



**News Updates: July 9, 2014**

**Patents/ Compulsory licensing/ Intellectual Property Rights**

**Website: Mondaq**

**Edition: Online**

**Date: July 8, 2014**

**Headline: [Need For Utility Model Protection In India](#)**

**Synopsis:** The current study concerns itself with the requirement of Utility Model protection system and its position in India, which works as an alternate system to patents in order to protect the inventions having lower level of inventiveness. This article highlights the importance for Utility Models protection in order to encourage the Intellectual Protection creation activities of SMEs and small innovators in India. Earlier in time, the need for utility models was not seen but for now it has grown to a large extent and it has become very crucial to recognize the same in India.

**Modi government/ Budget expectations**

**Publication: The Economic Times**

**Edition: Online**

**Date: July 9, 2014**

**Headline: [Budget 2014: Insurers want better tax-rebates, PPP in universal health plan & hike in FDI from FM Jaitley](#)**

**Synopsis:** Looking at the sky-rocketing healthcare expenses it is the duty of the government to ensure implementation of Universal Health Coverage (UHC) at a priority basis and create a comprehensive framework for the country's public health planning. And the industry feels that the only way is to put thrust on Public Private Partnership (PPP) Model for this. "We need to go beyond the RSBY module and reach out to a wider population to provide quality healthcare at a faster pace. Allocation of resources for PPP (public private partnership) to increase health insurance penetration and improve the overall healthcare scenario will be a positive move for the sector. We need a unified and universal system that is funded through a progressive taxation system," says Manasije Mishra, CEO, Max Bupa.

**Publication: Pharmabiz**

**Edition: Online**

**Date: July 9, 2014**

**Headline: [PwC pins hope on govt to give a fillip to pharma, biotech & health insurance in Budget 2014](#)**

**Synopsis:** PwC India which chips in its expertise on industry audit, consulting and tax service is eager to see that Union government would provide the much needed impetus to the pharma, biotech and health insurance in the Budget 2014. To begin with, the government needs to create technology parks similar to IT/ITES parks, for the pharma and biotech sector to support efforts in attaining self-reliance on the scientific and economic growth front, said Sujay Shetty, leader pharma & life sciences, PwC India. It would need to allocate Rs.500 crore annually from the R&D cess accessible by the Technology Development Board and should be used to stimulate the pharma, biotech sector across the range, from human resource development, high-end institutional development in bio-pharma, stimulate incubators, ignition grants, start-ups and small businesses, enable collaborative efforts with business of all sizes on one hand and national and international academia on the other.

**Publication: The Times of India**

**Edition: National**

**Date: July 9, 2014**

**Headline:** [Will Budget help local medical device makers?](#)

**Synopsis:** Given the government's stated commitment to encouraging manufacturing, it would be interesting to see whether its first Budget addresses an obvious anomaly in how medical devices are taxed. As things stand, the system is skewed heavily in favour of companies that import devices rather than those that manufacture locally. Not surprisingly, about 80% of the medical devices market consists of imported devices, which have added substantially to the cost of healthcare and, hence, to what patients have to shell out.

**Website:** Computer World

**Edition:** Online

**Date:** July 8, 2014

**Headline:** [Budget 2014 Expectations: Healthcare and Pharma CIOs](#)

**Synopsis:** The most-awaited union budget is almost upon us. And every industry vertical has high expectations from the new Modi-led NDA government that has promised businesses a great deal during the elections. IT leaders from manufacturing, automobile, and telecom have high hopes from the much-anticipated union budget that the Finance Minister, Arun Jaitley will showcase on 10th July. Even the healthcare market in India has shown vital signs of recovery since July of last year, growing at a CAGR of 13 percent.

**Publication:** Daily News & Analysis

**Edition:** Online

**Date:** July 9, 2014

**Headline:** [How the finance Minister can make the common man happy](#)

**Synopsis:** At present, India does not have a comprehensive public healthcare system as compared to other developed countries. Further, last few years have seen private healthcare becoming increasingly expensive. Hence, the current exemption limit of Rs 15,000 per annum can be increased to at least Rs 50,000 per annum. At present, deduction of mediclaim insurance premium is restricted to a limit of Rs 35,000 (Self/ family - Rs 15,000 and parents - Rs 20,000). Considering the current health care environment, this limit can be increased to Rs 50,000, with the twin purposes of tax incentive and healthcare coverage.

**Publication:** The Economic Times

**Edition:** Online

**Date:** July 9, 2014

**Headline:** [Government signs pact to revive Indian Drugs and Pharmaceuticals Ltd, to provide need-based funds](#)

**Synopsis:** The government has agreed to provide funds on a need based basis to revive sick public sector pharmaceutical undertaking Indian Drugs and Pharmaceuticals Ltd (IDPL). A Memorandum of Understanding has been signed between Department of Pharmaceuticals and IDPL to make it a 'vibrant drug manufacturing company', setting targets, including to achieve at least 5 percent growth in sales and 5 percent reduction in inventory of finished goods over 2013-14. IDPL's sales turnover is estimated to be Rs 63 crore and a net loss of Rs 309.01 crore as on March 31, 2014.

**Publication:** Pharmabiz

**Edition:** Online

**Date:** July 9, 2014

**Headline:** [No bills on health, pharma sectors to be discussed during ongoing Parliament session](#)

**Synopsis:** Even though a host of bills, several of which warrant urgent attention of the law-makers, are waiting for their introduction in Parliament for their final nod, no bills related to health and pharma sectors will be discussed during the ongoing budget session of Parliament which began on July 7.

According to sources in Parliament, no bills related to health and pharma sectors have found a place in the tentative list of government legislative and financial business expected to be taken up during the second session of sixteenth Lok Sabha which will be in session till August 14. A total of 11 new bills have been earmarked for their introduction during the more than a month-long session in which both the Railway and General budgets will be presented by the respective ministers.

#### Union Health Ministry

**Publication: Outlook**

**Edition: Online**

**Date: July 8, 2014**

**Headline: [Mandatory Testing for HIV/AIDS Counter-Productive: Health Min](#)**

**Synopsis:** Mandatory testing for HIV/AIDS in India may scare "away a large number of suspected cases from getting detected and treated", the government opined today even as it stated that the country has an estimated 7.77 lakh HIV/AIDS patients." Considerable thought has been given to the issue. The government feels that there is no public health rationale for mandatory testing of a person for HIV/AIDS. "On the other hand, such an approach could be counter-productive as it may scare away a large number of suspected cases from getting detected and treated," Health and Family Welfare Minister Harsh Vardhan today told Rajya Sabha in a written reply.

**Publication: The Economic Times**

**Edition: Online**

**Date: July 8, 2014**

**Headline: [Sale of tobacco products in army canteens should be stopped: Harsh Vardhan](#)**

**Synopsis:** Armed forces establishments should stop selling tobacco products through their canteens and the policy providing such items at a discount to armed forces personnel should be revisited, Health Minister Harsh Vardhan has suggested. In a letter to Defence Minister Arun Jaitley, Vardhan also suggested that all defence establishments including naval ships should be declared 'No Smoking' zones.

**Similar reports in-**

The Times of India- [Mantri's tobacco sale ban call surprises forces](#)

The Hindu Business Line- [Harsh Vardhan: Stop selling tobacco products in defence canteens](#)

#### FDI- Insurance

**Publication: Business Standard**

**Edition: Online**

**Date: July 9, 2014**

**Headline: [Ministry drops health rider for 49% FDI in insurance](#)**

**Synopsis:** The government has proposed dropping a crucial rider for increasing the foreign direct investment (FDI) limit in the insurance sector to 49 per cent from the current 26 per cent. The earlier proposal was that the higher FDI limit would be allowed only for health insurers. A draft note to the Cabinet, prepared by the Department of Financial Services on the official amendment to the Insurance Amendment Bill, 2008, has dropped the rider. The idea about enhanced FDI limits in only certain areas of the insurance sector was not tenable, as both life as well as general insurance areas required access to capital, the note said. In any case, most general insurance companies were already offering health insurance, the note said.

#### FDA

**Publication: The Economic Times**

**Edition: National**

**Date: July 9, 2014**

**Headline:** [USFDA enforcements to push up costs for Indian pharma](#)

**Synopsis:** Stricter norms by American drugs regulator USFDA will lead to higher compliance cost for India pharma although these enforcements are not country specific but more on account of "cultural differences", said a report by global credit rating agency Crisil. The companies have little choice but to invest in bringing compliance processes up to speed, it said, adding that the cost of not doing so (warning letters/import alerts may impact both current revenues and future pipeline) will be far higher.

**Similar reports in-**

**Daily News & Analysis-** [USFDA enforcements to push up costs for Indian pharmaceutical companies](#)

**The Financial Chronicle-** [USFDA enforcements to push up costs for Indian pharma](#)

### Drug regulation

**Publication:** Forbes India

**Edition:** Online

**Date:** July 9, 2014

**Headline:** [Doctors' dilemma: To Prescribe or not to Prescribe](#)

**Synopsis:** The main reason for the contradiction on drug safety is that CDSCO's net is much smaller. Its ambitious plans to recruit new personnel and create new positions have mostly remained on paper, and CDSCO continues to be dramatically short-staffed with a mere 1,500 inspectors for over 10,000 manufacturing plants. State regulators are no less crippled. Poor quality drugs don't always result in something as tragic as death or an epidemic. Ninety percent of the time, these drugs don't cause newsworthy harm: Either they merely don't work as expected, or they have side effects that are too minor to be noticed. When the former happens, a doctor usually can't tell why this is the case. "A drug may not work for several reasons. Sometimes, we don't know if the patient is complying with the regime. It is a very complex thing for a doctor to monitor," says Anantharaman. There is another angle to the debate on Indian drug legislation. Some argue that if CDSCO were to dramatically improve its standards, it would make Indian medicines unaffordable to many. Status quo is preferable to this. "Drug manufacturing will become much costlier. You may drive many players out of the market. In a country like India, we have to work with lower standards," says Bino Pathimparampil, a pharma sector analyst at India Infoline Capital.

### Clinical trials

**Publication:** The Economic Times

**Editions:** Hyderabad, Kochi

**Date:** July 9, 2014

**Headline:** [MNCs will have to share clinical trial benefits with India: DCGI \(link unavailable, scan attached\)](#)

**Synopsis:** Multinational pharmaceutical companies keen to conduct clinical trials for new drugs on Indians would have to ensure an early launch of those therapies in India if the trials result in commercial production, the drug regulator has said. In an order issued last week, the Drug Controller General of India (DCGI) said innovator drug firms would have to seek approval for such new drugs (New Chemical Entities and New Biological Entities) in India soon after obtaining marketing clearance in their respective countries.

### Millennium Development Goals (MDGs)/ Public Health

**Publication:** The Times of India

**Edition:** Online

**Date:** July 8, 2014

**Blog:** Rwitwika Bhattacharya, founder of Swaniti Initiative (supports parliamentarians on development issues)

**Headline:** [Human resources in health, critical to improving outcomes](#)

**Synopsis:** With the 2015 deadline for the Millennium Development Goals (MDGs) just a year away, improving health indicators is an important part of the new government's agenda. With the BJP manifesto promising that "high priority will be given to address the shortfall of healthcare professionals (in India)", we try and examine the impact of inadequate human resources on health outcomes in India. The analysis reveals a direct correlation between health outcomes and human resources in public health institutions.

#### Indo – US ties

**Publication:** The Telegraph

**Edition:** Online

**Date:** July 9, 2014

**Headline:** [A USEFUL ARBITER- India-US relations are desperately in need of ownership](#)

**Synopsis:** "America has its own significance," argued Sushma Swaraj, the new Indian external affairs minister. The first woman to have independent charge of this portfolio, her brief remark was made on her first day in office. From the outset, it would seem as though all was well in India's dealing with the United States of America. To be sure, her counterpart — the US secretary of state John Kerry — was the first international diplomat to congratulate the minister. Yet, insiders suggest that there is something left to be desired in a relationship that requires urgent political attention. The Modi government's focus on the neighbourhood and East Asia — and specifically Japan — concerns those who realize the importance of America. What is needed, it could be argued, is ownership. Owning a relationship places a certain undeniable burden on diplomatic actors and representatives more inclined, but less able, to take one another for granted. An especially potent point, given that Narendra Modi was banned from entering the US.

#### Cancer

**Publication:** Business Standard

**Edition:** Online

**Date:** July 8, 2014

**Headline:** [Cancer cases rising every year: Vardhan in Rajya Sabha](#)

**Synopsis:** The number of persons diagnosed with cancer every year has been on the rise in the country, the Rajya Sabha was informed today. Quoting data provided by the National Cancer Registry Programme of Indian Council of Medical Research (ICMR), Health Minister Harsh Vardhan said the number of cancer patients in India for the year 2013 is estimated to be around 29 lakhs. According to the ministry, the estimated mortality cancer cases in the country in 2013 was 4,78,180. It was 4,65,169 in 2012 and 4,52,541 in 2011.

**Website:** Business Wire India

**Edition:** Online

**Date:** July 9, 2014

**Headline:** [Cancer Patients Suffer Due to Non Availability of Drugs: HCG](#)

**Synopsis:** HealthCare Global Enterprises Ltd, The Specialist in Cancer Care, organized a press conference on the topic cancer patients suffer due to non availability of drugs. According to the US Food and Drug Administration (FDA), pharmaceutical companies in developing countries are increasingly falsifying data about the quality of their medicines. Indian producers in particular strive to reduce costs by substituting cheaper ingredients or skimping on good manufacturing practice, and often patients and well-informed pharmacists alike will overlook the flaws. The problem that both the cancer care provider and the patients suffer and have to battle is the quality of the drugs available in India. There is an ongoing battle between the government and drug manufacturers. It is the patients and doctors who ultimately get caught in this unfortunate cross fire. Facing this problem, patients and doctors have no choice but to continue in despair and hope that there would be a change for the better in future. The question that needs to be addressed is India losing out on

becoming a potential hub for healthcare destination due to this battle?

**Website:** Reuters

**Edition:** Online

**Date:** July 9, 2014

**Headline:** [UnitedHealth: New doctor payment plan cut cancer care costs](#)

**Synopsis:** An experiment changing how U.S. cancer doctors are compensated cut healthcare costs by a third, with no discernible decline in patient health, according to a three-year study by insurer UnitedHealth Group Inc and five medical oncology groups. Cancer treatment is one of the most expensive and fastest growing categories of care in the United States. Oncologists and insurers have been devising new incentives for doctors to improve patient care while lowering costs.

#### Mint Budget Conclave

**Publication:** Mint

**Edition:** National

**Date:** July 9, 2014

**Headline:** [Mint Conclave: Budget should promote growth](#)

**Synopsis:** Ajit Ranade, chief economist of Aditya Birla Group; M.V.S. Seshagiri Rao, joint managing director and chief financial officer of JSW Steel; R. Shankar Raman, chief financial officer of Larsen and Toubro Ltd; Leo Puri, managing director of UTI Asset Management Co. Ltd; Sunil Sanghai, managing director and head of global banking at HSBC (Hongkong and Shanghai Banking Corp.); Shailesh Haribhakti, managing partner of Haribhakti and Co.; and Rujan Panjwani, president, co-head credit and fixed income and treasury, Edelweiss, discuss the problems facing the Indian economy and the expectations from the Union budget to be presented by finance minister Arun Jaitley on 10 July.

#### General industry

**Publication:** The Economic Times

**Edition:** Online

**Date:** July 8, 2014

**Headline:** [Stop step-motherly treatment of pharma sector in India: Cipla](#)

**Synopsis:** Hailing the British government's efforts in encouraging research and development in the pharmaceutical industry, Cipla chairman Yusuf Hamied has said the "step-motherly" treatment given to this sector in India has to stop. In the wake of company's announcement in India of plans to invest 100 million pounds in its British subsidiary alongside the UK government, Hamied appealed to the Indian government to also do more in the field.

**Similar reports in-**

The Hindu Business Line- [Hamied: India should stop stepmotherly treatment to pharma sector](#)

The Financial Chronicle- [Stop step-motherly treatment to pharma sector in India: Cipla](#)

Business Today- [Stop step-motherly treatment to pharma sector, says Cipla's YK Hamied](#)

Moneycontrol- [Stop step-motherly conduct to pharma sector in India: Cipla](#)

**Publication:** Mint

**Edition:** Online

**Date:** July 9, 2014

**Headline:** [Childhood TB cases higher than WHO estimate; India has highest burden: study](#)

**Synopsis:** Almost 25% more children fall sick with tuberculosis (TB) every year than the World Health Organization (WHO) estimates that most anti-TB programmes worldwide rely on, according to a new research report published in The Lancet Global Health. Lancet estimates that over 650,000

children develop TB every year in the 22 countries with a high burden of the disease, including India. A 2012 study by WHO estimated the number at 530,000. India had by far the highest burden of childhood TB, accounting for 27% of the total burden in these countries.

**Website:** Gizmodo India

**Edition:** Online

**Date:** July 8, 2014

**Headline:** [This Man Shouldn't Be The Next U.S. Patent Office Director](#)

**Synopsis:** Philip Johnson is Chief Intellectual Property Counsel of Johnson & Johnson, one of the largest pharmaceutical companies in the world. He is also a representative member of the Coalition for 21st Century Patent Reform, the leading trade group opposing patent reform this past year. And now he's rumored to be next in line to be the director of the United States Patent and Trademark Office.

**Publication:** The New York Times

**Edition:** Online

**Date:** July 8, 2014

**Headline:** [Rapid Price Increases for Some Generic Drugs Catch Users by Surprise](#)

**Synopsis:** Increasingly, experts say, the costs of some generic drugs are going the other way. The prices paid by pharmacies for some generic versions of Fiorinal with codeine (for migraines) and Synthroid (a thyroid medicine) as well as the generic steroid prednisolone have all more than doubled since last year, EvaluatePharma found. In January, the National Community Pharmacists Association called for a congressional hearing on generic drug prices, complaining that those for many essential medicines grew as much as "600, 1,000 percent or more" in recent years. The price jumps especially affected smaller pharmacies, which do not have the clout of big chains to bargain for discounts.

**Publication:** The Financial Express

**Edition:** Online

**Date:** July 9, 2014

**Headline:** [Editorial: Poverty of thought](#)

**Synopsis:** With a lot more poor, say the 680 million number put by McKinsey, the question is what should you do to alleviate their poverty. Apart from the fact that the government simply does not have the money to provide subsidised food, fuel, health and other services to such large number of people, the McKinsey analysis points out 75% of the people who have moved out of poverty have done so because they got new jobs, not more dole. The solution has to be spending less on wasteful subsidies, and more in areas like irrigation that will, for instance, raise farm productivity. McKinsey's global analysis also found that productivity levels rose 10 times between the smallest and the largest firms, suggesting that changes in labour laws will help increase wage levels and hence reduce poverty—Indian states that have flexible labour laws, McKinsey found, had 35% of the work force employed in the organised sector; the figure was 23% in states that didn't have flexible laws. Let's not derail the reforms process by drawing the wrong conclusions from the Rangarajan report.