

1. [WHO releases list of drug-resistant bacteria](#) – **Mint**

The World Health Organization (WHO) on Monday released a list of 12 families of bacteria that have become resistant to antibiotic medicines and pose significant threat to human health. The list was drawn up in a bid to guide and promote research and development (R&D) of new antibiotics, as part of WHO's efforts to address growing global resistance to antimicrobial medicines. There are certain types of bacteria that have built-in abilities to find new ways to resist treatment and can pass along genetic material that allows other bacteria to become drug-resistant as well, WHO said in a press release. "This list is a new tool to ensure R&D responds to urgent public health needs. Antibiotic resistance is growing, and we are fast running out of treatment options. If we leave it to market forces alone, the new antibiotics we most urgently need are not going to be developed in time," Marie-Paule Kieny, WHO's assistant director-general for health systems and innovation, said. The WHO list is divided into three categories according to the urgency of need for new antibiotics—critical, high and medium priority.

2. [City to be TB free by decade-end: Health officials](#) – **The Times of India**

Health authorities will soon put on riot gear to bring down the incidence of tuberculosis and make the city free of the disease by end of the decade, officials announced on Monday. Officials of the state health department, Indian Council of Medical Research (ICMR), WHO and NGOs met at the state secretariat to finalise plans to detect cases and initiate treatment at an early stage. "We are planning to have mobile vans that will do chest x-rays, collect specimens and give results the same day. The local health authorities will ensure these patients get treated for the disease," said ICMR director Dr Soumya Swaminathan. Voluntary organisations will engage with private practitioners to ensure they notify all TB cases to the government. They will also ensure patients in the private sector don't drop out of treatment midway, increasing risk of drug resistance.

3. [After curbing stent prices, will govt follow its heart to cap other life-saving medical devices?](#) – **Hindustan Times**

On February 13, the Union government capped prices of stents — a tiny metal tube inserted into the narrowed coronary arteries — by nearly 85%, drastically reducing the cost of angioplasty. The price

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2. [City to be TB free by decade-end: Health officials](#) – The Times of India
3. [After curbing stent prices, will govt follow its heart to cap other life-saving medical devices?](#) – Hindustan Times
4. [Nobody knew health care could be so complicated: Trump](#) – Business Standard
5. [NPPA asks hospitals, doctors to report stents shortage](#) – The Times of India
6. [RCEP and Health: This Kind of 'Progress' is Not What India and the World Need](#) – The Wire
7. [Growth in Indian pharma exports revives in the third quarter](#) – Business Standard
8. [Top pharma firms overcharging: NPPA](#) – Business Standard
9. [Changing eco-system to create better opportunities and growth up to 45% in pharma sector by 2025: IIMR University](#) – Pharmabiz.com
10. [AIOCD to go on day-long nationwide token strike in April](#) – Pharmabiz.com

cap is just one example of how a life-saving medical device can be made affordable when the government intervenes to regulate prices. Prior to the price capping, a stent contributed heavily to the cost of an angioplasty. A patient had to shell out anywhere between Rs50,000 and Rs1.5 lakh for a stent, depending on its brand and range. But, now, no stent, however advanced, can cost more than Rs30,000. The fall in stent price has brought relief to patients with heart ailments, but other medical devices that are equally life-saving or essential to improving health are still unaffordable because prices are not regulated by the government. For example, in cardiac care, a conventional pacemaker costs in the range of Rs40,000 to Rs2.3 lakh. It is a small device that is placed in the chest or abdomen to help control abnormal heart beats. According to industry sources, this cost is almost 40% more than its import price and follows a market methodology — a term referring to an arbitrary pricing decided by hospitals. “Pacemakers are as life-saving as stents. But the cost is definitely a financial burden on patients. They have to take up loans or pay for the device on EMI basis,” said a senior cardiologist at a hospital in Vile Parle.

4. [**Nobody knew health care could be so complicated: Trump**](#) – Business Standard

U.S. President Donald Trump has said that nobody knew health care could be so complicated, adding that his administration has come up with a solution which is very good. “We have come up with a solution that's really, really I think very good. Now, I have to tell you, it's an unbelievably complex subject. Nobody knew health care could be so complicated, CNN quoted Trump as saying during a meeting of the nation's governors at the White House. Trump was speaking as Republicans on Capitol Hill continue to work toward developing a plan to replace the Affordable Care Act, the Obama-era law which they argue is too costly and complicated. The Republicans have long pledged to repeal Obamacare, which they say is too costly and complicated. Trump is likely to speak on health care during his first address to a joint session of Congress on Tuesday.

5. [**NPPA asks hospitals, doctors to report stents shortage**](#) – The Times of India

Drug price regulator NPPA today asked hospitals and doctors to report shortage of stents as part of its measures to ensure availability of the medical device in the wake of price cap. “Hospitals/doctors finding any shortage of stents of any company and/or any brand should inform NPPA which will ensure supplies,” the National Pharmaceutical Pricing Authority (NPPA) said in a tweet. The regulator has been taking several steps to ensure stents are available under its prescribed price list as reports emerged that there were shortages in the market. Last week, NPPA had warned hospitals, stent manufacturers and importers of legal action in case they are found spreading “misinformation” about shortage of the medical device after the regulator capped the prices of stents. NPPA also asked stents manufacturers and their distributors to align their system according to the new price list.

6. [**RCEP and Health: This Kind of ‘Progress’ is Not What India and the World Need**](#) – The Wire

Negotiators from 16 countries are meeting in Kobe, Japan on Monday to begin the 17th round of negotiations of the Regional Comprehensive Economic Partnership (RCEP) agreement. Launched in 2012, the RCEP negotiations are taking place between the Association of South East Asian Nations (ASEAN) which comprises 10 countries (Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Vietnam) and six countries with which the ASEAN bloc has pre-existing trade agreements – India, Australia, China, Japan, New Zealand and South Korea. Since the recent demise of the Trans Pacific Partnership (TPP) agreement, all eyes have

turned to the RCEP negotiations that now carry, in the opinion of some, the heavy burden of rescuing the international free trade regime from the growing tendency to protectionism. Unfortunately, the RCEP negotiations suffer the same flaws as the TPP, particularly in the context of public health. As with the TPP and most other free trade negotiations, RCEP too is being negotiated behind closed doors, with limited access for public interest and health groups, and the only negotiating texts available in the public domain coming from regular online leaks. An analysis of these leaked texts shows that Japan and South Korea are proposing intellectual property (IP) provisions referred to as TRIPS-plus, in that they go far beyond the obligations under the World Trade Organisation's Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS). Such provisions are a cause for great concern among public health groups over their potential adverse impact on access to affordable medicines.

7. [Growth in Indian pharma exports revives in the third quarter](#) – Business Standard

Indian pharma exports have increased 5.6 per cent to \$4,357 million during October-December period in this financial year over the same quarter previous fiscal, as per the Pharmaceuticals Export Promotion Council (Pharmexcil) data. The pharma body, which works under the Union Commerce Ministry, expects the rise in exports in the second half of this year to more than compensate for a marginal decline in the exports during April-October period. Indian pharma exports were up 9.7 per cent, at \$16.89 billion in the last financial year. The January-March quarter is likely to add further momentum to the export growth seen in the October-December period, according to Pharmexcil director general Ravi Uday Bhaskar. The country has 700 drug manufacturing units registered with the US Food and Drug Administration (USFDA). More than 30 per cent of abbreviated new drug applications (ANDAs) granted by the USFDA in 2016 are from India. This indicates an upward trend of generic exports in the coming year, he said.

8. [Top pharma firms overcharging: NPPA](#) – Business Standard

Leading pharmaceutical companies are overcharging customers for hundreds of drugs, many of which are blockbuster brands, the price regulator for the sector has found. In a rare instance, the National Pharmaceutical Pricing Authority (NPPA) has listed 634 drugs that have been sold at a price suspected to be higher than the ceiling fixed for them under the Drug Price Control Order (DPCO). NPPA, in its latest notification, has named Sun Pharmaceutical, Cipla, Lupin, Abbott Healthcare, Zydus Cadila, Wockhardt, Torrent Pharmaceuticals, Sanofi, Biocon, AstraZeneca, Dr Reddy's, GSK etc.

9. [Changing eco-system to create better opportunities and growth up to 45% in pharma sector by 2025: IIHMR University](#) – Pharmabiz.com

IIHMR University, Jaipur has recently conducted Pharma Summit 2017 to discuss challenges and growing opportunities in the pharma sector. The summit reiterated that changing eco-system would create better opportunities and growth up to 45% in pharma industry by 2025. The summit held on February 25, 2017 was attended by a number of dignitaries including Atul Kumar Nasa, President, Indian Pharmacy Graduates Association, Rajendra Talele, Head Clinical Development Services-Accutest Research Laboratories, Deve Babre, Associate Vice President, Tata Consulting Services, Mumbai, Sachin Tadge, Project Manager, Cognizant Mumbai. Dr. SD Gupta, chairman, IIHMR University Jaipur, said, "Despite price capping, demonetization and GST implementation – all of which are perceived to impact the pharma sector adversely, this industry will continue to grow and

the major growth engines will be domestic sales, exports, an ageing population, health insurance coverage, increases in per capita spending, medical tourism etc. All these factors combined together put more pressure on the effective management, governance, availability and accessibility of pharmaceutical products, especially in remote areas. This poses increasing challenges for pharmaceutical managers not only in term of demanding effective leadership skills but also in the sector's demand for quality manpower that can hit the ground running. In this context, IIMR University's MBA Pharmaceutical Management programme fills this vacuum to a great extent because it imparts managerial skills that are relevant for the pharma sector."

10. [AIOCD to go on day-long nationwide token strike in April](#) – Pharmabiz.com

All India Organisation of Chemists & Druggists (AIOCD), an umbrella body of drug wholesalers and retailers in India, has decided to go on a day-long nationwide strike in April to oppose the government's move to regularise online pharmacy and make only registered pharmacists eligible to get drug wholesaler licenses. The decision to forgo strike was taken by AIOCD at its executive committee meet held on February 19 at Ahmedabad, informed AIOCD general secretary Suresh Gupta. The trade body formed a six-member committee comprising A N Mohan, president of Kerala Chapter, AIOCD, Sandeep Nangia, president of Delhi Chapter, Pradeep Trivedi, secretary of Gujarat Chapter, KK Selvan, secretary of Tamil Nadu Chapter, Rajiv Singhal, secretary of Madhya Pradesh Chapter, Anil Navandar, secretary of Maharashtra Chapter to chalk out an action plan to fight government on both issues. The committee will submit its report to AIOCD by March 15, following this, the course of action will be decided by the trade body at a meet to be held in Delhi or Mumbai in the presence of presidents and secretaries from its state chapters. At the meet we will decide to extend day-long strike to indefinite bandh, said Gupta.