



**News Updates: September 27- 29, 2014**

#### OPPI 48<sup>th</sup> AGM 2014

**Publication: The Economic Times**

**Edition: Online**

**Date: September 28, 2014**

**Headline: [Committed to quality and accessible healthcare services: OPPI](#) (sourced from PTI)**

**Synopsis:** Pledging its support to providing "quality healthcare and accessible medicines" to all, the Organisation of Pharmaceutical Producers of India (OPPI) today said the sector needs a "supportive" atmosphere with collaboration between the government and different stakeholders. OPPI, which represents research-driven pharma companies in India, has continued its advocacy for an environment that allows innovation in medicine.

**Similar report in-**

**Business Standard- [Committed to quality and accessible healthcare services: OPPI](#)**

#### OPPI- Drug pricing

**Publication: The Hindu Business Line**

**Edition: National**

**Date: September 29, 2014**

**Headline: [Pricing row hits pharma industry](#)**

**Synopsis:** The report states that last week's announcement by the country's drug price regulator doing away with a provision that permitted it to determine the price of drugs considered 'non-essential', was the culmination of a conflict between it and drug manufacturers. It says that while the overarching objective of providing 'affordable medicines for all' is laudable, particularly in India, industry argues that there must be sufficient profit margins for the industry and price control is justifiable only 'under extraordinary circumstances'. The report quotes Ranjana Smetacek, Director-General, OPPI, "This welcome move tells us we are being heard and we look forward to working with the government toward a common goal. We are still trying to understand the precise impact of this order on our member companies."

#### NPPA/ Drug Pricing

**Publication: The Financial Chronicle**

**Edition: National**

**Date: September 29, 2014**

**Headline: [Rollback brings cheer](#)**

**Synopsis:** The pharma industry in India heaved a sigh of relief when the government decided to withdraw a special power that had earlier allowed the National Pharma Pricing Authority to slash prices of several drugs, mostly under the diabetes and cardiac category. Even as the NPPA, going forward, will not be able to use these powers, it is not clear whether it would roll back the earlier decision. "The capping of pricing in itself was a very regressive move," said Avinash Lodha, associate director of India Ratings research firm. "It was based on a very flimsy ground that different brands have varying prices and some exceed 30 per cent of the average price of all drugs. It is not the government which should decide the price differential. They could rather take some measures like asking doctors to prescribe generic medicines, like how it happens in US, UK and most places. India is the generic capital of the world and export sales have reached up to \$15 billion, yet policies for companies back home are not friendly. Even now, the ministry is saying it is a prospective decision. But I hope it will soon recall the July

10 orders as well.”

**Publication: The Economic Times**

**Edition: National**

**Date: September 27, 2014**

**Headline: [PM Narendra Modi forced NPPA to relax essential drugs norms: Congress](#)**

**Synopsis:** The Congress on Friday charged that Prime Minister Narendra Modi, before undertaking his trip to the US, had forced the National Pharmaceuticals Pricing Authority (NPPA) to withdraw its May 2014 guidelines for fixing the prices of life-saving drugs with an aim to appease the big pharma companies and multinational companies. The Congress said the NDA government's decision will hit India's poor patients in a big way as the prices of life-saving drugs will shoot up.

**Similar reports in-**

**Business Standard- [Congress attacks Modi over drug pricing](#)**

**The Times of India- [Reversal of UPA order will raise critical drug prices: Congress](#)**

**Daily News & Analysis- [Cong slams Modi over drug pricing issue](#)**

**The Statesman- [Drug pricing: Cong slams PM](#)**

**Outlook- [Cong Blames Modi for 'Succumbing to Pressure' on Drug Policy](#)**

**Website: Scroll *(also appeared in Quartz)***

**Edition: Online**

**Date: September 29, 2014**

**Opinion piece: Gauri Kamath**

**Headline: [India's drug price control regime just pulled off a logic defying move](#)**

**Synopsis:** India's drug price control agency is jumping through hoops to make a bad decision look good. In the process it is sending terrible signals to the industry and to the broader world about fairness and efficacy of India's regulatory regime. The tale begins in 2013, when after 12 years of consultations, India brought 348 drugs under its price control regime, replacing an older one that had lost its relevance. The National Pharmaceutical Pricing Authority would monitor and control the prices under the Drug Price Control Order, 2013.

**Publication: The Asian Age**

**Edition: National**

**Date: September 27, 2014**

**Headline: [Pharma firms asked to be registered under IPDMS](#)**

**Synopsis:** The National Pharmaceutical Pricing Authority (NPPA) has asked all the pharmaceutical companies in the country to register under the Ingredient Pharmaceutical Database Management System (IPDMS), with the objective of creating an appropriate mechanism of obtaining market-based data related to drugs. The move comes with the need of availability of a database, as it is a necessary prerequisite to carry out functioning of price fixation and price revision of schedule drugs, price fixation of the new drugs and monitoring availability of their drugs, along with production and manufacturing data.

## Clinical trials

**Publication: The Times of India**

**Edition: National**

**Date: September 29, 2014**

**Headline: [Breast cancer drug extends lives of patients'](#)**

**Synopsis:** A drug used to treat advanced breast cancer has had what appears to be unprecedented success in prolonging lives in a clinical trial, researchers reported on Sunday. Patients who received the

drug - Perjeta, from the Swiss drug maker Roche — had a median survival time nearly 16 months longer than those in the control group. That is the longest amount of time for a drug used as an initial treatment for metastatic breast cancer, the researchers said, and it may be one of the longest for the treatment of any cancer. Most cancer drugs prolong survival in patients with metastatic disease for a few months at most. Metastasis means the cancer has spread to other parts of the body.

**Similar report in-**

Mint- [Roche's breast cancer drug 'unprecedented' in extending lives](#)

**Publication: The Times of India**

**Edition: National**

**Date: September 27, 2014**

**Headline: [Ebola vaccine to be ready by 2015?](#)**

**Synopsis:** Thousands of experimental Ebola vaccine doses from British GSK and US NewLink should be ready for use by early 2015 in countries affected by the epidemic, the World Health Organisation said on Friday. "If everything goes well, we may be able to begin using some of these vaccines in some of the affected countries at the very beginning of next year," said WHO assistant director general Marie-Paule Kieny. There is no licenced treatment or vaccine against the virus that has killed nearly 3,000 people in West Africa, and the UN health agency has endorsed rushing through experimental treatments and vaccines. WHO is especially focusing on two experimental vaccines, one made by British company GlaxoSmithKline (GSK), and the other by US group NewLink Genetics, and is working with both companies to accelerate clinical trials, Kieny said. Some clinical trials have begun in the United States, and others are set to begin in Mali next week, she said.

### Unethical medical practices

**Publication: The Hindu Business Line**

**Edition: National**

**Date: September 27, 2014**

**Headline: [Regulate drugs and doctors too](#) (editorial)**

**Synopsis:** The problem of unethical and anti-competitive pricing practices by drug-makers, which had promoted the intervention of the National Pharma Pricing Authority, is far from resolved. At issue here is the arbitrary and wide variation in pricing for different brands of the same underlying molecule. The wide differential in the prices of branded formulations of the same underlying drug is clearly a result of the collusion between large drug companies and the medical fraternity. While the Medical Council of India's Code of Ethics Regulation 2002 mandates doctors to prescribe generics to the extent possible, it is the expensive branded medicines that are thrust upon patients in practice. Unlike in other product markets, the drug consumer isn't in a position to exercise an informed choice.

**Publication: The Hindu**

**Edition: Hyderabad**

**Date: September 27, 2014**

**Headline: [Drug Inspector arrested on graft charge](#)**

**Synopsis:** The Anti-Corruption Bureau officials on Friday arrested Drug Control Administration Inspector N. Ravi Kiran Reddy after he allegedly received Rs. 15,000 bribe from a pharmaceutical company owner. He initially demanded Rs. 20,000 to send a favourable report to the higher-ups, but later agreed to receive Rs. 15,000. He received the money at his house at Vinay Nagar Colony in Saidabad. The raid was conducted by ACB Inspectors C. Raju, K. Suneel and Laxmi led by DSP Prabhakar Reddy.

**Publication: The Morung Express**

**Edition: National**

**Date: September 27, 2014**

**Headline:** [India: Graft in health care impoverishes millions](#)

**Synopsis:** Late last month, Vardhan announced in Parliament that he was placing all government-run hospitals under review, but gave few details. Nor has he outlined what he plans to do to curb corruption in private hospitals. According to the World Bank, India currently spends less than 1.3 percent of its gross domestic product on health, among the lowest in the world. The existing health care system faces an acute shortage of doctors and specialists. The situation is compounded by ill-equipped and decrepit hospitals and health clinics and inadequate supplies of lifesaving drugs. According to government figures, around 40 percent of doctors at government-run health clinics are absent on any given day. With the low pay and abysmal facilities, they make up by moonlighting at private hospitals for higher salaries.

**Patent/ IPR/ Compulsory licensing**

**Publication:** Mint

**Edition:** National

**Date:** September 29, 2014

**Headline:** [India's draft rules on patenting drugs draw mixed response](#)

**Synopsis:** India's latest draft rules on patenting drugs that say modifications of existing medicines can be patented only if they show increased therapeutic value has drawn sharp reaction from international pharma companies. In 2006, the Madras high court had ruled that the term efficacy in Section 3(d) of India's patent law meant therapeutic efficacy, while rejecting a Novartis AG petition. The Swiss firm had claimed patent for its cancer drug Glivec, which was a modified version of a previously known anti-cancer molecule called imatinib mesylate.

**Publication:** The Indian Express

**Edition:** National

**Date:** September 29, 2014

**Opinion piece:** Shamnad Basheer, founder of SpicyIP and former professor of IP Law at WBNUJS, Kolkata

**Headline:** [New drug era](#)

**Synopsis:** Prime Minister Narendra Modi's US visit is likely to throw up highly contentious intellectual property rights issues. Indeed, for the last several years, US drug majors and their European counterparts have lobbied hard to demonise the Indian patent regime. But the government must continue to defend the law and stand its ground. Particularly since our own industrial moguls have caved in and are less vocal about their opposition to a global patent paradigm scripted by Western industrial interests. It is against this backdrop that one must view the latest deal between Gilead, a leading US pharmaceutical company, and seven Indian generic firms, to manufacture and distribute an important antiviral in several low- and middle-income countries. The deal pertains to the licencing of Sovaldi, a patented hepatitis C drug that revolutionised treatment but is priced at a whopping \$84,000 for a three-month course. Faced with mounting pressure from patient groups and strong patent opposition in India, Gilead announced that it would sell Sovaldi for \$900. Immediately thereafter, it announced the licencing arrangement.

**Publication:** The Sunday Guardian

**Edition:** National

**Date:** September 28, 2014

**Interview:** Dr Yusuf K. Hamied

**Headline:** 'Confident that PM will withstand pressure on IPR' (*link unavailable, scan attached*)

**Synopsis:** Intellectual Property Rights (IPR) issues are expected to figure prominently in the talks between Prime Minister Narendra Modi and US President Barack Obama when they meet in Washington D.C. India's patent regime has attracted the ire of US-based pharmaceutical companies, who have been lobbying hard to get India included in the "priority foreign country" list, which would have led to unilateral trade sanctions. Dr Yusuf K. Hamied, chairman of Cipla, India's oldest pharmaceutical company, says he is confident that the new government will not compromise on its stand.

**Publication: Business Standard**

**Edition: Online**

**Date: September 28, 2014**

**Headline: [IPR: US expert hopes to see commitment from Modi](#)**

**Synopsis:** Underscoring the need to strengthen India's IP policy for creating a conducive environment for foreign investors, a US expert has expressed hope to see a principled commitment by Prime Minister Narendra Modi to amend country's patent laws to boost economic growth and global competitiveness. "We hope that Prime Minister Modi's visit to the US will give industry a chance to engage in a substantive dialogue about intellectual property protections, which will be key to achieving Modi's previously stated goals of attracting greater foreign direct investment and strengthening the Indian economy," said Patrick Kilbride, Executive Director, International Intellectual Property at the US Chamber of Commerce's Global Intellectual Property Centre (GIPC).

**Publication: Deccan Herald**

**Edition: Online**

**Date: September 27, 2014**

**Opinion piece: Bharat Jhunjunwala, former professor of economics at IIM, Bangalore**

**Headline: [Securing benefits](#)**

**Synopsis:** Union commerce and industry minister Nirmala Sitharaman has indicated that the government is formulating an Intellectual Property Rights (IPR) Policy that will help modernise intellectual property administration, push commercialisation of intellectual property, encourage collaboration between different departments connected with science and technology and enhance domestic filing of patents. These steps are wholly welcome. Good or bad, we are signatories to the WTO treaty and we have to comply with the IPR regime specified in that agreement. We must make all possible efforts to make gains that are possible within the WTO framework. This will not be adequate though. There are two main components of the WTO. First component is of free trade. Every member country is prohibited from imposing import taxes above a specified level. This provision is especially beneficial for the developing countries. Cost of production of goods produced in the developing countries is less due to low wages. These low-priced goods and services are being exported to the developed countries in large quantities.

**Publication: Millennium Post**

**Edition: National**

**Date: September 27, 2014**

**Headline: [Resist US diktats on IP: Docs Without Borders to India](#)**

**Synopsis:** An international medical agency on Friday asked Prime Minister Narendra Modi to resist US pressure to drop the use of public health safeguards in its intellectual property laws, which it said has enabled India to become the 'pharmacy of the developing world'. 'India's production of affordable medicines is a vital life-line for MSF's medical humanitarian operations and millions of people in developing countries,' said Rohit Malpani, director of Policy and Analysis for Medecins Sans Frontieres' (Doctors Without Borders) Access Campaign. 'India's patent laws and policies have fostered robust generic competition over the past decade, which has brought the price of medicines down substantially — in the case of HIV, by more than 90 per cent. The world can't afford to see India's pharmacy shut down by US commercial interests,' he said. India supplies affordable generic medicines to people and governments worldwide, including to MSF's medical humanitarian projects, which are present in more than 60 countries, MSF said in a statement hours before the Prime Minister was to land in New York on his maiden US visit.

**Modi government**

**Publication: The Times of India**

**Edition: Online**

**Date: September 28, 2014**

**Headline: [PM Narendra Modi enthalls a rapturous crowd at New York City's Madison Square Garden](#)**

**Synopsis:** India came of age in the United States with an epic show of political, social and economic clout, and cohesion on a raucous Sunday afternoon at the Madison Square Garden in New York City. In a chest-swelling, heart-stirring show of bipartisan strength, Prime Minister Narendra Modi and overseas Indians indulged in a mutual love-fest that sharply etched the country's growing power and profile in the minds of Americans, represented at the unprecedented Indian political rally by more than two dozen US lawmakers and governors.

**Similar reports in-**

**The Economic Times-** [PM Modi's US Visit: Indian-Americans throng Madison Square Garden for Modi speech](#)

**The Hindustan Times-** [Narendra Modi invokes Indian pride at Madison Square, bag of goodies for diaspora](#)

**Publication: Business Today**

**Edition: Online**

**Date: September 27, 2014**

**Headline: [Narendra Modi should seek technology transfer in pharma, says Ron Somers](#)**

**Synopsis:** Prime Minister Narendra Modi should speak about the need for US companies to transfer technologies during his US visit, to expand access to health care and medicines, Ron Somers, former president of the US-India Business Council, has said. In an email interview to Business Today, Somers, who also founded consulting firm India First Group, LLC, shared his expectations of US and Indian pharmaceutical companies from Modi's visit to the US. Somers has just launched what he calls a "Coalition for Affordable Care" to enhance collaboration between US and Indian companies to produce high-quality, low-cost drugs and devices to enable affordable health care access.

**Publication: The Hindu Business Line**

**Edition: National**

**Date: September 27, 2014**

**Opinion piece: Rakesh Sood, former Ambassador**

**Headline: [In need of a new momentum](#)**

**Synopsis:** The Modi-Obama summit declaration can pick some of the low-hanging fruit by announcing new defence deals, setting up a new investment clearance window, easing U.S. visa norms and adding new dialogue forums, but this is not enough to address the current malaise. Next week, Prime Minister Narendra Modi will be continuing his summit-level diplomacy, this time westwards, in Washington. However, this is significantly different from his meetings with Japanese and Chinese leaders. Mr. Modi had visited Japan and China as Chief Minister of Gujarat and had engaged with both Prime Minister Shinzo Abe and President Xi Jinping. But after 2002, the United States had made it clear that Mr. Modi was not welcome and his visa had been revoked, so this visit has a different symbolic value.

**Publication: The Telegraph**

**Edition: National**

**Date: September 29, 2014**

**Headline: [Modi visit fuels WTO solution hope](#) (editorial)**

**Synopsis:** The meeting between US President Barack Obama and Indian Prime Minister Narendra Modi this week will be keenly watched to see whether the two countries are able to break the ice on the food security issue, paving the way for the implementation of the trade facilitation agreement. The World Trade Organisation (WTO) had failed to reach a consensus in Geneva on the trade facilitation pact in the face of India's insistence that its proposal on foodgrain stockholding be considered first.

**Publication: The Indian Express**

**Edition: Online**

**Date: September 29, 2014**

**Headline: [Health scheme awaits PMO nod](#)**

**Synopsis:** More than two years after it was first envisioned, the Union Health Ministry has sent a concept note to the Prime Minister's Office on universal health coverage (now called health assurance). The partly insurance-based scheme that borrows from Central Government Health Scheme, Rashtriya Swasthya Bima Yojana and the Andhra Pradesh government's Arogyashri scheme has five major components — preventive and promotive healthcare, free drugs, free diagnostics, admission in government hospitals or referral to private providers and tertiary care. The per person annual expense, as per the report of the high-level committee set up by the Ministry under Dr Ranjit Roychowdhury, comes to Rs 600 for primary healthcare, an additional Rs 400 for secondary healthcare and Rs 150 more for tertiary care.

**Publication: The Economic Times**

**Edition: Online**

**Date: September 28, 2014**

**Headline: [Government mulling special 'days' for diseases to spread awareness](#)**

**Synopsis:** The government is planning to designate special 'days' for various diseases to promote awareness and enable engagement with the public on their preventive and curative aspects, Health Minister Harsh Vardhan said today. "A specific day in a year will be dedicated to awareness- building on a particular disease. For instance, November 7 will be observed as National Cancer Awareness Day, apart from February 4, which is already marked as World Cancer Day.

**Website: Pharmabiz**

**Edition: Online**

**Date: September 29, 2014**

**Headline: [Health Ministry amends D&C Rules to make labelling mandatory for medical devices](#)**

**Synopsis:** In a significant move to regulate the mostly unregulated medical devices industry in the country, the Union health ministry has amended Rule 109A of the Drugs and Cosmetics Rules (D&C Rules) to make labelling of medical devices mandatory in the country. In a Gazette notification GSR 690 (E) dated 25th September, 2014, the ministry said, "Subject to the other provisions of these rules, the following particulars shall be printed in indelible ink on the label or sticker on the shelf pack of the medical device or on the outer cover of such medical device and on every outer covering in which the medical device is packed.

**Website: Pharmabiz**

**Edition: Online**

**Date: September 27, 2014**

**Headline: [NGOs ask govt to take immediate steps to avoid shortage of HIV drugs at ART centres across the country](#)**

**Synopsis:** NGOs working in the health sector have asked the Union health ministry to take immediate measures to address the issue of shortage of HIV medicines at ART centres across the country before it becomes a nationwide phenomenon. The crisis on shortages and stock-outs on HIV medicines (antiretrovirals) will deepen as buffer stocks are fast running out. The stock-outs of HIV medicines could become a nationwide phenomenon, unless emergency steps are taken by the ministry of health. With tenders from previous years discharged (cancelled) and as a result buffer stocks running low, ART centres are expected to soon run out of the tenofovir/lamivudine fixed dose combination in the case of adults and lopinavir/ritonavir syrup in the case of children, the NGOs said.

**Publication: The Economic Times**

**Edition: Online**

**Date: September 28, 2014**

**Headline: [Health Ministry presented facts contrary to own records: Sanjiv Chaturvedi](#)**

**Synopsis:** Removed as Chief Vigilance Officer of AIIMS, Sanjiv Chaturvedi, an Indian Forest Service officer, has charged the Health Ministry with presenting facts "contrary" to its own records saying they have cast aspersions on him. Chaturvedi, who is Deputy Secretary of AIIMS, said in a letter to Health Minister Harsh Vardhan that he was not given an opportunity to put out his version and "protect his dignity and self-respect."

### Drug quality

**Publication: The Economic Times**

**Edition: National**

**Date: September 29, 2014**

**Headline: [Pharma Dig may Spur India Suit](#)**

**Synopsis:** New Delhi is taking legal consultation and may file a defamation suit against a dubious report publicised in the US, which claims Indian pharma companies make sub-standard medicines for poorer countries. The government is considering legal action, including launching a defamation suit against the US think tank American Enterprise Institute research scholar Roger Bate, for maligning the country and running a smear campaign against the Indian pharmaceutical industry through a recent study, government officials told ET. "We are exploring all legal options including a suit against this set of individuals who have started a malicious campaign against the country and its drug industry through sweeping generalizations," said a government official.

**Publication: The Asian Age**

**Edition: National**

**Date: September 27, 2014**

**Headline: [India rejects quality claims](#)**

**Synopsis:** India on Friday hit back at a report published by US-based think-tank American Enterprise Institute (AEI), which claimed that some Indian drug makers produced sub-standard medicines for selling in Africa, saying it was "a mere campaign" against Indian pharmaceutical industry. "Quality is one of the major focus for pharmaceutical exports from India. Indian companies meet the quality requirements of all our importing countries. It looks at healthcare as a holistic issue rather than just commercial business," said a statement by India Brand Equity Foundation (IBEF) quoting department of commerce joint secretary Sudhanshu Pandey.

**Publication: The Hindu Business Line**

**Edition: National**

**Date: September 27, 2014**

**Headline: [Govt, partners to widen scope of study on spurious drugs](#)**

**Synopsis:** The Government's study on spurious drugs in the country is set to gain momentum in the next few months. The Central Drugs Standard Control Organisation (CDSCO), in consultation with the Indian Statistical Institute and partners including the State drug controllers, has created a framework for the study, including details on category or medicines to be covered, said K Bangarurajan, Deputy Drugs Controller, CDSCO (West Zone). The study will pick up samples from across the country and analyse them, before coming out with a final report, he said, speaking on the sidelines of a pharmaceutical industry event organised by the Indian Drug Manufacturers' Association. About 15 categories, such as anti-malarials and antibiotics, have been identified, he indicated. Former Drug Controller General of India, Surinder Singh, now Director of the National Institute of Biologicals, heads the committee that will carry out the study. The study assumes significance, with quality questions being raised on Indian medicines by overseas regulators. The senior drug regulatory representative, however, added that local

authorities were also checking domestic pharmaceutical products and their quality has been improving over the years.

**Publication: The Hindu Business Line**

**Edition: National**

**Date: September 27, 2014**

**Headline: [Sun Pharma's troubles with USFDA procedural: Credit Suisse](#)**

**Synopsis:** Sun Pharmaceutical Industries' plant in Halol, Gujarat, has received 23 regulatory observations from the US Food and Drug Administration, a Credit Suisse report said. But with the observations being related to procedural issues rather than data integrity, the chances of an import alert are low, it added. This was possibly the reason Sun's stock ended up over 4 percent on Friday on the BSE, at ₹807, observed another analyst, requesting not to be named. Sun did not comment on the report.

#### Universal health coverage

**Publication: The Hindu**

**Edition: National**

**Date: September 29, 2014**

**Headline: [India may miss U.N. Millennium Development Goal for maternal mortality rate](#)**

**Synopsis:** India, which accounts for the largest number of maternal deaths in the world, is unlikely to achieve the fifth Millennium Development Goal of reducing maternal mortality to 109 per 1,00,000 live births by 2015. Though India has been reporting a steady decline in the maternal mortality rate (MMR), the latest figure of 178 per 1,00,000 live births in 2010-12 is an indication that the United Nations' goal will be missed, say two reports — "Dead women talking: a civil society report on maternal deaths in India" drafted by CommonHealth and Jan Swasthya Abhiyan and "India infrastructure report — the road to universal health coverage," released by the Infrastructure Development Finance Company here this past week.

#### General Industry

**Publication: The Times of India**

**Edition: Online**

**Date: September 27, 2014**

**Headline: [Expenditure on health in India 1% of world total](#)**

**Synopsis:** Public financing for healthcare in India that has one-sixth of the world population has less than 1 % of the world's total health expenditure, President Pranab Mukherjee said. "This is woefully meagre. Our expenditure levels have to rise significantly to ensure universal health coverage," said Mukherjee while speaking at the golden jubilee celebration of Jawaharlal Institute of Postgraduate Medical Education and Research (Jipmer) on September 26. Stressing for a holistic healthcare system, which is universally accessible, Mukherjee said "By 2020, the average age of an Indian will be 29 years as compared to 37 years for a Chinese or an American. The proportion of working age population is likely to be 64% by 2021. This demographic dividend is for our taking provided we have a healthy and educated population," he said. More than 300 million people in India are covered by health insurance, he said. "This number has been projected to rise to 630 million or a half of the population by 2015. ," he said.

**Publication: The Times of India**

**Edition: National**

**Date: September 27, 2014**

**Headline: [Stop prescribing antibiotics for fever and cold, Indian Medical Association will tell doctors](#)**

**Synopsis:** Faced with the scary prospect of losing lives to simple infections in the future, India is finally waking up to the dangers of reckless antibiotic use. The Indian Medical Association, a pan-India voluntary organization of doctors, will on Sunday launch a nationwide awareness programme on overuse

of these live-savers, a practice that has led to emergence of drug-resistant organisms. IMA will also ask fellow practitioners to avoid unnecessary prescriptions such as recommending antibiotics for patients with fever and cold which are generally caused by viral infections.

**Publication: The Asian Age**

**Edition: National**

**Date: September 28, 2014**

**Headline: [Decrease in availability of essential drugs in the city](#)**

**Synopsis:** The city has been witnessing a decrease in the availability of essential and life-saving drugs. Anti-rabies injection and medicines, anti snake venom, rabies immunoglobulin, albumin injection and combination of anti malarial drugs and injections are scarcely available in the market. "We face shortage of these drugs and injections every month. The quantity available is too low to meet the demands of such a large population. Many seasonal drugs for example anti- malarial combinations and injections become low in supply in monsoons as mosquito breeding rises in the season," said a chemist from Ghatkopar requesting anonymity.

**Website: Pharmabiz**

**Edition: Online**

**Date: September 29, 2014**

**Headline: [R&D expenditure of 25 Indian pharma cos surges by 20.6% in 2013-14](#)**

**Synopsis:** The Research and Development (R&D) spending of 25 leading Indian pharmaceutical companies increased by 20.6 per cent to Rs. 6,103 crore during the year 2013-14 from Rs. 5,060 crore in the previous year. With higher R&D investments, Indian companies secured 81 ANDA approvals from US FDA during the first eight months i.e. January-August 2014 which worked out to almost 31 per cent of total ANDA approved during this period. For the last three years the R&D investment as percentage of net sales of Pharmabiz sample of 25 pharmaceutical companies worked out to over 7 per cent despite higher growth in net sales. Though, this R&D expenditure is negligible as compared to spending by international giants, the Indian companies have able to introduce several new products with exclusivity period in regulated markets. The investment in R&D has assisted well to overcome stiff competition by launching affordable new products in international market.

**Publication: The Sunday Guardian**

**Edition: National**

**Date: September 28, 2014**

**Headline: [Your credit card credentials are safer than your medical records](#) (*link unavailable, scan attached*)**

**Synopsis:** Your medical information is worth 10 times more than your credit card number on the black market. Last month, the FBI warned healthcare providers to guard against cyber attacks after one of the largest U.S. hospital operators, Community Health Systems Inc, said Chinese hackers had broken into its computer network and stolen the personal information of 4.5 million patients. Security experts say cyber criminals are increasingly targeting the \$3 trillion U.S. healthcare industry, which has many companies still reliant on aging computer systems that do not use the latest security features.