

Access to Healthcare

1. [UPA's Jan Aushadhi will be Modi-fied](#) – Bloomberg TV
2. [Making patients pay for drugs could breed superbugs](#) – Mint
3. [NGOs invited to assist public health facilities](#) – Business Standard
4. [80 pc of Indians have no health insurance](#) – Deccan Herald
5. [Funding crunch affects India's fight against TB: report](#) - Reuters

Ethics & Compliance

1. [DoP extends voluntary implementation of UCPMP by pharma cos to August](#) – Pharmabiz.com

Medical & Regulatory

1. [Drugs Consultative Committee to deliberate on online pharmacy norms at its meeting on July 24](#) – Pharmabiz.com
2. [India drafting drug quality norms to match US FDA standards](#) – Hindustan Times
3. [Expired Drug Use: NHRC Orders Fresh Probe](#) – Indian Express
4. [Ministry of health launches MvPI to monitor safety of medical devices](#) – Pharmabiz.com

Others

1. [The Smart Way of Healing](#) – Financial Express
2. [IMA Special leave petition dismissed: Homeopathy, ayurveda docs welcome SC order](#) – Indian Express
3. [System to Monitor HIV-TB Cases](#) – Indian Express
4. [God Incarnate or Fallen Angel](#) – Financial Express

Access to Healthcare

1. [UPA's Jan Aushadhi will be Modi-fied](#) – Bloomberg TV
New Delhi: While the financial inclusion scheme Jan Dhan was a roaring success, Prime Minister Narendra Modi's another pet project of revamping Jan Aushadhi to distribute medicines to the poor at affordable cost across India has missed the June deadline due to fragmented supply chain and lack of preparedness. Sources told Bloomberg TV India that the PM's Office now wants the scheme to be fine-tuned and launched sometime in August 2015.
2. [Making patients pay for drugs could breed superbugs](#) - Mint
Countries where patients paid a higher share of health-care costs had higher levels of resistance. Researchers tracking the global spread of antimicrobial resistant infections may have identified a new culprit: drug co-pays. In much of the developing world, when people can't afford medicine from government health systems, they turn to informal or black markets. The pills they buy there may be lower quality, prescribed inappropriately, or dosed incorrectly. All those factors can hasten the spread of drug-resistant pathogens.
3. [NGOs invited to assist public health facilities](#) – Business Standard
Union Health Minister J.P. Nadda on Thursday sought participation of prominent non-governmental organisations (NGOs) to help encourage standards of excellence in public health facilities. Nadda invited

the NGOs to join 'Kayakalp', an initiative of the health ministry, to encourage public health facilities and help the country stay clean and hygienic, said an official release.

4. [80 pc of Indians have no health insurance](#) – Deccan Herald
More than 80 per cent Indians do not have any medical insurance cover, though they predominantly rely on expensive private healthcare for their medical needs. Almost 86 per cent of rural population and 82 per cent of urban population are not covered by any scheme of health expenditure support, according to the National Sample Survey Office in its latest survey after interviewing more than 3,33,000 people. The government was able to bring only about 12 per cent urban and 13 per cent rural population under health protection coverage through Rastriya Swasthya Bima Yojana and similar plans.
5. [Funding crunch affects India's fight against TB: report](#) – Reuters
India's programme to fight tuberculosis is in disarray due to a shortage of funds and the government has failed to meet annual targets to control spread of the nation's most fatal infectious illness, a leaked assessment report said. India records more than 300,000 tuberculosis-related deaths and 2.2 million new cases of TB each year, resulting in an economic loss of \$23 billion, the government says. The report was drafted by several experts including those from the government's TB division and the World Health Organization. The draft is not in the public domain but was leaked on the...

Ethics & Compliance

1. [DoP extends voluntary implementation of UCPMP by pharma cos to August](#) – Pharmabiz.com
The Department of Pharmaceuticals (DoP) has extended the voluntarily implementation of Uniform Code of Pharmaceuticals Marketing Practices (UCPMP) by two months till August 31, 2015. Earlier, the department had implemented UCPMP voluntarily for a period of six months with effect from January 1, 2015 which came to an end on June 30, 2015. Meanwhile, after implementing the UCPMP voluntarily, the DoP had started meeting the stakeholders from the pharma and medical device industry to review and take a final call on mandatorily implementing the norms for ethical marketing practices in these sectors, so as to curb the unethical practices adopted by several companies to market their products among medical practitioners.

Medical & Regulatory

1. [Drugs Consultative Committee to deliberate on online pharmacy norms at its meeting on July 24](#) – Pharmabiz.com
Drugs Consultative Committee is all set to deliberate on the norms to be devised for the online pharmacies. The meeting, led by Dr. GN Singh, drugs controller general of India (DCGI) is scheduled to be held on July 24, 2015 at New Delhi in this regard. The focus of the meeting will be on key licensing norms for online pharmacies. There are several players in this space and are indulging in trading without any ethical norms. While some online pharmacy operations were stalled by the state drugs control departments, there are many which are seen to continue this activity.
2. [India drafting drug quality norms to match US FDA standards](#) – Hindustan Times
After facing harsh criticism over drug manufacturing quality in the recent past, government is now set to draft a new set of guidelines to regulate drug quality in India. Health ministry and Central Drug Standards Control Organisation (CDSCO), jointly, plan to study the guidelines of global health regulators. While the new set of regulation guidelines will be referred from top global health regulators such as, the government plans to study regulations of lesser developed countries and Brics countries as well.
3. [Expired Drug Use: NHRC Orders Fresh Probe](#) – Indian Express
BHUBANESWAR: Even as incidents of adverse medical reactions due to administration of expired drugs at Government-run hospitals and health camps are on the rise, the State Government seems to be more concerned about covering them up than taking corrective measures to prevent such occurrences. An attempted cover-up of such incident in Kendrapara district last year has come to the fore with the

National Human Rights Commission directing the State Health Department to conduct a fresh inquiry into the case.

4. [Ministry of health launches MvPI to monitor safety of medical devices](#) – Pharmabiz.com
In a strategic move to protect the health of the patients, the ministry of health & family welfare approved the commencement of the ambitious Materiovigilance Programme of India (MvPI) to monitor the safety of medical devices in the country. The MvPI was formally launched on July 6 at Indian Pharmacopoeia Commission (IPC), Ghaziabad by Dr G N Singh, Drug Controller General of India (DCGI). It is understood that while IPC will function as the national coordination centre for MvPI, Sree Chitra Tirunal Institute of Medical Sciences & Technology (SCTIMST) will be functioning as National Collaborating Centre for the same. At the same time, the National Health Systems Resource Centre (NHSRC) under the ministry of health will collaborate and work as technical support and resource centre.

Others

1. [The Smart Way of Healing](#) – Financial Express
Though Indian healthcare providers are introducing a slew of measures to enhance efficiency and optimise their resources for best outcomes, they have a long way to traverse before metamorphosing into truly smart hospitals. By Lakshmipriya Nair

Patient-centricity is slowly gaining prominence in Indian healthcare and has led to the emergence of a new concept called 'smart hospitals'. But, how is it defined? Succinctly put, it is about creating streamlined, optimised healing environments for best outcomes.
2. [IMA Special leave petition dismissed: Homeopathy, ayurveda docs welcome SC order](#) – Indian Express
Homeopath and Ayurved practitioners on Thursday welcomed the SC order that dismissed the Special Leave Petition (SLP) filed by the Indian Medical Association (IMA) seeking to restrain the former from prescribing allopathic medicines. It may be recalled that the state assembly and the legislative council had in June last year given its approval to the bill that allowed homeopaths to practice allopathy after a one-year bridge course in pharmacology.
3. [System to Monitor HIV-TB Cases](#) – Indian Express
VELLORE: The Vellore TB Control unit in association with Microsoft Research Group (Bangalore) and the World Health Organisation (WHO) launched an electronic monitoring system on Thursday to ensure that HIV-TB patients do not miss taking their medication. The 'medication adherence' system together with the GeneXpert machine to detect TB rapidly among HIV patients that was introduced in March will ensure HIV-TB patients are getting the best possible care in Vellore. A first in the State of Tamil Nadu, the electronic monitoring system aims to address the problem of patients not taking medicines regularly, thereby becoming potential carriers of the disease endangering the general public.
4. [God Incarnate or Fallen Angel](#) – Financial Express
The taint of corruption in healthcare has forced us to ask whether doctors are god incarnate, fallen angels or merely flawed mortals like the rest of us? By Raelene Kambli

Democracy does not support corruption. However, the irony is that most democratic societies of the world report a high level of corruption. Ideally, democracy provides equality to all people coming from different backgrounds and competencies. But the freedom central to democracy also seems to give opportunity to play around with several loopholes, giving rise to malpractices and corruption.