Indian patients go to court over cancer drug

Ganapati Murdur *New Delhi*

India's Supreme Court has admitted a petition from an organisation representing cancer patients that challenges the government's decision to grant Novartis the exclusive marketing rights for imatinib, a drug that has emerged as a frontline treatment for chronic myeloid leukaemia.

The petitioner, the Cancer Patients Aid Association, has said that exclusive marketing rights for the drug would eliminate cheaper generic versions of the drug and make the treatment unaffordable to thousands of patients in India.

"Shutting down access to the drug by making it unaffordable is tantamount to denying patients the right to life," said Mr

Yogendra Sapru, the association's chairman.

Although Indian laws do not permit product patents on drugs, the Indian patents office has granted Novartis exclusive marketing rights for imatinib under the provisions available in an international trade agreement on intellectual property rights signed by India.

The company's product, Glivec, is a crystalline form of imatinib mesilate, a compound that blocks a specific protein implicated in chronic myeloid leukaemia. The drug has been approved for this cancer in the European Union and in more than 60 countries.

When Novartis introduced Glivec in India in May 2002, several Indian drug companies began to produce generic versions of the compound. But after Novartis received exclusive marketing rights last November, local manufacturers have had to stop selling the generic versions.

"The cost of a month's dose of Glivec is 120 000 rupees [£1400; \$2600; €2100], 10 times higher than what the generic versions used to cost patients," said Mr Sapru. "The overwhelming majority of patients in India do not have this kind of money."

A spokeswoman for Novartis India said that more than 2380 patients in India currently receive the drug free under the Glivec international patient assistance programme. "No patient who requires Glivec and meets medical and economic criteria for inclusion into the programme is denied the drug," she said.

She said that oncologists and haematologists in India were familiar with the procedure for enrolling patients into the programme. Patients who were not insured and who had no funds to draw on were eligible for the programme.

However, doctors say that patients have been affected by the lack of generic versions.

"Dozens of patients have had to stop treatment after the generics went out of the market," Dr Purvish Parikh, head of the department of medical oncology at the Tata Memorial Hospital, Mumbai, said.

The association has petitioned the court to direct the government to impose a price control on the drug. Experts in international trade law say that the government has the authority to fix prices despite the grant of exclusive marketing rights.

"The international trade agreement and Indian laws allow the government to take steps to protect the health of its citizens," said Sourirajan Srinivasan, managing trustee of LoCost, an organisation that has been tracking drug pricing practices and producing cheap generic drugs for the domestic market.

"The real question is whether the government is willing to act." □

Poor countries need to tackle the health brain drain

Roger Dobson *Abergavenny*

With the United Kingdom needing 10 000 more doctors, and with more than 7000 nurses from the Philippines alone currently registered in the United Kingdom, compared with just 52 in 1999, a new report says that the countries providing the workers, as well as those that hire them, need to look for solutions.

"Source countries must work on improving staff attraction and retention. Recipient countries should also try to get their own houses in order so they are not a permanent drain on health professionals from the South," says a study in *Health Policy* (2004;70:1-10).

In research funded by the UK's Department for International Development, the authors looked at Ghana, a net exporter of health workers; South Africa, an importer and exporter; and England, a net importer.

The authors, Peter Bundred

from the department of primary care, Liverpool University, Tim Martineau from the Liverpool School of Tropical Medicine, and Karola Decker from the University of Hamburg, say that the effects on source countries of losing health workers can be serious.

"The Centre for Spinal Injuries in Boxburg, near Johannesburg, South Africa was the referral centre for the whole region. On the same day in 2000 the two anaesthetists were recruited by a Canadian institution opening a new Spinal Injuries Unit. A consequence of the loss of these two key staff was the temporary closure of the centre," says the report.

The authors report that India has lost up to \$5bn (£2.7bn; €4.1bn) in investment in training of doctors since 1951 and that Ghana has lost around \$60m.

The authors say a "carousel" movement of doctors exists. The Canadian provinces of Alberta and Saskatchewan, for example, have been recruiting actively in South Africa for GPs to work in remote rural areas. At the same time South Africa has been recruiting internationally to fill rural posts.

The report says that many African doctors also migrate within the continent, mostly to southern African states where salaries are often higher: for

instance, \$1242 a month in South Africa, compared with \$50 in Sierra Leone.

It suggests that some of the demand in developed countries is due to the pyramidal structure of the workforce: a large number of junior and intermediate level doctors supporting a small number of consultants. "The structure works if foreign medical graduates contribute to the mid- and lower level posts in hospitals. In the UK foreign medical graduates trained outside the European Economic Area make up 65% of the staff

grades compared with 17% of consultants," the report says.

It says that, to allow proper monitoring, accurate data on the numbers of migrating health professionals are needed.

"The negative impact on health services in certain poor countries of mass recruitment of health professionals by industrialised countries seems to be beyond dispute. Since the pressure from richer nations on the international health labour market is clearly set to increase, the situation is likely to get worse." □