Pulse

Covid-19 tests Indian pharma's limits

PT Jyothi Datta | Updated on May 16, 2021





The touted 'pharmacy to the world' struggles to meet the needs of a country ravaged by a deadly second wave

The last several weeks have seen the collective anxiety of the country rise like never before. And the reasons are aplenty.

An acute shortage of Covid-19 drugs remdesivir and tocilizumab, for instance, saw people reaching out to strangers for just a few doses of the medicine. They were losing family members not to coronavirus, but the

failure to get hospitalisation or because the hospitals that admitted them had run out of oxygen. A tragic sequence of events was witnessed in Delhi, as families, hospitals and doctors began pleading for oxygen, including many on social media. The situation, though seemingly settled, brought home the enormity of the problem that confronts the country.

On the preventive side, too, State after State reported it had fallen woefully short of Covid-19 vaccines for its residents.

The dire shortage is unbecoming for a country feted as 'pharmacy to the world', and home to the largest vaccine-maker in the world. How did it come to such a pass, especially for drugs like remdesivir and tocilizumab, which have local partners making or importing the innovator drug?

And, even more worryingly, is the industry better prepared as public health experts caution about a third wave, another surge in cases?

Pharma industry voices say the steep increase in Covid-19 cases had caught everyone unawares. Last year, too, remdesivir and oxygen had, for instance, fallen short. But companies upped their production and kept buffer stocks to deal with another steep increase in demand. Nothing, though, prepared them for what was to come, they say.

The requirement for remdesivir increased so sharply, that companies now make about three lakh vials a day — which used to be their monthly production late last year. It is a complex product that takes a month to make and has a short shelf-life, the veteran adds, optimistic that supply bottlenecks would ease later this month as capacities are expected to touch 80-90 lakh vials a month.

"Covid 2.0 is different from Covid 1.0," says Sudarshan Jain, who is with the Indian Pharmaceutical Alliance, representing large domestic drugmakers. "All factories are working to ensure continuity of medicine supplies, despite increase in cases," he says, pointing to the stress under which they work.

Lupin Managing Director Nilesh Gupta observes, "India has always been part of the solution, to make medicines for the world. To see India struggling is very, very difficult." The disease is changing and so are the medicines required to treat it, he says, adding that pharma company chiefs were interacting every day to review and make sure medicines are available.

Representatives with foreign companies point to the slew of collaborations with Indian companies to make Covid medicines locally accessible (see box).

Tie-ups in a pillbox

- » Foreign drugmakers and their partners in India
- » Gilead Sciences (remdesivir): Dr Reddy's Laboratories (DRL), Hetero, Zydus Cadila, Syngene, Jubilant, Cipla and Mylan
- » Roche (tocilizumab and antibody cocktail casirivimab and imdevimab: Cipla
- » Merck (molnupiravir): Cipla, Hetero, Sun Pharma, Emcure and DRL
- » Eli Lilly (baricitinib): Cipla, Lupin, Sun Pharma
- » AstraZeneca-Oxford University vaccine: Serum Institute of India
- » Gamaleya Institute/ Russian Direct Investment Fund (Sputnik V): DRL, Hetero, Biopharma, Gland Pharma, Strides Virchow, Panacea Biotec

Vaccine dependence

Industry watchers point to how Government-run facilities and "vaccine-parks" have been allowed to languish, resulting in total dependence on the private sector. Recently, the Indian Drug Manufacturers' Association sought voluntary licences for vaccines, as India does not seem to have stocks for even its initial target of 30 crore people.

IDMA's Daara Patel says that qualified local companies can help increase vaccine supplies. On why now, Patel explains that the two vaccine producers (Serum Institute and Bharat Biotech) had originally indicated

that they could meet the country's demand. But with that looking unlikely now, there is an immediate need to plug the shortfall, he says.

India is still a pharmacy to the world for general drugs, says S Srinivasan of LOCOST, a non-profit organisation that makes essential medicines. But industry cannot ramp up overnight, he adds. It all boils down to an "honest" assessment of the problem, forecasting the requirement, outlining a plan, and not shying away from taking help where needed, he explains. A prescription well worth listening to, before the imminent third wave.

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