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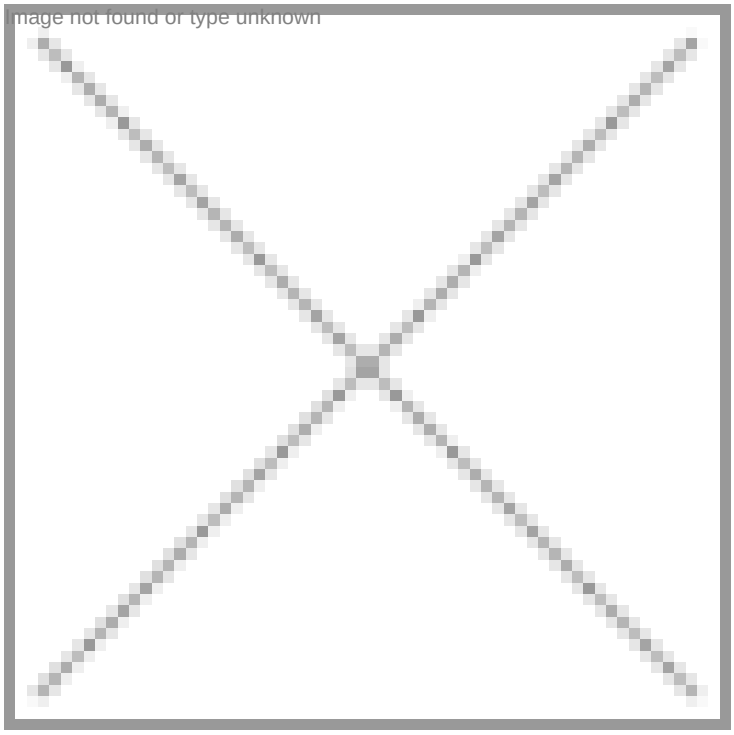
"The next 10 years will see diagnostic companies moving towards a more regulated environment"

08 February 2007 | News



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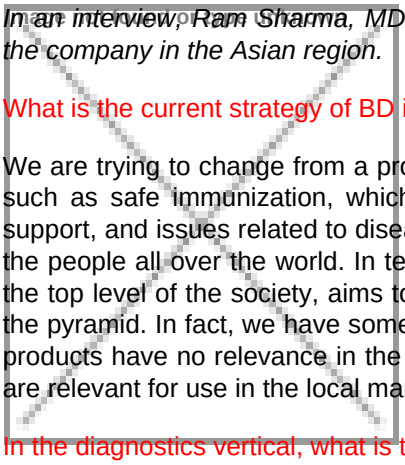

In an interview, Ram Sharma, MD, Becton Dickinson India Pvt Ltd (BD), shares the current focus and the future strategy of the company in the Asian region.

What is the current strategy of BD in the life sciences segment for the South Asian region?

We are trying to change from a product focus to address the real issues and challenges in the healthcare sector. Challenges such as safe immunization, which is very important for the safety of children, issues like HIV/AIDS diagnosis, care and support, and issues related to diseases like tuberculosis and malaria. Currently, these are the three big diseases, which affect the people all over the world. In terms of corporate philosophy, BD unlike a typical multinational company that caters only to the top level of the society, aims to help all people lead healthy lives. And to do that, we also need to reach to the bottom of the pyramid. In fact, we have some products that are sold exclusively in India, China and the developing regions. Since these products have no relevance in the US or Europe, they are not sold there. We try to make available products/solutions, which are relevant for use in the local markets.

In the diagnostics vertical, what is the focus at BD, especially for the Asian markets?

In the diagnostics vertical, we are now looking at rapid diagnostics. We would like to make diagnostic products, which are

inexpensive, easy-to-use and point-to-point, meaning that they can be taken wherever required. So instead of bringing samples to large testing labs, which is the way it happens in the US and Europe, in India we are looking at an outreach program-instead of bringing the patient to us, can we go to the patient. To accomplish that, we need to have rapid testing, which is simple to use, requires no or minimal training and has no problem in terms of storage.

We have actually got a new factory, which is coming up in China, near Shanghai, and it is dedicated for making rapid diagnostics for the developing world. This new facility will take about a year to come up. The advantage at that facility will be that we can make whatever the customer wants since it is a very flexible plant. Our initial focus will be on flu vaccines and diagnostics for a range of infectious diseases like dengue, malaria and HIV.

Another area that we are looking at is cultures-liquid and solid cultures. Liquid cultures can be used, for example, in the better detection of tuberculosis and especially in cases of HIV TB co infection.

BD is actually getting stronger in diagnostics. We are not only looking at rapid testing, that is just one end of the spectrum, we are also looking at molecular diagnostics which is the high end testing. We already have a presence in molecular diagnostics and now we are further strengthening it.

How do you foresee the future of BD in this region?

In the next 10 years, our presence will increase dramatically as companies and countries move towards a more regulated environment; Regulated not because there is a need for controlling people, but because therapeutic efficacy and patient safety have gained paramount importance. Soon accreditation like NABL certification will become critical for the company. At that time, our potential will grow tremendously as then we will be able to make our products relevant to everybody and our market share will go up multifold.

What are the basic differences between the Western and the Asian diagnostic markets?

If you look at the western market, it is largely highly automated. It is automated as there is a very large referral system there. There a lot of samples move into a central referral lab. In India and in South Asia, it is different. Here we have to go to the patient. So the challenge is how to build solutions that bring diagnosis closer to patients rather than the patient moving closer to the lab. The second challenge here is how to evolve an efficient sample transportation system, where the sample is not compromised during transportation.

Another critical difference is that labs in the US have a very strong QA/QC system, while in India there is no validation or auditing of labs and there is no accountability. But this is changing now.

Recently BD India and the Indian Academy of Pediatricians have signed a MoU for safe injection practices training program. Could you elaborate on this?

The Indian Academy of Pediatricians (IAP) is a scientific association and works with companies and the health ministry to suggest better ways of child and mother health. Safe injections and immunization is very important and the IAP has been suggesting a lot of good things in the field of immunization. Since IAP has a large membership of private practitioners, we thought that they will be the ideal candidates to disseminate the message on safe injections and their importance. We are very excited to partner with IAP to promote safe injection practices in India.

Rolly Dureha