1. Health Ministry undertakes massive Biomedical Equipment Management and Maintenance Program (BMMP) – Business Standard

Taking serious note of the observations made by the Prime Minister on equipment in various hospitals that are either unused or there is no maintenance resulting in wastage of resources, Shri J P Nadda, Union Minister for Health and Family Welfare, directed the officials of the Ministry to address this and devise appropriate mechanisms to ensure that medical equipment already purchased are properly maintained beyond their guarantee period.

On the instructions of the Health Minister, a massive exercise to map the inventory of all bio-medical equipment was undertaken,including their functionality status. The mapping was successfully completed in 29 States resulting in 7, 56,750 numbers of equipment in 29,115 health facilities costing approximately Rs 4564 Crores being identified. It was also noted that equipment in range of 13% to 34% was found to be dysfunctional across states. Cost of dysfunctional equipment is Rs. 1015.74 Cr.

2. Is prescribing generics the panacea? – The Hindu

The Medical Council of India, in a notification dated September 21, 2016, recommended: "Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs." Doctors were thus directed to prescribe drugs by their generic or pharmacological name, and not the brand name. For example, Paracetamol can only be prescribed as Paracetamol, and not as Calpol or Dolo, which are brand names. The direction on capital letters is understandable, considering the abysmal quality of doctors' handwriting in general. Some prescriptions resemble a document written (read scribbled) hurriedly under duress at gunpoint (which the 'legible' part of the recommendation addresses).

3. 'Pharma industry's playbook on low-quality drugs' – The Indian Express

Over the course of the past month, the media has reported several instances of 'Made-in-India' substandard drugs that were detected by regulatory authorities in India, Vietnam and recently, Mozambique. None of these reports should come as a surprise given that regulators from the US, EU and WHO have been red-flagging the quality of Indian-made drugs for over a decade now.

The Indian pharma industry has a playbook when the quality crisis within the sector is exposed. It has four strategies, unfortunately none of them include admitting responsibility.
The first strategy is the 'victim card'. It is deployed primarily against foreign regulators who discover Indian pharma companies fudging safety data or short-circuiting clinical studies. The crux of this strategy is to allege that the foreign regulator's actions against the Indian firm is in retaliation of India's tough IP laws which are disliked by the Western pharma industry. The advantage of this tactic is that it brings on board the vocal Indian health activists who then act as a force multiplier in the public relations battle.

4. **Pharmaceutical sector hiring set for double-digit growth – The Economic Times**
As some industries brace for slow hiring in the coming months, the Indian pharmaceutical sector's recruitment numbers are poised to continue growing in double digits next year as health awareness improves and lifespans increase.

Drugmakers Novartis and Biocon and hospital chains Apollo Hospitals and Fortis Healthcare say the sector will see a surge in hiring across positions in areas such as diagnostics and administration, compounded by a growth in lifestyle and other non-communicable diseases. Industry experts said with the increasing growth potential of the pharma sector, about 10% increase in jobs can be expected in the next year. According to placement company TeamLease Services, the planned goods and services tax regime will result in double-digit job creation in pharma, with a prevailing job growth rate of 14%. "With the positive outlook of the sector, there will be an increase in frontline sales and middle-management positions in medical and marketing functions in the industry," said Sanjay Srivastava, director of HR at Boehringer Ingelheim India.

5. **5 months on, still no price cap on stents – The Times of India**
Five months after the government announced that coronary stents would come under price controls, they haven't. No ceiling price has been fixed for stents because the pharmaceuticals department has not yet notified them as a schedule-I drug, without which they are not eligible for price control. With every month's delay, patients are forced to shell out crores on overpriced stents.The health ministry notified the inclusion of stents in the National List of Essential Medicines (NLEM) on July 19 this year, after the Delhi high court sought action on a public interest petition seeking price control on stents. However, without DoP notifying stents in schedule-I of the Drug Price Control Order (DPCO) 2013, the National Pharmaceutical Pricing Authority (NPPA) cannot fix prices for them.

6. **Indian households' healthcare woes – Mint**
The low penetration of health insurance and high health costs expose Indian households, especially those at the bottom of the pyramid, to severe financial shocks, according to fresh data from a large-scale nationally representative survey. The 'Household Survey on India's Citizen Environment & Consumer Economy' (ICE 360° survey) conducted this year shows that 3% of households in the top quintile (richest 20%) faced a health shock that wiped out more than a fifth of their annual income. The comparative figure for the bottom quintile (poorest 20%) was more than double at 6.8%. The survey shows a similar divide between households living in metros and those living in underdeveloped rural areas. The ICE 360° survey 2016, covering 61,000 households, is among the largest consumer economy surveys in the country. The response period of the survey was April 2015 to March 2016.

7. **Substandard drugs: Recall system in the works – The Indian Express**
The government is going to amend the Drug and Cosmetics Rules, 1945, in order to create an effective recall system for the drugs that are found to be substandard by any drug regulator in the country. According to a senior government official, the revised rules may make it mandatory for the pharma companies to voluntarily recall any such drug, which is found to be substandard, from the

supply chain in the market. At present, neither there is a nation-wide drug recall system in the country nor are there any rules mandating the companies to withdraw 'substandard' drug batches from the market. India has 36 drug regulators. There is one central drug regulator which is known as Central Drugs Standard Control Organization (CDSCO) and the remaining 35 are drug regulators of various states and Union territories. Each of the 36 regulators continuously keep testing the drugs, manufactured and sold in the country, on various quality parameters.

8. **Glenmark banks on specialty, innovative drugs for next leg of growth – Mint**
Glenmark Pharmaceuticals Ltd is relying on its specialty and innovative drugs pipeline, focused mainly on three therapeutic areas—oncology, dermatology and respiratory -- to play out in the coming years and expects to launch specialty products in the US by 2020 and innovative drugs by 2025. To counter the challenging pricing environment in the US, the biggest market for Indian pharmaceutical companies, top generic drug makers in the country have started making significant investments in developing a pipeline of complex generics and specialty products, which are generally high-value and limited-competition drugs.

Unveiling a roadmap for growth over the next 10 years, Glenn Saldanha, chairman and managing director of Glenmark said the company will focus on enhancing presence in existing markets, increasing portfolio of complex generics, launching specialty and innovative products, pushing the pipeline of novel drugs development to advanced stages and expanding manufacturing capabilities.

Similar reports –
- Glenmark charts out growth on tie-ups, product line-up – The Hindu Business Line
- Glenmark Pharma draws up capex of USD 300 mn over next 3 years – The Economic Times
- Glenmark to focus on specialty drugs to beat tackle price erosion in US – Business Standard

9. **NPPA to embark study on 'Impact analysis of price regulation of essential drugs' – Pharmabiz.com**
The National Pharmaceutical Pricing Authority (NPPA) will soon embark on a research study on 'Impact analysis of price regulation in India in the context of affordability, accessibility and availability of essential medicines since 1995'.

The scope of the study will include impact assessment of price control since the implementation of DPCO, 1995 to be studied keeping in mind the overall objectives of Department of Pharmaceuticals (DoP) and the NPPA, that is ensuring the affordability, the accessibility and the availability of essential medicines (August 1996 to August 2016). The study shall also deeply examine the reasons for a particular 'impact' on affordability, the accessibility and the availability and also suggest remedial measures to make the price control more effective. The study should also specifically assess the negative impact of price control, if any, on the growth of Indian pharma sector during the reference period and suggest reforms in the existing policy and regulatory framework.

10. **Indian pharma views streamlined logistics key to successful supply chain management – Pharmabiz.com**
Indian pharma industry sees that logistics is the key for the successful supply chain management of drugs. The sector which handles huge stock keeping units now will need to capitalise the advantage of analytics and Internet of Things (IoT) to ensure both qualitative and quantitative management of drugs. According to PS Bhagavan, former deputy director, pharmacy, Karnataka department of health and family welfare, logistic failure, financial loss and consequent impact at the end-user level is yet to be addressed. The irony is that pharmacists are kept out of the cold chain management under National Immunization Programme.