







As you are possibly aware, 2.5 million Indians are living with cancer while you read this letter. More than 7 lakh new cases register every year, out of which more than 5.5 lakh die of this disease. Recording data is a fairly recent phenomenon in our country, we are recording just the tip of the iceberg. GLOBOCAN predicts record numbers by 2020 - a true 'Cancer Epidemic (NICPR)' in the making. Individual financial cancer burden in India estimated at INR 36,812 at a tertiary public hospital (AIIMS) was approximately 1/10th of that at a tertiary private hospital in 2012. This figure has multiplied 100 fold by now. While a plethora of challenges like Prevention and Early Detection, Inadequate and eccentrically distributed technical and human resource infrastructure stand in the way of our evolution, Inadequate financial resource is perhaps the Core factor at the national, state and individual levels which limits adequate access to standard cancer care in our country.

'BCPBF - the Cancer Foundation' in pursuance of its charter as an advocate of enhanced appropriate, affordable cancer care in India proposed to hold a deliberatory and recommendatory event - 'AFFORDABLE CANCER CARE IN INDIA 2017' at Hotel Taj Palace, New Delhi on 18 November 2017.

This exercise endeavored to bring Policy makers in India:

Ministry of Health, Ministry of Finance, Ministry of Biotechnology, State Health Ministries, Niti Aayog, ICMR (Indian Council of Medical Research), NICPR (National Institute of Cancer Prevention & Research), NIPPA (National Pharmaceutical Pricing Authority), DCGI (Drug Controller General of India), MCI (Medical Council of India), FICCI, CII together with various stakeholders comprising:

OPPI (Organisation of Pharmaceutical Producers of India), IDMA (Indian Drug Manufacturers' Association), Biotech Industry Molecular Diagnostic Industry, Technical infrastructure corporates like Radiation Equipment Manufacturers, Innovators, Proprietors and Management of Tertiary Care & Standalone Cancer Hospitals, Oncology Opinion Makers, Insurance & Banking industry, Print and Electronic Media, Consumer Patient Advocates, Regulators.

The following topics were discussed threadbare

- 1. Patent rights for Health Care Products in India Do they require tweaking?
- Orphan Drugs and their relevance in Cancer Care India.
- 3. Biosimilars in Oncology the way forward in India.
- 4. Taxation for Oncology products in India needs revisiting.
- 5. Pricing for Cancer Care in India Practicality & Affordability.
- 6. Health Insurance for Cancer Treatment products available, evolution.
- 7. Improving Access to Cancer Diagnostics: Entrepreneurial Strategies
- 8. Impetus to Research & Development in India.
- Government Policies in Affordable Cancer Care: "Past, Present and Future a 20 year overview"
- 10. Enabling effective tertiary healthcare system in India A much needed reform
- 11. Family Ecosystem in cancer care

Experts drawn from above fields delivered lectures, indulged in meaningful discussions and contributed towards policy making in India.

It is considerably satisfying to note a response from Health Minister, Govt. of India, in terms of incorporating some of the recommendations towards "Ayushman Bharat".

A welcome step indeed towards Universal Health Coverage.

DR SAMEER KAUL

Organizing Chairman, 'ACCI 2017'



Cancer is a major threat worldwide; we in India are not immune. Like the rest of the world, it continues to be the second leading cause of mortality. The number of people diagnosed with cancer was 9,79,786 in 2010. The prevalence of cancer is established to be over 3 million in India, with more than 5,50,000 deaths every year. Support groups are doing a yeoman's service in trying to increase awareness and provide education and counseling. Our treatment centers are inundated and professionals grappling to provide optimal care. But the harsh reality is, that despite these facilities, a number of patients have no access to world-class treatment.

Science tries to keep abreast of infirmity. Global efforts towards research, technological advances, financial availability and concern for the afflicted, exhibit heterogeneity. The crux of the problem remains inadequate finances for developing multi modality treatment of acceptable standards and protocols.

This is what motivated a small group of professionals, patients and corporates to act, rather than just discuss the problem and set up **BREAST CANCER PATIENTS BENEFIT FOUNDATION (BCPBF)**

Founded by Dr. Sameer Kaul in September 2004, the BCPBF is an equal opportunity support organization which, in the interim, comprises of well-known medical professionals, financial experts, entrepreneurs, gutsy survivors and philanthropic members of the community. Its sole purpose is to financially benefit those who cannot afford the treatment and to increase knowledge among those unaware of the disease, by reaching out to them through its programmes like 'Knowledge at your doorstep' awareness camps, public lectures, seminars, corporate health checks and other such events. The foundation also aims to motivate the affluent strata of society to contribute towards the noble cause at fund raising events.

PRIMARY OBJECTS & AIMS OF THE SOCIETY ARE:

To subsidize the mammoth cost of treatment of cancer of needy and poor patients and raise funds for the same.

To help early detection of cancer and to raise funds for the said purpose.

To set up detection centers, hospitals, nuclear science and pathological labs and radiation/ chemotherapy centers in rural and urban areas for treatment of cancer patients and raise funds for the same

To convince pharmaceutical companies to provide drugs for cancer treatment at concession rate/free of charge for poor and needy patients

MRIDULARORA

Executive Director, 'BCPBF - The Cancer Foundation'



Consensus



PROGRAMME

8:00 - 8:30 REGISTRATION

8:30 WELCOME ADDRESS DR SAMEER KAUL

President, BCPBF the Cancer Foundation, New Delhi

8:45 KEYNOTE ADDRESS HON'BLE JUSTICE MS PRATHIBA M SINGH

Judge, Delhi High Court, New Delhi

9:00 - 10:15 SESSION 1 AFFORDABLE CANCER CARE - CURRENT STATUS ?

AFFORDABLE CANCER CARE FOR INDIANS - A POLICY MAKER'S INSIGHT

SPEAKER MR SUDHANSHU PANDEY

Joint Secretary, Department of Commerce, Ministry of Commerce & Industry, Govt. of India

AFFORDABLE CANCER CARE - AN ONCOLOGIST'S PERSPECTIVE

SPEAKER DR SAMEER KAUL

Sr. Consultant Surgical Oncology & Robotics, Apollo Cancer Institute, New Delhi

PANEL DISCUSSION

CHAIRPERSON SHRI SUDHANSH PANT

Joint Secretary (Policy), Dept. of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Govt. of India

MODERATOR PROF (DR) G K RATH

Chief, DR BRAIRCH, Prof. Radiation Oncology, AIIMS, N. Delhi

PANELIST PROF (DR) VINOD K PAUL

Member, Niti Aayog, Govt. of India

PANELIST MR DEEPAK BAGLA

CEO, Invest India, New Delhi

PANELIST DR G N SINGH

Drug Controller General of India, Ministry of Health & Family Welfare, Govt. of India

PANELIST MR BHAGOJI T KHANAPURE

Drug Controller, DCD, Govt. of Karnataka, Bengaluru

PANELIST DR ANIL KUKREJA

Medical Director, Roche Pharmaceuticals, Mumbai

PANELIST MR HARINDER S SIKKA

Group Director - Strategic Business, Piramal Enterprises

PANELIST MR MANISH BAJAJ

Vice President-Strategy, Portfolio Management & Innovation, Dr. Reddy's Global Generics India

10:15-10:30 INAUGURATION

CHIEF GUEST SHRI JAGAT PRAKASH NADDA

Hon'ble Union Minister of Health & Family Welfare, Government of India

GUEST OF HONOR SMT ANUPRIYA PATEL

Minister of State, Ministry of Health & Family Welfare, Government of India

10:30–11:45 SESSION 2 INDUSTRY CONCERNS AND REMEDIES

ORPHAN DRUGS AND THEIR RELEVANCE IN CANCER CARE INDIA

SPEAKER MR AMITABH DUBE

Business Unit Head, Novartis India Ltd. Mumbai

BIOSIMILARS IN ONCOLOGY - JUST THE RIGHT WAY FORWARD

SPEAKER DR RAVISHANKAR

Asst. General Manager, Medical Affairs, Mylan Pharmaceuticals Pvt. Ltd., Bengaluru

TAXATION FOR ONCOLOGY PRODUCTS IN INDIA NEEDS REVISITING

SPEAKER MR V. LAKSHMI KUMARAN

Founder and Managing Partner, Lakshmikumaran & Sridharan, New Delhi

PANEL DISCUSSION

CHAIRPERSON DR RANJEET SHAHANI

Vice Chairman & Managing Director, Novartis India Ltd. Mumbai

DR VINOD RAINA

Executive Director, Fortis Memorial Research Institute, Gurgaon

MODERATOR DR ASHOK VAID

Chairman - Medical & Pediatric Oncology, Medanta - The Medicity, Gurgaon

PANELIST DR J 5 THAKUR

Professor of Community Medicine, PGI, Chandigarh

PANELIST DR JAIDEEP GUPTA

Managing Director, Indraprastha Apollo Hospitals, New Delhi

PANELIST DR SAUMIL MODY

Vice President - Commercial Operations, Eisai Pharmaceuticals India Pvt. Ltd., Mumbai

PANELIST MR RAKESH BAMZAI

CEO, MD, President (India & Emerging Markets), Mylan Laboraties Ltd., Bengaluru

PANELIST DR ROHIT V NAYYAR

Director, Asian Cancer Centre, Asian Institute of Medical Sciences, Faridabad

PANELIST DR (MAJ GEN) S C PAREEK

Director, Bhagwan Mahaveer Cancer Hospital & Research Centre, Jaipur

PANELIST DR SANJIT SINGH LAMBA

Managing Director, Eisai Pharmaceuticals India Pvt Ltd

11:45 - 1:00 SESSION 3 INDIGENOUS RESEARCH & DEVELOPMENT

IMPETUS TO RESEARCH & DEVELOPMENT IN INDIA IS WANTING

SPEAKER DR SHYAM AGARWAL

Chairman Oncology, Sir Ganga Ram Hospital, New Delhi

A PUBLIC PRIVATE PARTICIPATION FOR CANCER PREVENTION

SPEAKER DR SWATI A PIRAMAL

Vice Chairperson, Piramal Enterprises Ltd., Mumbai

CHALLENGES & OPPORTUNITIES IN RESEARCH FOR AFFORDABLE CANCER CARE IN INDIA

SPEAKER DR JITENDAR K SHARMA

Advisor (Health), Govt. of Andhra Pradesh & MD & CEO - AMTZ, Visakhapatnam

PANEL DISCUSSION

CHAIRPERSON MR HEMANT BATRA

Director, The Batra Group, New Delhi

MODERATOR DR DEEPALI KAPOOR

Onco-Psychologist, Apollo Cancer Institute, New Delhi

PANELIST DR B S SRINATH

Sr Consultant Surgical Oncology, Sri Shankara Cancer Foundation, Bengaluru

PANELIST MR DAVINDER SINGH BRAR

Chairman, GVK Biosciences Pvt. Ltd., New Delhi

PANELIST MR MANOJ PANANCHUKUNNATH

Head of Global Injectibles, Scientific Affair, Mylan Laboratories Ltd, Bengaluru

PANELIST DR RAJAT GOYAL

Country Director - India, International AIDS Vaccine Initiative, New Delhi

PANELIST DR SHEKHAR SALKAR

Sr. Consultant Surgical Oncology, Manipal Hospital, Goa

PANELIST MR SURESH RAMU

Co-Founder & CEO, Cytecare Hospitals, Bengaluru

PANELIST DR THOMAS VARUGHESE

Director Cancer Division, Surgical Oncology & Reconstructive Surgery, Renai Medicity Hospital, Cochin

02:00 – 3:15 SESSION 4 EARLY STANDARD CURRENT DIAGNOSTICS

CANCER DIAGNOSTICS - CURRENT STATUS AND AFFODABILITY

SPEAKER DR NITESH ROHATGI

Sr. Consultant Medical Oncology, Max Healthcare, New Delhi

AFFORDABLE EARLY DIAGNOSIS - A CHALLENGE FOR GOVERNMENT

SPEAKER DR RAVI MEHROTRA

Director, National Institute of Cancer Prevention & Research, Gavt. of India, New Delhi IMPROVING ACCESS TO CANCER DIAGNOSTICS: ENTREPRENEURIAL STRATEGIES

SPEAKER MS ZOYA BRAR

Founder & Managing Director, Core Diagnostics, New Delhi

PANEL DISCUSSION

CHAIRPERSON PROF (DR) R.K. VYAS

Prof & HOD, Radiation Oncology & Director, Gujarat Cancer & Research Institute, Gujarat

MODERATOR DR HARSH MAHAJAN

Founder & Chief Radiologist, Mahajan Imaging, New Delhi

PANELIST DR JAGDEV SEKHON

Director Oncology, Fortis Hospital, Ludhiana, Punjab

PANELIST DR K GOVIND BABU

Professor of Medical Oncology, Kidwai Memorial Insitute of Oncology, HCG Hospitals, Bengaluru

PANELIST DR REENA NAIR

Sr. Consultant, Clinical Haematology, Tata Medical Centre, Kalkata

PANELIST DR SANJEEV MISRA

Director & CEO, All India Institute of Medical Sciences, Jodhpur

PANELIST MR SATISH DESHPANDE

Strategy Consultant, Datar Genetics Limited

PANELIST DR SHANKAR SRINAVASAN

Consultant Medical Oncology, Apollo Speciality Cancer Hospital, Chennal

PANELIST DR MANJIRI BAKRE

Founder and CEO, Onco5tem Diagnostics Pvt. Ltd., Bengaluru

03:15 - 4:45 SESSION 5 PATIENT EDUCATION, ADVOCACY GROUPS & ROLE OF MEDIA

PATENT RIGHTS FOR HEALTH CARE PRODUCTS IN INDIA

SPEAKER MR PRAVIN ANAND

Managing Partner, Anand & Anand, New Delhi

FAMILY ECOSYSTEM IN CANCER CARE

SPEAKER DRYKSAPRU

Founder Chairman & CEO, CPAA, Mumbai VALUE BASED CANCER CARE IN INDIA

SPEAKER DR B S AJAJ KUMAR

Chairman & CEO, HealthCare Global Enterprises Limited, Bengaluru

PUBLIC PRIVATE PARTNERSHIPS - TOWARDS BUILDING OPTIMUM AND AFFORDABLE CANCER CARE

SPEAKER MS FRANCES MILNES

Head, Market Access, Emerging Growth Markets, Novartis, USA

PANEL DISCUSSION

CHAIRPERSON PROF (DR) K S GOPINATH

Director & Surgical Oncologist, HCG, Bangalore Institute of Oncology, Ambuja Health Care, Bengaluru

MODERATOR MS SANCHITA SHARMA

Sr. Health Editor, Hindustan Times, New Delhi

PANELIST DR JAGDISH PRASAD

Director General of Health Services, Ministry of Health & Family Welfare, Govt. of India

PANELIST DR H G KOSHIA

Commissioner, Food & Drug Control Administration, Gujrat

PANELIST DR CHANCHAL GOSWAMI

Sr. Consultant Medical Oncologist, Medica Superspeciality Hospital & AMRI Hospitals, Kolkata

PANELIST MR SAUMIL MODY

Vice President - Commercial Operations, Eisai Pharmaceuticals India Pvt. Ltd., Mumbai

PANELIST DR S HUKKU

Sr. Consultant & Chairman, Radiation Oncology, BLK Super Speciality Hospital, New Delhi

PANELIST DR SANAULLAH KUCHAY

Professor & Head, Dept. of Radiation Oncology, GMC, Srinagar, J&K

PANELIST DR Y INDIBOR SINGH

Professor, Dept. of Radiation Oncology, Regional Institute of Medical Sciences, Imphal

5:00 – 6:15 SESSION 6 THERAPY PRICING, INSURANCE & COPAY

PRICING FOR CANCER CARE IN INDIA - PRACTICALITY & AFFORDABILITY

SPEAKER MR BHUPENDRA SINGH

Chairman, National Pharmaceutical Pricing Authority, Govt. of India

HEALTH INSURANCE FOR CANCER TREATMENT - PRODUCTS AVAILABLE, EVOLUTION

SPEAKER MS SHOBHANA KAMINENI

President, CII, New Delhi

GOVERNMENT POLICIES IN AFFORDABLE CANCER CARE:

"PRESENT & FUTURE - A 20 YEAR OVERVIEW"

SPEAKER MR AMITABH KANT

CEO, Niti Aayog, New Delhi

PANEL DISCUSSION

CHAIRPERSON DR S H ADVANI

Director of Medical Oncology, Haematology, Jaslak Hospital & Medical Research Institute, Mumbai

MODERATOR MS FATIMA MAHDI KARAN

Consulting Editor, BTVI, New Delhi

PANELIST DR SUDHIR GUPTA

Additional Deputy Director General, Ministry of Health & Family Welfare, Govt. of India

PANELIST MR NAVDEEP RINWA

Joint Secretary, Ministry of Health & Family Welfare, Govt. of India

PANELIST DR ASHUTOSH GUPTA

Sr. Consultant Radiation Oncology, Department of Radiotherapy, Medical College, Jammu

PANELIST DR AJAY BAPNA

Sr. Consultant & HOD, Medical Oncology, Bhagwan Mahaveer Cancer Hospital & Research Centre

PANELIST DR RAKESH CHOPRA

Sr. Director, Paras Hospitals, Professor of Medicine, UNMC, Omaha, Nebraska

PANELIST DR ULLAS BATRA

Consultant Medical Oncology, Rajeev Gandhi Cancer Institute & Research Centre, New Delhi

Political will to brainstorm, strategize, implement, audit as a coordinated exercise over a defined period of time.

Bundled payment system for health care providers.

Health Payers to be encouraged to adopt innovative value-based systems like 'Payment for clinically meaningful outcomes'.

Public - Private and Private - Private partnerships for early detection strategies.

Increased reimbursement for indigenous, innovatory research careers.

Govt. should adopt complete cancer health care for below poverty line patients across the country.

Every oncology clinician to keep mind space for value while dealing individually.

Encourage evidence-based protocols for cancer management to plug waste.

Tobacco exposure to general populations to be reduced through various measures. Consider executing ban.

Private insurance sector to be stimulated to fully include cancer in their policies.

Adopt measures to decrease the oncology care provider - patient ratio.

The reduction of taxes under GST Regime for identified cancer treatment and diagnostic medical devices for domestic and domestically operating international companies, high technology and high value oncological bio pharma products, specialized cancer service delivery.

Imposition of tobacco and associated product cess and allocation of the same for tackling NCD's including cancer in India.

International & National health care Industry be incentivized to manufacture, assemble, package in India under 'Make in India' program of Govt. of India.

Enact Orphan Drugs Act in India to stimulate administrative, research and economic activity in this area for oncology products (drugs, radiation, surgery).

Price capping unilaterally be not overdone for it is certain to blunt innovation in this country and is a short term, single numbed measure.

Biosimilar research licensing and manufacturing be incentivized in India.

Increase budgeting allocation for cancer awareness, high risk screening, mass vaccination for HPV, Hep B in target population.

Ensure participation from private sector in Expert Committee's of DCGI.

Encourage Health Payers (Central & State Govt. of India), Insurance Companies, to pay for clinically meaningful outcomes in cancer treatment.

Biopharma & Medical Device Industry to consider tiered pricing, and other measures to enhance access to advanced cancer care.

More medium and small range oncology services from large hospitals / centers of excellence to smaller community-based hospitals.

Public - private participation models to be explored actively for preventive programs, creation of technical infrastructure for diagnostics and treatment.

Prioritize training of human resource at all levels in oncology.

Manufacture and assemble all equipment in India, under 'Make in India' to reduce cost.

Ban or reduce consumption of tobacco and its products.

Incentivize Indian origin scientists to come back to India to increase indigenous research.

Industry-academia collaboration for better paying research jobs and opportunities to increase number of young scientists.

Government teaching institutions can help in training specialist doctors, researching new methods and treatment as this may be subsidized.

Use indigenous organic natural resources to use in cancer care and research.

Stimulate interaction with AYUSH.

Develop pre-clinical studies to find alternative means to treat cancer.

Govt must map out cancer treatment facilities available and give grants to the states, provided the states start projects in areas where no treatment is available in both private as well as govt sector. This is important as it is futile to start a cancer facility in same area duplicating huge investment just because the govt is giving 120 cr. In such areas govt can be purchaser of facility rather than spending money on infrastructure.

All centers developed with grants from govt must buy 'Make in India' linac machine and other locally manufactured medical instruments as far as possible.

Stop interfering in pvt. sector like Karnataka government unless hospital takes major grants from govt.



R&D for manufacturing and developing scanning and imaging equipment in India under "Make in India". This will ensure reduced cost of diagnosing and imaging cancer.

Bringing any machine part by part is cheaper than bringing in the whole machine. Assembling equipment in India can help reduce costs while manufacturing isn't happening in India.

Quality of life of patient should not be compromised in the face of cutting costs.

Strict guidelines and protocols should be formed for patient care and follow up to eliminate unwanted and unnecessary tests and scans.

Govt. should increase funds and grants allocated to cancer detection.

Cancer screening at primary health center level for oral, breast and cervical cancer should be mandatory by the government.

Cancer screening and awareness camps can help with early detection and prevention. These can be effective under public-private partnerships.

Resource utilization - Imaging and diagnostic tests can be subsidized in cancer centers after a certain point in day.

If cancer screening is made mandatory every half yearly is made mandatory by the government and private sector for all its employees, early detection of cancer will become fairly widespread.

Access to cancer diagnosing equipment can be made easier by an Uber-like service which can show the nearest cancer centers and book an appointment. This will require the government to partner with companies like Apple, Google, and others.

Widespread screening for oral, breast and cervical cancer.

Educate for prevention of lung cancer.

20 cancer hospitals to be made in each state(proposal already approved by the government)

Pharmaceuticals to supply drugs directly to hospitals at cost price. Remove middlemen. This can significantly reduce the price of cancer therapy.

State government should adopt and implement guidelines created by the central government to do away with unnecessary testing & treatment.

Private institutes should invest more in screening and preventive care.

Government monitors drugs with more stringent regulations.

- a. Mindset regarding cancer care must change.
- b. Cost can be reduced with better pain management and lesser referrals.

Telemedicine can eliminate time wastage and cost of travel.

 To retain good medical personnel, good infrastructure and incentives must be provided.

Media must accept responsibility of spreading cancer awareness through the masses. Guidelines must be created by the press council for media to cover healthcare.



Generalized care for different strata of the society.

The rich should donate more to subsidize cancer care costs for everyone else.

Mental health personnel are required for effective affordable care.

Miscellaneous costs (travel, nutrition etc.) must also be kept in mind along with cost of investigations and treatment. Drugs only make up 45% of cancer care cost.

Cost of investigations and treatment should be reduced or regulated.

Insurance coverage should be more comprehensive to provide better care.

Price capping can work at reducing cost of drugs.

State can co-pay for better cancer care for patients who cannot afford it.

Drugs can be divided into 2 categories:

- Essential price controlled by the government.
- ii. Desirable optional treatment for those who can afford it.

Insurance to be made compulsory for all.

Recommendations:



Respected Industry, Govt. Stakeholders,

We thank you for your time and suggestions at the roundtable on "Affordable Cancer Care" hosted by 'BCPBF - The Cancer Foundation' on November 18th, 2017. Please find below minutes of discussions.

As next steps, we would request you to help us substantiate these points with specific examples/benchmarks, successful case studies and detailed explanations. This would help us build the case within relevant departments to make suitable policy amendments. Once we hear back from the group, we will then start mapping out nodal officers and draft a white paper to act as roadmap for affordable cancer care.

INVEST INDIA RECOMMENDATIONS

AWARENESS

- Govt. spending on awareness campaigns and need for screening, primary care should be scaled up
- Push towards tobacco ban, (track outcome of measures taken)

PRIMARY HEALTHCARE/ SCREENING

- 3. Screening for Non communicable diseases under PPP mode (pilot runs)
- Community based approach (Eg. Piramal foundation)

INFRASTRUCTURE & CAPACITIES

- 5. One major cancer centre in every 250 km diameter with govt grants of 120 cr
- 6. One smaller centre with 50 cr grant within 100 km area
- Give training to all district hospital in chemotherapy handling and regular surgical procedure and post operative care

DATA FOCUS

- 8. Patient outcome should be studied for treatments given
- 9. E-health records to collected to analyse meaningful insights
- Cohort studies & clinical data for better outcomes (customised for Indian patients)

FUNDS

- 11. Corporate CSR Funds (to be encouraged also for NCDs)
- 12. Total Grants to be given for cancer research
- Funds to be made available with lower interest rates for critical diseases research and cure
- Taxes and recoveries from sale of tobacco to be directed towards cancer care

SOCIAL SECURITY

- Social security (tiered fashion covering all sub-groups BPL, APL)
- Andhra Pradesh/ Karnataka / Goa Insurance Models case studies high population coverage
- Insurance coverage should not exclude diseases rather coverage base to be increased

RESEARCH

- 18. Reimbursements for research
- Weighted tax deduction to be restored at 200%
- More incubation centres with in academic institutions and hospitals should be proposed
- 21. Point of Care technology development should be encouraged
- Now that CDSCO has devised Good clinical Practice guidelines, clinical trials should be scaled up (in a controlled environment to avoid malpractices but promote research)

LICENCES, IMPLEMENTATION

- 23. Better coordination between Centre & State FDAs (CDSCO + State FDAs)
- 24. Licenses for opening hospitals should be rationalised (~80 licenses)
- 25. Stricter Quality control for generics (Develop Indian standards)
- 26. Push for quality generics

IMPORT TARIFFS

 High custom duties- pain point (Balanced approach, raising tariffs in phased manner – based on data - starting with self-sufficient equipment and tech)

PUBLIC PROCUREMENT

- 28. Govt. to be a purchaser of indigenous output
- Preferential market access localisation norms to be relaxed to 25% for cancer care technology

BROWNFIELD INVESTMENTS - FDI RULES

- 28. Core R&D to be mandated under brownfield route
- 29. Push for more investments in the field of Radiation oncology equipment





























HON'BLE JUSTICE MS PRATHIBA M. SINGH

Judge, Delhi High Court, New Delhi

ACCI 2017 - A great eggent!

J book forward to the day
when AFFORDABLE CANCER CARE
becomes AFFORDABLE CANCER CURG.

- PRATHIBA M-SINGH-NUDGE,
DILHE HIGH COURT.

18:11:17.

Hon'BLE Smt Anupriya Patel Minister of State, Ministry of Health & Family Welfare, Government of India







Additional Deputy Director General Ministry of Health & Family Welfare Government of INDIA

Early detection leads to effective cure Lets ensure it with affordable concer care Sudhir Gripta





Mr Sudhanshu Pandey

Joint Secretary, Department of Commerce, Ministry of Commerce & Industry Government of INDIA

Jam extremely glad to be part of ACCI
family for a cause which is very close to my
heart. As the human society has progressed, underent
life style changes and changes in food habits, cancer
has also spread its deadly wings. In India eversing
laynch of National cancer Control Programme in
1975; we have come a long-way but CANCER
prevention central and cure needs a horistic
upproch to be effective in a poor country like India
where large population is still not fully covered
by insurance and doint house access to public
health institutions cost of breakment—assumen pleat
inquificence. Many familia go broke and slip into
destitution if any one of three loved one gets
affected with courses.

stateholders on one platforeun to emphasize on the importance of a holistic affrach in making cancel care afterdable. I wish them every success in their noble ender voice.



Sudhanshu Paudup Joint Sceveloury May Comm L 18/11/17

Mr SUDHANSH PANT

Joint Secretary (Policy), Dept. of Pharmaceuticals
Ministry of Chemicals & Fertilizers
Government of INDIA



ACCI and the seminar being organized by the BCPBF is a programme which will benefit all the stateholders and most of all the patient. Cancer is still a nursely dreaded word and to be able to provide affordable concer cove is a buge service to humankind. I appland this initiative and especially compliment Or Kaul and his team for bringing this even together and getting the companis, policy makers, medial professionals and patients on a common platform.

Best wishes for this and all such future indeavours. Thank you for the invitation.

Sudhansh Pant 18/11/2017



Joint Secretary Repartment of Rharmacenticals Himstry of Chemicals & Fertilizer Government of Irolia



Dr H.G. Koshia Commissioner, Food & Drug Control Administration, Gujarat

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wile to be autociated Hreat gnitionive A great forum very innovative and a great set of people. 8) Mody Really enjoyed it. Clear Midul & Dr. Kaul, This has been the most colighteining experience of my can can can can can most grant five years in do most management. Please do management. (Best 1 in fume Jastish.

It was a unique meeting which I have aftershed which I have aftershed which from after lable conser are in India.

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Thanks The Sluh

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A-1/132 L.G.F. | Safdarjung Enclave | New Delhi 110029 09811061709 | bcpbf@hotmail.com | www.bcpbf.com



