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IPR and Innovation

1. [India must keep patent laws for manufacture of cheap generic drugs](#) – Hindustan Times
Recently, trade ministers from 10 Asean countries, India, China, Japan, Australia, New Zealand and South Korea gathered to negotiate a deal on the Regional Comprehensive Economic Partnership (RCEP) trade agreement. But, RCEP negotiations on intellectual property (IP) are at a standstill because India and the Asean countries are unwilling to trade away health by adopting IP provisions that go beyond what is required of them under international trade rules.
2. [Need for cost-effective bio-pharma innovation](#) – Deccan Herald
According to the recently concluded US-India Bio-Pharma and Healthcare Summit organised by the USA-India Chamber of Commerce (USAIC) at Massachusetts, USA, India's bio-pharma sector deserves better attention from the government to help realise its full potential. Indian pharma companies, most of them risk averse, are not investing big to develop innovative products. The US research-based bio-pharmaceutical industry invests 15-17 per cent of sales in Research and Development (R&D). India, however fails to capitalise on the recent revolutionary advances in microbiology, informatics and genomics.
3. [Global CRO deals value rockets to almost \\$10 billion between Jan- April 2015: GBI Research](#) – Financial Express
Struggling to balance R&D expenditure and profitability, pharma companies are outsourcing R&D and clinical trial activities to CROs to improve cost effectiveness. The total number of deals in the global Contract Research Organization (CRO) market reached 700 between January 2010 and April 2015, achieving an overall value of \$33 billion, says business intelligence provider GBI

Research. The company's latest report states that 2015 has already contributed the most to the overall deals value during this period, with \$9.86 billion achieved between January and April this year alone, representing an almost fourfold increase from the \$2.5 billion reached in 2014.

4. [Confident in our IP: AstraZeneca](#) – Financial Express

In a statement reacting to Lee Pharma's application for a compulsory license (CL) for saxagliptin, AstraZeneca has said that it was aware of the CL application filed with the Indian Patent Office and are reviewing their options. The statement goes on to say that the company enables affordable access to their medicines in India and elsewhere and has "complete confidence in its intellectual property that protects our inventions and does not believe that such intellectual property is a barrier to access to medicines in developing countries."

Access to Healthcare

1. [Annual healthcare cost for a family of 4 now at Rs 48,321: NGO Praja Foundation](#) – Indian Express

The BMC this year raised its budget estimate from Rs 2,912.97 in 2014-2015 period by Rs 446 crore this year to spend more on the National Urban Health Mission, launched in 2014, to cater to urban health care. Expenditure on medical care scales up to Rs 48,321 annually for a Mumbai household, typically of four members, says a citizen's survey conducted by the NGO Praja Foundation this year. Of the 22,850 houses surveyed, 71 per cent families admitted to not having a medical insurance, thus transferring the burden of sudden medical expenditure on their savings.

2. [Health Schemes for Rural Children](#) – Business Standard

The Ministry of Health and Family Welfare, in an official release today, gave details of the provision of health care to children particularly in rural areas under the Rural Health Mission. The release disclosed that under Janani Shishu Suraksha Karyakaram (JSSK) all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section.

Medical & Regulatory

1. [India raises social security, mkt access, visa issue with US](#) – Business Standard

[India](#) today pressed for setting up a high-level committee to look into a range of issues including American Totalisation and non-tariff barrier, as also the Social Security Act that discriminates Indians working in the US.

"...(it) is applicable only to countries that are not signatory to the Government Procurement Agreement," it said. The commerce secretary also suggested a separate working group to discuss the issue of market access for Indian pharmaceuticals and traditional AYUSH pharmacopeia and professionals.

2. [Ananth Kumar launches pharma price data bank](#) – Financial Express

Pharma price data bank is an integrated pharmaceutical database management system. The Union Minister of Chemicals and Fertilisers, Ananth Kumar launched the Pharma Price Data Bank on June 25. It is an integrated pharmaceutical database management system, managed and operated by National Pharmaceutical Pricing Authority (NPPA). The Minister said that this is the first data bank of pharma industry that will help the manufacturers, regulator as well as the consumers. He said that now manufacturers can fill their mandatory forms online, the Government and NPPA can have comprehensive data, and consumers can benefit by having full information about the medicines. He said that 21st century is the era of information, and information is power. He called for ushering in next generation of reforms in the pharma industry so that the consumers are empowered to make right choice of medicines, based on

complete information about the products, their composition and their rates. Kumar expressed the hope that the availability of real time data will help in better policy interventions.

Others

1. [Wide disparities in health outcomes: JP Nadda](#) – The Economic Times
The government today said there were wide disparities in terms of health outcomes such as maternal and infant mortality rates, reflecting variation in terms of availability of health services. Union Health Minister J P Nadda said this in a written reply in the Rajya Sabha. Presenting the status of health care facilities in the country, Nadda said that according to Rural Health Statistics (RHS) Bulletin 2014, there was a 20 per cent shortfall of sub-centers, 23 per cent of primary health centers and 32 per cent of community health centers.
2. [Drug stores in state asked to fall in line](#) – The Times of India
Thanks to an initiative launched by the Telangana Drugs Control administration (TDCA), the days of buying medicines without prescription from pharmacy stores could soon become a thing of the past in the state. As part of the campaign, aptly named 'No bill, no pill', the TDCA has issued a strict warning to all pharmacy stores, through SMSs, directing them to stop the sale of Schedule H, H1 and X drugs (medicines requiring written authorization from qualified allopathic practitioners) without a prescription, with immediate effect.
3. [Why AYUSH must go mainstream](#) – The Hindu Business Line
Anyone under the impression that the oomph generated by Prime Minister Narendra Modi on World Yoga Day has fuelled the popularity of other traditional or AYUSH therapies will be disappointed to learn otherwise. Most Indians still seek the services of private, allopathic doctors when they are unwell, confirms a recent survey by the National Sample Survey Office (NSSO). The new health policy pitches AYUSH as a panacea for the health problems that plague the country's 1.2 billion people. The newly formed AYUSH ministry, however, has other ideas: to simply set up standalone AYUSH clinics alongside other departments of medicine within hospitals and promote a system of "inclusion" that enables patients to choose alternative treatments.