/2011/12/why-is-jan-aushadhi-scheme-utter.html

34. 07/01/2012 An article published in, Times of India – mentioning about the functioning of a round the clock pharmacy in AIIMS. offering all medicines and surgical consumables at (56%)

lesser than MRP. And that as per contract, there can be no compromise on medicine quality and no patient can be turned away by the pharmacy.

The above article reflects, the noble and innovative, initiative of the premier health care institute of the country into reducing public cost of medicines as well as surgical consumables.

The above article can be downloaded by visiting the following undermentioned link -

http://articles.timesofindia.indiatimes.com/2012-01-07/delhi/30601759_1_anti-cancer-drug-pharmacy-mrp

A copy of media article dated (07/01/2012) has been annexed as **Annexure A-9. Pages (114 to 117)**.

35. 15/01/2012 An article published in, Times of India - as per national family & health survey - (23%) of married men + (52%) of married women + (72%) infants in India are anemic – hence leading to slow starvation. The article also communicated, that depriving the foetus, of essential nutrients – leads to the child suffer from - susceptibility to

diseases and physical retardation, as also to mental faculties getting compromised. So, continuing to allow people to go hungry and malnourished, is not just more misery for them: it is the fate of future generations of Indians in balance.

The above article reflects, the state of starvation prevalent among a sizeable population of the nation and that how the health of future generations, is being spoiled, because of current problem of starvation.

The above article can be downloaded by visiting the following undermentioned link -

http://lite.epaper.timesofindia.com/mobile.aspx?article=yes&pageid=11&edlabel=toikm&mydatehid=15-1-2012&pubname=times%20of%20india%20-%20kolkata%20-%20front%20page&edname=&articleid=ar01101&publabel=toi

A copy of media article dated (15/01/2012) has been annexed as **Annexure A-10. Pages (118 to 119)**.

36. 14/02/2012 An article published in, Telegraph – specifying the move of the government to make generic medicines compulsory in govt. Hospitals and detailed feedback of independent authorities on the dangers of the same. The article communicated that - a graver danger patients may face is from the composition of medicines. The difference in the prices of drugs under the same generic category suggests that their composition may not be exactly as that mentioned. The drug controller's office is responsible for keeping a check on the quality of medicines but even health officials admit they are often accused of being "lax".

Asked about the quality concerns, the MCI. secretary put the onus on the state. "each state should have its own stringent quality control mechanism. Delhi, for instance, has ensured that for years," Sharma said.

Another more practical problem was that medicine shops here do not have pharmacists who can recognize medicines by their generic names.

The above article reflects, the intent of the State government, to make prescribing of generic medicines, mandatory by doctors of government hospitals, but at the same time it also reflects, the concerns of independent authorities, regarding the dangers of the government proposed move.

The above article can be downloaded by visiting the following undermentioned link -

http://www.telegraphindia.com/1120214/jsp/calcutta/story_15130402.jsp#.t975pxdo2gn

A copy of media article dated (14/02/2012) has been annexed as **Annexure A-11. Pages (120 to 123)**.

37. 21/02/2012 The following RTI. queries were made to various departments of AIIMS. vide EW. Nos. – EW999025362IN, EW999025393IN, EW999025274IN, EW999025518IN, EW999025376IN & EW999025380IN.

Sub: Queries under right to information, regarding the 24*7 pharmacy offering medicines & surgical consumables to an OPD. Patient at (56%) discount on MRP. :

A] Please provide a copy of the tender through which bids for the above mentioned pharmacy were invited.

B] Is it required that the brand of the medicines prescribed by the doctor needs to be extended by the pharmacy or it has the liberty to extend any other brand ??

C] What are the measures adopted to ensure that the pharmacy is adhering to the following –

1) Not compromising on the brand.

2) Not running out of stocks.

D] Are there any complains by the customers of the pharmacy ??

E] How will you rate the performance of the pharmacy ??

38. 07/03/2012 Reply against RTI. query from AIIMS.

The contents of the reply, reveal the tender conditions of the discounted medicine store, in AIIMS.

A copy of reply dated (07/03/2012) and tender dated (30/03/2011) has been annexed as **Annexure A-12. Pages (124 to 170)**.

39. 17/03/2012 An article published in, Telegraph – reflecting that only a small percentage of medicines benefitted from the concessional basis custom duty of (5%) and full exemption from any excise duty. The article also speaks about the size of domestic market for drugs being Rs. (50000) crores.

The above article reflects, the inability of the government, into bringing down, the prices of medicines in India.

The above article can be downloaded by visiting the following undermentioned link -

http://www.telegraphindia.com/1120317/jsp/business/story_15261541.jsp#.t97-rbdo2gm

A copy of media article dated (17/03/2012) has been annexed as **Annexure A-13. Pages (171 to 173)**.

40. 19/03/2012 Interview of Mr. R. Gopalan (Economic Affairs Secretary) specifying on the need

to reduce fiscal deficit and cap subsidy. The article communicated that – R. Gopalan, Economic Affairs Secretary, one of the key officials who was involved in the budget making exercise says that the budget has delivered on emphasis for growth, fiscal consolidation and tackle inflation. A commitment to reduce fiscal deficit to 5.1%, cap subsidy at 2% of GDP. and to tax GDP. in grace to around 12.5% by 2015 has been all well thought out and planned and is certainly achievable.

He is of the view that there is a certain significant percentage of people who don't deserve to get are getting the subsidy on the pds system. The removal of these kinds of undeserving people from the subsidy fold, the fm will ensure that it reaches the right people.

The above article reflects, the compulsion of the government to reduce fiscal deficit and hence the need to cap on subsidies and therefore the need to develop a self sustainable model, to make

discounted and cheap medicines and surgical, available to the citizens.

The above article can be downloaded by visiting the following undermentioned link -

http://www.moneycontrol.com/news/economy/fiscal-deficit-51-feasible-number-says-gopalan_682536.html

41. 24/03/2012 Reply against RTI. query from AIIMS.

Sl. no.	Queries asked for	Reply thereon
A]	**Please provide a copy of the tender through which bids for the above mentioned pharmacy were invited.**	**Reply already sent by stores officers (D.O.) AIIMS.**

B]	**Is it required that the brand of the medicines prescribed by the doctor needs to be extended by the pharmacy or it has the liberty to extend any other brand??**	**As per terms and conditions of the contract "the chemist will not change drug/molecule mentioned by the treating doctor. In case of request for specific brand of medicines, the brand shall not be substituted irrationally. However, a list of all the standard manufacturers; duly recommended by the monitoring committee constituted by the director, aiims. was**

C]	**What are the measures adopted to ensure that the pharmacy is adhering to the following:-1) not compromising on the brand. 2) not running**	**As per terms and conditions of the contract "monitoring committee will look after the issue."**
D]	**Are there any complaints by the customers of the pharmacy?**	**No complaint has been received yet as far as the estate section is concerned.**
E]	**How will you rate the performance of the pharmacy?**	**N i l r e p l y**

The above reply, reflects the strict norms, set by AIIMS. Towards ensuring that the pharmacy, does not compromise on the quality of medicines.

42. 30/03/2012 An article published in, the website MSN. News – reflecting the inability of Central government to have a time bound approach towards opening Jan Aushadhi outlets. The article communicated that - the Central government today said it is difficult to set any time line for opening of Jan Aushadhi stores in each district of the country as it would depend on the support and cooperation of State governments.

"Opening of Jan Aushadhi stores in government hospitals in fact depends upon the extent of support and cooperation the respective State government extends in allotting the space and also identifying the agencies to manage such stores," minister of state for chemical and fertilizers Srikant Kumar Jena said in a reply to the Rajya Sabha.

To begin with, at least one Jan Aushadhi store in each district is intended to be opened, he added.

At present, Jan Aushadhi stores have presence in Punjab, Haryana, Odisha, Andhra Pradesh, Rajasthan, Delhi, Uttrakhand, West Bengal, Chandigarh, Jammu & Kashmir and Himachal Pradesh.

The above article reflects, the inability of the government, towards ensuring a time bound approach for opening of Jan Aushadhi outlets, despite it's immense social benefit.

The above article can be downloaded by visiting the following undermentioned link -

http://news.in.msn.com/business/article.aspx?cp-documentid=5979823

43. 26/04/2012 An article published in, Telegraph - poor citizens of BPL. category are being turned away by many nursing homes as because the insurer under Rashtriya Swasthya Bima Yojana has held back dues owing to alleged discrepancies and inflated bills. Moreover since government run facilities are overbooked for

months, those needing urgent surgery have to approach private facilities. Copy of one such article covering East Midnapore district with (2.5) lac families under the insurance schemes is undermentioned.

The above article reflects, the mismanagement in government aided social schemes into ensuring, health security in India.

The above article can be downloaded by visiting the following undermentioned link -

http://www.telegraphindia.com/1120426/jsp/bengal/story_15420409.jsp#.t97-dxdo2gm

A copy of media article dated (26/04/2012) has been annexed as **Annexure A-14. Pages (174 to 176)**.

44. 01/05/2012 An article published in, Times of India - as per Gallup's financial wellbeing index (31%) of Indians rated their present and future lives as suffering compared to (24%) in (2011).

The above article reflects, the growing level of frustration among Indians, due to financial and other miseries.

The above article can be downloaded by visiting the following undermentioned link -

http://lite.epaper.timesofindia.com/getpage.aspx?articles=yes&pageid=1&max=true&articleid=ar00106&sectid=0edid=&edlabel=toim&mydatehid=01-05-2012&pubname=times+of+india+-+mumbai+-+front+page&title=one+in+3+indians+is+%e2%80%98suffering%e2%80%99%2c+says+study&edname=&publabel=toi

A copy of media article dated (01/05/2012) has been annexed as **Annexure A-15. Pages (177 to 178)**.

45. 17/05/2012 An article published in, Times of India - as per World Health Organization (WHO.) India ranks (03rd) in the list of the countries with highest out of pocket expenditure on health in the south East Asia region. As per who. Statistics (2012) almost (60%) of total health expenditure in India was paid by common man, from his own pocket in (2009).

The above article reflects, the high dependence of Indians on personal resources, to meet their health care costs.

The above article can be downloaded by visiting the following undermentioned link -

http://lite.epaper.timesofindia.com/mobile.aspx?article=yes&pageid=9&edlabel=toikm&mydatehid=17-05-2012&pubname=&edname=&articleid=ar00904&format=&publabel=toi

A copy of media article dated (17/05/2012) has been annexed as **Annexure A-16. Pages (179 to 181)**.

46. 18/05/2012 Letter to the respected Health Minister (Govt. of India) requesting his credible chair to formulate a policy for extending - discounted, subsidized and free medicines, for OPD. Patients in hospitals. The letter was sent through India post vide EW. No. (EW32935971IN).

The Health Minister, Govt. of India.

Sub. : Discounted, subsidised & free medicines for (OPD.) Patients, in govt. Hospitals !!

Respected sir,

This is to address your respected chair, on the above subject in details !!

While there is provision of availability of free or discounted or highly subsidized medicines, for the patients who are admitted in the wards of government hospitals, the (OPD.) Patients have to manage from the private sources at market prices !!

Given the fact that nearly (30%) of Indian population which in numbers would stand at - (35) crores cannot even manage to earn (1000) rupees a month, any allocation of expense, towards medicine is a impossibility and hence threatens the very existence of such deprived individuals !!

The problems of poor people are further aggravated because of the under mentioned problems -

with private nursing homes in many districts across the nation refusing to accept patients under - Rashtriya Swasthya Yojana, as because of their previous claims being withheld, as the insurer has alleged that - there are major discrepancies in claims extended by private nursing homes and to add to the problem, the government facilities are overcrowded.

Further as per World Health Organization (3.2%) Indians will fall below poverty line because of high medical bills and about (70%) Indians are spending their out of pocket income on medicine and health care services in comparison to (30 to 40) percent in some other asian countries !!

It is hence being requested of your Honourable chair to kindly please frame a policy for making medicines available to (OPD.) Patients at cheap rates at all health entities within (30) days, of receiving the communication !!

Thanking You,

Avishek goenka,

How ever no reply was received against the above communication.

47. 25/05/2012 An article published in, Economic Times – mentioning that not even (01) of (500) odd pharma companies have responded to over charging notices of (4000) crores by department of pharmaceuticals.

The above article reflects, the attitude of pharma companies, to dictate terms to the government.

The above article can be downloaded by visiting the following undermentioned link -

http://articles.economictimes.indiatimes.com/2012-05-25/news/31850996_1_pharma-companies-drug-price-control-order-pharma-industry

A copy of media article dated (25/05/2012) has been annexed as **Annexure A-17. Pages (182 to 184)**.

48. 29/05/2012 An article published in, Times of India - there has been a marginal decrease in

the share of health insurance, as a percentage of total share in non life business from (23.7%) in financial year (2011) to (22.8%) in financial year (2012).

The above article reflects, the slow growth of health insurance in India.

The above article can be downloaded by visiting the following undermentioned link -

http://articles.timesofindia.indiatimes.com/2012-05-29/india-business/31887120_1_health-insurance-sanjay-datta-motor-insurance

49. 27/06/2012 An article published in, Times of India – reflecting the prices of vegetables in Kolkata and the situation ought not be different in other parts of the country.

(Retail price at lake market) June 27, 2011. **all prices in Rs. Per kg.	
Potato	14-16
Ladies finger	20

Parwal (potol)	15
Bitter gourd	30-40

(Retail price at lake market) June 26, 2012. **all prices in Rs. Per kg.	
Potato	15-17
Ladies finger	25-30
Parwal (potol)	25-30
Bitter gourd	40-50
Green chillies	80-150
Brinjal	50
Ridge gourd (jhinge)	30
Onions	12-14

(Retail price at koley market) June 27, 2011. **all prices in Rs. Per kg.	
Potato	6.40
Ladies finger	26

Parwal (potol)	20
Bitter gourd	20
Green chillies	30
Brinjal	22
Ridge gourd (jhinge)	24
Onions	10.50

Retail price at koley market) June 26, 2012. **all prices in Rs. Per kg.	
Potato	13.20
Ladies finger	14
Parwal (potol)	13
Bitter gourd	29
Green chillies	68
Brinjal	30
Ridge gourd (jhinge)	14
Onions	8.75

The above article reflects, the high cost of essentials for Indians and hence the decrease, resource availability for health care.

The above article can be downloaded by visiting the following undermentioned link -

http://timesofindia.indiatimes.com/city/kolkata/no-respite-from-price-pinch/articleshow/14419840.cms

50. 06/07/2012 An article published in, Time of India – that as per study, conducted by International Livestock Research Institute (ILRI.) and Institute of Zoology (U.K.) India has topped a list of countries worst affected by diseases originating from animals (Zoonotic).

The article reflects that with (75%) of recently identified emerging infectious diseases affecting human beings, being that of animal origin and (27%) of live-stock in developing countries, showing signs of current or past infections, the threat hence prevails largely.

The above article can be downloaded by visiting the following undermentioned link –

http://timesofindia.indiatimes.com/india/India-worst-hit-by-ailments-originating-from-animals/articleshow/14698505.cms

A copy of media article dated (06/07/2012) has been annexed as **Annexure A-18. Pages (185 to 188)**.

51. As per (WHO.) (24%) men and (22.6%) women in India aged (25) and above suffer from high blood pressure. Over (01) in (10) men and women aged (25) and above, have high blood sugar (which leads to cardiovascular disease, blindness & kidney failure). Moreover only (23%) men aged (15 to 49) used condoms during high risk sex in (2005 to 2010) and only (36%) men and (20%) women aged (15 to 24) have comprehensive correct knowledge of HIV.

The above article reflects, the high incidence of blood pressure and blood sugar in India and it is an open secret that they contribute to multiple other diseases.

A copy of media article dated (00/00/0000) has been annexed as **Annexure A-19. Pages (189 to 192)**.

52. An article published in, Times of India – specifying the problems of Jan Aushadhi outlets. The article communicated that - patients visiting civil hospital are still facing problems as the government has failed to provide essential medicines to patients at affordable rates and it would take another long to re open the Jan Aushadhi shop there. The shop has been closed for past two months and the proposal for the reopening of the shop was pending with the State government.

The above article reflects, the dismal condition of Jan Aushadhi outlets.

The above article can be downloaded by visiting the following undermentioned link -

http://timesofindia.indiatimes.com/speednewsshow/7477379.cms

53. A copy of NCRB. Report – specifying that (19.6%) of all suicides in the country are due to illness. Undermentioned is the link and the table, which lists the specific types of illness as well.

The undermentioned article reflects, that how the problem of illness, is leading the citizens to give up their own lives.

The undermentioned article can be downloaded by visiting the following undermentioned link -

http://ncrb.nic.in/cd-adsi2011/table-2.4.pdf

Sl no.	Causes of suicides	% share
	Illness	19.6
1	Aids/std	0.3
2	Cancer	0.5
3	Paralysis	0.4
4	Insanity/mental illness	6.5
5	Other prolonged illness	11.9

54. Concept note on generic drugs:

Cost effective alternate to branded drugs

A generic drug is a copy that is the same as a brand name drug in dosage, safety, strength, how it is taken, quality, performance and intended use. Generic simply means that the drug is not sold as the brand name, but it has the identical strength, dosage and route of administration and the same active ingredients as the brand-name drug. While manufacturing generic drugs, the drug companies use the same active ingredients and are shown to work the same way in the body, they have the same risks and benefits as their brand name counterparts. Also, generic drugs have the same quality, strength, purity and stability as brand name drugs. It is seen that generic drugs work in the same way and in the same amount of time as branded drugs.

The generic drugs are less expensive as compared to branded drugs as generic manufacturers do not have the investment costs of the developer of a new drug. New drugs are generally developed under patent protection. The patent protects the

investment and the associated expense, viz. Research, development, marketing and promotion. When patents are nearing expiration, manufacturers usually approach the government/drug control department to sell generic versions. In the process, the consumers get genetic drugs at substantially lower costs. Both branded and generic drugs are manufactured by conforming to international standards. Brand name drugs are usually given patent protection for 20 years from the date of submission of the patent. This provides protection for the innovator of such drugs to make good the initial costs incurred by him, viz., research development and marketing expenses, to develop the new drug. Many drug companies start manufacturing generic drugs once the patent license expires for a branded drug. The physician plays a vital role to determine whether his patient needs a branded drug or generic drug.

Patients should become assertive and insist upon the doctors to prescribe generic drugs if available, so that the patient would get the product at the best possible price. Pharmacists also play a vital

role in educating the doctors about the availability of generic drugs. Thus the right medication could be given to the patients at the best possible price. Generics are as good as branded drugs. Thus if generic drugs are bought by the patient, the patient may not lose money by going in for branded drugs, which are too costly. Health care costs continue to rise. Therefore, consumers, providers and policymakers need to assess the best way to keep health care affordable without adversely affecting access to quality care. With prescription drug (branded drug) costs serving as a major contributor to cost escalations, generic drugs offer an important tool for reducing the rate of growth in overall health expenditure. Generic drugs play an important role in health care and the availability of generic drugs reduces the monopoly and oligopoly powers of the patent holder. The government may also impose compulsory licensing so as to make available the much needed generic drugs. It is seen that many countries do not have the technological capability for manufacturing and supplying generic drugs even if the laws of those countries permit them to do so. It has also been found that prices

fall substantially once the drugs are off the patent, if there are generic producers. When more generic producers enter the market, more is the fall in the prices.

Differences between a brand name drug and a generic drug:

- The innovator of a branded drug does research to discover the new biochemical substances that eventually become new drugs.
- This research is essential for finding new and better treatments for various diseases. This process is expensive.
- The expense incurred by a pharmaceutical industry for coming out with a branded drug is passed on to the consumer, but most of the money is ploughed back into research and development of new products.
- In America, fda grants the innovator company a patent of exclusivity making it the only company able to produce and sell the drug. The patent expires 20 years from the commencement of drug development to drug marketing. When it does,

generic companies are then allowed to manufacture and sell the drug.

 Generic drugs offer significant savings to consumers. The cost of generic drugs averages 40 to 60 per cent below the cost of the innovator or brand name drug.

 It may be noted that the generic company's version of the drug has the same active ingredient with the same chemical purity as the brand name drug. Obviously this results in cost savings for the generic as it does not involve doing research as was done by the original inventor. Also, it would cost less for the generic company to market its drugs and thus the savings passed on to the patient.

 Generic drugs are regulated like band name drugs. Consequently, both are safe and effective when properly used.

 Generic drugs today are manufactured by branded drug manufacturers also employing the same technology and processes. The only differences are the labeling, tablet or capsule design and the price.

 A generic drug is pharmaceutically and therapeutically equivalent to brand name drug

Frequently asked questions about generic drugs

1. Are generic drugs as safe as brand-name drugs?

Yes, since generics use the same active ingredients and are shown to work the same way in the body, they have the same safety and benefits as their brand-name counterparts.

2. Are generic drugs as strong as brand-name drugs?

Yes, generic drugs to have the same quality, strength, purity and stability as brand-name drugs. The standards of quality, laid down in the pharmacopoeias are the same for branded and generic drugs.

3. Do generic drugs take longer to work in the body?

No. Generic drugs work in the same way and in the same amount of time as brand-name drugs.

4. Why are generic drugs less expensive?

Generics cost less than brand-name drugs, mostly because manufacturers of generic drugs do not have the expense of research, development, advertisement and marketing related to a new drug. New drugs are developed under patent protection. The patent protects the investment by giving the company the sole right to sell the drug while it is in effect. As patents near expiration, other manufacturers can apply to sell generic versions. Because those manufacturers don't have the same development costs, they can sell their product at substantial discounts. Also, once generic drugs are approved, there is greater competition, which keeps the price down. Today, in U.S. almost half of all prescriptions are filled with generic drugs. Generic drugs save consumers an estimated $10 billion a year at retail pharmacies. Even more billions are saved when hospitals use generics.

5. Are brand-name drugs made in more modern facilities than generic drugs?

No. Both brand-name and generic drug facilities must meet the same standards of good manufacturing practices. Drug authorities won't permit drugs to be made in substandard facilities. Inspections are conducted to ensure that prescribed standards are met. Generic firms have facilities comparable to those of brand-name firms. In fact, brand-name firms are linked to an estimated 50 percent of generic drug production. They frequently make copies of their own or other brand-name drugs but sell them without the brand name.

6. Does every brand-name drug have a generic counterpart?

No. Brand-name drugs are generally given patent protection for 20 years from the date of submission of the patent. This provides protection for the innovator who laid out the initial costs (including research, development, and marketing expenses) to develop the new drug. However, when the patent expires, other drug companies can introduce competitive generic versions, but only after they

have been thoroughly tested by the manufacturer and approved by the FDA.

7. Is my generic drug made by the same company that makes the brand name drug?

It is possible. Brand-name firms are responsible for manufacturing approximately 50 percent of generic drugs.

8. Why do medicines have more than one name?

Medicines will often have more than one name:

 A generic name, which is the active ingredient of the medicine

 A brand name, which is the trade name the manufacturer gives to the medicine. The generic name is the official medical name for the active ingredient of the medicine. The brand name is chosen by the manufacturer, usually on the basis that it can be recognized, pronounced and remembered by health professionals and members of the public. An example would be viagra – this is the well-known brand name given by pfizer to the generic medicine sildenafil. (brand names are capitalized; generic names are not.)

9. How does this affect me?

When a doctor is writing a prescription, or a consumer is buying an over the-counter medicine, they may have a choice between a branded medicine and the generic version of that medicine. Generic medicines are mostly cheaper than brand-name medicines, but the active ingredient (the ingredient that produces the therapeutic effect of the medicine) is the same in both. If your doctor has prescribed a medicine by its brand name, your pharmacist must dispense that brand. However, if a medicine has been prescribed by its generic name, your pharmacist can dispense whatever version of the medicine they have available, because each version will have the same therapeutic effect.

For example if doctor has to treat a patient of blood cancer, he may advice the salt imatinib by various brand names. If he has prescribed brand glivec a months course will cost Rs.1,14,400/- to the patient. Whereas, the same anti cancer drug, but with a different brand name veenat costs just

Rs.11,400/-. And cipla supplies the generic equivalent of this drug (@-imitib) at Rs. 8,000/- only, also gelnmark supplies it for Rs. 5,720/-! All these brands contain the same salt imatinib, in the same quantity, conform to the same quality standards and are equally effective.

Drug manufacturing company	Name given by company (brand name)	Salt name of medicine (generic name)	Rate at which drug is purchased by the chemist (stockist price) one injection	Rate at which drug is sold to the customer (printed MRP.)
Cadila	Amistar 500	Amikacin 500 mg.	8.00/-	70/-
German remedies	Amee 500	Amikacin 500 mg.	8.00/-	70/-
Workhardt	Zekacin 500	Amikacin 500 mg.	9.90/-	70/-

Alembic	Amikanex 500	Amikacin 500 mg.	8.22/-	64.25/-
Intas	Kami 500	Amikacin 500 mg.	8.13/-	60/-
Unichem	Unimika 500	Amikacin 500 mg.	7.80/-	72/-
Ranbaxy	Alfakin 500	Amikacin 500 mg.	8.50/-	70/-
Cipla	Amicip 500	Amikacin 500 mg.	7.42/-	72/-

The above article reflects, the knowledge about generic medicines and that why they are cheaper than branded drugs and also reflect on the glaring disparity between the manufacturing costs and consumer costs, of branded drugs.

The above article can be downloaded by visiting the following undermentioned link and the article is documented by – Dr. Samit Sharma (collector & district magistrate) Chittorgarh, Rajasthan.

http://chittorgarh.nic.in/generic_new/annexure%20i%20concept%20note_2.pdf

55. The single most common indicator, used to quantify the standard of living in a country is the per capita PPP. Adjusted GDP. According to IMF. figures for 2010, the per capita PPP. Adjusted GDP. for India is US$ 3,290.55. Comparable figures for other countries for Japan – US$ 33,828.10, China – US$ 7517.71 and USA. – US$ 47,131.95.

The above article reflects, the very low ranking of India on above parameters and hence significantly low resources available for health care.

The above article can be downloaded by visiting the following undermentioned link –

http://www.cci.in/pdf/india-investment-guide.pdf

56. That the media plays a vital role in reporting crime, offense and transgression and that the media agencies maintain documentation of trail of incidents of such offense and transgression. Media has expressed its opinion umpteen numbers of

times through their crime reports. The petitioner has also extended information of great credence and significance from (2) media agencies. By virtue of the aforementioned it is humbly prayed before this Hon'ble Court that media agencies namely – Times of India Group & Ananda Bazar Patrika Group, be issued instructions, to extend to the Hon'ble Court, any additional information they happen to posses, on the subject matter being petitioned. Media plays a vital role in exposing perils of the nation owing to its operations and has evidences in form of text, audios and videos. Furthermore, the media inputs in this petition can serve as indispensable evidence and it is pertinent to mention that media reports and inputs have been sought as evidence only and not as views. That in a recent case of PIL on Rajarhat land allotment case in Kolkata, Hon'ble Chief Justice J.N. Patel, CJ. and Hon'ble Justice B. Bhattarcharya had instructed the petitioners to make newspapers party to the case owing to the fact that newspaper articles served as evidence in the case.

A copy of Media Article has been annexed as **ANNEXURE A-20. Pages (193 TO 195).**

On basis of the above facts the petitioner files this Public Interest Litigation on the following amongst other grounds inter alia:

GROUNDS

01) Because the economic prosperity of the nation has not proportionately contributed to the social upliftment of the poor citizens.

02) Because poverty is both a cause for origin as well as non-treatment of multiple diseases.

03) Because cost of share of drugs to total treatment costs can vary from (50 to 80) percent of total medical care costs.

04) Because per capita PPP. adjusted GDP. (used to measure the standard of living in a country) is significantly low when compared to other nations of the globe.

05) Because as per international multi dimensional poverty index - (64.5) crores / (55%) of India's population is poor.

06) Because the Jan Aushadhi outlets are in a dismal condition.

07) Because a sizeable population of India lives in most unhygienic conditions.

08) Because as a nation we are unable to over come the problem of under nourishment.

9) Because a sizeable population of the country is anemic and hence it is indicative of slow starvation.

10) Because a sizeable population is driven to poverty because of health care costs.

11) Because a sizeable population has to incur medical expenses out of own pocket.

12) Because blood sugar and high blood pressure (which are a cause of multiple other ailments) have reached threatening levels in India.

13) Because the percentage of expense on drugs compared to health care cost, is getting reduced.

14) Because a sizeable population is unemployed and also under employed.

15) Because the targeted number of Jan Aushadhi outlets cannot be rolled out.

16) Because there is alarming level of prevalence of corruption in the country and it derails most of the government managed schemes.

17) Because there is no visible, high impact action by the drug controlling authority, into reducing prices of branded drugs.

18) Because the fiscal deficit has to be reduced as per government's own admission.

19) Because the dependence on subsidies has to be reduced as per government's own admission.

20) Because claims to poor people under government initiated insurance scheme are being denied.

21) Because inflation is increasing at an alarming rate, with prices of all essentials increasing at a rate which surpasses the growth in income.

22) Because the middle class citizens are badly hit by uncontrolled inflation and there is absence of relief for them, despite high percentage of tax compliance.

23) Because suicides due to illness is the second highest reason for people to commit suicides in India.

24) Because the nation is adding population at alarming levels and given the existing shortage in resources, the problem is poised to get aggravated in future.

25) Because the premier health care institute of the country has come up with a self sustainable and innovative model to make drugs and other medical inputs, available at (56%) discount on MRP.

26) Because govt. health care infrastructure is in shambles and is remarkably inadequate to deliver health care targets both in qualitive and quantitive parameters.

27) Because there is absence of a self sustainable model which can make medicines available at a cheaper rate.

28) Because the governments need to strive for maximum public welfare.

29) Because what can be made available at phenomenal discounts without resorting to subsidies and by relying on a market determined model, needs to be implemented in larger interest of citizens.

30) India being a country with vast population having varied economic status, there is without doubt, room for

existence of multiple models to deliver social good and no single model, can deliver all the intended welfares.

31) Because governments both in public and national interests, give out land for free or at highly subsidesed rates.

32) Because private interest would stand subordinate to public good.

33) Because technical bodies too need to safeguard public interest and interest of the nation.

34) Because courts are the last resort, when the executive fails the citizens.

PRAYERS

1. The present petition seeking a writ / direction(s) from this Hon'ble Court, to make medicines, surgical inputs, implants, orthotic and prosthetic devices available at discounted rates, to the majority of citizens of the nation, at all health and other facilities, which are owned, partially funded

or subsidised in any manner, by the Central or State governments or by their affiliated bodies.

2. Make it mandatory for doctors practicing individually or at any category of health centre (public or private or public private partnership) to prescribe both generic as well as branded medicines.
3. Direct the Central government to (maximum within 90 days) study, evaluate and implement the model of extending discounts on various medical inputs, as followed in All India Institute of Medical Sciences and which is reflected, in details in the humble petition.
4. Appoint constitution of a expert committee, which can (in a earliest time bound schedule) assist the governments into implementing the model adopted by AIIMS.
5. Accounting for the high quantum of public interest at stake, conduct hearings on priority – at the convenience of the Hon'ble Court.
6. Pass such other and further orders as may be deemed just and proper by this Hon'ble Court in the facts and circumstances of this case.

And for this Act. of kindness, the applicant as in duty bound shall ever pray.

Drawn & Filed By

Mr. Avishek Goenka

(Petitioner)

Filed on dated this day of _____, AUGUST, 2012.