

1. [WHO settles India, EU medicine dispute](#) – **The Hindu**

In a significant victory for the global access to medicines campaign, the World Health Organisation (WHO) has dropped the term ‘counterfeit’ and retained ‘falsified’ to describe medicines of inferior quality.

The European Union Free Trade Agreement (EU FTA) had reached a deadlock after affordable, safe-to-use generic drugs made in India were confiscated as ‘illegal’ and ‘counterfeit.’ Nearly 20 shipments of generic drugs, including basic antibiotics and anti-retrovirals, were detained while in transit from India to several developing countries via Europe between 2008 and 2009, derailing the free trade agreement negotiations. Also appeared in The Times of India

2. [Delivery strategies rank high for Big Pharma, now](#) – **The Hindu Business Line**

Drug companies are working on reaching medicines where needed but need to do much more, finds Access to Medicine Index.

Big Pharma is usually seen as the villain in the healthcare story, often perceived as putting profits before patients.

But an initiative by the Netherlands-based Access to Medicine Foundation, an independent non-profit organisation, is pushing the pharma big daddies to compete and collaborate on improving access to medicines. And the Foundation does this through the Access to Medicine Index, a biennial report that assesses companies on seven criteria in corporate behaviour including pricing, patents, ethics and donations. In its fifth report since inception, the Index puts GlaxoSmithKline at the top, for the fifth time, as it emerged the best in matching access

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activities with patient needs, the Index report said. Close on its heels came Johnson & Johnson, Novartis and Merck KGaA.

3. [Is the govt mulling a surgical strike on medicines?](#) – The Hindu Business Line

The Government is keen on another surgical strike, it seems, as moves are afoot to dismantle the NPPA (National Pharmaceutical Pricing Authority) that implements the DPCO (Drug Price Control Order) 2013.

The thinking is that price control should be “delinked” from the 370-plus essential drugs. And thereafter price control must be confined to what the government thinks fit. Tell this to the poor people standing in the queue to exchange their demonetised notes. They understand the devastating impact of such a move on their lives.

4. [Delhi: PIL in High Court for fixing price of stents](#) – Indian Express

A plea for fixing price of stents, used to treat narrowed or weakened arteries in the body, has been moved in the Delhi High Court, contending that the rate of the medical device has not been fixed despite it being included in the national essential list of medicines (NLEM). The matter was listed for hearing before Justice Sanjeev Sachdeva who transferred it to the bench dealing with PILs as the petition has issues pertaining to general public interest.

The petitioner, Birender Sangwan, has claimed that the government and the National Pharmaceutical Pricing Authority (NPPA) are being “insensitive and irresponsible” towards the people by not taking any steps to fix the price of the medical device which is allegedly being sold at expensive rates in the country.

5. [Drug regulation: 27 medicines sold by top firms ‘fail’ quality tests in seven states](#) – The Indian Express

In a major crackdown since March this year, the drug regulators of seven states have alleged that 27 medicines — sold by 18 major drug companies in India including Abbott India, GSK India, Sun Pharma, Cipla and Glenmark Pharma — are of “substandard” quality, citing grounds such as false labelling, wrong quantity of ingredients, discolouration, moisture formation, failing dissolution test and failing disintegration test.

These include key drug brands of eight top-tier companies, which are the leaders in their respective molecule categories (pharma companies sell the same molecule under different brand names) with a market share ranging from 47 per cent to 92 per cent. Of the 18 companies, only two said they had stopped sale of the affected drug batches and just one said the affected batch had been recalled from the market.

6. [Some drugs, banned in other countries, allowed in India: Government](#) - The Economic Times

Some drugs, which are banned in other countries, have been allowed to be sold in India subject to certain provisions, the Lok Sabha was informed today.

Minister of State for Health Faggan Singh Kulaste in a written reply said that the drugs which have been allowed are nimesulide, analgin and pioglitazone.

"Safety and efficacy issues relating to certain drugs which have been banned in some countries have been examined and some of these have been allowed for continued marketing subjected to stipulated conditions or restrictions

7. **[A Bill that falls short – The Hindu](#)**

Two months after the Cabinet approved the HIV Bill, the text of the much-awaited legislation was made available this week. The version of the Bill to be tabled in Parliament is a watered down, emasculated and weak form which has too many flaws; it is no game changer.

In the Bill, the proposed Section 14 talks of prevention measures that the Central or State governments may take, “as far as possible,” for the provision of Anti-Retroviral Therapy (ART) and Opportunistic Infection (OI) Management, against the spread of HIV. Not only does the amendment not address treatment it also goes on to provide drugs for both ART and OI ‘as far as possible’.

Indian generic companies supply antiretrovirals to the developing world while the HIV community in the country is left stranded. The irony is unmissable.

8. **[Allocation of resources to social sector increasing: Arun Jaitley – The Financial Express](#)**

Emphasising that inclusive growth is high on government’s priority, Finance Minister Arun Jaitley today said the allocation of resources to the social sector is increasing.

The government wants to make an extensive social welfare system with focus on better education system and effective healthcare especially for the children, women and senior citizens of the country, he said at pre-Budget consultations with the representatives of different Social Sector Groups here today.

Various suggestions came about increasing allocation on education and healthcare sectors in the upcoming General Budget 2017-18.

It was also suggested that all the tobacco products should be highly taxed primarily because of health concerns.

9. **[States' healthcare budget suffers due to lack of funds - DNA](#)**

Demand and supply of budget for National Health Mission (NHM) is witnessing an inversely proportional trend in last three years with current shortage of at least Rs 500 crore for implementing various programs under NHM.

The allocation of funds to states under NHM by Central Government has only been decreasing for last three consecutive years. In 2013-14 Rs 19,989.01 crore were released to the states under NHM, Rs 19,132.72 crore in 2014-15 which decreased to Rs 16,213.09 crore in 2015-16. Ironically, as per 12th Five Year Plan, the total funding on core health is envisaged to increase to 1.87 per cent of Gross Domestic Product (GDP) and the Draft National Health Policy 2015 also outlines an increase in health budget to 2.5 per cent of the GDP.

10. **[Patients stocking daily-use medicines; deferring optional surgeries – Business Today](#)**

Demonetisation has had another side effect - patients are stocking up medicines for the next two to three months. This is especially so for ailments where life-long medications are required such as for diabetes or hypertension - called chronic therapy areas in medical lingo.

As a result, some of the pharmacies have seen sales pick up. "There have been days when sales have doubled than the usual in some of our stores," says Dr Madhukar Gangadi, founder of the MedPlus chain of pharmacies. It has 1,400 stores mainly across nine states and he says, going by the current trends, overall, he says, the sales during November could be up by 10 to 15 per cent compared to previous month. "But then, it would also mean sales in the following months could see some decline. So, the net impact may not be negligible." Whenever taking the old notes, the pharmacy chains like MedPlus are typically seeking customer ID such as the PAN card details in cases where the bill amounts are higher than say Rs 5,000.

11. Opinion: [Demonetisation done, cashless healthcare must follow now](#) – The New Indian Express

The government has undertaken demonetisation to curb corruption and unearth black money. Our leaders have called on the country to move to a cashless economy. What about healthcare? In the immediate aftermath of demonetisation, media has reported on patients being denied medical care by hospitals, which refused to accept old currency while new currency was in short supply. Some incidents of deaths due to denied medical care were also reported.

If any service has to be rendered cashless at the point of delivery, it is healthcare. That is a prime requirement of universal health coverage (UHC), adopted as a part of the Sustainable Development Goals. It is the hallmark of a civilised society that the medical needs of all persons are met with an assurance of access to affordable care of dependable quality. The ability to immediately pay at the time of care should never be a barrier to getting care.

12. Opinion: [Negotiating with pharma companies, chemists and labs](#) – The Times of India

In one online swish, all my saving from last year's sale of my apartment in Ghaziabad, some Rs 25 lakhs, after retiring the ICICI home loan, besides a few other funds tied up in stock, were about to get diverted in settlement for the cost of my liver transplant surgery at Sahyadri. Kept aside for investment into a modest home in Mumbai, where I continue to pay a huge monthly rent (Rs 40,000 per month), my entire savings got wiped off in a few seconds to save my life. There was no other choice.

I quickly learnt from Mr Negotiator that, while negotiating price with stockists, there are no fixed rules. The talks eventually boil down to – who can grab what? So it pays to be canny and persistent. Pharma companies want to keep chronically-ill patients, dependant on them; while patients, like me must depend upon them for regular, timely supplies. The price deal gets struck somewhere in the middle on this need continuum.