OPPI

Daily News Monitor

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1. **Blog: Parliamentary report exposes MCI claim that it got no hearing – The Times of India**

The 92nd Parliamentary Standing Committee Report on the functioning of the Medical Council of India (MCI) has extensive references to the president and other office bearers of the council deposing before the council, which overturns the MCI president Dr. Jayshree Mehta's claim that the council was not given a hearing by the committee.

At the very beginning of the report, committee chairperson Prof. Ram Gopal Yadav states in the introduction that the memoranda that they received were forwarded to the health ministry and that the same was forwarded to the MCI for comments.

2. **Health Ministry sounds dengue, chikungunya alert – The Hindu**

With a spike in chikungunya and dengue cases in the city, the Union Health Ministry has directed "the municipal bodies and Delhi government officials' to be alert over the next two months and to gear up activities and measures to be taken for generating awareness, prevention and control of the vector-borne diseases. Health Secreatary C.K. Mishra -- subsequent to the high level review of the status of dengue, malaria and chikungunya by Union Health Minister J.P. Nadda -- held a meeting to review preparedness of various agencies to prevent chikungunya and dengue in the Capital.

3. **Jan Aushadhi struggles to give relief from high pharma prices – The New Indian Express**

The functioning of Jan Aushadhi stores in the state, which aim to provide generic medicines at affordable rates to patients, have been crippled by a shortage of medical supplies. Curiously, the initial stock at several of the Jan Aushadhi stores, which are barely a few months into their functioning, have not been replenished. Since there are only 33 of these outlets in the state at present, there is a huge demand for the low-cost drugs supplied through these stores.

As the prices of some of the medicines sold at these stores were 90 per cent less compared to those in the open market, the stocks had run out within days as people resorted to bulk buying. Interestingly, the massive interest evinced by the public had occured without any adverts or publicity, said a Jan Aushadhi staffer here, who asked not to be named.

4. **NATHEALTH welcomes government's move to involve stakeholders for rational policy on stent pricing – Business Standard**
The government has shown its willingness to make NLEM effective and rational by incorporating the recommendations of various stakeholders including medical technology and provider sectors.In recent meetings with the sector representatives, senior officials of the Department of Pharmaceuticals (DoP) and the National Pharmaceutical Pricing Authority (NPPA) deliberated in detail all aspects and issues related to pricing mechanism for stents.

It is expected that the government would soon come out with a robust policy which would be effective, relevant and acceptable to all, which will create a balance between quality patient care and the sector's healthy growth.

Similar report-

- Department of Pharma consults stakeholders on pricing mechanism for stents – Business Standard

5. **Discussion with centre on price regulation of stents positive: Healthcare Federation of India – Business Standard**
Discussions with the central government on price regulation of coronary stents — used in treating certain cardiac conditions — has been positive leading to consensus on implementing a scoring matrix for the drug eluting stents (DES), the Healthcare Federation of India (Nathealth) has said.

The industry body, which represents the top Indian and international health care companies, and medical technology, health insurance, health IT and start-ups in the country, has been raising objections to the recent decision of the ministry of health and family welfare to add coronary stents to the National List of Essential Medicines (NLEM) 2015, following which the next move would be bringing the product under price control.

6. **Health in India: Where the money comes from and where it goes? – The Hindu**
National Health Accounts (NHA) monitors the flow of resources in a country's health system and provides detailed data on health finances. The NHA estimates for India for the financial year 2013-14 were published earlier this week, after a long void of almost a decade. The previous estimates were for the year 2004-05.In 2013-14, the Total Healthcare Expenditure (THE) of India was Rs. 4.5 lakh crores, which amounts to 4 per cent of the Gross Domestic Product (GDP).

The Draft National Health Policy 2015 recognises this to be a problem. It says: "Global evidence on health spending shows that unless a country spends at least 5-6 per cent of its GDP on health and the major part of it is from government expenditure, basic health care needs are seldom met."

7. **Can India draw red lines to protect traditional health knowledge systems from bio piracy? – Scroll.in**
In fighting off attempts to patents on neem, basmati and turmeric, India has had some experience in safeguarding its traditional knowledge systems against patent authorities in western countries and pharmaceutical corporations. Now, as the World Intellectual Property Organisation prepares to draft an international document on traditional health systems, India has an opportunity to draw firm boundaries to protect indigenous health knowledge.

There has been an increasing demand for traditional health knowledge in high-income countries and sections within low-and-middle-income countries, not the least because of its significance in the prevention and treatment of chronic diseases. On the one hand, this growing demand has spurred a boom in the products of traditional medicine, while on the other, the pharmaceutical industry's aggressive bio-prospecting aims at milking knowledge repositories in developing countries, to rake in profits from mass production of new allopathic medicines.

8. **USFDA issues warning letter to ex-Sun Pharma US facility – The Economic Times**
The USFDA has found significant violations of current good manufacturing practice (CGMP) norms at a plant in Philadelphia that was earlier owned by Sun Pharmaceutical and has issued a warning letter to its current owner, Frontida BioPharm. The Philadelphia plant is among the two facilities that Sun Pharma had sold to Frontida BioPharm in June this year, along with 15 products, for an undisclosed amount.

The USFDA had inspected the drug manufacturing facility from June 15 to July 17, 2015. The health regulator said the quality unit knowingly released 27 lots of various strengths of clonidine HCl tablets on or about March 5, 2015, despite evidence that active pharmaceutical ingredient (API) used in their manufacture was potentially contaminated.

9. **TB patients in India could be much higher: Study – Daily News and Analysis**
Number of patients suffering from tuberculosis in India could be much more than those previously estimated by the Government of India, according to a new study published in Lancet Infectious Diseases Journal. The study, based on sale of TB cure medicines during 2013-14, estimates the number of patients seeking treatment with private physicians could be two to three times higher.

The study claims that up to 22 lakh patients may have sought treatment with private doctors in 2014, spending upto Rs 395 crore as out-of-pocket expenses. These patients would have escaped the purview of the National TB Control Programme, run by the GoI and went unaccounted for. Only over a lakh TB cases were reported by private doctors to the government during that year, though it is mandatory for them to report cases.

10. **Aurobindo, Intas in race for $1 billion buyout of Teva UK, submit binding offers – The Economic Times**
Home grown drug makers Aurobindo and Intas are among the final contenders for the UK and Irish portfolio of Israeli generics behemoth Teva, put up for sale to comply with European anti-trust regulations. Both players have submitted binding offers of around $1 billion on Friday along with firm financing commitments, said multiple sources aware.

Teva is selling assets as part of a broader divestiture process to comply with the anti-trust regulations for its $40.5 billion acquisition of Allergan Plc's generics business that was announced last year. In an array of piecemeal deals in June, Teva sold around 80 products in the US to drug makers like Dr. Reddy's, Sagent, Cipla, Zydus Cadila, Aurobindo, Impax and Perrigo. The biggest sale by Teva as part of that process was to Mayne of Australia for $652 million.

11. **Pharma companies must be audit enabled and not just audit ready: Expert – Pharmabiz.com**
Pharma companies in the country must be audit enabled and not audit ready, going by the pace of global inspections taking place here, said Edsel Pereira, senior vice president, IT, global CIO, Glenmark Pharmaceuticals. In this regard, companies are making strategic investments in information technology (IT) for supply chain management. The move is also in sync with the new regulations including the trace and track.

Technology is evolving fast even before companies are able to realize the return on investment (ROI). There is considerable uncertainty about the future, on the new technology solutions that will need to be installed and on the changes in norms, some of which overlap. The need of the hour is to ensure integration of processes in the pharma industry. The implantation of trace and track too has also added pressure on the cost conversion, he added.

12. **NPPA issues guidelines to expedite monitoring & recovery in overcharging cases – Pharmabiz.com**
In order to rationalise and expedite the monitoring, enforcement and recovery process in overcharging cases, and make it time bound and more transparent in implementation, the

National Pharmaceutical Pricing Authority (NPPA) has issued internal guidelines which will be followed by the NPPA in suppression of all previous internal guidelines in this regard.

These guidelines will help the NPPA in identification and initiating action for recovery in cases of overcharging by manufacturers and/or marketers under DPCO, 2013, DPCO, 1995 and DPCO, 1987.