1. **Drugs and fair pricing** – The Hindu

   It is unfair and untrue to suggest that the international pharmaceutical industry is exploiting the Indian patient, when in fact the prices of our drugs are lower in India than anywhere else in the world ("Drug pricing: a bitter pill to swallow", Feb.26). Even then, for cancer, HIV, etc. our member companies have patient access programmes to deliver drugs for free, or at a fraction of the price, to those patients who cannot afford them.

   Drug discovery is a lengthy process which includes the cost of the thousands of failures. For every 5,000-10,000 compounds that enter the R&D pipeline, one ultimately makes it to the end and receives approval. With ongoing research we now have cures for diseases that were previously untreatable. For instance, five years ago, treatment options could cure only 41 per cent of hepatitis C patients, but today it is upward of 90 per cent in as little as eight weeks.

2. **Eli Lilly bats for a favourable patent regime in India** – Mint

   Eli Lilly's push for a favourable patent regime comes at a time when a lobby of US drug makers has termed the intellectual property (IP) environment in India as "weak". In its annual Special 301 Report that reviews the state of IPR (intellectual property rights) protection among the US's trading partners, the Pharmaceutical Research and Manufacturers of America (PhRMA) said India's legal and regulatory systems pose procedural and substantive barriers at every step of the patents process. PhRMA, a body representing leading pharma and biotech companies in the US, has added the country to its priority watch list.

3. **Compulsory licensing: India gave 'private reassurance', says US business council** – Indian Express

   The US-India Business Council (USIBC) has, in a report to the United States Trade Representative (USTR), said that the government has "privately reassured" them it would not use compulsory licences (CLs) for commercial purposes — indicating that India's patent office will take a more restrained approach in handing out licences to domestic players to produce cheaper versions of patented drugs.

   In their submissions to United States Trade Representative (USTR) for the 2016 Special 301 Review, at least four industry bodies, the US Chamber of Commerce, Pharmaceutical Research and Manufacturers of America (PhRMA), USIBC and Alliance for Fair Trade with India (AFTI) — have said that the Indian government has developed a "positive" approach over the compulsory

licensing issue. At least two submissions say that the Controller General of Patents, Designs and Trademarks has rejected at least two applications for CLs applied last year. Disallowing licenses means the Indian companies will not be able to manufacture and sell generic versions of the drugs whose patent is with the American firms.

4. **Desist From Move to Hike Price of Life Saving Drugs: Kodiyeri** – Indian Express
PM state secretary Kodiyeri Balakrishnan has demanded the Centre to desist from its move to hike the price of life saving drugs, which could adversely affect the poor patients. Stating that the Centre was for nullifying the Compulsory Licence clause in the Indian Patent Rule, he alleged that the Centre's move was aimed at helping the corporate lobby. He alleged that apart from nullifying the compulsory licensing, the Centre was moving to do away with three other conditions in the Patent Act.

   The Pharmaceutical Research and Manufacturers of America (PhRMA) and the US Chamber of Commerce had recently revealed that India had given them assurance that compulsory licensing will not be affected. The Compulsory licensing clause was included in the Indian Patent rule for assuring that the life saving drugs were available in the market at affordable prices.

5. **Pharma crusader Dinesh Thakur takes India's drug regulators to court** – The Times of India
One of India's best-known whistleblowers, who exposed dangerous practices in the generic drug industry in 2013, is taking the country's drugs regulators to court, accusing them of failing to enforce rules on drug safety in the $15 billion industry.

   Three years ago, Dinesh Thakur exposed how India's then largest drugmaker and his former employer, Ranbaxy Laboratories, failed to conduct proper safety and quality tests on drugs and lied to regulators about its procedures.

   He made his name, and almost $48 million as a whistleblower award from the United States, when U.S. regulators fined Ranbaxy $500 million for violating federal drug safety laws and making false statements to the Food and Drug Administration (FDA).

   Ranbaxy said the fine marked the resolution of past issues and it continued to make safe, effective and quality medicines.

   Also appeared in Hindustan Times, The Economic Times

6. **'Take care' means more than 'get well'**(By K Srinath Reddy) – Hindustan Times
What is the mandate that society gives to a health ministry? Is it to provide some level of clinical care and limited financial support after people get very sick or to keep people as healthy as possible for as long as possible? The duties of a modern state require it to provide both health protection and illness care, with greater investment in the former. However, health ministries often tend to see the latter as their main task. It is not surprising, therefore, that the finance ministry sees a few disconnected benefactions to sick people as evidence of a 'health-friendly' Budget. How can it project a 'big picture' plan for health financing when the draft National Health Policy is lying untouched for over a year?

7. **India to release results of nationwide TB survey by year-end** – Reuters
India, which has the world's largest number of tuberculosis patients, plans to release the results of its first-ever survey mapping the prevalence of drug-resistant TB by December, two senior government officials said.

   The data is keenly awaited as it would show the extent to which patients in India have developed resistance to existing TB medicines.

   Such resistance has been described by the World Health Organisation as a major global threat to the treatment of the lung disease, which spreads through coughs and sneezes. India is estimated to have the largest number of such drug-resistant TB cases after China.

8. **Column:** **Bad Administration** – The Financial Express
   The grounds on which a whistleblower is taking the Indian drug regulator to the Supreme Court should make it clear that India drew no lessons from the 2013 experience, when he exposed safety and quality lapses at Ranbaxy facilities. The petitioner, Dinesh Thakur, claims that the government's responses to over 100 RTI queries he raised show that potentially harmful medicines are being sold without the proper approvals, thanks to lax regulation—the suit names the Union health ministry, the Drugs Consultative Committee and the Central Drugs Standard Control Organization (CDSCO) as respondents. Cases of non-standard drugs, a Reuters report quotes Thakur as saying, are treated as criminal offences, and more often than not, attract only minor administrative penalties.

9. **Healthcare Sabha paves the way for a 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.'

10. **Illicit diversion of pharma products challenge for Ind: Report** – Business Standard
    The diversion of pharmaceutical preparations containing narcotics and precursors like ephedrine and pseudoephedrine to illicit channels in India remains a major challenge for law enforcement agencies, a global body's report has said.

    It cited the efforts by Prime Minister Narendra Modi for spreading the word against drug abuse.

    "The diversion of pharmaceutical preparations containing narcotic drugs and psychotropic substances from the Indian pharmaceutical industry, as well as their trafficking, including through illegal Internet pharmacies, continued over the reporting period," said the International Narcotics Control Board (INCB) report for 2015.

11. **Now at work, five ATMs that dispense medicines** – Indian Express
    Their front end essentially resembles the cold drinks/potato chips dispensers one sees at airports. What they will dispense, however, is free drugs based on a prescription — unless they refer the patient to a doctor.

    Five healthcare ATMs have come up in four states — MP, Himachal Pradesh, Odisha and Andhra Pradesh — under a Health Ministry pilot that combines telemedicine with a rudimentary free drugs programme. The ministry is hoping these would tide over the massive shortage of doctors in the country and also the risks of pilferage that free drugs programmes are fraught with.