News Updates: November 9-11, 2013

Key Highlights

- **Clinical Trials in India** - The government has proposed tougher compensation norms for injuries suffered by participants during clinical trials, a move that may come as a relief to victims but may impact the decision of pharma companies to conduct clinical trials in India for serious diseases. A patient advocacy group called **People for the Advancement of Clinical Research, (PACR) India** which represents citizens, patients, government officials, health enterprise professionals, educators has initiated a petition in the popular advocacy site change.org asking the Supreme Court to help resume the review and approval process for clinical trial applications.
  We will continue to monitor developments on this petition.

- **FDI in Pharma** - The Commerce & Industry Ministry has decided to go ahead with its proposal to restrict foreign direct investment (FDI) in existing pharmaceutical ventures despite objections from the Finance Ministry and the Planning Commission. The DIPP wants to cap FDI in brownfield projects below 49 per cent in "critical" sectors such as oncology medicines and vaccines to ensure continued availability of generics (copies of off-patent medicines) at affordable prices.

- **Drug Pricing (Trade Margins) -** Over 60 drug manufacturers have agreed to increase trade margins of wholesalers and retailers on price controlled medicines after a series of talks between various industry bodies and All India Organization of Chemists and Druggists (AIOCD).

- **Drug Pricing** – The National Pharmaceutical Pricing Authority (NPPA) reduced prices of 63 drugs by 15 to 50% to as much as 66% may of which also include life-saving drugs as well as anti-cancer, anti-viral and anti-infection medicines.

- **Drug Regulatory -** Drug Controller General of India's (DCGI) decision to make its approval mandatory for importing certain life-saving drugs has put the lives of millions of patients at risk since the approvals are a time consuming process

- **Innovation in India** - Rishikesha T. Krishnan (Professor of Corporate Strategy and Policy at IIM-B and author of 'From Jugaad to Systematic Innovation': The Challenge for India) is quoted saying that The desire for innovation in India has been driven by a search for low-cost solutions to public problems. Rakesh Jhunjhunwala**,** one of India's best-known investors was putting his money on some new innovations that can be game changers. He has joined hands with renowned Professor RA Mashelkar and some like-minded friends to sponsor an Innovation Award for the next big invention.
  Will update the same on our 'Quotes on Innovation' document.

Clinical Research / Trials

Publication: The Economic Times
Edition: National
Date: November 11, 2013
Headline: Web Group wants clinical trials to continue in India

Synopsis: People for the Advancement of Clinical Research, (PACR) India, a group that claims to comprise ordinary healthy citizens, patients, government officials, health enterprise professionals, educators and patient advocacy groups have initiated a petition in the popular advocacy site change.org asking the Supreme Court to allow the review and approval process for clinical trial applications to resume. The group in its petition has lashed out against NGOs that have been opposing clinical trials in the country on ethical grounds, and the media for its (mis)reporting on the issue. The groups fail to recognise that their often emotive and misinformed statements are only turning out to be more detrimental to the cause they espouse - protection of the research participant, the petitioners noted. Clinical trial in India has become a controversial issue in the last two years, with a few health

activists and politicians claiming that pharma companies and clinical research companies enrolled patients without their consent into trials and used them as guinea pigs in the name of research. Swasthiya Adhikar Munch (SAM) is one of the NGOs that had filed a public interest litigation against the health ministry and the drug controller for giving approvals to clinical trials without following proper guidelines. Following the PIL, the Supreme Court ordered the government to regulate trials.

Publication: The Economic Times
Edition: National
Date: November 9, 2013
Headline: Clinical trials to get more challenging

Synopsis: The government has proposed tougher compensation norms for injuries suffered by participants during clinical trials, a move that may come as a relief to victims but prompt drug manufacturers to shy away from conducting clinical trials in India for serious diseases. Barring 'totally proven unrelated' cases, drugmakers will have to provide compensation for all injuries sustained by the participants, the health ministry has proposed in a new regulatory framework for clinical trials. Injuries and deaths that have 'possibly' or 'probably' resulted from trials will, therefore, also have to be compensated. This will bring almost all injuries that may happen during a trial under the ambit of compensation, industry executives rue, saying the new framework will prove too onerous for pharma companies to conduct trials for serious diseases.

Publication: Business Standard
Edition: National
Date: November 11, 2013
Headline: Regulator's moves worry pharma sector

Synopsis: The drug regulator’s recent suspension of Sun Pharmaceutical Industries’ clinical research activities at its Mumbai-based bio-analytical laboratory has raised concerns among other companies doing similar research and development work. The pharmaceutical industry is particularly worried that following the recent directives from the Supreme Court, the regulator may turn more stringent, impacting ongoing projects and future clearances. While the regulator has suspended Sun Pharma’s Mumbai laboratory citing absence of approval for the site, the firm maintains it has complied with all existing regulatory requirements.

Publication: The Hindu Business Line
Edition: National
Date: November 11, 2013
Headline: ‘We are in transformation phase’

Synopsis: The broad theme for Avesthagen is the convergence of food, pharma and population genetics, leading to predictive, preventive and personalised healthcare and food security. It is a holistic model for innovation and generating a pipeline of products using the existing bio-diversity of bacteria, food and medicinal plants, and human beings. Avesthagen is now in a transformation phase and it needs capital to take its products to the market. We were hoping to fund them through an IPO in 2008, but were forced to shelve our plans due to the meltdown. Now we’ve worked out a de-merger plan wherein Avesthagen Ltd will be spun off into three companies — Avesthagen Pharma; Avesthagen Nutrition and Ava Seeds with focus on pharma, nutrition and agri business respectively. All three will be incorporated outside India in order to raise capital at the right valuation. The companies will have a wholly-owned operational subsidiary in India and Singapore to hold the patents and execute further development and clinical trials as well as to do region-based sales and marketing. The pharma company, Avasthagen Pharma AG, Germany was recently incorporated, and will be the holding company for the pharma business. Avesthagen Nutrition and Ava Seeds will also be structured on similar lines. Avasthagen Pharma AG is in the process of raising $60 million capital. Following this, Avasthagen Nutrition and Ava Seeds will raise $35 and $30 million respectively. Shareholders of Avasthagen will hold proportionate stake in the new entities.

Publication: The Times of India
Edition: National

Date: November 9, 2013
Headline: Sun Pharma resolving research facility related issues

Synopsis: Sun Pharma on Friday said it was working with the domestic drug regulatory authority to resolve issues raised by them involving its Mumbai-based research facility. Confirming that it had received the letter from DCGI, a Sun Pharma spokesperson said that the company believes it has complied with all existing regulatory requirements. DCGI has asked the company to suspend clinical research at the facility as it did not have the requisite approvals. The development could delay some of the company's operations. The facility is primarily used for manufacturing formulations (medicines).

Publication: The Hindu
Edition: National
Date: November 9, 2013
Headline: Metformin: no cardiovascular benefit for non-diabetics

Synopsis: Contrary to high expectations, an 18-month trial involving 173 subjects without diabetes has shown that metformin treatment did not reduce the risk factors for cardiovascular disease. This is the first ever large trial undertaken to study the effect of the drug in reducing the cardiovascular risk factors in people without diabetes. The study has been published today (November 7) in The Lancet. The authors clearly state that more trials are required to assess the cardiovascular benefits of the Metformin drug in non-diabetic people who are at high risk of a cardiovascular event. The results of the first-ever trial CAMERA (Carotid Atherosclerosis MEtformin for insulin ReistAnce) comes as a surprise as the initial 10-year follow-up of UKPDS and the long-term follow-up over 25 years of type-2 diabetic patients who are on metformin treatment had conclusively shown that the drug reduced cardiovascular events. Several meta-analyses had also shown that the drug had a cardiovascular risk-reducing effect.

Publication: Pharmabiz
Edition: Mumbai, Online
Date: November 11, 2013
Headline: D&C Rules to be amended to restrict waiver of trials for new drugs to national emergency, epidemics

Synopsis: The Union health ministry will soon amend rule 122A (2) and rule 122B (3) of Drugs and Cosmetics Rules to restrict the waiver of clinical trial in Indian population for approval of new drugs (which have already been approved outside) to national emergency, extreme urgency, epidemic and for orphan drugs for rare diseases. The health ministry's decision to amend the D&C Rules in this regard comes following the acceptance of the Prof. Ranjit Roy Chaudhury expert committee recommendations by the ministry. In February this year, the ministry had constituted the Prof. Ranjit Roy Chaudhury expert committee to formulate policy and guidelines for approval of new drugs, clinical trials and banning of drugs. n its rather lengthy report, the Prof. Ranjit Roy Chaudhury expert committee recommended that 'Waiver of Clinical Trial in Indian population for approval of new drugs, which have already been approved outside India, can be considered only in cases of national emergency, extreme urgency, epidemic and for orphan drugs for rare diseases and drugs indicated for conditions/diseases for which there is no therapy'.

Publication: Pharmabiz
Edition: Mumbai, Online
Date: November 11, 2013
Headline: Suven to present positive data of 4 NCEs at annual meeting of SFN in San Diego from Nov 9

Synopsis: Suven Life Sciences will be presenting positive pharmacology data of four advanced molecules from their portfolio of investigational neuroscience new chemical entities (NCEs) at Society for Neuroscience (SFN) 2013 from November 9 to 14, 2013 at San Diego, USA. Neuroscience is the annual meeting of the SFN and more than 30 thousand neuro-scientists from all over the world covering the major pharma, biotech and clinical research institutes will be participating at this conference.

Publication: Pharmabiz
Edition: Bangalore, Online
Date: November 9, 2013
Headline: NIB forms 2 Core Groups to study spurious, NSQ drugs, ISI to help sampling plan

Synopsis: National Institute of Biologicals (NIB) has issued a circular for the constitution of two Core Groups for conducting a scientific study on the extent of problems of spurious drugs and drugs not of standard quality. For the core group to plan and devise the survey plan, NIB has identified Terms of Reference (TOR) to develop statistical drug sampling and a methodology in consultation with Indian Statistical Institute, New Delhi. While the other members of the Core Committee 1 are Dr S K Gupta, Prof. Emeritus and head, clinical research, DIPSAR, New Delhi, Dr Urmila Thatte, head, Clinical Pharmacology department, KEM Hospitals, Mumbai and president Indian Society for Clinical Research, Bijon Mishra, founder, Partnership for Safe Medicines, India, MC Deka, drugs controller, government of Assam, DK Shringi, former drugs controller , government of Rajasthan, Dr N Murugesan director, CDTL, Chennai, Dr S Manivannan, deputy drugs controller (India), CDSCO, sub zone, Bengaluru, Dr Madhur Gupta, technical officer, WHO-India, nominee director, Indian Statistical Institute, New Delhi, Dr Robin Kumar, senior scientific officer, IPC and Akanksha Bisht, scientific assistant, IPC is member –secretary.

Patents / Compulsory Licensing / Intellectual Property Rights

Publication: The Economic Times
Edition: National
Date: November 10, 2013
Headline: Government rejects BDR Pharma's CL application for anti-cancer drug

Synopsis: The government has rejected a compulsory licensing application by BDR Pharmaceuticals to manufacture the generic version of patented anti-cancer drug 'Dasatinib', a decision that is seen as evidence that IP rules prevail in India. Under the Indian Patents Act, if a medicine is deemed unaffordable, a compulsory licence can be issued to a generic drug maker in public interest. The Controller General of Patents has rejected the domestic company's application on the ground that the company has not made any "credible attempt" to obtain a voluntary license for the drug from the US-based Bristol Myers Squibb Company.

Publication: The Hindu Business Line
Edition: National
Date: November 8, 2013
Headline: Survey: Industry's ties with academia especially weak in research

Synopsis: Union Minister for Communications and Information Technology Kapil Sibal on Wednesday called for reforms in the education system to make it child-centric. He was speaking at the inauguration of the two-day CII Global University-Industry Congress, organised jointly by CII and AICTE. According to the findings of the survey, institutes find it harder to demonstrate strong industry linkage in their ability to file patents and other intellectual property rights, or the extent to which they make technology transfers to industry. The southern region emerged the strongest performer, as the participating institutes from this region achieved an average score of 30.73, almost seven points ahead of the northern and western regions. Institutes in the central region recorded the lowest scores on average, around eight points below the national average.

Publication: The Times of india
Edition: National
Date: November 8, 2013
Headline: Sam Higginbottom Institute of Agriculture, Technology & Sciences hosts Workshop on intellectual property

Synopsis: The workshop was conducted in three sessions chaired by eminent speakers from different government offices. BK Sahu, Scientific Officer (IPR), NRDC, New Delhi talked on the overview of IPR, national innovation system in India, and the role of NRDC in technology transfer. PP Singh, assistant controller of patent & design, Patent Office, New Delhi also shared his views in the workshop. Dr YD Panwar, director, Patent Facilitating Centre,

Technology Information, Forecasting and Assessment Council, New Delhi discussed patent information, determining novelty, inventiveness & utility of invention. Likewise, Rahul Dutta, solicitor & attorney, IP Lab, Lucknow emphasised copyright registration and protection of traditional folklore in India. The third session began with the lecture of Dr Kirti Joshi, scientific officer & incharge Patent Information Centre, Uttarakhand state council for science and technology, Dehradun on rationale of protection GI and TK in India. The session was followed by the talk of Dr Sripat Rao Kulkarni, scientist, Central Drug Research Institute, Lucknow on collaborative R&D and IP issues in technology licensing.

FDI

Publication: The Economic Times – ET Now
Edition: National
Date: November 8, 2013
Headline: Indian pharma continues to attract a lot of foreign interest: Sonam Udasi

Synopsis: When it comes to the overall pharmaceutical space, what have you made of the results so far and how much comfort do you garner given that we have seen so much volatility? See at least the midcap pack on the pharma side has declared a stupendous set of numbers across the board. Our own sense is that the pharma sector do well over the next one year simply because - 1) you had low domestic growth till last quarter last year so the base effect will be coming up. We also expect M&A to start again picking up, Indian pharma continues to attract a lot of foreign interest so in that light pharma is the space to be.

Publication: The Hindu
Edition: National
Date: November 9, 2013
Headline: Commerce Ministry firm on limiting FDI in existing pharma projects

Synopsis: The Commerce & Industry Ministry has decided to go ahead with its proposal to restrict foreign direct investment (FDI) in existing pharmaceutical ventures despite objections from the Finance Ministry and the Planning Commission. In its final note to be submitted to the Cabinet for approval soon, the Department of Industrial Policy & Promotion will incorporate all objections raised on the proposal and give its comment , a DIPP official told Business Line. The DIPP wants to cap FDI in brownfield projects below 49 per cent in “critical” sectors such as oncology medicines and vaccines to ensure continued availability of generics (copies of off-patent medicines) at affordable prices. It also suggested that foreign investors be mandated to create at least 25 per cent additional capacity and generate additional employment in the critical pharma projects they invest in.

Publication: Firstpost
Edition: Online
Date: November 10, 2013
Headline: India Inc’s 10-month deal tally muted at $25 bn: Grant Thornton

Synopsis: India Inc’s M&A activity in the first 10 months of this year remained muted, with just 411 deals amounting to $25.48 billion, registering a decline of 17 percent from the same period a year ago, says a report. Lahiri further noted that government regulations relaxing FDI norms as well as the recently proposed M&A policies is good for the deal making environment. Major deals announced in October include Bupa Care services’ acquisition of Quality Healthcare Medical Services for $355 million, followed by Jubilant Pharma’s 100 per cent stake acquisition in Jubilant Life Sciences’ active pharmaceutical ingredient and dosage’s business for $185 million.

FDA

Publication: The Economic Times
Edition: National
Date: November 11, 2013
Headline: Singh brothers of Ranbaxy Laboratories concealed facts while selling stake: Daiichi Sankyo

Synopsis: Japanese pharmaceutical company Daiichi Sankyo has accused Malvinder Mohan Singh and Shivinder Mohan Singh of concealing and misrepresenting facts at the time of its $2.4-billion purchase of a controlling stake in Ranbaxy Laboratories in 2008 from the brothers. The accusation was made in an arbitration case filed in Singapore, said three people familiar with the development. Daiichi has sought compensation for losses arising from the $500-million settlement that Ranbaxy was forced to reach with the US Department of Justice in May over accusations that the company faked test results to get approval from the Food and Drug Administration for its medicines.

Publication: The Economic Times
Edition: National
Date: November 9, 2013
Headline: FDA staff flag safety fears over Sanofi MS drug Lemtrada

Synopsis: US regulatory officials have raised concerns about "multiple serious and potentially fatal safety issues" in patients given Sanofi's new multiple sclerosis drug Lemtrada, fuelling uncertainty about whether it will be approved. Food and Drug Administration (FDA) staff said in a report prepared ahead of a Nov. 13 advisory panel that the risks might be too great to justify approval in the world's biggest pharmaceutical market, unless the drug showed "substantial clinical benefit."

Publication: Business Standard
Edition: National
Date: November 11, 2013
Headline: Indian cos in FDA's first list for generic Aciphex tablets

Synopsis: In a decision that will cheer the domestic pharma industry, Indian firms, including Dr Reddy's, Lupin and Torrent Pharma, have received nod from the US health regulator to market the first generic version of Aciphex, used to treat gastroesophageal reflux disease (GERD). First generic versions of Aciphex (rabeprazole sodium) delayed-release tablets, used to treat gastroesophageal reflux disease (GERD) in adults and adolescents (ages 12 and up) have been approved, US Food and Drug Administration said in a statement.

Publication: Daily News and Analysis
Edition: National
Date: November 11, 2013
Headline: Sans chemist, med store is a grocery

Synopsis: A chemist shop without a pharmacist is like a grocery shop, says Food and Drug Administration (FDA) chief Mahesh Zagade in an interview with reporters at the dna office. The state FDA commissioner decides to stay firm on the action against chemists and vouch not to give in to illegal demands. The FDA inspects 7,000 drug samples from chemist shops, wholesale godowns, manufacturing plants of pharma companies in and outside Maharashtra that find their way into the state. Of which, seven per cent drugs are substandard. They are not spurious or counterfeit but manufactured by registered pharma brands. Due investigations are carried out in labs and FIRs are registered.

Publication: Daily News and Analysis
Edition: National
Date: November 11, 2013
Headline: Angered by FDA, Mumbai chemists to keep shops shut

Synopsis: Your neighbourhood chemists will remain closed today except in private and public hospitals. Up to 6,500 of the city’s chemist retailers and wholesalers will shut shop between 7am and 11pm, to retaliate against the Food and Drugs Administration (FDA) crackdown on chemists operating without qualified pharmacists. The strike is in violation of the Essential Commodities Act, 1955, wherein it’s the duty of a service provider to make essential commodities like drugs available to patients.

Publication: The Asian Age
Edition: National
Date: November 11, 2013
Headline: FDA admits to failure in addressing ADR

Synopsis: The Food and Drug Administration (FDA) has admitted that while internationally countries are addressing the issue of "adverse drug reaction" or ADR, in India there is no awareness about it because of the failure of the government and the implementing body (FDA). However, it is now taking steps like ensuring compulsory presence of pharmacists in medical stores. FDA Maharashtra commissioner, Mahesh Zhagade admitted that they as an enforcing body have lagged behind, rather failed. Neither is the public aware nor has the media highlighted the issue.

Publication: Pharmabiz
Edition: Online
Date: November 11, 2013
Headline: Maharashtra FDA plans to implement billing inspections stringently

Synopsis: In the wake of increasing adverse drug reactions (ADRs) happening in India and globally, Maharashtra Food and Drug Administration (FDA) has appealed to the pharmacists to dispense medicines with correct bill and prescriptions and cautioned patients about incorrect use of medicines. Says Maharashtra State FDA Commissioner Mahesh Zagade, India lacks a mechanism to report and monitor Adverse Drug Reactions (ADR) as is followed globally. Prevention of incorrect use of medicines and awareness amongst the patients and pharmacist community is the need of the hour.

Drug Pricing

Publication: The Economic Times
Edition: National
Date: November 11, 2013
Headline: Policy lethargy must end to hold drug prices down

Synopsis: Japanese pharmaceutical company Eisai reportedly plans to price a drug to treat breast cancer at different levels for consumers at different income levels. The attempt to make the drug affordable for the less well-off in this manner is welcome, but this differential pricing strategy is suboptimal. Expensive cancer drugs or medicines for chronic ailments should be available at affordable prices to everyone. Only then can healthcare costs be lowered in India. Differential pricing has ended in China's rapidly growing drug market. It has adopted direct price controls or competitive tendering on patented drugs to enhance access and provide them at affordable prices to consumers. India must take a page from China, and the government should negotiate prices for patented drugs. Further, insurance coverage must spread and include cancer drugs in India. Out-of-pocket must become the exception rather than the rule.

Publication: The Times of India
Edition: National
Date: November 11, 2013
Headline: NPPA reduces prices of 63 vital drugs

Synopsis: The National Pharmaceutical Pricing Authority (NPPA) has revised prices of 63 drugs which include mainly life-saving drugs as well as anti-cancer, anti-viral and anti-infection medicines. The NPPA has decreased rates of most drugs by 15 to 50% but the prices of some drugs have been cut by as much as 66%. In some cases, however, a marginal rise in the cost of some medicines has been witnessed.

Publication: The Hindu Business Line

Edition: National
Date: November 9, 2013
Headline: Cadila Healthcare

Synopsis: Even as the BSE Healthcare Index clocked a 19 per cent gain, the stock of Cadila Healthcare lost 21 per cent this year, weighed down by challenges in the US market and in the joint venture with Hospira. Clarity over the new drug approval timelines by the US Food and Drug Administration will help Cadila sustain growth momentum in this market which accounts for over a fourth of its revenues. With some 100 products awaiting approval in the US, Cadila expects to launch 20 products over the next 12-15 months. This will help the company maintain growth momentum in this market. Also, the shift in focus towards niche products with low competition will help Cadila improve margins. The Zydus-Hospira venture's profits that slumped due to pricing pressure in a key product — an API (active pharmaceutical ingredient) for a large anti-cancer injectable — are expected to improve sequentially. Growth challenges in India due to pricing policy changes and the recent strike by the trade, which impacted Cadila's numbers, are also expected to be sorted out soon. Zydus Wellness, its consumer products subsidiary, plans initiatives to improve marketing and distribution of its brands — Everyuth and Nutralite — in addition to launching new variants.

Publication: Pharmabiz
Edition: Online
Date: November 11, 2013
Headline: 60 drug cos offer increased margins to trade on controlled drugs after talks with AIOCD

Synopsis: Over 60 drug manufacturers have agreed to increase trade margins of wholesalers and retailers on price controlled medicines after a series of talks between various industry bodies and All India Organisation of Chemists and Druggists (AIOCD). AIOCD had to initiate talks with the industry bodies as Department of Pharmaceuticals (DoP) has been hesitant to restore the old trade margins by amending DPCO 2013. Suresh Gupta, general secretary, AIOCD says that AIOCD looks forward to getting an increase in the trade margin from over 90 companies for which talks are still going on. As per the list released by AIOCD, amongst the big pharma companies which have agreed to offer higher margins include Blue Cross, Franco Indian, Delcure Lifesciences, RPG Lifesciences, Systopic Laboratories Pvt Ltd, Cipla Ltd, Torrent Pharmaceuticals Ltd, Mankind Pharma Ltd, FDC Ltd, Hetero Healthcare Ltd, Indoco Remedies Ltd, Macleods Pharmaceutical Ltd, Eris Lifesciences, Medley Ltd, Emcure Pharmaceuticals, Zuventus Healthcare, Jenburkt Pharmaceuticals, Morepen Laboratories Ltd, Molekule Lab, Merck Ltd, Neon Laboratories Ltd, Wallace Pharmaceuticals Pvt Ltd, Ranbaxy Laboratories Ltd, Lupin Ltd, Alkem Lab Ltd, Helios Pharmaceuticals, Apex Lab and Troikaa Pharmaceuticals Ltd.

Drug Regulatory

Publication: Daily News and Analysis
Edition: National
Date: November 10, 2013
Headline: Drug regulator puts millions of lives at risk

Synopsis: The Drug Controller General of India's (DGCI) decision to make its approval mandatory for importing certain life-saving drugs has put the lives of millions of patients at risk. These drugs, called embolic agents, are essential for arresting the blood flow in a bleeding vessel, and have been in use for more than two decades. With the approval taking time, doctors (interventional radiologists) and patients are caught in a bind as they are only left with a very few of these drugs.

Innovation in India

Publication: The Hindu Business Line
Edition: National
Date: November 11, 2013
Author: Rishikesha T. Krishnan, Professor of Corporate Strategy and Policy at IIM-B and author of From Jugaad to Systematic Innovation: The Challenge for India
Headline: Does India need innovation?

Synopsis: According to economists, the need for innovation arises only once you reach the productivity frontier. And, reaching the productivity frontier just involves imitating the best practices of others. Indian companies had to innovate in the past to adapt processes to Indian materials and intermediates. At the national level, it was only around 2009 that innovation entered the policy lexicon when the Government announced its intention to observe the next decade as the decade of innovation. Why did the Government suddenly embrace innovation? Essentially because it realised that given our resource endowments, we could not hope to achieve our national goals within a reasonable time by imitating the developed world. The US healthcare system, for example, costs that country 20 per cent of its GDP. Emulating it would never be viable in a much poorer country such as ours which has four times the population of the US. The desire for innovation in India has, thus, been driven by a search for low-cost solutions to public problems. The main attractiveness of innovation is the evidence that such a trade-off is unnecessary. This is most visible in the healthcare sector where Aravind Eye Care, Lifespring Hospitals and Narayana Hrudayalaya have shown that it is possible to achieve the best international quality in cataract surgery, obstetrics and cardiac surgery, respectively, at costs that are much lower than anywhere else in the world.

Publication: The Financial Express
Edition: National
Date: November 11, 2013
Headline: Nobody is spending enough money on innovation

Synopsis: The technology industry is undergoing a massive disruption that is threatening traditional revenue streams and business models. The biggest thing that we see when I talk to CIOs, CFOs and CEOs is that everybody talks about cost. But the issue for them is that the whole industry in the last 10 years has seen massive different technologies.

Publication: Daily News and Analysis
Edition: National
Date: November 11, 2013
Headline: Jhunjhunwala bets on innovation *(No link available)*

Synopsis: Rakesh Jhunjhunwala is one of India's best-known investors but his canny hunches even outside the stock market have proved that he's got almost a sixth sense about future winners. His newest addiction is the race track and his horses have been a nose ahead of competition on more than one occasion. So when we heard that Rakesh Jhunjhunwala was putting his money on some new innovations that can be game changers, we were intrigued. The maverick stock trader has joined hands with renowned Professor RA Mashelkar and some like-minded friends to sponsor an Innovation Award for the next big invention.

General Industry

Publication: Forbes India
Edition: National
Date: November 8, 2013
Headline: What Govts Spend On Health Care

Synopsis: Political quibbling over Barack Obama's health care law shut down the US government for a fortnight. We look at how the American health care system fares against others. At 60%, India has one of the highest out-of-pocket health care expenditures. Besides, the country has only 6.49 doctors per 10,000 people, lower than even Pakistan, which spends just 2.5% of its GDP on health care.

Pneumonia / Pneumococcal Vaccine

Publication: Hindustan Times
Edition: National
Date: November 11, 2013
Headline: Guard against cold, stay protected

Synopsis: Blame it on the sudden drop in temperature along with an increase in the levels of air pollution that every other Delhi resident these days is seen sneezing, coughing or having troubles breathing. According to doctors, the cold and damp air — laced with pollutants — that normally marks the onset of winter, exposes individuals to various infections, mostly related to the respiratory tract. Nasal allergy, asthma, chronic bronchitis, smokers lungs are some of the conditions that people tend to develop in this weather. Dr JC Suri, head, department of pulmonology and sleep medicine, Safdarjung Hospital says Falling sick in this weather is linked purely to temperature change that triggers various respiratory problems. People are sensitive to changes in temperature and their body's defenses are weakest in cold weather, which leads to aggravation of asthma and bronchitis symptoms and can also lead to simple cough, throat irritation and burning sensation in eyes among perfectly healthy people. It is difficult to avoid falling sick in this weather unless one takes sufficient precautions, which is why we recommend taking flu and **pneumonia vaccine shots** well in advance

Publication: The Indian Express
Edition: National
Date: November 11, 2013
Headline: At Serum Institute, Charles takes update on MMR vaccine

Synopsis: On their maiden visit to the city, Prince Charles and his wife Camilla Parker Bowles Sunday made a special stopover at the Serum Institute of India. While the Prince of Wales interacted with scientists and senior officials at the manufacturing facility, the Duchess of Cornwall paid a visit to the legendary Poonawalla stud farm. Charles attentively listened to the staff, asking questions about pneumoccocal and MMR vaccines and was impressed with the research and development laboratory. Charles took special interest in the immunisation vaccine against measles, mumps and rubella (MMR). In the UK, it had been a subject of controversy after a paper was published on its side-effects. However, subsequent scientific studies showed the MMR vaccine was safe. Charles wanted to know whether children were getting vaccinated against MMR in India, scientists told Newsline.

Antibiotic Resistance

Publication: The Indian Express
Edition: National
Date: November 11, 2013
Headline: Swatting superbugs

Synopsis: Unless we counter antibiotic resistance, we risk losing major healthcare advances. Last month, the Centres for Disease Control and Prevention (CDC), the United States' federal agency for public health, published a report on the mounting threat of antibiotic resistance. The report, "Antibiotic Resistance Threats in the United States 2013", listed and ranked major antibiotic-resistant organisms by their incidence, burden of disease and cost to the healthcare system. Antibiotic resistance is the phenomenon in which a disease-causing micro-organism, usually a bacterial species, is able to survive after exposure to one or more antibiotic treatments. Microbes, not people, are resistant to antibiotics.