

1. [Govt slashes coronary stent prices by up to 400 per cent](#) – The Times of India

In a major relief to patients, the government has reduced prices of coronary stents by up to 400 per cent, capping them at Rs 7,260 for bare metal ones and Rs 29,600 for the drug eluting variety. The National Pharmaceutical Pricing Authority (NPPA) in a notification said in public interest, it has fixed the ceiling price of bare metal stents at 7,260 and that of drug eluting stents and bioresorbable vascular scaffold (BVS)/biodegradable stents at Rs 29,600. A coronary stent is a tube-shaped device placed in the arteries that supply blood to the heart. It keeps the arteries open in the treatment of coronary heart diseases. The maximum retail cost of a stent currently ranges from Rs 25,000 to Rs 1.98 lakh. Data at NPPA website showed that hospitals make the maximum profits on stents, with trade margin going up to 654 per cent. Citing the reasons for its order, NPPA said: "...it was found that huge unethical markups are charged at each stage in the supply chain of coronary stents resulting in irrational, restrictive and exorbitant prices in a failed market system driven by information asymmetry between patients and doctors pushing patients to financial misery".

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2. [India questions US at recent trade policy review: H-1B visas, IPR policies, priority watch list on the agenda](#) – Firstpost

India recently asked the United States more than a hundred questions on its trade policy, H-1B visas, intellectual property rights (IPR) policies, and enquired whether the US' Special 301 report – that places India under a 'priority watch list' – is international trade rules-compliant, a document has revealed. India asked 152 questions and six additional queries to the US during its trade policy review (TPR) held in December last year, the room document of the review accessed by *Firstpost* reveals. TPRs are an exercise, mandated in World Trade Organisation (WTO) agreements, in which member countries' trade and related policies are examined and evaluated at regular intervals. This was the US' 13th TPR at the world trade body. The first nine questions were on US policy, specifically on L-1 and H-1B visas: If the US has trade commitments for "intra-corporate transferees" and "speciality occupations" under WTO rules then it was asked to "to confirm" whether L-1 and H-1B visa holders in these occupations fall into these two categories of employees mentioned and to "explain" the legislative objective and purpose of the two types of visas. It was then asked to explain categories of temporary, non-immigrant visas other than L-1 and H-1B visas given and the rationale behind the visa fee hike for L-1 and H-1B visa types and whether the fee hike was supported by any "research, survey, data, study, analyses or other document".

3. [Healthcare, patient groups oppose hep-C drug patents](#) – The Times of India

Healthcare aid and patient groups have come together in patent courts to fight against "abusive strategies" of Big Pharma to ensure access to affordable treatment in hepatitis C. The Initiative for Medicines, Access & Knowledge (I-MAK) — together with the Delhi Network of Positive People (DNP+) and international medical humanitarian organisation Medecins Sans Frontieres (MSF) — on Tuesday filed two patent challenges on daclatasvir, one on velpatasvir and a further challenge on sofosbuvir. The patent challenges could remove barriers to production and distribution of affordable generic versions of direct-acting antiviral (DAA) medicines, including Gilead's sofosbuvir and velpatasvir, and Bristol-Myers Squibb's daclatasvir. Sofosbuvir (brand name Sovaldi) is Gilead's blockbuster drug for hepatitis C, also embroiled in another patent challenge. The Indian Patent Office granted a patent on the drug last year, with the decision challenged by patient groups.

4. ['10 per cent drugs in govt supply chain substandard'](#) – The Indian Express

A two-year-long nation-wide survey, conducted under the supervision of the Central government, has found that around 10 per cent of the drugs in the government supply chain are not of standard quality (NSQ). However, the estimated percentage of NSQ drugs in retail supply chain was found to be 3 per cent only. The health ministry had asked the National Institute of Biologicals (NIB) to conduct the survey, wherein a total of 47,954 samples were drawn by drug inspectors from mid-2014 to mid-2016. State drug controllers served as nodal officers and coordinated the sample collection and their dispatch to NIB. "The fact that the NSQ (drugs) from government sources are 3.17 times higher than in the retail highlights that there is something amiss in the existing procurement processes, especially in states where the NSQ is much higher than the national average. Further, lack of uniform levels of enforcement may be leading to difference in the extent of NSQ in retail outlets and government supply chain in different States/UTs(union territories). The NSQs are much higher in case of parenterals as compared with oral dosage forms and this area therefore needs special attention," the survey commented.

5. [Medical tourism to keep pharma industry in good health: Study](#) – The Financial Express

Indian pharmaceuticals market is expected to touch \$55 billion in size by 2020 from \$36.7 billion in 2016, growing at a compound annual growth rate (CAGR) of 15.92 per cent, and medical tourism will be the major growth driver, according to a study. The pharmaceuticals market expanded at a CAGR of 17.46 per cent during 2005-16, from \$6 billion in 2005 to \$36.7 billion in 2016. By 2020, it is expected to reach \$55 billion and figure among the top three pharmaceutical markets by incremental growth and sixth largest globally in absolute size, said a joint study by industry body ASSOCHAM and Indian Institute of Tourism and Travel Management (IITTM). The country's healthcare sector is expected to grow at a rate of CAGR of 29 per cent during 2015-20 to reach USD 280 billion on the back of with rising income, greater awareness, increased prevalence of lifestyle diseases and improved access to insurance, it said. The year 2015 witnessed 140 per cent growth in arrival of foreign tourists on medical visa as compared to 2013, where more than 50,000 people visited India on medical visa.

6. [Donald Trump steps up security aide search, focuses on health care](#) – The Economic Times

President Donald Trump brought more contenders for national security adviser to his Palm Beach club for in-person interviews, hoping to fill the job in the coming days as he seeks to refocus his young administration. Trump also drilled down on policy during his working weekend at Mar-a-Lago, attending a strategy session on how to repeal and replace the Affordable Care Act, with top aides including Health Secretary Tom Price and Mick Mulvaney, director of the White House budget office. While in Florida, the president found time for a few holes of golf on Saturday and yesterday. And with his wife, Melania, he stopped by a fundraiser Saturday night at his private Palm Beach club, put on by the Dana-Farber Cancer Institute. Trump also took to Twitter to explain a comment he made about violence in Sweden at a Saturday rally. He suggested that some kind of major incident had taken place in the country Friday night, but on Sunday he said he was referring to something he saw

on Fox News. That might have been a report Friday night about the influx of immigrants to Sweden. Trump also spoke to the leaders of Panama, Trinidad and Tobago.

7. [Expect more innovation in insurance this year](#) – Mint

The year 2016 saw a growing Indian consumer base that recognizes the value of health insurance to help stave off medical inflation and cover health care expenses for oneself and the family members. This was evident through the 35% rise in gross written premium (GWP) between April and November 2016, as compared to a year ago. A growing GWP in health insurance premium is aiding the growth of this segment but India still has a long way to go to ensure health coverage for every citizen. One of the key developments in 2016 was that the insurance regulator introduced regulations for issuance of electronic policies and submission of electronic proposal forms of insurance policies. From technology adoption to enhancement of customer experience and to product innovation with an emphasis on wellness services, health insurers have been working towards more comprehensive offerings. Standardization and simplification endeavours by the regulator, innovations by insurers and in the light of the recent changes in the economy, 2017 promises to bring in an upward thrust to the industry.

8. [Government commitment to clinical research: Official](#) – The Times of India

The Government is committed to make India a favoured destination for clinical research and professionals need to take up a more proactive role in conducting drug development studies in the country, industry experts said. "The Government is committed to make India a favoured destination for clinical research. We are going through a transition phase where we are focused on bringing about improvements in the clinical research regulatory environment for the benefit of patients and the society at large," Joint Drugs Controller V G Somanisaid at the 10th Annual Clinical Research Conference here today. "Clinical research professionals need to take a more proactive role in conducting research for India. A more conducive regulatory framework for the conduct of clinical research will enable this and encourage local innovation, ensuring that Make in India is a reality for drug development and clinical research.

9. [Pharma industry to reach \\$55 billion in three years, says ASSOCHAM-IITTM study](#) – The Times of India

Indian pharmaceuticals market is expected to touch US \$55 billion by 2020 from the current level of US \$36.7 billion in 2016 growing at a compound annual growth rate (CAGR) of 15.92%, according to ASSOCHAM-IITTM joint study. Indian pharmaceuticals market increased at a CAGR of 17.46% during 2005-16 with the market increasing from US \$6 billion in 2005 to US \$36.7 billion in 2016. By 2020, India is likely to be among the top three pharmaceutical markets in terms of incremental growth and sixth largest market globally in terms of absolute size, noted the study titled 'Medical Value Travel (MVT),' jointly conducted by ASSOCHAM and research firm, Indian Institute of Tourism and Travel Management (IITTM). According to joint report, Indian Health Care is expected to rise at a rate of CAGR of 29% during 2015-20 to US \$280 billion with rising income, greater health awareness, increased precedence of lifestyle diseases and improved access to insurance. The year 2015 witnessed the growth of 140% of foreign tourist's arrival on medical visa from the year 2013, where more than 50,000 people visited India on medical visa. This number rose to approx 1,34,000 in 2015. In fact, the number of foreign tourist's arrival on a medical attendant visa also doubled from 2013 to 2015, increasing from 42,000 odd in 2013 to more than 99,000 in 2015, adds the study.

10. [Health boost in Budget, it's now up to the states...](#) – The Asian Age

Finance minister Arun Jaitley needs to be congratulated for the allocation to health in the Union Budget 2017-18. Health allocations to the health ministry and the Ayush ministry have increased to Rs 50,283 crores, which represents a healthy increase of about 27 per cent over the allocation of Rs 39,533 crores made in the previous Budget. This growth in health allocations is the highest ever growth in nominal terms in the last 15 years or so! In real terms too, after adjusting for medical inflation, which is expected to remain stable in the coming fiscal year too, it should represent a

healthy growth. The increase in health allocations in this Budget, however, has not pleased many stakeholders who were expecting still higher allocations. What could be the basis for higher expectations from this Budget? One, of course, is India's track record of low public health spending; and two, the absence of any announcement relating to the National Health Protection Scheme as well as unclear funding of some of the new programmes announced recently.