

1. ['Government must steer clear of doctors' conference funded by pharma firms'](#) – **The Times of India**

American Association of Physicians of Indian Origin (AAPI) is holding a 'Global Health Care Summit' in Udaipur for three days, from December 28-30. Jan Swasthya Abhiyan, an umbrella group of organizations working in the health sector, in a press release on Wednesday questioned the propriety of the Union ministry of health and family welfare 'collaborating' in this event, which is sponsored by pharmaceutical companies.

The website of the event lists sponsors - Metronic, Abbott, Pfizer and Unichem Laboratories, among others. Among sponsors are also the two largest pharmaceutical company associations in India, **Organization of Pharmaceutical Producers of India (OPPI)** and Indian Pharmaceutical Association (IPA).

"Such forums should not be allowed to turn into convenient medium for health care and pharmaceutical companies to serve their commercial interests and the government must take the responsibility of ensuring this. There is every possibility that a complaint can be made, in the proper forum, for violation of Clause 6.8 of the Indian Medical Council, (Professional Conduct, Etiquette and Ethics) Regulations, 2002. We therefore suggest that the Government of India completely disassociates itself from this program," JSA said, in a letter to Union health minister JP Nadda.

2. [Did Abbot use India's doctor-pharma nexus to push through an untested drug?](#) – **Business Standard**

Pharma companies' marketing overdrives have come under the scanner following a recent controversy over allegations against an American firm's sale of a drug in India for nerve disorders leading to numbness or weakness. Cirantan Chatterjee, an assistant professor of Corporate Strategy and Policy at the Indian Institute of Management, Bengaluru, told The Wire that he was "not surprised" over continuing incidents of unethical marketing practices in India.

However, Ranjana Smetacek, a former director-general of the **Organisation of Pharmaceutical producers of India (OPPI)**, an industry body of research-based foreign pharma companies operating

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2. [Did Abbot use India's doctor-pharma nexus to push through an untested drug?](#) – Business Standard
3. [Government schemes help boost health cover by 14% in 10 years](#) – The Economic Times
4. [India's flawed generic drug trials business](#) – New Indian Express
5. [US FDA pulls up cadila for misbranding drug](#) – The Economic Times
6. [Specialty drugs to remain focus of pharma deals in 2017](#) - Mint
7. [Health care](#) – Business Today
8. [Inclusivity is Key](#) – Business Today
9. [Biopharma: India's New Sunrise Sector](#) – Business World
10. [Health around the world: top developments in 2016](#) – The Hindu
11. [Cadila Healthcare arm acquires six brands from MSD Pharma](#) - Mint
12. [Cabinet clears sale of India's first pharma firm](#) – Business Standard
13. Opinion: [Pharma's pricing troubles will get worse in 2017](#) – Mint

in India, including Abbot, describes the BMJ report as one-sided. According to her, both Indian and multinational companies regularly support health camps across India. “These camps enable doctors and medical professionals to help patients, while serving to disseminate information and helping with examinations and diagnostic tests.” She says that OPPI members, who have been pressing for the UCPMP, “have no role in recommendation or execution of treatments for patients – this is strictly up to the doctor.” She added that the employees of the companies are not allowed to engage with patients or perform any diagnostic tests.” Moreover, companies have detailed procedures for supporting camps, in accordance with Indian law that mandates camps must not be conducted as a quid pro quo for prescriptions.”

3. [Government schemes help boost health cover by 14% in 10 years](#) – The Economic Times

Expansion in India's health insurance coverage, particularly the government schemes, has helped improve various health indicators as more people seek treatment and medical services. For instance, insurance penetration has resulted in a rise of over 15% in institutional deliveries, thus reducing maternal and infant mortality.

Similarly, people in rural areas, the elderly and members of the scheduled castes and scheduled tribes are now more likely to seek tertiary care because of insurance coverage. Official data shows childbirth in government hospitals increased by 22% between 2004 and 2014, led by government policies, whereas 'at home' deliveries declined by 16%.

4. [India's flawed generic drug trials business](#) – New Indian Express

Half of more than a dozen volunteers interviewed by Reuters across four cities - Chennai, Hyderabad, Bengaluru, and New Delhi - also said they waited much less than 90 days between trials. In the past three-to-four years, they said they spent several months at a time in different cities so that they could participate in as many studies as possible.

The guidelines of the WHO, which decides on approvals for drugs sold in several countries dependent on United Nations programs for basic medicines, are not legally-binding for the CROs. While India has guidelines on clinical trials, they don't specify the length of time participants should take between trials.

Also appeared in [The Times of India](#)

5. [US FDA pulls up cadila for misbranding drug](#) – The Economic Times

Zydus Discovery DMCC, a research subsidiary of Cadila Healthcare, has been pulled up by the US Food and Drug Administration (US FDA) for misbranding saroglitazar, its drug used in India to treat diabetic dyslipidemia and hypertriglyceridemia, in a promotional youtube video.

In a December 21 letter to the company, the FDA has said the “broad statements” made by the company as the “world's first” is misleading. It directed the company to cease violating the legal provisions in the US and respond before January 6.

6. [Specialty drugs to remain focus of pharma deals in 2017](#) - Mint

A few years ago, Indian companies made acquisitions to expand manufacturing capabilities and increase their portfolio of generic drugs, which are copycat versions of branded medicines.

However, in the past couple of years, the emphasis has shifted to buying companies, assets or products in the specialty, complex generics or branded space as these acquisitions have the potential for much higher returns.

Leading Indian drug makers are trying to build a pipeline of differentiated high-value and high-margin products in the specialty and complex generics space by increasing investments in research

and development and through acquisitions, as the growth rate in the bread-and-butter generic drugs business is slowing due to pricing pressure in the US, the biggest market for most companies.

7. [Health care – Business Today](#)

No country can progress if its citizens are not healthy and do not have access to good healthcare infrastructure. This is one area where, despite investments over the years, India has been sorely lagging. While urban healthcare facilities have improved quite sharply in the past decade - especially because of private investments and the growth of large chains of multi-speciality and super-speciality hospitals - public delivery of healthcare has not been able to keep pace with the requirements. In rural areas, healthcare delivery has been getting worse because of both shortage of doctors and other healthcare providers, as well as lack of proper infrastructure.

8. [Inclusivity is Key – Business Today](#)

Indian healthcare is a story of glorious contradictions. On one hand we have many examples of tertiary healthcare assets that are comparable to the best in class, globally. On the other, the state of primary healthcare in most regions of the country, especially the rural segment, is comparable to the situation in least developed countries. While urban India has seen significant positive change in its healthcare landscape, both in terms of capacity and quality of care over the last decade, the rural segment continues to suffer from apathy of public entities and disinterest from private players. With 70 per cent of the population residing in rural India, our stated goals of universal health cover and right to health will be empty rhetoric in the absence of a radical change in approach to improve the state of rural healthcare.

9. [Biopharma: India's New Sunrise Sector – Business World](#)

India is frequently referred to as the pharmacy to the world. While our generics industry has indeed made a name for itself globally, we are yet to see any priority being accorded to new drug discovery. Dr Frank Lichtenberg of the Columbia University and the National Bureau of Economic Research studied 30 developing and high income countries, for a decade beginning in 2000, to establish clearly that pharmaceutical innovation serves to enhance longevity, increase productivity and reduce medical expenditure. It is time to prioritize research and move from 'Make in India' to 'Innovate in India'.

It has been observed that countries with strong access to medicines have a strong IP regime and vice-versa. Intellectual property rights are granted to protect and incentivize innovation. The Indian government now needs to allocate budget to increase healthcare funding and incentivize innovation. We need regulations that help create the competitive policy eco-system necessary to attract domestic and foreign investment and facilitate the growth of a robust and innovative biopharmaceutical sector in India.

10. [Health around the world: top developments in 2016 – The Hindu](#)

2016 witnessed several setbacks on the health front, but there were also a some positive news. Here's a list of the top developments regarding world health.

WHO issues new guidance on HIV self-testing: Access to and uptake of HIV diagnosis got a shot in the arm when the WHO released new guidelines on HIV self-testing. Lack of an HIV diagnosis has been a major obstacle in the war against HIV.

11. [Cadila Healthcare arm acquires six brands from MSD Pharma - Mint](#)

Cadila Healthcare on Wednesday said its subsidiary Zydus Healthcare Ltd has bought six brands from MSD Pharmaceuticals India Pvt. Ltd, the local arm of US-based Merck & Co. Inc., for distribution in the Indian market. The value of acquisition was not disclosed.

The brands—Deca-Durabolin, Durabolin, Sustanon, Multiload, Sicastat and Axeten—belong to therapeutic areas of men’s health, women’s health, wound management and cardiovascular diseases and had combined sales of Rs84 crore in 2015, Cadila Healthcare said in a stock exchange filing.

MSD Pharma has transferred distribution and commercialization rights and assigned trademarks of all the six brands to Zydus Healthcare for the India market, the statement said. The company has also got distribution rights of Deca-Durabolin and Durabolin for Nepal.

12. [Cabinet clears sale of India's first pharma firm](#) – Business Standard

In the second strategic sale approval in over 12 years, the Cabinet today cleared the sale of India's first pharma company Bengal Chemicals and Pharmaceuticals Ltd as well as Hindustan Antibiotics Ltd after selling their surplus land.

The Cabinet headed by Prime Minister Narendra Modi also approved closure of Indian Drugs and Pharmaceuticals Ltd (IDPL) and Rajasthan Drugs and Pharmaceuticals Ltd (RDPL).

13. Opinion: [Pharma’s pricing troubles will get worse in 2017](#) – Mint

The defining story of the past year in biopharma has been drug pricing, as much as the industry might wish otherwise.

But though much of the anxiety has been over politically driven criticism and the potential for government price curbs, the only real pricing pressure in the US has come from the private sector. Pharmacy benefit managers have gotten more aggressive about refusing to cover certain drugs and negotiating discounts, which means biopharma’s annual and biannual price hikes on aging drugs aren’t nearly the sales drivers they used to be.