

Patents/ Compulsory licensing/ Intellectual Property Rights**Publication: The Economic Times****Edition: National****Date: August 19, 2014****Headline: [Rise in ex-parte orders upset generic drugmakers' future business plans](#)**

Synopsis: A growing number of cases in the pharma sector, where courts forbid Indian drugmakers from launching generic versions of patented drugs (exparte injunction, without even hearing defendants) or ask them to furnish undertakings proclaiming that they have no plans to launch such a drug, has rattled domestic drugmakers. From a handful of five-six in 2012, such instances grew to over 10 in 2013 and have already crossed 10 in the first six months this year in Delhi High Court, a list compiled by ET from law firms and companies shows. The list is not exhaustive, but indicative of a trend that suggests that for pharma multinationals', the strategy of suing Indian companies before they launch generic versions of patented drugs in the domestic drug market seems to be paying off.

Publication: Business Standard**Edition: National****Date: August 19, 2014****Headline: [Govt set to revise patent norms for pharma](#)**

Synopsis: The government is set to revise the guidelines for evaluating applications seeking intellectual property rights (IPR) for pharmaceuticals. This follows an increasing number of drug patent filings, along with litigation between innovator companies and generic drug producers. The controller general of patents, designs and trademarks, under the department of industrial policy and promotion, issued draft guidelines last Tuesday in this regard. "The (aim is) to help examiners and controllers of the patent office consistently achieve uniform standards while examining and granting patents," a senior official said.

Health ministry**Publication: The Times of India****Edition: Online****Date: August 19, 2014****Headline: [1 Nigerian clears Ebola screening](#)**

Synopsis: The government on Monday denied reports of a Nigerian admitted at Ram Manohar Lohia (RML) Hospital testing positive for Ebola Virus Disease. Health minister Harsh Vardhan, however, confirmed that blood samples of a Nigerian were sent to National Centre for Disease Control and National Institute of Virology, Pune. "We are assured that they tested negative and there is no cause for worry," Vardhan said. He added that the samples were subjected to antigen Elisa and RT-PCR tests.

Similar reports in-**The Hindustan Times- [Nigerian man tests negative for Ebola, no case so far in India](#)****The New Indian Express- [Nigerian Not Tested Positive for Ebola Disease: Centre](#)****NDTV- [Nigerian National Tests Negative for Ebola: Health Minister](#)****Publication: Business Standard****Edition: National****Date: August 19, 2014**

Headline: [The Ebola threat](#) (editorial)

Synopsis: The outbreak of the deadly Ebola virus in four West African countries has rightly been labelled an international emergency by the World Health Organization (WHO). No country is completely immune to the highly contagious virus. The virus in its incubation stage is not generally expected to survive airplane flights. Even so, India cannot consider itself safe. Over 45,000 Indian nationals live in the Ebola-hit countries - Guinea, Liberia, Sierra Leone and Nigeria - and many of them intend to return to escape from it. Some 50 to 60 families are said to be already in the process of moving back. They, along with other travellers from these countries, are potential carriers of Ebola - which has no vaccine or cure and which kills over 90 per cent of its victims. The outbreak is severe because Ebola can spread through the bodily fluids of those infected - dead bodies can transmit the virus during burial ceremonies. Several medical professionals have also contracted the virus in the course of their duties.

Publication: The Economic Times

Edition: Online

Date: August 18, 2014

Headline: [Post tax hike on cigarettes, tougher anti-tobacco law in the offing](#)

Synopsis: The Narendra Modi-led NDA government has virtually declared war on tobacco. After raising taxes on cigarettes and calling for a countrywide ban on sale of tobacco products, the Centre is now planning to introduce tougher provisions under law to curb tobacco consumption in the country. From banning branding on cigarette packets to raising the age limit on tobacco consumption to 25 years from 18, to substantively increasing penalties for smoking in public, the Union Health Ministry is considering a host of amendments to the anti-tobacco law.

MCI/ Medical corruption

Publication: The Hindustan Times

Edition: Ludhiana

Date: August 19, 2014

Headline: [Accepting gifts, favours can now lead doctors into trouble](#)

Synopsis: Now the doctors cannot accept expensive gifts or any kind of favours from the pharmaceutical and allied health sector industry. As per Clause 6.8 of the medical ethics, acceptance of such gifts will invite disciplinary actions against the defaulter. Punjab medical council (PMC) president Dr GS Grewal said, "The medical council of India (MCI) has come out strongly against the practice of giving gifts to doctors by the pharmaceutical and allied health sector industry. The MCI in its recently held general body meeting has given a nod against the practice of accepting gifts more than `1000 by the doctors from the companies. Anyone found indulging in such practice will be liable to disciplinary action."

Publication: The Times of India

Edition: National

Date: August 19, 2014

Headline: [Let MCI take over 102-yr-old medical body, says petition](#)

Synopsis: The ongoing tussle between the Maharashtra Medical Council (MMC) and College of Physicians and Surgeons (CPS) takes a new turn with the Indian Medical Association (IMA) jumping into the fray. It has filed a PIL demanding that CPS be brought under the ambit of the Medical Council of India (MCI) or not allowed to function at all. CPS that offers postgraduate diplomas has been under intense scrutiny with a section of the medical community even questioning its very existence. The PIL filed by the Nagpur chapter of IMA comes less than two weeks after the state's medical education department was assured of CPS' participation in a more transparent examination and admission process.

Website: Trak.in

Edition: Online

Date: August 18, 2014

Headline: [Can Modi Bring In A Revolution In Indian Healthcare Industry?](#)

Synopsis: In the historic speech made by Narendra Modi on August 15th from Red Fort in New Delhi, he suggested several beneficial plans and programs of the government. One among them has been appreciated and applauded the most: Free health insurance worth Rs 1 lakh for all economically backwards citizens. With 18 crore Indians living below the poverty line, this mega health scheme can bring in a healthcare revolution in India. This is not the first time that PM Modi has emphasized on empowering and strengthening our healthcare system. In the month of June, he had shared his vision of creating a universal healthcare program, just like in the USA. This had been hailed as the world's largest healthcare program. Health Minister Harsh Vardhan had said during one event, "The blueprint of the world's largest universal health insurance programme is in the process of being sharpened under the Prime Minister's personal gaze. It is partially inspired by US President Barack Obama's grand insurance-for-all project, which is popularly known as 'Obamacare'". But is it worth it? Does India really need a healthcare program on the lines of the developed countries where all their citizens get almost free health cover?

Website: Reuters

Edition: Online

Date: August 18, 2014

Headline: [China hopes WTO can "resolve differences" and sign deal](#)

Synopsis: China said on Monday it regretted World Trade Organisation members had failed to reach an agreement on simplifying global customs rules, a breakdown it said could damage multilateral trade. India last month torpedoed a global deal to standardise and streamline customs regulations, known as "trade facilitation", after it demanded more freedom to subsidise and stockpile food grains than is allowed by WTO rules. Many WTO member states, including the United States, voiced frustration after India's demands led to the collapse of what was the first major global trade reform pact in two decades.

Publication: Mid Day

Edition: National

Date: August 19, 2014

Opinion piece: Manoj Joshi, Distinguished Fellow, Observer Research Foundation, New Delhi

Headline: [Assessing Indo-US defence ties](#)

Synopsis: There is an interesting, but uncomfortable dichotomy in United States' relations with India and Pakistan. For India, there is untrammelled praise, soaring rhetoric about the two great democracies and our destiny as natural allies. But there is little else. Pakistan gets a lot of harsh words and complaints, but along with that comes generous dollops of aid —both military and developmental. All of these have been on display in recent weeks in the visits of senior US officials to New Delhi on one hand, and the well-choreographed drama wherein the Pakistan Army has launched an offensive in North Waziristan, and the US has released \$8 million in aid and will soon be forthcoming with the latest tranche of Coalition Support Funds, reportedly of the order of \$300 million, with perhaps even more coming by way of security assistance and humanitarian aid in the coming months.

FDA

Website: Pharmabiz

Edition: Online

Date: August 19, 2014

Headline: [Maha FDA conducted 122 raids in 2013-14 as against only 49 in year 2012-13](#)

Synopsis: In order to enhance enforcement for compliance amongst retailers, wholesalers and

manufacturers of pharmaceutical products, Maharashtra Food and Drug Administration (FDA) conducted 122 raids in the year 2013-14 as compared to only 49 in the year 2012-13. The raids revealed rampant violations of Drugs and Cosmetics Act, 1940 and Rules, 1945 as offenders stocked drugs without a license and sold them without purchase bills. As a part of FDA's crackdown to discourage irrational usage of antibiotics, it had canceled licenses of 5452 retail pharmacies and suspended licenses of another 3178 retailers across the state in the year 2013-14 for violations like dispensing medicines without prescription and without proper bill. During the year, the FDA had conducted inspections on 48086 retail stores in the state.

Drug regulation

Publication: The Economic Times

Edition: National

Date: August 19, 2014

Headline: [Government extends deadline for pharma barcodes](#)

Synopsis: The government has extended the deadline to affix barcodes on mono-carton (ointments, eye/ear drops) by pharmaceutical companies to April 2015. Barcode helps in tracking and tracing origin of drugs, which minimises the chances of genuine medicines being considered spurious, sub-standard or counterfeit. "Mono cartons are to be treated as part of secondary level packaging and accordingly the requirement of affixing bar-codes on mono-carton as secondary level packaging became effective from June 26, 2014. "Now the effective date of affixing bar-codes on mono-carton as secondary level packaging has been deferred to 1st April, 2015," Directorate General of Foreign Trade (DGFT) has said in a public notice.

Similar reports in-

The Times of India- [Govt extends deadline for pharma barcodes](#) (*link unavailable, scan attached*)

The Hindu Business Line- [Govt extends deadline for pharma barcodes](#)

The New Indian Express- [Deadline for Pharma Barcodes Extended](#)

Website: Pharmabiz

Edition: Online

Date: August 19, 2014

Headline: [Exporters ask DoP to make India a member country of PICS to overcome hurdles in these countries](#)

Synopsis: The pharmaceutical exporters, who are looking to export their products to less explored countries like Cambodia, Myanmar, Vietnam, Laos, etc, have asked the Department of Pharmaceuticals (DoP) to initiate measures to make India a member country of Pharmaceutical Inspection Cooperation Scheme (PICS) to overcome the export hurdles to these countries. According to the exporters, exporting to these countries have become well nigh impossible as the product registration approval timeline in most of these countries has been increased from one year to two years as the Ministry of Health in countries like Cambodia does not have enough staff to evaluate the ACTD dossiers. Similar is the case in Myanmar also as the FDA there, which has been moved to the new capital city does not have enough staff to evaluate the ACTD dossiers. If India becomes part of the PICS, Indian exporters will get the benefit as the Myanmar FDA gives preference to the PICS approved manufacturing facilities, exporters said.

Universal Health Care/ Immunisation

Website: Reuters

Edition: Online

Date: August 18, 2014

Opinion piece: Girindre Beeharry, Director of the India Country office, overseeing the Bill & Melinda Gates Foundation's global health and development activities in India

Headline: [A call to action to galvanize momentum around maternal, child health in India](#)

Synopsis: The last decade has witnessed one of the most sincere, dedicated and coordinated efforts toward addressing global development and healthcare challenges. National and international policymakers, development partners and researchers have come together to work toward a common vision of a better and healthier world. In September 2000, building upon a decade of dialogue, world leaders unanimously adopted the United Nations Millennium Declaration. In doing so, they committed to a new global partnership to reduce extreme poverty and laid out a series of time-bound targets with a deadline of 2015 that have come to be known as the Millennium Development Goals (MDGs). These eight goals formed a blueprint that brought together the world's countries and leading development institutions and galvanized efforts to meet the needs of the world's poorest populations.

Publication: The Times of India

Edition: National

Date: August 19, 2014

Opinion piece: Javed Akhtar, lyricist and Rajya Sabha MP

Headline: [Cry Of Our Children](#)

Synopsis: "We do not inherit the world from our ancestors, We borrow it from our children," goes a Native American Proverb. Of the many successes i have been blessed with as a writer and lyricist, the achievement that i hold closest to my heart is the small role that i played in one of the biggest public health battles India has ever fought. Several years ago, Shabana and i travelled through the streets of Uttar Pradesh, engaging with the community about the importance of polio drops, and vaccinating their children against this horrible disease. It's been many years since then but even today i remember each of the many faces and voices of the parents i spoke to voices that echoed the love and concern for their children's wellbeing in their hearts, but also reflected the ignorance and misconceptions that burdened their minds.

Publication: The Times of India

Edition: National

Date: August 19, 2014

Blog: Varun Gandhi

Headline: [How and why India must introduce universal healthcare coverage](#) (yesterday's editorial reappeared today as blog)

Synopsis: Healthcare in India is a story of insufficient resources and poor outcomes. Investment is well below WHO guidelines in both qualitative and quantitative terms. Bed density is low (less than 1.5 beds per 1000 persons as compared to WHO guideline of 3.5), doctors few (less than 1.8 per 1000 as compared to WHO guideline of 2.5), and out of pocket spend high (86% as compared to an average of around 40% for low income countries). Rural India lags even further behind, with around 30% of the rural population having to travel over 30km for treatment. Significant inequality in access is worsened as the existing healthcare workforce is inadequate and under-utilised. With low salaries, insufficient incentives, lack of career growth, inadequate training and inconsistent policies, the majority of the medical workforce chooses not to practice in the formal sector. India's regulatory system hardly keeps up with the very diverse set of medical practitioners.

R&D

Publication: Business Standard

Edition: National

Date: August 19, 2014

Headline: [Indian pharma cos' R&D spend to increase: ICRA](#)

Synopsis: The research and development (R&D) spend of pharmaceutical companies have increased over the past few years, and according to a recent ICRA report, the trend is likely to continue. The report says that pharma companies have increased their R&D budgets significantly over the past few years in view of their growing focus on regulated markets and complex molecules and therapy segments. "In 2013-14, most of the leading pharma players spent anywhere between Rs 5-12 billion on

R&D, which represented an increase both in absolute term as well as in proportion to net revenues (8-11 per cent of sales)," the report pointed out adding that ICRA expected the trend to continue.

General Industry

Publication: Deccan Herald

Edition: National

Date: August 19, 2014

Headline: [The dominance of technology in health care](#)

Synopsis: After decades as a technological laggard, medicine has entered its data age. Mobile technologies, sensors, genome sequencing, and advances in analytic software now make it possible to capture vast amounts of information about our individual makeup and the environment around us. The sum of this information could transform medicine, turning a field aimed at treating the average patient into one that's customised to each person while shifting more control and responsibility from doctors to patients. The question is: can big data make health care better? "There is a lot of data being gathered. That's not enough," says Ed Martin, interim director of the Information Services Unit at the University of California San Francisco School of Medicine.

Website: Vox

Edition: Online

Date: August 18, 2014

Headline: [Fabricated results, hidden data: The case for criminalizing research fraud](#)

Synopsis: In one of the latest and most tragic cases of science fraud, an esteemed Japanese stem-cell scientist committed suicide following the retraction of two "breakthrough" papers he co-published. They both contained plagiarized and falsified information. But such cases of scientific misconduct are not isolated; in fact, they appear to be on the rise. "The number of articles retracted a year increased 19-fold from 2001 to 2010, and the increase was still 11-fold after repeat offenders were excluded and growth of the literature had been adjusted for," writes Dr. Zulfiqar Bhutta in a recent issue of the British Medical Journal. Whether or not it's because the research community is more ready to retract these days, Dr. Bhutta thinks the swelling numbers suggest his peers are not doing enough to curb bad behavior. So he made the case in the BMJ that extreme cases of misconduct should be criminalized. Suppressing or fabricating research results has a tangible impact on human health — from encouraging vaccine denialism to hiding dangerous side effects of drugs. For this reason, he says, it should be treated as a crime like any other. We caught up with him to find out more. Here's the transcript from our conversation, lightly edited for clarity.

Publication: The Times of India

Edition: National

Date: August 19, 2014

Headline: ['More doctors, not health centres, save lives'](#)

Synopsis: Do hospitals translate to better healthcare? Not necessarily. States with more doctors have better healthcare indices than those with better infrastructure, data analysed by thinktank Swaniti reveals. While better health outcomes depend on multiple reasons, it appears that doctor to population ratio had a far higher impact on infant mortality rate (IMR) or maternal mortality rate (MMR) than better infrastructure. Tamil Nadu that has fewer primary health centers (PHCs), one per lakh of population, as compared to Chhattisgarh and Odisha that have two PHCs is better placed in health outcomes. Tamil Nadu has one doctor for 789 patients and an infant mortality rate of 21 and maternal mortality of 97.

Publication: The Times of India

Edition: National

Date: August 19, 2014

Headline: [One platform for all project okays](#)

Synopsis: The government has launched a fresh initiative to help companies get over five dozen approvals to start a project through a single online platform as part of its attempt to make it easier to do business. Sources told TOI that the Project Monitoring Group (PMG) in the cabinet secretariat had initially identified two dozen approvals that are required from the central government, while another 35 clearances needed from the states but the first round of discussions has shown that the number of online approval is set to rise significantly. So, clearances from Sebi, Employees Provident Fund Organization, Reserve Bank of India as well as from states, including those related to the land acquisition law, town and country planning department or the Electricity Act will be available through one platform, e-biz. The idea is to digitize the processes and then get on e-biz, which was conceived five years ago by the department of industrial policy and promotion but has failed to take off as other government agencies have refused to cooperate.

Publication: Mint

Edition: National

Date: August 19, 2014

Opinion piece: Dani Rodrik, professor of social science at the Institute for Advanced Study, Princeton, New Jersey.

Headline: [The perils of economic consensus](#)

Synopsis: The Initiative on Global Markets, based at the University of Chicago, periodically surveys a group of leading academic economists, of varying political persuasions, on the issues of the day. Its latest roundup asked whether President Barack Obama's stimulus plan helped to reduce unemployment in the US. Officially known as the American Recovery and Reinvestment Act of 2009, the plan entailed government spending of more than \$800 billion on infrastructure, education, health, and energy, tax incentives, and various social programmes. Implemented in the midst of an economic crisis, it was the classic Keynesian response.