Dear Reader,

The Hathi Committee Report of 1975 on the Drugs & Pharmaceutical Industry, running into 278 pages, was widely discussed in India, both inside and outside Parliament, as well as in many other countries across the globe. The Hathi Committee Report was never implemented in India because of its bold and radical recommendations. However, this report inspired several other countries to frame their National Drug Policies much before India did. The then fledgling neighbour Bangladesh was the first country in the world which bravely enacted the Drug Control Ordinance Law in 1982, against huge resistance from several quarters. This law helped Bangladesh to control the cost and supplies of essential medications, especially for its poor and down trodden masses. The essential medicines list of the World Health Organisation owes a lot to Bangladesh for this revolutionary step. Taking the example of Bangladesh, several developing countries including India formulated their own essential medicines lists. This soon led to the availability of cheap essential medicines. The architect of the Bangladesh Ordinance of 1982 was Dr. Zafrullah Chowdhury, who had concluded by then that Bangladesh needed only 250 drugs while more than 5000 drugs were existing in the market.

Dr. Chowdhury spent his early childhood in Kolkata and graduated in Dhaka in Medicine in 1964. Subsequently, he trained as a General & Vascular Surgeon in England from 1965 to 1971 and passed the Primary Fellowship Examination of the Royal College of Surgeons in 1970. Due to the outbreak of the Bangladesh Liberation War in 1971, Dr. Chowdhury rushed to Tripura and fought as a guerrilla warrior and then as a Doctor, fighting shoulder to shoulder with the founding fathers of Bangladesh.

Dr. Chowdhury founded a Community Health Service Centre called Gonoshasthaya Kendra in the underdeveloped village of Savar, hardly 27 km away from Dhaka, soon after the war. Already ten years later, when this writer visited the Centre, one could see the tremendous impact the Kendra had on the lives of the surrounding community. The Kendra is well known today for its model of Primary Health Care. It exemplifies how Primary Health Care can be effectively achieved at a very low cost - especially by involving women volunteers having just basic education. The local women with no medical background serve as paramedics in the community after training, providing both paramedical and curative services, something remarkable in a country with more than 85% of the population being followers of Islam. Over the past five decades, the Kendra has expanded its services to cover approximately 1.5 million people in 541 villages throughout 56 Unions in 32 Upazilas in 20 Districts across the country. It also serves mostly vulnerable and low-income groups through its 43 rural sub-centres and 6 academic hospitals.

Incidentally, one of the six original ceramic penicillin production vessels is located in Savar, thanks to the donation by Dr. Norman George Heatley, OBE, who was one of the pioneers of penicillin manufacturing. The other five vessels are preserved in Oxford. The monthly magazine of
the Kendra used to translate and publish articles from the British Journal of Medical and Health Sciences and other scientific journals into Bangla, right from its inception.

Dr. Chowdhury also set up a Generic Drug Company which significantly influenced the cost of drugs in Bangladesh. He was a highly sought Advisor to the Bangladesh Government and to several international organisations in all fields related to Public Health including Health Services, Primary Education, Drug Policies and more. His vast network of international friends supported his dreams to come true. Dr. Chowdhury was conferred with the highest Civilian Award of Bangladesh in 1977. He was given the Ramon Magsaysay Award in 1985 as well as the Right Livelihood Award in 1992.

A humble Human Being from a privileged background who was always concerned about the health of the poor, Dr. Chowdhury died on 11 April 2023 in Dhaka at the age of 81 years. He will be remembered across the world for introducing the concept of Health Justice and Health Equality for the poor. (The Lancet, 2023, 401, May 20, 2023, p. 1648; DOI: https://doi.org/10.1016/S0140-6736(23)00975-3; BMJ 2023; 381, p. 921).

Happy Reading!

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About The Associate Editor

Dr. Nagaraj Narayan Rao obtained Bachelor's degrees in Science (Chemistry) and in the Technology of Pharmaceuticals and Fine Chemicals from the University of Mumbai. After working with Colgate-Palmolive (India) for two years as a laboratory chemist, he obtained his doctorate in science with magna cum laude from the University of Tuebingen, Germany, under the guidance of Prof. Dr. H. J. Roth. He carried out post-doctoral research at the Institute of Biotechnology of the Research Center Juelich, Germany. He was a member of the Editorial Board for the first official German-language version of the European Pharmacopoeia. He was a visiting scientist at Juelich and a visiting faculty at the Institute of Chemical Technology Mumbai from 1993 to 2007 in the field of bioprocess technology. He has authored several original research articles, a patent, review articles and book chapters in the fields of pharmaceuticals, biotechnology, brewery and surface coatings. He was Chief Editor of the “Transactions of the MFAI” for a few years. He contributes a monthly ‘Report from India’ to a leading German technical journal since seventeen years and is a distinguished alumnus of the Research Center Juelich.

Dr. Rao is co-founder of the RRR group of small and medium enterprises, manufacturing organic fine chemicals, formulations for surface coating technologies and fertilizers, process sensors and process units for life sciences, brewery and chemical process industries, as well as representing select overseas companies for cell culture media, bulk drugs and used chemical equipment and plants.

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