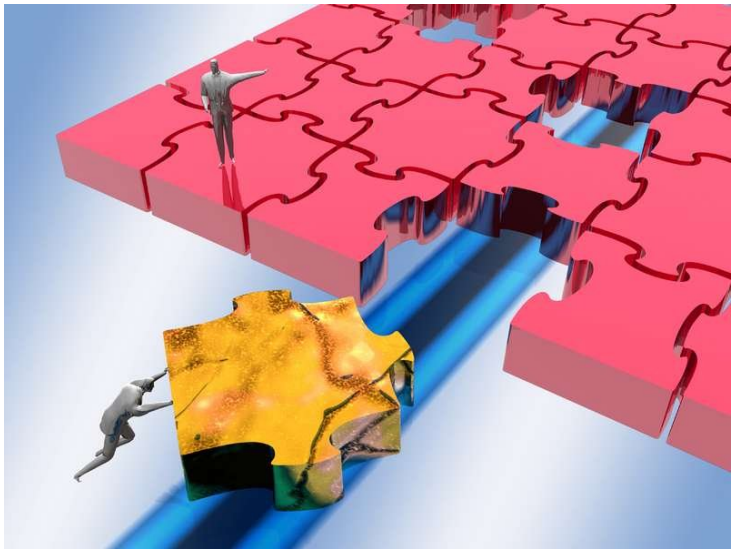
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# Policymaking and bioscience: The missing link

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**Policymaking and bioscience: The missing link**



The policymaking on scientific research in India is driven by many factors including focus on national priority areas such as health, energy, power, information technology among others. The government while investing money in the respective areas, looks at tangible solutions for the issues that the nation is facing. In particular, the drafting of long term policy especially in bioscience, usually depends on the involvement of prominent scientists and administrators in a committee. While most of the time, decisions are taken at the higher level, there are times when the consultations are held with general public over the issues that directly affect them. However, the opinions of grass root level researchers from private sector and public institutes, might have not found place in the traditional approach. The most commonly cited reasons include the communication gap and reluctance to convey the fair opinion.

Dr Dharamchand Jain, general manager - Green Tech, IPCA Labs, is of the opinion that the gap ultimately leads to the loss of country's knowledge treasure. "Scientists work in different environment and sometimes do not understand the requirement of drug development and conversion into commercial production. Similarly the gap between both agencies is still too much less trust each other therefore not achieved required results," says Dr Jain.

Pointing towards the contradiction between science and policymaking, Dr T Jacob John, retired professor of clinical virology, Christian Medical College, Vellore mentions particularly about the lack of consistency, "What was the policy for AIDS control? Was it to create a modality for control? (started as AIDS Task Force in 1986, fully autonomous and financed by the government of India, converted to National Aids Control Organization (NACO) in 1992, with heavy financial input from World Bank, but using all Task Force strategy and tactics) or was it to actually control? (goal set for reversing the trend of increasing burden by 2010?) or was it to make private sector work with public sector as equal partners? (CMC Vellore that established a project to explore if HIV had reached India, sent someone for training to US, obtained test reagents and detected the very first infected people in Chennai Remand Home, and designed all the elements of control interventions is in the private sector, and was designated national reference lab by GoI from 1986 onwards).

Dr John adds further, "When it came to polio, giving 3 doses for primary immunisation was the rule (was it policy?) but when science found that 3 was grossly inadequate and proposed 5 doses in first year, or pulse method to rapidly control polio, or to use IPV -- all in the early 1980, none of these was accepted -- here policy was in direct contradiction to science and until that gap was filled in the mid-2000s, we could not eliminate polio. Policy makers do not keep abreast of science."

Democratising bioscience policy or it isn't realistic at all?

Can the policy made from the board rooms without even consulting those who would get affected by it? One of the key aspects of shift in the bioscience policy from traditional approach to a more inclusive one, is to make it more democratic by finding ways to involve researchers at the grassroots level.

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Dr P M Murali, CEO, Evolva Biotech mentioned, "I think this is a given. All the brains in India should come together to frame policies and facilitate the growth of this sector. I am not sure this can be left to any specific group. Also these days public opinion is also important and hence informed debate is also necessary. There is a transition on the way things are done today. People's involvement is critical and supreme."

Completely agreeing with it, Dr Villoo Morawala Patell, MD and chairman, Avesthagen too feels that it is highly required. "Yes there is a large gap between the scientists and the policy making mechanism. There needs to be a democratic inclusion in policy making. Also different stakeholders need to be brought in from the start," she says.

A prominent researcher in an Indian MNC told BioSpectrum on the basis of anonymity that there certainly is a gap that needs to be bridged urgently. "Opinion of the scientists in industry need to be a part of the policy making process - scientists in academic institutes and universities themselves constitute the different committees in the policy making bodies making it a closed club - it is a "buddy-approving-buddy's-project" situation where the favour is returned when the roles are reversed in another committee. I have noticed that the industry people are looked upon with suspicion, disdain and mock appreciation (condescension is probably a better word)," he said.

Policy rejig at regular intervals

It is interesting to note that China has increased their biomedical research funding by 30 percent, India has increased it by 10 percent. China reduced TB burden to less than half of India, in the last 20 years when back then we were more or less on par. "In general, policy making concerning health has not been satisfactory. There is some confusion between policy and programme goals/targets. Our National Health Policy was made in 2002 and has not been revised since then. Therefore, each

section under health management seems to be setting its own policy for moving forward. I am guessing that each has its own policy, says Dr Jacob John.

One researcher with decades of experience in industry says, "The policy framework of the country only by academicians is sometimes unrealistic, as what industries need for the competition to international market. It always benefits when the policy must by joint collaboration."

Few scientists believe that the PPP is not only for research but also for policy implementation. "But in India the private sector is not regulated or audited by the government. The regulating/auditing functions are part of the mandate of a public health department; we do not have one in India," mentioned a prominent academician and scientist.

Dr P M Murali proposes a fresh approach. He says, "We need to form several regional think tanks in science and technology, independent of institutional bias. This should comprise of individuals from industry, academics and Social groups. The stake holders need to have a larger say in their requirements. We should also co opt the best brains from outside the country to bring in fresh international thinking. This body should be able to recommend to the planning commission and the concerned ministries. We have to be sure that this does not become one more body among the many."

However, sometimes there are highly exceptional cases where the policy is overtaken by the sheer passion of researchers. Nothing better explained than the words of Dr K VijayRaghavan, secretary, DBT who spoke on the topic 'investments in bioscience' at the University of Hyderabad, "Hidden inside such successes is a larger issue. Can India combine science, technology and translation to scale? Can we innovate to do extraordinary science with meager resources? Can we design affordable solutions to our problems? The rotavirus vaccine saga provides a partial answer. Was there was a 'top-down' planning to work on the indigenous rotavirus vaccine? Not really. The vaccine came about through passion, chance, grit... the details of which have been outlined elsewhere."