

**CONNECTIVITY OF MEDICINES AS A RIGHT TO HEALTH: WITH  
SPECIAL REFERENCE TO INDIAN LEGAL FRAMEWORK**

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**ABSTRACT**

Patent protection and its relation to the accessibility of medicines both play the most vital role in the head of intellectual property in the modern world. A passages agreement has made it obligatory for all member states to give patent protection for pharmaceutical products and processes as well. The product patent was introduced in the Indian pharmaceutical governance as a transnational healthcare tragedy, with millions suffering encyclopedically from life-changing conditions, as a large number of them were serving from the low- cost medicine manufacturing sector. This paper involves analyses of the being situation current in India with respect to access to drug. It also deals with the aspect of access to drug as a mortal right that's 'available, affordable, and respectable. This paper also explores the present Indian legal framework guarding the right to health by enabling access to medicines. Incipiently, it elaborates on the challenges with respect to the access to drugs in India and also adds some suggestions to address the issue.

**KEY WORDS:** Patent Protection, Intellectual Property, Pharmaceutical products, accessibility of medicines.

**INTRODUCTION**

Intellectual property rights have been significance in the post TRIPS Agreement era. Before the adoption of TRIPS agreement, World Intellectual Property Organization (WIPO) was looking into the IPR matter. Large number of treaties were adopted on various types and various aspect of IPR. Moving forward with the improvement of its homegrown drug industry, India's involvement with the enactment and legal practice merits genuine consideration for example utilizing TRIPS adaptability to work with admittance to medicine, carrying out necessary authorizing to make more possibilities an intentional permitting exchange and refreshing the rules for looking at drugs application to forestall evergreen of drug license.

The TRIPS agreement has evolved minimum standards for copyright, patent protection, trademark industrial design, layout design of integrated circuit and undisclosed information which includes trade secrets. There are few laws that direct patent like patent protection, expanding the existence of a patent lessing patentability principles and stretching out patent proprieties embrace system to broaden the extent of the patent to acquire extra license which secure the fundamental element of the medication medical service cost are rapidly expanding in India.

The Patent Act 1970 was amended many times to put forward in conformity with the provisions of TRIPS agreement.<sup>1</sup>

The Indian Pharmaceutical industry is a growing high-tech industry and has been steady growth over the past three decades. There are several private Indian companies in the industry currently involved, which have taken a substantial share of the domestic pharmaceutical market because of factors such as favorable public plan and a under the international opposition.

India being an example of the Indian pharmaceutical industry which opens its markets for global business its strategies and business models are to be re-examine. As the need to ensure the security of valuable assets in research and development has increased consideration such as intellectual property are becoming increase relevant.

India is making efforts to curb problem of poor implementable of existing laws on intellectual India is actively striving to address the challenges associated with the inadequate implementation of existing intellectual property laws. The Indian government is working toward establishing a robust patent regime that fosters technological advancement while aligning with its international obligations. Historically, India has been at the forefront of adapting and reforming its pharmaceutical patent laws to prioritize public health and ensure accessibility for the average citizen.

In India, due to the high population, there have been significant health challenges and the costs toward medical services are largely cash-based<sup>2</sup>, which plainly shows that there's a critical need for medical services and the openness, affordability, and availability of medicines in India.

<sup>3</sup>Numerous cases were raised to the attention of the Government wherein the compounding of prescriptions was being done by individuals who were not qualified in this field. Hence, it became necessary to legislate a law for the regulation of the profession of pharmacy. Section 3(d) is a provision under the Indian Patent Act, 1970.

### **AIM OF THE STUDY**

The word patent which covers a wider aspect of rights grant to the owner of the novel creation. The aim of a research study is a broad which elaborate the relationship between patent and right to health. It also evaluates the effect of pharmaceutical patent in India and its accessibility to medicines. With appropriate solution for the problem of public access to health.

### **RESEARCH QUESTIONS**

- What is pharmaceutical patenting?
- What are the prospective of Right to health in Indian legal framework?
- How can assess to medicines challenge public domain?

### **PHARMACEUTICAL PATENTING – MEANING**

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<sup>1</sup> Philippe Cullet, 'Patents And Medicines: The Relationship Between TRIPS And The Human Right To Health'

(2003) 79 International Affairs <<https://www.jstor.org/stable/3095545>>

<sup>2</sup> Avinash Kumar, Effect of Patenting and Competition Law on the Pharmaceutical Industry and Public Health Issues in India: Contemporary Analysis, MAHARISHI JOURNAL OF LAW AND SOCIETY (2019),

<sup>3</sup> [Patent Regime and Right to Health: National and International Perspective](#)

A Patent is a sort of rights that gives protection over any novel invention and conjointly, offers the pre-requisites to sell, use, produce and/or manufacture the patented product. As novel and improved medicine square measure being introduced per annum within the market, drug or pharmaceutical patents became notably vital as these medicines help to generate a significant quantity of revenue for commercial benefits medications are created by pharmaceutical companies to treat diseases.<sup>4</sup> The medicines are initially marketed under a trading name for the purpose of facilitating clinical recommendation to patents. Generally, a patent secures a medicine, which means only the company holding the patent will have the right to re-produce, display and ultimately, profit from the medicines.

Drugs which are approved is mostly patented for a particular period of 7 to 12 years. This occurs because companies seek patent prior to conducting clinical trial to assess the effectiveness of medicines. If the patent on the drug has expired, other companies seek patent prior to conducting clinical trials to assess the effectiveness of the medicines. If the patent on the drug has expired, other companies can be manufacturing and selling it. Drugs are known as generic drugs at this point.

### **PHARMACEUTICAL PATENTS AFFECTING THE ACCESS TO MEDICINES IN INDIA.**

The government of India in 1957 delegated of Justice N. Rajagopala Ayyangar committee<sup>5</sup> looked into the matter of patent law amendment act and provided recommendation and solution to the government regarding the matter. After the two-failure amendment in 1965 and 1967, The Patent act 1970 was passed and the larger part of the provisions of the 1970 act was conducted into the effect on 20<sup>th</sup> April 1972 with issuing the patent rules, 1972. However, by 1970 the foreign pharmaceuticals controlled almost 70% of residential market and imposed the most elevated drugs cost in the world. Since developing general public health concerns, the government of India passed the patent act 1970, which was one and only killer blow inclined of all the product patent of the drugs.<sup>6</sup> Patent act of section 5 prohibited pharmaceutical from obtaining product patent on their medicines, implicate that pharmaceuticals could just look for process patent that are for the simplest part of the other organisation to design overall. India developed among the most powerful generic pharmaceutical businesses in the world, and the Indian national firms caught an extensive area of the domestic market to share the overall industry by outside firms.

Moreover in 1995 India signed the world trade organisation (WTO), Strengthening its status as a dependable and trustworthy trade partners in international framework, as a consequences India require to amend its patent act, 1970.

As the passing of the patent act, 1970 to the year 1995, India did not acknowledge product patent for pharmaceutical as required to the advantageous situation, Indian pharmaceutical industry was able to stir out the countless genetic drugs, demonstrating India as one of the main

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<sup>4</sup> [legaldesire.com/wp-content/uploads/2021/06/pharmaceutical-patenting-LDILJ-June21.pdf](https://legaldesire.com/wp-content/uploads/2021/06/pharmaceutical-patenting-LDILJ-June21.pdf)

<sup>5</sup> Justice Rajagopal Ayyanger Committee Report, 1959.

<sup>6</sup> Patent Act, 1970, Section 5 excludes patents on "substances intended for use, or capable of being used, as food or as medicine or drug

generic drugs manufacturers of the world. India's domestic pharmaceutical industry, which was imaginary at that time it has transformed into global manufacturer of generic medicine by providing excess to drugs at a lower cost.<sup>7</sup> However, in year 2005 because of its commitment under TRIPS Agreement, India force to amend its patent law to give product patent protection to pharmaceutical and also it also gave the extension for the period of 20 years.

TRIPS began certain clear requirements that the patent must conferrer its invention in all the field of technology.<sup>8</sup> Topic to limited exception and need to last till the quarter century a more of difference in pre requisites in ambiguously characterise, nevertheless India had some flexibility in characterizing the important contours of the TRIPS requirement. In the year 2005 the amendment the Patent Act brought product patents on pharmaceuticals into effect by repealing Section 5 of Patent Act. However, 2005 amendment act more likely contain more of excess friendly policy that the Indian generic industry could bring out neglect the brand name and bring forward the generic medicine to the market, regardless to product patent.

## **RIGHT TO HEALTH IN INDIAN LEGAL FRAMEWORK**

Henry Sigerist<sup>9</sup> has correctly said that one of the life's good things is health which is the rightness of every human being; this concept prevails the reasoning result to make of all the measures protected and restore health and become the public function of the state.

According to Black's Law Dictionary, health means, "*freedom from pain and sickness, the most perfect state of animal life and natural agreement and concordant disposition of the parts of the living body.*"<sup>10</sup> Health is defined as a perfect condition and a main social and political good

<sup>11</sup>and also it is "the state of absolute physical, mental and social well being and not only the absence of diseases or weaknesses".<sup>12</sup> The preamble of WTO Additionally states that "the enjoyment of the greatest achievable standard of health is one the fundamental rights of every human being without getting differentiate of race, religion, social and economic conditions and political beliefs".<sup>13</sup> Therefore right to health is a human right which means that everyone has a right to the highest achievable standard of mental and physical health, which also includes the excess to all the medical services.

## **Under the Constitution of India**

Under Article 21<sup>14</sup> of the constitution of India, 1950 which talks about the complete obligation on the state of the life. Time and again Supreme Court of India has categorially highlighted

<sup>7</sup> William Greene, The Emergence of India's Pharmaceutical Industry and Implications for the U.S. Generic Drug Market, 2-3, Office Econ. U.S. Int'l Trade Comin'n Working Paper No. 2007-05-A (2007).

<sup>8</sup> TRIPS Agreement, Article 33.

<sup>9</sup> Ravi Duggal, Operationalizing Right to Healthcare in India, available at

<sup>10</sup> MallikaRamchandran, The Right to Health and the Indian Constitution, 1 Delhi Law Review 1 (2004).

<sup>11</sup> G.R. Lekshmi, Access to Healthcare: Problem and prospects, Cochin University Review 271 (2007)

<sup>12</sup> Preamble of the WHO Constitution

<sup>13</sup> WHO Factsheet No. 31, Right to Health

<sup>14</sup> Protection of life and personal liberty: No person shall be deprived of his life and personal liberty except according to procedure established by law

Article 21 also includes the ambit of Right to Health<sup>15</sup>. Coming to Article 47<sup>16</sup> of the Constitution of India which cast the improvement of public health and government which has a duty to regulate the prices of drugs and medicines so that they can be obtained by the citizen of India at very affordable price. Thus, the policy maker must support in providing Right to Health in their Constitution Duty.

**Under the Patent Act, 1970** India signed the WTO in 1995, and became the subject to TRIPS Agreement which requires to restore the product patent on drugs by a particular certain date. In the amendment of the Patent Act 2005 it additionally integrated various provisions called “TRIPS flexibilities” and deliberated to decrease the blow regarding the excess to affordability of the medicines. The Fundamental TRIPS flexibilities created excess to affordable drugs.

### **Evergreening of Patent: Section 3(d)**

The most debateable provisions and the most astonishing breath-taking sources of concern for the pharmaceutical sector is Section 3d of the Patent Act. Section 3d is the concept provision of the Indian Patent Act regarding the patent eligibility. It also limits extend of patentability particularly on the invention of a pharmaceutical product, Section 3d also states that the patent cannot be granted for; the mere discovery new form of the known substance which cannot be result in the improvement of a known efficacy of the substance or mere discovery of any new property or new use for a known process or for the mere use of the known substance, machine or equipment unless such known process result in new product.<sup>17</sup> However, in Indian Patent Law which bars minor improvement on medication, moreover prohibiting evergreening. In that effect the patent holder of the drug may not restrict or prevent opposition from generic manufacturer by baseless extent of patent term. In the very famous case of Novartis Vs Union of India<sup>18</sup> the Supreme Court held that right to health of its people is a paramount that ruled under Section 3d of the Patent Act 2005 which serves as the additional bars to clear in order to prevent evergreening, this practise of making vital changes to an existing product which simply extent to the exclusive right of the patentee over the product. One of the main issues of this case was whether under Section 3d of the Patent Amendment Act 2005, is the final version of Gleevec increases the known efficacy of the previous form of drugs. Novartis also mention that that Section 3d was irrelevant to the case, but the court did not find this argument effective. Therefore, in India patents are only granted to those pharmaceutical products which have the upgraded efficacy of the product.

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<sup>15</sup> Parmanand Katara v. Union of India, (1989) 4 SCC 286; Kirloskar Bros. Ltd. v. ESI Corpn., (1996) 2 SCC 682; State of Punjab v. Mohinder Singh Chawla, (1997) 2 SCC 83; Paschim Bengal Khet Mazdoor Samity v. State of W.B., (1996) 4 SCC 37.

<sup>16</sup> Duty of State to raise the level of nutrition and the standard of living and to improve public health: The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavor to bring about the prohibition of the consumption except for medical purposes of intoxicating drinks and of drugs which are injurious to health."

<sup>17</sup> The Patents (Amendment) Act, 2005, No. 15, Section 3(d).

<sup>18</sup> (2013) 6 SCC 1.



### **Compulsory Licensing: Section 82-94**

The World Trade Organization (WTO) Establish the TRIPS Agreement to pound a balance between giving the public excess to inventions and protecting patent holders. The Agreement also include the provision of compulsory licencing<sup>19</sup> that would allow a government to permit someone else usually a generic manufacturer who produces drugs without the direction and consent of patent holder. Moreover, TRIPS also define certain modification for issuing compulsory license country's retain broad circumspection over the grant of compulsory licenses and how to establish adequate wages. In 2001 the Doha Declaration<sup>20</sup> was enacted deliberately to clarify some of the confusion about compulsory license but instead it was left with adequate wages untouched<sup>21</sup>. The Indian Patent Act also provided the application for the grant of compulsory licensing which can be made only after three years from the date of grant of the patent<sup>22</sup> unless there is a exceptional situation like natural emergency which can be used to justify the grant of license on an earlier date.

The main three broad grounds for the grant of the compulsory license are

- Logical requirement of public with respect to the patent invention which has not been satisfied.
- The patentable invention which are not excess able to public at a reasonable and affordable price.
- The patentable invention did not work in territory of India. Here, the Patent Act set out the situation under which the affordable requirement of the public would not have been met. In the Natco Vs Byer Corporation India's Controller here the patent granted a compulsory license Natco over Byer's Naxbar drugs. This action was taken to cure the excess to medicine for the protection of Right to Health.<sup>23</sup>

### **Revocation of Patent (section 66)**

Central government enable to revoke a patent where it was observed to be disobedient to the state and injurious to public<sup>24</sup>. The India government has repeal just to patent so far, i.e., innovation of Agraceru's Patent in 1994 and Revocation of Avast Hagen's Patent in 2012. Now

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<sup>19</sup> TRIPS Agreement, Article 31

<sup>20</sup> The Doha Declaration recognized that member nations should not strive to uphold the TRIPS Agreement at the expense of the nations' public health. The clarification embodied in the Doha Declaration resulted from an increasing concern over public health problems affecting the developing and least-developed countries.

<sup>21</sup> The Doha Declaration did try improving access to some drugs by allowing counties to use their power issue compulsory licenses to support the production of generic drugs for export. However, the effort has proven to be insufficient and leaves the current system of state by state policy making relatively untouched.

<sup>22</sup> RicardoMelendex-ortiz& Pedro Roffe (eds.), Intellectual Property and Sustainable Development Agenda in A Changing World 106 (Edward Elgar Publishing Ltd., Massachusetts, 2009).

<sup>23</sup> Bayer Corporation v. NatcoPharma Ltd., Order No. 45/2013

<sup>24</sup> Where the Central Government is of the opinion that a patent or the mode in which it is exercised is mischievous to the State or generally prejudicial to the public, it may, after giving the patentee an opportunity of being heard, make a declaration to that effect in the Official Gazette and thereupon the patent shall be deemed to be revoked.

in Section 66 which work as remedial provision under this act and the government consider as a decision making which guarantee that public interest is more important than individual interest.

**Bolar Provision: (Section 107(A))<sup>25</sup>**

The Bolar is very applicable to the scenario of India as it plays a critical role in shielding the major part of the population in India that is tolerating from fatal diseases. The Bolar provision also provides an exception from patent infringement to the generic manufacturer from importing patent drugs and utilizing for the main purpose, so that they will be prepared with their generic version to get supervisory approval before the product patent get expire.

Now in Section 107 (b) of the act which talks about the importation of the product patent by any person from the person who is duly authorized under the law to sell and produce and distribute the product shall not be consider as patent infringement. For example, the MNC Company acquires a product patent on pharmaceutical in India and moreover offers the same product more economically outside India. The third party who buys the product from the patentee or its agent and import it to India for reselling that will not be liable for patent infringement. As the result the consistent with the traditional view of international fatigue is one which the patentee obtains as a reward from its sell anywhere from the world.

**CHALLENGES DETERMINING THE ASSESS TO MEDICIENS**

Since India's pharmaceutical patent law went into effect there have been immense hurdles in the public access to healthcare. Intellectual property protection has expanded the innovation of pharmaceutical patenting with various hurdles that had a impact on the accessibility and cost of critical medications for the Indian domain.

1. **Excessive Drugs Cost:** The main issue resulting from pharmaceutical patenting is in the rising cost of medications.<sup>26</sup> Exclusive right by patent has been granted by the pharmaceutical corporation, which enables them to keep their patented medicines cost higher as long there is no generic alternatives available throughout the patent term. These financial barriers are causing disparities especially for the low income people.<sup>27</sup>
2. **The Absence of Generic Drug:** Due to the exclusivity imposed by patents, pharmaceutical is often delayed in becoming available when the patent protection terms end economic healthcare is largely dependent on generic medications.<sup>28</sup>

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<sup>25</sup> Certain acts not to be considered as infringement: For the purpose of this Act - (a) any act of making, constructing, using, selling or importing a patented invention solely for uses reasonably related to the development and submission of information required under any law for the time being in force, in India, or in a country other than India, that regulates the manufacture, construction, use, sale or import of any product; shall not be considered as an infringement of patent rights

<sup>26</sup> Report of the High Commissioner for Human Rights, Para 30

<sup>27</sup> LENNY VASANTHAN ET AL., ASSISTIVE TECHNOLOGY FOR IMPROVING ACCESS TO PRIMARY CARE IN INDIA: A SCOPING REVIEW (2023).

<sup>28</sup> D Ashiru-Oredope et al., Barriers and Facilitators to Pharmacy Professionals' Specialist Public Health Roles: A Mixed Methods UK-Wide Pharmaceutical Public Health Evidence Review, 30 INTERNATIONAL JOURNAL OF PHARMACY PRACTICE ii2 (2022).

However, the exclusivity of patent is causing more of generic rivals in the market field so as to delaying patents timely access is causing priced treatment choices.

3. **Application That Monopolises:** In this frame monopolistic behaviour may cause unintentional support that is related to pharmaceutical patenting.

This syndicate on the produce and dealing out of crucial pharmaceutical companies with patent on essential medicine are available to set price without facing any opposition, due to this competition in the market the cost is remaining high which is affecting the general public in large.<sup>29</sup>

4. **Result in inhabitants at Large:** Susceptible people are inappropriately getting affected by the problems which are caused by the pharmaceutical patents. People who suffering from infectious disease and long-term illness are often depends on certain medicines, which can be hurdles to access may have terrible consequence. In pharmaceutical patenting moral discussion around a restriction of downside group of people to access the necessary medication becomes pivotal.<sup>30</sup>

5. **Imbalance in wellness program:** India's already existing healthcare inequalities are the effect of pharmaceutical patenting. Due to the considerable wealth, urban location is easier to access patented therapy, but economic reserve group, or rural area are having more problem in acquiring obligatory prescriptions. It also indicates more of inclusive healthcare system and aggravate existing healthcare imbalance.<sup>31</sup>

6. **Feasible effect on novelty:** Pharmaceuticals patent is designed for incentivise innovation but here there is a developing debate on whether the current system can accidentally demoralize certain types of inventions. The field of development and research financially less commercial profits are suffering as a outcome of the concentration of medication with larger impact in market potential which might obstruct advancement in crucial medical field.<sup>32</sup>

### **JUDICIAL INTERPERTATION**

#### **Merck Sharp and Dohme Corporation, and Anr v. Glenmark:**

Merck Sharp was given the main itagliptin patent, and Merck leasehold Sun Pharmaceuticals Pvt. Ltd. to vend the medicines in India. Merck Sharp did not submit the request for the sitagliptin phosphate salt; moreover, the patent authority cancelled it since the criteria for patentability were not met. Merck Sharp then moved forward with its scheme to file for a patent on phosphate salt in India. The petitioner used the names of medicines Zita and Zitamet,

<sup>29</sup> Vikram Singh, Kajal Chakraborty & C. Lavina-Vincent, Pharmaceutical Patenting Trends on Drugs and Lifestyle Diseases: An Analysis of Indian and Global Status, 113 CURRENT SCIENCE 725 (2017).

<sup>30</sup> Balwant Rawat, Patenting Landscape in India 2009, SSRN ELECTRONIC JOURNAL (2009).

<sup>31</sup> LAXMAN PRASAD, PATENTING IN INDIA: POLICY, PROCEDURE AND PUBLIC FUNDING (2015)

<sup>32</sup> REJI JOSEPH, PHARMACEUTICAL INDUSTRY AND PUBLIC POLICY IN POST-REFORM INDIA (2015).



Glenmark for a patent on the phosphate salt of sitagliptin and took upper hand situation of Merck.

Their aim was to generate a "safe harbour" for the usage of their medication along Januvia's borders. In spite getting an Indian patent application number, Merck chose not to pursue the patent. The Hon'ble Court of Delhi discovered that the application was still pending in the patent office, where there is no prima facie infringement of Merck's rights without searching into the merits of the matter.<sup>33</sup>

### **Baker Corporation v. Union of India:**

Disputes arose between Cipla and Bayer, when the Bayer claimed to Cipla that the request for DCGI for the clearance of the generic version of medicines in which Bayer had a patent called Nexavar. This medicine deals with cancer in liver and kidney. Bayer also claims that approving Cipla can be invalid for the patent that was awarded and also, according to Bayer patent is link with require achieving goals in the Patent Act. In the year 2005 of the Patent Act Section 48 was used to make Cipla, on the other hand it had a strong and huge Novartis case that dealt with public interest and welfare in result of unwelcome barriers to generic competition.

Taking into consideration that joining the regulatory and patent regime would undermine TRIPS'S Bolar working exception, innovation and addressing India's public health challenge. Court dismissed the Bayer's case for patent protection. It was observed that drug development for commercial use does not automatically means that the patent owner's right to use exercise, manufacture, sell or distribute his innovation in India that has been breached. Now instead in front of the court it is the patent owner's duty to officially claim and establish such of an infringement.<sup>34</sup>

The authority was given to connect to the regulator and patent system while the court looked into the judicial prolongment. The court decision was on the ground to imply the generic medication businesses in India which was the vital tool for addressing public healthcare problem. In the reality if the court has ruled with the buyer's decision it have been made all the Indian products specially the generic medicines liable for the further studies and trial, they carry out in the name of the medication brand that are still yet to cover under the patent.<sup>35</sup>

### **SOLUTION FOR THE ISSUE OF GENERAL ACCESS TO HEALTH**

Can anyone think whether stability to right to health and pharmaceutical patenting is that even be possible. The reality is necessary to balance the equitability of health which is fundamental right for all the human beings. Well-being is one of the most main right in which the law still provides some meaning to the inventors which can be protected by their variable interest. The

<sup>33</sup> Merck Art, "Merck Sharp," 49 IIC - INTERNATIONAL REVIEW OF INTELLECTUAL PROPERTY AND COMPETITION LAW 1 (2018).

<sup>34</sup> Gláucia Acioli, Ana Karla Abud & Antonio Oliveira Júnior, Patenting and Strategies of Major Pharmaceutical Companies in Brazil, 9 RESEARCH, SOCIETY AND DEVELOPMENT e264996896 (2020).

<sup>35</sup> Baker Hughes Asia Pacific Limited Vs. Union of India & Ors. in Civil Writ Petition No. 5714/2021 (High Court - Rajasthan), TAXO, <https://taxo.online/judgment/baker-hughes-asia-pacific-limited-vs-union-of-india-ors-in-civil-writ-petition-no-5714-2021-high-court-rajasthan/> (last visited Nov 21, 2023).

balance should be between both public and inventors. In my opinion pharmaceutical industries are more greedy towards stronger patent protection without thinking about the cost and other few exceptions they are using medication in the name of business.

### **EXISTING SOLUTION**

In India, 2005 TRIPS agreement came into effect which is the main Agreement which sign by every countries. India did not allow product patent for medicines before TRIPS Agreement. It is major for every country to have licence to medicines at a very lowest price. As a outcome compulsory licensing should be ensured of not cruel but not also too free so that people misuse the medicines.

### **POSSIBLE SOLUTION**

Every solution should be well frame that they never fail to bring important changes in the public area. Due to this effect many scholars and organization are still discovering alternatives solution. Presenting my solving that has been dealt in the vital role of the public excess which is misuse by the industry by keeping their prices higher so that it is beyond accessibilities. Health impact, price deduction, and good commercial citizens are few of the feasible solution that can be given.

### **CONCLUSION**

Healthcare being the most important fundamental rights which every developing country should follow and must have a look that it should not violated. In the non-appearance of healthcare, the principles of Justice should not be determined. Invention under patent unable economic and industrial welfare through localisation and they use. As a solution, innovative step must outcome in innovation. Indian Patent Law is one of the best who balances the interest of the common people and right of the inventor. In India patent can be obtained by pharmaceutical companies after introducing product patent regime. A careful consideration on criteria of patentability should be made by the researcher before applying the patent, seeking help from patent experts is highly approved in this regard. A right to patent can be license or assign to any person or company after it has been granted patented. Using patent is an effectual means of conveying technology to company that lacks marketing abilities or manufacturer abilities. Company should develop process and product patent to the third parties for earning revenues. Products which are licenses can be marketed under compulsory license.

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