Are we ready for generic drug names on prescriptions?

The Institute of Health Economics (IHE) at the University of Dhaka recently held a policy discussion titled, "Can the Use of Generic Names in Prescriptions Effectively Control Aggressive Drug Marketing in Bangladesh?" **Dr Syed Abdul Hamid**, *professor of IHE and moderator of the dialogue, talked to* **Tamanna Khan** *of* **The Daily Star** *about the pros and cons of using generic drug names.*

What are some of the main concerns about drug sales that came up in this discussion?

There are over 250 functional drugs manufacturing companies that need to sell the products they are making. Now, how are they selling these drugs?

Medical representatives or promotional officers of pharmaceutical companies go to doctors, medicine shops, or quacks and request them to write the name of their company's drugs in the prescriptions. Initially, they (medical reps) used to provide samples. According to the guideline (code of pharmaceutical marketing practice), samples as well as leaflets or flyers on the drugs can be given because a doctor needs to know about the drugs.

Later, because of the presence of a large number of pharmaceutical companies, competition increased among them, and at one point, perhaps one pharmaceutical company started giving gifts to doctors on different occasions. This (gift-giving) now reached such an extent that samples are not given to everyone. Only junior doctors or those who do not have a well-established practice in the market receive samples. Those who have well-established practices often receive incentives such as expensive gifts, monthly allowances, cars or flats from pharmaceutical companies to prescribe their products.

The companies also try to differently incentivise those who are not qualified to write prescriptions—such as quacks or pharmacy shops. Top companies, or the brands we consider as good, do not give a lot of incentive to the pharmacies because their drugs are of good quality. Drugstores get a better commission by selling drugs of companies that are not well-known to the public. They get more commission from new companies or companies that do not yet produce drugs of a certain standard.

The way pharmaceutical companies are marketing their products in our country, they end up spending a lot of money on marketing. That cost is reflected in the (drug) price. So, people end up buying medicine at a higher price.

PHOTO: COURTESY

The term 'bioequivalence' came up in discussion. What does it mean?

There are many companies that manufacture drugs. There are variations in their products in terms of quality. All these drugs have the approval of the DGDA (Directorate General of Drug Administration). Since these drugs have been marketed with the DGDA's approval, the quality of these drugs is not supposed to be bad. But the DGDA cannot guarantee that all the drugs in the market are of the same or similar quality. The reason is, before giving permission, the DGDA cannot get a main test conducted, which is the bioequivalence test.

Through bioequivalence, the generic drug's biomass and concentration level in blood plasma are compared to the original researched product. That means how much of the (generic) drug is being absorbed by the body. If it is seen that the difference is within a permissible limit, then it is considered to be a bioequivalent tested drug. If the drug is similar to the original drug in terms of effectiveness and efficacy, then we can assume that the (generic) drug is of good quality.

If all the drugs in the market passed the bioequivalence test, then we could assume that the quality of all these drugs are similar. Under that circumstance, if a doctor writes the generic name and I take it (the prescription) to the pharmacy, all the drugs in the pharmacy will be of good quality, because they are bioequivalence tested. If this test is not done, then if I go to a shop where the brand name is not mentioned, then the pharmacist becomes responsible for suggesting a quality product.

Now the thousands of pharmacies we have in our country do not have any pharmacist. Under this situation, if generic names are written in the prescription, then the power will shift from the doctors' hands to the salesman of the pharmacies. Since they are not trained and educated like their counterparts in other countries, then rationally they will push the low-standard drugs because the bad companies give them more incentive and commission.

Why is it possible to conduct bioequivalence tests on medicine exported from our country, but not on the products sold in local market?

All the countries we export to have bodies like our DGDA and they make it mandatory—that they will accept the medicine only if it passes the bioequivalence test. Most of the companies in our country get the test done from India. But the European or American market specifies the location for getting the bioequivalence tests done. All the products we export are exported after conducting the bioequivalence test. But for the about Tk 200 billion drug market for local consumers, the drugs sold are not quality-tested. The quality of a drug is considered good because it cures diseases, but the drugs are not quality-tested.

The cost of the bioequivalence test is not that much. It is about Tk 20-30 lakh. Now the question is, if we want to do bioequivalence tests for all our products, can we do it in our country? My answer will be "no", because we do not have enough institutions that will conduct the test. Currently, there are three to four functional institutions that can do the test. The number and quality of these institutions need to increase. We will also need a regulatory body to monitor the bioequivalence testing companies, which must have national and international accreditation.

How advantageous would the use of generic names be when pharmaceutical companies also market to village doctors and pharmacies, who serve a large population segment?

That is one of the reasons why there is no opportunity to prescribe drugs using generic names in Bangladesh at this moment.

Now, the pharmaceutical companies are running after doctors to make them write their brand name in the prescriptions, then they will run after pharmacies or drugstores to push them to sell their drugs. Currently, only the small companies give more commission. Then if generic names are used, the big companies too will have to give more commission. At present, the doctors are getting the incentive, but then people connected to drug stores will get direct or indirect incentives.

But there is opportunity to write prescriptions using generic names in organisations, where people have the option to buy drugs from within the institutions like they do in Evercare or Combined Military Hospital (CMH). The precondition to implement the use of generic names on prescriptions is that the quality of all our drugs must be similar. All the pharmaceutical companies that produce the same kind of drugs must conduct the bioequivalent test to make the drugs similar.

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Multilateral institutions aren't doing enough for climate justice

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The Spring Meetings of the International Monetary Fund (IMF) and the World Bank convened during the third week of April, 2024. This is the first time the meeting failed to have an agreed communique, because of dissensus among member states on a number of geopolitical issues. A stock take was done about the evolution of the World Bank's mission to better respond to global challenges. The series of meetings focused on issues like the capital expansion of the multilateral financial institutions (MFIs) for addressing global challenges like climate change and the soaring debt burdens, both of which are related to the functioning of the Bretton Woods system.

First about enhanced financing for global development by the World Bank: a pledge to increase funding by more than $5 billion a year, so this could potentially generate up to $50 billion of investment for tackling global challenges over the next decade. Besides, the 10 heads of multilateral development banks (MDBs) also agreed to generate an additional $300-400 billion over the next decade to finance global development including climate change and SDGs. The MDB heads pledged to boost climate actions that include designing the first common approach to measuring outcomes and aligning their operations to the Paris Agreement goals. Also, they agreed to jointly report on climate financing and their engagement in achieving the new collective goal on climate finance. Another initiative was taken where 11 rich countries committed to a new Livable Planet Fund totalling $11 billion to support the SDGs, which is expected to leverage six to seven times more money over the coming decade. Pressure has been mounting for reforms of the MFIs in the hopes of boosting climate finance through measures such as grants and low-cost loans, special drawing rights, and co-investment with the private sector.

The IMF and the World Bank are taking an increasing interest in climate financing, where spending by the World Bank reached almost $32 billion in 2022. Now the IMF has its Resilience and Sustainability Trust (RST), created last year to provide long-term concessional financing for adaptation and energy transition, under which a number of countries, including Bangladesh, reached an agreement. However, these steps are extremely short of the growing needs for addressing the increasing impacts of climate change. There are estimates of $2.4 trillion a year needed by 2030 to shift on to a decarbonisation track, that is compatible with limiting average temperature increases to 1.5 degrees Celsius.

But the supply continues to witness a shortfall. Still, the Global South does not agree that the long-pledged climate finance of $100 billion goal has been met. Against this, in 2024, debt repayment that developing countries are likely to pay will be over $400 billion, which is $50 billion more than they are expected to get as new grants and loans. So, there is a net outflow of direly needed resources from the Global South, particularly from the LICs. Today, about 60 percent of low-income countries are either in debt distress or at high risk of it. A new UN report on SDG financing shows how prioritising debt over basic services like food, health care and education plagues the developing world, and that for the least-developed countries, debt service will amount to $40 billion annually between 2023 and 2025, up more than 50 percent from $26 billion in 2022. More frequent and destructive climate disasters account for more than half of the debt in these vulnerable countries. Against this, the UN Chief warns of growing inequalities, and trust in institutions and solidarity between developing and developed countries as "low and falling." So, Guterres is calling for mobilising $500 billion a year of additional investments in sustainable development and climate action.

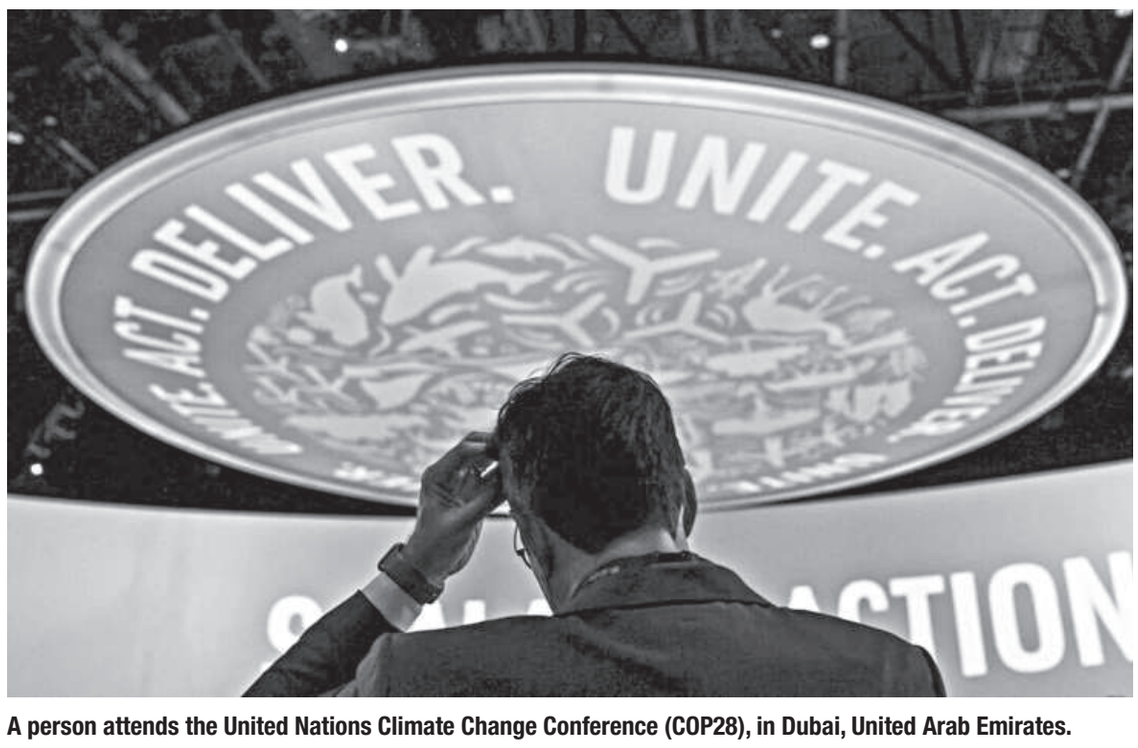

PHOTO: REUTERS

A person attends the United Nations Climate Change Conference (COP28), in Dubai, United Arab Emirates.

While attending the meetings, President-designate Mukhtar Babayev of COP29 emphasised that climate finance remained the top priority for the Baku Summit, expecting the flow of climate finance to increase by "several multiples." In a similar vein, the UNFCCC (United Nations Framework Convention on Climate Change) executive secretary talks of the need for a "quantum leap" in climate finance. So, a small group of nations led by Barbados, France and Kenya met on the side lines to push for more taxes on fossil fuel burning that developing nations could use to deal with climate shocks. Besides, discussions are ongoing about some levies on air travel and maritime transport for mobilising extrabudgetary resources.

The meeting also reviewed the Global Sovereign Debt Roundtable (GSDR) initiated last year to accelerate negotiations on debt restructuring through negotiations among major creditors including China and a diverse group of private investors. At the end, the reforms must include the provision of grants for adaptation in the most impacted countries, debt cancellation for the most debt distressed ones, long term concessional loans and changes in the lending practices of MDBs that allow capital flowing back to developing countries. The reform also has to include putting climate-resilient debt clauses in loan agreements, with suspension of debt repayments during the time a country recovers.

But frustrations from the leaders of low-and middle-income countries keep mounting. Mia Mottley, the Barbados Prime Minister who is most vocal about MFI reforms with the Bridgetown Initiative, accuses developed countries of double-speak—manifest in them telling lower income countries to refrain from doing things like not printing money, yet during the Covid-19 pandemic, they did not shy away from it themselves. Sermonising of doing not what they do, but doing what they tell the developing countries to do. She also alleges that the development paradigm still reflects the colonial framework of power relationships. In a similar vein, Amina Mohammed, the deputy UN secretary general, asked whether the responses of the MFIs reflect "one humanity", or if there is a deviation of our "moral compass".

This deviation is evident in the acute dearth of political will, not money. We may recall the lesson that Adam Smith, the father of "classical economics" taught us, that interests either at individual or national levels are bounded with one another. To realise our interests, we need to respect the interests of others in a free market system, upon which our climate regime is founded. Are we doing it? So, the billion-dollar question today before humanity is—how can the moral compass be directed to reverse the dysfunctional world order, as the UN Chief calls it.