



# Contract Research in Malaysia

**Loh Choon Shane**

**Delivery Monitory Office /**

**One-Stop Centre-Clinical Research Centre**

**(OSC-CRC)**

**<http://www.crc.gov.my>**

# What we have

- MOH an integrated healthcare system.
- 135 hospitals.
- Large pool of patients in diverse therapeutic areas.
- Single ethics committee for MOH sites.
- Over 2,800 specialists serving MOH hospitals.
- Clinical Trial Registration system
- International CROs
- Home grown local CROs
- Strong government support

# What we have.....2

- Leading therapeutic areas: Cardiovascular, Diabetes, Oncology, Hepatology, Infectious disease, Psychiatry, Paediatric and Nephrology
- Strong Public-Private Partnership
- Required Guidelines and Laws enforced
- Patient Registries
- The CRC Network

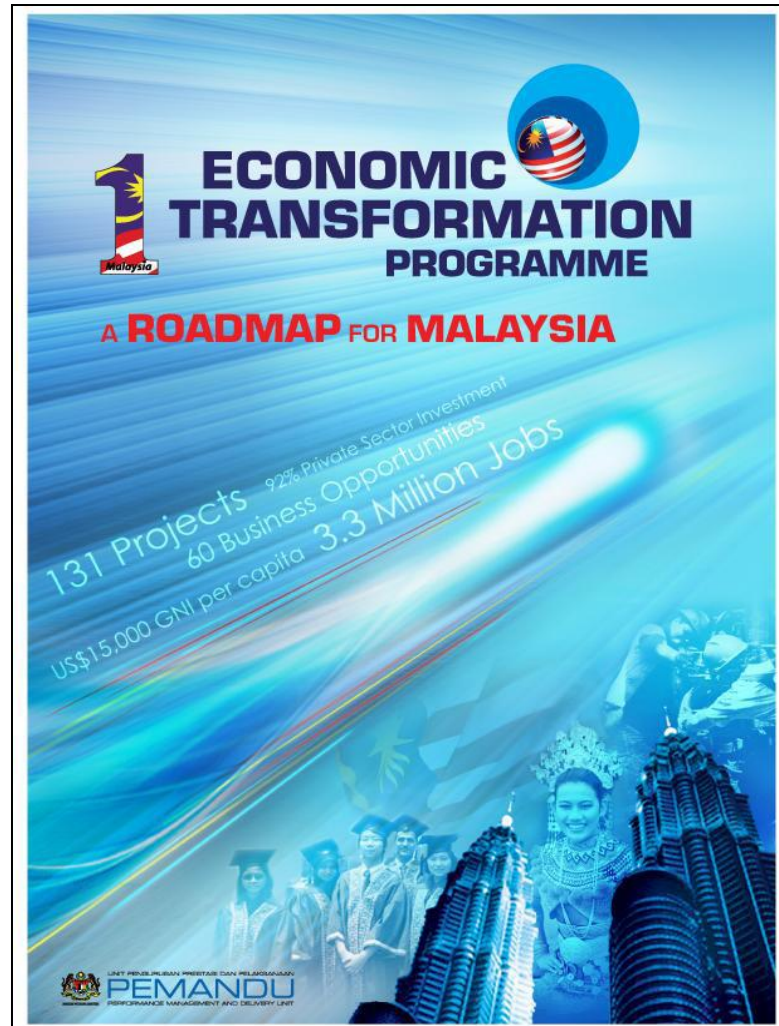
# The other Sites

- Government University Hospitals
- Private Hospitals

# Topic 2

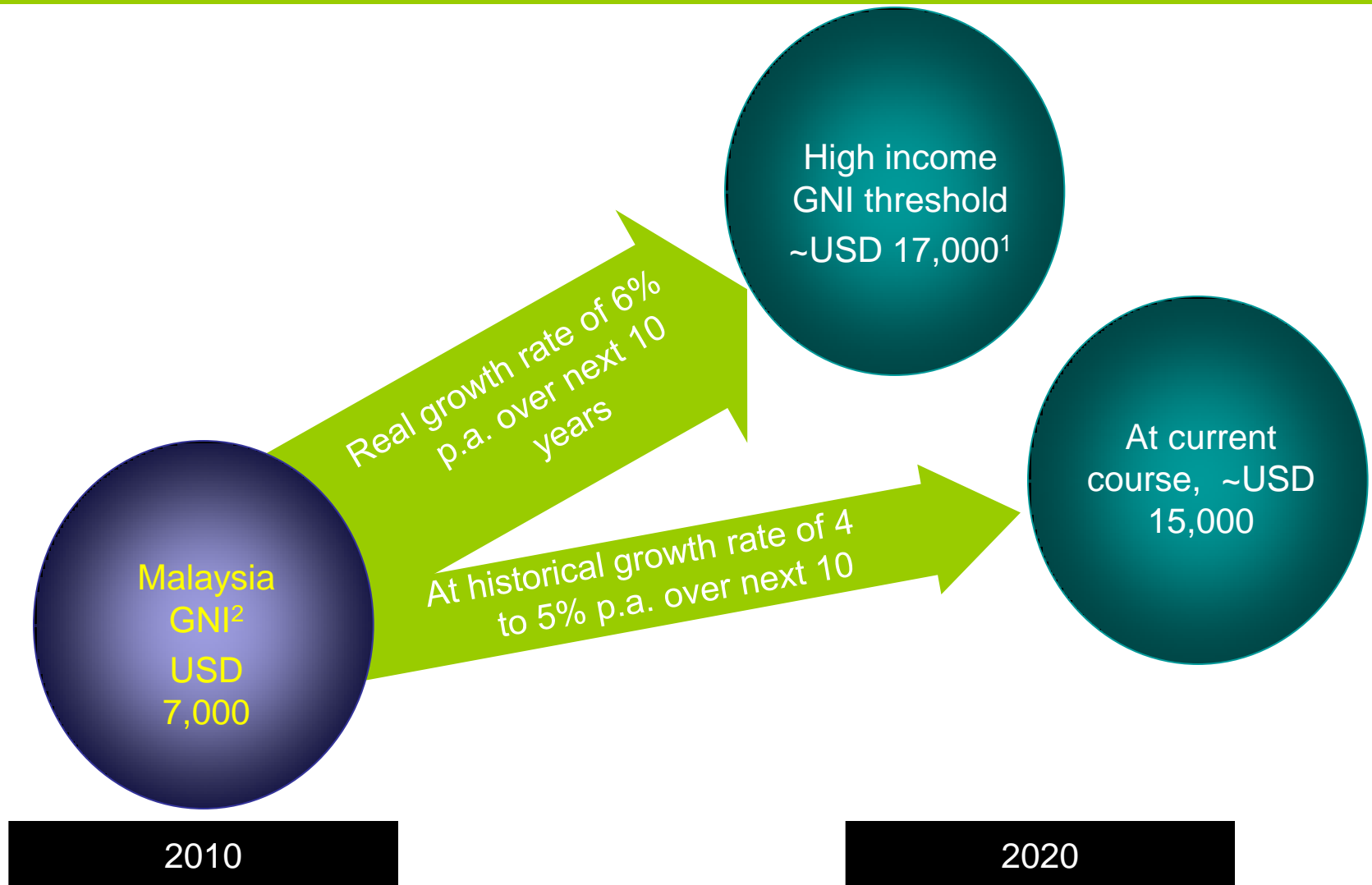
## **New Key Economic Areas (NKEA) - Entry Point Project 2 (EPP2): Contract Research**

# Contract research industry in the Economic Transformation Programme



The following slides are from the PEMANDU  
website [www.pemandu.gov.my](http://www.pemandu.gov.my)

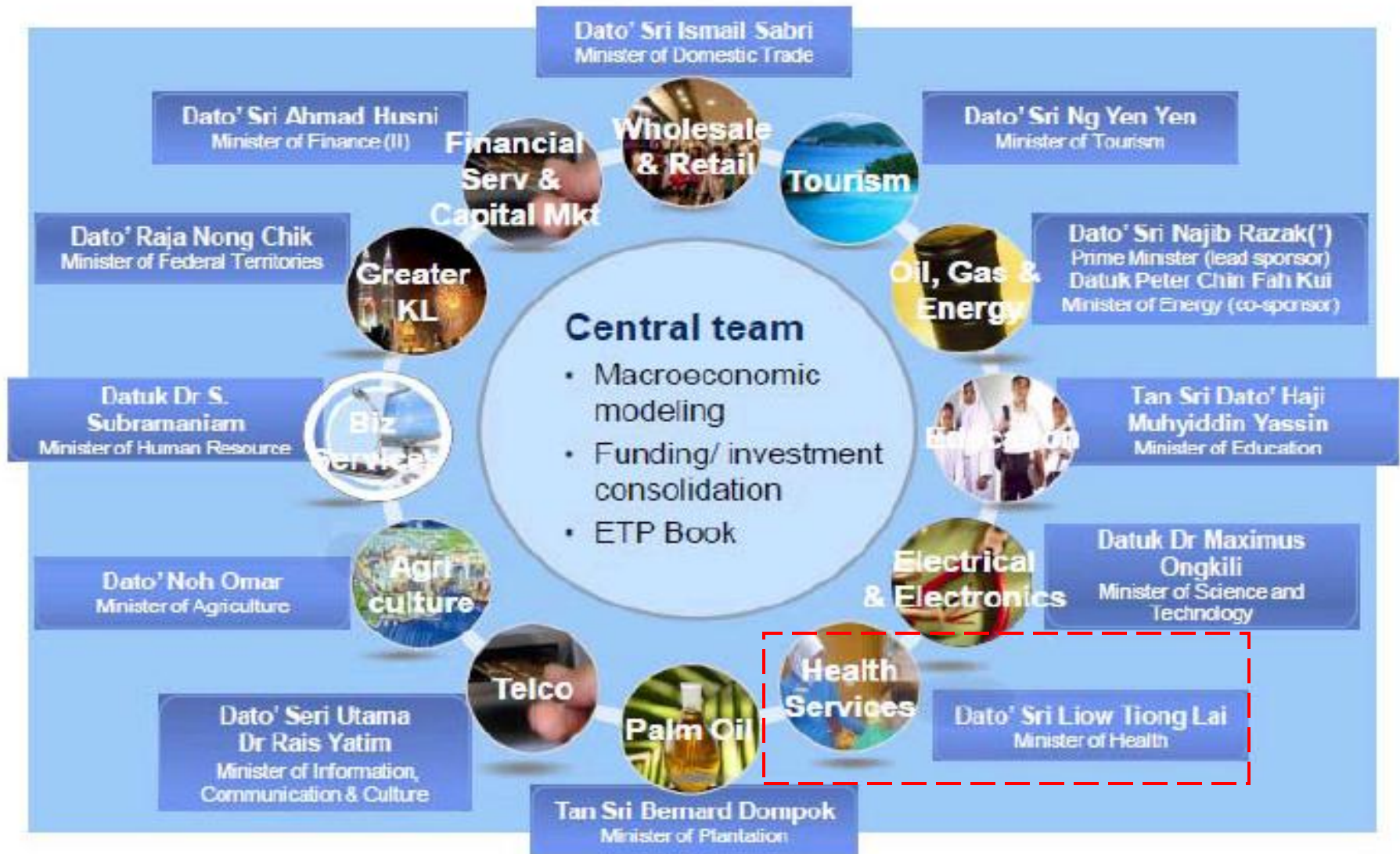
# To achieve high-income status by 2020, Malaysia must grow by at least ~6% year-on-year



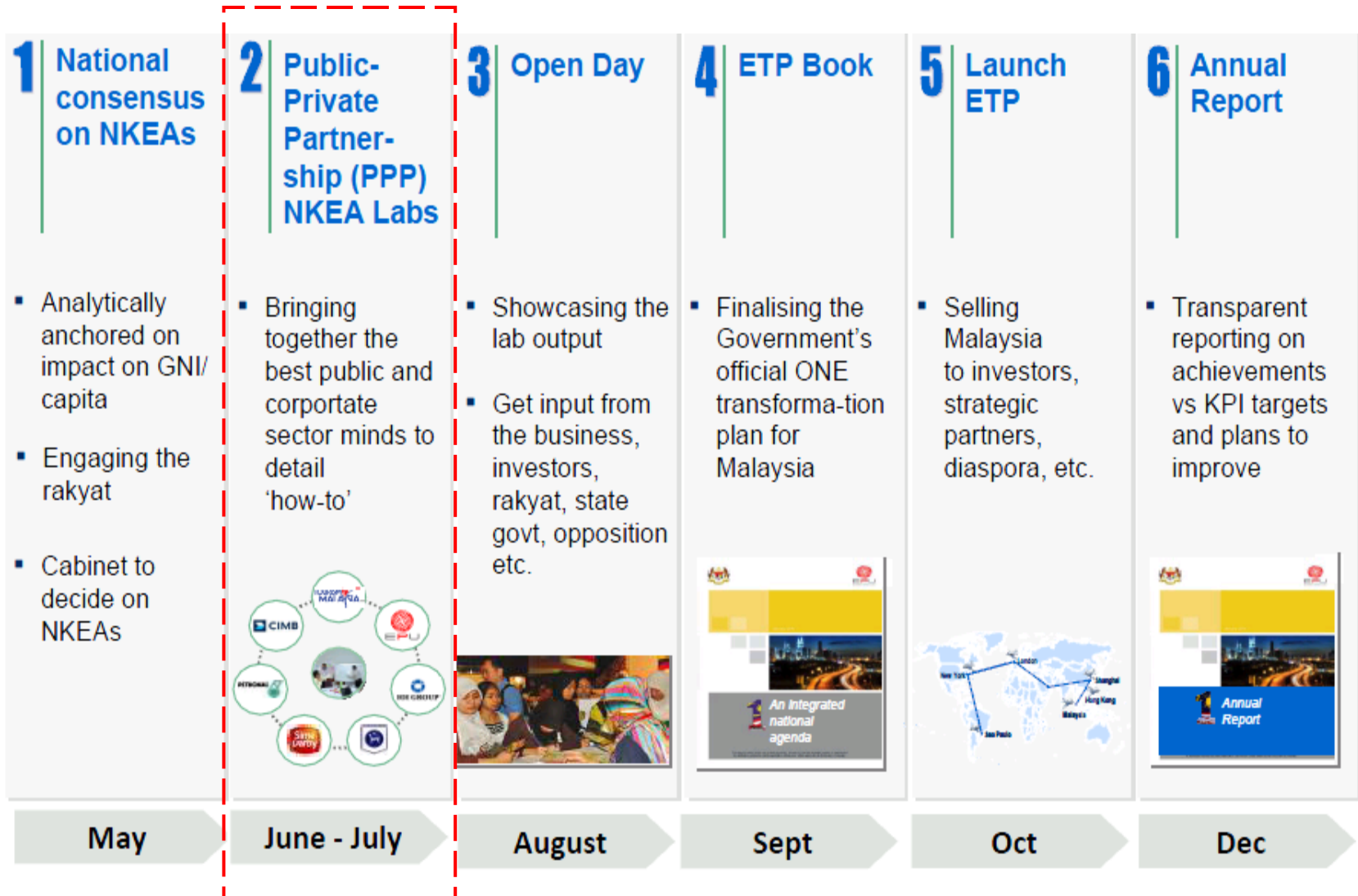
<sup>1</sup> At 2020 prices, consistent with EPU assumptions for inflation=2.9% and population growth=1%

<sup>2</sup> Gross National Income, comprising of EBITDA, employment compensation and net income transfer abroad

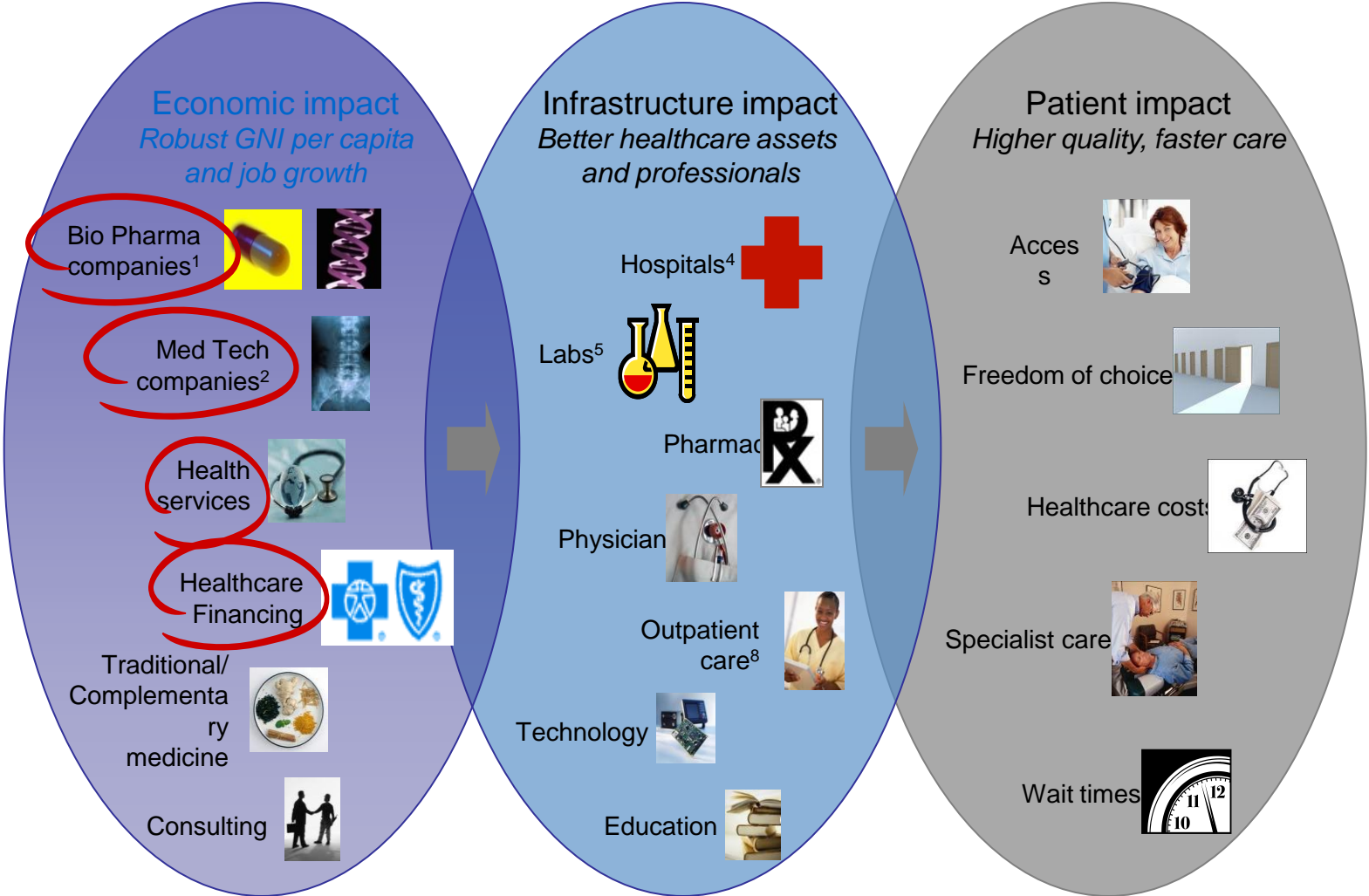
# 12 sectors identified as National Key Economic Areas (NKEA), including healthcare



# Key milestones in the NKEA journey



# Our goal: Harness healthcare ecology to drive economic and social impact



1. Includes generics exports, alternative medication (TCM, Herbal, Nutraceuticals) 2. Includes medical equipment, medical devices, medical supplies and HCIT 3. Includes Health travel, Wellness, and Seniors Living 4. Includes all ~130+ public and ~210+ private hospitals and all beds (~70% in public) 5. Includes diagnostics centers and private pathology labs, 6. Represents ~6.4K pharmacists, 7. Includes ~25K doctors of which 15K are in the public sector, 10K in the private sector 8. Represents rehabilitation centers, outpatient clinics, etc.

# Entry Point Projects

# Quick wins

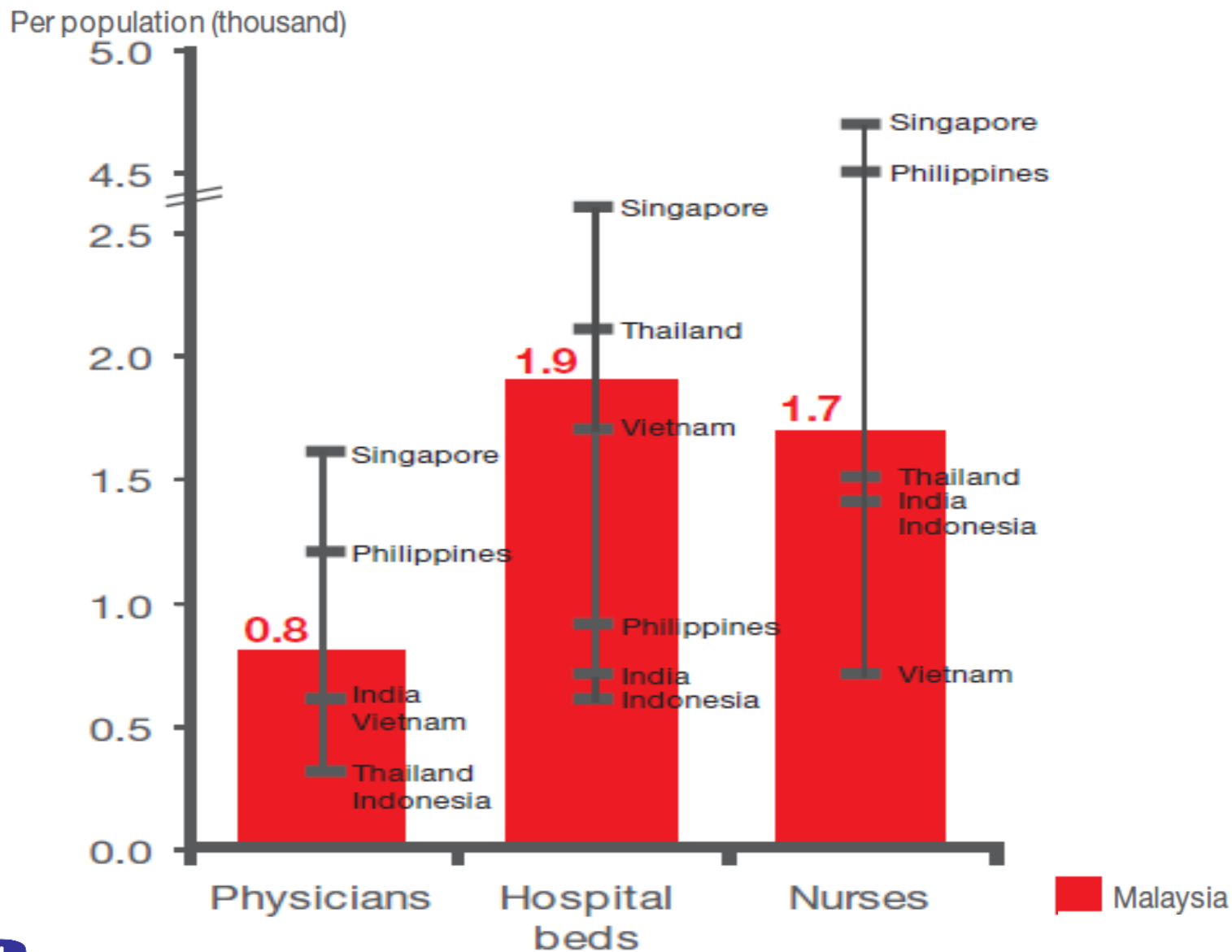
(Implementable immediately)

## **Clinical research Malaysia (CRC)**

- One stop shop to be created in CRC to enable business transactions and financial transparency. This will be attractive for pharma-industry sponsored trials to be conducted in Malaysia.

# 2

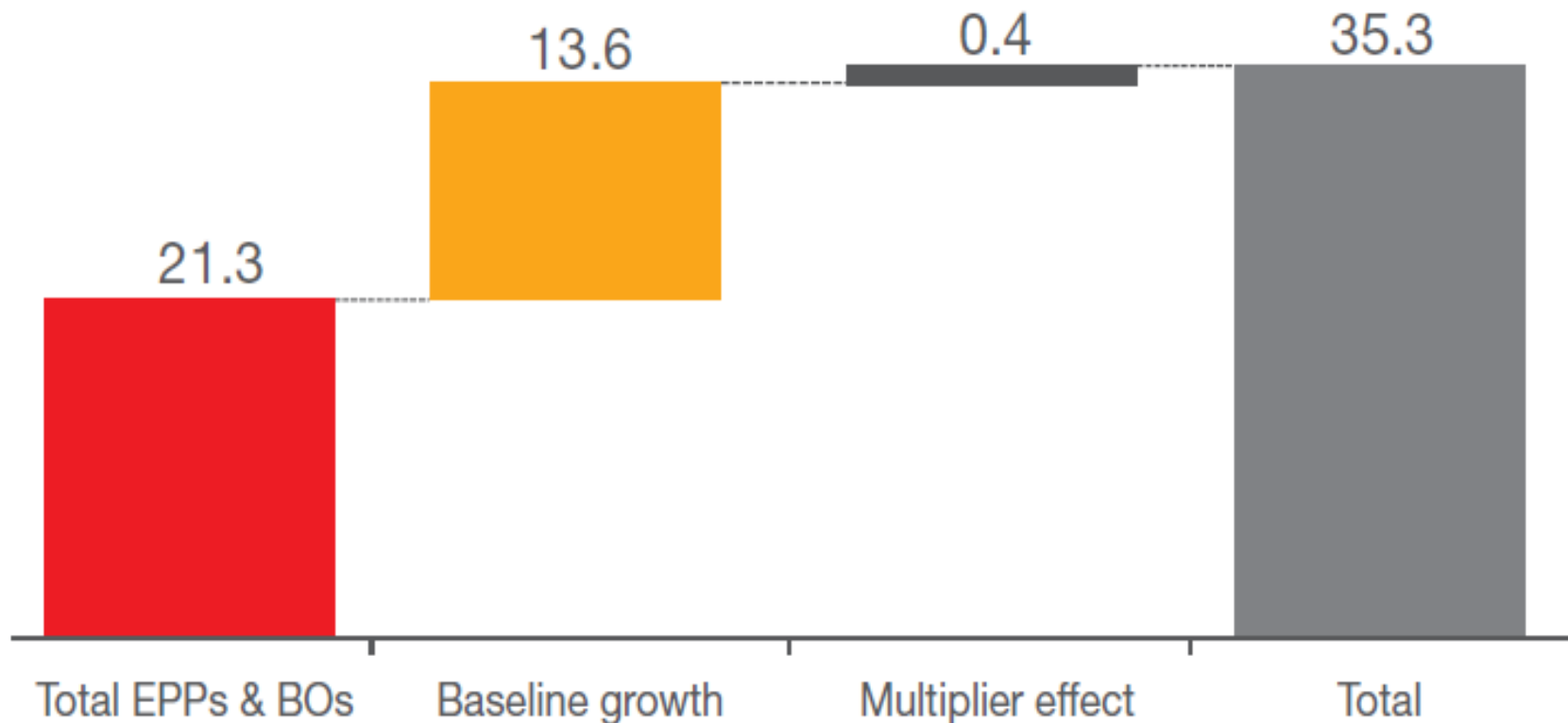
## Re-tooling using resources could drive re-invigoration



# GNI impact

## Incremental GNI contribution by 2020

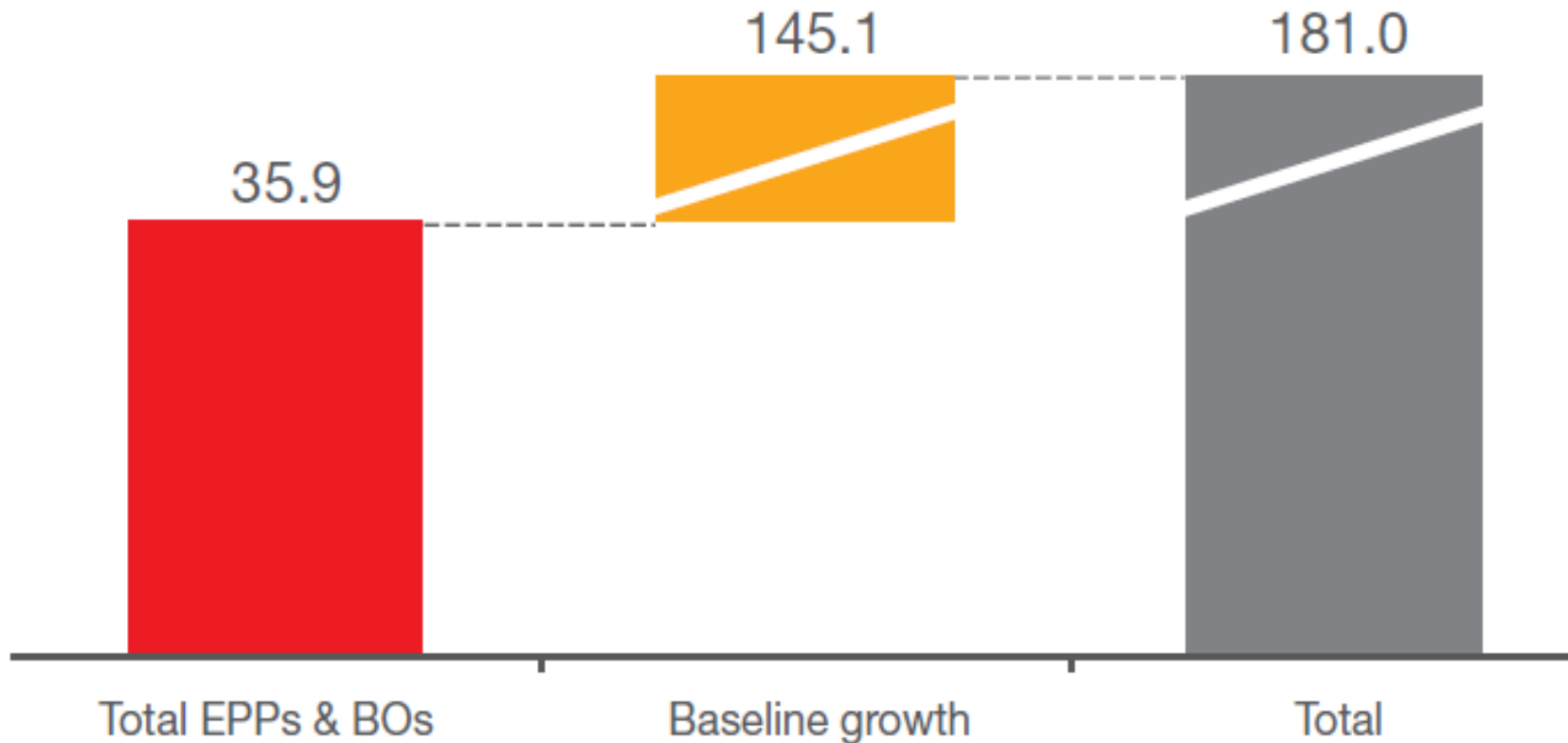
Incremental GNI (RM billion)



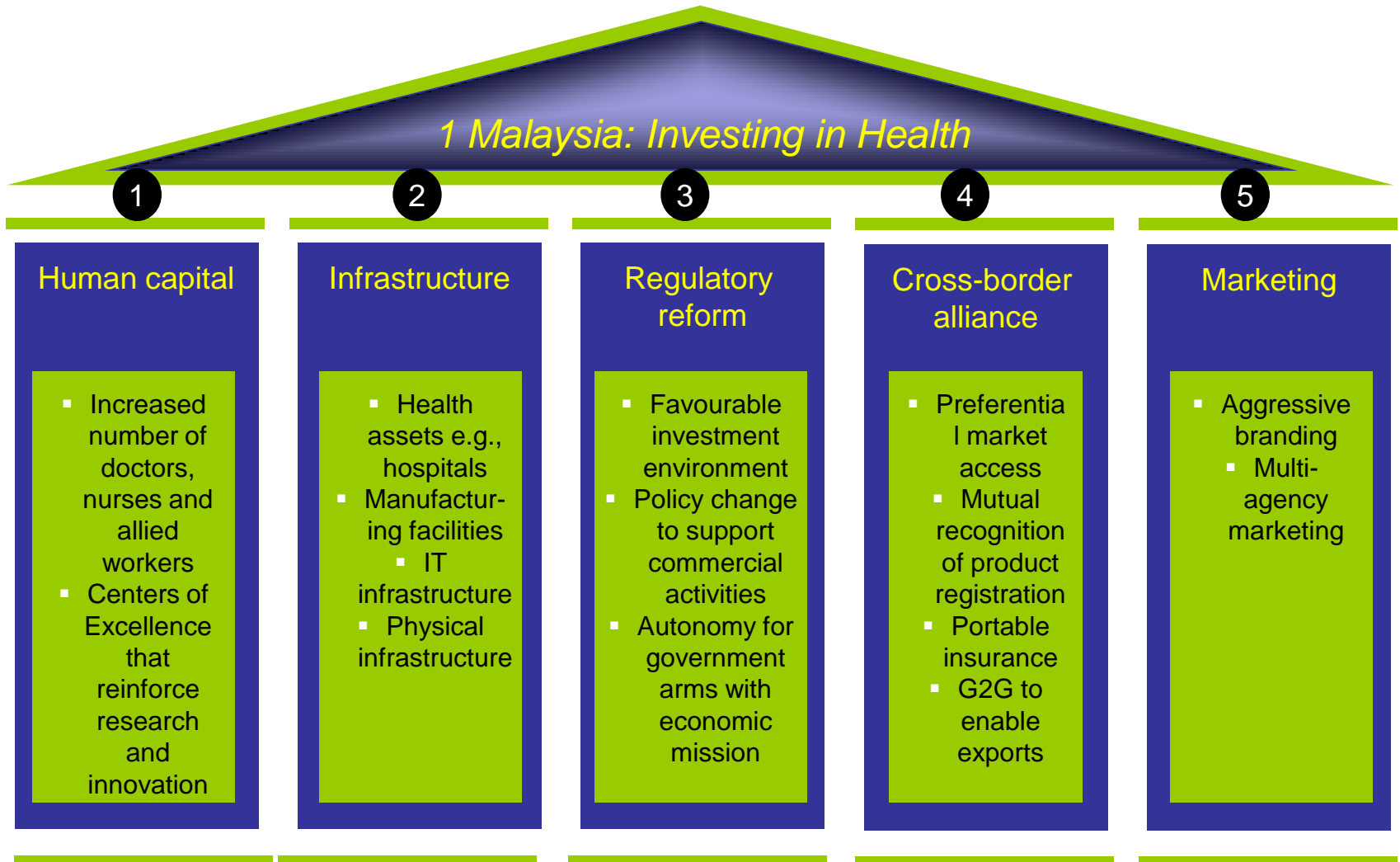
# Jobs impact

## Incremental jobs created 2020

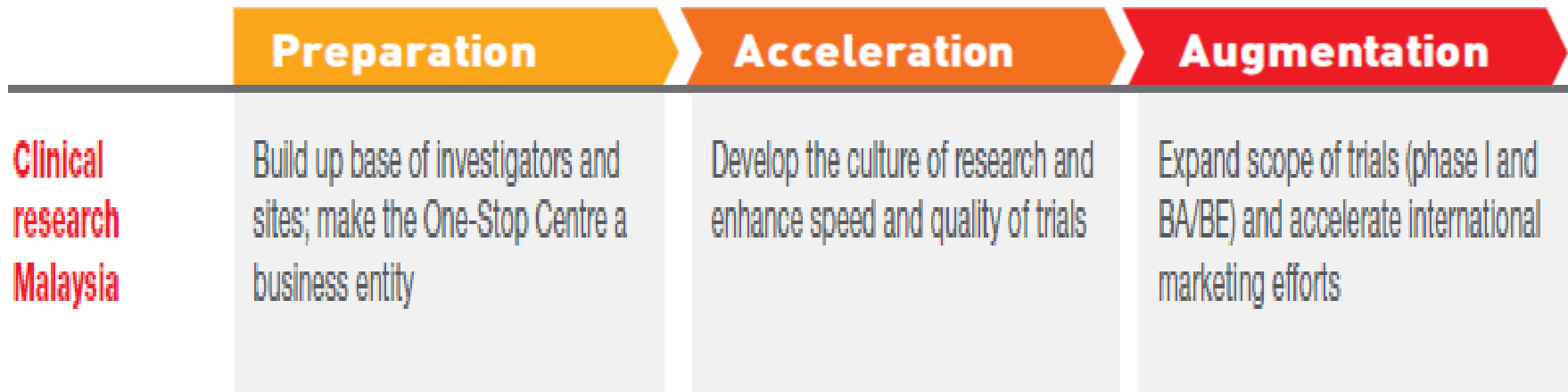
Incremental jobs ('000)



# Success will require investment in five key enablers



# The 10 year roadmap for EPPs: Getting from 2010 to 2020



# EPP 2 Summary: Clinical Research Malaysia

## Creating a supportive and complete ecosystem to grow # of trials

### Case for change

- The global contract research industry for new drug development has achieved an annual growth rate of 15% to reach more than \$20 B in 2009, and growth in Asia has outpaced the global market with annual ~30% growth to reach ~\$ 1.6B
- Malaysia's performance has lagged behind its Asian peers, with annual growth of 7–8% (2003–2009) and may also have reached a plateau

### Our proposal

- Transform the industry by creating a supportive and complete ecosystem to grow # of new trials to 800 in 2020
  - Build Malaysia's reputation for speed & quality by streamlining and strengthening ethical and governance submission and approvals
  - Promote centres of excellence emphasising service, research and teaching, which will also complement health travel, local pharma and medtech industries
  - Create a one-stop centre as a business entity to attract, facilitate, and enable trials to deliver both speed and quality.
    - Build on the strengths of MOH's integrated network and info system to enable transparent payments
  - Galvanise local investigators / sites, enhance their capability with training and increase support by providing facilities, systems, protected time and trained research staff on site

### Financial impact

|                      |          |
|----------------------|----------|
| 2020 GNI             | ~\$181M  |
| Total Jobs           | ~1K jobs |
| Total investment     | ~\$13M   |
| Total Public funding | ~\$12M   |

### Enablers

Government

- Seed funding of \$12M for the initial capital expense of 13 State Clinical Research Hubs and 7 centres of excellence for 2011-2013 (funding self-sufficiency expected from year 4 onwards)
- Directives to enhance and encourage trials in Malaysia
  - Policies and procedural change to facilitate Contract Research in public, private and academic facilities

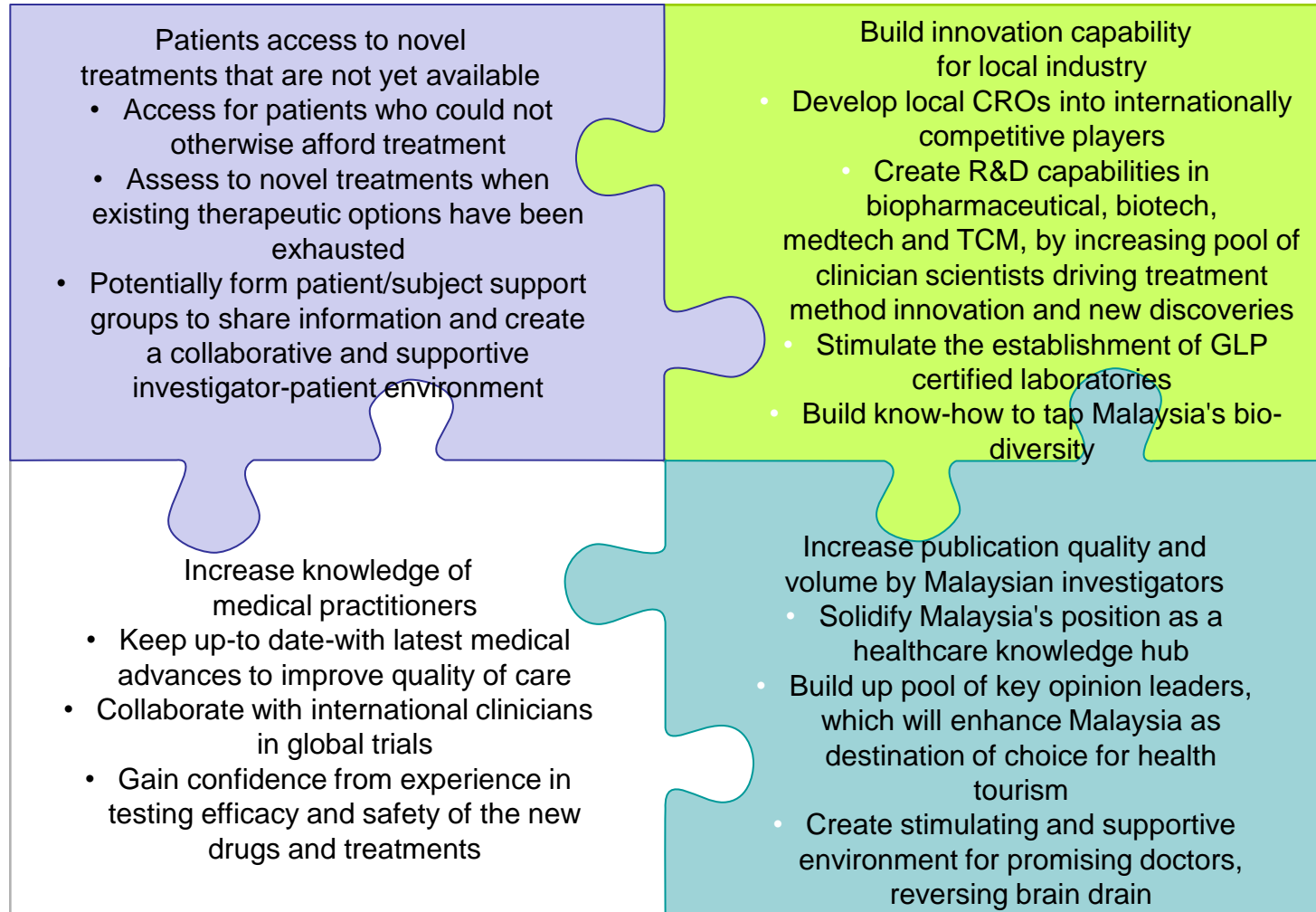
MOH

- Support for corporatizing some functions of CRC<sup>1</sup> (OSC, One Stop Centre) to form Clinical Research Malaysia (CRM) for spearheading industry development
  - Encouragement for MNC pharma companies to hold local trials by providing fast-track registration

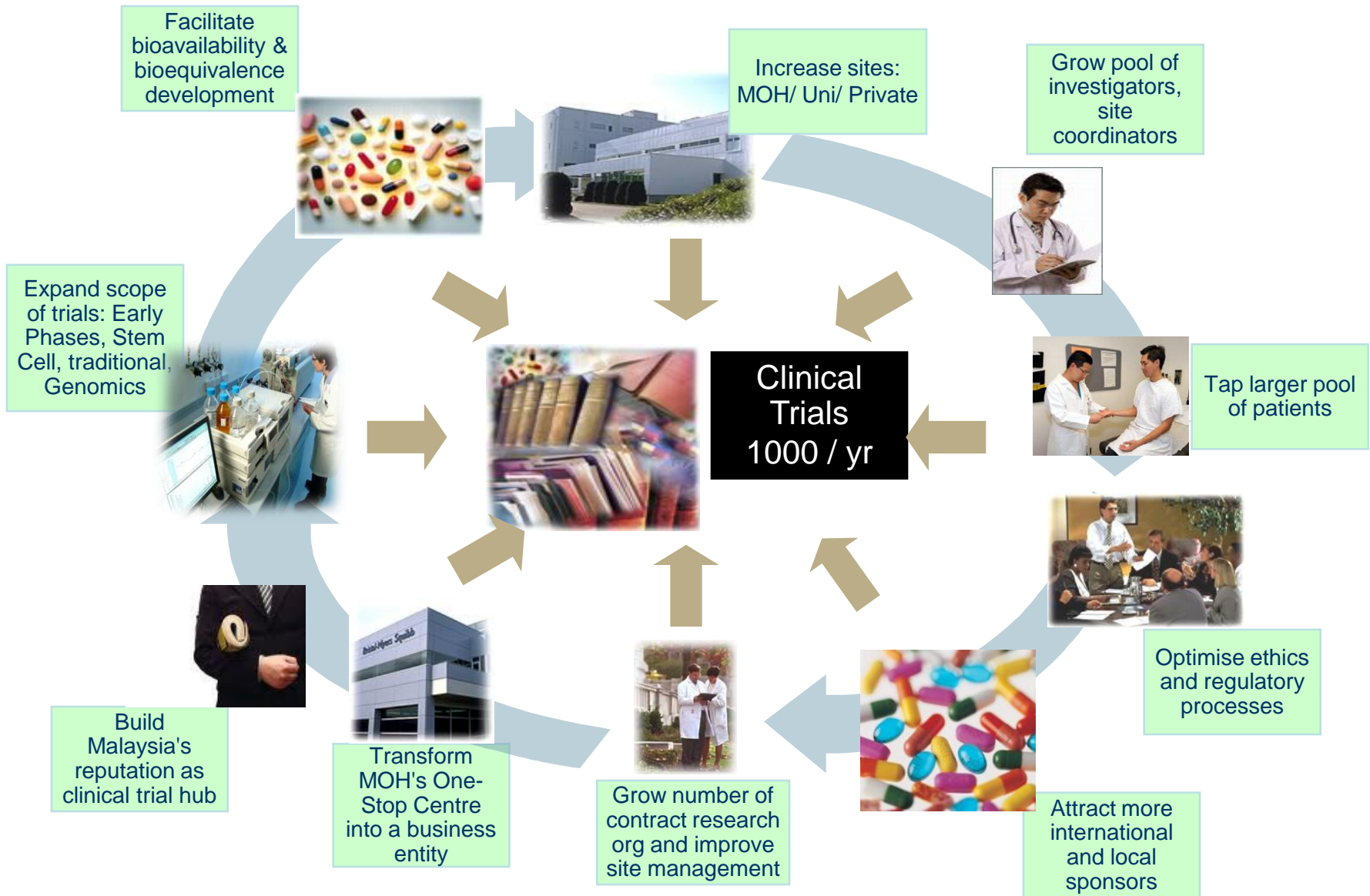
MOHE

- Planning & Development Unit to allocate space for clinical research in new hospitals and expansion of existing hospitals
  - Improve coordination and cooperation between all public sector sites

# Recommendation: Clinical Research to create positive social and economic effect



# Grow Malaysia's Clinical Research Ecosystem





# Thank You

[www.crc.gov.my](http://www.crc.gov.my)

## HELPING THEM GET RESULTS;

*The Collaborative Research Experience*

