

# State Focus Group Dialogue

## Exploring the Interplay between Business Regulation and Corporate Conduct (BRCC Project)

September 14, 2012, Kolkata.

The BRCC project being undertaken by CUTS Centre for Competition, Investment & Economic Regulations (C-CIER) in collaboration with the Norwegian Institute of International Affairs (NUPI) with support from Norwegian Ministry of Foreign Affairs has sectoral **focus on Healthcare and Pharmaceutical Sectors.**

### Objectives of the project:

- Address regulatory and operational constraints faced by businesses in India
- Motivate firms to adopt 'good corporate practices'
- Evolve a policy discourse between the business community and policymakers to facilitate appropriate business regulation and corporate conduct

**Goal of the project:** *Stimulate better business to achieve sustainable development objectives in India.*

Two sectors have been covered under this project:

- Pharmaceutical Sector
- Private Healthcare Sector

### Objective of the discussion:

- i) To share the findings from the field research with all the stakeholders groups
- ii) To seek inputs from experts and stakeholders to identify the reasons those are hindering responsible business practices.
- iii) To involve all different stakeholder groups towards chalking out some concrete action points and the forward looking road map for responsible business behaviour in the sectors.

### Participation:

The State Focus Group Dialogue was jointly organised by **CUTS CRC** and **Department of Health & Family Welfare, Government of West Bengal** and was a highly successful one. The programme had keen participation from all the relevant stakeholders. Representatives from the Government including- **Chandrima Bhattacharya, Minister Of State, Department of Health & Family Welfare, Sanghamitra Ghosh, MD, West Bengal Medical Services Corporation Ltd. Rajarshi Chakraborty, Department of Environment, - G. K. Pal, Assistant Director, Directorate of Drug Control.** The discussion was chaired by **Prof. Krishnangshu Roy, Director, Calcutta School of Tropical Medicine.** Representation from other sectoral associations, CSOs and agencies working in these two sectors and independent subject experts were also present (*refer to Annexure I for list of participants*). **Rijit Sengupta and Vikash Batham** were present on behalf of **CUTS-CCIER, Jaipur.**

## **Inaugural Session:**

**Keya Ghosh**, Director, Calcutta Resource Centre, CUTS welcomed all the participants to the programme. She spoke briefly about the BRCC project and explained that the objective of the State Focus Group Dialogue was to share the findings of the study and in the light of that, invite suggestions, feedback and forward looking action points from all different stakeholder groups from the two sectors which in turn can be shared in the national level meeting for policy advocacy and also be included as part of the memorandum to be submitted to the Department of Health & Family Welfare, Government of West Bengal. She emphasised that private healthcare/business can't make private profit by at public costs and businesses need to be run responsibly to achieve sustainable development objectives. She further added that the balancing act between regulations and corporate conduct is aimed at through this project.

**Rijit Sengupta**, Director, CUTS-CCIER highlighted that CUTS International is a consumer focused organisation and went on to talk in more details about the BRCC project. He stressed on the word 'interplay' between Business Regulations and Corporate Conduct. He said that every business has both economic and social responsibilities and such responsibility is not only important for the society but for its own long term interest as well. He reasoned that healthcare and pharmaceutical sectors were chosen as the focus sectors for the study due to their immense social and public importance and added that unfortunately the sectors have witnessed a declining social and public responsibility over time. Mr. Sengupta wanted the discussion to focus on constructive criticisms and invited suggestions to solutions as problems related to these sectors have been discussed several times. He also touched on the National Voluntary Guidelines (NVG) and its 9 principles as issued by Ministry of Corporate Affairs and stressed that the uptake of NVGs will be crucial towards ensuring a more responsible corporate behaviour. He went on to explain the three different types of regulations: (i) Public Regulations (by Govt.) (ii) Co-regulation (by business associations) and (iii) self-regulation. He stressed that the problems with both the sectors are mostly known and that the day's deliberations were aimed at finding some solutions and smart action points that can give a push towards facilitating responsible behaviour from business entities.

**Krishnangshu Roy**, Director, Calcutta School of Tropical Medicine started by reminiscing about his first meeting with Pradeep Sing Mehta, Secretary General, CUTS International and his earlier work with the organisation wherein he had done a prescription audit of more than 5000 prescriptions, the report for which was published BMJ, arguably the best and most acknowledged journal available in the medical fraternity. He rued the fact that the hallmark of business has steadily deteriorated to only stand for profit maximisation these days. With such irresponsible focus, unethical practices and downgrading of quality of life in terms of deteriorating environment has become imminent. He said that starting a new business signifies a social contract and businesses need to maintain ethical standards to honour that contract. He added that businesses need to incorporate principles of sustainable entrepreneurship, social development and employee development into their core business philosophy and activities. Citing an example of lack of responsible behaviour he expressed his doubt about pharmaceutical firms following the promotional practices recommended by WHO. He concluded by saying that even though some great policies are already in place, it is the gap between policy making and implementation that has to be addressed.

**Chetna Kaura**, Consultant, Indian Institute of Corporate Affairs made a presentation on the NVGs and briefly explained the strategy and action plan of implementing the NVG agenda in the days to come To set the tone of the presentations she shared some quotes by Ela Vatt and Late JRD Tata at the beginning which hint at the importance of business responsibility now. She said that responsibility towards society has always been intrinsic to Indian culture which had started out in the form of personal donations/charity and later took the shape of a more organised phenomenon. She further shared that the earlier CSR policy in 2009 formed the basis for discussion regarding the new regime of NVGs and that

the NVGS are a refined version created after many discussions and deliberations. The present NVG officially came into being in 2011. A consultative and participatory approach was adopted while forming these guidelines. She concluded by requesting everyone to come back with queries on the NVGs and push for a consolidated effort towards better understanding and implementation.

**Prithviraj Nath**, Consultant, CUTS CRC, gave a presentation on the findings of the study, the evidences suggesting violation of business responsibility in the two sectors and broad recommendations for way forward. He started with the information that West Bengal was the pioneer in pharmaceutical industry but has seen a sharp decline in the number of pharmaceutical units in the past two decades. On the other hand private healthcare has seen a spurt of growth though most of that is concentrated in the urban centres and are of small capacities. The findings revealed that even though private hospitals were higher in numbers than public hospitals in the state, the number of beds available for all private hospitals taken together is only around half the numbers that are available with public institutions the study showed that 75% of hospitals follow some code of conduct for providing healthcare but adherence to guidelines on rational use of drugs, prescriptions, etc. are not monitored religiously. He also shared that most of the pharmaceutical firms don't have dedicated environment management departments though many of them said they have infrastructure to reduce negative environmental impact. Maximum of the pharmaceutical firms also believe that rules should not be the same for all kinds of entities and nature of product and size of the firms should be taken into consideration while designing rules. Some of the areas of concerns and ethical issues as emerged from the study were sponsoring of events by the pharma firms, their unwillingness to fix salaries of the Medical Representatives (MRs) even though they admit that incentive structures give rise to ethical concerns. The study further found out that many of the MRs think that there is nexus between doctors and pharma companies. Also both pharmaceutical and healthcare firms are low on awareness regarding guidelines like MCI, UCPMP, NVG etc. especially the smaller entities. Corporate Social Responsibility (CSR) policies as followed by the firms were found to be mainly driven by image building and promotional agenda. And the idea of corporate responsibility as a core function of the business is mostly alien to the stakeholders. He also shared the findings from the prescription analysis which indicated that 1.96% of the prescriptions were found to be rational. Some of the broad recommendations that emerged from the study included making the policy making more participatory by inviting inputs from stakeholders before making regulations, strict monitoring & implementation of rules, giving incentives for responsible business practices and involvement of CSOs in monitoring, awareness building etc. to ensure higher level of transparency and responsibility.

**Chandrima Bhattacharya**, Minister of State, Department of Health & Family Welfare, Government of West Bengal, opined that the discussion was on a very important issue and NVGs needs discussions and deliberations so that we can find out a concrete path and deliver our responsibilities while doing business. Businesses can't be only for private profit, because it has a substantial social implication as well. . She stressed that socio economic conditions of the people should not stand between getting healthcare, as right to good health is a right enshrined under constitution. She added that procurement of medicines in West Bengal is all set to undergo a makeover with 35 fair price shops to come up, out of which 15 will start operating by 2nd October, 2012. She added that directives from the government have prompted doctors to prescribe generic medicines. . She expressed her dismay at the huge gap between cost price and retail price of and iterated it that such unrealistic pricing has to be curbed. Sharing her recent exchange with health officials from Rajasthan she said that Rajasthan has been able to a large extent to kick off the practice of prescribing generic medicines and there is no reason why West Bengal cannot do the same. She pointed out that the state government is committed to give the best of medical facilities to the deserved with the co-operation from the stakeholders. In conclusion she thanked CUTS for organising an important dialogue and said that the department will positively consider the recommendations that has emerged from the study

## **Panel discussion on- What is Hindering Responsible Corporate Behaviour and the Way Forward**

**Tulsi Chakrabarty**, President, IPA, opined that CSR sounds all fine, but it is mostly done as a PR exercise by companies who have such policies in place. He also said that smaller firms do not have funds for CSR activities and since most firms in West Bengal are small, the idea of CSR is difficult to take off. He cited that it is a case of great rules and pathetic implementation done in by red tapism and little accountability. These factors also contribute towards lackadaisical approach towards business responsibility by private entities. He suggested that Govt. may think of controlling the number of medicine shops, the implementation of new laws need to be slow & steady, supply chain management and procurement should be given freedom and support should be extended to small scale entities. . He opined that Govt. should not be unrealistic in the name of price control and take due care of the corporate profitability as well. He added that small sectors are being wiped out of the competition and ultimately big firms will dominate the market with their unhealthy pricing policy. According to him the Govt. Should not implement regulations imported from the USA in toto and said that many small and medium scale entities in the USA are also not always compliant with all the rules.

**Ram Dayal Dubey**, President, IMA, West Bengal spoke about the gap in communication between Govt and other stakeholders. Further he added that constitutionally formed bodies aimed at sectoral improvements are not heard all the time and at times the Govt even dissolves them. According to him the real crux of the problem is that we don't have courage of conviction to tell the truth or point out the miscreant and hence ethics has taken a back seat. . He also said that the Govt. also at times makes rules which are impractical. Citing an example, he spoke about the rule where no hospital can deny admission to any emergency patients on the basis of their paying capabilities but there are no specifications about who will pay the bill for the patient. This creates a direct conflict between humanitarian service and business profitability. He opined that there should be some arrangement so that business can reclaim the cost and suggested that the Government should have some mechanism to pay the bill for the patient. He also mentioned about the unnecessary introduction and interference of the TPAs in the system of medical insurance. In medical colleges doctors only learnt about generic medicines but while practising in the system they were forced to write the names of branded medicines as generic medicines are not available not even in the public healthcare systems. He added that it is really unfortunate that for all problems and unethical practices only doctors are held responsible. In this context he asked that since there are only a handful of essential medicines that is required for most often occurring medical conditions, why unnecessary formulations are given clearance leading to unhealthy competition.

**Sasanka Mouli Roy**, Secretary, WBMSRU shared with the house that Supreme Court has given an order to the Govt. Of India especially to NPPA for 348 lifesaving and essential drugs for which price have to be fixed in DPCO (Drug Price Control Order). He stressed that autonomy needs to be given to bodies like NPPA to actually regulate the sky rocketing prices of medicines and to fight the crony nexus between corporates and politicians which seem to dictate the way business is being done in the sector. He also questioned the effectiveness of self-regulations to make the corporate behave responsibly.

**Sanjoy Roy** from Small Scale Drug manufacturers Action Committee said that there are too much of regulations and small firms are finding it difficult to live up to such plethora of rules. . He specifically mentioned about GMP which had caused so many firms to shut down their business and told that they need co-operations from the Govt. and financial institutions to be able to make the cut and survive.

**Sajal Kumar Roy Chowdhury**, former director of DDC, West Bengal said that the problem of accountability on the part of the firms and lenient view of regulatory bodies may have led to some of the ethical and environmental issues in the sector. He also pointed out that though small scale industries have tried their best to change and modernise their setup, it is difficult for them to ensure the product quality

all the time. He opined that Govt. needs to come forward to nourish them and control them through regulators. Quality drugs can be procured by Govt. from the state itself because ensuring quality of the drugs produced within the state is much easier than of which are produced outside the state and this is one way it can encourage domestic small scale industry. He also expressed his concern about the fact that so many formulations are extremely confusing for patients and there are no price controls in generic drugs segment. He further suggested that Govt. has to somehow think of ways to prohibit printing higher MRPs on materials procured from outside states at very low rates to regulate prices and other ethical concerns in the sector in a better way. He also welcomed the verdict of The Supreme Court about price control of essential and lifesaving drugs.

**Tushar Chakrabarty**, Secretary, BCDA told that each and every associations has a dual responsibility of protecting the interest of its members as well as the well-being of the society. He said that one of the problems as observed by BCDA is that the Bio Medical Hazardous waste generated at different levels are being dumped indiscriminately without appropriate safety precautions and opined that local authorities have to take immediate actions to curb such practices. . He shared that expired medicines are never marketed by chemists since the manufacturing companies take back their expired medicines and chemists in the shop store them in separate places with separate identity to return them back. He welcomed the system to be introduced by Govt. through PP model (Fair Price Shops) to provide cheaper medicines to the poor. He pointed out that in this model the supplier needs to give a minimum of 30% discount on MRP to the Govt. and the supplier who gives maximum discount will get the order from Govt. He said that this is faulty and questionable criteria since a firm can increase the MRP and then give high discounts to nag the order and still make supernormal profits, ultimately causing harm to the common consumer. He reasoned that to tackle this problem the Govt. can instead think of fixing the price ceiling and ensure strict monitoring and implementation of the same. He shared that only 74 drugs are under price control at present and the rest are uncontrolled, giving rise to ample scope for unethical practices to rear their heads even for some essential medicines. He also touched upon the ethical perils of the percentage based incentive system in distribution chains and stressed that it needs a lot of monitoring and regulation to arrest the unethical nexus that it promotes. Company should be made to sell their drugs under a price cap.

**Sasanka Sekhar Dev**, Secretary, DISHA Govt. opined that appropriate regulations and monitoring by civil society organisations (CSO) and community are equally important to ensure responsible business practices from corporate firms. He shared his experience of working on the issue of Bio Medical Waste Management (BMWM). He said that the existing infrastructure for the same is very good in the state, but the only around 23% of the waste is management is done properly. This is because of two reasons- lack of awareness/training and deliberate violations. He said that designated people are not discharging their responsibilities properly leading to deliberate violation and callousness on part of the hospitals. Moreover, he added, hospitals are not showing the exact number of beds to lower the BMW costs and there is little monitoring of the systems to check and arrest such practices. He concluded by adding that employees need to be trained properly for BMWM and urged the Govt. to assign a greater role to CSOs in this arena.

**Gour Kanti Pal**, Assistant Director, DDC, West Bengal said that excessive production of drugs leads to unfair competition for marketing those products. He suggested that the resources used for excessive production and marketing should rather be channelized towards Research & Development for newer drugs for new medical conditions. According to him there are too many unnecessary formulations for the same medical condition leading to confusion, ethical concerns and dipping faith on the pharmaceutical industry. He also added that there are too many medicine shops and some more coming up on a regular basis, helping in the proliferation of the market for unnecessary medicines and more unfair competition leading to adoption of more unethical practices. He was also concerned that all are stakeholders except consumers are organised and organised sectors are surviving on the money of consumers without giving

due importance to them which in the long run can hamper the balanced system and eventually break it down. He mentioned that as regulators the drug control authority officials have little scope or room for innovation since they are mandated strictly as the implementers of rules. He also pointed out that one more area of concern is that doctors are only aware about promotional drugs since the MRs inform them about the promotional drugs only. He expressed his doubt regarding the sale of non-promotional drugs and said that was worried about how non promotional drugs are sold? And who are their target? Another problem area mentioned by him was that no chemist shop can substitute the brand prescribed by doctors and hence, even if he knows of or the patient/consumer asks for a drug of the same composition and lower price, the chemist cannot sell it to him as per rules.

**Sanghamitra Ghosh**, MD, West Bengal Medical Services Corporation Ltd. said that it was very interesting to hear all the stakeholder groups and congratulated CUTS for organising a dialogue like this which can act as a bridge. She said that in today's social structure Govt. doesn't formulate policy arbitrarily and invites all stakeholders for inputs. She stressed that Govt. doesn't want and cannot formulate policy alone on its own and that was principal reason that the Department of Health & Family Welfare participated in this dialogue so that it could get inputs and pointers from all stakeholders towards making the policies more pro-people.. She said that nowadays medical expenses have become oppressive and services offered are many a time exploitative. The reason that common people are still availing the services is that they don't really have a choice, given a choice, she opined, they would have moved away. According to her opinion rising price of medicines and other medical services are causing many families to go below the poverty level Drawing a parallel, she said that food prices are inflated not due to natural causes but for speculation, which artificially push prices up only to serve the selfish interest of certain groups of people and that the situation is similar in case of drug prices. Huge promotional costs and market positioning expenses are only adding to the cost of drugs and making them unaffordable for the common people. .she went on to say that if this trend continues, the poor will increasingly fall out of the purview of the medical services, failing to afford such high price and this will ultimately have a cascading effect on all of society including business. She lamented that in the present times, Judiciary is forced to step in to take control of the situation because Executive and Legislative structures are abdicating their responsibility towards the common mass and added that this is anything but a welcome situation. She said that general awareness level of rules and regulations is very low in all the sectors and if not updated they are bound to fall behind and loose the race. She admitted that small scale entities have many problems but they also must take initiatives to keep themselves updated and upgraded, otherwise they will be wiped out, by the usual rule of competition. She further added that CSOs are very important as the Govt. can no longer act in isolation and entreated all stakeholder groups to become equal partners in governance. To her opinion best governance rests in least governance and Govt. don't want to put finger in every pie. She also opined that if the government is required to thrash corporate even after 65 years of independence, then the governance structures must have failed miserably. She rued that such scenario implies that the administrator has failed to motivate the corporates to behave responsibly. As a solution towards this impasse she requested all stakeholders to come forward with information and inputs. To avoid the issues and problems that crop up when policy is created in vacuum can only be avoided by appropriate representation of all voices in the formulation process, she said. She expressed her concern that not all stakeholders had aptly responded to the survey under the CUTS study, which also indicates skirting of responsibility by business entities. She urged everyone to focus on the interests of the common man who we all serve and without whom business can't survive. She concluded by saying that the department will look forward to concrete and definite suggestions to act upon.

**Rajarshi Chakraborty**, Environment Officer, Department of Environment, Govt. of West Bengal, rued that in the whole discussion environmental issues were not discussed in very many details and as usual environment seems to be one issue that is always given least importance. He went on to inform

participants that the department is responsible for giving environmental clearance to bulk drugs manufacturers. To this end, the department has set up an Environmental Compliance Assistance Centre to provide information, expertise and help to those who are applying for new manufacturing units. He added that to make the process easier and to weed out issues that may make the clearance difficult, a designated officer check through and scrutinises the proposals before they are received officially by the department so that any corrections can be suggested at the initial phase and then the document submitted via the due official process for further processing. . He also admitted that infectious wastes are being mixed with non-infectious waste at source and capacity building and awareness is necessary to deal with this issue.

**Vikash Batham**, Senior Programme Officer, CUTS-CCIER highlighted the importance of the centre-state relationships in the context of environmental concerns in the two sectors. He asked **Rajarshi Chakraborty** whether the state department of environment has had any communication with the Department of Pharmaceutical at the central level regarding the newly formed Environmental Cell specifically for the pharmaceutical industry. **Rajarshi Chakraborty** replied that he was not aware of any such interactions.

### **Vote of thanks:**

**Keya Ghosh**, Director, CUTS CRC thanked all the participants for contributing their valuable inputs and enriching the days discussion. She also mentioned that CUTS will cull out policy points in house and circulate the report to all the participants for their further inputs and finally CUTS will submit a memorandum to the Department of Health & Family Welfare to take those forward for policy making. She said that in West Bengal introduction of the Fair Price Shops are immediate challenges and opined that it will need a cautious approach to proceed and if it can be implemented well it will be a good success story.

**Prithviraj Nath**, Consultant, CUTS CRC acknowledged the contributions from all the partners in the research study. He also thanked all the participants for being present there in the programme and said that CUTS were looking for specific solutions to the problems discussed so far and more inputs in that direction were welcomed from all.

## Annexure I: List of Participants

| Sl.No                                     | Name                   | Organisation Details   | Contact Information |
|---|------------------------|--|---------------------|
| <b>Policy Makers</b>                      |                        |  |                     |
| 1   | Chandrima Bhattacharya | Minister Of State, Department of Health & Family Welfare             | 033-23330353        |
| 2   | Sanghamitra Ghosh      | Managing Director,<br>West Bengal Medical Services Corporation Ltd.  | 9831090282          |
| 3   | Krishnangshu Roy       | Director, Calcutta School Of Tropical Medicine                       | 9830259667          |
| 4   | Rajarshi Chakraborty   | Environment Officer, Department Of Environment, Govt. Of West Bengal | 9903254820          |
| 5   | Tapas Ghosh            | Manager-Procurement, West Bengal Medical Services Corporation Ltd.   | mp.wbmisc@gmail.com |
| 6   | Asit Kumar Samanta     | DDHS(E & S), Central Medical Stores, Govt. of West Bengal            |                     |
| <b>Regulators</b>                         |                        |  |                     |
| 7   | Gour Kanti Pal         | Assistant Director,<br>Directorate of Drug Control, West Bengal      | 9830082061          |
| 8   | Sukumar Chandra Das    | Senior Inspector,<br>Directorate of Drug Control, West Bengal        | 9434213707          |
| <b>Industry and Industry Associations</b> |                        |  |                     |
| 9   | Ram Dayal Dubey        | President, Indian Medical Association, WB                            | 9831028711          |
| 10  | Tusli Chakraborty      | President,<br>Indian Pharmaceutical Association, WB                  | 9830386144          |
| 11  | Ranendra Narayan Roy   | President,<br>Bengal Chemists & Druggists Association                | 9434018262          |
| 12  | Tushar Chakraborty     | Secretary,<br>Bengal Chemists & Druggists Association                | 9748841626          |
| 13  | Sasanka Mouli Roy      | Secretary, West Bengal Medical Sales Representatives Union           | 9331870503          |
| 14  | Rabindra Nath Roy      | President, Small Scale Drug Manufacturers Action Committee, WB       | 9830702958          |
| 15  | Sanjoy Roy             | Member, Small Scale Drug Manufacturers Action Committee, WB          | 9062071643          |
| 16  | Krishnendu Datta       | DGM Operations, SembRamky, West Bengal                               | 9831337168          |
| 17  | Arun Saha              | Director, NI Pharmaceutical Works (P) Ltd.                           | 9831510884          |
| 18  | R N Basu               | Advisor, Hospital Planning & Management, Medica Synergie Hospital    | 9433826640          |



| <b>Academicians / Subject Experts</b> |                            |   |  |
|---------------------------------------|----------------------------|---|--|
| 19                                    | Sajal Kumar Roychowdhury   | Former Director, Directorate of Drug Control, West Bengal         | 9433038710   |
| 20                                    | Amlan Datta                | Associate Professor, IIMR Kolkata                                 | 9932114617   |
| 21                                    | Sudeshna Chatterjee Biswas | Assistant Registrar, West Bengal University of Health Sciences    | <a href="mailto:sudeshna_700034@rediffmail.com">sudeshna_700034@rediffmail.com</a> |
| <b>Media</b>                          |                            |   |  |
| 22                                    | Krishnendu Bandyopadhyay   | Assistant Editor, Times Of India                                  | 9331036292   |
| 23                                    | Sanchari Chatterjee        | Intern Reporter, Hindustan Times                                  | 9874787489   |
| <b>Civil Society Organisations</b>    |                            |   |  |
| 24                                    | Sasanka Sekhar Dev         | Secretary, Direct Initiative for Social and Health Action (DISHA) | 9433941490,9831291064  |
| 25                                    | Malay Kumar Ganguly        | Secretary, People for Better Treatment (PBT)                      | 9038083120   |
| <b>Others</b>                         |                            |   |  |
| 26                                    | Chetna Kaura               | Consultant, IICA  |  |
| 27                                    | K Ghosh                    | Trustee, SYNAPSE  | 9007770950   |
| 28                                    | Pinaki Bandyopadhyay       | Secretary, SYNAPSE  | 9804258312   |
| 29                                    | Sulagna Dutta              | Administrative Manager, CDMU                                      | 9433485761   |
| 30                                    | Sushanta Roy               | CDMU  |  |
| <b>CUTS Representatives</b>           |                            |   |  |
| 31                                    | Rijit Sengupta             | CUTS-CCIER  | 9829285928   |
| 32                                    | Vikash Batham              | CUTS-CCIER  | 9460707005   |
| 33                                    | Keya Ghosh                 | CUTS-CRC  | 9831219339   |
| 34                                    | Arnab Ganguly              | CUTS-CRC  | 9831219339   |
| 35                                    | Prithviraj Nath            | CUTS-CRC  | 9830481370   |
| 36                                    | Nishi Kant Sinha           | CUTS-CRC  | 9830311034   |
| 37                                    | Sumanta Biswas             | CUTS-CRC  | 9735621680   |
| 38                                    | Susanta Banerjee           | CUTS-CRC  | 8296305586   |
| 39                                    | Soumya Kanti Ghorai        | CUTS-CRC  | 9831168028   |

# Annexure II: Agenda

## *State-level Stakeholders' Dialogue*

### Business Responsibility in Pharmaceutical & Private Healthcare

*Date & Venue: 14<sup>th</sup> September, 2012, Hyatt Regency, Kolkata*

#### AGENDA

|                           |  |
|---------------------------|--|
| <b>09:30 to 10:00hrs</b>  | <b>REGISTRATION &amp; TEA</b>  |
| 10:00 to 10:30hrs         | Welcome & Introduction, Keya Ghosh, CUTS Calcutta Resource Centre<br><br>Opening Remarks, Vikash Batham, CUTS International<br><br>Inaugural address, Smt. Chandrima Bhattacharya, Minister of State, Department of Health & Family Welfare, Government of West Bengal<br><br>Special Address, Sanghamitra Ghosh, Managing Director, West Bengal Medical Services Corporation Ltd., Government of West Bengal                |
| 10:30 to 11:15hrs         | <b><u>Session I: What is Business Responsibility? (Orientation on the National Voluntary Guidelines, and it's operationalisation)</u></b><br><br>Chetna Kaura, Indian Institute of Corporate Affairs<br><br>Chair: Rijit Sengupta, CUTS International  |
| 11:15 to 13:15hrs         | <b><u>Session II: Business Responsibility in the Pharmaceutical &amp; Private Healthcare Sectors in West Bengal.</u></b><br><br><b><u>Presentation:</u></b> Prithviraj Nath, CUTS Calcutta Resource Centre (Findings from the State Level Survey and Analysis in the two sectors) <b>(20mins)</b>  |
| <b>11:35 to 11:45 hrs</b> | <b>TEA BREAK</b>   |
| 11:45 to 13:15hrs         | <b><u>Panel Discussion: What is Hindering Responsible Corporate Behaviour and the Way Forward</u></b> (with the above presentation as the backdrop)<br><br><b>Panellists</b> (6 minutes each) <ul style="list-style-type: none"><li>• Tulsi Chakraborty, President, Indian Pharmaceutical Association (IPA)</li><li>• Ram Dayal Dubey, President, IMA (West Bengal)</li><li>• Sasanka Mouli Roy, Secretary, WBMSRU</li></ul> |

- Sanjay Roy, Member, Small Scale Drug Manufacturers' Action Committee
- Sajal Roychowdhury, Expert & Director (Retired), Directorate of Drug Control, West Bengal
- Tushar Chakraborty, Secretary, Bengal Chemist & Druggist Association
- Sasanka Sekhar Dev, DISHA
- G. K. Pal, Assistant Director, Directorate of Drug Control, West Bengal

**Chair:** Krishnangshu Roy, Director, Calcutta School of Tropical Medicine

**Floor Discussions (30 minutes)**

13:15 to 14:00hrs:

**Session III: Presentation: Emerging Policy & Practice Pointers for State** (as culled out from the previous sessions)

Rijit Sengupta, CUTS International

**Reactions from Policy Makers & Experts**

- Sanghamitra Ghosh, MD, West Bengal Medical Services Corporation Ltd., Department of H & FW, GoWB
- Rajarshi Chakraborty, Department of Environment, GoWB
- Krishnangshu Roy, Director, Calcutta School of Tropical Medicine

**Floor Discussions (15 minutes)**

14:00 to 14:10hrs:

**Closing & Valedictory:** Keya Ghosh, CUTS Calcutta Resource Centre

**14:10hrs**

**LUNCH AND DEPARTURE**