



# Medicines Patent Pool Agreement for Leukaemia

## Why in News?

Recently, the **Medicines Patent Pool (MPP)**, a [United Nations](#)-backed group signed sub-licence agreements with three India-based companies to make certain **Cancer Drugs** more accessible and cheaper for patients.

- These agreements **allow the production of generic versions of Novartis' cancer treatment drug** Nilotinib, primarily used for **Chronic Myeloid Leukaemia (CML)**, in several countries.
- The licence covers **India, seven middle-income countries**, and 44 territories, allowing the generic versions of Nilotinib to be supplied, subject to local regulatory authorization.

## What is the Medicines Patent Pool?

- MPP is a [United Nations](#)-backed **public health organisation** working to increase access to, and facilitate the **development of, life-saving medicines** for Low- and Middle-Income Countries (LMIC).
- It was founded in July 2010, based in Geneva, Switzerland.
- MPP partners with civil society, governments, international organisations, industry, patient groups, and other stakeholders, to **prioritise and license needed medicines and pool [Intellectual Property](#)** to encourage generic manufacture and the development of new formulations.
- As of now, MPP has signed agreements with **twelve patent holders for thirteen [Human Immunodeficiency Virus \(HIV\) antiretrovirals](#)**, one HIV technology platform, three [hepatitis C](#) direct-acting antivirals, a [tuberculosis](#) treatment, a long-acting technology, two experimental oral antiviral treatments for [Covid-19](#) and a Covid-19 serological antibody technology.

## What is Chronic Myeloid Leukaemia (CML)?

- **About:**
  - It is one of the types of **Leukemia**, which is a **blood-cell cancer** that affects the **bone marrow and the blood**. Other types are,
    - Acute Lymphoblastic Leukemia (ALL)
    - Acute Myeloid Leukemia (AML)
    - Chronic Lymphocytic Leukemia (CLL).
  - It is characterized by the **uncontrolled growth of abnormal [white blood cells](#)** called myeloid cells.
  - CML typically progresses **slowly, and it is often diagnosed during** the chronic phase.
- **Diagnosis:**
  - CML is typically diagnosed through a combination of blood tests and bone **marrow examination**.

[Source: TH](#)

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# Global Liveability Index 2023

## Why in News?












The **Economist Intelligence Unit** released its 2023 report on [global liveability index](#), placing **Austria's capital Vienna as the top ranked city** to live in 2023.

## What are the Major Highlights of the Index?

- **About:**
  - It rates **living conditions in 173 cities** across five categories: **stability**, [health care](#), **culture and environment**, **education and infrastructure**.
- **List of Top Ten Cities to Live in 2023:**

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## Top 10 positions

City	Location		Rank
Vienna	Austria		1
Copenhagen	Denmark		2
Melbourne	Australia		3
Sydney	Australia		4
Vancouver	Canada		5
Zurich	Switzerland		6
Calgary	Canada		7
Geneva	Switzerland		7
Toronto	Canada		9
Osaka	Japan		10
Auckland	New Zealand		10

- **Observations Related to Developing Countries' Progress:** Many developing nations have shown incremental improvements in their livability rankings.
  - [Asia-Pacific cities](#) have demonstrated significant progress, while **Western European cities have slipped in the 2023 rankings**.

- The report highlights the **growing emphasis on healthcare and education in Asian, African, and [Middle Eastern countries](#)**, signalling a positive trend.
  - However, it also notes a decline in stability scores attributed to civil unrest in certain parts of the world.
- **Indian Cities:**
  - **New Delhi and Mumbai are at 141<sup>st</sup> position and Chennai at 144<sup>th</sup>. Ahmedabad and Bengaluru are ranked 147 and 148, respectively.**
- **Challenges Faced by Specific Cities:**
  - **Kyiv, Ukraine:** Despite ongoing efforts, **Kyiv ranks at a lowly 165<sup>th</sup> out of 173 cities**, reflecting the challenges faced by the war-ravaged capital.
  - **Damascus, Syria, and Tripoli, Libya:** These cities continue to occupy the bottom positions on the livability index, **similar to the 2022**.
- **Bottom 10 Positions:**

## Bottom 10 positions

City	Location		Rank
Douala	Cameroon		164
Kyiv	Ukraine		165
Harare	Zimbabwe		166
Dhaka	Bangladesh		166
Port Moresby	Papua New Guinea		168
Karachi	Pakistan		169
Lagos	Nigeria		170
Algiers	Algeria		171
Tripoli	Libya		172
Damascus	Syria		173

[Source: HT](#)

## Shorter Medical Course to Address Rural Doctor Shortage

**For Prelims:** [Ayushman Bharat](#), [National Health Mission](#), [Accredited Social Health Activists](#)

**For Mains:** Potential of India's Healthcare Sector, Issues Associated with India's Healthcare Sector,

## Why in News?

Recently, the West Bengal Chief Minister proposed a Shorter Medical Course for medical practitioners who would serve in **primary health centers (PHCs)** in rural areas.

- This proposal aims to address the chronic **shortage of doctors in rural regions** where a significant percentage (around 65%) of the Indian population resides.
- Similar initiatives have been implemented in other states, such as **Chhattisgarh**, which introduced a three-year community health program producing **Rural Medical Assistants (RMAs)** to serve in villages.

## What is the Proposed Shorter Medical Course for Rural Areas?

- **About:**
  - A shorter medical course proposed in India is a **three-year diploma course** for medical practitioners who would serve in primary health centres (PHCs) in rural areas. This course is different from the regular **MBBS course**.
  - The shorter medical course focuses on providing **first-level care in rural areas**, while the regular MBBS course covers **all aspects of medical science and practice**.
    - The shorter medical course may not **train trainees adequately** to deal with **complex and diverse conditions** in rural areas, while the regular MBBS course prepares doctors for any kind of situation.
- **Benefits:**
  - **Increased availability of medical professionals** in rural areas.
  - **Rapid response** to healthcare needs and emergencies.
  - Cost-effective solution for resource-constrained regions.
  - Enhanced primary healthcare services in rural communities.
- **Drawbacks:**
  - **Limited specialization** in complex medical fields.
  - Insufficient exposure to [rural healthcare conditions](#).
  - Potential dilution of **medical education standards**.
    - It will raise concerns about potential discrimination, as it could result in **less qualified healthcare providers** being assigned to rural populations while urban settings receive more qualified practitioners.
  - Does not address underlying **structural issues contributing** to the shortage of doctors.

## What is the Status of Doctors in Rural India as per Rural Health Statistics Report 2021-22?

- The **Rural Health Statistics report** reveals an acute shortage of specialist doctors at **Community Health Centers (CHCs)** in India.
- Nearly 80% of the required specialists are unavailable.
- There is a shortfall of specialist doctors, including **surgeons (83.2%), obstetricians and gynaecologists (74.2%), physicians (79.1%) and paediatricians (81.6%)**.
- The number of specialist doctors in CHCs has seen a 25% increase from 3,550 in 2005 to 4,485 in 2022.
  - However, the growth in **CHCs has resulted in an increased requirement for specialist doctors**, creating a disparity.
- In addition to the shortage of specialist doctors, there is also a lack of **female health workers** and auxiliary **nursing midwives** in PHCs and sub-centers, with upto 14.4% of these posts lying vacant.

## What are the Challenges in Addressing the Shortage of Doctors in Rural Areas?

- **Inadequate Infrastructure and Resources:**
  - Limited healthcare facilities and resources hinder the attraction and retention of doctors in rural areas.
- **Limited Access to Specialized Care:**
  - The scarcity of specialists in rural communities results in delayed or inadequate treatment for complex medical conditions.
- **Aversion to Rural Practice:**
  - Doctors often **prefer urban settings due to better career prospects**, lifestyle preferences, and **limited professional development** opportunities in rural areas.
- **Unequal Distribution of Medical Colleges:**
  - **Concentration of medical colleges in urban regions** leads to a lack of healthcare professionals in rural areas.
- **Retention of Rural Doctors:**
  - Challenges in providing **sufficient support, amenities, and growth opportunities** make it difficult to retain doctors in rural communities.
- **Socioeconomic Factors:**
  - Poverty, limited educational opportunities, and underdeveloped infrastructure contribute to the overall shortage of doctors in rural areas.
- **Educational Disparities:**
  - Unequal access to **quality medical education widens the gap** between urban and rural healthcare services.

## India still grapples with a shortage of medical staff

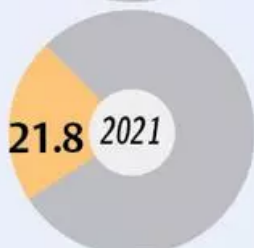
*Category of medical staff*

*Per cent of vacancies*

**Doctors in rural primary health centres**

**Specialists in rural community health centres**

**Auxiliary nursing midwives at PHCs and sub-centres in rural areas**



## What are the Recent Government Initiatives Related to Healthcare?

- [Accredited Social Health Activists \(ASHA\)](#)
- [National Health Mission](#)
- [Ayushman Bharat](#)
- [Pradhan Mantri Jan Arogya Yojana \(AB-PMJAY\)](#)
- [National Medical Commission](#)
- [PM National Dialysis Programme](#)
- [Janani Shishu Suraksha Karyakram \(JSSK\)](#)
- [Rashtriya Bal Swasthya Karyakram \(RBSK\)](#)

## Way Forward

- **Telemedicine and Telehealth Services:**
  - Utilizing **technology for remote consultations** and medical services, bridging the gap between rural patients and healthcare providers.
- **Mid-Level Healthcare Providers:**
  - Training and deploying **physician assistants and nurse practitioners** to deliver primary care services in rural areas, under the supervision of doctors.
- **Rural Health Clinics and Outreach Programs:**
  - Establishing local healthcare facilities and **mobile clinics** to bring medical services directly to rural communities, improving access and convenience.
- **Rural Medical Education and Residency Programs:**
  - Developing specialized programs to encourage medical students and residents to practice in rural areas, providing relevant training and support.
- **Financial Incentives:**
  - Offering **financial incentives and loan repayment programs to attract doctors** to rural practice and alleviate financial burdens.
- **Research and Data-Driven Approach:**
  - Continued research and data collection on rural healthcare challenges can provide valuable **insights for policymaking and the implementation of targeted interventions.**
- **Community Engagement and Health Awareness:**
  - Conducting awareness campaigns to **educate and empower rural communities about preventive care** and the importance of healthcare utilization.

## UPSC Civil Services Examination, Previous Year Questions (PYQs)

### Prelims

**Q. With reference to the National Rural Health Mission, which of the following are the jobs of 'ASHA', a trained community health worker? (2012)**

1. Accompanying women to the health facility for antenatal care checkup
2. Using pregnancy test kits for early detection of pregnancy
3. Providing information on nutrition and immunisation.
4. Conducting the delivery of baby

**Select the correct answer using the codes given below:**

- (a) 1, 2 and 3 only
- (b) 2 and 4 only
- (c) 1 and 3 only
- (d) 1, 2, 3 and 4

**Ans: (a)**

### Mains

**Q. "Besides being a moral imperative of a Welfare State, primary health structure is a necessary precondition for sustainable development." Analyse. (2021)**

**Source: TH**

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