

1. [USIBC seeks to protect India's IPR status](#) – The Hindu

As India faces the risk of a downgrade in the Special 301 report that identifies trade barriers to U.S. companies and products due to a foreign government's intellectual property regime, hectic lobbying efforts are underway by the US-India Business Council (USIBC) to avoid it.

In a submission before USTR, USIBC President Dr. Mukesh Aghi has argued that in the last 12 months there has been substantive improvement in India's IP environment. "We are encouraged by the way things are trending," he said. "USIBC members greatly appreciate the willingness of the Government of India to work with industry over the past year," he said.

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2. [Editorial: Can healthcare costs in India come down further?](#) – The Economic Times

When you can't tax the rich, tax the less well-off. This is exactly what the Karnataka government did by notifying all hospitals to collect 8% luxury tax from every patient in an intensive care unit (ICU).

Policymakers must understand that taxing healthcare only hurts poor patients. In Budget 2011, one learnt about a 5% service tax on healthcare. What it meant was that a patient, who most likely sells his assets and comes up with Rs 1 lakh for a heart operation, is expected to write another cheque for Rs 5,000 as a penalty for being born in a country that does not take care of him. Fortunately, the medical community raised its voice calling the service tax on healthcare a 'misery tax' and the government withdrew it. Can healthcare costs in India come down further? Yes, provided the government stops looking at poor patients as a source of revenue. Look at drug prices. A patient wants to buy a life-saving antibiotic and pays Rs 1,000 of which Rs 250

goes to the government as various taxes. The 21st-century economy will be driven by the health sector. The global healthcare industry is the second largest at \$7.4 trillion, and is the only industry that is creating jobs today. With the right policies on medical education, India's health sector can emerge as the leading healthcare provider for the world. It can also emerge as the world's largest employer, making India the first country in the world to dissociate healthcare from affluence.

3. [Pharmaceuticals: A quick, strong tonic needed](#) – The Hindu Business Line

A strategic direction on health is what stakeholders will be looking for from Finance Minister Arun Jaitley's Budget 2016.

Echoing a long-standing complaint from the industry and pro-patient groups, he points to the Centre's low spends on healthcare — it now hovers at about 1 per cent of GDP. Down the years, governments of various political affiliations have failed to deliver on their promise of increasing this to 2.5 per cent of GDP. For the industry to grow from the current \$30 billion to \$200 billion by 2030, research spends have to more than double from the present \$1.5 billion to \$3.5 billion over five years. This calls for substantial governmental support, says the IPA. **The Organisation of Pharmaceutical Producers of India (representing largely foreign drugmakers) also seeks policy support — for the local manufacture of Active Pharmaceutical Ingredients (API) to reduce “over dependence” on Chinese imports.**

4. [Budget 2016: Implement Katoch Committee recommendations to boost pharma sector](#) – Firstpost

The Indian pharma industry continues to be dominated by me-too generics which focus on exporting cheaper generics with very little innovation. Although in the short term, this helps us take advantage of drug patent expiries in developed markets, in the medium to long term it creates very little differentiation, thereby exposing us to price competition. Lack of innovative R&D might also force us to depend on foreign MNCs to access to break-through drug therapies.

The Atal Innovation Mission articulated in the last budget is a welcome step to drive us towards better R&D focus. However, we need a focused Pharma Task force that clearly defines the 5-10 years vision and targets around innovation (number of Novel patents, therapy areas of focus, number of local New Chemical Entity approvals etc).

5. [Prices of essential drugs to be cut by 3% from April](#) – The Times of India

There may be good news for patients at the start of new financial year. Prices of all essential medicines, including painkillers, anti-infectives, anti-diabetes, cardiac and antibiotics, are expected to be revised downwards in April by nearly 3%, resulting in substantial savings in treatment costs.

This will be the first time that prices of nearly 750-odd essential formulations (part of the National List of Essential Medicines) will witness a price drop across the board, since the National Pharmaceutical Policy was implemented in 2013. The drop in prices will be in line with the change in annual wholesale price index, which was -2.75% (negative) for the January-December period.

6. ['DCGI set to ease norms on clinical trials soon'](#) – The Times of India

At a time when several Indian pharmaceutical companies are going abroad to conduct phase 1 clinical trials for drug manufacturing, clarity from the Drug Controller General of India's office on the issue is expected to come within a month.

The clinical trials in India suffered a setback for the past three years when the Supreme Court in September 2013 asked the government not to clear any clinical trials for new drugs until a "mechanism is put in place to monitor them".

7. [Focus on non-communicable diseases in budget: Experts](#) – The Times of India

They feel with changing demographics and lifestyle modifications over the last few years, NCDs are fast surpassing the traditional enemies such as infectious diseases and malnutrition, as the leading causes of disability and premature death.

According to the WHO India Profile 2014, NCDs account for 53% of disease burden and 60% of the total deaths in the country.

The WHO statistical profile 2015 for India stated that the probability of dying between ages 30 and 70, from four major NCDs like cancer, cardiovascular diseases (CVDs), chronic respiratory diseases and diabetes, for both sexes is as high as 26%.

8. [Budget 2016 may unveil health insurance scheme for senior citizens](#) – The Economic Times
Government is working on a cashless health insurance scheme for senior citizens which may be announced in the upcoming Union Budget 2016-17.

Around Rs 10,000 crore - lying unclaimed in banks and insurance companies, EPFO and small savings schemes -- would be utilised for providing the health insurance cover to the elderly, sources said.

Senior citizens are often dependent on their children or extended families for healthcare, they said, adding that the proposed scheme will help in meeting secondary and tertiary health care needs.

9. [Coming up: Waiting for Budget prescriptions](#) – The Hindu Business Line
Patient groups and the pharmaceutical industry will on February 29 tune into Finance Minister Arun Jaitley to see if the Centre holds up the promise of increasing healthcare spends from about 1 per cent of GDP to about 2.5 per cent. While rural health programmes are likely to get their share, it is all quiet on plans to roll out urban health missions. The pharmaceutical and medical-technology sectors will be looking for sops to support increased local manufacture and research. But what the *aam aadmi* will be looking for is how the government will make medicines and health services more affordable and accessible. Will it be through sops for private health insurance or government-supported universal health insurance programmes?
10. [No need to hike allocation for health, says Delhi Minister](#) – The Hindu Business Line
The Delhi government plans to add 10,000 beds in the existing hospitals of the State but is not going to increase budgetary allocation for health, Satyendar Jain, Minister of Health and Family Welfare, Government of NCT of Delhi, said on Friday.

Jain said the existing resources with the State government are sufficient for expansion and improving of services by March 2017, adding that the government would also provide free insurance services to the masses. The Minister was speaking at the India Hospital Summit 2016, organised by the PHD Chamber of Commerce.

“Budgetary allocations for improved health and medical services are more than sufficient in my view and I won’t seek higher allocations for them. What I would insist on is cost-cutting and much higher capacity utilisation of the existing health facilities and hospitals with government, as through a right approach for higher capacity utilisations, it has been proved in the Delhi government during the last one year that for a bed of 200 hospitals, if it is converted into 600 beds, the cost was reduced from ₹1 crore a bed to ₹25 lakhs a bed. Where is the requirement for increased health budget in such a scenario?”, he said.

11. [Drug Price Control Policy Counter-Productive: IIM-A Study](#) – Indian Express
A study conducted by the Indian Institute of Management (IIM) Ahmedabad, has found that the present drug price control policy is rendering the essential medicines, including the life saving drugs, out of reach of a common man.

The study says that the price regulation in the pharmaceutical industry can be a double – edged sword. While policymakers aim at making the drugs more affordable, price control on drugs may have adverse effects on their availability to a common man. Firms may exit a category under regulation due to low profit prospects. Lesser profits may also act as a barrier to entry for new firms, the study said. In 2013, the Department of Pharmaceuticals had brought 348 medicines under price control by the Drug Price Control Order (DPCO).

12. [WISH, USAID brace up to improve primary healthcare](#) – The Times of India
WISH Foundation and USAID jointly announced a 5-point strategic agenda to improve the primary healthcare delivery system and make a healthy India at the WISH Healthcare Innovations Summit at India Habitat Centre in New Delhi.

First, identify the 300-500 most promising healthcare innovations and help scale them up. Second, raise a \$200 million fund to help finance these innovators. Third, work closely with the governments of 6-8 priority and under-served states to strengthen their primary healthcare delivery system using innovative approaches. Fourth, develop a national ecosystem for ongoing, large-scale healthcare innovation and fifth, build a knowledge hub to support high-impact innovators.

13. [Adding gravitas to Indian science](#) – The Hindu
India alone chose science and technology for national development

When the identification of gravity waves was announced 10 days ago, we were particularly happy that India was a part of this LIGO (Laser Interferometer Gravitational Wave Observatory) project, with its Indian component Indian Initiative in Gravitational-Wave Observations (IndIGO), including scientists from Chennai, ICTS- Bangalore, Kolkata, Thiruvananthapuram, Gandhinagar, IPR Gandhinagar, Pune, Indore and Mumbai.

In the 1970s, thanks to appeals by synthetic chemists, the Indian government amended its patent act to allow “process patent” for manufacturing well known drugs using methods not known earlier. This single bold move led to India becoming the global hub of generic drugs and pharmaceuticals today. It was in the 1970s too that India became a space-faring nation. We can trace the roaring success of Mangalyan to the faltering baby steps of ISRO in the 70s. And teaching millions of schoolchildren using satellite-based lessons was a side benefit. Today we talk of frugal inventions and innovations. India has been the originator of this high value-low cost idea, be it Mangalyan or the “missed calls’ that drivers give over the cell phone.

14. [Lupin, Gavis to sell 2 drugs to fulfil US FTC condition](#) – The Economic Times
Homegrown drug major Lupin and Gavis Pharmaceuticals LLC, which the Indian firm announced to acquire in a USD 850 million deal last year, have agreed to divest two generic drugs as part of the US Federal Trade Commission (FTC) requirement to complete the transaction.

One of the drugs, doxycycline monohydrate capsules, is used to treat bacterial infections and the other, generic mesalamine extended release capsules is prescribed for treating ulcerative colitis.

The acquisition creates the fifth largest portfolio of abbreviated new drug application (ANDA) filings with the USFDA, addressing a USD 63.8 billion market.

15. [Mumbai : Child rights body unveils Rs 1000 crore plan to transform lives](#) – ET Health
Plan India, one of the major global child rights organisations, aims to invest Rs 1000 crore in programmes to improve the lives of millions of children over the next five years. Projects that will impact the lives of children will be implemented across 14 states in 6,000 villages and slums in India.

"India is home to the largest number of children in the world. This presents challenges in protecting girls and boys and from abuse and violence and ensuring they have access to quality healthcare, education, immunisation and nutrition," she added.

The major focus of Plan India's programmes will be on improving access to water and hygiene services; protecting children from abuse, neglect, exploitation and violence; strengthening access to quality reproductive, maternal, child and adolescent health services; education; youth employability; and building disaster-resilient communities.

16. ["Govt committed to boost tertiary care facilities"](#) – PTI

Government is committed to strengthening tertiary care medical facilities in the country and its efforts are directed towards regional development of hospitals and medical colleges, Union Health Minister J P Nadda today said.

Nadda was speaking at the foundation stone-laying ceremony of the Super Specialty Block at the Tirumala Devaswom Medical College here.

The Health Minister said Rs 521.99 crore during financial year 2014-15 and Rs 270.42 crore during financial year 2015-16 have been released to Kerala for implementation of programmes approved under National Health Mission (NHM).

Also appeared in [Business Standard](#) and [The Hindu](#)

17. [Increase health spending, women empowerment for family planning success](#) – Hindustan Times

The recently-concluded fourth International Conference on Family Planning (ICFP 2016) in Bali symbolised the importance being given to family planning, specifically to the approach of 'global commitments and local actions'. The host country, Indonesia, quadrupled its family planning budget from \$65.9 million in 2006 to \$263.7 million in 2014. This represents 5% of its GDP — and this has important lessons for India. The government should increase its spending on health to 3% of GDP by 2022. For India to achieve its FP2020 goals, greater political participation is vital.

18. [Revamped, safer, and with greater punch](#) – The Hindu

All eyes are on a new BCG-based TB vaccine, VPM1002, which has shown promise in animal and small-scale human trials. It is to be supplied by the Pune-based Serum Institute of India.

A potent vaccine against tuberculosis is getting readied at the Pune-based Serum Institute of India Limited. The institute started a 'Phase 2b' clinical trial in neonates in South Africa late last year using a novel, recombinant BCG (bacillus Calmette-Guérin) vaccine. The new TB vaccine (VPM1002) is based on the BCG vaccine in use today, but what makes it more powerful is that it contains a gene which makes it easier for the vaccine to be better recognised by cells of the immune system.

The 'Phase 2b' trial will be studying 416 babies (newborns) whose mothers are HIV-positive and negative. A single dose will be administered to babies immediately after birth and will be followed up for a year. The trial, to be completed by mid-2017, will study safety and the level of cellular immune response (which does not involve antibodies) produced by the vaccine.