Editorial

The biopharmaceutical technology becomes an important technology in the present day. Several new biopharmaceutical products are produced in several countries around the world. The locally produced biopharmaceutical product is produced in many clinical setting. Regarding the developing countries, due to the limitation of resource, knowledge, and expert, the technology is usually adopted or donated by the developed countries. For example, in Thailand, the case of fibrin glue which is presently produced by Thai National Blood Bank is the biopharmaceutical product that was first produced with the help by the Western medical professors [1]. At present, the fibrin glue is locally produced and many local medical scientists forget the starting history of the fibrin glue production and misunderstand that it is a local wisdom of local Thai medical scientist. The adoption of technology is proven useful and can help decrease the cost of clinical management. The donation of the developed countries to several developing countries is an actual kind activity for one world one health concept. While saving of cost is an important use of locally produced biopharmaceutical product, there are also several other important considerations in developing countries. First, the quality control of the local production to maintain the standards is necessary. The quality of the locally produced biopharmaceutical product is usually questionable in poor developing countries [2]. The main consideration perceived by the general practitioner is “cheaper drugs lead to lower product quality [3].” Cheap genetic locally produced pharmaceutical products are usually the focused considerations in strategies planning of several drug companies in the present day [4]. The promotion of “higher value R&D activities and niche manufacturing of sophisticated products” is the important good concept to follow [4]. In the present day, the survey of the locally available pharmaceutical products in several countries usually give the comparable efficacy to the standard product but the important problem is usually on the control of the standards and illegally supply without control [5]. In addition, the standards of the bioequivalent research in developing countries are usually questionable for its standardization [6]. Since technology is usually a donated technology, the skill of the local medical scientists in developing countries is usually low and there might be a lack of attempt to develop the local wisdom.

Conflict of Interest
None

References