

# Interventional Management of Cardiovascular Diseases: Must be Made Affordable in Indian Context

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Chronic non-communicable diseases are leading public health problem among the adult population not only in developed but also in developing countries. The non-communicable diseases showing an upward trend in India as well. Two important reasons can be cited for the same, first reason is increased life expectancy, the second reason which is more important is the changing life-styles and behavioral patterns these being favourable to onset of non-communicable diseases. In India in the past five decades, rates of cardiovascular disease among urban populations have risen from 4% to 11% [1].

As the problem of cardiovascular diseases is rising the need for cost effective interventional management is becoming pertinent. As rise in number of coronary angioplasties due to the surge in cardiovascular diseases, the coronary stent market in India has been growing at an impressive rate. According to the National Interventional Council (NIC), coronary interventions in India have increased from 117420 since the year 2010 to 248152 in the year 2014. But presently there are two major accusations against coronary stent of the overuse and over pricing [2]. Cardiac stent has been here for almost 20 years. But still there is no clarity on how much the life-saving device should cost. Unlike the surety of a maximum retail price on drugs, there is no such maximum retail price for the coronary stents as it is not available in retail stores [3]. In India patients are paying between Rs 60,000 and Rs 1 lakh or more for cardiac drug eluting stents (DES) though the same stents cost Rs 28,000-Rs 48,000 even in rich European countries and the UK, due to either fair pricing mechanism or price control for medical devices. Medical devices including drug eluting stents, orthopaedic implants, disposable syringes, ocular lens and heart valves are notified as drugs under the Drugs and Cosmetics Act, 1940 but not included under the Drug Price Control Order (DPCO). Hence, their prices are neither monitored nor controlled [4].

As per Mission Document of National Rural Health Mission, in India Curative services favour the non-poor patients. Health insurance coverage in India is very poor especially among poor and rural population. Only 10% Indians have some form of health insurance, mostly inadequate. Hospitalized Indians spend on an average 58% of their total annual expenditure. Over 40% of hospitalized Indians borrow heavily or sell assets to cover expenses. Over 25% of hospitalized Indians fall below poverty line because of hospital expenses [5]. As management of cardiovascular

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diseases available mostly in private tertiary care hospitals, it adversely affecting the poor and needy patients.

Government of India is also concerned about the affordability of management of cardiovascular diseases. National Health Systems Resource Center (NHSRC) in India has submitted a report to National Pharmaceutical Pricing Authority (NPPA) and strongly urged to cap the prices of both bare metal and drug-eluting cardiovascular stents. As per NHSRC there is the lack of price regulation which has led to consumer exploitation. The NHSRC recommended a cap of Rs 19,000 (\$291) for bare metal and Rs 28,000 (\$429) for drug-eluting stents [6]. In another development related to this important issue of affordability of management of cardiovascular diseases, Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Govt. of India has drafted National Medical Device Policy 2015 with an objective of "strengthening the Make in India drive by reducing dependence on imports and setting up a strong base for medical devices, especially those with critical implications in terms of affordability and availability of patients." It is also clear that National Medical Device Policy will have an impact on the pricing of medical devices in India [7].

To conclude, interventional management of cardiovascular diseases in India must be made affordable to poor and needy Indians.

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