

## **India keen to implement uniform marketing code for companies**

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India is keen to implement, albeit on a voluntary basis, a Uniform Code of Pharmaceutical Marketing Practices (UCPMP), following concern that unethical practices may be impacting drug prices in the country.

"We would develop a common code of ethics in consultation with industry and it would be for voluntary compliance," Mukul Joshi, secretary, department of pharmaceuticals, said in response to a query from *Scrip* on the issue.

Mr Joshi, who attended the India Pharma Summit-2010 in Mumbai recently, said that several companies are 'committed' to ethics and that a common code approved by the ministry may well be successful. "We would like to see it work voluntarily," he said.

There have been several voices against unethical practices in the industry, with a parliamentary standing committee on health and family welfare in India recently noting that despite there being a code of ethics in the Medical Council of India's (MCI) rules, there seems to be no let-up in this "evil practice".

"Pharma companies continue to sponsor foreign trips of many doctors and shower high value gifts to obliging prescribers who then prescribe costlier drugs as quid pro quo. Ultimately all these expenses get added up to the cost of drugs," the parliamentary committee's report said.

Last December, the MCI amended the Professional Conduct, Etiquette and Ethics Regulations 2002, stating that medical practitioners should not accept gifts, travel facilities, hospitality and so on from industry. However, the MCI was dissolved earlier this year in the wake of corruption charges against its top functionary ( [scripintelligence.com](http://scripintelligence.com), 18 May 2010).

The parliamentary committee's report also added that since the MCI has no jurisdiction over drug companies, the government should take 'parallel action' through the Drugs Controller General of India and the income tax department to penalise those firms that flout the rules by cancelling drug manufacturing licences and/or disallowing expenses on 'unethical activities'.

Tapan Ray, director-general of the Organisation of Pharmaceutical Producers of India (OPPI), which represents multinational companies, told *Scrip* that the concept of a Uniform Code of Marketing Practices (UCMP) was first mooted by the then secretary of the department of pharmaceuticals, Ashok Kumar, in a meeting with industry representatives in April 2009.

The OPPI, Mr Ray said, had volunteered to take the initiative to develop the UCMP for the pharmaceutical industry in India, by forming a joint working group (JWG) of pharmaceutical associations.

Accordingly, with the involvement of all major industry associations, a draft UCMP was prepared and handed over to the then secretary for his views. However, one industry association, despite having participated in JWG meetings for the preparation of the document, is said to have decided 'to go against it'.

While the major industry bodies were keen on the quick implementation of the UCMP, since a consensus could not be reached the code could not be put into operation.

Meanwhile, with the new MCI guidelines becoming effective and in the absence of a uniform code, most major industry bodies decided to continue to follow the code of marketing practices of their respective associations. "Considering the new MCI guidelines, OPPI voluntarily decided to revise its own marketing code accordingly for its member companies and uploaded the same to the OPPI website," Mr Ray added.

### **self-regulation**

There are, however, varied opinions on whether self-regulation in the area of pharmaceutical marketing practices is the way forward in India.

Mr Ray, for one, believes in self-regulation. He said that the OPPI came out first with its own code of ethical marketing practices in September 1998, and subsequently revised the same by 'raising the bar voluntarily' in January 2007 and April 2010, for self-regulation in this area.

"The OPPI code sets out high standards of ethical promotion of pharmaceutical products to healthcare professionals to ensure that its member companies' interactions with such professionals are not only just appropriate, but also are perceived as such," he explained.

He also said that when, in the much larger and diversified fast-moving consumer goods industry, robust self-regulation under the Advertising Standards Council of India is working well, it is difficult to understand why a similar system will not work in the pharmaceutical industry in India.

Others have been less confident about the current system. Experts such as Dr R B Smarta, managing director of Interlink Marketing Consultancy, which framed the Indian Drug Manufacturers' Associations' code of ethical practices, had earlier said that it isn't regulation but "governance" that is required to enforce high ethical standards ( [scripintelligence.com](http://scripintelligence.com), 19 March 2010).

Similarly, Dr Ajit Dangi, president and CEO of Danssen Consulting and a former executive director of Johnson & Johnson India, had also felt that, while industry associations in India have written guidelines on ethical marketing practices, these have not always worked.

Dr Dangi, who is also a former director-general of the OPPI, had said that some errant pharma companies had been flouting these guidelines, while there had also been pressures from various medical associations on pharma companies for donations to sponsor their annual conferences.