



सत्यमेव जयते

**PARLIAMENT OF INDIA**  
**RAJYA SABHA**

DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE  
ON HEALTH AND FAMILY WELFARE

**ONE HUNDRED SEVENTH REPORT**

**Demands for Grants 2018-19 (Demand  
No. 43) of the Department of  
Health Research**

**(Ministry of Health and Family Welfare)**

*(Presented to the Rajya Sabha on 8th March, 2018)*

*(Laid on the Table of Lok Sabha on 8th March, 2018)*



**Rajya Sabha Secretariat, New Delhi**  
**March, 2018/Phalguna, 1939 (Saka)**

**Website :** <http://rajyasabha.nic.in>  
**E-mail :** [rsc-hfw@sansad.nic.in](mailto:rsc-hfw@sansad.nic.in)

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## COMPOSITION OF THE COMMITTEE

(2017-18)

1. Prof. Ram Gopal Yadav — *Chairman*

### **RAJYA SABHA**

2. Shri Manas Ranjan Bhunia
3. Dr. R. Lakshmanan
4. Dr. Vikas Mahatme
5. Shri Jairam Ramesh
6. Shri Ashok Siddharth
7. Shri K. Somaprasad
8. Dr. C. P. Thakur
9. Shri Ronald Sapa Tlau
10. Shrimati Sampatiya Uikey

### **LOK SABHA**

11. Shri Thangso Baite
12. Shri Nandkumar Singh Chouhan (Nandu Bhaiya)
13. Dr. (Ms.) Heena Vijaykumar Gavit
14. Dr. Sanjay Jaiswal
15. Dr. K. Kamaraj
16. Shri Arjun Lal Meena
17. Shri Anoop Mishra
18. Shri J.J.T. Natterjee
19. Shri Mahendra Nath Pandey
20. Shri Chirag Paswan
21. Shri C. R. Patil
22. Shri M.K. Raghavan
23. Dr. Manoj Rajoria
24. Dr. Shrikant Eknath Shinde
25. Shri Gyan Singh
26. Shri Bharat Singh
27. Shri Kanwar Singh Tanwar
28. Shrimati Rita Tarai
29. Shri Dasrath Tirkey
30. Shri Manohar Utawal
31. Shri Akshay Yadav

**SECRETARIAT**

Shri P.P.K. Ramacharyulu, *Additional Secretary*

Shri J. Sundriyal, *Joint Secretary*

Shri Rakesh Naithani, *Director*

Shri Dinesh Singh, *Additional Director*

Shri Bhupendra Bhaskar, *Additional Director*

Shrimati Harshita Shankar, *Under Secretary*

Shri Pratap Shenoy, *Committee Officer*

Shrimati Gunjan Parashar, *Research Officer*

## INTRODUCTION

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, hereby present this 107th Report of the Committee on the Demands for Grants (Demand No. 43) of the Department of Health Research, Ministry of Health and Family Welfare, for the year 2018-19.

2. The Committee held one sitting on 16th February, 2018 for examination of Demands for Grants (2018-19) of the Department of Health Research and heard the Secretary (Health Research) and other Officers thereon.

3. The Committee considered the Draft Report and adopted the same in its meeting held on 6th March, 2018.

4. The Committee while making its Recommendations/Observations has mainly relied upon the following documents:—

- (i) Detailed Demands for Grants of the Department of Health Research for the year 2018-19;
- (ii) Annual Report of the Department for the year 2017-18;
- (iii) Detailed Explanatory Note on Demands for Grants of the Department of Health Research for the year 2018-19;
- (iv) Projection of outlays for the schemes to be undertaken by the Department during the Financial Year 2018-19;
- (v) Written replies furnished by the Department to the Questionnaires sent to them by the Secretariat; and
- (vi) Presentation made by the Secretary (Department of Health Research) and other concerned officers.

5. For facility of reference and convenience, observations and recommendations of the Committee have been printed in bold letters in the body of the Report.

NEW DELHI;  
6 March, 2018  

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Phalguna 15, 1939 (Saka)

PROF. RAM GOPAL YADAV  
*Chairman,  
Department-related Parliamentary Standing  
Committee on Health and Family Welfare  
Rajya Sabha.*

## ACRONYMS

ACD	:	Active Case Detection
AYUSH	:	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
BCC	:	Behaviour Change Communication
BIRAC	:	Biotechnology Industry Research Assistance Council
BMHRC	:	Bhopal Memorial Hospital & Research Centre
CDC	:	Centers for Disease Control and Prevention
CJD	:	Creutzfeldt-Jakob disease
CSF	:	Cerebrospinal fluid
DHR	:	Department of Health Research
EEG	:	Electroencephalogram
ELISA	:	Enzyme-linked immune sorbent assay
GIA	:	Guidance on Health Research
HBD	:	High Burden District
HLA	:	Human Leukocyte Antigens
HPV	:	Human Papillomavirus
HRD	:	Human Resource Development
HTA	:	Health Technology Assessment
ICMR	:	Indian Council of Medical Research
IDSP	:	Integrated Disease Surveillance Programme
IEC	:	Information, Education and Communication
INDIAB	:	INDia DIABetes
MDM	:	Mid-Day Meal
MDR-TB	:	Multi-Drug Resistant Tuberculosis
MoA	:	Memorandum of Agreement
MRHRUs	:	Model Rural Health Research Units
MRUs	:	Multidisciplinary Research Units
NCDs	:	Non-Communicable Diseases
NCT of Delhi	:	National Capital Territory of Delhi
NER	:	North Eastern Region



NICED	:	National Institute of Cholera and Enteric Disease
NIMHANS	:	National Institute of Mental Health and Neuro Sciences
NIN	:	National Institute of Nutrition
ITM	:	National Institute of Traditional Medicine
NIV	:	National Institute of Virology
NNMB	:	National Nutrition Monitoring Board
NVBDCP	:	National Vector Borne Disease Control Program
PHCs	:	Primary Health Centres
PIH	:	Pregnancy Induced Hypertension
RCVRDL	:	Resource Centre for Virus Research; Diagnostic Laboratories
RCH	:	Reproductive and Child Health
RMRC	:	Regional Medical Research Centre
RMRIMS	:	Rajendra Memorial Research Institute for Medical Sciences
SFC	:	Standing Finance Committee
SPEAK India	:	Setting the Post Elimination Agenda for Kala-Azar in India
STEMI	:	ST elevated Myocardial infarction
TEC	:	Technical Evaluation Committee
VCRC	:	Vector Control Research Center
VRDL	:	Viral Research-and Diagnostic Laboratories
UCs	:	Utilization Certificates
UTs,	:	Union Territories
VL	:	Visceral Leishmaniasis
WHO	:	World Health Organisation

# REPORT

## I. INTRODUCTION

1.1 The Department of Health Research (DHR) was created as a separate Department within the Ministry of Health & Family Welfare by an amendment to the Government of India (Allocation of Business) Rules, 1961 on the 17<sup>th</sup> Sept., 2007. The Department became functional from November 2008 with the appointment of first Secretary of the Department.

1.2 The aim of the DHR is to bring modern health technologies to the people through research and innovations related to diagnosis, treatment methods and vaccines for prevention; to translate them into products and processes and, in synergy with concerned organizations introduce these innovations into public health system.

1.3 The following 10 functions (nine new functions, plus the ongoing function of administering the ICMR) have been allocated to the Department of Health Research:

- Promotion and co-ordination of basic, applied and clinical research including clinical trials and operational research in areas related to medical, health, biomedical and medical profession and education through development of infrastructure, manpower and skills in cutting edge areas and management of related information thereto.
- Promote and provide guidance on research governance issues, including ethical issues in medical and health research.
- Inter-sectoral coordination and promotion of public – private – partnership in medical, biomedical and health research related areas.
- Advance training in research areas concerning medicine and health, including grant of fellowships for such training in India and abroad.
- International co-cooperation in medical and health research, including work related to international conferences in related areas in India and abroad.
- Technical support for dealing with epidemics and natural calamities.
- Investigation of outbreaks due to new and exotic agents and development of tools for prevention.
- Matters relating to scientific societies and associations, charitable and religious endowments in medicine and health research areas.
- Coordination between organizations and institutes under the Central and State Governments in areas related to the subjects entrusted to the Department and for the promotion of special studies in medicine and health.
- Administering and monitoring of Indian Council of Medical Research (ICMR).

1.4 With a view to fulfil its mandate, the DHR had formulated following new schemes and these schemes had been rolled out in 2013-14.

- (i) Establishment of Network of Research Laboratories for Managing Epidemics and Natural Calamities (VRDL)
- (ii) Establishment of Multidisciplinary Research Units (MRUs) in Govt. Medical Colleges
- (iii) Establishment of Model Rural Health Research Units (MRHRUs) in States.
- (iv) Human Resource Development (HRD) for Health Research
- (v) Grants in Aid Scheme (GIA) for inter-sectoral convergence & promotion and guidance on research governance issues.

## II. BUDGETARY ALLOCATION

2.1 The Committee has been informed that against the projected demand of ₹2280.00 crore for the year 2017-18, the actual allocation for Department of Health Research was ₹1500.00 crore (including ICMR) which was increased to ₹ 1743.39 crore at RE stage. The BE, RE and AE during the years 2016-17 and 2017-18 are as under :-

**Table-1**

Year	Projected Demand	BE	RE	AE	(% in Expenditure)	
					BE	RE
2016-17	2583.00	1114.80	1344.80	1323.60	115.62	98.42
2017-18	2280.00	1500.00	1743.39	*1214.53	80.97	69.66

\* Expenditure till February, 2018.

2.2 The Committee finds that against projected demand of ₹ 2280.00 crores for 2017-18, total actual allocation was ₹ 1743.39 crores at RE stage and actual expenditure is ₹ 1214.53 crores upto till February 2018. On being asked about the projects/schemes for which allocation of funds was essential and non-negotiable, the Department has informed that the Ministry of Finance had agreed to provide an additionality of ₹ 243.39 crores in RE stage for 2017-18 which has been received at the end of the financial year. According to the Department, the allocation is not sufficient for meeting the fund requirements of schemes of DHR and ICMR and it is managed by giving priority in funding to the committed expenditure of ongoing/already sanctioned projects and adjusting the sanctioning of new Units/Labs/projects with reference to the availability.

**2.3 The Committee observes that constraints of funds should not come in the way of the medical as well as health research. The Committee would like the Department to formulate a Comprehensive Action Plan, while projecting its funds requirement before the Ministry of Finance. The Committee believes that the Department of Health Research has not been effective in persuading the Ministry of Finance for seeking required funds and therefore, the additional funds have been received at the fag end of the Financial Year. The Committee recommends that the Department should be more proactive in holding pre-budget discussion and forwarding the proposals for Supplementary Grant in order to ensure that funds are released well in advance at RE stage.**

2.4 A statement indicating progress of component –wise expenditure during 2017-18 is given below:-

**Table-2**

*(₹ in Crores)*

Sl. No.	Component	Projected Demand	BE 2017-18	RE 2017-18	Actual Expenditure upto 09.02.2018	% of expr. against BE	% of expr. against BE
1.	Establishment of Network of Viral Diagnostic & Research Laboratories for Managing Epidemics.	85.00	56.00	66.00	46.63	83.27	70.65
	Separate Budget line "Development of Tools to prevent outbreaks of epidemics"	5.00	3.00	5.00	1.66	55.33	33.20
2.	Establishment of Multidisciplinary Research Units (MRUs) in Govt. Medical Colleges.	50.00	36.00	45.00	31.95	88.75	71.00
3.	Establishment of Model Rural Health Research Units (MRHRUs) in the States	23.00	9.00	11.00	8.00	88.89	72.73
4.	Human Resource Development for Health Research	25.00	20.00	26.00	13.82	69.10	53.15
5.	Grant-in-aid Scheme for inter-sectoral convergence and Coordination for Promotion & Guidance on Health Research	40.00	20.00	30.00	16.63	83.15	55.43
6.	Research Governance-HTA	5.00	5.00	6.00	0.41	8.20	6.83

7.	International Cooperation	1.00	1.00	1.00	0.14	14.00	14.00
8.	Bhopal Memorial Hospital & Research Centre, Bhopal (BMHRC)	137.00	188.00	124.39	100.94	53.69	81.15
9.	Indian Council of Medical Research (ICMR)	1893.00	1,150.00	1,413.60	985.00	85.65	69.68
10.	Secretariat Expenditure	16.00	12.00	15.40	9.35	77.92	60.71
Total		2280.00	1,500.00	1,743.39	1,214.53	80.97	69.66

2.5 The Committee notes that while on the one hand the Department claims that there is shortfall of funds for implementation of its projects/schemes, on the other hand, there is under-utilisation of funds with respect to certain schemes/projects like Development of Tools to prevent Outbreaks of epidemics (33.20%); Human Resource Development for Health Research (53.15%), Grant-in-aid Scheme for inter-sectoral convergence and Coordination for Promotion & Guidance on Health Research (55.43%), Research Governance–HTA (6.83%), International Cooperation (14.00%), Indian Council of Medical Research (ICMR) 69.68%), Secretariat Expenditure (60.71). The Committee, therefore, recommends that the Department should seriously monitor the funds allocated at BE stage as well as RE stage in each quarter with a view to ensure optimum utilisation of resources. The Committee also recommends that Department must explore innovative solutions, prepare flexible and workable action plan, aimed to meet all deadlines and develop strategic alternatives wherever the current strategy may not yield the intended results so as to accomplish the physical and financial targets.

2.6 As per the information furnished by the Department, the allocation in BE *vis-a-vis* the projected demand for the year 2018-19 for different schemes of the Department is given below:-

**Table-3**

Sl. No.	Scheme	Projected Demand	BE 2018-19	Bare Minimum Additional requirement for 2018-19	Remarks
1.	Network of Laboratories for Managing Epidemics & National Calamities (including development of tools to prevent outbreaks)	130.00	70.00	40.00	₹ 67.00 crore for 30 new VRDLs + 43.00 crore for committed expenditure for ongoing VRDLs (total = 110.00 crores)

2.	Development of tools to prevent out breaks	5.00	5.00	-	-
3.	Establishment of Model Rural health Research units in the States.	145.00	50.00	11.48	₹ 12.00 crore for 10 new MRUs + 49.48 crore for committed expenditure for ongoing MRUs (Total = ₹61.48 crore)
4.	Establishment of Model Rural health Research units in the States.	25.00	13.00	13.82	₹ 6.00 crore for 4 new MRUs _20.82 crore for committed expenditure for ongoing MRHRUs (Total = ₹ 26.82 crore)
5.	Grant-in-aid Scheme	100.00	35.00	20.00	₹ 35.00 crore for New proposals +25.00 crore for committed expenditure for ongoing projects (Total= ₹55 crore)
6.	Research Governance - Health Technology Assessment (HTA)	1.00	6.00	4.00	₹ 5.00 crore for new proposals + 5.00 crore for committed expenditure for ongoing research projects (Total = ₹ 10.00 crore)
7.	International Cooperation	1.00	1.00	-	-
8.	HRD Scheme	45.00	30.00	15.28	₹ 24.28 crore for new proposals + 21.00 crore for committed expenditure for ongoing projects (Total = ₹45.28 crore)
9.	Secretariat Expenditure-DHR	25.00	34.00	-	-
10.	ICMR	2487.00	1416.00	350.00	Programmes/Activities related India TB

				research consor— malaria elimination INPIAB Study, HRD National Nutriation Mission, mission mode projects centre for excellence
11. Bhopal Memorial Hospital and Research Centre (BMHRC)	170.00	140.00	-	-
TOTAL	3143.00	1800.00	454.58	

2.7 The Committee has been informed by the Department that the budgetary allocation for 2018-19 is to the tune of ₹ 1800.00 crore against the projected demand of ₹ 3143.00 crore and it would not be sufficient for meeting the requisite additional requirements of schemes of DHR and ICMR. The Department has informed that the shortfall would affect the establishment of VRDLs, non-recurring expenditure for civil works & equipment and recurring expenditure on annual basis towards staffing, consumables, ongoing/already sanctioned projects and adjusting the sanctioning of new Units/Labs/projects, etc. The Department submitted that the bare minimum additional requirement of ₹ 454.58 crore would be essential for carrying out the important activities of the Department for implementation of the DHR schemes related to establishment of Viral Research & Diagnostic Laboratories (VRDLs), Multi-Disciplinary Research Units (MRUs), Grant-in-Aid Scheme for funding research projects and Human Resource Development for Health Research which are likely to be affected due to inadequate budgetary allocations. Similarly, inadequate budgetary allocations would also affect the funding of research activities of the institutes of ICMR to accommodate the requirements of providing consumables, chemicals and reagents across the 26 institutes and other laboratories/field stations. Besides, a number of already approved extra mural proposals would be difficult to be funded due to non-availability of adequate budgetary allocations.

**2.8 The Committee observes that the Department of Health Research is mandated to promote basic, applied and clinical research related to medical health and biomedical performance in cutting edge areas. Starving of the on-going and proposed basic, applied and clinical research projects in the medical and public health research would prove detrimental to generation of new knowledge in the areas of health research. The Committee, therefore, lends its support for enhancement of funds to the tune of 454.58 crore to the Department of Health Research for financial year 2018-19. The Department of Health Research must take up the matter with the of Ministry of Finance. The Committee desires to be apprised of response of the Ministry of Finance in this regard. The Committee also recommends that a robust monitoring mechanism should be put in place for proper utilisation of allocated funds through financial management to ensure that the schemes does not get sidetracked due to lack of funds.**

#### Utilisation Certificate

2.9 On being asked about the number of utilisation certificate pending, the Department has finished the following information as on 31<sup>st</sup> January, 2018:-

**Table - 4**

S.No.	Scheme	UCs pending as on 31.3.2017		UCs pending as on 31.1.2018	
		No. of UCs pending	Amount (₹ in Crores)	No. of UCs pending	Amount (₹ in Crores)
1	Multi- Disciplinary Research Units in Govt. Medical Colleges	23	29.57	6	5.36
2	Other Schemes	-	-	-	-
3	ICMR	-	-	-	-
4.	Bhopal Memorial Hospital & Research Centre	-	-	-	-
TOTAL		23	29.57	6	5.36

2.10 The Committee has been informed that pendency of UCs has been reduced from the 23 UCs amounting to ₹ 29.57 crore as on 31.3.2017 to 6 UCs amounting to ₹ 5.36 crore as on 31.1.2018. The Department has assured that the efforts were being made for expeditious settlement of UCs by writing letters to the concerned medical colleges/institutes, carrying out field visits and holding desk review meetings

**2.11 The Committee notes the efforts of the Department towards settlement of pending UCs and hopes that pendency of UCs would not be a hindrance in the successful implementation of these schemes/projects.**

### III. INDIAN COUNCIL OF MEDICAL RESEARCH (ICMR)

3.1 ICMR is an apex organisation to formulate, conduct, coordinate and promote biomedical research. It is one of the oldest medical research bodies in the world funded by Ministry of Health and Family Welfare. The Council's Research priorities coincide with the National Health priorities such as control and management of communicable diseases, fertility control, maternal and child health, control of nutritional disorders, developing alternative strategies for health care delivery, containment within safety limits of environment and occupational health problems, research on major non-communicable diseases like cancer, cardiovascular diseases, blindness, diabetes and other metabolic and haematological disorders, mental health and drug research (including traditional remedies). All these efforts are undertaken to reduce the total burden of disease and to promote health and well- being of population.

3.2 The Indian Council of Medical Research continued to serve as the fulcrum of the Department of Health Research (DHR) as part of its mandate to intensify research programmes and development of newer technologies for the benefit of the public at large. Intramural research is carried out through a countrywide network of 31 institutes/centres, out of which 17 deal with communicable diseases, 6 with non-communicable diseases, 2 deal with diseases related to Reproductive and Child Health (RCH), 3 deal with nutritional deficiencies and 3 deal with disease related to Basic Medical Sciences including Hemoglobinopathies and Traditional Medicine. Extramural research is promoted by ICMR through setting up Centres for Advanced Research in different research areas around existing expertise and



infrastructure in selected departments of Medical Colleges, Universities and other non-ICMR Research Institutes.

3.3 A statement of projected Demand for ICMR , BE, RE, Grant received and Expenditure incurred since 2013-14 is given below:-

**Table - 5**

Year	Projected Demand	BE	RE	Grant Received	(₹ in Crores)
					Expenditure
2013-14	1086.00	803.00	779.25	779.45	779.45
2014-15	1627.00	812.67	820.18	801.92	801.92
2015-16	1715.91	863.17	893.74	882.66	882.66
2016-17	1144.10	894.00	1,094.00	1,077.40	1062.97
2017-18	1893.00	1,150.00	1,413.60	962.50	947.50
					(upto 31 <sup>st</sup> January, 2018)

3.4 The Committee observes that against the projected demand of ₹ 1893.00 crores in 2017-18, an allocation of ₹ 1150.00 crore was made which was increased to ₹ 1413.60 crore at RE stage. The Department informed that the enhanced allocation at RE stage was not sufficient to meet research activities of the ICMR as it was received at the fag end of the financial year 2017-18. The shortfall is managed by giving priority in funding to the committed expenditure of ongoing/already sanctioned projects and adjusting the sanctioning of new Units/Labs/projects with reference to the availability of funds. The Department has also informed that the additional allocation would enable ICMR to mainly meet the requirement of revision of pay & allowances and pension on account of implementation of 7<sup>th</sup> Central Pay Commission, leaving very little additionality for research activities.

**3.5 The Committee observes that in view of the dynamic international health research environment and the current and future health challenges, the role of ICMR is very crucial. If the projects/schemes of ICMR are not allocated sufficient funds, it can have serious repercussions and undermine the desired outcomes in the health sector. The Committee, therefore, recommends that more funds be allocated to ICMR well in time so that it can be used judiciously.**

3.6 The Department has furnished the projected demand by ICMR as well as allocation ( component-wise break up) for the year 2018-19 is as under:-

**Table- 6**

Sl. No.	Head	Projected Demand	(₹ in crores)
			Allocation
1	Grant-in-aid Salaries	770.00	446.00
2.	Grant-in-aid General	1017.00	770.00
3.	Creation of Capital Assets	700.00	200.00
	TOTAL	2487.00	1416.00

3.7 The Department has submitted that against the projected demand of ₹ 2487.00 crores for the year 2018-19, an allocation of ₹ 1416.00 crore was made to the ICMR with the shortfall of ₹ 1071.00 crore. On being enquired about the shortfall, the Department has informed that ₹ 350.00 crore is essential for - (i) ₹ 200.00 crore for bare minimum required for ongoing activities and programs (India TB Research Consortium, Malaria Elimination, INDIAB study, Hypertension study, Human Resource Development and capacity building programs, Infrastructure Development projects); and (ii) ₹ 150.00 crore for bare minimum required for proposed/future activities and programs (projects related to National Nutrition Mission, ICMR Academy, Indo-Africa Initiative, Big Data Analytics, large scale surveys, Mission Mode Projects and Centres of Excellence, Infrastructure Development Projects).

**3.8 The Committee is concerned about less allocation of funds to ICMR against projected allocation. The Committee would like to emphasise that ICMR being the only custodian of health research activities needs to be promoted and encouraged so that tangible outcomes are witnessed for various health care challenges/diseases. The Committee, therefore, lends its support to the Department's demand for additional funds to the tune of ₹ 350.00 crore for 2018-19 at RE stage and would like to urge upon the Ministry of Finance to increase the budgetary allocation to the Department of Health Research so that the Department is able to ensure continuity in critical health research.**

3.9 The Committee observes that allocation of funds for ICMR witnessed, an increase of only ₹ 3.00 crore more from the previous year of RE 2017-18. Given the excellent track-record of ICMR in utilising the budgeted funds, the Committee wonders as to what financial yardstick was applied for allocation of funds in BE 2018-19 vis-a-vis the projected demand. The Committee, therefore, recommends that more funds be allocated to ICMR. The Committee, simultaneously, impresses upon the Department to deploy its financial resources in a more efficient manner.

3.10 The Committee is also of the view that the ICMR is the main technical wing of the Department of Health Research and is responsible for formulation, coordination and promotion of bio-medical research in the country. The Committee, therefore, notes with serious concern the likely adverse impact of the funds crunch on the intramural and extramural research priorities of ICMR. The Committee would also like to urge upon the Finance Ministry to consider higher allocation for ICMR for this Financial Year so that the funds are released in time this year and there should not be a hurdle in prioritising health research activities and developing new drugs, vaccines and diagnostics for benefit for mankind.

3.11 On being asked about the various researches with respect to certain diseases and vaccines, the Committee was informed that the Rotavirus vaccine, in which ICMR was very much involved in development as well as vaccine trials has been rolled out in the country and started in four States which has been expended to five. As regards hypertension, it was submitted that ICMR is trying to deal with factors which are for prevention of hypertension which includes studies on salt intake, trans-fat etc. which have not been attempted in the country at all. As regards Japanese encephalitis in Gorakhpur, the Department submitted that they were working closely with the State Government there. While understanding the disease that is a critical and sensitive problem in the country, a centre is being created there also. The Centre is already into the work, related to prevention and control and the Department continuously works with them to figure out the programme needs as far as prevention and control is concerned.

3.12 The Secretary of the Department of Health and Family Welfare who was holding additional charge of

Department of Health Research also added that the issues in Gorakhpur have been complex as it is but a mix of problem of sanitation, nutrition, drinking water, poverty. Hence, the strategy which the Department is working with the State Government has been multi-pronged with respect to Gorakhpur.

3.13 On being asked about the major achievements of ICMR during the year 2017, the Department has furnished the following information:-

Communicable Diseases:

Zika surveillance in India:

- Surveillance for Zika virus infection was established by ICMR at 10 sites (DHR/ICMR Virus Research & Diagnostic Laboratories) in 2016 following the WHO declaration of Zika virus infection being a public health emergency of International concern. This greatly helped in early diagnosis of disease and taking appropriate action.
- Through this surveillance mechanism, the first case of Zika virus infection was detected and reported in India from Ahmedabad, Gujarat. The surveillance was further stepped up in early 2017 in Gujarat wherein the nearby Fever and Antenatal clinics were also included in the network. Further two more cases were detected. Till now, four cases of Zika virus infection have been reported through robust surveillance mechanism.
- Subsequently from May 2017, ICMR has expanded Zika virus surveillance to 26 sites in 19 States of the country in coordination with ICMR-NIV, Pune.
- Repeated trainings and capacity building has been undertaken by NIV, Pune to strengthen the Zika virus surveillance in the country. The current test used for detection of Zika virus is the CDC Trioplex kit which detects the virus till 5-6 days of onset of symptoms.

Lymphatic Filariasis

- A Community based study, to compare the safety, efficacy and acceptability of a triple drug regimen (Ivermectin, Diethylcarbamazine and Albendazole) and a two-drug regimen (Diethylcarbamazine and Albendazole) was carried out by VCRC, Puducherry in Yadgir district of Karnataka. The study on safety data is complete and the results have been presented to the Data Safety Monitoring Board. It was recommended that there are no safety concerns with triple Drug regimen. The Results have also been presented to the Ministry of Health & Family Welfare (January, 2018) and recommendations have been made on phase-wise implementation of the Triple Drug Regimen in the National Programme.

Kala Azar

- ICMR's Rajendra Memorial Research Institute for Medical Sciences (RMRIMS), Patna has demonstrated in Vaishali district of Bihar (reporting more than 660 cases per 10,000 population) that if the existing strategies are applied intensively, it is possible to eliminate Visceral Leishmaniasis (VL) from an endemic block. The strategies used were using Active Case Detection (ACD) technique by House to House survey and Index case approach using rk-39 in all 16 PHCs, especially villages reporting > 5 cases for last 3 years, Training of all Physicians and Para Medical staffs for treatment and training of staff of 16 PHC, spray workers about use of stirrup pump and hand compression pump and extensive Information, Education and Communication

(IEC) and Behaviour Change Communication (BCC). These strategies have brought down the cases to 0.38 per 10,000 population. This Vaishali Model will be replicated in Saran, a highly endemic district (having >700 cases in 2016) as entrusted by GOI.

- ICMR in partnership with Ministry of Health and Family Welfare, Directorate of National Vector Borne Disease Control Programme (NVBDCP) has launched “Setting the Post Elimination Agenda for Kala-Azar in India (SPEAK India)” Consortium with aim to develop a forum for constructive discussion around the transmission dynamics of Visceral Leishmaniasis (VL), bringing together the scientific, logistic and practical expertise, and to define the gaps in understanding that threaten sustained elimination, analyze the existing or new findings, develop protocols, methodologies and actions that can rapidly provide the missing information. Under the Consortium, in 2017-18, four studies have been funded on various aspects of kala azar.

#### Malaria

- ICMR through its institutes is supporting Government of India and making efforts in demonstrating the best strategies which could be implemented in the field towards elimination of malaria. ICMR’s National Institute for Research in Tribal Health and Sun Pharma along with Government of Madhya Pradesh and Directorate of National Vector Borne Disease Control Program (NVBDCP) have launched a project to demonstrate elimination of malaria from 1233 villages of Mandla district of Madhya Pradesh with the strategy of Track Malaria, Test Malaria and Treat Malaria. Training of field level workers, using Mobile Based App for better reporting and detection and treatment of cases is also being undertaken.
- Government of Punjab and ICMR’s National institute of Malaria Research are working together in low endemic districts of Punjab towards elimination of malaria.

#### Policy Translation/Program inputs

- Policy brief on suggested containment measures for Diphtheria has been developed and provided to Government of Karnataka, on which action is being taken.
- Policy Brief on the appropriateness of use of Oral Cholera Vaccine in targeted population of India has been developed.

#### Non-Communicable Diseases (NCDs)

- Model for STEMI (ST elevated Myocardial infarction) Care Pathway developed. State of Karnataka is on the verge of taking this forward. Dialogues with other states are in process.
- Establishment of Stroke Clinical network for prevention, acute care, rehabilitation and chronic care of stroke patients
- A ‘Histological Atlas of the Common Infection of CNS’, along with set of histological slides depicting the pathological features and CD containing the text & photographs in the Atlas has been prepared. Slides and CDs are provided to medical college students for enhancing medical education in this area
- For early detection of an uncommon neurodegenerative disease-Creutzfeldt–Jakob Disease (CJD) a diagnostic test has been developed. It is an ELISA sensitive test for quantization of 14-3-3

protein in CSF. This test can be used as a supportive biomarker to the clinical, imaging and EEG findings in suspected cases of CJD. The test has been introduced for diagnostic services at NIMHANS, which has been asked to setup an ICMR –NIMHANS National Level Facility for CJD diagnosis

**3.14 The Committee appreciates the achievements made by ICMR. The Committee recommends that keeping in view the current health scenario in the country, it is imperative that these researches/achievements are introduced into the public system of the country so as to benefit the population of the country as early as possible.**

3.15 The Committee has been informed that the ICMR plans to link its existing programme of supporting postgraduate research thesis in medical colleges to generate nationally relevant data periodically on antibiotic resistance, air pollution related health effects, adverse effect of new drugs in Indian patients, diabetes, *etc.* It is proposed to announce these topics as thrust areas for providing financial support to existing MD/MS thesis twice a year as presently very meager data are generated through this Scheme as ICMR supports all fields of health research for postgraduate thesis.

3.16. As of now, for the year 2016-17, 54 of 615-thesis protocols were awarded financial assistance. Of these 54 thesis protocols, 40 (72%) were medical disciplines and 14 (28%) were dental sciences and the participating Institutes are 54. The financial assistance has been provided to 668 MD/MS/DM/MCh/MDS thesis out of 2944 proposals received so far (2003-2017).

**3.17 The Committee is of the view that ICMR needs to focus more on such research areas wherein the country is witnessing high disease burden. The thrust areas may be identified by ICMR which the students of MD/MS may select from so that the research outcomes are relevant in prevention as well as cure of certain diseases. Awarding financial assistance to these students would certainly incentivise the orientation of students towards research. The Committee recommends that concerted efforts need to be made to encourage students for undertaking research projects and there is need to inculcate research vigour that may generate research leads, the fruits of which can be translated into tangible outcomes.**

3.18 In reply to a query, the Department has furnished the following information:-

- Out of the 'Five Pillars' identified for the strategy under the Vision Document of ICMR, one pillar has been dedicated to traditional/AYUSH system of medicine.
- One of ICMR's institutes National Institute of Traditional Medicine (NITM), Belagavi, (Karnataka) has been dedicated to focus on research in traditional medicine.
- A facility for evaluation and translation of Traditional Medicine- 'School of Traditional Medicine' has been established at ICMR-NITM, Belagavi.
- Activities have already been initiated. A meeting of stakeholders was held on 10.01.2018 wherein the following disease areas were prioritized: (1) Diabetes-Diabetic Nephropathy, Diabetic Retinopathy; (2) Cancer - Oral cancer, Breast Cancer, Cervical Cancer, Lung Cancer; (3) Inflammatory Bowel Syndrome; (4) Dengue; (5) Arthritis and (6) MDR-TB.
- An expert group will be identified which will work out financial and manpower resources required during first phase of program between 2018-2024.

- A committee for implementation and monitoring will be put in place in association with Ministry of AYUSH.

**3.19 The Committee finds that the Department has informed that a facility for evaluation and translation of Traditional Medicine has been established at ICMR - NITM, Belagavi. The Committee hopes that the facility so generated must lead to scientific validation of AYUSH remedies or such research should translate into tangible health products/processes for the people, in general.**

3.20 The Department has furnished that ICMR has implemented and assessed the public health programme with special reference to Fortified Food to fight malnutrition at national level. However, National Institute of Nutrition (NIN), Hyderabad of ICMR has undertaken following studies/ measures to address micronutrient deficiencies:

- In the year 2017, ICMR-NIN in collaboration with Ministry of Human Resource Development has carried out impact evaluation of Mid-Day Meal (MDM) in 21 states in India. Finalization of the impact evaluation report is currently going on and the same will be submitted to the Department of School Education & Literacy, Ministry of Human Resource Development. The final report will provide insight of strengths and weakness/gaps of the programme. The data generated from this study will be used to strengthen MDM programme to improve nutrition of children.
- As part of Urban Nutrition Surveys, ICMR-NIN has evaluated massive dose of vitamin -A uptake in 1-5 year old urban children. Preliminary results showed 71% uptake in 16 NNMB (National Nutrition Monitoring Board) states.
- As for iron and folic acid consumption by the urban pregnant women, under the National Anaemia Control Program, the coverage was found to be 80%. However, only 59% of pregnant women received Iron & Folic Acid (IFA) tablet for complete 100 days as recommended in the control program.
- In another High Burden District (HBD) study, ICMR-NIN is currently conducting an intervention study using multi component health and nutrition intervention package in 16 districts of 5 states through ICDS programme. This study will be completed by the end of this year.
- ICMR-NIN tested a micronutrient fortification mix containing 7 micronutrients (iron, folic acid, B12, B2, zinc, vitamin A and vitamin C) of food supplements (Grow Smart) through ICDS in 22 villages of Telangana state.
- ICMR-NIN in collaboration with State Governments has developed micronutrient fortified (iron, folic acid, B1, B2, B12, Niacin, zinc, vitamin A, vitamin C, calcium) take home ration called 'Balamrutham' for 6-36 months old children, which is implemented in all districts of Andhra Pradesh and Telangana.

3.21 Moreover, the Government of India has decided recently that initially three food articles i.e double fortified salt, wheat flour and edible oil should be considered for mandatory fortification through Mid-May Meal Programme under Integrated Child Development Services Scheme and Public Distribution System.

3.22 With reference to inter-ministerial coordination in combating anaemia among children across the country, Indian Council of Medical Research has taken an initiative to address the problem of under-nutrition with special reference to underweight, wasting, stunting as well as anaemia by integration of agriculture and

nutrition involving various stakeholders viz. Indian Council of Agricultural Research, Biotechnology Industry Research Assistance Council (BIRAC), Department of Biotechnology, Department of Women & Child Development, MS Swaminathan Research Foundation, State Government and District Officials. Three districts i.e Kanpur Dehat (Uttar Pradesh), Koraput (Odisha) and Palghar (Maharashtra) are selected initially to develop a model.

**3.23 While appreciating the initiative of ICMR to combat malnutrition and study undertaken for impact evaluation of MDM scheme, the Committee is of the considered view that given the mandate of ICMR with regard to medial and health research, a lot more needs to done. Collaboration of ICMR with other Departments/Ministries and Councils is indeed a welcome step in the right direction. The Committee recommends that the collaborative studies undertaken by ICMR must yield perceptive results which can be used to tackle the problem of malnutrition in the country, which is so spread over less developed States.**

#### IV. INFRASTRUCTURE DEVELOPMENT FOR HEALTH RESEARCH SETTING-UP NATION WIDE NETWORK OF LABORATORIES FOR MANAGING EPIDEMICS AND NATIONAL CALAMITIES.

4.1 As per information furnished by the Department, the scheme entails:-

- Viral Research and Diagnostic Laboratories (VRDLs) to create infrastructure and capacity for timely identification of known viruses/agents of public health importance causing epidemics and develop diagnostic kits.
- Undertake research for identification of emerging and newer genetically active/modified viruses.
- Provide training to health professionals to deal with emergent epidemic outbreaks.

4.2 As per information furnished by the Department, target is to establish 25 VRDLs, against which 10 VRDLs have already been sanctioned and funding of 2 more VRDLs are in the pipeline. In addition, grants have also been released for meeting the recurring expenditure of ongoing Labs.

4.3 Financial achievements during 2016-17 and 2017-18 are given below:-

**Table - 7**

(₹ in Crores)		
Year	Allocation	Actual Expenditure
2016-17	44.25 (RE)	44.25
2017-18	66.00 (RE)	46.63 (upto 31 <sup>st</sup> January, 2018)

4.4 The Department has informed that the following steps have been taken for establishment of 60 VRDLs during 2017-18 to 2019-20:-

- In pursuance of the SFC meeting held on 18.9.2017 for continuation of the scheme beyond 12<sup>th</sup> Plan i.e. upto 2019-20 (14<sup>th</sup> Finance Commission Cycle), the total target for establishment of VRDLs has been revised to 125 Laboratories considering the progress achieved so far, trend of availability of resources and the response from the State Governments.

- As per the procedure laid down in the Scheme guidelines, the concerned State Government is required to submit proposal with requisite details, to sign a Memorandum of Agreement (MoA) with the Department of Health Research for providing requisite space free of cost and to take over the recurring expenditure liability of the VRDL after a period of five years, etc. Considering the highly sophisticated feature of VRDLs and bio-safety and containment requirements for handling deadly viruses, site visits are conducted by experts for assessing technical and other suitability of establishment of the VRDL in the concerned medical college/institution. Proposals are screened and evaluated in detail by the Technical Evaluation Committee (TEC) and based on the recommendations of the TEC, the proposals are placed before the Approval Committee for sanctioning of the VRDLs and release of funds.
- The cumulative Achievement upto 2017-18 (upto January, 2018) is establishment of 78 Viral Research & Diagnostic Laboratories across the country.
- Proposals for establishment of another 7 VRDLs are already approved. Out of these, release of funds for 1 Regional Level VRDL is under process. Funds would be released to another 4 approved VRDLs after completion of necessary codal formalities by the concerned State Governments/Medical Colleges. Proposals for 4 new sites have been received from State Governments of Maharashtra and Gujarat. Visits to 2 new sites have been undertaken.
- Matter is being followed with the concerned State Governments to submit proposals for establishment of more VRDLs in the uncovered Medical Colleges.

4.5 In reply to a query, the Department has informed that a total number of 78 Viral Research & Diagnostic Laboratories (VRDLs) have been established against the revised target of establishment of 125 VRDLs upto 2019-20. Out of 29 States, VRDLs have been established in 24 States. Out of 7 NE States, 4 NE States – Arunachal Pradesh, Mizoram, Nagaland and Sikkim have no Government Medical College. However, the Regional Level VRDLs- RMRC, Dibrugarh and NICED, Kolkata are taking care of entire geographical jurisdiction of NER for routine diagnosis and outbreak investigations. The only uncovered State is Goa. Despite vigorous follow up and visits to the State, there is no positive response from the State Government/ concerned Medical College for establishment of VRDL. Out of 7 UTs, VRDLs are established in 2 UT's (Chandigarh and Puducherry). 4 UTs, namely Andaman and Nicobar Islands, Lakshadweep, Dadra and Nagar Haveli and Daman & Diu, have no Government Medical College. The nearby Regional and State Level Labs are catering to the requirements. No VRDL has been established in Delhi so far. Matter is being followed up with the Government of NCT of Delhi for submission of proposal for establishment of VRDL in Delhi.

4.6 The Department has informed that the target is establishing 30 VRDLs (2 Regional; 5 State Level and 23 Medical College Level Labs) during the year 2018-19. An amount of ₹47.00 crores would be utilised for establishment of new VRDLs and another ₹23 crores would be required for the committed liabilities of the previously sanctioned VRDLs. Based on the progress of expenditure and physical achievements, the position will be reviewed at the RE stage for seeking additional funds, if required. Other-wise, the shortfall will be managed by adjusting the physical targets.

**4.7 The Committee notes that against the target of setting up 25 VRDLs in the year 2017-18, only 10 new VRDLs have been established. On being asked about the shortfall, the Department clarified that establishment of 1 regional level VRDL is under process. Funds would be released**



to 4 approved VRDLs after completion of necessary nodal formalities. Proposals for 4 new VRDLs have been received from State Governments of Maharashtra and Gujarat and visit to 2 new sites have been undertaken. The Committee would like the Department to seek more funds, if needed at RE stage, keeping in view the importance of such laboratories. The Committee also recommends that the Department may take initiatives for setting up VRDLs in the States of Goa and Delhi specially.

## V. DEVELOPMENT OF INFRASTRUCTURE FOR PROMOTION OF HEALTH RESEARCH

### A. ESTABLISHMENT OF MULTIDISCIPLINARY RESEARCH UNITS (MRUs) IN GOVERNMENT MEDICAL COLLEGES

5.1 Health research is predominately carried out in the Medical colleges/institutions providing education in allied subjects. Medical colleges are the backbone of both teaching as well as providing specialized services to patients in India. It is also expected that medical colleges will also set the trends in thinking process and innovation to improve our understanding of the disease(s) and their management. As per information furnished by the Department, the Scheme entails :-

- An initiative to develop/strengthen health research infrastructure for non-communicable diseases (NCDs) in Government Medical Colleges in States;
- MRUs to cover areas where Government Medical Colleges/Research Institutions are un-served/under-served.

5.2 The Committee has been informed that during the year 2016-17 and 2017-18, against the target of establishment of 22 Multi-Disciplinary Research Units (MRUs), 9 MRUs were established. MRUs in another 5 medical colleges have been approved, but funds could not be released due to pendency of old UCs against other schemes of Ministry of Health & Family Welfare. In this connection, it may be stated that in pursuance of the SFC meeting held on 18.9.2017 for continuation of the scheme beyond 12<sup>th</sup> Plan *i.e.* upto 2019-20 (14<sup>th</sup> Finance Commission Cycle), the total target for establishment of MRUs has been revised to establish 90 MRUs in State Government Medical Colleges/Research Institutions, across the country (58 covered upto 2016-17 and 32 to be covered during 2017-18 to 2019-20).

5.3 A statement of financial achievement during the years 2016-17 and 2017-18 is given below:-

**Table - 8**

<i>(₹ in Crores)</i>			
Year	B. E.	R. E.	Actual Expenditure
2016-2017	24.25	24.25	24.25
2017-2018 (upto January, 2018)	36.00	45.00	33.86

5.4 The Department has informed that the following steps have been taken for establishment of 32 MRUs during 2017-18 to 2019-20:-

- Cumulative achievement upto January, 2018 is establishment of 66 MRUs (58 established upto 2016-17 and another 8 in 2017-18).
- As per the procedure laid down in the Scheme guidelines, the concerned State Government is

required to submit proposal with requisite details, to sign an MoA with the Department of Health Research for providing requisite space free of cost and to take over the recurring expenditure liability of the MRU after a period of five years, etc. Thereafter, the proposals are screened and evaluated by the Technical Evaluation Committee (TEC) and based on the recommendations of the TEC, the proposals are placed before the Approval Committee for sanctioning of the MRU and release of funds.

- Letters have been addressed to all concerned State Governments to submit the proposal for establishment of MRUs in the uncovered Medical Colleges.

5.5 The Department has furnished some of the research projects which are as follows:-

- 33 MRUs have initiated Research activities on Non-Communicable disease such as Cancer, cardiovascular, Diabetes, Maternal Health, Anemia and Neurological Disorders etc.
- Multi Centric Trials initiated for heart failure registry and stroke registry - a collaborative project of States;
- Prevalence of Celiac disease and thyroid dysfunction in children with type 1 diabetes mellitus: Clinical and HLA genotyping study;
- Early detection of Cancer mutation in k-ras and p53 tumor suppressor oncogene in the chronic smokers without other co-morbidities;
- Molecular and Immuno histochemical study to identify the role of HR-HPV Cervical Cancer in etiopathogenesis of premalignancies/malignancies of pharynx/larynx and coorelation between other risk factors;
- Study of maternal thyroid dysfunction and its impact on newborn.

**5.6 The Committee notes that against the target of establishment of 22 MRUs in 2016-17 and 2017-18, 9 MRUs were established and another MRUs in 5 medical colleges are already approved but funds could not be released due to pendency of UCs against other schemes of Ministry of Health and Family Welfare. The Committee would expect the Department to make concerted efforts to resolve the issue of pendency of UCs so that funds could be released to these medical colleges.**

**5.7 The Committee also recommends that the Department should take concrete steps for fostering research oriented vigour among the medical students so that it enriches and enhances their skills.**

#### **B. ESTABLISHMENT OF MODEL RURAL HEALTH RESEARCH UNITS (MRHRUs) IN THE STATES**

5.8 As per information furnished by the Department of Health Research, the scheme entails:-

- Create health related infrastructure at the rural level;
- Make available existing technology to the rural population;
- Create an interface between the new technology developers, health systems operators (Centre or State health services) and the beneficiaries;

- MRHRU to be set up preferably in close proximity to the state health facility (Community/ Primary Health Centres at block level);
- Improve health and nutritional status of vulnerable segment of population

5.9 The Department has informed that in 2017-18, against the target of establishment of 5 MRHRUs, only two MRHRUs could be sanctioned as spill-over from 2016-17. Proposal for establishment of MRHRU in J&K is under process.

5.10 Financial Achievement during the years 2016-17 and 2017-18 is given below:-

**Table - 9**

<i>(₹ in crores)</i>			
Year	B. E.	R. E.	Actual Expenditure
2016-17	9.00	6.00	6.00
2017-2018	9.00	11.00	8.00 (upto January, 2018)

5.11 In reply to a query, the Department has informed that 14 MRHRUs have already established in the States of Assam, Himachal Pradesh, Tamil Nadu, Tripura, Rajasthan, Maharashtra, Punjab, Karnataka, Andhra Pradesh, Odisha, Madhya Pradesh, Chhattisgarh, West Bengal and Jharkhand. Proposal for establishment of MRHRU in J&K is under process. It has been decided to extend the scheme with the target to establish a total number of 25 MRHRUs in the country upto 2019-20. This will cover all major States in the country. Letters have been sent to Principal Secretaries (Health) of States not yet covered under the scheme, inviting proposals for the establishment of MRHRU. In some States meeting with Principal Secretaries (Health) have been held for expediting the proposals. The Directors of the ICMR Institutes located in various States have also been requested to use their good offices and contact the concerned officers in the States for submission of requisite proposals. Further expansion of the coverage will be considered at the time proposing continuation of the scheme beyond 2019-20, for the 15<sup>th</sup> Finance Commission period.

5.12 As per information furnished by the Department, some of the ongoing projects are given below:-

- Identification of alarming rise in Pregnancy Induced Hypertension (PIH), eclampsia and deaths in Raichur, one of the most backward districts of Karnataka.
- Correlation between neuropathology changes and CSF biomarker expression in Alzheimer's patients for early detection and staging of Alzheimer's disease.
- Prevalence, risk factors and characterization of Cervical dysplasia among women of reproductive age group involved in beedi rolling occupation in Mukkudal Town Panchayat, Tirunelveli.
- Memorandum of Understanding has been signed by NIE Chennai with Amity University, Noida for developing newer technologies such as development of Algorithms and technology for automated diagnoses of cardiac murmurs, and respiratory diseases like pneumonias by improving the available electronic stethoscope for use by Village Health Nurses for early detection cardiac problems and respiratory problems in under-five child in the villages.
- Improving case detection and diagnosing the etiology of infectious fevers at primary health care settings under IDSP in Tirunelveli District – An Operational Research study.

- (vi) The software, tabs and GPS method of cohort which was tested and put to use under the Ayapakkam Cohort, NIE, ICMR Chennai has been transferred and put to use in the rural cohort in MRHRU.
- (vii) A pilot study has been initiated to understand the malaria situation among Jhum cultivators in the state of Tripura and impacts of vector control measures on malaria transmission

**5.13 The Committee notes that against the target of establishment of 5 MRHRUs in the year 2017-18, only 2 MRHRUs were established and proposal for one MRHRU in J&K is under process. The Committee recommends that the Department should set realistic targets that are accomplished within a specified timeline.**

#### **VI. DEVELOPMENT OF TOOLS/SUPPORT TO PREVENT OUTBREAKS OF EPIDEMIC**

6.1 As per information furnished by the Department, viral diagnosis today is a major health problem and repeated outbreaks of new viral agents have become common phenomena. Accordingly, a separate budget line was created in 2015-16 with a small budget provision to meet additional requirements for supply of diagnostic kits, transport of samples, hiring of additional manpower, etc. during such outbreaks. The inadequacy of specialized laboratories equipped with latest equipment in the country, especially at secondary and tertiary level has severely affected the response time in identification of the viruses and quick mobilization in the event of out-breaks/ response to infectious disease out-breaks/epidemics, viz, the H1N1 viruses that gripped the nation in 2010 and during the Swine flu outbreaks in the past.

6.2 The Department has informed that BE 2017-18 was ₹3.00 crores which was enhanced to ₹5.00 crores in RE (2017-18). Funds to the tune of ₹ 1.66 crore have been disbursed to Government Medical College, Kozhikode (₹ 20 lakh) and National Institute of Virology (NIV), Pune (₹ 1.46 crore). Release of ₹ 2.31 Crore to Resource Centre, VRDL, National Institute of Virology, Pune is in pipeline. 80 % of the funds under this head during 2017-18, have already been utilized till January 31, 2018, for preparedness of early diagnosis of viral epidemics.

6.3 The Department has furnished Action Plan for the year 2018-19 for prevention of Outbreaks which is given below:-

- VRDLs strong linkages have been developed with IDSP & NVBDCP. Many VRDLs are already sentinel sites of IDSP & NVBDCP. Public Health Authorities would be alerted regarding any outbreak at the earliest so that outbreak can be catered by IDSP with immediate effect.
- Influenza diagnostic capacity has been enhanced in VRDLs.
- Arboviral kits- Dengue, Chikungunya and JE kits would be provided to VRDLs for timely diagnosis.
- Enhanced surveillance is being set up for Zika and Influenza.
- VRDLs are being merged into WHO-Measles elimination and Rubella control programme by 2020.
- Special hands on trainings are also been organized on occurrence of any emerging and re-emerging of viruses like Zika, Yellow fever, EBOLA, etc. Till date 52 VRDLs have been trained and build the capacity for diagnosis and maintenance of quantitative skills by Resource Centre for Virus Research; Diagnostic Laboratories (RCVRDL). These VRDLs have taken care of

outbreaks in their region. Likewise more trainings would be organised at RCVDL, NIV, Pune for VRDLs.

6.4 The Committee has been given to understand that the inadequacy of specialized laboratories equipped with latest equipment in the country, especially at secondary and tertiary level has severely affected the response time in identification of the viruses and quick mobilization in the event of out-breaks/ response to infectious disease out-breaks/epidemics, viz, the H1N1 viruses that gripped the nation in 2010 and during the Swine flu outbreaks in the past. The Committee, however, finds that a budget line created in 2015-16 is being allocated meagre amount of ₹ 5.00 crore in RE 2017-18 to meet expenditure for supply of diagnostic kits, transport of samples, hiring of additional manpower, etc. during such outbreak. The Committee notes that during the year 2017-18, the Department has utilised 80% of the allocation upto 31<sup>st</sup> January, 2018. The Committee also takes into account details of action plan for the year 2018-19 encompassing various activities. In view of this, the Committee recommends that the Department should take up with the Ministry of Finance for higher allocation at RE stage.

## VII. NORTHEASTERN AREAS

7.1 The Committee has been informed that the higher allocation in 2018-19 is on account of minimum 10% mandatory allocation for NE Region under the Central Sector/Centrally Sponsored Schemes. Besides, allocation for NE Region also made by the ICMR to meet the expenditure of its institute (Regional Medical Research Centre, Dibrugarh), the various field research stations in the region and funding of extra-mural projects in the region. Additional allocation has also made for establishment of Biomedical Research Centre at Guwahati which has already been sanctioned

7.2 The financial performance under NE component during the years 2016-17 and 2017-18 is given below:-

**Table -10**

2016-17			
(₹ In crores)			
Sl. No.	Name of the Scheme	Provision of NE component BE/RE	Actual Expr. Upto 31.3.2017
1.	Establishment of Network of Laboratories for Managing Epidemics and Natural Calamities	4.25	4.25
2.	Establishment of Multi-Disciplinary Research Units (MRUs) in Government Medical Colleges	2.50	2.50
3.	Establishment of Model Rural Health Research Units in States	0.50	0.50
4.	Human Resource Development for Health Research (HRD scheme)	1.25	1.01

5.	Grant in Aid Scheme for Inter-Sectoral Convergence & Promotion and Guidance on Health Research (GIA Scheme)	1.50	0.51
6.	Indian Council of Medical Research (ICMR)	65.00	48.40
	Total	75.00	57.17

**Table - 11**

2017-18

*(₹ In crores)*

Sl. No.	Name of the Scheme	Provision of NE component BE/RE	Actual Expr. Upto 31.1.2018
1.	Establishment of Network of Laboratories for Managing Epidemics and Natural Calamities	6.00	4.53
2.	Establishment of Multi-Disciplinary Research Units (MRUs) in Government Medical Colleges	4.00	2.02
3.	Establishment of Model Rural Health Research Units in States	1.00	1.00
4.	Human Resource Development for Health Research	2.00	0.00
5.	Grant in Aid Scheme for Inter-Sectoral Convergence & Promotion and Guidance on Health Research	2.00	0.00
6.	Indian Council of Medical Research (ICMR)	60.00	60.00
	TOTAL	75.00	67.55

7.3 In reply to a query, the Department has furnished the following information in respect of 2018-19 :-

**Table - 12**

Sl. No.	Scheme	Projects to be funded	Amount (₹ in crores)
1	Setting-up Nation-wide Network of Laboratories for managing epidemics and national calamities.	One new Medical college level Lab in Tripura to be established. Committed recurring expenditure liabilities of ongoing and functional VRDLs.	7.00
2	Establishment of Multi-Disciplinary Research Units (MRUs) in State Government Medical Colleges / Research Institutions	Committed recurring expenditure liabilities of ongoing and functional MRUs in Assam (3); Manipur (1) and Tripura (1).	5.00

		Efforts will be made to seek proposals for establishment of MRUs in NE States.	
3	Establishment of Model Rural Health Research Units (MRHRUs) in States	Committed recurring expenditure liabilities of ongoing and functional MRHRUs in Assam (1) and Tripura (1).	2.00
		Efforts will be made to seek proposals for establishment of MRHRUs in NE States.	
4	Human Resource Development for Health Research	Grant of fellowships to the faculty of medical colleges in NE States	3.00
5	Grant in Aid Scheme for Inter-sector Convergence, Coordination and Promotion for Health Research	Grant for research projects to the ongoing and new research projects in NE States	4.00
6.	ICMR	To meet expenditure of its institute (Regional Medical Research Centre, Dibrugarh), funding of various research field research stations in the region and funding of extra-mural projects in the region. Additional allocation has also made for establishment of Biomedical Research Centre at Guwahati which has already been sanctioned.	79.00
TOTAL			100.00

**7.4 The Committee observes that the initiatives have been taken by the Department to undertake studies and projects specific to North-eastern region and exhorts that focussed attention be paid to be the implementation of the undertaken projects by way of streamlined monitoring so that tangible outcomes so achieved and benefits emerging, therefrom could percolate down to the common people, especially downtrodden and low income group people.**

**7.5 The Committee observes the financial performance under North-East component during 2016-17 and 2017-18. The Committee observes that against the allocation of ₹ 75.00 crore during 2016-17, the actual expenditure remained to the tune of ₹ 57.17 crore, thus leaving an unspent amount to the tune of ₹ 17.83 crore which is a matter of concern to the Committee. The Committee notes components of various schemes to be undertaken during 2018-19 and expects that there would be optimal utilisation of allocated funds on various projects.**

## RECOMMENDATIONS/OBSERVATIONS — AT A GLANCE

### II. BUDGETARY ALLOCATION

The Committee observes that constraints of funds should not come in the way of the medical as well as health research. The Committee would like the Department to formulate a Comprehensive Action Plan, while projecting its funds requirement before the Ministry of Finance. The Committee believes that the Department of Health Research has not been effective in persuading the Ministry of Finance for seeking required funds and therefore, the additional funds have been received at the fag end of the Financial Year. The Committee recommends that the Department should be more proactive in holding pre-budget discussion and forwarding the proposals for Supplementary Grant in order to ensure that funds are released well in advance at RE stage. (Para 2.3)

The Committee notes that while on the one hand the Department claims that there is shortfall of funds for implementation of its projects/schemes, on the other hand, there is under-utilisation of funds with respect to certain schemes/projects like Development of Tools to prevent Outbreaks of epidemics (33.20%); Human Resource Development for Health Research (53.15%), Grant-in-aid Scheme for inter-sectoral convergence and Coordination for Promotion & Guidance on Health Research (55.43%), Research Governance–HTA (6.83%), International Cooperation (14.00%), Indian Council of Medical Research (ICMR) 69.68%), Secretariat Expenditure (60.71). The Committee, therefore, recommends that the Department should seriously monitor the funds allocated at BE stage as well as RE stage in each quarter with a view to ensure optimum utilisation of resources. The Committee also recommends that Department must explore innovative solutions, prepare flexible and workable action plan, aimed to meet all deadlines and develop strategic alternatives wherever the current strategy may not yield the intended results so as to accomplish the physical and financial targets. (Para 2.5)

The Committee observes that the Department of Health Research is mandated to promote basic, applied and clinical research related to medical health and biomedical performance in cutting edge areas. Starving of the on-going and proposed basic, applied and clinical research projects in the medical and public health research would prove detrimental to generation of new knowledge in the areas of health research. The Committee, therefore, lends its support for enhancement of funds to the tune of 454.58 crore to the Department of Health Research for financial year 2018-19. The Department of Health Research must take up the matter with the of Ministry of Finance. The Committee desires to be apprised of response of the Ministry of Finance in this regard. The Committee also recommends that a robust monitoring mechanism should be put in place for proper utilisation of allocated funds through financial management to ensure that the schemes does not get sidetracked due to lack of funds. (Para 2.8)

#### Utilisation Certificate

The Committee notes the efforts of the Department towards settlement of pending UCs and hopes that pendency of UCs would not be a hindrance in the successful implementation of these schemes/projects. (Para 2.11)

### III. INDIAN COUNCIL OF MEDICAL RESEARCH (ICMR)

The Committee observes that in view of the dynamic international health research environment and the current and future health challenges, the role of ICMR is very crucial. If



the projects/schemes of ICMR are not allocated sufficient funds, it can have serious repercussions and undermine the desired outcomes in the health sector. The Committee, therefore, recommends that more funds be allocated to ICMR well in time so that it can be used judiciously. (Para 3.5)

The Committee is concerned about less allocation of funds to ICMR against projected allocation. The Committee would like to emphasise that ICMR being the only custodian of health research activities needs to be promoted and encouraged so that tangible outcomes are witnessed for various health care challenges/diseases. The Committee, therefore, lends its support to the Department's demand for additional funds to the tune of ₹ 350.00 crore for 2018-19 at RE stage and would like to urge upon the Ministry of Finance to increase the budgetary allocation to the Department of Health Research so that the Department is able to ensure continuity in critical health research. (Para 3.8)

The Committee observes that allocation of funds for ICMR witnessed, an increase of only ₹ 3.00 crore more from the previous year of RE 2017-18. Given the excellent track-record of ICMR in utilising the budgeted funds, the Committee wonders as to what financial yardstick was applied for allocation of funds in BE 2018-19 *vis-a-vis* the projected demand. The Committee, therefore, recommends that more funds be allocated to ICMR. The Committee, simultaneously, impresses upon the Department to deploy its financial resources in a more efficient manner. (Para 3.9)

The Committee is also of the view that the ICMR is the main technical wing of the Department of Health Research and is responsible for formulation, coordination and promotion of bio-medical research in the country. The Committee, therefore, notes with serious concern the likely adverse impact of the funds crunch on the intramural and extramural research priorities of ICMR. The Committee would also like to urge upon the Finance Ministry to consider higher allocation for ICMR for this Financial Year so that the funds are released in time this year and there should not be a hurdle in prioritising health research activities and developing new drugs, vaccines and diagnostics for benefit for mankind. (Para 3.10)

The Committee appreciates the achievements made by ICMR. The Committee recommends that keeping in view the current health scenario in the country, it is imperative that these researches/achievements are introduced into the public system of the country so as to benefit the population of the country as early as possible. (Para 3.14)

The Committee is of the view that ICMR needs to focus more on such research areas wherein the country is witnessing high disease burden. The thrust areas may be identified by ICMR which the students of MD/MS may select from so that the research outcomes are relevant in prevention as well as cure of certain diseases. Awarding financial assistance to these students would certainly incentivise the orientation of students towards research. The Committee recommends that concerted efforts need to be made to encourage students for undertaking research projects and there is need to inculcate research vigour that may generate research leads, the fruits of which can be translated into tangible outcomes. (Para 3.17)

The Committee finds that the Department has informed that a facility for evaluation and translation of Traditional Medicine has been established at ICMR - NITM, Belagavi. The Committee hopes that the facility so generated must lead to scientific validation of AYUSH

remedies or such research should translate into tangible health products/processes for the people, in general. (Para 3.19)

While appreciating the initiative of ICMR to combat malnutrition and study undertaken for impact evaluation of MDM scheme, the Committee is of the considered view that given the mandate of ICMR with regard to medial and health research, a lot more needs to done. Collaboration of ICMR with other Departments/Ministries and Councils is indeed a welcome step in the right direction. The Committee recommends that the collaborative studies undertaken by ICMR must yield perceptive results which can be used to tackle the problem of malnutrition in the country, which is so spread over less developed States. (Para 3.23)

#### **IV. INFRASTRUCTURE DEVELOPMENT FOR HEALTH RESEARCH SETTING-UP NATION WIDE NETWORK OF LABORATORIES FOR MANAGING EPIDEMICS AND NATIONAL CALAMITIES.**

The Committee notes that against the target of setting up 25 VRDLs in the year 2017-18, only 10 new VRDLs have been established. On being asked about the shortfall, the Department clarified that establishment of 1 regional level VRDL is under process. Funds would be released to 4 approved VRDLs after completion of necessary nodal formalities. Proposals for 4 new VRDLs have been received from State Governments of Maharashtra and Gujarat and visit to 2 new sites have been undertaken. The Committee would like the Department to seek more funds, if needed at RE stage, keeping in view the importance of such laboratories. The Committee also recommends that the Department may take initiatives for setting up VRDLs in the States of Goa and Delhi specially. (Para 4.7)

#### **V. DEVELOPMENT OF INFRASTRUCTURE FOR PROMOTION OF HEALTH RESEARCH**

##### **A. ESTABLISHMENT OF MULTIDISCIPLINARY RESEARCH UNITS (MRUs) IN GOVERNMENT MEDICAL COLLEGES**

The Committee notes that against the target of establishment of 22 MRUs in 2016-17 and 2017-18, 9 MRUs were established and another MRUs in 5 medical colleges are already approved but funds could not be released due to pendency of UCs against other schemes of Ministry of Health and Family Welfare. The Committee would expect the Department to make concerted efforts to resolve the issue of pendency of UCs so that funds could be released to these medical colleges. (Para 5.6)

The Committee also recommends that the Department should take concrete steps for fostering research oriented vigour among the medical students so that it enriches and enhances their skills. (Para 5.7)

##### **B. ESTABLISHMENT OF MODEL RURAL HEALTH RESEARCH UNITS (MRHRUs) IN THE STATES**

The Committee notes that against the target of establishment of 5 MRHRUs in the year 2017-18, only 2 MRHRUs were established and proposal for one MRHRU in J&K is under process. The Committee recommends that the Department should set realistic targets that are accomplished within a specified timeline. (Para 5.13)

## VI. DEVELOPMENT OF TOOLS/SUPPORT TO PREVENT OUTBREAKS OF EPIDEMIC

The Committee has been given to understand that the inadequacy of specialized laboratories equipped with latest equipment in the country, especially at secondary and tertiary level has severely affected the response time in identification of the viruses and quick mobilization in the event of out-breaks/ response to infectious disease out-breaks/epidemics, viz., the H1N1 viruses that gripped the nation in 2010 and during the Swine flu outbreaks in the past. The Committee, however, finds that a budget line created in 2015-16 is being allocated meagre amount of ₹ 5.00 crore in RE 2017-18 to meet expenditure for supply of diagnostic kits, transport of samples, hiring of additional manpower, etc. during such outbreak. The Committee notes that during the year 2017-18, the Department has utilised 80% of the allocation upto 31<sup>st</sup> January, 2018. The Committee also takes into account details of action plan for the year 2018-19 encompassing various activities. In view of this, the Committee recommends that the Department should take up with the Ministry of Finance for higher allocation at RE stage. (Para 6.4)

## VII. NORTHEASTERN AREAS

The Committee observes that the initiatives have been taken by the Department to undertake studies and projects specific to North-eastern region and exhorts that focussed attention be paid to be the implementation of the undertaken projects by way of streamlined monitoring so that tangible outcomes so achieved and benefits emerging, therefrom could percolate down to the common people, especially downtrodden and low income group people. (Para 7.4)

The Committee observes the financial performance under North-East component during 2016-17 and 2017-18. The Committee observes that against the allocation of ₹ 75.00 crore during 2016-17, the actual expenditure remained to the tune of ₹ 57.17 crore, thus leaving an unspent amount to the tune of ₹ 17.83 crore which is a matter of concern to the Committee. The Committee notes components of various schemes to be undertaken during 2018-19 and expects that there would be optimal utilisation of allocated funds on various projects. (Para 7.5)

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# MINUTES

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VII\*  
SEVENTH MEETING

The Committee met at 11.00 P.M. on Friday, the 16<sup>th</sup> February, 2018 in Room No-4, Block A, First Floor, PHA Extension Building New Delhi.

**MEMBERS PRESENT**

1. Prof. Ram Gopal Yadav — *Chairman*

**RAJYA SABHA**

2. Dr. Vikas Mahatme
3. Shri Jairam Ramesh
4. Shrimati Sampatiya Uikey

**LOK SABHA**

5. Dr. Heena Vijaykumar Gavit
6. Dr. K. Kamaraj
7. Shri Arjun Lal Meena
8. Shri J.J.T. Natterjee
9. Shri M.K. Raghavan
10. Dr. Manoj Rajoria
11. Shri Akshay Yadav

**SECRETARIAT**

Shri J. Sundriyal, *Joint Secretary*

Shri Rakesh Naithani, *Director*

Shri Dinesh Singh, *Additional Director*

Shrimati Harshita Shankar, *Under Secretary*

Shri Pratap Shenoy, *Committee Officer*

Shrimati Gunjan Parashar, *Research Officer*

**WITNESSES**

**Department of Health Research**

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|----|------------------------|--|
| 1. | Ms. Preeti Sudan       | Secretary (H&FW) (Addl. Charge of Department of Health Research) |
| 2. | Smt. Vijaya Srivastava | Special Secretary & Financial Advisor                            |
| 3. | Smt. Bharati Das       | Chief Controller of Accounts                                     |
| 4. | Smt. Sarita Mittal     | Joint Secretary  |
| 5. | Shri Sudeep Srivastava | Director   |
| 6. | Dr. Prabha Desikan     | Director, Bhopal Memorial Hospital and Research Centre, Bhopal   |

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\* Minutes of 1<sup>st</sup> to 6<sup>th</sup> meetings relate to other matters.

7.	Dr. R. C. Aggarwal	Deputy Director General
8.	Shri Franklin L. Khobong	Director
9.	Shri S. R. K. Vidyarthi	Director
10.	Ms. Kavita Rajsekar	Scientist "D"
11.	Dr. Harmanmeet Kaur	Scientist "C"
12.	Dr. Naveen Sharma	Scientist "C"
13.	Dr. Babbanji	Scientist "C"
14.	Dr. Sanjay Mehendale	ADG, Indian Council of Medical Research
15.	Ms. Ritu Dhillon	Financial Adviser, Indian Council of Medical Research

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### I. Opening Remarks

2. At the outset, the Chairman welcomed the Members of the Committee and informed that the Secretaries of the Department of Health & Family Welfare (holding additional charge of the Department of Health Research) & \*\*\* have been invited in connection with the examination of their respective Demands for Grants (2018-19) in the forenoon session. \*\*\*.

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### II. Oral Evidence of the Secretary, Department of Health and Family Welfare on Demands for Grants -2018-19 (Demand No.43) of Department of Health Research

4. The Committee then heard the views of the Secretary of the Department of Health and Family Welfare (holding additional charge of the Department of Health Research) who made a brief overview of the Demands for Grants (2017-18) of the Department of Health Research. The Joint Secretary made a power point presentation on the Demands for Grants (2018-19) of the Department, highlighting the following points: (i) research being carried out by ICMR in the fields of Communicable/Non-Communicable Diseases/maternal and child health; (ii) actual expenditure incurred in 2017-18 and allocation made against projected requirements for the Department; (iii) research carried out for diseases targeted for elimination like Kala-azar, Filiarisases, Leprosy, tuberculosis, malaria/ HIV/AIDS, dengue, chikungunya, zika, etc. (iv) utilization of funds and achievement with respect to research activities of Indian Council of Medical Research; (ICMR); etc.

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\*\*\* Relate to other matters.

5. During the course of the meeting, Members raised certain queries on the Demands for Grants (2018-19) of the Department of Health Research to which the Secretary and other officials replied. The Chairman directed the Secretary to furnish detailed written replies to the queries left unanswered within a week.

III. \* \* \*

6. \* \* \*

7. \* \* \*

*(The Committee then adjourned at 1.30 P.M. for lunch and assembled again at 2.22 P.M.)*

IV. \* \* \*

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V. \* \* \*

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13. A verbatim record of the proceedings of the meeting was kept.

14. The Committee then adjourned at 3.43 P.M.



IX\*  
NINTH MEETING

The Committee met at 3.00 P.M. on Tuesday, the 6<sup>th</sup> March, 2018 in Committee Room No. "A", Ground Floor, Parliament House Annexe, New Delhi.

**MEMBERS PRESENT**

1. Prof. Ram Gopal Yadav — *Chairman*

**RAJYA SABHA**

2. Shri Manas Ranjan Bhunia
3. Dr. R. Lakshmanan
4. Dr. Vikas Mahatme
5. Shri Jairam Ramesh
6. Shri K. Somaprasad
7. Dr. C.P. Thakur
8. Shrimati Sampatiya Uikey

**LOK SABHA**

9. Dr. Heena Vijaykumar Gavit
10. Dr. Sanjay Jaiswal
11. Dr. K. Kamaraj
12. Shri C.R. Patil
13. Shri M.K. Raghavan
14. Dr. Manoj Rajoria
15. Dr. Shrikant Eknath Shinde
16. Shri Bharat Singh

**SECRETARIAT**

Shri J. Sundriyal, *Joint Secretary*

Shri Rakesh Naithani, *Director*

Shri Dinesh Singh, *Additional Director*

Shri B. Bhaskar, *Additional Director*

Shrimati Harshita Shankar, *Under Secretary*

Shri Pratap Shenoy, *Committee Officer*

Shrimati Gunjan Parashar, *Research Officer*

**Opening Remarks**

2. At the outset, the Chairman welcomed the Members of the Committee and informed that the meeting has been convened to consider and adopt draft \*\*\* and 107<sup>th</sup> Reports of the Committee on Demands for Grants (2018-19) of the \*\*\*, Health Research (Ministry of Health and Family Welfare), respectively.

3. \* \* \*

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\* Minutes of 8<sup>th</sup> Meeting relates to other matter.

4. The Committee then considered the draft \*\*\*and 107<sup>th</sup> Reports of the Committee on Demands for Grants (2018-19) of the Ministry of Health and Family Welfare pertaining to Departments of \*\*\* and Health Research, respectively. After some discussion, the Committee adopted the said Reports with minor changes. The Committee, thereafter, decided that the Reports may be presented to the Rajya Sabha and simultaneously laid on the Table of the Lok Sabha on Monday, the 8<sup>th</sup> March, 2018. The Committee authorized its Chairman, Shri Jairam Ramesh and Dr. Vikas Mahatme to present the Reports in Rajya Sabha, and Dr. Sanjay Jaiswal and Dr. Shrikant Eknath Shinde to lay the Reports on the Table of the Lok Sabha.
5. The Committee then adjourned at 3.35 P.M. to meet again on 7<sup>th</sup> March, 2018\*\*\*

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\*\*\* Relate to other matters.