

Fourth Healthcare Access Summit

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Fourth Healthcare Access Summit

1. [Sustainable financing mechanisms will improve access to healthcare in India'](#) – Pharmabiz.com
Most healthcare costs are still borne by patients, as out-of-pocket expenses. Clearly, effective financing mechanisms are a critical requirement for improving access to healthcare. Moreover, private health insurance is low, at 5 per cent of the total population; an additional 12 per cent have some cover under government schemes.

These were some of the main points drawn at Fourth Healthcare Access Summit hosted by the Organisation of Pharmaceutical Producers of India (OPPI) recently in Mumbai. This event brought together policy-makers, leaders from the healthcare and pharmaceutical industries and healthcare experts.

Speaking on the sidelines of the summit, minister of state for chemicals and fertilisers Hansraj Gangaram Ahir said, "Considering the fact that quality drugs are exported to over 200 countries, there is also definitive need to set up medical device parks in the country and revive the sick drug units in order to give the much needed boost to the pharma industry."

Sustainable healthcare financing was an important topic of discussion. At one per cent of GDP, public spending on healthcare in India is among the lowest in the world. Dr Shailesh Ayyangar, president, OPPI, and managing director, India & vice president, South Asia, Sanofi India said, "Investment in healthcare will also contribute to economic development; through improved productivity, capital accumulation and reduced treatment burden."

An IMS study has found that access to healthcare begins with proximity, quality and functionality of healthcare infrastructure. India's healthcare infrastructure is among the poorest in the world and has remained stagnant for many years.

To which Ranjana Smetacek, director general, said "After decades of low public spending on healthcare, government must now accord priority to this sector. A meaningful budget allocation will enable a healthcare model that delivers healthcare access for all. We also need sustainable

policy solutions to support healthcare financing, infrastructure and human resource challenges, among others.”

At this summit, OPPI also gave Padma Bhushan Dr Devi Prasad Shetty, chairman and founder of Narayana Health, the OPPI Healthcare Access Award 2015. Dr Shetty leads the way in providing world-class treatments for heart ailments, at affordable costs.

On the occasion OPPI released a paper titled 'Universal Health Care and Sustainable Healthcare Financing: What Lessons can India Learn from Major Healthcare Markets' spelled out the goals and functions of health systems and the role of financing.

Every healthcare system must fulfill certain fundamental objectives based on three main considerations like mobilising resources for improving the health of its constituents; providing protection from financial hardship in the event of catastrophic illness; and achieving allocative efficiency and equity in the provision of health care. Universal health coverage (UHC) has gained renewed attention and urgency as a platform for achieving

these goals throughout the world, in developed and developing countries alike, in the context of the recent global economic crisis, increasing health care demands, and unmet medical needs.

A survey of major health systems in mature and emerging economies around the world suggests that each is engaged in an ongoing and continuous effort to balance competing concerns and challenges related to fiscal sustainability, social justice and political feasibility by testing different approaches.

There are various models for implementing the basic functions noted above, such as a national health insurance system, social health insurance fund, private health insurance, community-based insurance and self-pay or direct out-of-pocket expenditures.

Medical & Regulatory

1. [Regulatory emergency](#) – Business Standard

India's pharmaceutical regulator is a case in point. Following several controversial reports about lax standards in Indian companies - several of which wound up being banned from developed-country markets - the drug controller simply said, in effect, that American standards could not be applied to Indian pharma, because no drug would then get passed.

This is an emergency - a public health, public safety, and economic emergency. India is the third-largest economy in the world (measured by its gross domestic product in terms of purchasing power parity), but it has one of the most tattered regulatory structures globally. It has laws that are so strict on paper that they become unmanageable. Then there is the problem of unconscionably lax application of these laws, which leads to Maggi-style discretion and controversy.

Access to Healthcare

1. [Why South Africa's health minister is so worried about India caving in to big pharma](#) – Scroll.in

A big supplier of cheap lifesaving drugs to developing nations, India admirably balances public health needs with private profits and innovation. But it is under pressure to change this model. The South African health minister Aaron Motsoaledi, in an exclusive interview to Scroll, said that he was extremely "scared and worried" about the possibility of pro-industry changes in India's intellectual property rights regime.

For decades, India has been at the forefront of a legal battle to make lifesaving drugs available at affordable prices for much of the developing world. As Motsoaledi put it, “We regard India as the pharmacy of the developing world, and we are modelling the development of our pharmaceutical industry on India's. We want to learn from them.”

This is the fourth part in a series that attempts to draw parallels between the health systems of India and South Africa, which face a similar set of challenges when it comes to expanding health programmes within budgetary constraints. Read the others stories [here](#).

2. [Steps that govt must take to help India's ailing healthcare](#) – Rediff.com

This column explores some findings from the 71st Round survey of social expenditures by households, carried out between January and June 2014. By way of context, there are two critical issues that are common to both education and health care.

The first is that, in the Indian context, universal access to quality education and health care has simply not been achieved.

This is not to suggest that there have been no gains at all on both fronts. In education, primary school enrolment is almost universal.

In the health domain, focused missions like small pox and polio eradication have succeeded and there has been substantial progress on the Millennium Development Goals of infant and maternal mortality.

3. [Making generic medicine available to all](#) – Asian Age

Inspiration, they say, can come from anywhere. In Pankaj Gupta's case the idiot box helped him think out-of-the-box and set up a booming business. It was the famous show Satyamev Jayate where the actor Aamir Khan and a doctor discussed generic medicines, which triggered 31-year-old Pankaj and his wife Madhu Gupta to start an online pharmacy.

The couple were shocked to know that despite the fact that generic medicines cost 40-60 per cent less than branded drugs and have the same composition, not many doctors prescribe them and nor were many patients aware of these medicines.

Others

1. [CII submits recommendations to DoP for boosting med-tech sector](#) – Express Pharma

Promote components and ancillary industry to achieve 'Make in India' for medical equipment and devices, says CII

The Confederation of Indian Industry (CII) has submitted several key recommendations to the Department of Pharmaceuticals (DoP) with regards to the infrastructure support required to boost manufacturing in the medical technology sector in line with the Government's "Make in India" mission.

Regarding implementation of the preferential market access (PMA) Policy in medical equipment and device, the industry members recommended promoting the components and ancillary industry.

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