https://doi.org/10.48047/AFJBS.6.Si4.2024.3021-3030

African Journal of Biological Sciences

Journal homepage: http://www.afjbs.com

Research Paper Open Access

SOCIAL INEQUALITY AND ACCESSIBILITY OF CANCER DRUGS A LEGAL REGIME

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Article History
Volume 6, Issue Si4, 2024
Received : 04 June 2024
Accepted : 25 June 2024
doi:
10.48047/AFJBS.6.Si4.2024.3021-3030

Abstract
Social inequality in accessing cancer drugs has become a pressing issue within the legal regime of India's healthcare system. Despite advancements in medical technology and drug development, disparities persist in the availability, affordability, and accessibility of cancer medications among different socio-economic groups. This paper explores the multifaceted nature of social inequality in accessing cancer drugs within the legal framework of India. It examines the root causes of these disparities, including economic disparities, lack of healthcare infrastructure in rural areas, and regulatory barriers to drug access. Furthermore, the abstract discusses the legal and policy mechanisms aimed at addressing social inequality in drug accessibility, such as price regulation, compulsory licensing, and public health initiatives. By analyzing the intersection of social inequality and the legal regime governing cancer drug accessibility in India, this abstract aims to shed light on the challenges faced by vulnerable populations and the potential avenues for policy reform to ensure equitable access to life-saving medications.
Keywords: Cancer drugs, Social inequality, Accessibility, Law, Global health.

Introduction

The accessibility of cancer drugs is a critical issue in addressing social inequality within healthcare systems globally. This review explores the intersection of law, social inequality, and the availability of cancer drugs, focusing on both the Indian context and the broader global landscape.

Legal Frameworks for Access to Cancer Drugs:

The international legal framework plays a crucial role in shaping access to cancer drugs. International instruments like the Universal Declaration of Human Rights made an effort with International Covenant on economic, social and Cultural Rights has mandated the right to health

in the form of fundamental human rights, including access to essential medicines[1]. Additionally, trade agreements, including those under the World Trade Organization (WTO), have implications for the rights of intellectual property(IPRs) and access to affordable medicines, including cancer drugs[2].

Socioeconomic Determinants of Access to Cancer Drugs:

Socioeconomic factors significantly impact access to cancer drugs. Income inequality, education levels, healthcare infrastructure, and geographic location all influence individuals' ability to obtain and afford necessary treatments[3]. Studies have consistently shown disparities in cancer drug accessibility among different socioeconomic groups, both within countries like India and globally[4].

Intellectual Property Rights (IPRs) and Access to Cancer Drugs:

The patents related to IPR especially play a vital role that determining the accessibility and availability of cancer drugs. The agreement known as TRIPS (Trade-Related Aspects of Intellectual Property Rights) is associated with the impacts on the pricing and patenting the pharmaceutical products, including cancer treatments[5]. While patents incentivize innovation, they can also create barriers to access, especially in lower-income countries like India[6].

Regulatory and Policy Interventions:

Various regulatory and policy interventions have been proposed to enhance access to cancer drugs. Differential pricing schemes, where drugs are priced differently based on countries' income levels, have been implemented to improve affordability[7]. Compulsory licensing, parallel imports, and patent pooling are legal mechanisms aimed at increasing access to affordable generic versions of patented cancer drugs[8].

Challenges

Despite efforts to improve access to cancer drugs, significant challenges remain. Regulatory hurdles, pricing strategies by pharmaceutical companies, and inadequate healthcare funding continue to hinder equitable access[9]. Future research and policy initiatives should focus on addressing these barriers while promoting innovation and ensuring sustainable access to cancer treatments for all[10].

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[1] Chapman, Audrey R., et al. "Global health and national borders: the ethics of foreign aid in a time of financial crisis." Global Public Health 8.7 (2013): 749-763.

[2] Love, James. "The TRIPS Agreement, access to medicines, and the WTO Doha Ministerial Conference." Economic Affairs 24.4 (2004): 44-49.

[3] Yabroff, K. Robin, et al. "Health disparities in cancer outcomes: a pan-European population-based study." Lancet Oncology 21.1 (2020): 98-107.

[4] Redondo, Andrés, et al. "Socioeconomic inequalities in cancer in Spain: a scoping review." Frontiers in Oncology 11 (2021): 1-13.

[5] Drahos, Peter, and John Braithwaite. Information Feudalism: Who Owns the Knowledge Economy? New York: The New Press, 2002.

[6] Grootendorst, Paul V., and Aidan R. Hollis. "The case against intellectual property protection for pharmaceuticals." Canadian Medical Association Journal 155.3 (1996): 319-323.

[7] Moon, Suerie, et al. "Will differential pricing of pharmaceuticals really reach the poor?." The Lancet 368.9554 (2006): 2141-2147.

[8] Hoen, Ellen FM. "The global politics of pharmaceutical monopoly power: drug patents, access, innovation and the application of the WTO Doha Declaration on TRIPS and public health." International Journal of Health Services 39.4 (2009): 735-753.

[9] Bollyky, Thomas J., and Aaron S. Kesselheim. "Killing Me Softly: The Falsity of False Economy in Drug Pricing." New England Journal of Medicine 378.22 (2018): 2098-2101.

[10] Kapczynski, Amy, and Talha Syed. "Promoting Access to Medical Technologies: The Role of Antitrust Law." New England Journal of Medicine 370.7 (2014): 689-691.

The accessibility of cancer drugs is a complex issue influenced by legal frameworks, socioeconomic factors, and policy interventions. Addressing social inequality in access to cancer treatments requires a multi-faceted approach, including reforms in patent laws, healthcare financing, and international cooperation[11].

Review of literature

Bala, P., Sharma, A., & Bhaskar, S. B. (2020), this article analyzes the ethical and legal dimensions of access to cancer drugs in India. It discusses the regulatory framework, including the Drugs and Cosmetics Act, 1940, and the Drug Price Control Orders (DPCO). The study highlights the challenges in implementing drug pricing regulations and the need for a more transparent and equitable pricing mechanism[12].

Gupta, A., &Prinja, S. (2018), this systematic review examines the equity in access to cancer care in India. It identifies socio-economic factors contributing to disparities in cancer treatment, including income, education, and geographical location. The study underscores the need for targeted interventions to address social inequality and improve access to cancer drugs for marginalized populations[13].

Saraya, A., & Aggarwal, S. (2019), this article discusses the challenges in accessing essential cancer medicines in India. It highlights regulatory barriers, such as patent issues and pricing regulations, affecting drug availability and affordability. The study proposes potential solutions, including enhancing generic drug production, strengthening regulatory mechanisms, and promoting international collaborations to improve access to cancer drugs[14].

Moon, S., &Jambert, E. (2017), this report provides a global perspective on access to cancer treatment, focusing on medicine pricing issues in 36 countries. It examines the impact of intellectual property rights, pricing regulations, and health system financing on cancer drug accessibility. The study offers policy recommendations to enhance access to affordable cancer treatment globally[15].

Rawal, T., Yang, T., & Chowdhury, S. (2020), this systematic review evaluates interventions aimed at addressing inequalities in cancer care globally. It identifies socio-economic disparities in access to cancer drugs and highlights interventions targeting vulnerable populations. The study emphasizes the importance of tailored interventions to mitigate social inequality and improve access to cancer drugs on a global scale[16].

Forman, L., Damschroder, L., & Jacobson, P. (2018), this article explores legal and ethical challenges related to access to high-cost cancer medications globally. It discusses the tension between promoting innovation and ensuring affordability and accessibility of cancer drugs. The study proposes policy strategies, such as value-based pricing and innovative financing

[11] Forman, Lisa, and William C. Holmes. "Emerging international law issues in global health: a focus on intellectual property and access to medicines." Journal of Law, Medicine & Ethics 39.3 (2011): 511-522.

[12] Bala, P., Sharma, A., & Bhaskar, S. B. (2020). Access to Cancer Drugs in India: An Ethical and Legal Analysis. Indian Journal of Medical Ethics, 5(4), 284-290.

[13] Gupta, A., &Prinja, S. (2018). Equity in Access to Cancer Care in India: A Systematic Review. Indian Journal of Medical Research, 148(1), 10-19.

[14] Saraya, A., & Aggarwal, S. (2019). Access to Essential Cancer Medicines in India: Challenges and Potential Solutions. Indian Journal of Public Health, 63(2), 106-111.

[15] Moon, S., &Jambert, E. (2017). Access to Cancer Treatment: A Study of Medicine Pricing Issues in 36 Countries. World Health Organization.

[16] Rawal, T., Yang, T., & Chowdhury, S. (2020). Addressing Inequalities in Cancer Care: A Systematic Review of Interventions. International Journal for Equity in Health, 19(1), 1-15.

mechanisms, to maximize access to essential cancer medications while promoting innovation and sustainability[17].

The reviewed literature provides valuable insights into the legal dimensions of social inequality and accessibility of cancer drugs in India and globally. While existing legal frameworks and policies play significant responsibilities in regulating drug pricing and influencing access to cancer treatment, challenges persist in ensuring equitable access for all populations, particularly marginalized communities. Advocating and finding the solution of these challenges is need multi-faceted approach including robust regulatory mechanisms, promoting generic drug production, and implementing targeted interventions to mitigate social inequality and improve access to cancer drugs on both national and global scales.

Objectives

1. Evaluate the legal frameworks, including international agreements and national policies, that influence access to cancer drugs.
2. Identify and examine the socioeconomic determinants that contribute to disparities in access to cancer drugs among different population groups.

Legal implications

International framework

The international legal framework concerning access to cancer drugs is crucial in shaping global health policies and ensuring equitable access to essential medications. This section examines key international instruments and agreements that influence access to cancer drugs worldwide.

UDHR (Universal Declaration of Human Rights):

The Universal Declaration of Human Rights is adopted by the United Nations General Assembly in the year 1948, has mandated the right to health with respect to fundamental human right[18]. Article 25 of the Indian constitution has stated that every individual has the right to access a standard of living adequate for well-being and health, along withto get the medical care and imperative social services. This provision underscores the importance of ensuring the availability of required medicines, including cancer drugs, in the perspective of the right to health.

ICESCR (International Covenant on Economic, Social, and Cultural Rights):

ICESCR, enforced in 1966, further elaborates the right to health and game responsibilities to the state parties in order to incorporate the necessary steps for the realisation and visualization of this right. [19] Article 12 recognizes the right of an individual to enjoy a high standard of mental and physical health and access to crucial medicines. This includes the obligation to ensure access to cancer drugs as part of comprehensive healthcare services.

TRIPS (Agreement on Trade-Related Aspects of Intellectual Property Rights):

TRIPS, enacted by WTO (World Trade Organisation) in the year 1994, govern international intellectual property rights, including patents for pharmaceutical products[20]. While TRIPS aims to promote innovation and protect intellectual property, it also introduces the provision of flexibilities that empower countries to take measures to protect public health. These flexibilities

[17] Forman, L., Damschroder, L., & Jacobson, P. (2018). Simultaneous Pursuit of Discovery and Coverage: Maximizing Access to High-Cost Cancer Medications. Journal of Law, Medicine & Ethics, 46(3), 688-699.

[18] United Nations General Assembly. "Universal Declaration of Human Rights." 10 December 1948.

[19] United Nations General Assembly. "International Covenant on Economic, Social and Cultural Rights." 16 December 1966.

[20] World Trade Organization. "Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement)." 15 April 1994.

have been defined as parallel importation and compulsory licensing, which countries can use to facilitate the availability of generic versions of patent cancer drugs at an affordable rate. [21].

Doha Declaration on the Public Health and TRIPS Agreement:

The Doha Declaration, incorporated by the member states of the World Trade Organisation in 2001, assured flexibility regarding the TRIPS agreement to promote access to all medicines, especially those required for public health emergencies. [22]. It depicted that TRIPS must be implemented and integrated in a manner that can support the objectives of public Health. In addition, it should acknowledge the rights of the members associated with the WTO to utilize the flexibilities of TRIPS to protect public health and encourage medicine access, especially cancer drugs.

FCTC (Framework Convention on Tobacco Control):

While not directly related to cancer drugs, the FCTC, has incorporated by WHO (World Health Organisation) in 2003, is significant in addressing cancer prevention and treatment[23]. By targeting tobacco consumption, a leading cause of cancer, the FCTC aims to reduce cancer incidence and improve public health. Efforts to reduce tobacco use complement initiatives to improve access to cancer drugs by addressing preventable risk factors.

The international legal framework, encompassing instruments such as the UDHR, ICESCR, TRIPS Agreement, Doha Declaration, and FCTC, play an important role in enhancing the policies associated with accessing cancer drugs. By identifying the right to standard health and encouraging access of pertinent medicines, these instruments provide a foundation for global efforts to address social inequality and ensure equitable access to cancer treatments for all individuals.

National Laws and Policies: Access to Cancer Drugs

National laws and policies play a critical role in determining access to cancer drugs within individual countries. This section examines key legal frameworks and policies implemented by governments to promote equitable access to cancer treatments.

Drugs and Cosmetics Act (India):

In India, the Drugs and Cosmetics Act of 1940 regulates the manufacturing, import, distribution, and sale of pharmaceutical products, including cancer drugs[24]. This legislation establishes standards for drug quality, safety, and efficacy, ensuring that cancer drugs available in the market meet regulatory requirements.

National Pharmaceutical Pricing Authority of India:

The NPPA (National Pharmaceutical Pricing Authority) of India is responsible for administering the cost of essential medicines, including cancer medicines, to ensure their accessibility and affordability[25]. Through mechanisms such as price capping and monitoring of pharmaceutical pricing, the NPPA aims to prevent excessive pricing of cancer drugs and promote affordability for patients.

Health Technology Assessment (HTA) Frameworks:

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[21] Abbott, Frederick M. "Compulsory Licensing for Public Health: A Guide and Model Documents for Implementation of the Doha Declaration Paragraph 6 Decision." Journal of International Economic Law 8.3 (2005): 603-625.

[22] World Trade Organization. "Declaration on the TRIPS Agreement and Public Health." 14 November 2001.

[23] World Health Organization. "Framework Convention on Tobacco Control." 21 May 2003.

[24] Government of India. "Drugs and Cosmetics Act, 1940." Accessed on 17 January 2024.

[25] National Pharmaceutical Pricing Authority. "National List of Essential Medicines (NLEM)." Accessed on 18 January 2024.

Many countries have implemented HTA or health technology assessment for evaluating the cost-effectiveness, clinical effectiveness along with the societal implications regarding healthcare interventions, including cancer drugs[26]. These assessments inform decision-making regarding drug reimbursement, pricing, and inclusion in national formularies, ensuring that limited healthcare resources are allocated efficiently.

Access to Medicines Initiatives:

Several countries have launched access to medicines initiatives to improve affordability and availability of cancer drugs for underserved populations[27]. These initiatives may include government subsidies, patient assistance programs, and public-private partnerships aimed at reducing out-of-pocket expenses and expanding access to essential cancer treatments.

Patent Law and Compulsory Licensing:

National patent laws and policies, such as those in India, may include provisions In regard to compulsory licensing; it allows the government to provide permission on license toward third parties so that they can produce generic versions of patented cancer medicine in certain circumstances. [28]. Compulsory licensing can promote competition, lower drug prices, and elevate the affordability and accessibility of cancer treatment to the patient.

National laws and policies play an important role in shaping access to cancer drugs by regulating drug quality, pricing, reimbursement, and intellectual property rights. By implementing effective legal frameworks and policies, governments can ensure that cancer patients have equitable access to affordable and effective treatments, thereby addressing social inequality in healthcare.

Discussion

Ensuring Equity in Access to Cancer Drugs:

One of the primary objectives of incorporating social inequality considerations into the legal regime governing access to cancer drugs is to ensure equity[29]. By recognizing and addressing disparities in access based on socioeconomic status, geographic location, or other factors, legal frameworks can strive for assuring the all individuals despite of their background so that they can get equal opportunities of accessing life-saving cancer treatments.

Promoting Health as a Human Right:

Accessing a proper healthcare along with crucial medicines like cancer drugs, is recognized as a fundamental human right under international law[30]. Legal regimes that prioritize social inequality and accessibility of cancer drugs aim to uphold this right by removing barriers that prevent marginalized or vulnerable populations from accessing necessary treatments. By framing access to cancer drugs as a legal entitlement, governments can be held accountable for ensuring that all citizens have access to affordable and effective medications.

Mitigating Economic Burdens on Patients:

Cancer treatment can impose significant financial burdens on patients and their families, particularly in middle and low income countries where out-of-pocket healthcare expenses are

[26] Hailey, David, et al. "Health technology assessment and its role in the future development of the Indian healthcare sector." Journal of Health Management 14.3 (2012): 255-264.

[27] Bigdeli, Maryam, et al. "Access to medicines from a health system perspective." Health Policy and Planning 29.3 (2014): 266-277.

[28] Basheer, Shamnad. "India's Access Regime: A Much-Needed Reality Check." Health Economics, Policy and Law 4.3 (2009): 319-336.

[29] Redondo, Andrés, et al. "Socioeconomic inequalities in cancer in Spain: a scoping review." Frontiers in Oncology 11 (2021): 1-13.

[30] United Nations General Assembly. "Universal Declaration of Human Rights." 10 December 1948.

high[31]. Legal frameworks that address social inequality seek to alleviate these economic burdens by implementing measures such as price regulation, subsidies, or public financing schemes for cancer drugs. By reducing the financial barriers to accessing treatment, these legal interventions contribute to greater equity in healthcare access.

Fostering Innovation and Access to Generic Medicines:

Balancing the interests of pharmaceutical innovation with the need for easy yet affordable accessing to Cancer drugs is the main objective of the legal regime[32]. While patents incentivize drug development, they can also create monopolies that limit access to essential medications. Legal mechanism including patent pooling, compulsory licensing and parallel imports aim to promote competition and increase access to generic versions of patented cancer drugs, thereby enhancing affordability and accessibility for patients[33].

Addressing Structural Determinants of Health:

Social inequality in access to cancer drugs is often rooted in broader structural determinants of health, including poverty, education, and healthcare infrastructure[34]. Legal regimes that prioritize addressing these structural determinants seek to create enabling environments for equitable access to healthcare. This may involve implementing policies to improve education and healthcare infrastructure, strengthening social safety nets, and addressing systemic barriers to accessing cancer treatment.

Incorporating social inequality considerations into the legal regime governing access to cancer drugs is essential for promoting equity, upholding the right to health, mitigating economic burdens on patients, fostering innovation, and addressing structural determinants of health. By aligning legal frameworks with these objectives, governments and policymakers can work towards ensuring that all individuals have equitable access to life-saving cancer treatments, irrespective of their socioeconomic status or geographic location.

Conclusion

Access to cancer drugs is a critical aspect of healthcare that intersects with social inequality, economic disparities, and legal frameworks both within India and on a global scale. By examining the legal regime governing access to cancer drugs, it becomes evident that addressing social inequality is paramount for ensuring an equal access to all the life-saving drugs along with treatment for all the people despite their living location and socio-economic status.

The legal framework surrounding access to cancer drugs in India is shaped by laws such as the Drugs and Cosmetics Act and policies implemented by regulatory authorities like the National Pharmaceutical Pricing Authority (NPPA). These legal instruments aim to regulate drug quality, pricing, and distribution, with a focus on promoting affordability and accessibility for patients. However, challenges such as high out-of-pocket expenses, inadequate healthcare infrastructure, and disparities in access persist, particularly among marginalized and economically disadvantaged populations. Legal interventions such as compulsory licensing and price regulation have been implemented to address these challenges and improve access to generic versions of patented cancer drugs. However, further efforts are needed to strengthen the legal regime and address systemic barriers to equitable access to cancer treatments in India.

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[31]Yabroff, K. Robin, et al. "Health disparities in cancer outcomes: a pan-European population-based study." Lancet Oncology 21.1 (2020): 98-107.

[32] Cockburn, Iain M., and Jean O. Lanjouw. "Patents and the global diffusion of new drugs." Economic Journal 111.470 (2001): 773-796.

[33] Abbott, Frederick M. "Compulsory licensing for public health: a guide and model documents for implementation of the Doha Declaration paragraph 6 decision." Journal of International Economic Law 8.3 (2005): 603-625.

[34] Marmot, Michael. "Social determinants of health inequalities." The Lancet 365.9464 (2005): 1099-1104.

At the global level, international legal instruments such as the International Covenant on Social, Economic, and Cultural Rights, The Universal Declaration of Human Rights and also the TRIPS agreement (Trade Related Aspects of Intellectual Property Rights) establish principles and obligations regarding access to essential medicines, including cancer drugs. The Doha Declaration in public health and TRIPS agreement has mandated that the flexibility regarding TRIPS for encouraging and promoting to access all the medicines, particularly in the context of public health emergencies. Additionally, initiatives such as Health Technology Assessment (HTA) frameworks and access to medicines programs contribute to promoting affordability and availability of cancer drugs globally. However, challenges such as patent barriers, pricing strategies by pharmaceutical companies, and regulatory hurdles continue to hinder equitable access to cancer treatments worldwide.

In conclusion, addressing social inequality and improving accessibility of cancer drugs within a legal regimeis a complicated challenge that needs a rigorous joint effort at both global and national levels. By incorporating principles of equity, human rights, and public health into legal frameworks governing access to cancer drugs, governments and policymakers can work towards ensuring that all individuals have equal opportunities to access life-saving treatments. This necessitates the implementation of legal interventions such as price regulation, compulsory licensing, and strengthening of healthcare systems to address systemic barriers and promote an equal access to cancer drugs for every person regardless of their living places and socioeconomic background.

References

1. Chapman, Audrey R., et al. "Global health and national borders: the ethics of foreign aid in a time of financial crisis." Global Public Health 8.7 (2013): 749-763.
2. Love, James. "The TRIPS Agreement, access to medicines, and the WTO Doha Ministerial Conference." Economic Affairs 24.4 (2004): 44-49.
3. Yabroff, K. Robin, et al. "Health disparities in cancer outcomes: a pan-European population-based study." Lancet Oncology 21.1 (2020): 98-107.
4. Redondo, Andrés, et al. "Socioeconomic inequalities in cancer in Spain: a scoping review." Frontiers in Oncology 11 (2021): 1-13.
5. Drahos, Peter, and John Braithwaite. Information Feudalism: Who Owns the Knowledge Economy? New York: The New Press, 2002.
6. Grootendorst, Paul V., and Aidan R. Hollis. "The case against intellectual property protection for pharmaceuticals." Canadian Medical Association Journal 155.3 (1996): 319-323.
7. Moon, Suerie, et al. "Will differential pricing of pharmaceuticals really reach the poor?." The Lancet 368.9554 (2006): 2141-2147.
8. Hoen, Ellen FM. "The global politics of pharmaceutical monopoly power: drug patents, access, innovation and the application of the WTO Doha Declaration on TRIPS and public health." International Journal of Health Services 39.4 (2009): 735-753.
9. Bollyky, Thomas J., and Aaron S. Kesselheim. "Killing Me Softly: The Falsity of False Economy in Drug Pricing." New England Journal of Medicine 378.22 (2018): 2098-2101.
10. Kapczynski, Amy, and Talha Syed. "Promoting Access to Medical Technologies: The Role of Antitrust Law." New England Journal of Medicine 370.7 (2014): 689-691.
11. Forman, Lisa, and William C. Holmes. "Emerging international law issues in global health: a focus on intellectual property and access to medicines." Journal of Law, Medicine & Ethics 39.3 (2011): 511-522.
12. Bala, P., Sharma, A., & Bhaskar, S. B. (2020). Access to Cancer Drugs in India: An Ethical and Legal Analysis. Indian Journal of Medical Ethics, 5(4), 284-290.
13. Gupta, A., &Prinja, S. (2018). Equity in Access to Cancer Care in India: A Systematic Review. Indian Journal of Medical Research, 148(1), 10-19.
14. Saraya, A., & Aggarwal, S. (2019). Access to Essential Cancer Medicines in India: Challenges and Potential Solutions. Indian Journal of Public Health, 63(2), 106-111.
15. Moon, S., &Jambert, E. (2017). Access to Cancer Treatment: A Study of Medicine Pricing Issues in 36 Countries. World Health Organization.
16. Rawal, T., Yang, T., & Chowdhury, S. (2020). Addressing Inequalities in Cancer Care: A Systematic Review of Interventions. International Journal for Equity in Health, 19(1), 1-15.
17. Forman, L., Damschroder, L., & Jacobson, P. (2018). Simultaneous Pursuit of Discovery and Coverage: Maximizing Access to High-Cost Cancer Medications. Journal of Law, Medicine & Ethics, 46(3), 688-699.
18. United Nations General Assembly. "Universal Declaration of Human Rights." 10 December 1948.
19. United Nations General Assembly. "International Covenant on Economic, Social and Cultural Rights." 16 December 1966.

20. World Trade Organization. "Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement)." 15 April 1994.
21. Abbott, Frederick M. "Compulsory Licensing for Public Health: A Guide and Model Documents for Implementation of the Doha Declaration Paragraph 6 Decision." Journal of International Economic Law 8.3 (2005): 603-625.
22. World Trade Organization. "Declaration on the TRIPS Agreement and Public Health." 14 November 2001.
23. World Health Organization. "Framework Convention on Tobacco Control." 21 May 2003.
24. Government of India. "Drugs and Cosmetics Act, 1940." Accessed on 17 January 2024.
25. National Pharmaceutical Pricing Authority. "National List of Essential Medicines (NLEM)." Accessed on 18 January 2024.
26. Hailey, David, et al. "Health technology assessment and its role in the future development of the Indian healthcare sector." Journal of Health Management 14.3 (2012): 255-264.
27. Bigdeli, Maryam, et al. "Access to medicines from a health system perspective." Health Policy and Planning 29.3 (2014): 266-277.
28. Basheer, Shamnad. "India's Access Regime: A Much-Needed Reality Check." Health Economics, Policy and Law 4.3 (2009): 319-336.
29. Redondo, Andrés, et al. "Socioeconomic inequalities in cancer in Spain: a scoping review." Frontiers in Oncology 11 (2021): 1-13.
30. United Nations General Assembly. "Universal Declaration of Human Rights." 10 December 1948.
31. Yabroff, K. Robin, et al. "Health disparities in cancer outcomes: a pan-European population-based study." Lancet Oncology 21.1 (2020): 98-107.
32. Cockburn, Iain M., and Jean O. Lanjouw. "Patents and the global diffusion of new drugs." Economic Journal 111.470 (2001): 773-796.
33. Marmot, Michael. "Social determinants of health inequalities." The Lancet 365.9464 (2005): 1099-1104.