

# Interview: Vivek Kamath - Managing Director, MSD

## India

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*A strong supporter of public-private partnerships, MSD's managing director in India, Vivek Kamath, explains how the company's collaborative approach is the key to enhancing their reputation, improving patient outcomes and tackling unmet medical needs in India.*

**Mr. Kamath, you have worked for MSD for over four years and you have been in your current position since December 2016. Can you give us a brief introduction to MSD in India?**

We have been here in India since 2008 and the company is an amalgamation of MSD, Organon and Fulford and as a result the portfolio of the India's affiliate is a mix of the three companies. It has been an exciting journey, especially with the launch of newer products in line with the global research pipelines - such as diabetes drugs, vaccines against chicken pox and, most recently, Keytruda® to name a few. We are about 15,000 colleagues operating in human as well as animal health. Our portfolio ranges from diabetes to oncology, anti-infectives, women's health and vaccines.

**Can you share with our international readers some of the key achievements or initiatives that you have been actively involved in since joining?**

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As part of our global DNA, our mission is to bring innovative research products to India as early as possible. We achieve this by setting India-specific pricing and local partnerships with organizations like the one we have in the space of diabetes with the Public Health Foundation of India. Not only we brought Sitagliptin in India, but we also partnered with a local Indian company to improve access. Alongside bringing innovative drugs to the country, we bring our own collaborative approach. In the diabetes space, for instance, we partnered with the Indian Foundation of Public Health and with Dr. Mohan's Diabetes Education Academy. In the context of this program, we trained more than 10,000 general physicians with specific training programs on diabetes treatment.

We also run a patient counselling program called SPARSH, which in Hindi means 'touch', because as I am sure you are aware diabetes is about a lifestyle modification, such as diet and exercise or visiting your doctor regularly. We even do personalized diet charts for our patients, because every 2000 km the diet changes in India. Whenever we bring a new product to India, we look at potential access barriers to the product and based on that we come up with comprehensive access strategies - be it adherence by patients, geographical or institutional access barriers.

To give you an example, Antimicrobial Resistance (AMR) is a big issue in India and everywhere else too as you know. We have a program called Antimicrobial Stewardship which involves us going to hospitals where we do a complete protocol based regimen, so that drug resistance is minimized and outcomes are significantly improved. We have more than 100 hospitals across the country that have successfully adopted this program.

**How do you think value innovation is received in India and what do you think needs to be done to inject more innovation into the Indian pharmaceutical landscape?**

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I think innovation across the different categories is appreciated, especially in healthcare I reckon that it is very welcomed. I believe Indians are innovative by nature and you can get many examples of innovations from India. It is the heart of innovation and, accordingly, public perception is very strongly pro-innovation. Our ask as an industry, which survives on innovation, is to have a more friable regulatory environment which fosters and protects innovation.

A certain amount of predictability is key to innovate the ecosystem. It is not about having a favorable environment where multinationals can thrive, it is about Indian innovation. The role of innovation becomes even more critical when it comes to the healthcare industry as it leads to unmet medical needs and, ultimately, to saving lives. I think the value of innovative products is

understood by the patients, policy makers, regulators and everybody else. The challenge is how to translate this into a more predictable environment and how to tackle the huge challenge of access as an industry together. Understanding innovation is not the challenge.

### **How would you rate India's approval and registration process compared to other countries?**

India is generally perceived to be a self-pay market. While it is predominantly a self-pay market, there are institutions that reimburse either in a direct or in a participatory or contributory way. If you take, for instance, all central or state governments they make medicines free of cost for their employees. The same applies to people working for the defense and the railways sector, which is one of the largest employers globally. Furthermore, you have contributory payment schemes, like the Central Government Health Scheme (CGHS) or the Employees' State Insurance Scheme of India (ESIC). Similarly, you have many state governments that procure medicines for the public who might not be employees through the directorate of health services, street hospitals and primary healthcare clinics. At MSD we believe in partnering with as many such stakeholders and ensure our products are available so that even the lower income group is supported and have access to our innovative medicines.

The government has recently come out with the National Health Policy which we think is a very progressive step in the right direction. It also has a focus on NCDs and we are very happy to see that. However, we see a huge gap between the unmet medical needs under this potential disease burden versus the access to medicines. To this purpose, one of our suggestions is to engage in private-public partnerships. We really appreciate the government's support and innovative thinking in ensuring that the unmet needs are fulfilled.

Specifically, on regulation, there are a couple of areas where we would like to see greater support on behalf of the regulators. First and foremost, regulation on IP protection needs more focus. At present, when we launch innovative products, from the time of applying to the patent to actually have it granted, it takes a long time. Once the patent is granted, after four years of launch in the market, any company can go to a state regulator and seek permission for marketing and manufacturing that molecule and there is no notification system in place which requires the central regulator to check whether the patent is still valid or not.

The government has made IP as an important focus area and they came up with the new IP policy last year. We appreciate the intent and the vision behind the policy and that there is a lot of capacity building behind it, however we do feel that there are some regulatory gaps that, if

addressed, would help increase the confidence in innovation. In addition to this, the government is also coming up with a new policy on clinical trials, which obviously gives a lot of confidence and makes us realize that the government is tackling issues around health, IP and clinical trials through actual policies.

**MSD launched its ground-breaking immune-oncology treatment Keytruda® - you have launched here it too, congratulations! How has it been received so far?**

We are one of the companies that invest the most in research. If you take a look at our 2016 Financial Report, you can see that almost USD10 billion were spent on research. As I mentioned earlier, this is the core of our DNA. Keytruda® is not a conventional cancer drug as it triggers the immune system itself to fight against the disease - and this is what excites us! Secondly, we were very pleased to launch this product as early as possible and at a very short time from the global launch. Cancer is obviously a priority category in every country. We were able to present really strong data to the regulatory authorities for the indication for which we were granted approval.

**Vaccines is a big MSD segment. What solution has MSD proposed for possible price strategies to include vaccines into the public health budget?**

As an organization we have the reasonability to launch vaccines at India specific prices and of course we are in the process of discussing different price points with the government. Vaccines is a category that excites us a lot. According to me, vaccines is the most powerful invention as far as healthcare is concerned. While medicines can cure, vaccines can prevent or eradicate a disease. Public health interventions and support is, therefore, crucial. While there is a role on behalf of the private sector to get into the National Immunization Program, it becomes critical to ensure that large populations get access to vaccines. Coming specifically to India, we have a program called Mission Indradhanush, and we are happy for the government to accelerate this initiative.

Certainly, the government is moving towards the right direction. However, there are rooms for improvements. Firstly, we would like the government to include more conditions for vaccination and, secondly, the focus is still on pediatrics vaccines whereas we believe there is a large opportunity in adolescent vaccination to save lives. If you take for instance cervical cancer, we have on average 130 000 women detected with the disease every year as per WHO statistics. If you speak to oncologists or patient groups, they might tell you that the number is much higher than this. Now, we have an opportunity to stop or prevent this. It will require a very strong will and a moderate level of resourcing. The key is to recognize that the disease exist and put it as a priority.

**I read that Kenneth Frazer mentioned that India holds a special place in his heart. As Managing Director of MSD India, how do you advocate for the local affiliate to the HQ in the US?**

We are 1.3 billion people with large unmet needs across categories and this is why India has a special place in MSD global. For instance, in diabetes, we have the second largest patient pool. If you read our tagline it says, 'inventing for life' and we strongly believe in innovative ways to save lives. Imagine if you can save 1.3 billion lives, why would the company not care? There is a true commitment from the headquarters.

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