

1. [Govt reviewing move to withdraw customs duty exemption for drugs](#) – The Economic Times

Fearing a rise in prices of life-saving medicines, the government is reviewing its decision to withdraw customs duty exemption for the import of 74 drugs, including those for treating cancer, AIDS and haemophilia.

A notification issued last week by Central Board of Excise and Customs had announced that customs duty exemption on the import of 74 drugs was withdrawn.

"The matter (of withdrawal of exemption) is being reviewed," sources in the Health Ministry said.

1. [Govt reviewing move to withdraw customs duty exemption for drugs](#) – The Economic Times
2. [Column: TPP's all about the health of Big Pharma](#) – The Financial Express
3. [US pharma body criticizes Indian patent regime](#) – Mint
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5. [Hemophilia patients concerned over medicine prices, short supply as customs waiver goes](#) – The Hindu Business Line
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7. [In 6 years, US FDA rejected 13,000 Indian products](#) – ET Health
8. [Collaboration is cure for better global health outcomes, say UK-India experts](#) – ET Health
9. [MCI's code of ethics gives doctors way to accept freebies](#) – The Times of India
10. [2016 should be a point of inflection for the health insurance industry](#) – Mint

Also appeared in [Business Standard](#) and [NDTV](#)

2. [Column: TPP's all about the health of Big Pharma](#) – The Financial Express

The signing of the Trans-Pacific Partnership (TPP) agreement in New Zealand on February 4 by the US and 11 other countries clearly had a celebratory ring around it. However, we need to reflect on the damage that the implementation of TPP is likely to inflict on public health policies in the world. Many provisions in the TPP are designed specifically to protect and further enhance the windfall profits of pharmaceutical MNCs in the US, while overriding the legitimate concerns on access to affordable medicine.

By eliminating competition in the market from generic drugs, the TPP tilts the balance significantly in favour of the Big Pharma in at least six different ways. First, the TPP lowers the bar on patentability by mandating that any new use of a known substance or a new process or a new method of using a known substance would become eligible for a patent. Thus, a drug molecule that has already benefited from 20 years of patent protection can become a viable patentable subject matter for yet another 20 years if a new use is found of the same substance. Sustained release forms of existing molecules and fixed dose combinations of drugs, could be some of the other channels for repeated grant of patent protection on essentially the same medicine.

3. [US pharma body criticizes Indian patent regime](#) – Mint

At a time when Indian companies are facing the heat from the US regulator, a body representing leading pharma and biotech companies in the US has criticized the intellectual property rights (IPR) regime in India and added the country to its priority watch list.

The Pharmaceutical Research and Manufacturers of America (PhRMA), in its annual Special 301 Report that reviews the state of IPR protection among the US's trading partners, termed the IP environment in India as "weak". India's legal and regulatory systems, it said, pose procedural and substantive barriers at every step of the patents process.

4. [Editorial: Time for pharma course correction](#) – The Hindu

The Finance Ministry's decision to withdraw customs duty exemptions for 76 life-saving drugs will at once make them more expensive and impact patients who are already paying a high price for such medical treatment. It is important to keep in mind that a majority of Indians meet health care costs through out-of-pocket expenditure, and any increase is bound to adversely affect them. It is true that the customs duty waiver is an interim measure, and that the list has to be revised periodically. Certain drugs now removed from the list are either no longer used by patients or are being manufactured in India at a lower cost than the imported ones, and therefore should be removed from it anyway. However, it is not clear what "public interest" is served by removing certain essential medicines that are either not manufactured in India or whose demand currently exceeds local manufacturing capacity. While the government has been enthusiastic about withdrawing the exemption for 76 drugs, it has failed to include certain life-saving or essential drugs that have been launched recently and are under patent protection. This indicates that consultations have not been broad-based; this has to be corrected as the patient's interest should be the priority.

5. [Hemophilia patients concerned over medicine prices, short supply as customs waiver goes](#) – The Hindu Business Line

Rupal Panchal of Hemophilia Society hopes that Prime Minister Modi would do for people with hemophilia what Chief Minister Modi did in Gujarat years ago.

As Gujarat's CM, Modi had made a state budgetary allocation for hemophilia, making medicines to treat this blood-disorder more accessible, says Panchal, unhappy with the Centre's latest move to remove customs duty exemption on a couple of critical hemophilia medicines.

Last week, the Centre removed customs duty waivers on 76 imported drugs, ostensibly with an eye on encouraging local producers to make these medicines in India. The list included cancer and HIV drugs, some of which are being locally produced. But that was not the case with anti-haemophilic factor (AHF) concentrate (VIII and IX), that had a single company importing it and possibly a couple of local producers making it.

The removal of the waiver could not have come at a worse time, says Panchal.

6. [Need \\$5 bn more to make biotech a \\$100 bn sector: Mazumdar-Shaw](#) – Business Standard

Biocon chief Kiran Mazumdar-Shaw today said it will take an investment worth \$5 billion in biotechnology to realise the target of making it a \$100 billion sector by 2025.

"Today, biotechnology is a \$11 billion sector, growing at a compounded annual growth rate of 20 per cent. We also are aspiring to be a \$100 billion sector by 2025," Mazumdar-Shaw said.

"We request you (Harsh Vardhan) to push the government to make sure that our investment in science and technology only grows and increases, because this is the future of India, this is what will give us demographic dividend from our scientists," she added.

7. [In 6 years, US FDA rejected 13,000 Indian products](#) – ET Health

As many as 13,334 products made in India were rejected by the US Food and Drug Administration (FDA) between 2010 and 2015, FDA data shows. During the period, it rejected imports of 15,087 Chinese products.

According to the ministry of commerce and industry, the rejected products include patent medicines, generic medicines, snacks, bakery products, spices (ground, mixed) and seasonings, bath soaps and detergents. And, the reasons include problems in packaging, misbranding, contamination, high residue levels and labelling.

8. [Collaboration is cure for better global health outcomes, say UK-India experts](#) – ET Health
Healthcare and biotechnology companies should be focused on developing blockbuster drugs that benefit billions of patients, said world-leading healthcare experts, and this can only be done through collaboration and innovation, they added.

Speaking at the opening day of the Bangalore India Bio, leaders in Life Sciences presented their views at the UK Trade & Investment (UKTI) India Making Tomorrows Medicine.

Speaking at the event, Indian entrepreneur and Chairwoman of India's biggest bio-tech company, Biocon Limited, Dr Kiran Mazumdar Shaw, said in making the Medicines of Tomorrow, the endeavour should be to leverage innovation to develop therapies which are affordable and accessible.

9. [MCI's code of ethics gives doctors way to accept freebies](#) – The Times of India
The recently notified 'new' ethical guidelines of the Medical Council of India (MCI) are being touted as a bid to punish doctors accepting freebies from pharma companies. However, these guidelines, doctors fighting corruption in the profession point out, will legitimise doctors' associations taking money from the pharma industry.

While the guidelines elaborate the quantum of punishment for doctors on the basis of the value of favours or freebies received from pharma companies, they also include an amendment that ensures that doctors' associations are beyond the MCI's jurisdiction.

10. [2016 should be a point of inflection for the health insurance industry](#) – Mint
The health insurance industry grew at about 16% in 2015, which is more than twice the rate at which India's gross domestic product (GDP) is growing. The industry has seen year-on-year growth of more than 27% in direct premium collections. These numbers indicate that the foundation has been laid to make 2016 a year of inflection.

The robust growth can be attributed to a variety of factors. The category per se has expanded with new companies coming in, new products being launched and the distribution network being expanded. However, there are also several catalysts at work, which have imparted momentum to the industry. The most important among these would include: a) increasing awareness among consumers; b) increasing disease burden on the society and the government; c) availability of technology to enable access and improve experience; and d) regulatory fillip.

Owing to the increasing number of lifestyle diseases, health insurance is becoming a necessity for people. Over 60 million Indians are afflicted by diabetes alone. Cardiovascular procedures have seen a spike and the burden is expected to increase further, making health insurance a universal need.