

ICMR to capitalise on indigenously developed technologies

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The Indian Council of Medical Research (ICMR) will soon collaborate with private companies for further development and commercialization of a large number of indigenous healthcare technologies developed by ICMR.

According to senior officials in ICMR, the collaborating private parties, including their partnering group, should have the capacity of absorbing the technology and is to be assessed for infrastructure, human resources and a clear defined plan for further development.

The ICMR, through its special program aimed at the development of indigenous affordable technologies for healthcare, had developed technologies which include diagnostic assays/reagents/devices for diabetes mellitus, cervical cancer, and thalassemia; vaccines for hepatitis E; infectious diseases for tuberculosis, leptospirosis, hepatitis E, rotavirus diarrhoea, food borne pathogens, chlamydia infections, Kalazar, Malaria, Filaria and Lung Fluke infection; etc.

For example, the NIV, Pune (an ICMR institute) had developed recombinant vaccine for Hepatitis E vaccine and combination of Hepatitis E and Hepatitis B vaccines using a novel approach. Some of the salient features of the technology include the liposome formulation of T1NE protein of an Indian strain of genotype 1 HEV serves as an effective candidate vaccine for hepatitis E, the liposome formulation of T1NE protein of an Indian strain of genotype 1 HEV along with the S protein of HBV serves as an effective combined candidate vaccine for hepatitis E and hepatitis B etc. Research is done at laboratory scale and a successful clinical trial on rhesus monkeys has been completed.

Similarly, another ICMR institute NIOP, New Delhi has developed dot ELISA for diagnosis of a sequelae to chlamydia trachomatis infection in women using chlamydial Heat Shock Protein-60. This assay is cost-effective and is a serological test which would help in the diagnosis of women at higher risk of developing sequelae to C. trachomatis. This has a clinical relevance as it will help gynaecologists in timely therapy, thus improving the reproductive health of women.

The NIV, Pune has also developed an ELISA Test for Rotavirus which is used for detection of rotavirus from the fecal samples of diarrhoea patients. It is easy to perform, has high sensitivity and specificity and is cost effective as a large number of fecal samples could be tested using indigenously developed reagents. This can essentially avoid unnecessary use of antibiotics in diarrhoea patients.

The ICMR has invited expression of interest from interested companies/manufacturers/entrepreneurs for further developing these technologies.