

1. [Antimicrobial resistance a challenge to public health: Nadda](#) – The Times of India
Antimicrobial resistance could be labelled as the number one public health challenge, said union health minister J P Nadda while inaugurating a three-day international conference on antimicrobial resistance in Delhi on Tuesday.

Meanwhile, Organization of Pharmaceutical Producers of India director general Ranjana Smetacek said, "Drug-resistant infections kill hundreds of thousands every year across the globe and by 2050 that figure could be more than 10 million. India has significant rates of resistance to antibiotics and, unfortunately, the use of antibiotics is not monitored systematically."

OPPI has sponsored research and creative input for the planned nationwide, multi-media, awareness campaign.

2. [Govt draws thin red line to curb antibiotics misuse](#) – The Times of India
To check irrational use of antibiotics, packs of certain medicines will soon carry a

'red line' differentiating them from other drugs. The move is aimed at discouraging unnecessary prescription and over-the-counter sale of antibiotics causing drug resistance for several critical diseases including TB, malaria, urinary tract infection and even HIV.

The Centre is set to kickstart an awareness campaign - 'Medicines with the Red Line' -to spread awareness about irrational use of antibiotics. "India is committed to combating antimicrobial resistance (AMR). However, a collective action is required by all stakeholders within a country and by all countries within a region," health minister J P Nadda said.

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3. [Bodily resistance to anti-microbes major health challenge: J P Nadda](#) – The Economic Times
Also appeared in [The Economic Times \(PTI\)](#), [The Times of India \(PTI\)](#), [Business Standard \(PTI\)](#), [Business Standard \(PIB\)](#), [Business Standard \(IANS\)](#)
4. [Government to unveil IPR policy in a fortnight](#) – The Hindu
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13. [Govt eyes health cess on tobacco, alcohol](#) – The Times of India
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14. [Bihar budget: Health woes many, experts expect cure from state govt](#) – The Times of India
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16. ['Strictly follow TB treatment regime for cure'](#) – The Hindu

3. [Bodily resistance to anti-microbes major health challenge: J P Nadda](#) – The Economic Times
Terming Antimicrobial Resistance (AMR) as the number one public health challenge before the world, the government today made a strong pitch for non-rational use of antibiotics.

"AMR has emerged as the number one public health challenge faced by the world today. The first step in addressing the problem of AMR is to avoid the need for antibiotics at all in the first place," Union Health Minister J P Nadda said while inaugurating a three-day international conference on combating AMR.

The Minister said the complexity of AMR is "fuelled" by numerous stakeholders who include patients, doctors who prescribe medicines, pharmacists who dispense them, the industry which manufactures, the government which regulates, research organisations which innovate and the animal and agricultural sector which contribute to the food chain among others.

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4. [Government to unveil IPR policy in a fortnight](#) – The Hindu
The government is likely to announce its National Intellectual Property Rights (IPR) Policy within a fortnight.

The policy -- which will be entirely compliant with the World Trade Organisation's agreement on Trade Related aspects of IPRs (TRIPS) -- will, as per Prime Minister Narendra Modi's suggestion, have a special thrust on awareness generation and effective enforcement of IPRs, besides encouragement of IP commercialisation through various incentives.

However, the policy will not suggest any changes in the existing Indian IPR laws or other related policies on the patent-disabling Compulsory Licencing (CL) and the provision-preventing 'ever-greening' of drug patents (done through minor modifications of an existing drug).

5. [DIPP to seek Cabinet's nod for National IPR policy next month](#) – The Economic Times
The Commerce and Industry Ministry will approach the Union Cabinet to seek its nod for the national Intellectual Property Right (IPR) policy.

"The draft note is under circulation for inter-ministerial views. Within 15 days, the ministry will approach the Cabinet to get the approval," a ministry official said.

A government-appointed think-tank on IPR has prepared the draft policy, which seeks to encourage innovation by providing tax incentives and modifying intellectual property rights.

6. [Amendments to drug price policy planned](#) – Mint
The government will soon make the pricing mechanism of essential drugs that are covered by the Drug Price Control Order (DPCO) 2013 more flexible by making suitable amendments to the order.

NITI Aayog, in a meeting last week, decided to allow drug makers to change prices of essential medicines throughout the year, an official of the government's policy think tank said, requesting anonymity.

Currently, the drug price regulator, National Pharma Pricing Authority (NPPA), allows prices of these medicines to be altered only once a year, on 1 April.

7. [U.S. and EU regulators urge Indian drug companies to step up standards](#) – Reuters
U.S. and EU drug regulators called upon India's pharmaceutical sector on Tuesday to step up efforts to improve manufacturing standards and ensure the reliability of data if it is to maintain its dominance in the generic drugs industry.

India's \$15 billion pharmaceutical industry, an increasingly important global supplier of cheaper generic medicines, has been dogged by concerns over quality issues after the U.S. Food and Drug Administration banned a series of factories from producing medicines for the United States due to inadequate standards.

8. [Drug regulators urge pharma companies to clean up](#) – The Economic Times

India is not the only country with quality and compliance issues in drug manufacturing — it is a problem that plagues companies in other countries also, the US regulator said.

"Quality is not an Indian problem, but a global problem. India has not done very differently than US or Europe," Mathew Thomas, country director of the US Food and Drug Administration (USFDA), said at a rare gathering of regulators from around the world and top executives of India's pharma companies.

9. [Pharma chiefs commit to driving quality from the top](#) – The Hindu Business Line

That question from a representative with the United States Food and Drugs Administration (USFDA), at an industry conclave, was one of the key "hard hitting" takeaways, said Satish Reddy, Chairman, Dr Reddy's Laboratories Ltd.

The industry chiefs committed to putting quality on top of the charts, from promising more management time to quality, being more visible on the shop floor, communicating more and encouraging an environment where employees could speak up and point out discrepancies. They also agreed on a possible academy to train "industry-ready" skilled hands to plug a key resource deficiency the industry was facing.

Also appeared in [Business Standard](#)

10. [We're working with India to ensure quality of pharma products: UK drug regulator](#) – Business Standard

With India supplying over a quarter of its medicine supplies, Britain has stepped up regulatory oversight of manufacturing units in India. Gerald Heddell, Director of Inspection, Enforcement and Standards, Medicines & Healthcare products Regulatory Agency (MHRA) tells Aneesh Phadnis that the agency is working closely with Indian government on drug safety. India is a very important supplier of medicines to Britain. Last October, we signed an MOU with India, which covers a wide range of areas, but essentially it is about sharing of information, collaboration and working together to ensure that medicines are safe.

11. [Will the pharma industry be acknowledged in this budget?](#) – Business Standard

The pharmaceutical industry has high expectations from the Union budget this year, considering that no major indirect tax reliefs were announced for the industry in last couple of budgets. It is anticipated that this year, the budget may provide more specifics on the 'Make in India' initiative.

In fact, to promote manufacturing of active pharmaceutical ingredients (APIs) in India, the Department of Pharmaceuticals declared 2015 as the 'year of APIs'. The government was expected to introduce several industry-friendly policies and incentives to provide a major push to the growth of the Indian bulk drug industry for it to be a formidable force globally. However, no major tax reforms (especially on the indirect tax front) have been announced by the government yet.

12. [Budget Expectations: Separate Regulatory Framework For Medical Equipment](#) – Business World

The Advanced Medical Technology Association (AdvaMed) – a trade association that leads the effort to advance medical technology in order to achieve healthier lives and healthier economies around the world – is hopeful that Union Finance Minister Arun Jaitley would provide the necessary fillip to the MedTech sector in order to increase access to newer therapies to patients for better health outcomes and improved quality of life.

To make healthcare more accessible to the patients the focus should be on improving primary healthcare. The infrastructure should be strengthened by investing on more quality tertiary care centers for patients and supply chains for better healthcare delivery.

Since the local manufacturing of devices and equipment is still in a developmental phase, the government should not discourage imports by raising the duties as has been done. On one hand, this will limit further the penetration of medical devices in the country. And it will also be a deterrent to the 'Make in India' in terms of attracting Foreign Direct Investment in the sector, as we will be positioning ourselves as a market that does not offer economies of scale.

13. [Govt eyes health cess on tobacco, alcohol](#) – The Times of India

Union health minister J P Nadda has in a formal communication asked the finance minister to look at the feasibility of levying a new 'sin tax' or 'health cess' on 'demerit goods' like tobacco and alcohol, suggesting the proceeds be used by the government exclusively for investment in public health. This is the first time that the health ministry has proposed such a levy, making it more significant since it comes just days before the Union Budget.

On similar lines, the government in 2005 had introduced a levy, commonly called a health cess in the form of an additional surcharge on excise duty, which was imposed on all types of tobacco products, excluding bidis. However, the letter says proceeds from this surcharge are not earmarked for the health sector, but go to the Consolidated Fund in the general pool of resources. The projected receipt from this surcharge for 2015-2016 is Rs 1,060 crore.

Also appeared in [Mint](#)

14. [Bihar budget: Health woes many, experts expect cure from state govt](#) –The Times of India

With the Budget session of Bihar legislative assembly commencing on February 25, the state's healthcare fraternity has urged the government to allocate at least 8% to 10% of gross state domestic product (GSDP) to the healthcare sector against the existing 2%.

Dr Shakeel, state representative of national Jan Swasthya Abhiyan, says most of the states spend 6%-8% of GSDP on health. "Now that the Centre has reduced its share of funding many health programmes, the state must increase its share," he said.

15. [School dropouts help TB patients stay the course](#) – Mumbai Mirror

A non-profit group of medical practitioners that operate under the banner Doctors For You (DFY) is engaging school dropouts to nurse and counsel TB patients in their neighbourhood, which is mostly cramped and squalid and prone to the contagion. Mostly, their job is to persuade patients to finish the long and unrelenting medication regimen.

Wracked by the medication's side effects of chronic pain and nausea, patients — mostly impoverished — give up on the treatment midway, as their meagre means do not allow for missing daily wages by staying away from work. Others quit as soon as they start feeling a little better, thus giving rise to the multiple drug-resistant (MDR) strain. In fact, doctors believe poverty is the biggest interruption to TB treatment. With volunteers persuading them to complete the drug course, the odds of winning out the war thicken.

16. ['Strictly follow TB treatment regime for cure'](#) – The Hindu

With over one lakh cases of undiagnosed and untreated drug-resistant TB, more deaths occur due to the air-borne disease than HIV/AIDS or diabetes, says Prakasam district TB Programme Coordinator S. Ratnakumari.

Speaking at a meet held as part of the Anti-TB Week here on Tuesday, she said as many as 1,000 TB patients succumb to bacterial infection every day in the country.

Discontinuation of treatment midway results in patients getting Multi-drug-resistant tuberculosis (MDR-TB) and Extensively drug-resistant TB (XDR TB), explained M. Srinivasa Rao, Ongole TB Control Medical Officer.

17. [Modi's Jan Aushadhi to offer 700 drugs at cheaper rates](#) – Bloomberg TV

Narendra Modi's ambitious project Jan Aushadhi, which was rolled out recently in 108 stores, will extend the number of cheaper drugs to 700 from the present 450 for sale to the poor.

Moreover, the scheme, which faced initial hiccups, has finally geared up as the government aims to open nearly 3,000 stores by December 2016, sources told Bloomberg TV India.

"Jan Aushadhi will include 700 drugs instead of 450 drugs including treatments like Cardiac, Cancer and Diabetes. These drugs will be offered at almost 90 per cent lower price compared to their branded price," an official said.

In the upcoming Budget, the government may sanction Rs 35 crore for Jan Aushadhi. Pharma companies like Sun Pharma, Abbott, Alkem and Intas Pharma may get affected once the cheap life saving drugs hit the markets