

1. [Why there is a problem with pharma companies sponsoring medical conferences in India – Scroll.in](#)

In January alone, at least seven major medical conferences are scheduled to be held in various cities across India, most of them accepting monetary sponsorship from pharmaceutical and medical device manufacturing companies. This practice of Indian medical conferences being sponsored by pharmaceutical companies has prompted questions from activists.

However, Dr Narendra Gupta, the national organiser of Jan Swasthya Abhyan, said that the real concern was the lack of transparency on the nature of sponsorships. Citing the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulation 2002 and Uniform Code of Pharmaceutical Marketing Ethics, announced by the Department of Chemicals in 2014, Gupta argued that “both prohibit pharma companies or their associations, representatives to sponsor any travel facilities or extend hospitality to health care practitioners and their families under any pretext, even if it’s for attending conferences”.

Gupta said he was astonished that the conference was organised in collaboration with the Union Ministry of Health and Family Welfare and Medical Council of India.

Surprisingly, of the listed trade sponsors for the Healthcare Summit 2016 whose logos are displayed on the official page of the conference, two denied sponsoring the event. The **Organisation of Pharmaceutical Producers of India** and Unichem, an Indian pharmaceutical company, in an email response to Scroll.in, denied sponsoring the summit. The organisers, on being questioned, claimed their logos were included by the tech team by mistake.

2. [Telangana to host biotech summit from Feb 6-8 – The Hindu Business Line](#)

The 14th edition of Telangana’s flagship biotech and pharma summit, BioAisa, will be held during February 6-8, 2017. About 1,500 delegates and representatives of 800 from across 50 countries were expected to participate in the conference. The prominent speakers include Paul Stoffels, Worldwide Chairman of Pharmaceuticals and Chief Scientific Officer, Johnson & Johnson, Vasant Narasimhan, Global Head of Drug Development and Chief Medical Officer for Novartis and Patrick Vallance, President Worldwide Pharmaceuticals, R&D – GSK, among others. BioAsia 2016 witnessed participation of around 1300 registered delegates from 50 countries. It also conducted around 1200 trade, partnership meetings.

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3. [Stent companies want prices based on categories](#) – The Economic Times

Stent makers have urged the National Pharmaceutical Pricing Authority (NPPA), India's drug pricing regulator, to cap the prices of stents based on their categories and the prices at which hospitals buy them. This is the only suggestion that Indian and global stent associations have unanimously agreed upon during a meeting with the regulator on Wednesday, said industry executives aware of the discussions.

NPPA, which is considering several options to cap these prices, has sought details of the price they charge to hospitals from all stent manufacturers, importers, marketers and associations as well as NGOs, according to a notification. The Department of Pharmaceuticals included bare-metal stents (BMS), drug-eluting stents (DES) and bioresorbable stents (BRS) as scheduled drugs under the Drugs (Prices Control) Order in December.

4. [Medical devices industry: Can't have red carpet for foreigners, red tape for domestic manufacturers](#) – The Financial Express

Nobody can fault the Narendra Modi government's intention when it comes to galvanising the manufacturing ecosystem in the country. Soon after assuming power, the government made its intention clear by announcing the ambitious Make-in-India initiative. The medical devices industry was particularly enthused as it was chosen as one of the flotilla-leaders to lead the mission. Rightly so, because the size of the medical devices business is close to \$10 billion (Rs 65,000 crore), but we are a hugely import-dependent country.

By any measure, the medical devices sector is big. But more than the size, what matters in a country like India where a majority of people are in low-income bracket is cheap but reliable healthcare products, whether it be medicines or medical devices, to ensure healthcare security of the nation. The natural corollary to this should have been to leverage this situation to our advantage and nurture an ecosystem for creating a flourishing domestic pharmaceutical and medical devices industry. But we only partly succeeded in this mission. India managed to emerge as a major pharma manufacturing and exporting country because we streamlined and strengthened our legislations and regulatory framework in tune with our domestic requirements and pursued our own path when it came to nurturing pharma. We also resisted any attempt to be influenced or browbeaten by pharma multinationals when it came to scripting our own IPR or patent policies.

5. [Health systems leapfrogging in India: a need and a possibility](#) – Mint

India has made significant strides in healthcare over the last decade, with key indicators of health outcomes showing marked improvement. Life expectancy has increased by almost four years during this period, from 64.4 years in 2005 to 68.3 years in 2015. The rate of infant mortality has declined from 57 deaths per 1,000 live births in 2005 to 37 fatalities per 1,000 live births currently. Utilization of health infrastructure has accelerated—the number of institutional births rose to 79% in 2015, from 41% in 2005. Notably, India was declared polio-free in 2014, and tetanus-free in 2015.

Both the public and private sectors have contributed to improved health outcomes. Various government initiatives have mobilized communities on health, and enabled increased access to public health services while ensuring higher utilization of available infrastructure. For example, nearly 900,000 female community health volunteers (ASHAs, or accredited social health activists) have been deployed in rural areas to support mothers over the last decade. The coverage of state-sponsored insurance schemes expanded sixfold from 2005 to 2010. The government's flagship "Swachh Bharat Abhiyan" programme aims to provide every household with access to sanitation by 2019.

6. [Mental health drives at grassroots can prevent suicides, says report](#) – The Times of India

Grassroots community mental health programmes to address risk factors such as depression and alcohol use disorders can significantly address treatment gaps and reduce incidence of suicide, a new study published in The Lancet Psychiatry shows.

The prevalence of depression, one of the most common mental disorders, fell from 14.6% to 11.3% following community mental health interventions implemented by two NGOs -Prakriti and Sangath.

The population-based programme -Vishram (Vidarbha Stress and Health Program) was implemented over 18 months in Vidarbha, which reported a high prevalence of suicides in agricultural communities. The impact of the programme was evaluated by Public Health Foundation of India (PHFI) in a study, findings of which have been published in Lancet.

7. [Blood banks reject claims of providing infected blood](#) – The Times of India

The authorities of the two city-based blood banks that are under the scanner for allegedly providing infected blood to patients have claimed that no patient was given infected blood. Officials of the Food and Drug Control and Central Drug Standard Control Organization had found, during inspection of reports last year, that Suraktam Blood Bank and Indu Blood Bank had allegedly accepted and given infected blood. "The authorities came in September last year and checked the reports. They pointed out that the blood reports of four donors had tested negative for jaundice. I pointed out that only the first report came positive due to a machine error and that we had run two more tests on the blood of the same donors," said Dr R B Bhesania who runs Suraktam Blood Bank.

8. [Sanofi sues Glenmark, Torrent over sclerosis drug](#) – Business Standard

French drug maker Sanofi has sued Glenmark and Torrent Pharmaceuticals in a US court over their plans to launch a generic version of its multiple sclerosis drug, Aubagio. Sanofi holds the patent for Aubagio and had global sales of euros 928 million in the first nine months of 2016. A majority of these sales were from the US, according to company filings. The lawsuits against the two Indian companies comes in the wake of their applications to the US Food and Drug Administration to launch the generic version. Filed in a district court at Delaware on December 30, this was reported in the Life Sciences Intellectual Property Review.

The lawsuit claims patent infringement. Sanofi had received letters from Torrent and Glenmark in November, with a notice of their new drug applications. The letters claimed Sanofi's patents were invalid, unenforceable and would not be infringed by the manufacture and sale of the generic version of Aubagio, reported LSIPR. The new drug applications were filed under the Para IV process. Companies use this process to challenge patents held by innovator companies. Applicants filing for drug approvals are required to serve notices to the patent holders; the latter may then sue the companies on charges of infringement. Glenmark refused to comment on the lawsuit, while Sanofi did not respond to a query.

9. [No further time concession to radiopharmaceutical importers for non-compliance: DCGI](#) – Pharmabiz.com

Following Central Drugs Standard Control Organization (CDSCO) order offering transition time of 45 days to importers of radiopharmaceutical and radio immunoassay products which ended on December 21, 2016, the Central drug regulator has directed to all concerned hospitals and importers that no further request for time concession will be entertained to fulfill the regulatory requirements under the provisions of Drugs and Cosmetics Rules, 1954. All the hospitals and importers dealing in radiopharmaceuticals were required to obtain necessary permission and register them for the radiopharmaceutical products to be made available to cancer and other patients in the hospitals before their expiry. Atomic Energy Regulatory Board (AERB) issues NOC to the institutes or hospitals to import or receive radiopharmaceuticals.

10. Govt's initiative to train unqualified people will increase pharmacists' unemployment: FIPO – Pharmabiz.com

Even as health ministry has shown positive indication towards skill training to unqualified people involved in drug distribution at retail stores to make them eligible for handling pharmacies, lakhs of pharmacists in the country are facing challenge of unemployment.

Out of the 12 lakh registered pharmacists across the country, 8 lakh pharmacists are still unemployed. Every year 65,000 pharmacists pass out from around 1,000 pharmacy colleges where 87,000 candidates enroll annually. Same is the case even in the North eastern states. More than 8000 registered pharmacists out of 11,000 pharmacists are unemployed in Assam, and in Arunachal Pradesh out of 514 registered pharmacists, 225 are unemployed. In Manipur out of more than 1,400 registered pharmacists, more than 800 are unemployed. In Meghalaya out of 773 registered pharmacists, more than 550 are unemployed. The number of unemployed pharmacists in West Bengal, Bihar, Jharlhand, Uttar Pradesh and Odisha is more than three lakhs. There are 70,200 registered pharmacists in UP. Of them, 7,000 are employed with UP government, 500 employed with other institutions and the rest is unemployed. In Maharashtra, there are 2 lakh pharmacists. Of them, 50,000 are employed, said Federation of Indian Pharmacists Organisations (FIPO) president RS Thakur.