

1. [National policy suggests use of intellectual property rights as collateral to raise funds](#) –

Economic Times

In a potentially big boost to innovation, the country's first Intellectual Property Rights (IPR) policy has proposed securitisation of innovation rights, allowing them to be used as collateral to raise funds for their commercial development.

The national IPR policy, drafted by the Department of Industrial Policy & Promotion, is likely to be taken up for cabinet approval soon. Securitisation is a process by which various assets are consolidated into an instrument that can be issued to investors. "Countries

such as the US and Japan do allow mortgaging of intellectual property assets," said R Saha, senior advisor with the Confederation of Indian Industry, backing the idea.

1. [National policy suggests use of intellectual property rights as collateral to raise funds](#) –

Economic Times

2. [Diabetes treatment to get a shot in the arm with low cost Indian drugs](#) – Economic Times

3. [Norms to Test and Launch Drugs](#) – Business Standard

4. [As combination drugs engulf India, an American pharmaceutical giant profits](#) – Reuters

5. [Change Is Fine, But Please Ensure Safety](#) – Business World

6. [Universal health coverage: Hurdles and solutions](#) – Mint

7. [Keep the faith](#) - Hindu Business Line

2. [Diabetes treatment to get a shot in the arm with low cost Indian drugs](#) – Economic Times

Dozens of Indian drug makers have launched cut-price versions of Teneeligiptin, a new generation medicine for type 2 diabetes patients. Costing a fraction of the brands sold by global firms and their local affiliates, medical experts say the strengthening trend of new, low-priced drugs with fewer side effects may fundamentally change the way the disease is treated.

Against the average price of ₹42 per tablet for brands marketed by global companies, Indian firms including Zydus Cadila, Mankind, Ajanta Pharma, Wockhardt, Intas, Alembic and Unichem sell their products in the same class at prices ranging from ₹7 to ₹19.90 per tablet.

There are over 16 brands in this new market and sales have touched ₹24 crore in the past six months, according to AIOCD PharmaTrac, a local pharmaceutical market research firm.

3. [Norms to Test and Launch Drugs](#) – Business Standard

The process of approval of new drugs and conduct of clinical trials has been rationalized by the Government with a view to ensure a careful assessment of the risk versus benefit to the patients, innovation vis-à-vis existing therapeutic options and unmet medical needs in the country. These criteria have been made an integral part of the approval process. Besides, a module for online submission of clinical trial applications has been operationalized. Further, the pool of Subject Experts has been increased manifold and time-lines fixed for all activities. At the same time, adequate measures have been put in place to ensure the safety and welfare of patients /clinical trial subjects.

4. [As combination drugs engulf India, an American pharmaceutical giant profits](#) – Reuters

Nearly half the drugs on the market in India last year were combinations. These include medications consisting of three different drugs apiece, doctors said. In the United States, combinations made up 13.9 percent of drugs on the market, while in China the number was

14.4 percent, according to IMS Health. Last year, about 78 percent of combination drugs in India were sold by local firms, with multinationals making up the rest, the health data provider said.

Abbott declined to answer questions from Reuters about why it was selling a drug in India without the approval of the central government.

The manufacture and marketing of Zimnic AZ in India “is aligned with local regulations,” said Varsha Chainani, director of public affairs for Abbott in India. Chainani noted that more than 15 other companies in India are also manufacturing and marketing the same combination under different brand names.

Appeared in [Financial Express](#)

5. [Change Is Fine, But Please Ensure Safety](#) – Business World

India's ministry of health and family welfare, in response to the long standing demand of medical device industry to delink it from pharmaceutical sector, is apparently moved ahead in this direction and will shortly notify a change in the current drug rules for enabling this de-linkage.

The ministry had already spelled out this in a joint meeting with senior officials representing Central Drug Standards Control Organisation (CDSCO), the drug regulator, and the representatives from the local medical devices industry recently.

The ministry is also looking for getting the Bill passed for amendments in Drugs and Cosmetics Act that governs the regulations for drugs and pharmaceuticals, to include medical devices as a separate section for marketing approvals as well as pricing regulations in the current session of Parliament. The ministry had in fact proposed the draft of the Drugs and Cosmetics (Amendment) Bill, sometime early this year.

6. [Universal health coverage: Hurdles and solutions](#) – Mint

The sustainable development goals (SDG) was committed to by all heads of state of the UN member states at the 2015 United Nations General Assembly in September. SDG has set much higher and more ambitious health-related goals and targets than did the millennium development goals (MDGs).

Evidence from countries and international development partners shows that the main challenge amongst MDG off-track countries is the failure to provide and sustain financial access to quality services by communities, especially the poor. Decent quality of health services are neither available, nor responsive to the health needs of the population. And where these are physically available, people, especially the poor, are not able to access them due to price barriers even in the government health services, where charging the users is common, formally or informally.

7. [Keep the faith](#) - Hindu Business Line

Over the past 20 years, WTO members have made great progress in reducing barriers to trade in sectors as diverse as agriculture and IT. One aspect the WTO has been routinely, but unfairly, criticised for is healthcare. The source of that criticism can be traced back to 1995 when the WTO ratified its agreement on Trade-Related Aspects of Intellectual Property (TRIPS).

It set a global requirement for the first time for WTO members, apart from the poorest countries, to grant inventors basic forms of intellectual property such as patents. The major global offensive on HIV in the mid-1990s prompted dire warnings from NGOs that forcing developing countries to respect patents would make medicines unaffordable and cost lives.