

## Book Review

**The Delhi Model: Enhancing Access to Quality Drugs** by Delhi Society for Rational Drug Use. Published by Anamaya Publishers, New Delhi, India. 2004. ISBN 81-88342-39-4. Pages 74.

Coming at a time when I was asked to take over the hospital pharmacy at JIPMER, I jumped at the chance to read this book and read it from cover to cover - out of sheer necessity. I should add. The book sets out to describe the experiences of a group of committed individuals who set out to change the chaotic manner in which drugs were purchased, distributed and dispensed at the hospitals and primary health centres in Delhi State. Having the blessings of Dr. Harsha Vardhan, the then Minister of Health and Family Welfare of Delhi State, took care of the usual red tapisms that plague committees of this kind. But what set this group apart was their dedication and perseverance which was fortunately recognized by even a new government at the centre. Dr. Ranjit Roy Chaudhury and his team proved that even with all the problems that plague the health care system of our country it is still possible to give the majority of the patients coming to governmental health care units effective, safe and sufficient medicines to treat most of their complaints.

The history and the activities of the Delhi Society for Rational Drug Use (DSPRUD) are stated in the first chapter along with all the individuals who constitute its core-group. It is indeed refreshing to find in print the president of the DSPRUD Prof. Ranjit Roy Chaudhury openly praising the other members. My most favourite chapter of the book is the second one by R. Parameshwar who details drug procurement. Written in a no-nonsense style, there is enough detail for a greenhorn (like yours truly) to learn how it could be done. I am only disappointed that the actual tender documents were not given (at least as an appendix) so that it would save others the problem of drafting their own. Quality assurance by P.R. Pabrai sheds some light on the factors to be considered when selecting the companies that supply the drugs. Many governmental hospitals all over India are torn between selecting the "lowest quotation" and "good quality" drugs. It seems as if finally there is a way to get lower prices *and* better quality drugs and ensure that the quality is maintained throughout the supply. Sangeetha Sharma describes how a formulary was made and the planning that went into bringing out Standard Treatment Guidelines. She also makes it a point to share with the readers the problems faced during this entire process. This would certainly help those who want to accomplish such activities and goes to show that everything is never hunky dory all the time. Uma Tekur and Usha Gupta share the teaching and research experiences of the society. Any activity undertaken for the benefit of the public and entailing allocation of scarce resources should be given wide publicity so that awareness of the programme spreads to the users. The chapter "reaching

out" describes the activities by the DSPRUD to reach out to doctors, patients, pharmacists and the general public. The findings of the external review committee which audited the work done by the DSPRUD forms the last chapter which is written by the chairman of the editorial committee V.S. Mathur. I find it refreshingly honest that such a chapter found a place in this book since it points out the lacunae in the activities of the DSPRUD and also lists the recommendations of the committee to improve and widen the activities of DSPRUD. The publications of the society are appended at the end of the book.

A discerning reader may find that many statements are repeated in the various chapters especially those regarding the justification to indulge in such a programme. Tight editing could have taken care of it. For the book to be used as a blueprint for those who want to emulate the Delhi Model, there is a need for more detailed information. For e.g. a sample of the EDL for the primary health centres could have been given, also a page from the formulary, or the STG for a common condition. Though a single entity from the formulary may not mean much it would serve as a teaser for those needing more information. I was looking for information on the manpower requirement for a hospital pharmacy (number/beds or number/OPD patients) qualifications etc., I think this information is vital to maintain good pharmacy practice and was found lacking in the book. The activity of the DSPRUD at the moment seems to focus on the prescribers and the planners, in future it also needs to embrace the other two players in the arena - the pharmacists and the patients. If these activities are ongoing there is little information regarding them in the book. There is also less information on storage of medicines - like the type of facility to store large amount of stock, its location, safety aspects etc.

I was a bit surprised at the list of research papers given at the end of the book. Out of the 24 papers published by various members of the DSPRUD, very few are in indexed journals of repute - a point which has been noted by the review committee too. Also, some of the papers listed do not fit into the rational drug use scenario at all. Dr. Harsha Vardhan in his preface to the book states that "the book will be immensely helpful to planners and providers of health facilities. Members of the public will be immeasurably benefited by the precept and practice of drug delivery as enunciated in the book." Planners and providers of health care facilities I am sure will find many useful tips - but this is not a book for the general public.

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Affordable access to medicines is a public health concern and more generic drug competition can help reduce prices, improve access and benefit the public health. Safe, effective and high-quality generic drugs play a vital role in our health care system. Generic drugs account for about 90% of all prescription drug purchases in the U.S. In 2018, competition from generic drugs saved the health care system about \$293 billion. Thanks to the FDA's ongoing efforts under the Drug Competition Action Plan and the Generic Drug User Fee Amendments, the FDA has built a thriving generic drug program that co A laboratory in Delhi tested the drugs samples for compliance with Indian Pharmacopeia, the official drug quality standard in India. A sample of ciprofloxacin or amoxicillin complies with Indian Pharmacopeia standards by falling within the official thresholds for active ingredient concentration, dissolution, and uniformity of weight. We conducted tests for all three dimensions of quality. The active ingredient concentration of the samples must be within 90-110 percent of the labeled dosage. Dissolution indicates the percent of the sample's active content that dissolves into a known medium within a p Second, the quality of a reported earnings number depends on whether it is informative about the firm's financial performance, many aspects of which are unobservable. Third, earnings quality is jointly determined by the relevance of underlying financial performance to the decision and by the ability of the accounting system to measure performance. This definition of earnings quality suggests that quality could be evaluated with respect to any decision that depends on an informative representation of. \$ Thanks to Anwer Ahmed, Dan Givoly, Krishnan Gopal, Ilan Guttman, Michelle Hanlon (the editor), Chris