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Resolving bilateral tax disputes

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Views are personal



OECD lays down a roadmap for India to make bilateral taxation efficient

TAX TREATIES PROVIDE for the mutual agreement procedure (MAP) through which the competent authorities (CAs) of the contracting states may resolve differences or difficulties regarding the interpretation or application of the tax treaty on a mutually-agreed basis. In recent times, MAP has emerged as a preferred option for resolving transfer pricing (TP) controversies and other double taxation issues as it minimises risks of uncertainty and provides an effective and timely resolution.

On October 24, OECD released the sixth batch of peer review reports (the Report), for eight countries including India, relating to the implementation of the BEPS minimum standard under Action 14 (making dispute resolution mechanisms more effective). The peer review process assesses a member's legal and administrative framework to determine how its MAP regime performs relative to the four key areas: (i) preventing disputes; (ii) availability and access to MAP; (iii) resolution of MAP cases; and (iv) implementation of MAP agreements.

The report provides interesting insights into the positions adopted by the Indian CA while granting MAP access. India provides access to MAP in all TP cases and cases concerning application of treaty anti-abuse provisions. However, it does not provide access to MAP for issues that do not give rise to double taxation, cases involving advance tax rulings and settlement commission. Further, for cases concerning the domestic anti-abuse provision, discussions during the MAP will focus on elimination of double taxation.

The Report indicates that the experiences of the peers in handling and resolving MAP cases with India is generally positive and affirms India's commitment to make dispute resolution under tax treaties an effective and efficient process. A few peers note the difficulties in resolving case, particularly the long time it takes to reach an agreement.

The peers attribute this to the lack of resources on the Indian side. It is noted in the report that MAP cases in India were not closed within 24 months (which is the pursued average for resolving MAP cases received on or after January 1, 2016). The peers recommend that India should hire additional personnel to ensure that MAP cases are resolved in a timely and efficient manner.

The OECD recommends that India should without further delay introduce clear and comprehensive MAP guidance. Further, it also recommends that India should change its policy to effectively allow access to MAP for issues concerning the question of whether the application of a domestic law anti-abuse provision is in conflict with the provisions of a tax treaty and on matters where there is no double taxation but there is taxation that is not in accordance with the provisions of a tax treaty.

In a post-BEPS world, MNCs face tremendous pressures and scrutiny from tax authorities. In the Indian context, given the challenges with the domestic tax law appeal process, MAP would continue to be a preferred option for resolving TP disputes. The Report reinforces India's commitment to make dispute resolution an effective and efficient process. Considering the recommendations of the OECD, the Indian Tax Administration should issue detailed MAP guidance providing information on India's approach to key issues in MAP and corresponding expectations of treaty partners. Further, the Indian Tax Administration would need to strengthen the teams overseeing MAP/advance pricing agreement (APA) cases by providing additional resources for the efficacy of MAP/APA programme. These measures will strengthen the effectiveness and efficiency of MAP and taxpayers would find the forum more attractive. Peer reports must be reviewed to get a sense of the policy considerations and country positions while developing their MAP and APA strategy for effective dispute resolutions.

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MEDICAL DEVICES

Rx: Rationalise trade margins

Importers have been lobbying to be kept outside the purview of trade margin rationalisation. By accepting their demand, the government would be doing a great disservice to the domestic device manufacturing industry

on the procurement cost by a hospital, thus, spiralling prices of medical devices leads to an artificial inflation.

Importers have been lobbying to be kept outside the purview of trade margin rationalisation. By accepting their demand, the government would be doing a great disservice to the domestic device manufacturing industry. There is a need to tread the line carefully between boosting domestic manufacturing and promoting 'Make in India' or encouraging more imports and promoting 'Make Outside India'. Unless, the anomaly between importers and domestic manufacturers is corrected, Indian manufacturing will remain at a strategic disadvantage and India will remain dominantly import dependent.

When it comes to trade margin rationalisation, importers of medical devices should also be included. Aren't MNC importers traders too? How can we have importers having irrational 200% margin as was indicated in NPPA report analysing trade margins on catheters and guide wires, while the rest of supply chain have only 35-50% margin as was being recommended by MNC importers' lobby?

Medical devices usually go through 4-7 change of hands along the supply chain from a distributor to a wholesaler to a retailer and a hospital before they reach a consumer. Each point in supply chain incurs various costs such as freight, inventory carrying costs, rental, salaries, marketing and sales overheads and service and statutory expenses of compliance, and then there is also a need of net profit by a reseller. Everyone in a supply chain has intermediate costs and value addition. It needs to be ascertained what value addition, if any, importers do and what's a rational margin for them. Importers in order to avoid customs duty, argue that intermediate costs like R&D and clinical evaluation are not part of the import-landed price. However they also induce hospitals with higher MRP and higher trade margins. This tactical marketing warfare is highly unethical and has cost the consumers dearly as well as adversely impacted domestic manufacturers.

For sake of parity and level playing field, the policy needs to equate an overseas manufacturers' first point of sale at which their goods enter the Indian Union on CIF (Cost, Insurance & Freight) import price basis with the ex-factory price of the Indian Manufacturers. GST is applied for the first time on the first point of sale for both India and overseas manufacturers.

The Government may consider to cap trade margins along entire supply chain of specific devices to a maximum of 85%.

This will help in reducing MRP of many medical devices to less than half of current prices while not being unreasonably detrimental to traders and hospitals. Additionally, manufacturers will be encouraged to attract clients on competitive features, and hospitals will start buying on evaluating cost of purchase & quality, instead of considering margins to be made on higher MRP.

Based on evidence of successful price caps of stents, the Government must proactively make cohesive, industry-friendly policy giving at least a level playing field, if not a strategic advantage to domestic manufacturers while safeguarding consumers. Devices are not Drugs though both are medical products but differ in approach in marketing - any move to bring in Trade Margin Rationalization that's based on PTS (Price to Stockist) instead of first point of sales (when goods enter India), may not meet objectives "to boost domestic manufacturing, end exploitative MRP & unethical marketing"

Government should define following:
a) First Point of sale for Manufacturer is Price on which GST is charged first time. On an overseas manufacturer GST is charged on Import CIF landed price in bill of entry, whereas on an indigenous manufacturer GST is levied on the ex-factory price post discounts

b) Indigenous manufacturer should be equated with overseas Manufacturer and not with importers.

Imports controls can be done in a calibrated manner through,
● 0.5 - 1% GST Cess on MRP as a tax-based disincentive;
● Capping trade margins; &
● Price caps on few priority devices.

There is an urgent need for the government to move towards ending over 80% import dependence, expedite steps for patients' protection, stronger quality & safety regulations, judicious price controls to make medical devices and quality treatment accessible and affordable and promote indigenous manufacturing.

Also, there is a need to counter attempts to spread mis-information *vis-à-vis* any kind of government policy to control prices of medical devices. When MRP prices or trade margins are capped the manufacturers margins are not impacted, so fear mongering regarding detrimental impact on quality and innovations in medical devices on account of price control policy stipulations will not be in the interest of consumers or domestic manufacturers. Such misinformation by any particular lobby should be discouraged and countered effectively.

India is ranked 145 among 190 nations, lower than even Bangladesh, Sudan and Equatorial Guinea by the 2018 Global Healthcare Access and Quality Index. To change this landscape, we need to provide quality and affordable healthcare and reasonably priced medical devices. In recent times, exorbitantly priced medical devices and medical treatment has caused distrust in the healthcare industry, adversely impacting healthcare business environment. In this context, the government needs to protect consumers' interest as well as allow domestic industry to flourish, while also creating a level-playing field with multinationals. Excessive pricing is stifling India's manufacturing growth story. In the absence of fair competition, reasonable price controls are desirable. One possible solution for ensuring reasonable MRP (maximum retail

price) is keeping trade margin at a rational level along the supply chain.

The trade margin is the difference between the price at which the manufacturers (indigenous/others) sell to trade and the final price to patients.

The main aim of rationalisation of trade margins in medical devices should be not only to help consumers, but also allow rationalised and reasonable profits for traders, importers, distributors, and wholesalers & retailers, and create a level-playing field for domestic industry *vis-à-vis* foreign manufacturers. There should be clear objectives for any policy intervention to provide quality and affordability and avoid distress (to consumers), distrust (in industry) and disruption (to market). The market place is, unfortunately, skewed where suppliers induce hospitals to buy and push their brands based on profit margins and not on basic of cost savings

WOMEN & EMPOWERMENT

A PATH-BREAKING 2010 McKinsey study, "Women Matter", found out that companies with a higher proportion of women in leadership positions posted about 41% higher returns on equity, and 56% better operating results. This revelation is yet to make an impact on the Indian ecosystem, where the ground realities are quite different. As per the 2018 Mastercard Index of Women Entrepreneurs (MIWE), only 11% of businesses in India are owned by women. Additionally, the index specifically identifies India as a country where the opportunities available to women to become business leaders or professionals, are the least. Out of the 57 markets which were evaluated, India ranked a dismal 52 in the MIWE. VC funding for women-led enterprises has been one of the biggest challenges, both globally and even more so in India, with less than 20% of all the VC investments across the globe directed towards women-led startups. Besides, all-male startups are 4x more likely to get funding.

Systematic engagement and involvement of women in enterprise can be a key strategy in helping India realise its larger economic aspirations. However, for this to be effectively approached, the challenges of the Indian landscape need to be addressed without falling into the 'business-as-usual' trap.

Gender inequality goes beyond the sphere of enterprise and is deeply

Breaking the glass ceiling

Systematic engagement of women in enterprise is the key to achieve the \$5 tn target

ANNA ROY

Senior advisor, NITI Aayog



entrenched in India's traditional socio-economic power structures. Some of the common challenges faced by women are social barriers delimited by patriarchy (such as lack of family support), lower access to finance and networks, safety concerns, and resultant lower confidence. Additional deterrents to female participation include the absence of successful precedents, lack of education, and unequal distribution of domestic responsibilities (women are expected to be the primary homemakers and caregivers). Women are not only denied access to financial capital and networks with potential partners, but are also subjected to the reality of unsafe work environments and discriminatory

industry practices. These conditions directly inhibit the participation of women in entrepreneurship and as per studies also result in the low labour workforce participation.

In the larger scheme of things, India's \$5 trillion economy vision will be possible only when women are actively brought into the fold. This will require the glass ceiling to be broken, and will necessitate its complete dismantling. The challenges can be addressed with a careful, conscientious and diligent review of the existing conditions. While some of these challenges are inter-generational and improvements will require larger societal behavioural change over time, others can be implemented in a short span.



Gender gaps in economic participation and missed opportunities can be addressed with strategic policies and programmes, curated to address the existing inadequacies. There are efforts underway to better understand these factors through initiatives, NITI Aayog's Women's Index for Socio-Economic Opportunities, which will be used to develop actionable policy interventions, at the state and central levels. For women entrepreneurs, who are able to overcome the typical social challenges, the barrier to entry still remains high. Besides the government efforts, there are numerous initiatives by private sector aimed at promoting women entrepreneurship, including corporates,

PSUs, financial institutions, civil societies, international organisations.

Despite the substantial government and private initiatives, women who actually need these services are not able to benefit due to information asymmetry. Thus several of these initiatives and programs often remain under-subscribed, as beneficiaries can't access information timely and methodically. At the same time, women entrepreneurs continue to face business-compliance issues without the correct information or access to services that makes enterprise seem unnecessarily prohibitive even though these are easily addressed by making the right information

available. Women entrepreneurs often miss out on the right kind of mentoring support in addition to other challenges.

Women Entrepreneurship Platform, a flagship initiative NITI Aayog was announced by Amitabh Kant, CEO, NITI Aayog at the conclusion of Global Entrepreneurship Summit in 2017, and was launched on March 8, 2018 as an aggregator platform that brings together all relevant information required by existing or prospective entrepreneurs in their quest to establish and promote their enterprise. WEP adopts a multi-pronged approach to address critical needs of a woman entrepreneur, such as access to networks, information, learning resources, services and mentoring by sharing information seamlessly. The gap of not showcasing effectively women role models is also being addressed through efforts made to recognise the efforts and achievements of women entrepreneurs through awards such as the Women Transforming India Awards.

Indian society is at the cusp of change, and the role of women is one that is steadily changing. There has been a slow but rapid rise of women's agency and autonomy, and as a result there has been all round positive change. But the most impactful changes are yet to come, as women slowly take up their rightful place in building India's economy. Programs and initiatives like WEP can champion the cause of women, thus taking the lead in ushering in a new India.