

1. [India has right to grant compulsory licences under WTO: Government](#) - The Economic Times

The government today said every member of the WTO, including India, has the right to grant compulsory licences (CL) and also decide the grounds for issuing them.

As per the WTO norms, a CL can be invoked by a government allowing a company to produce a patented product without the consent of the patent owner in public interest.

Under the Indian Patents Act also, a CL can be issued for a drug if the medicine is deemed unaffordable by the government and grants permission to qualified generic drug makers to manufacture it.

1. [India has right to grant compulsory licences under WTO: Government](#) - The Economic Times
2. [NPPA sends back over 200 fixed dose combination applications](#) – The Economic Times
3. [Pharma practices code rollout deferred again](#) – The Economic Times
4. [Companies can tweak drug combinations to sell medicines in India](#) – Hindustan Times
5. [Ban on 344 drugs: Madras HC rules in favour](#) – The Times of India
6. [HC refuses to stay ban on sale of 344 FDC drugs](#) – The Hindu
7. [No Relief for Pharma Firms as Ban Order Not Revoked](#) – Indian Express
8. [Madras HC differs with Delhi HC on ban on some FDC drugs](#) – Indian Express
9. [Ignoring the elephant in the room](#) – The Hindu
10. [Anti-TB drug cocktail does not work in 70% of patients, says study](#) – Hindustan Times
11. [“Unite to end TB: Fast Tracking access to quality diagnosis and treatment”](#) – ET Health
12. **Opinion:** [1.5 mn Worldwide Died of Tuberculosis in 2014: Bold Policy Needed to Fight Epidemic](#) – Indian Express
13. [Study: 4 of 6 drugs ineffective in 70% of deadly TB cases](#) – The Times of India
14. [Janssen’s drug for resistant TB is now part of govt programme](#) – The Hindu Business Line
15. [Merck patents on Hepatitis C treatment found valid in Gilead dispute](#) – Reuters
16. [Budget slashes social sector spends, say activists](#) – The Hindu
17. [Bedaquiline won’t remain ‘wonder drug’ for TB, say experts](#) – Mint

2. [NPPA sends back over 200 fixed dose combination applications](#) – The Economic Times

India's drug pricing watchdog National Pharmaceutical Pricing Authority (NPPA) has moved in to back the health ministry in its efforts to check "irrational" fixed dose combinations (FDCs) -- it will review afresh all new applications for price fixations of FDC and examine their safety and efficacy.

The regulator has also brought under the lens third-party drug makers and pharma companies that outsource to them to check irrational FDCs and spurious drugs.

3. [Pharma practices code rollout deferred again](#) – The Economic Times

The government has postponed by another three months the implementation of a statutory code of principles to curb unethical practices by the pharmaceutical industry, mainly involving winning prescriptions from doctors to generate higher revenue.

A March 17 note from the Department of Pharmaceuticals informed industry bodies about the latest deferment, the fourth since the code was to be made effective in January 2015. The government is now giving the final touches to the set of biof binding principles to check practices such as gifting and facilitating overseas travel, which companies sometimes use to push prescriptions through doctors.

The Organisation of Pharmaceutical Producers of India, a lobby group of most large global drug makers, said it supports the code, which "will increase accountability in the Indian pharma industry."

"We hope the Department of Pharmaceutical's extensive consultations with all stakeholders will result in a robust code," OPPI director general Ranjana Smetacek said. "OPPI members already adhere to a stringent code, based on the IFPMA (International Federation of Pharmaceutical Manufacturers & Associations)

4. [Companies can tweak drug combinations to sell medicines in India](#) – Hindustan Times

The ban on 350 fixed-dose combination (FDC) drugs is not a witch-hunt against any brand or company, GN Singh, Drug Controller General of India (DCGI), told HT on Monday.

FDC medicines combine two or more drugs in a single pill, which can sometimes lead to drug resistance, according to experts.

"We are not behind any brand. Companies can tweak the combinations even now and sell it under the same brand," Singh said. "But companies must accept the fact that I, as a regulator, have the right to revisit the combinations approved by me. If, they have turned obsolete or new scientific studies back their side-effects, my job is to re-evaluate them."

The drug regulator has sent letters to associations across India, including top lobbies such as Indian Pharmaceutical Alliances (IPA), Indian Drug Manufacturers' Association (IDMA) and Organisation of Pharmaceutical Producers in India (OPPI). These associations represent popular drug makers impacted by the government's notification, including Abbott, Pfizer, Cipla, among others.

5. [Ban on 344 drugs: Madras HC rules in favour](#) – The Times of India

The Madras High Court has declined to stay a Central ban on manufacture and sale of 344 Fixed Dose Combination (FDC) drugs - some of them bearing popular brand names - and made it clear that the notified drugs should not be sold. However, in a small consolation, the court said no coercive step should be taken against stockists.

The ruling is in 'disagreement' with an order of a single judge in Delhi high court granting stay on the operation of the notification with an additional relief that no coercive action should be taken against stockists.

6. [HC refuses to stay ban on sale of 344 FDC drugs](#) – The Hindu

The Madras High Court on Tuesday refused to stay a batch of notifications issued by the Union Ministry of Health banning the sale and manufacture of 344 Fixed Dose Combination (FDC) drugs.

However, the First Bench of Chief Justice S.K. Kaul and Justice M.M. Sundresh provided a limited protection to pharmaceutical companies by directing that no coercive steps shall be initiated against manufacturers, stockists and agents with regard to stock already manufactured.

The Federation of South Indian Pharmaceutical Manufacturers Association (FOSIPMA) moved the High Court contending that the Central government has issued the notifications dated March 3 banning 344 FDC drugs which were on sale for many years on the ground that the

drugs had no therapeutic justification. The federation claimed that the government has acted unilaterally and arbitrarily without complying with the process of natural justice.

7. [\*\*No Relief for Pharma Firms as Ban Order Not Revoked\*\*](#) – Indian Express

The first bench of the Madras High Court on Tuesday refused to stay the ban on 344 Fixed Dose Combinations (FDCs) and said it disagrees with the Delhi High Court, which had earlier granted relief to certain pharma companies.

The bench of Chief Justice SK Kaul and Justice MM Sundresh, which expressed its declination to grant the stay, however, restrained the authorities concerned from taking coercive steps against the manufacturers, stockists and agents, till the stock of the medicines are exhausted.

8. [\*\*Madras HC differs with Delhi HC on ban on some FDC drugs\*\*](#) – Indian Express

Differing with the Delhi High Court interim order lifting the ban on fixed dose combination (FDC) medicines of some pharma companies, the Madras High Court Tuesday refused to interfere with the Centre's order prohibiting their sale and manufacture in India.

A bench of Chief Justice Sanjay Kishan Kaul and Justice M M Sundresh declined to stay the Centre's March 10 notification banning over 300 FDC drugs by refusing to concur with the Delhi High Court's interim order granting relief to some major pharmaceutical companies against the government decision.

9. [\*\*Ignoring the elephant in the room\*\*](#) – The Hindu

It is puzzling that we don't worry about the FDA standards that our drug companies seem to be failing with alarming regularity

The Supreme Court recently dismissed a public interest litigation filed by a whistle-blower seeking "the creation of a framework for the recall of drugs and a commission to examine faulty drug approvals" in India. The petitioner was asked: "An overseas citizen has to come all the way to challenge a rule. What is your locus? Bring a public person affected by the rule." This episode frames two of the most crucial public health problems facing us today. Let's look at two seemingly unrelated issues.

10. [\*\*Anti-TB drug cocktail does not work in 70% of patients, says study\*\*](#) – Hindustan Times

In seven out of every ten patients detected with drug-resistant Tuberculosis (TB) in Mumbai, four drugs out of the six-drug cocktail are ineffective, according to a study by doctors at PD Hinduja Hospital in Mahim which said that a new drug regime that looked at a patient's unique requirements instead of a standard prescription for everyone, was needed to control the disease.

The drugs are given as a part of the government's TB control program and the hospital's study indicates that the drug combination worked in just over a third of the patients. The rest, researchers said, were consuming pills that the TB bacteria in their body were resistant to. The findings of the study will be published in the Lung India, a scientific journal.

11. [\*\*"Unite to end TB: Fast Tracking access to quality diagnosis and treatment"\*\*](#) – ET Health

The South-East Asia Region has achieved the 2015 Millennium Development Goal of halting and reversing TB incidence. It has also achieved the Stop TB Partnership's target of halving the TB mortality and prevalence rates compared to 1990 levels. Access to TB care has expanded substantially. Almost 22 million TB patients have been treated in the past 10 years. Treatment success rates among new smear positive pulmonary TB cases have remained above 85% since 2005, and were at a high of 88% in 2013.

But it is not enough. Recognizing that these gains are inadequate is essential to pursuing bold new policies to accelerate progress. Current trends clearly show that without such policies and approaches, the SEA region, including India, will fail to meet the SDG targets to End TB by 2030.

In a Region with a high TB burden and high at-risk populations, we must think out of the box to find innovative ways to tackle the problem of TB.

12. **Opinion: [1.5 mn Worldwide Died of Tuberculosis in 2014: Bold Policy Needed to Fight Epidemic](#)** – Indian Express

Tuberculosis is a global public health scourge. In 2014, 9.6 million people worldwide were estimated to have fallen ill with the disease, while 1.5 million died. In the WHO South-East Asia Region, which accounts for a high degree of the global TB burden, the disease killed around 4,60,000 people while 3,40,000 children contracted it. Though there has been steady progress in combating TB, it remains inadequate.

Beginning this year, an intensified battle has been launched against TB, which aims to change this. The “End TB Strategy” aims to reduce TB deaths by 95% and cut new cases by 90% by 2035, thereby creating a “region free of TB, with zero death, disease and suffering”. Though ambitious, this goal is achievable. The strategy rests on three pillars: the importance of integrated, patient-centered care and prevention; the need for bold policies and supportive systems; and the value of intensified research and innovation. This means governments must create and implement policies that address the social, economic and behavioural factors that affect TB care and control, and tailor these policies for society’s most vulnerable. In other words, it means better governance.

13. **Study: [4 of 6 drugs ineffective in 70% of deadly TB cases](#)** – The Times of India

Four of the six drugs given to patients with multi-drug resistant tuberculosis (MDR-TB) under the Revised National Tuberculosis Control Programme (RNTCP) could be ineffective in 70% patients, a study by Hinduja Hospital in Mahim has revealed.

Three years back, the same team of researchers led by pulmonologist Dr Zarir Udawadia and microbiologist Dr Camilla Rodrigues exposed the presence of totally drug resistant tuberculosis in Mumbai. Their 2011 research paved the way for a special pilot programme in Mumbai with better diagnostic facilities and access to free drugs.

14. **[Janssen’s drug for resistant TB is now part of govt programme](#)** – The Hindu Business Line

The Ministry of Health and Family Welfare has introduced a new drug, Bedaquiline, for treatment of multi-drug resistant (MDR) tuberculosis (TB).

The drug, being touted as a ‘miracle drug’, will be first introduced in six public tertiary healthcare care centres in the country under the government’s TB control programme.

Bedaquiline, manufactured by the pharmaceutical arm of Johnson & Johnson, Janssen, received conditional access from the Drug Controller General of India in 2015, with the stipulation that the drug be used in a few institutions and up-scaled only after monitoring the data.

However, the drug, which received US Food and Drug Administration’s nod in 2012, is prohibitively high-priced. To make it accessible, the company has been adopting a differential pricing mechanism from country to country.

15. **[Merck patents on Hepatitis C treatment found valid in Gilead dispute](#)** – Reuters

Merck & Co told a federal jury on Tuesday it was seeking more than \$2 billion in damages from rival Gilead Sciences Inc after the jury upheld the validity of two Merck patents in a high-profile dispute over Gilead's blockbuster cure for hepatitis C.

After returning its verdict in favor of Merck on Tuesday, the jury in San Jose, California immediately began hearing evidence on how much Gilead owes Merck for infringing the patents.

Bruce Genderson, an attorney for Merck, said the company is seeking a 10 percent royalty on Gilead's U.S. sales of nearly \$21 billion for 2014 and 2015.

16. [Budget slashes social sector spends, say activists](#) – The Hindu

The Movement of Right to Live, an advocacy group comprising grassroots activists working in the social sector, on Tuesday slammed state finance minister Sudhir Mungantiwar's budget for making "inadequate investments" in social services and security, and drastically cutting down the spends on the social sector in a state impacted by four consecutive droughts, and simultaneously making a substantial 43 per cent increase in the urban development sector.

Abhay Shukla of Jan Arogya Abhiyan said the fine print of the budget document showed that the share of social services in the revised budgetary estimates has been reduced from 4.85 per cent of Gross State Domestic Product in 2015–16 to 4.29 per cent in 2016–17. "The provision for health has been cut by 13 per cent from 12,015 crore in revised estimates 2015-16, to Rs 10472 crore in 2016–17, which means a reduction by a whopping Rs 1543 crore." He said that the National Health Mission appeared to be impacted by the cuts, with its allocation reducing from Rs 3142 crore in 2014–16 to Rs 2067 crore and central assistance to critical national programmes like tuberculosis, vector-borne diseases, non-communicable diseases, mental health, blindness, and leprosy appear to be slashed from Rs 215 crore to Rs 93 crore.

17. [Bedaquiline won't remain 'wonder drug' for TB, say experts](#) – Mint

The government on Monday launched bedaquiline, billed as a wonder drug to treat multi-drug-resistant (MDR) tuberculosis, in collaboration with Johnson & Johnson.

Johnson & Johnson has donated sufficient quantities of the drug to treat 600 patients at six public health facilities—namely National Institute of Research in Tuberculosis (NIRT), Chennai; National Institute of TB and Respiratory Diseases (NITRD), New Delhi; Rajan Babu Institute for Pulmonary Medicine and Tuberculosis, New Delhi; Sewri Hospital, Mumbai; B.J. Medical College & Hospital, Ahmedabad and Government Medical College, Guwahati.