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"Indian experiences taught me patience"

21 January 2014 | News | By Rahul Koul Koul

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In an interaction with the BioSpectrum recently at an event organized by the Public Health Foundation of India (PHFI),Â Dr John Schneider, associate professor, Medicine and Epidemiology, University of Chicago, spoke about his work in India, vaccine research and funding.Â

Q: You said vaccines for HIV-AIDS have not been able to make an impact. Why so?

I did a little bit of vaccine work myself during my training when we were working on an antibody based preventive vaccine. One of the things in my opinion is that it have been a challenge to develop an appropriate vaccine for elusive HIV virus. Over the period of five years, I have seen that we have failed to make impact and the focus has shifted now on checking the disease progression. Though failures, some vaccines made news. However, it was being said repeatedly that we are just ten years away. There have been some promising pieces but none have been successful so far. I am not sure if that is the right way as there were incidents where the volunteers had adverse impact and lead to increased risk of infection, making others scared of joining them.

Q: How do you look at the funding mechanism for HIV research in India?

Most of the funding has come from outside including the National Institute of Health, Bill and Melinda Gates Foundation and other international agencies. From Indian side, National AIDS Control Organisation (NACO) and Indian Council for Medical Research (ICMR) are playing their part on various projects. I have not yet see any impact on the ground level as far as breakthrough is concerned.

The collaborations with international clients is need of the hour. Joint funding mechanism with huge collaborations. There is a huge population with which we can work we can work but ideas come from scholars through partnership.

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Q: What should be priorities for India?

PrEP (Pre-Exposure Prophylaxis) is a new HIV prevention method in which people who do not have HIV take a daily pill to reduce their risk of becoming infected. When used consistently, has led to 95 percent decrease in the HIV acquisition. However, this has not been incorporated in the India programme. It has been recently discovered as efficacious when guided in US for specific populations. I hope that the Indian government too uses it for having poulations , men-men relationships and sex workers which fall under high risk category. Also, increased expenditure is required for such activities.

Q: Reports say that there has been significant decrease in fresh HIV cases. How do you look at that?

There has been some decrease in sex workers but not normal relationships. Though it is a positive step but India being a huge country has reached a level where it is not enough to come down easily.

Q: Please share your thoughts on experiences in India?

The most important thing that I learnt in India is how to be patient. I spent thirteen years in India in which I spent time in bureaucracy, government offices, making me understand how things work here. When I sit in US now, I can easily understand and get through India specific projects. Unlike some researchers who bring their experiences to share here, I took back my experiences here and implemented them in US. The kind of response I got for mobile network communication in India was successful and I replicated that through Facebook in US, which never had been done.

Our current work In India is in collaboration with Public Health Foundation of India (PHFI) and also Share India which is an NGO. Besides we also work with Nizam's Institute of Medical Sciences, Hyderabad. We do a lot of documentation, analysis and partnering.