

1. **[China top innovator with 1 million patent requests in year: UN](#) – The Economic Times**

China is driving Asian-led growth in innovation worldwide, becoming the first country to file 1 million patent applications in a single year, the World Intellectual Property Organization (WIPO) said on Wednesday.

Chinese innovators filed most of their 2015 applications in electrical engineering, which includes telecoms, followed by computer technology and semiconductors, and measurement instruments, including medical technology, the UN agency said.

2. **[Delay in price cap notification keeps stents unaffordable](#) - Mint**

The government's decision to bring under price control coronary stents—tiny tubes placed inside the heart's blood vessels to keep the passages open—is in bureaucratic limbo.

Although four months have passed since the inclusion of stents in the National List of Essential Medicines (NLEM), the department of pharmaceuticals (DoP) has failed to issue the notification that would allow the National Pharmaceutical Pricing Authority (NPPA) to fix a price ceiling for stents included in the list.

The Union health ministry, following the recommendations of an expert sub-committee, notified the decision to include coronary stents under the NLEM in July.

3. **[NDMC panel approves medicine procurement for next two years](#) – Indian Express**

Municipal hospitals and other health institutions in north Delhi are set to be stocked with medicine supplies for the next two years, as the decision-making panel of the area's civic body approved a proposal in this regard. "Procurement of these medicines at cheaper rates will ensure regular supply of drugs and other consumables to the citizens for free. It will also end shortage, if any," Pravesh Wahi, chairman of the Standing Committee of North Delhi Municipal Corporation (NDMC).

4. **[A change called NeHA](#) – Indian Express**

The proposed National e-Health Authority, which will oversee digitisation of health information, could launch a digital health revolution in India. But safeguards need to be in place to protect patients' privacy.

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4. [A change called NeHA](#) – Indian Express
5. [CSIR Laboratories Instructed to Avoid Filing of Patents Without Appropriate Techno-Commercial Evaluation](#) – Business Standard
6. [With 7 lakh newborn deaths in 2015, India fared worse than most neighbours](#) – Hindustan Times
7. [Health dept wants pharmacies to log anti-TB medicine sale](#) – The Times of India
8. [App for Member of Parliaments' to improve women's healthcare in India](#) – The Financial Express
9. [Defending health systems during humanitarian disasters](#) – The Times of India

Healthcare APIs would allow the doctor's iPad to talk to the chemist's cash register, and lab tests to communicate with the hospital's database. With selected access to healthcare data, thousands of apps could be developed for patients, doctors, researchers, and policy makers — an app to remind mothers to vaccinate their children, push notifications to remind you to take your medication, or an alert that you are traveling to an epidemic belt. Scientists could search through hundreds of millions of records to find cures and validate current practices, policymakers would be able to conduct disease surveillance and formulate public health interventions, clinicians and patients would have timely access to their records.

5. [CSIR Laboratories Instructed to Avoid Filing of Patents Without Appropriate Techno-Commercial Evaluation](#) – Business Standard

Council of Scientific and Industrial Research (CSIR) has sent out a message to all its laboratories to avoid filing of patents without appropriate techno-commercial evaluation.

In order to align the IP strategy of CSIR with the priorities of socio-economic development including escalating costs of patent filings, this message was sent to exercise utmost due diligence in filing of patents.

6. [With 7 lakh newborn deaths in 2015, India fared worse than most neighbours](#) – Hindustan Times

India was home to 700,000 of the one million babies who died within 28 days of birth in South Asia in 2015, according to a Unicef report released in Kathmandu on Wednesday.

India consistently ranked a low sixth in newborn-care services among the eight countries in the region, including Nepal, Bhutan, Bangladesh, Sri Lanka and Maldives. Only Pakistan and Afghanistan ranked lower than India.

7. [Health dept wants pharmacies to log anti-TB medicine sale](#) – The Times of India

The department of health and family welfare has issued circular directing tuberculosis officers in all districts to conduct inspections to ensure that pharmacies selling anti-TB drugs are maintaining a separate registry. The registry will have address and contact details of those who bought drugs and private doctors who prescribed them.

The circular by additional chief secretary Rajeev Sadanandan is expected to improve reporting of TB cases in the state, so that government can eliminate the disease in a phased manner.

The entry of anti-TB drugs is to be made under a separate registry of schedule H1 drugs, for which prescription from a doctor is mandatory.

8. [App for Member of Parliaments' to improve women's healthcare in India](#) – The Financial Express

Delivery at a health facility improves the odds of a healthy outcome for both mother and baby. If quality care is not provided, those odds diminish. Quality of care – or lack thereof – also has an effect on whether a woman will choose to deliver in a facility in the first place.

Addressing the issue of quality of maternal health services can therefore instill confidence in the health system amongst end users and help generate demand for institutional deliveries. Peoples' representatives like Members of Parliament play a very critical role in monitoring quality of implementation, and therefore need to have access to data on health indicators to stay informed about progress and challenges.

9. [Defending health systems during humanitarian disasters](#) – The Times of India

The world has been reeling through disasters of different magnitudes witnessed like never before. Humanitarian disaster is cropping up at every corner which is demanding attention of unprecedented nature. While reaching out to victims is fair and acceptable, securing and defending health systems during and post disaster remains non-negotiable. Real post disaster effort begins when the health systems are secured and able to provide medical attention to all those in need. If health systems are compromised and fail during a crisis, people die and those on chronic diseases, palliative care, in intensive care units, on dialysis get severely affected and their conditions deteriorate because of one or the other failure in the health system.