

1. **US pharma body slams Indian patent regime** –

The Times of India
Criticizing India's "weak" intellectual property rights (IPR) regime, PhRMA (Pharmaceutical Research and Manufacturers of America), which represents leading pharma and biotech companies in the US, has suggested India remain on the Priority Watch List in the 2016 Special 301 Report.

The Special 301 Report is an annual review of the state of IPR protection and enforcement in trading partners of US, and identifies challenges and opportunities facing US companies in foreign markets. The hearings on the issue will start in March. PhRMA said India's "legal and regulatory systems pose procedural and substantive barriers at every step of the patent process, ranging from the impermissible hurdles to patentability, posed by Section 3(d) of Patents Act to the narrow patentability standards applied in pre-grant and post-grant opposition proceedings".

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2. **Pharma lobby to USTR: India must remain on priority watch list** – Hindustan Times

India must remain on the 'priority watch list' in the annual '2016 Special 301' report on intellectual property rights (IPR), prepared by the office of United States Trade Representative (USTR), the Pharmaceutical Research and Manufacturers of America (PhRMA) has said. The PhRMA, one of most influential lobbying organisations in Washington, has requested the US

government to act against India over its IPR, which they claim don't conform to global norms. Citing issues on the weak IPR environment, regulatory data protection failures, high tariff and taxes on medicines, and burdensome environment for clinical research, the PhRMA has requested the USTR that "India remain on the 'Priority Watch List' in the 2016 Special 301 Report." India is on the watch list since 2006. The lobby slammed Narendra Modi-led government for not taking any concrete measures to improve the situation.

3. [Task force recommends separate price control order for medical devices](#) – Mint

At a time when the government is looking at giving a boost to the medical devices sector, a task force has recommended a separate price control order for it.

The task force, under the chairmanship of the secretary, department of pharmaceuticals (DoP), has also suggested that the National Pharmaceutical Pricing Authority (NPPA) should be empowered for fixing and monitoring of prices under a separate vertical. Currently, medical devices come under the definition of drugs, under the Drugs and Cosmetics Act. The task force added that medical devices may be included as a separate entity from drugs in the Essential Commodities Act and regulated under a separate Medical Devices (Prices Control) Order (MDPCO).

The task force also suggested minimum or zero duty on the import of raw materials and manufacturing equipment for the production of medical devices.

4. [Editorial: Outrage over withdrawing custom duty exemption on life-saving drugs is misplaced](#) – The Economic Times

The outrage over the decision to withdraw custom duty exemption on life-saving drugs is misplaced. The government has withdrawn an advantage that was accruing to importers while putting domestic manufacturers at a disadvantage, even though the need for the duty exemption had long since passed. The move is in keeping with the government's efforts to boost domestic manufacturing.

In the eye of the storm are 15 life-saving drugs, among the 74 in the list for which exemptions have been withdrawn. In the quarter century since these drugs were put on the exemption list, companies began manufacturing these formulations domestically. However, the tariff structure continued to privilege imports over consumption of domestic manufactures. The withdrawal does away with this asymmetry. Based on the need and absence of domestic producers, the health ministry recommends duty exemptions to the revenue department.

5. [New govt levies may raise prices of life-saving drugs by 10-25%](#) - The Times of India

The government's recent tweak in levies -- removing customs duty waiver as well as imposing excise duty, on certain life-saving drugs including cancer, HIV, haemophilia, diabetes and infections, may result in price increases between 10-25% on both imported and indigenously-produced drugs, swelling treatment costs and restricting key drugs for patients. Coming days before the budget, the move is "in contradiction of government's efforts to improve healthcare" and better access, experts say, adding, surprisingly even those drugs which are part of the National list of essential medicines (NLEM) have not been spared.

Organisation of Pharmaceutical Producers of India, which represents MNC firms' interests, believes the recent hike in duties on life-saving drugs will be detrimental to patients, and may also have a significant impact on companies' patient access programmes.

"Such unexpected and sudden change in custom duty may have to be passed by the pharmaceutical industry to patients in the form of price increase of the drugs. Many of these are life-saving drugs, and therefore adversely impact public interest", Ranjana Smetacek, Director General OPPI said, adding withdrawal of concessional custom duty for 47 molecules which are part of NLEM 2015, is not in accordance with reasons of being essential drugs, and will lead to significant impact specifically on companies importing these drugs.

6. [Removing customs duty exemption on life-saving drugs is an ill-timed move](#) – Business Standard

A piece of news that first appeared on social media on Friday night and quickly went viral has now turned into a debate with the two sides offering diametrically different perspectives. While multinational companies and their associations are screaming “extraordinary price rise” as the government removes customs duty exemption on life-saving drugs, the domestic lobby would have us believe that patients wouldn’t be affected in the least by the move.

The NDA government, which is at the centre of the controversy, is also claiming that any talk of price rise is imaginary. “Rhetoric” is how a government spokesperson described the view of the other side which has fuelled the issue to centrestage.

7. [Drug prices to rise slightly on removal of duty relief](#) – ET Health

The government's move to withdraw customs duty exemption on imports of 76 life-saving drugs will have minimal impact on patients, according to experts. The view is supported by domestic bulk drug makers who said a number of drugs on the list are produced locally too.

Last week, stakeholders expressed concern over the move, saying certain products, especially anti-cancer and HIV drugs will become expensive.

8. [WB CM Mamata Banerjee concerned over customs duty hike on life-saving drugs](#) – The Economic Times

Expressing concern over sudden increase in customs duty on life-saving drugs, West Bengal Chief Minister Mamata Banerjee today said the price rise needs to be addressed urgently.

"I am deeply concerned by the sudden increase in customs duty on life-saving drugs. Price rise needs to be addressed urgently. Medicines for cancer, diabetes, Parkinson's, heart/kidney disorders, women's health can become too expensive for thousands who need them," Banerjee said in a statement.

Also appeared in [Business Standard](#)

9. [In 5 years, US FDA rejected 13,000 Indian products](#) – The Times of India

As many as 13,334 products made in India were rejected by the US Food and Drug Administration (FDA) between 2010 and 2015, FDA data shows. During the period, it rejected imports of 15,087 Chinese products.

According to the ministry of commerce and industry, the rejected products include patent medicines, generic medicines, snacks, bakery products, spices (ground, mixed) and seasonings, bath soaps and detergents. And, the reasons include problems in packaging, misbranding, contamination, high residue levels and labelling.

In January 2016, India saw 228 rejections — China saw 314 — pointing to another year of huge rejections at a time when the Centre has been advancing the 'Make-in-India' campaign. On January 5, 2016, three drugs from Intas Pharmaceutical Limited and Sanofi India Limited, were rejected as they were unapproved drugs under sections "505(a), 801(a)(3)" of the US regulator's guidelines.

10. [Yearly spend on diabetes is 1.5L crore, rising by 30% pa: Lancet](#) – ET Health

The annual spend on account of diabetes treatment in India is pegged at Rs 1.5 lakh crore, 4.7 times the Centre's allocation of Rs 32,000 crore on health and three-fourth of the budgeted service tax collections this fiscal, with experts saying that the cost of treatment of the disease is rising by 20-30% every year.

A study by Lancet has expressed concern over the rising cost of insulin making it virtually unaffordable for a large chunk of patients globally with India, known as the diabetes capital of

the world, accounting for 60 million of them. While diabetes rate has increased by around 45% globally, it has jumped 123% in India between 1990 and 2013, according to the Institute for Health Metrics and Evaluation at the University of Washington.

Pointing at rising costs, fewer generic developments, limited competition and huge mark-ups by pharmaceutical companies in the insulin space, the Lancet study says, "Substantial attention has been given to the issue of access to medicines for communicable diseases; however, access to essential medicines for diabetes, especially insulin, has had insufficient focus."

Also appeared in [The Times of India](#)

11. [Make in India, Spare the Patients](#) – Business Today

It was Biocon's Kiran Mazumdar-Shaw who first hinted at the possibility of an otherwise cryptic finance ministry notification carrying some nasty surprises for India's cancer patients.

On February 5, a day after World Cancer Day, Mazumdar-Shaw, promoter of one of the leading biotechnology companies of the country, tweeted that the government has introduced a 22 per cent duty on cancer and lifesaving drugs. Another tweet, clarifying her first post, came soon: "The withdrawal of exemption pertains to customs duties, which will impact imported drugs and those made in special economic zones."

12. [Budget 2016: Expect govt to ramp up public healthcare spending, says Kiran Mazumdar Shaw](#) – DNA

The organisation of Pharmaceutical Producers of India also wants the government to ramp up public spending, announce tax benefits for R&D in the country.

Chairman and Managing Director of Biocon, Kiran Mazumdar Shaw wants Finance Minister Arun Jaitley to ramp up public spending in the healthcare sector to push growth and address the challenges faced by the industry in India. She said that the Budget should also look at creating an environment that will attract investments in research and development.

Echoing her views, Ranjana Smetacek, Director General, Organisation of Pharmaceutical Producers of India, also said that her biggest expectation from the government is an increase in expenditure on public health and tax incentives for R&D in the country.

The Organisation wants the government to up the healthcare budget from the current 1% to at least 2.5% over the next two years.

"We would also like to see Budget 2016 provide tax incentives for R&D activities in the country, either by way of a tax holiday or by extending the sunset clause on weighted deductions. This will go a long way in transforming India into an innovation hub for pharmaceuticals," she said.

"For India to be the 'pharmacy to the world', responsible healthcare should be the norm and patients must be guaranteed safe care and quality medicine." For this, implementing the promised Universal Health Assurance programme will benefit patients and increase access, she said.

13. [Novartis sets heart-drug price with two insurers based on health outcome](#) – Reuters

U.S.-based health insurers Cigna Corp and Aetna Inc. have struck deals with Novartis AG for a performance-based price for the Swiss drugmaker's new heart drug, Entresto, the companies said on Monday.

The agreements are among the few performance-based deals that have been made public by drugmakers and U.S. managed-care companies, which say they have been having more discussions about linking price to health outcomes in order to cut unneeded drug spending.

14. [Special Report - The World Health Organization's critical challenge: healing itself](#) – Reuters
When executive board members of the World Health Organization sat down for their annual meeting in Geneva in January, many powerful figures spoke forcefully of the need to reform the leading global authority on health and disease.

"It's time to stop talking," Stewart Jessamine, New Zealand's director of public health and a WHO executive board member, told the delegates. "We have to change."

Jimmy Kolker, a leading member of the U.S. delegation, told the meeting the WHO must "recognise how crucial this moment is for the future of the organisation, and the resources and the trust that are in the balance."

For years the WHO has talked about streamlining its complex structure, governance and financing to make it more efficient. Critics say the organisation needs deep reforms to allow it to show clear leadership in promoting health and to respond decisively to disease emergencies that may span many countries. But progress has been painfully slow.

15. [Doctors and digital devices: India bridging the gap](#) – Mint
Doctors in India are now narrowing the technology usage gap with their US peers with six out of 10 healthcare professionals (HCPs) engaging with patients digitally as against nine out of 10 in the US. According to a global survey conducted by healthcare solutions company, Indegene, doctors in India are using a mix of channels such as video calls, apps, emails, text messages, etc. for both patient interaction and meeting medical representatives. This is a paradigm shift from the earlier face-to-face interactions considered to be the only channel to meet the doctor. This trend has an evident bearing on accountability and costs as already witnessed in the US healthcare market.

16. [Union Budget 2016-17: Roadmap for Healthcare](#) – The Financial Express
Healthcare industry stakeholders share their hopes and aspirations for the sector from the Union Budget 2016-17, with Express Healthcare

One of the major needs is to focus on increasing the GDP spend on healthcare, mainly public health which stands at one per cent, to improve services. With heavy privatisation in urban sectors and the associated increase in out-of-pocket expense, it is important for the government to improve healthcare infrastructure in both rural and urban areas. It's time to get rid of old issues like insufficient doctors, including specialists, and less facilities and poor infrastructure to support the treatment process. There is also a need to equip hospitals with modern medical devices and techniques as well as increase bed capacity in a few hospitals.

17. ['India has a great potential to become a major player in the bio-pharma innovation process'](#) – The Financial Express
Recently, Professor Meir Pugatch, IPKM Chair University of Maastricht, Professor Frank Lichtenberg from Columbia University and Mike May from Scientific American Worldview presented their empirical studies at the USIBC Convenes Conference. Raelene Kambli speaks to Professor Pugatch, Lichtenberg and May, on how India can become a global leader in the R&D and biopharmaceutical sector while also expanding healthcare access in country

18. [Pharma sector hiring to grow 20%: report](#) – The Hindu Business Line
The pharmaceutical and healthcare sector is likely to witness an over 20 per cent growth in hiring this year, and is expected to generate around 1,34,000 jobs this year, says a report.

The pharma and healthcare sector is looking at an "increase of over 20 per cent in the hiring numbers compared to 2015. The sector is likely to create 1,34,000 number of jobs in this year", according to the India Skills Report 2016.

The need of skilled manpower in the pharmaceutical industry ranges widely from Research and Development, Quality Assurance (QA), Intellectual Property (IP), manufacturing to even sales and marketing.

It opined that the pharma industry needs to have better policies to retain and nurture the existing talent, as well as equip them with necessary skills.

19. [What is killing India?](#) – Mint

The office of the Census Commissioner served a warning on Monday: Lifestyle diseases have emerged as the biggest cause of deaths in India.

According to new data, non-communicable diseases (NCDs) have emerged as the leading cause of deaths in India, accounting for as many as half the deaths between 2010 and 2013. However, for urban areas, NCDs account for nearly 60% of deaths.

The top 10 causes of deaths in India have remained the same since 2004-06, with a slight change in order. Cardiovascular diseases are followed by ill-defined causes, respiratory diseases, malignant and other neoplasms (cancers), and perinatal conditions (complications related to pregnancy).