

## Africa and India need to work together for mutual benefits in healthcare: Dr. Soumya Swaminathan

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*The fourth coming meet (1st to 3rd Sep, 2016) is an opportunity for India to work with Africa to build centers of excellence in Africa where more insights into human diseases can be obtained by applying the latest technologies.*

**Dr. Soumya Swaminathan**, Director General, Indian Council of Medical Research (ICMR) and Secretary of the Department of Health Research, Government of India, talks to **ETHealthworld** about the major key factors to be addressed in the India-Africa Health Sciences Meet 2016.



### **What is the South-South Collaboration? Why is it important at this juncture, especially in the area of health?**

South-South collaboration in health holds importance for various reasons. Firstly, most of the research and development done in the area of health tends to occur in developed world or industrialised countries with different priorities. Whereas in South, we share a number of common health priorities, particularly in the area of infectious

diseases, maternal and child health, environmental health and non communicable diseases. As a result of which we have shared interests and goals.

The other aspect is that in the South, where there are lesser funds available for R&D, we tend to work at lower cost. We are bound to learn new things with lesser resources. Considering this fact, the South-South partnership is aimed at enhancing the investment into R&D by sharing the costs, minimizing the risks and ultimately creating a win-win situation (because of the shared benefits).

### **What are the highlights of the upcoming India-Africa Health Sciences Meet 2016?**

The Prime Minister of India had a major outreach to Africa through the India Africa Summit, November 2015. In the area of health, ICMR decided to take the lead in partnering with Africa. Therefore, the upcoming India Africa Health Sciences Meet 2016 would bring together people heading health agencies, science agencies, medical research agencies, as well as some ministers of health from Africa, to discuss with leading Indian scientists, medical researchers, doctors and industry representatives and how to work together in various areas of interest.

In this meet we are looking at three pillars- first is education and capacity building- in the area of training for doctors, nurses, technicians, lab attendants and scientists. Second is collaboration in health research in the areas which are of common interest to both Africa and

India. Third is commerce industries- especially in the area of pharma, manufacturing capabilities and harmonization of regulations.

**How will such platforms help African countries in building disease research capabilities?**

India has a lot of scientific and technical capabilities. It has infrastructure in the areas of technology, computational biology, bio-informatics, molecular biology, genomics and many more. This meet is an opportunity for India to work with Africa to build similar kinds of centers of excellence in Africa where more insights into human diseases can be obtained by applying the latest technologies. Through these partnerships and collaborations we can compare African and Indian populations, thereby looking at the differences in disease pathogenesis, response to treatments, bio-signatures, bio-markers and so on.

**What are the areas of collaborations that ICMR would like to initiate through this meet?**

The areas of collaboration will become clearer after this meet. However, I can see a lot of common areas of concern between India and Africa. For example, infectious diseases like TB, malaria and HIV are big public health problems both in Africa and in India.

India has done very well in terms of polio elimination and in getting rid of neo-natal tetanus. We also have a very good surveillance network, so we could also work on the emerging areas like antimicrobial resistance and surveillance systems set up for Africa, as we've done in India. Most importantly, there is an area of health systems where African countries got models which have been shown to work very well in terms of task shifting in remote areas with no doctors, infusing community or health volunteers to deliver a lot of services. In India too, we face such crisis. Therefore to overcome those situations, we could possibly learn from the experiments and models in Africa and try and adapt those. I see it as a two-way mutual learning exercise.

**Can you please tell us about similar alliances in the past ?**

There have been many studies that have taken place in Africa and India simultaneously. For example, studies in the area of neo-natal and child health, trials in vitamin A, studies in TB, etc. However, all these studies were isolated incidents. Through this meet, we aim to build a strong foundation and a platform for collaboration between Africa and India, which is sustainable, forward looking, inclusive and adds to scientific knowledge, globally.

**What is the role of ICMR in research collaborations with foreign countries, especially in Africa?**

ICMR has had a very long history of collaborations with science agencies in different countries. We have MoUs with about 50 research agencies in Europe, North America and Latin America. We do have a few partnerships with African agencies but I think health sector has largely been neglected. This is exactly where we want to step in and offer a hand of partnership and friendship to Africa.

**How can indigenous pandemic research capabilities around various diseases (like Zika, Ebola, Malaria, HIV etc) be facilitated in African countries? How will it benefit these countries?**

If we look at global pandemics in the last few years or decades, we've seen avian influenza, swine flu, MERS, SARS, more recently Ebola and now Zika. Diseases are becoming global. You don't know what's going to emerge where but most of the diseases in the future are likely to emerge from Africa or Asia, which are home to one third of humanity's population. These are countries where animals, humans, birds, all live in close proximity and know that many of the infections that are likely to emerge. Therefore, this is an area where India and Africa can play a lead. We need global partnerships to address diseases like these. Take Zika, as an example; there are global enterprise working to develop Zika vaccine and therapies including Indian companies. During the time of Ebola, the world came together to try and develop Ebola therapies and vaccines, but we were found to be unprepared and by the time we could react, thousands of people had died of Ebola.

Therefore I think what we need to work towards a system where we put in place the capacity, the infrastructure and well trained human resources to be able to respond to a pandemic or an epidemic quickly. This system should answer questions like; how do you manage the patients, how do you contain the infection, what kind of facilities do you need and how do you bring in trained people on to the site. Most importantly, how do you start doing clinical trials and research in the middle of an epidemic where people are dying? We need protocols, manufacturing capacity, regulatory mechanism to get rapid approvals through ethics committees and drug regulators so that we can actually start the clinical trials when they are much needed.

This is not something that one agency or even one country can do because you need industry partnerships, academicians, doctors, epidemiologists, global agencies like WHO, NIH, CDC, ICMR and the African research agencies. I think the world has realized that this is necessary and many consortiums are now in development to work on these kinds of issues. Thus, this is of huge importance and interest to both Africa and India and both need to plan and prepare together for mutual benefits.