EXAMPLES OF THE IMPORTANCE OF INDIA AS THE “PHARMACY FOR THE DEVELOPING WORLD”

QUICK OVERVIEW:

• India is the **main supplier** of essential medicines for developing countries.
• **67 % of medicines produced in India are exported to developing countries.**
• Main procurement agencies for developing countries’ health programmes purchase their medicines in India, where there are quality products and low prices.
• Approx. **50%** of the essential medicines that UNICEF distributes in developing countries come from India.
• **75-80%** of all medicines distributed by the **International Dispensary Association (IDA)** to developing countries are manufactured in India. (IDA is a medical supplier operating on a not-for-profit basis for distribution of essential medicines to developing countries.)
• In **Zimbabwe**, **75%** of tenders for medicines for all public sector health facilities come from Indian manufacturers.
• The state procurement agency in **Lesotho**, NDSO, states it buys nearly **95%** of all ARVs from India.

**Antiretroviral medicines (ARVs) for AIDS treatment:**

India is the world’s primary source of affordable ARVs, as it is one of the few countries with the capacity to produce these newer medicines as generics. Therefore, all AIDS programmes use India as their main source of products.

• **80%** of ARVs **MSF** uses are purchased in India and are distributed in treatment projects in over 30 countries.
• Globally, **70%** of the treatment for patients in 87 developing countries, purchased by **UNICEF, IDA, the Global Fund (GFATM) and the Clinton Foundation** since July 2005 has come from Indian suppliers.
• **PEPFAR**, the US President’s AIDS initiative also purchases ARVs from India for distribution in developing countries, thus resulting in cost-savings of up to **90%**. **89%** of the generic ARVs approved by the US Food and Drug Administration for PEPFAR are from India.
• **90%** of the ARVs used in **Zimbabwe’s** national treatment programme come from India.

**Raw materials:**

In addition, raw materials are exported from India to other countries, such as Brazil, for local production of affordable medicines. This has been crucial to enabling national AIDS programmes to provide universal free access to ARVs.
**IN DETAIL:**

India is the main supplier of essential medicines for developing countries. This applies not only to AIDS medicines, but to medicines to treat other diseases, as well. India is the world’s leading supplier of inexpensive generic medicines, with approximately 67% of them being exported to developing countries.¹

1) **International procurement agencies**

The main procurement agencies for health programmes in developing countries purchase their medicines in India, where quality products can be purchased at low prices.

**MSF:**

- 40% of the money MSF spends on oral medicines is used to buy drugs from India (if injectables are included, the average lies at 26.5%).

**UNICEF:**

- India ranks second on the list of countries from which UNICEF purchases medical supplies. India has a considerable lead over all countries below it on the list, and Belgium only ranks first because of vaccines (e.g. combination vaccines are not yet being produced in India)².
- If vaccines are excluded, India is the source of approx. 50% of the essential medicines UNICEF distributes in developing countries (see figure 1).

... AND WHERE WE BUY IT

![Figure 1: Top 20 supplier countries for UNICEF³](http://www.unicef.org/supply/files/SD_AnnualReport_2005.pdf)

**IDA (International Dispensary Association)**

- 75-80% of all medicines distributed by IDA to developing countries are manufactured in India. (IDA is a medical supplier operating on a not-for-profit basis for distribution of essential medicines to developing countries.)

2) **National supply stores for public/non profit sector:**

**Zimbabwe**

- The National Pharmaceutical Company, Natpharm, (formerly Governmental Central Stores), states 75% of tenders for supply to national health facilities are won by Indian manufacturers.

---

¹ Oxfam


³ ibid
India is the world’s primary source of affordable ARVs, as it is one of the few countries with the capacity to produce these newer medicines as generics. Therefore, all AIDS programmes use India as their main source of products.

- **80%** of ARVs MSF uses are purchased in India and are distributed in treatment projects in more than 30 countries.
- Globally, **70%** of the treatment for 900,000 patients in 87 developing countries, purchased by UNICEF, IDA and the Global Fund (GFATM) since July 2005 has come from Indian suppliers.
- **PEPFAR**, the US President’s AIDS initiative also purchases ARVs from India for distribution in developing countries, thus resulting in cost-savings of up to **90%**. 89% of the generic ARVs approved by the US Food and Drug Administration for PEPFAR are from India.
- **90%** of the ARVs used in Zimbabwe’s national treatment programme come from India.
- The state procurement agency in Lesotho, NDSO, states it buys nearly **95%** of all ARVs from India.

**PEPFAR**: The vast majority of ARVs used by PEPFAR come from India. “In every case generic prices present an opportunity for cost savings; in some cases, the branded price per pack of a drug is up to 11 times the cost of the approved generic version.”

![Figure 2: Bringing Hope: Supplying ARVs for HIV/AIDS treatment, PEPFAR, May 2006](image)

### 4) Active Pharmaceutical Ingredients (APIs)

Raw materials from India are also exported to other countries for production of affordable medicines. This has been key in the success of national AIDS programmes’ ability to provide universal free access to ARVs.

As an example, generic production of medicines in Brazil is heavily dependent on APIs purchased from India. At the third meeting of the Commission on Intellectual Property Rights, Innovation and Public Health (CIPIH), Brazil stated: “Brazil is concerned whether the application of TRIPS in India and China may affect access to APIs, and thus their treatment programme.”

---

4 with partial data available for fiscal year 2006  
5 Bringing Hope: Supplying ARVs for HIV/AIDS treatment, PEPFAR, May 2006  
6 Note only several months of 2006 are included  