

1. [Don't pass the buck on healthcare \(Column: Active Voice\)](#) – Business Standard

Healthcare, education and law & order are thought to be the main concerns of nation-states across the world. The Indian state has traditionally been unable to meet any of these but the healthcare challenge seems particularly acute.

A recent position paper of the OPPI (Organisation of Pharmaceutical Producers of India) titled 'Universal Healthcare and Sustainable Healthcare Financing in India' proposes a framework for sustainable financing for UHC. It uses the principles of 'progressive universalism' proposed in a 2013 Lancet paper as an underlying principle to support hybrid financing of India's healthcare needs. The paper proposes that by 2020 the healthcare expenditure as a percentage of GDP should reach 6.1 percent. It means tripling of allocation to healthcare from 1 to 3.1 percent in the case of the public

sector. Similarly, the number of beds in total should approximately double from 1.8 per thousand people to 3.5 by 2020. Also, there would be an additional requirement of 340,000 doctors by 2020. The paper also talks about varied models of healthcare financing across the world that offer clues to how India could look at solving its healthcare financing problem. The main points of the paper underscore critical elements required in building a robust healthcare system that to a great extent depends on adequate public financing.

2. [Don't pass the buck on healthcare](#) – Statesman

Healthcare, education and law & order are thought to be the main concerns of nation-states across the world. The Indian state has traditionally been unable to meet any of these but the healthcare challenge seems particularly acute.

This is because the state has been, quite frankly, unable to meet the healthcare requirements of its people. India has one of the lowest number of beds and medical professionals per thousand people in the world. Similarly, the total spends on healthcare, as a percentage of GDP in India are extremely low when compared to most developed and even developing nations in the world. Within the overall expenditure too, that of the government sector (cumulatively, the centre and the states) is minuscule when compared with government expenditure as a percentage of total healthcare expenditure elsewhere. Also, the out-of-pocket spends on healthcare in India, as a percentage of total expenditure on healthcare, seems to be extraordinarily high.

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3. [Driving Innovation For Big Shift In The Global Pharma Industry](#) – Business World

Did you ever imagine that the Healthcare industry would follow the travel, banking and insurance model of ubiquity? Well, let's just say necessity drove innovation. The \$250 billion dollars spends on sales and marketing by the pharmaceuticals industry is now breaking down for the want of more effective channels to engage with the doctors. The key metric here is the time spent per doctor per medical rep and on demand engagement. The approach is shifting from pure marketing to relationship building leveraging the power of multi channel technology.

Let us take a deeper dive into the digital transformation story of the pharmaceuticals industry. And let's start with China, where it happened closest to India - the opportunity for millennium growth as well as the rules of the Big game in the form of compliance.

4. [Roche launches new breast cancer drugs in India](#) – Economic Times

Swiss drug major Roche has launched in India two new medicines for treating breast cancer claiming increased survival benefit and improved quality of life for patients.

"The new drugs, 'Perjeta' and 'Kadcyla', have been shown to both extend survival and improve quality of life in their approved applications for metastatic HER2-positive breast cancer," Roche Pharma India said in a statement.

5. [Merck KGaA bets on cancer drugs to revitalise German firm](#) – Economic Times

Merck KGaA is betting on its oncology pipeline to revitalise the German drugmaker as it sees falling sales from its best-selling medicine, multiple sclerosis treatment Rebif.

Luciano Rossetti, head of global research and development at Merck's biopharma business Merck Serono, said the company is in a "rapid evolution", with up to 80 percent of its pipeline focused on oncology and immuno-oncology.

6. [Med in India](#) – Financial Chronicle

The Indian medical device market is worth over three billion dollars Contributing 6 per cent to India's \$40 billion healthcare sector, it is growing at an annual rate of 15 per cent as a result of increasing demand for healthcare facilities, such as sophisticated devices and equipment. The medical devices list is long. FICCI estimates about 14,000 product types from the high end stent or a ball-and-socket knee joint to the humble clip or blood pressure-monitoring cuff, devices play a crucial role. While India is the world's third-largest pharmaceutical market, its share of the medical devices market is way behind. According to WHO, medical devices are at the core of public health interventions for the prevention of death or disability, and for treating diseases. Yet, most developing countries, including India, either do not recognise that management of medical devices is a public health priority, or lack the capacity to build their strength in it. In India, it tends to be both, thereby setting in a negative cycle.

7. [Online pharmacy retailers unite](#) – Business Standard

The online pharmaceutical trade, facing attack from traditional druggists, have linked their activity to Prime Minister Narendra Modi's idea of a Digital India.

They've formed an Indian Internet Pharmacy Association (IIPA) to give a united representation to the committee formed by the Union health ministry on the subject, and have made a case for permitting online sales to 'enable convenient access to quality health care'.

The All India Organisation of Chemists and Druggists (AIOCD), which described itself as the apex body of the country's 750,000 chemists and druggists, had told the committee that online pharmacy is entirely illegal in the context of the Drugs and Cosmetics Act and the Information Technology Act. AIOCD is planning a nationwide day's strike on Wednesday to protest against online pharmacy sales.

8. [**Pharma companies may pay double penalty for violating norms**](#) – Hindustan Times
With global regulatory agencies, especially the US and the UK, banning drugs from India citing manufacturing lapses, the government is ready to dole out a set of stringent standards for pharmaceutical companies. The Centre has prepared a WHO-GMP compliant checklist for drug manufacturers and inspectors. Any deviation from the checklist during inspections are likely to attract penalties, which could be double of what are being slapped currently.

GMP refers to good manufacturing practices. Recently, the World Health Organisation (WHO) issued a number of warnings over clinical practices at domestic drug manufacturing plants. "The government has identified flaws in the drug regulation regime ranging from inadequate drug-testing facilities, lack of database to lack of training of regulatory officials," GN Singh, Drug Comptroller General of India (DCGI), told HT. "Any fault with execution will lead to heavy penalties, which are likely to be 50% to 100% more than the current ones," he said.
9. [**Make In India: Will MNCs Really Bite The Bullet?**](#) – Business World
Prime Minister Narendra Modi has been campaigning hard for his "Make in India" scheme since he launched it last year. He has fired all engines to attract foreign companies to create manufacturing capacities in India. Defense, nuclear power, aviation, space, electronics, railways, electrical industry, renewable energy, ports, and oil & gas are some of the key sectors that are considered by his Government at Centre as the focus areas. I want to simplify and demystify the process of implementation of Make in India with respect to the manufacturing industry opportunities for MNCs for the benefit of our readers. Make in India can happen only in a few practical ways as discussed here. Why would foreign companies bring funds and invest to create local manufacturing in India? It is not only because the educated manpower costs are lower in India but there could be assured business growth with long term visibility. Companies do not care much about business potential, they need assured market growth. Other than the ease of doing business in India, MNCs expect a fair and ethical behavior of the competitors and stake holders in local market. It has been my experience that this is often not the case.
10. [**Pharma's bad practices take new forms**](#) – Business Today
It is sad but true and it hurts. Each time there is talk of a doctor being bribed by a pharma company, the issue gets treated and dismissed by most people as "a perennial problem and a global issue" with no easy fixes.

Sure, there are no easy solutions on moral issues, as ethical behaviour is an individual attribute that cannot be taught. But then, if there is no voluntary restraint then it needs enforcement. Much like cheating in schools. Children do cheat and they do get punished. One could argue that cheating has not stopped but then at least there is fear of being caught. Consider the recent case in Punjab where the Punjab Medical Council pulled up 10 doctors and sent them notices for allegedly receiving payments from some leading pharma companies. The list included the who's who of Indian and global pharma companies.
11. [**Will India ever get Nobel for medicine?**](#) – Financial Chronicle
We, in India, are obsessed with comparisons with China, especially when it comes to economic growth. What about the intellectual growth that fuels economic growth? Now that a Chinese scientist, Tu Youyou, has shared the Nobel Prize in medicine, 2015, should we not ask ourselves why is it that only one Indian, and three persons who were of Indian birth and origin but who subsequently acquired foreign citizenship, have won the Nobel prize in science. There are lessons for India in the Chinese scientist's recognition. Tu Youyou was tasked by Mao Zedong in 1969 to find a cure for malaria that was infesting the Red Army, when China was in the grip of the cultural revolution, with universities and schools across the country shutting their doors as the red guards ran riot. After long research, using her knowledge of ancient Chinese text and clinical tests, she created a drug based on her discovery of artemisinin, that helped slash malaria mortality rates in Africa and Asia, saving millions of lives.

The writing is clear on the wall. Money, patience and determination are needed to promote research in the country, especially in issues vital to nation's health. Further, instead of wasting time on extreme claims for either traditional or clinical research, both can complement each other if we use scientific methods.