

1. [Cap trade margins to reduce drug prices, says a committee](#) –

The Economic times

In order to bring down drug prices, a high level panel has recommended capping the trade margins at 35 per cent on all the drugs with MRP of above Rs 50.

"The committee recommends putting a cap on trade margins to control exorbitant trade margins which fleece consumers," the panel said in it's report.

For drugs priced between Rs 20-50, the panel has proposal to cap the margin at 40 per cent. It also recommended capping the margin at 50 per cent for the drugs priced from Rs 2-20.

2. [Pharma firms should halve prices on patented, imported drugs](#) – ET Health

China is negotiating with pharmaceutical companies to slash prices of five expensive drugs used to treat cancer or other major disease by at least half as part of a pilot programme.

The five drugs are for treatment of cancer or other major diseases, and are very expensive as they are patented or imported, Li Bin head of National Health and Family Planning Commission said today.

Their prices are expected to be cut by at least half, he told the media on the sidelines of the Parliament session here.

3. [U.S. industry body says India agreed to not issue 'compulsory' drug licences](#) – The Hindu

Big western pharmaceutical companies have criticised India's patent law and lobbied for it to be changed

India has given private assurances that it will not grant licences allowing local firms to override patents and make cheap copies of drugs by big Western drug makers, a U.S. business advocacy group said.

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2. [Pharma firms should halve prices on patented, imported drugs](#) – ET Health
3. [U.S. industry body says India agreed to not issue 'compulsory' drug licences](#) – The Hindu
4. [Over 2 lakh patent applications pending with govt: Nirmala](#) – Business Standard
5. [Higher duty on medical devices may be counter-productive](#) – The Hindu
6. [Whistleblower raises questions on DCGI, drug regulatory system](#) – The Economic Times
7. [Opacity international](#) – Indian Express
8. [Drug Defies A Rare Form Of Cancer - And Market Logic](#) – NDTV
9. [Janus-faced policy to IPR: Farm vs Drugs?](#) – Indian Express
10. Editorial: [Pour strong medicine: Government must move quickly to replace MCI, India's failed medical regulator](#) – The Times of India
11. Editorial: [Modi govt should act fast to restructure the medical education system at the earliest](#) – The Times of India
12. [Opposition targets govt on church attack, drug pricing](#) – Indian Express
13. [Healthcare Sabha paves way for public health revolution in India](#) –The Financial Express
14. [Revitalising Public Health: A Shared Value](#) – The Financial Express

The comments were revealed in a submission last month by the U.S.-India Business Council (USIBC) to the U.S. Trade Representative (USTR), which is reviewing global intellectual property laws for an annual report identifying trade barriers to U.S. companies.

4. [Over 2 lakh patent applications pending with govt: Nirmala](#) – Business Standard

As many as 2.37 lakh patent applications are pending with the government, mainly due to shortage of manpower, Parliament was informed today.

"The total number of patent applications and trademark registration requests pending as on February 1, 2016 are 2,37,029 and 5,44,171 respectively," Commerce and Industry Minister Nirmala Sitharaman said in a written reply to the Rajya Sabha.

5. [Higher duty on medical devices may be counter-productive](#) – The Hindu

The Union Budget exempted dialysis equipment from some customs duties to make the procedure more affordable. On the other hand, the costs of other critical, life-saving medical devices have risen by 17-18 per cent and are set to climb further, thanks to a flurry of recent government decisions that include a steep increase in customs duties, notified a month before the Budget.

Seventy five per cent of the medical devices used in India, including stents, catheters and cancer-treating equipment, are imported, and duty hikes are seen as a measure to prod global device manufacturers to make their products in India.

6. [Whistleblower raises questions on DCGI, drug regulatory system](#) – The Economic Times

Three years after blowing the lid off Ranbaxy's fabricated documentation process at the US Food and Drug Administration (USFDA), whistle blower Dinesh Thakur has trained his guns on the Indian drug regulatory system, that raises alarming questions about the state of affairs of drug quality in India, the largest exporter of generic drugs in the world.

In a writ petition filed at the Supreme Court of India, Thakur has sued the health ministry , Central Drugs Standard Control Organisation (CDSCO), the regulatory body that governs the quality of drugs consumed by Indian patients for lax approval process and leniency in investigating issues.

7. [Opacity international](#) – Indian Express

The government has "privately reassured" the US-India Business Council (USIBC), it has been reported, that it will not allow the use of compulsory licensing for commercial purposes. Compulsory licensing allows governments to grant the right to work a patent to someone other than the patent holder, if a product or process is nationally unavailable or overpriced. "Reassured" was the word to use, since Section 92 of the Indian Patents Act (IPA) assures patent holders that compulsory licences are to be granted only to deal with a "national emergency", or "matters of extreme urgency", or for "public non-commercial use". That assurance exists on the Indian statute books, and compulsory licensing has been an integral part of the Trips Agreement since 1995. Therefore, the government can only "reassure" foreign patent-holders that compulsory licences will not be granted to agencies that plan to work patents they do not own for commercial advantage.

8. [Drug Defies A Rare Form Of Cancer - And Market Logic](#) – NDTV

When the drug company Novartis launched its breakthrough cancer medicine, Gleevec, in 2001, the list price was \$26,400 a year. The company's chief executive acknowledged it was expensive, calling it an "uphill battle to win understanding for our decision."

Today, that hill is a mountain. Since Gleevec was approved to treat a rare form of leukemia, similar drugs have come on the market - and the U.S. wholesale list price for a year's supply of that little orange pill has soared to more than \$120,000.

9. [Janus-faced policy to IPR: Farm vs Drugs?](#) – Indian Express
The US-India Business Council says it is “encouraged” by the NDA government’s more restrained approach towards grant of compulsory licences (CL) for production of patented products without inventors’ consent. The lobby group of American business interests in India has taken note of the government’s denial of “several CL applications, providing investor certainty and predictability that their patents will be upheld”.

Both moves – a slashing of patent fees and even seeking outright revocation of a patent in Bollgard-II – are a contrast to the seeming official caution with regard to handing out CLs to domestic players for production of patent-protected drugs. In the cases where CLs were either granted (Bayer’s Nexavar) or applications made (Roche’s Trastuzumab, Bristol Myers Squibb’s Dastanib and AstraZeneca’s Saxagliptin), the multinationals concerned were accused of resorting to exorbitant pricing and not making their products adequately available in the domestic market.
10. [Editorial: Pour strong medicine: Government must move quickly to replace MCI, India’s failed medical regulator](#) – The Times of India
The scathing indictment of Medical Council of India (MCI) which regulates medical education and professional practice, by Parliament’s Standing Committee on Health, was long overdue. Health matters to everybody and no matter how much money government spends on this sector, much of it will be wasted if we have too few doctors, huge regional imbalances in their distribution and serious question marks on the quality of their medical education. Blaming MCI for “total system failure” in the medical education system, the 31-member parliamentary committee, in its 92nd report, has rightly called for restructuring it altogether by junking the “outdated” 1956 legislation that governs it, and asking for a new law “at the earliest”.
11. [Editorial: Modi govt should act fast to restructure the medical education system at the earliest](#) – The Times of India
It is indeed a sad day when it takes a legislative committee to bring out the huge lapses of a professional regulatory body which has simply failed to deliver on its mandate in a crucial sector which affects the welfare of the people. But that is what has exactly happened in the case of medical education system where it has taken the parliamentary standing committee on health and family welfare to dig out the rot in the Medical Council of India which has not only restrained the supply of medical professionals but also caused a deterioration in the quality of health education.
12. [Opposition targets govt on church attack, drug pricing](#) – Indian Express
N K Premachandran of RSP raised the issue of spiralling prices of life-saving medicines. He said the move to remove customs duty on 76 drugs and removal of 50 drugs from the purview of the price controlling authority caused a steep rise in prices. The RSP also cited reports that the government had given a “secret” assurance to US pharmaceutical firms to revoke compulsory licences which prevent Indian companies from manufacturing and selling generic versions of drugs whose patent is with American firms. He was referring to The Indian Express report ‘Compulsory licensing: India gave ‘private reassurance’, says US business council’.
13. [Healthcare Sabha paves way for public health revolution in India](#) –The Financial Express
Policy makers and stakeholders of public healthcare in India come together to deliberate and discuss on the way forward to revolutionise healthcare delivery in India at the first edition of Healthcare Sabha, held in Hyderabad

The first edition of Healthcare Sabha – The National Thought Leadership Forum on Public Healthcare was held in Hyderabad on March 4-5, 2016. The event, organised by The Indian Express Group and Express Healthcare, brought an interdisciplinary group of professionals

working in public healthcare on the same platform to deliberate on cohesive, unified and innovative ways to achieve The National Health Mission of providing 'Universal Access to Equitable, Affordable and Quality Healthcare Services.'

14. **[Revitalising Public Health: A Shared Value](#)** – The Financial Express

Public health refers to all organised measures to prevent disease, promote health and prolong life among the population as a whole (WHO). Public health also includes assessing, monitoring and prioritising the health needs of the community and the population at risk. Public health policies should resolve the identified local and national health problems and secondly, ensure that the population has easy access to appropriate and cost-effective care in order to prevent diseases and promote health. These core values of public health should be shared between all the stakeholders of the public health. Public health is a social responsibility, hence it is the role of the stakeholders to respond timely to the community's health needs along with the primary healthcare providers, as they themselves are the beneficiaries of these health policies.