

CRI RESTARTS VACCINE PRODUCTION

There is cause to celebrate. CRI, Kasauli has begun vaccine production once again. This iconic 100 year old institute along with Pasteur Institute of India, Conoor and the BCG vaccine Laboratory at Guindy had stopped production when licenses were cancelled in 2008. This was after inspection by a WHO team which said they did not comply with good manufacturing practices. These 3 PSU's supplied 70% of the vaccines needed by the government for the Universal Immunization Program. The results were predictable – a sharp decline in vaccine supply round the country and huge increase in costs since the government was forced to buy vaccines from private companies. For instance, the government, which used to pay PSU's Rs. 12 for one vial of 10 doses of vaccine, had now to pay a private manufacturer between Rs. 50 and Rs. 60 for the same quantity of vaccine.

The CRI has supplied 16.84 lakh DPT doses to the Ministry of Health and Family Welfare in February and will supply 30 lakh doses from next month. The PII Conoor will also start supply from June 2012 with an annual target of 30 million doses in 2012-13. The Centre has cleared a proposal of Rs 64 crore to make the BCG Vaccine laboratory GMP compliant and it should start manufacturing in 2 years. Pentavalent and newer vaccines will be produced at the Integrated Vaccine Complex at Chennai which has been allotted Rs 600 crore (*The Hindu 27 February 2012*).

FOSTERING SUSPICION

The strange case of Indian children of an NRI couple in Norway being put into foster care has everyone up in arms in India. Last May Abhigyan (3), Aishwarya (1) were separated from their parents and put into foster care on grounds of “emotional disconnect” by the Norwegian Child Welfare Services (NCWS). Some of the concerns of the NCWS were that the children slept with their parents and their mother force fed them with her fingers, both practices culturally appropriate in India. The Lower Court in Norway ruled that the children have to be in Norway till they are 18 years with occasional contact with parents. The parents then appealed to the higher courts against it. After huge protests in India, the External Affairs Ministry has made strong efforts to find an urgent and amicable solution to get the children back to India at the earliest. The Norwegian government has finally decided to hand over the children to their uncle enabling him to bring back the children to India.

Another society founded by professionals from Norway, Denmark, Sweden and Finland in 1996, with the express mandate of defending the basic human rights of children and families - The Nordic Committee for Human Rights (NCHR), has noted that these countries have a long history of taking children into custody. It notes that this is a typical case of the Norwegian welfare state's policy of breaking up families and taking children into care. These children are invariably traumatized and become the future clients of an ever-expanding social welfare services network. (*The Times of India 28 February 2012, Economic & Political Weekly 10 March 2012, The Telegraph 10 March 2012*)

E-HEALTHCARE IN INDIA

As internet usage skyrockets, online financial transactions have been burgeoning. The dominant player online is the travel industry. However the health care industry is still taking baby steps in cyberworld. Most countries in Europe, Germany and the United States have allowed online sale of drugs and China is the most recent entrant in this market. However in India law is still ambiguous regarding the legality of online sale of prescription drugs. Flipkart which is the major player in the retail industry has now an e-health store Healthkart.com. They are exploring the possibilities of prescription business but are currently focusing on the consumer health care segment which sells home health devices like thermometers, diabetes tester, elderly and disabled support devices, fitness and sports equipment etc. There is increasing felt need for clear cut guidelines from the government about online prescriptions (*The Hindu 13 February 2012*).

NEW MOBILE RADIATION NORMS

From September, India will have stricter regulations to check electromagnetic radiation emission from mobile phones. SAR (specific absorption rate) is the measure of the amount of radio frequency energy absorbed by the human body while using a mobile phone. The Department of Telecommunication (DoT) formed an interministerial committee which recommended that mobile handsets with SAR value more than 1.6 Watts/kg over a 6 minute period per gram of human tissue will be unacceptable. Mobile phones made or sold in India will have to be below this limit. (*The Hindu 3 February 2012*).

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