

A Brief Note on Nanomedicine for Diseases of Poverty

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INTRODUCTION

Emerging technologies, such as nanotechnology, are frequently heralded as transformative technologies that will not only benefit the wealthy, but will also be used to reduce poverty and inequality. To overcome many of the challenges associated with developing products for poor communities, particularly medicines for the poor, institutions established organizations known as publicprivate partnerships (PPPs). This study investigates whether PPPs are developing nanotechnology to produce medicines for poverty-related diseases (DoP). PPPs are the primary actors in the research of medicines for DoP, and if they are not involved in nanotechnology research, it is unlikely that Nanomedicine for DoP will be developed. This study discovered that there are only a few PPPs doing Nanomedicine research through interviews and website content analysis [1]. Many PPPs are concerned that the technology is too expensive and that bringing Nanomedicine to market will take too long. To increase the likelihood that emerging technologies, such as nanotechnology, will be used to alleviate poverty, policymakers can change patent laws to encourage innovation on technologies for the poor, increase research funding in areas that address development, and move pro-poor technologies through the regulatory process as quickly as possible [2].

Many of the world's deadly diseases have been eradicated thanks to advances in technology and social progress. Improved medications, treatment regimens, and vaccines have helped to combat some diseases. Standards that prevented pestilence from spreading. Despite advancements in overall health, they are not distributed evenly. Many medical discoveries only target diseases that affect the wealthy, and other medicines are prohibitively expensive for impoverished communities to purchase. Scholars once estimated that there was a "10–90 gap" in health research because they discovered that less than 10% of healthcare research and development (R&D) was focused on diseases that affected 90% of the world's population. The gap is no longer 10–90, but there are many diseases that disproportionately affect the poor and receive little R&D funding. Most academics identify around 40 diseases of poverty and healthcare [3]. profitable market associated with DoP medicine, according to the literature. Scholars reason that if biotechnology and pharmaceutical companies cannot recoup their R&D expenses, they will not develop new medicines to target DoP, resulting in less R&D and medicines for DoP.

Scholars believe that special organizational structures known as public-private partnerships (PPPs) are required to overcome the small market for DoP treatments. PPPs can help to improve the DoP medicine market by connecting pharmaceutical suppliers with customers and lowering entry barriers so pharmaceutical companies can develop and sell their products. PPPs can help to improve the DoP medicine market by connecting pharmaceutical suppliers with customers and lowering entry barriers, allowing pharmaceutical companies to develop and sell DoP medicines. PPPs also fund research, connect businesses to government health organizations, participate in manufacturing, and help with distribution and marketing. These efforts have the potential to accelerate drug development on DoP, make existing medicines more accessible, and lead to inclusive innovations [4].

Nanotechnology is one new health technology that some scientists believe will revolutionize healthcare. Scientists hope that medical applications of nanotechnology targeted drug delivery systems, near instantaneous disease detection sensors, and stronger, yet flexible, prosthetics

Public-private partnerships PPPs are not new institutions; rather, governments have collaborated with private organizations for hundreds of years to provide public services. For example, the Dutch East India Company was a collaboration between the Dutch government and industry to promote global trade, and during World War II, governments relied heavily on the private sector to supply supplies and services to the war effort Despite the prevalence of government and non-government partnerships, the term "public-private partnership" was coined around 40 years ago, and it has grown in popularity since then [5].

Policy design, policy evaluation and monitoring, implementation, capacity building, activism, and resource mobilization are all functions of public-private partnerships (PPPs).

A portion of global health inequality is attributed to the lack of a

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Conflict of Interest

None

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