

1. [Budget 2017: What it means for the healthcare sector](#) – Forbes India

The healthcare sector in the country has been plagued by low and stagnant government spending and high out of pocket expenditure. The concerns have been around meeting the challenges of the dual burden of communicable and non-communicable disease while making healthcare affordable and accessible for all. The healthcare providers, medical devices and pharma industry have been seeking changes in some regulations, tax and duty structures and there has been a clamor for initiatives to boost the health insurance cover for the Indian population. The overall health budget has increased from INR 39,879 crore (1.97% of total Union Budget) to INR 48,878 crore (2.27% of total Union Budget). While the increase is welcome, most of it is concentrated towards human resources and medical education.

Finance Minister has announced a positive step to harmonise policies and rules for the medical devices industry to encourage local manufacturing and move towards improving affordability for patients, though no specific announcement was made on changing the import duty structure in this sector.

In addition, government has announced that it will be modifying the Drugs and Cosmetics Act to promote generics and reduce the cost of medicines.

2. [Budget 2017: Some Treatment But No Lasting Cure For The Healthcare Sector](#) – The Huffington Post (Blog)

We congratulate the Union government on the budget presented on 1 February, 2017. The core thrusts of this year's budget are infrastructure, livelihood, higher education and youth. We welcome the government's attention on women and youth of the country, particularly the announcement of initiating in the 14 lakh Integrated Child Development Service (ICDS) centres across the country.

The allocation of ₹48,853 crores for the Ministry of Health and Family Welfare (MoHFW) in this year's budget indicates a 27% increase in overall health allocation, which is welcome. This increase is higher than the budgeted allocation for the last year and the year before, the figures being 15% and 8% respectively. However, most of the increase comes from transfers to states/Union territories, which comprises 55% of the health budget. This reflects the government's continued efforts to increase the role of states in health and reduce that of the MoHFW at the Centre.

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2. [Budget 2017: Some Treatment But No Lasting Cure For The Healthcare Sector](#) – The Huffington Post (Blog)
3. [Senior health ministry officials know nothing about Aadhaar medical scheme announced in Budget](#) – Scroll.in
4. [Projects worth Rs 3,308 cr announced on first day of BioAsia](#) – The Economic Times
5. [New drugs to reduce TB burden](#) – The Hindu
6. [Understanding cancer risk](#) – Mint
7. [Gujarat FDCA lab tested maximum number of drug samples as part of health ministry's pan India spurious drugs survey](#) – Pharmabiz.com
8. [Indian Pharmacopoeia Commission opens regional office at Hyderabad](#) – Pharmabiz.com

It is reassuring to see the government's commitment to "Health for All" in the Economic Survey and the Union budget tabled in Parliament by the Finance Minister. The budget announces a target of eliminating kala-azar and filariasis by 2017, leprosy by 2018, measles by 2020 and tuberculosis by 2025. The other much-needed announcements were to ensure adequate availability of specialist doctors, to strengthen secondary and tertiary levels of healthcare by creating additional postgraduate seats, and a structural transformation of the Regulatory Framework of Medical Education and Practice in India.

3. [Senior health ministry officials know nothing about Aadhaar medical scheme announced in Budget – Scroll.in](#)

In his Budget speech on February 1, Finance Minister Arun Jaitley announced that Aadhaar-based smart cards were being introduced for senior citizens that would contain their health details. However, it seem that the finance minister has announced this health-related project without consulting the Ministry of Health and Family Welfare: even senior ministry officials have been unable to share any details about the scheme. "A beginning will be made through a pilot in 15 districts during 2017-'18," Jaitleysaid in this speech. However, none of the three senior officials in the health ministry to whom Scroll.in spoke had any information regarding the project. "Was this announced in this budget?" asked Dr Arun Panda, additional secretary in the health ministry. "We have to take a look at what has been stated before we can respond. Sometimes the government could think of a scheme, which we have to execute. But we wouldn't know about it." Scroll.in also spoke to Sunil Sharma, joint secretary in charge of setting up National e-Health Authority that aims to use Aadhaar-based biometric information to store health records at government facilities. Sharma said he did not have information on the project and would not be implementing it. A senior official in the direct benefit transfer division in the cabinet secretariat said the division had no information on this new project. Health secretary CK Mishra did not respond to SMS queries requesting information about the scheme.

4. [Projects worth Rs 3,308 cr announced on first day of BioAsia – The Economic Times](#)

BioAsia, Asia's largest biotechnology and life-sciences forum, began here Monday with the announcement of projects worth Rs 3,308 crore. The Telangana government signed a MoU with Cerestra to explore Life Sciences Infrastructure Fund to the tune of Rs 1,000 crore to create modular plug-and-play infrastructure for pharma/ biotech/ medical devices industry. Projects entailing an investment of Rs 1,680 crore were launched at Genome Valley on the first day of the three-day event. These include MN Park's iHub Phase II with two million square feet of lab space for R&D companies and start-ups with an investment of about Rs 1,000 crore. The Telangana government also handed over land allotment letters for about six companies which propose to make an investment of Rs 702 crore. Building plans of country's largest animal resource facility were also unveiled. The facility is being set up with the central government's grant of Rs 330 crore while the state government is allotting 102 acres of land. Biological E's also conducted groundbreaking of its vaccine plant in Genome Valley with an investment of Rs 300 crore.

5. [New drugs to reduce TB burden – The Hindu](#)

Two interesting plans were rolled out in Mumbai on Monday to reduce the burden of tuberculosis. One is a fixed dose combination of drugs and the other is a slight tweak in the Directly Observed Treatment Short Course. Patients can now stay at home, take their medicines and inform a health worker instead of travelling to the DOTS centre to take medication in front of a healthcare worker or doctor. Four molecules have been merged into one tablet to form the fixed dose. Both initiatives are aimed at improving patient compliance in treatment and reduce the increasing burden of drug-resistant tuberculosis. "These changes are extremely patient-friendly. It will work positively in reducing the overall burden of the disease," said Dr. Daksha Shah, Mumbai's TB officer. Dr. Shah said a toll free number has been set up by which patients or their relatives will have to update the

daily consumption of medicines. “If they do not do so, our health workers will follow-up on them,” said Dr Shah. The patient will have less number of pills to take under the fixed dose combination as four drug molecules have been combined into one.

6. [Understanding cancer risk](#) – Mint

According to the National Institute of Cancer Prevention and Research, the reported number of cases of people living with some type of cancer in India is around two and a half million. Every year, over 700,000 new patients are registered and over 500,000 die of different cancers. With World Cancer Day, observed on 4 February, just behind us, it's clear that though the numbers are rising steeply, awareness of the disease remains so poor that diagnosis is delayed. Rohit Nayyar, director, surgical oncology, at the Asian Institute of Medical Sciences in Faridabad, near Delhi, says late detection is one of the main causes of mortality. B.S. Ajaikumar, chairman and practising oncologist at the HCG (Healthcare Global) Hospital in Bengaluru, says it's important to be aware of the symptoms, risk factors, prevention strategies and treatment options available. “Right information is the key as detecting and treating cancer at an early stage can significantly reduce the mortality rate and tame the numbers,” he says.

7. [Gujarat FDCA lab tested maximum number of drug samples as part of health ministry's pan India spurious drugs survey](#) – Pharmabiz.com

The Gujarat Food and Drug Control Administration (FDCA)'s Vadodara based drug testing lab has tested the maximum number of 6,025 drug samples as part of a pan India spurious drugs survey to assess for the first time complete testing of not-of- standard quality (NSQ) drugs as per Indian pharmacopoeia and other pharmacopoeias. This is followed by Central Drug Testing Lab (CDTL) Hyderabad which tested 5,461 samples, CDTL Mumbai which tested 5,418 samples, CDTL Chennai which tested 5,257 samples, CDTL Bangalore which tested 2,033 samples and Maharashtra which tested 186 samples. Done at an estimated cost of Rs.8.5 crore, the Union health ministry had entrusted the job of National Drugs Survey in July 28, 2014 to Noida based National Institute of Biologicals (NIB) which compiled it in the form of around 400 pages of well documented evidence based study based on the pan -India sampled field data to the tune of 48,000 samples. It was recently submitted to the health ministry for review and suggestions. Dr Surinder Singh, director, NIB, Noida, is the chairman of the committee which conducted the survey. Only 10 per cent of the samples were tested during the pan-India study done in 2009.

8. [Indian Pharmacopoeia Commission opens regional office at Hyderabad](#) – Pharmabiz.com

Indian Pharmacopoeia Commission has opened its regional office in Hyderabad located within the campus of Central Drugs Testing Laboratory (CDTL). The expansion was primarily to promote the highest standards of drugs for use in human and animals. This led the Commission to extend its arm across multiple cities within India and abroad. The move is in line with its commitment to strengthen interactions with stakeholders and to establish global harmonization with international standards. In the absence of Dr. GN Singh, Drug Controller General of India & Secretary-Cum-Scientific Director, Indian Pharmacopoeia Commission, Dr. PL. Sahu, Principal Scientific Officer, Head, R & D, IPC and Dr. P.B.N. Prashad DDC (I), Hyderabad were deputed to inaugurate the facility on February 1. The event attracted industry heads, academia and regulators. The inaugural ceremony was followed by interactions with state regulatory teams including Pharmexcil IDMA and BDMA where various issues related to co-ordination activities with regulatory bodies and updates