ONE HUNDRED TWENTY FOURTH REPORT

ON

ACTION TAKEN BY GOVERNMENT ON THE RECOMMENDATIONS/OBSERVATIONS CONTAINED IN THE ONE HUNDRED NINTEENTH REPORT ON DEMANDS FOR GRANTS 2020-21(DEMAND NO. 43) OF THE DEPARTMENT OF HEALTH RESEARCH (Ministry of Health & Family Welfare)

(Presented to the Chairman, Rajya Sabha on 21 November, 2020)
(Forwarded to the Speaker, Lok Sabha on .......November, 2020)
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(Presented to the Chairman, Rajya Sabha on 21 November, 2020)

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Rajya Sabha Secretariat, New Delhi
November, 2020/ Karitka, 1942 (SAKA)
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## COMPOSITION OF THE COMMITTEE (2020-21)

### RAJYA SABHA

1. **Prof. Ram Gopal Yadav** - Chairman

2. Shri A.K. Antony
3. Shrimati Indu Bala Goswami
4. Dr. L. Hanumanthaiah
5. Shri Suresh Prabhu
6. Dr. Santanu Sen
7. Shri Bashistha Narain Singh
8. Shri K. Somaprasad
9. Dr. Subramanian Swamy
10. Shrimati Sampatiya Uikey

### LOK SABHA

11. Ms. Bhavana Gawali (Patil)
12. Ms. Ramya Haridas
13. Dr. Chandra Sen Jadon
14. Shrimati Maloth Kavitha
15. Dr. Amol Ramsing Kolhe
16. Dr. Sanghamitra Maurya
17. Shri Arjunlal Meena
18. Shrimati Pratima Mondal
19. Dr. Pritam Gopinath Munde
20. Dr. Mahendrabhai Kalubhai Munjpara
21. Shri K. Navaskani
22. Dr. Bharati Pravin Pawar
24. Shri Haji Fazlur Rehman
25. Dr. Rajdeep Roy
26. Dr. Subhas Sarkar
27. Shri D. N. V. Senthilkumar S.
28. Shri Anurag Sharma
29. Dr. Mahesh Sharma
30. Dr. Sujay Radhakrishna Vikhepati
31. Dr. Krishna Pal Singh Yadav

### SECRETARIAT

1. Shri P.P.K. Ramacharyulu - Secretary
2. Shri J. Sundriyal - Joint Secretary
3. Shri V.S.P Singh - Director
4. Shri Bhupendra Bhaskar - Additional Director
5. Shrimati Harshita Shankar - Under Secretary
6. Shri Rajesh Kumar Sharma - Assistant Committee Officer
7. Ms. Monika Garbyal - Assistant Committee Officer
PREFACE

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, present this One Hundred Twenty Fourth Report of the Committee on Action Taken by Government on the Recommendations/ Observations contained in the One Hundred Nineteenth Report on Demands for Grants 2020-21 (Demand No. 43) of the Department of Health Research (Ministry of Health & Family Welfare).

2. The One Hundred Nineteenth Report of the Department-related Parliamentary Standing Committee on Health and Family Welfare was presented to Rajya Sabha and laid on the Table of Lok Sabha on 3rd March, 2020. Action Taken Note of the Ministry on the recommendations contained in the Report was received from the Ministry on 28th September, 2020.

3. The Committee had noted that the statement on the status of implementation of the recommendations contained in the 119th Report of the Committee has not been laid on the Table of Rajya Sabha and Lok Sabha in pursuant to the direction of Chairman, Rajya Sabha dated 24th September, 2004.

4. The Committee made a total of 77 recommendations in its 119th Report. Out of the 77 recommendations, a total number of 40 recommendations have been accepted by the Ministry, has been categorized under Chapter I and there are a total number of 8 recommendations, which the Committee does not desire to pursue in view of the Ministry’s replies, has been categorized under Chapter II. A total number of 12 recommendations/ observations in respect of which replies of the Ministry have not been accepted by the Committee and the Committee has made further recommendations thereon, has been categorized under Chapter III while a total number of 17 recommendations/observations in respect of which final replies of the Ministry have not been received, has been categorized under Chapter IV.

5. The Committee considered the Draft Report and adopted the same in its meeting held on the 17th November, 2020.

NEW DELHI
17 November, 2020

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

1942 (Saka)
### ACRONYMS

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<td>AES</td>
<td>Acute Encephalitis Syndrome</td>
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<td>AMR</td>
<td>Anti-Microbial Resistance</td>
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<td>AMSP</td>
<td>Antimicrobial Stewardship Program</td>
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<tr>
<td>AWC</td>
<td>Anganwadi Centre</td>
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<tr>
<td>AYUSH</td>
<td>Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy</td>
</tr>
<tr>
<td>BCIL</td>
<td>Biotechnology Consortium India Limited</td>
</tr>
<tr>
<td>BMHRC</td>
<td>Bhopal Memorial Hospital and Research Centre</td>
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<tr>
<td>CAPI</td>
<td>Computer-Assisted Personal Interviewing</td>
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<td>CCHF</td>
<td>Crimean Congo Hemorrhagic fever virus</td>
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<tr>
<td>CLD</td>
<td>Central Leprosy Division</td>
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<td>CPR</td>
<td>Cardiopulmonary Resuscitation</td>
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<td>CSR</td>
<td>Corporate Social Responsibility</td>
</tr>
<tr>
<td>CTRI</td>
<td>Clinical Trial Registry of India</td>
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<td>DELHI</td>
<td>Delhi Emergency Life Heart-Attack Initiative</td>
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<td>DHR</td>
<td>Department of Health Research</td>
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<td>DHR-ICMR</td>
<td>Department of Health Research - Indian Council of Medical Research</td>
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<tr>
<td>DIAMOnDS</td>
<td>DHR-ICMR Advanced Molecular Oncology Diagnostic Services</td>
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<td>EC</td>
<td>Executive Council</td>
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<td>FDEC</td>
<td>Foundation for Disease Control and Elimination</td>
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<td>GCLP</td>
<td>Good Clinical Laboratory Practices</td>
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<td>GCP</td>
<td>Good Clinical Practices</td>
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<td>HBCRs</td>
<td>Hospital Based Cancer Registries</td>
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<td>HSCT</td>
<td>Hematopoietic Stem Cell Transplantation</td>
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<td>HTA</td>
<td>Health Technology Assessment</td>
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<td>HTAIn</td>
<td>Health Technology Assessment in India</td>
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<td>ICMR</td>
<td>Indian Council of Medical Research</td>
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<td>LRAC</td>
<td>Local Research Advisory Committee</td>
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<td>MBA</td>
<td>Management by Activities</td>
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<td>MBO</td>
<td>Management by Objectives</td>
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<td>Malaria Elimination Demonstration Project</td>
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<td>National Cancer Registry Programme</td>
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<td>NIN</td>
<td>Nutrify India Now</td>
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<tr>
<td>NIV</td>
<td>National Institute of Virology</td>
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<tr>
<td>NLEP</td>
<td>National Leprosy Eradication Programme</td>
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<td>PBCR</td>
<td>Population Based Cancer Registries</td>
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<td>PBCRs</td>
<td>Population Based Cancer Registries</td>
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<td>PM-ASBY</td>
<td>Prime Minister’s Atmanirbhar Swasth Bharat Yojana</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<td>PMSSY</td>
<td>Pradhan Mantri Swasthya Suraksha Yojana</td>
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<td>PRC</td>
<td>Project Review Committee</td>
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<tr>
<td>RESEARCH</td>
<td>Regional Enabler for South East Asia Research Collaboration for Health</td>
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<tr>
<td>RMRC</td>
<td>Regional Medical Research Centre</td>
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<tr>
<td>SAC</td>
<td>Scientific Advisory Committee</td>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>Technical Evaluation Committee</td>
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<td>TGR</td>
<td>Typhus Group Rickettsiae</td>
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<td>THRCI</td>
<td>Tribal Health Research Consortium of India</td>
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<td>THRFD</td>
<td>Tribal Health Research forum</td>
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<td>TRIHMS</td>
<td>Tomo Riba Institute of Health &amp; Medical Sciences</td>
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<td>UCs</td>
<td>Utilization Certificates</td>
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<td>VL</td>
<td>Visceral leishmaniasis</td>
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<td>VRDL</td>
<td>Viral Research &amp; Diagnostic Laboratory</td>
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<td>VRDLS</td>
<td>Viral Research &amp; Diagnostic Laboratories</td>
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<td>WHO</td>
<td>World Health Organization</td>
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REPORT

The Report of the Committee deals with the Action Taken by the Government on the Recommendations/ Observations contained in the Committee's One Hundred Nineteenth Report on Demands for Grants 2020-21 (Demand No. 43) of the Department of Health Research (Ministry of Health & Family Welfare).

2. Action Taken Notes have been received from the Government in respect of the recommendations contained in the Report. They have been categorized as follows:

(i) Recommendations/Observations which have been accepted by the Ministry:

    Total– 40  (Chapter-I)

(ii) Recommendations/Observations which the Committee does not desire to pursue in view of the Ministry ’s replies:

    Total– 8  (Chapter-II)

(iii) Recommendations/Observations in respect of which replies of the Ministry have not been accepted by the Committee:

    Total– 12  (Chapter-III)

(iv) Recommendations/observations in respect of which final replies of the Ministry are still awaited:

    Total– 17  (Chapter-IV)
CHAPTER – I
RECOMMENDATIONS/OBSERVATIONS WHICH HAVE BEEN ACCEPTED BY THE MINISTRY

MACRO ANALYSIS OF BUDGETARY ALLOCATION TO THE DHR BY THE COMMITTEE

Recommendation

1.1 The Committee finds that marginal increase in the budgetary allocation to DHR during the last two years is not commensurate with the responsibilities entrusted to the Department to deal with the magnitude and incidence of diseases in the country and considerable amount of fund required to broaden the research activities which facilitates the policy maker to formulate health policy in the right direction. The outcome of the health research also supports the executive to sketch suitable strategy in combating the health challenges. The Committee, therefore, recommends higher budgetary allocation to DHR to achieve the set objective missions enshrined in National Health Mission and National Health Policy, 2017. The Committee, in this regard, lend its support to DHR to approach the Ministry of Finance for seeking higher budgetary allocation at the RE stage for promoting health and well being of the people of the country.

(Para 2.1.5)

Action Taken

1.2 The need for making higher allocation to the Department of Health Research especially in view of the COVID-19 pandemic and to mitigate its challenges will be taken up with the Ministry of Finance at the RE stage. Department of Health Research (DHR)/Indian Council of Medical Research (ICMR) has been vigorously meeting the need by active expansion of testing strategy based on evidence of spread of the virus and development of vaccines. All this would be only possible with sufficient funds being made available. Meanwhile, proposals have been approved amounting to Rs.2475.00 crores under World Bank Funded “India Covid-19 Emergency Response & Health System Preparedness Package” for procurement of testing kits, testing machines, reagents, etc. for COVID-19. Proposals amounting to Rs. 1998.00 crores have also been submitted under the “Prime Minister’s Amanibhar Swasth Bharat Yojana (PM-ASBY)” for various activities pertaining to Bio-security preparedness and strengthening Pandemic Research and Multi-Sector National Institutions and Platforms for One Health, including setting up of Zonal Centers of National Institute of Virology (NIV). Additional allocations to meet the requirements in 2020-21 would also be sought at RE stage.

Recommendation

1.3 The Committee understands that underutilization of funds by the DHR not only reflects the lack of resilient monitoring mechanism over optimum utilization within stipulated timeframe work but also indicates lackadaisical approach of Department in achieving the set objectives of the schemes. The Committee, therefore, recommends the DHR to improve the monitoring mechanism for timely execution of schemes/programmes undertaken that would
give legitimate claim to approach the Ministry of Finance for higher budgetary allocation as per the projected demand to meet the expenditure on projects pertaining to research activities as originally conceived at the projection stage.

(Para 2.4.4)

Action Taken

1.4 A comprehensive Monitoring Mechanism is already in place in the Department of Health Research comprising of assessments through periodical reports from VRDLs/MRUs/MRHRUs, field visits to the units, holding review meetings/ conferences etc. Release of funds under the schemes is based strictly on assessments of Utilization Certificates and Statements of Expenditure. This will be further strengthened to improve the utilization of funds.

Recommendation

1.5 The Committee expresses its displeasure over non-achievement of physical targets set in establishment of MRHRUs due to delay in processing of the proposals for technical evaluation. Against the physical target for setting up of 25 MRHRUs during 2018-19 only 18 MRHRUs were set up and while during 2019-20 against the target of 7 MRHRUs, 5 MRHRUs have been set up. The Committee was apprised that two proposals, one each in A&N Islands and Telangana are already in the pipeline. The Committee understands that MRHRUs provide a platform for interface amongst patient and health researchers which helps in providing latest and sophisticated technology for diagnosis and management of diseases in rural areas. The Committee, therefore, recommends that DHR, while considering to enhance the objective of setting up of larger number of MRHRUs in the rural areas make realistic assessment of financial requirement for the purpose and accordingly, approach the Ministry of Finance for allocating the requisite fund.

(Para 2.5.3)

Action Taken

1.6 The following details of financial and physical progress in Establishment of Model Rural Health Research Units (MRHRUs) in States has been shared with the Committee:

<table>
<thead>
<tr>
<th>I. Financial Performance</th>
<th>(Rs in crores)</th>
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<tbody>
<tr>
<td>BE 2019-20</td>
<td>15.00</td>
</tr>
<tr>
<td>RE 2019-20</td>
<td>19.00</td>
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<tr>
<td>Actual Expenditure (upto 31.1.2020)</td>
<td>9.43</td>
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<th>II. Physical Performance:</th>
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<tr>
<td>Total Scheme Target:</td>
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<td>Already Achieved upto 2018-19</td>
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<tr>
<td>Target for 2019-20</td>
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1.7 The MRHRUs are required to operate in the near vicinity of the Public/Community Health Centres (PHCs/CHCs) and the designated Medical Colleges. The designated mentoring Institutes of the ICMR are also required to maintain close contact with the MRHRUs. The exercise for setting up a new MRHRU and the pace of implementation of the scheme, therefore, depends substantially on timely allotment of suitable land by the concerned State Governments.

1.8 Under the scheme of MRHRUs, the target of sanctioning 7 new MRHRUs in 2019-20 was achieved in full including those at A&N Islands and Telangana.

Recommendation

1.9 The Committee notes with concern that the DHR has made actual expenditure to the tune of Rs. 4.16 crore against the BE allocation of Rs. 7.35 crore that was reduced to the tune of Rs. 6.00 crore at RE stage. The Committee understands that budgetary allocation is reduced at the RE stage keeping in the light of the progress of the scheme. The Committee observes that had the DHR been able to make expenditure commensurating to the progress of the scheme as per allocated fund at BE stage, the Ministry of Finance would not have reduced the allocation at RE stage. The actual expenditure is only to the tune of Rs. 4.16 crore till 31st January, 2020 which is again a matter of concern to the Committee.

(Para 2.5.5)

Action Taken

1.10 The allocated budget of Rs.6.00 crores under the head “Development of tools to prevent outbreaks of epidemic” has been fully utilized by 31st March, 2020. The said budget was utilized to combat the COVID-19 outbreak which was eventually declared as pandemic by WHO on March 11, 2020.

Recommendation

1.11 The Committee underlines the need of inter-sectoral convergence and coordination for promotion and guidance on health research and recommends that DHR must make all efforts to identify the existing knowledge gap and promote research projects that would yield in extracting the health leads which would ultimately translate into deliverable products. Since the physical achievement of target set under the scheme is dependent upon the availability of budget and number of quality applications received, the Committee, strongly recommends the DHR to approach the Ministry of Finance for allocating requisite fund for the scheme and also encourage/induce the health researcher to undertake the research projects.

(Para 2.5.7)

Action Taken

1.12 The department acknowledges the recommendation of the committee for identifying the existing knowledge gap and ensure that under the Grant-in-aid scheme, the projects yielding the deliverable products are duly considered. In order to promote research projects that would yield in extracting the health leads which would ultimately translate into deliverable products, the DHR has identified 11 areas viz. Innovation in health technologies, Health Technology, GIS
based disease mapping/surveillance, Health Informatics, Biomedical imaging and processing, Clinical trials for newer drugs/ vaccines/ devices/ kits and tools, Disease modelling, Health System Research, Health Economics, Health Policy, and Environmental Health during 2019-20. The proposals were invited in these areas through advertisement and after review by experts, nearly 28 projects which are having translational potential were supported and similar efforts will be continued in current financial year and in future.

1.13 The Committee is given to understand that Health Technology Assessment in India (HTAIn) undertakes activities to analyze evidence related cost effectiveness and clinical effectiveness for deployment of health technologies covering medicines, devices and health programmes, which in turn ensures effective and optimal utilization of health budget and easy access to quality healthcare at the minimum cost. The Committee, therefore, recommends optimal utilization of allocated funds in order to minimize the cost for quality healthcare, especially in rural, urban slums and tribal areas.

(Para 2.5.8)

Action Taken

1.14 The Health Technology Assessment program under DHR has undertaken studies to recommend optimal utilization of the allocated budget. Total 13 studies have been approved by the Board for implementation. These policy guidelines have been issued to the State and Central Government for implementation. Total 32 Health Technology Assessment studies are ongoing Some of the studies are as follows:

(i) Cost Effectiveness of Therapeutic Use of Safety Engineered Syringes in Healthcare Facilities in India
(ii) Health Technology Assessment of intraocular lenses for treatment of age-related cataracts in India
(iii) Health Technology Assessment of Long Acting Reversible Contraceptives in India by.
(iv) Validation of Diagnostic efficacy of digital hemoglobinometer (TrueHb), HemoCue and non-invasive devices for screening patients for anemia in the field settings.
(v) Health Technology Assessment of Strategies for Cervical Cancer Screening in India.
(vi) Cost effectiveness analysis Hypothermia detection devices (BEPMU, Thermospot and fever Watch) for pre-mature and low birth weight neonates in India
(vii) Health Technology Assessment of Uterine Balloon Tamponade for Management of Postpartum Haemorrhage in India.
(viii) Health Technology Assessment of Portable automated ABR Neonatal Hearing Screening Device
(ix) Rapid Health Technology Assessment for incorporating TrueNat as a diagnostic tool for tuberculosis under RNTCP in India
(x) Evaluation of Pulse Oximeter as the Tool to Prevent Childhood Pneumonia related Mortality and Morbidity
(xi) Health Technology Assessment of Automated Resuscitation Device for Neonatal Resuscitation at point of delivery in Indian healthcare system

(xii) Health Technology Assessment of various RT-PCR kits for the diagnosis of Influenza A/H1N1pdm09 virus in all age patients in India.

(xiii) Health Technology Assessment on population based screening for Type 2 Diabetes and Hypertension in India

(xiv) National Costing Study for healthcare system in 16 States in India.

1.15 A HEALTH TECHNOLOGY ASSESSMENT BOARD BILL, (2019) has been proposed to institutionalize the structure and function of the HTAIn body. The Bill is to provide for the constitution of a Board for providing evidences related to cost-effectiveness, clinical-effectiveness and safety of medicines, devices, vaccines and health programmes undertaking Health Technology Assessment (HTA) studies for decision making. It will evaluate affordability, appropriateness and cost effectiveness of the available and new health technologies in India. It will work on the objectives of maximizing health, reducing out of pocket expenditure and reducing inequality so that maximum people can have access to quality healthcare at minimum cost in the country. The Bill has been approved by Hon’ble HFM and placed for pre legislative consultation with States.

Recommendation

1.16 The Committee is of the view that international cooperation in medical and health research provides an opportunity and platform for the indigenous health researcher to interact with the health researchers in various parts of the world and therefore it helps in bridging the knowledge gap and skill development in the field of the health research. The Committee, therefore, recommends for encouraging the fellow health researchers to participate in the international conference to understand the global standard and practices in the health research that would in turn up-scale the health research in the country. Accordingly, provision for adequate fund be made to meet the expenditure incurring on international cooperation in the field of health research.

(Para 2.5.10)

Action Taken

1.17 Provisions under this Head of Account are made for to facilitate and accelerate international cooperation in medical and health research by providing contributions for international conferences, participations in conferences/seminars abroad, organizing international conferences in India, and meeting foreign travel expenses on official visits abroad. In 2019-20, the BE allocation of Rs.1.00 crores under this Head was increased to Rs.6.00 crores at RE stage towards payment of share amounting to Rs.5.00 crores the Department of Science & Technology for organizing the India International Science Fair-2019 at Kolkata. The International Conference schedule on 27-28 February, 2020 on Health Technology Assessment has been postponed due to travelling restrictions of international participants due to Corona Virus epidemic. Depending upon the situation of COVID-19 outbreak, the Department would Endeavour to organize the international conference during 2020-21 and would also encourage health researchers to participate in international conferences. An allocation of Rs.6.00 crores has
already been for international cooperation in 2020-21 and if need arises more funds would be sought at RE stage.

**Recommendation**

1.18 *The Committee is of the firm view that the Government should formulate a concrete contingent plan for managing epidemics that do not outbreak with prior notice and for which the state of preparedness must be resilient enough to contain the outbreak of epidemics and calamities so that lives of people be saved. The Committee, therefore, strongly recommends the government to undertake measures to strengthen the contingent plan for managing epidemic and National calamities. In this regard, the Committee recommends that each VRDL must be trained in Good Clinical Laboratory Practices (GCLP). The Committee further recommends the government to undertake bio-security and bio-safety measures so that any new and emergent virus is contained and controlled within shortest span of time. The Committee further recommends that the personnel engaged in handling the virus must be trained in bio-safety modules that include acquainting workers about wearing personal protective equipment to protect them from exposure to unknown virus.*

(Para 3.1.7)

**Action Taken**

1.19 Specific trainings like Good Clinical Laboratory Practices (GCLP), Bio-security and bio-safety measures have already been in place. These activities are being undertaken in phase manner to cover the entire network. NIV, Pune is the resource center of VRDL network, is mandated for capacity building of the staff involved in viral diagnosis. Various training modules focused on different serological/molecular techniques to diagnose Risk Group -1 to Risk Group -3 or High Risk viral pathogen are in place. In continuation different specific modules on biosafety, use of personal protective equipments (donning and doffing exercises) will be developed.

**Recommendation**

1.20 *The Committee acknowledges the vital role of VRDLs in surveillance diagnosis and detection of outbreaks of epidemics and calamities. The Committee notes that most of the VRDLs provide diagnosis within 24 to 48 hours, however, it is felt that turnaround time may further be reduced with the use of latest technology and medical device.*

(Para 3.1.8)

**Action Taken**

1.21 Turnaround time depends on the type of test involved in diagnosis. Latest technologies like automated machines are being deployed as well as VRDLs are encouraged to develop lateral flow assays, point of care devices, etc.
DEVELOPMENT OF INFRASTRUCTURE FOR PROMOTION OF HEALTH RESEARCH

Recommendation

1.22 The Committee observes that establishment of MRUs in government medical colleges and Model Rural Health Research Units in the rural areas are two pillars of basic infrastructure for biomedical research schemes in the country. The Committee finds that the MRHRU scheme is comparatively more diversified in its approach towards Bio-medical Research as it intends to transfer the requisite technology also to the rural areas to serve the affected persons as they do not, otherwise, have access to such technologies. The Committee, therefore, is of the firm view that there is urgent need for strengthening of basic infrastructure for health research in the country by allocating the fund as investment through budgetary provision to strengthen the network of research institutes for carrying out bio-medical research for ensuring bio-security not only against the emerging and re-emerging life threatening viruses but also providing a protecting umbrella against bio-terrorism.

(Para 3.2.9)

Action Taken

1.23 As acknowledged by the Hon’ble Committee, MRU/MRHRU schemes have been formulated with a view to create and strengthen research environment in State Government Medical Colleges and in rural areas in States. Under the Scheme, proposals for establishing MRUs/MRHRUs are called for from the State Government on regular basis. Since, these are Central Sector Schemes, 100% financial grant is given by the Central Government for recurring expenditure (salaries, consumables, contingency etc.) and non-recurring expenditure (equipment, civil work. Based on the assessment of requirement of funds for the existing and the new proposals, projections are made in the annual Demands for Grants.

1.24 The Committee’s recommendation has also been noted for future guidance and compliance. In fact, a separate allocation for supporting research activities in the VRDLs, MRUSs and MRHRUs has also been proposed under the PM-ABSY Package.

Recommendation

1.25 The Committee strongly recommends the DHR that the allocated funds for development of infrastructure for promotion of Health Research must be optimally utilized by adhering the following strategy in order to achieve the physical target: -

   i. Simplification of procedure and processes for sanctioning and release of funds for the various projects.
   ii. Proper planning, efficient coordination and effective financial controlling while executing the scheme.
   iii. Strengthening of monitoring mechanism and organizing workshops and review meetings for addressing the issues in the implementation of the schemes.
Adherence also to dashboard for online monitoring of progress of Scheme/Programme.

iv. Regular field visits for onsite appraisal of progress of implementation of the schemes.

**Action Taken**

1.26

(1) The procedure under Research Governance for Health Technology Assessment has been streamlined as follows:

i. The funds are directly transferred to the institutes.
ii. Proper planning and effective controls for release of grant after the Utilization certificates are obtained from the institutes
iii. Continuous monitoring on the timelines of the Studies approved. Updation of the dashboard on quarterly basis.

(2) With respect to VRDL Scheme:

i. Virtual site visit inspections for reviewing the existing Department of Microbiology so that Viral Research and Diagnostic Laboratories should be established in this current scenario of COVID-19 pandemic.
ii. In addition to this monitoring of all research projects as well as handholding of laboratories are being done through video conferencing.
iii. In order to address the issues specific other resources are being used like WhatsApp Groups as well as emails as a communication way out to resolve those issues.

(3) Regarding MRUs and MRHRUs, following mechanism is already in place:

i. Under the current mechanism, research proposals are approved by the Local Research Advisory Committee (LRAC). These proposals are subsequently considered in the Department of Health Research (DHR) by the Technical Evaluation Committee (TEC) consisting of Experts and thereafter, approved by the Approval Committee headed by Secretary, DHR.
ii. Once approved, admissible grant-in-aid for recurring and non-recurring expenditure is released to MRUs/MRHRUs for undertaking research activities.
iii. As far as financial controlling is concerned, it is stated that funds are released after minute scrutiny of Utilization Certificates (UCs) and Statement of Expenditures (SoEs) to ensure that funds have been utilized for the activities for which they were sanctioned.
iv. The Department also has a robust monitoring mechanism to ensure proper and effective implementation of MRU/MRHRU scheme. Under this mechanism, periodical review meetings with Directors of ICMR Mentoring Institutes, Nodal Officers of MRUs and Administrative Staff of the Research Units are held to evaluate progress of research proposals besides monitoring achievement of physical and financial targets of the units.

v. Workshops are also organized by the Department of Health Research periodically on subjects like “Scientific Paper Writing Skills” and “Research Methodology” at the Head Quarter and also in different regions of the Country primarily with the objective of sharpening skills of Scientists in these areas and also to update them about latest National and International trends in the areas of Scientific Paper Writing and different Research Methodologies. Such workshops have greatly helped Scientists to sharpen their skills and updating their knowledge. Accordingly, better results are expected in these areas in future.

vi. Regular field visits are also undertaken by a team of Scientists and Administrative Officers from the Department of Health Research to physically monitor the progress of work in the units. Besides, monitoring progress, on the spot suggestions/recommendations are also provided to the units to the extent possible to solve their problems/issues.

vii. As a result, as on date 80 MRUs and 25 MRHRUs have been established across the Country where a total of 656 research projects are undergoing.

1.27 The Committee’s recommendation has also been noted for future guidance and compliance. In fact, a separate allocation for supporting research activities in the VRDLs, MRUSs and MRHRUs has also been proposed under the PM-ABSY Package.

HUMAN RESOURCE AND CAPACITY DEVELOPMENT

Recommendation

1.28 The Committee does not agree with Department’s plea for lower projection at RE level on account of reduction in receipt of less number of proposals from the NER. The figures of actual expenditure to the tune of Rs. 62.70 crore in 2019-20 under the head are also not encouraging. The Committee disapproves the casual approach of the DHR for not adhering the desired cannons of fiscal discipline. The Committee is of the considered view that unless there is adequate budgetary allocation followed by optimal utilization of allocated fund, the DHR would not be in a position to constitute a pool of talented and trained medical researchers. The Committee, therefore, strongly recommends that DHR must approach the Ministry of Finance for adequate budgetary provision for Human Resource and Capacity Development. The Committee further underlines the importance of capacity building by providing financial assistance to health researchers in various areas of bio-medical/health science.

(Para 3.4.2)
Action Taken

1.29 The Technical Evaluation Committee (TEC) in the brainstorming meeting discussed the issue of receipt of less number of proposals from the NER and gave their recommendations to ensure that the human resource development matches the evolving needs of the North East Region.

1.30 The TEC committee identified the areas to support specific training programs in NER, targeting the local problems focusing on the prevalent diseases, emerging and re-emerging diseases, projects to explore herbal formulations etc.

Recommendation

1.31 The Committee is of the considered view that DHR must devise robust strategy for the capacity building of the global standard for its manpower to ensure better achievement of set objectives. The Committee, in this connection, recommends the DHR to have realistic assessment of the requirement of health care systems and of bio-medical science and accordingly devise appropriate strategies for imparting trainings / exposure visits / workshops in various reputed international organisations. Moreover, the Committee recommends for upgrading the existing knowledge of human resources in the various fields of biomedical/health sciences in various areas viz. Toxicology, Genomics, Proteomics, Geriatrics, Stem Cell Research, Clinical Trials, Good Clinical Practices (GCP), Biotechnology, Genetics, Operational Research, Health Informatics, Medical Ethics, Health Economics, Health Policy, Biomedical imaging and processing, Health Informatics, Environment and Health etc.

(Para 3.4.8)

Action Taken

1.32 The department acknowledges the recommendation of the committee and based on the recommendations organized a brainstorming discussion with the experts of Technical Evaluation Committee (TEC) of HRD scheme of DHR, which comprises of the experts of biomedical areas from various leading health institutions of India. The TEC identified several research areas as per the country's requirement of health care systems and of bio-medical science including the areas mentioned by the committee for various categories of the HRD scheme including Short term and long term training programs and support to institutes for providing training to biomedical researchers categories. Based on the recommendations the proposals will be invited in these areas through advertisement in current financial year and in future.

Recommendation

1.33 The Committee acknowledges the major achievements of ICMR in the specified areas viz. health research, nutrition, tribal health, tradition medicine and publication and dissemination of information and hopes that ICMR would continue to achieve the milestones in these battle fields. The Committee recommends that the mobile app on ‘Dietary Guidelines for Indians’ must be popularized especially in rural, urban slums and tribal areas. Nutrition
Surveillance System need to be further strengthened and must yield result on the grass-root level. The Committee recommends the Government to undertake Fortified Food to fight malnutrition as the flagship programme for which the Government should transform the research activity in ICMR into Government policy and a suitable course of action must be chalked out for its implementation on the ground level. The Committee also recommends that the Mission SHAKTI be incorporated in school syllabus to educate students about the healthy lifestyle following the ideology and philosophy of Mahatma Gandhi like cleanliness, Hygiene, sanitation, nutrition, physical fitness, mental health, etc

(Para 3.5.8)

Action Taken

1.34 DIETARY GUIDELINES:

1. Dietary guidelines for Indians app has been put online on NIN’s website and was also popularized through social media. The Dietary Guidelines for Indians are under revision now. A more interactive app is being planned for popularization after the revised guidelines are released.

2. In addition, ICMR_NIN also launched another app, Nutrify India Now (NIN) which can provide information on over 500 commonly consumed Indian foods and 400 recipes. This is also available for free download on Google Play store. Apart from this, NIN’s efforts to reach out to people in rural, areas, urban slums and all parts of the country, 14 e-learning modules on Nutrition have been developed as part of POSHAN Abhiyaan and these are available for free on NIN’s website and in POSHAN Abhiyaan. These modules currently available in Hindi, can be accessed for free and module completion certificates can be generated online. As on date, over 2.43 lakh certificates have been generated from across all states in the country with highest in UP followed by Maharashtra, Bihar, Rajasthan and so on.

3. As regards the implementation of the Nutrition Surveillance System, ICMR-NIN is extremely thankful to the committee for this suggestion. ICMR-NIN will spearhead any initiative of ICMR/Govt. to scale it up. As regards the ongoing efforts, digitization of ICDS reporting system for real time reporting of data has been taken up in six states—Telangana, Madhya Pradesh, Maharashtra, Kerala, Odisha, Meghalaya as model. Anganwadi Workers have been trained and empowered with tablet PCs enabled with Computer-assisted personal interviewing (CAPI) system to record data at their Anganwadi Centre (AWC). Real time data (unique-developed by NIN- Can work offline), the AWC data would be accessible at various levels - District, State and at ICMR-NIN for assessing nutrition status of children at single child level to make appropriate and immediate intervention.

Mission SHAKTTI

1.35 The activity related to incorporation of healthy practices has already been initiated. ICMR has already coordinated with the Department of Education and NCERT for inclusion of
Gandhian philosophy towards health in school syllabus. Effort would be made to expand the activity to include more areas of best health practices especially with reference to Mahatma Gandhi’s teachings.

**Specific Areas to be funded in respect of ICMR**

**Recommendation**

1.36 The Committee takes into account the Annual Action Plan of ICMR for the year 2020-21 enveloping research projects in 13 specific areas for which an amount to the tune of Rs. 1795.71 crore has been earmarked. The Committee believes that ICMR would undertake National TB Prevalence Survey and implement TB vaccine and indigenous molecular diagnostic kit ‘TruNat’ in order to eliminate TB by 2025. The Committee also believes that research activity directed towards elimination of vector borne diseases would yield desired outcome. The Committee considers the research activities undertaken by ICMR pertaining to climate change impact on human health, especially vector borne diseases would go a long way in containing the life threatening diseases. The Committee feels that ICMR must undertake extensive clinical trials on new indigenous, cost effective, safe and efficacious drugs for treatment of VL, PKDL an co-infected cases. The Committee expects ICMR to continue for strengthening public health emergency operation centre for epidemic management like nCov, Zika, Nipah, etc. The Committee desires the ICMR to have HIV estimation in India and undertake research activities for its treatment. The Committee believes that ICMR would achieve the ‘End Cholera’ goals in India by 2030. The Committee strongly believes that the outcome of research activities undertaken by ICMR in the field of Oncology, Cardiovascular diseases, Neurology, Diabetes, Mental Health, Disability, Gastroenterology would relieve large chunk of people through assured treatment. The Committee would like ICMR to undertake new initiatives to improve the position of India in global hunger index and address issues pertaining to iodine deficiency disorder, POSHAN Abhiyan, nanomedicine, pharmacology/rare diseases, reproductive biology, maternal and child healthcare. The Committee recommends the ICMR to galvanize the Tribal Health Research forum (THRDF) activities and to setup a nation-wide research program in the form of Tribal Health Research Consortium of India (THRCI). The ICMR also needs to strengthen medical device and diagnostic mission secretariat and ensure clinical validation of medical devices. The Committee recommends the ICMR to promote the traditional medicine, promote participation in international health conference to have a glance over global health index and parameters and to implement the same in India. The call for “centre for one health” would require a network of new infrastructure development. The Committee would like the dissemination of collected research information/ analysis and outcome to the lower rungs of the country for the benefit of the general masses.

(Para 3.5.10)
**Action Taken**

**Visceral leishmaniasis (VL)/ Post-kala-azar Dermal Leishmaniasis (PKDL):**

1.37 The following clinical trials are ongoing:

- Phase III clinical trial of three single dose treatment regimens of FungisomeTM (either alone or in combination with miltefosine) compared with a single dose treatment regimen of AmBisome® for treatment of VL. [Sponsor: Life Care]
- Phase II clinical trial of two regimens to assess the safety and efficacy for treatment of PKDL. [Sponsor: DNDi]
- Assessment of the safety and efficacy of AmBisome® in the dose of 5 mg/kg for three injection with miltefosine for six weeks vs. miltefosine alone for 12 weeks in PKDL patients.
- The following trials have recently been concluded:
  - Assessment of Safety and efficacy of Liposomal Amphotericin B (AmBisome) Vs Miltefosine 12-weeks therapy in patients with PKDL.
  - A randomized trial of Ambisome® monotherapy and combination of Ambisome® and miltefosine for the treatment of VL in HIV positive patients. [Sponsor: MSF]
- Some bioequivalence studies that have been concluded recently are:
  - A Multi-Center, Open-Label, Randomized, Two treatment, Parallel, Single period, Multiple-Dose, Steady state, Global Bioequivalence study of Amphotericin B Liposome for Injection 50mg /vial (Test) of Auromedics Pharma LLC, USA and AmBisome® (Amphotericin B) Liposome for Injection 50mg/vial (Reference) of Astellas Pharma US, inc. in patients with Visceral Leishmaniasis under fed (non-high fat breakfast) condition. [Sponsor: Aurobindo Pharma Limited, Hyderabad]
  - A multicenter, open label, randomized, two treatments, parallel design, steady state study to compare the bioavailability of the Test product [Amphotericin B (Liposome for injection) 50 mg/vial, Cipla Ltd., India] with Reference product [AmBisome® (Amphotericin B) Liposome for injection 50 mg/vial), Gilead life sciences, USA] in adult patients with visceral leishmaniasis. [Sponsor: Cipla]
  - A Multi-Centre, Randomized, Double Blind, Parallel-Group, Comparative Clinical Trial to evaluate the Safety and Clinical Equivalence of Generic Clotrimazole Troche/Lozenges USP, 10mg (manufactured by Unique Pharmaceutical Laboratories, India) to Clotrimazole Troche/Lozenges® 10mg (Roxane Laboratories Inc., USA) in subjects with Oropharyngeal Candidiasis. [Sponsor: ThinQ Pharma]
  - It is to mention that outcomes of various clinical trials conducted earlier have been translated into the National Kala-azar Elimination Programme viz. domiciliary use of miltefsoine for treatment of VL and PKDL, paromomycin, single dose ambisome, combination therapies, amphomule, etc.
Public health Emergency Strengthening:

1.38 ICMR being the implementing agency for the scheme “Setting up of Nation-wide Network of Laboratories for Managing Epidemics and National Calamities” has setup a robust network of virus release and diagnosis laboratory. Network comprises 107 VRDL (10 RL, 22 SL, 95 MCL) across the country able to provide timely diagnosis of infectious disease caused by various viral etiologies like Dengue, H1N1, nCoV, Zika, Nipah etc. ICMR is continuously working for further expansion of the VRDL network.

1.39 Further, ICMR-NIV, Pune has standardized and validated a point-of-care diagnostic test for Nipah virus disease which was successfully used during the 2019 outbreak of Nipah in Ernakulum, Kerala.

Other Issues:

1.40 ICMR is committed towards providing sustainable solutions to the health challenges of our nation. ICMR has planned a number of flagship programmes in the areas of maternal and child health, tribal health and medical devices. Apart from this, the Council is working continuously towards setting up Centre for One Health at Nagpur.

1.41 A communications Unit have been set at headquarters with its nodal officers in every ICMR institute. The Unit ensures that the research findings are disseminated widely to reach each and every corner of the country. Dissemination activities in the form of press release, Op-Eds, Featured articles in newspapers, popular articles in magazines, social media posts and exhibitions/Films are undertaken.

Major Achievements of ICMR

Recommendation

1.42 The Committee appreciates ICMR for publishing 823 research papers /research documents during 2018-19 including 17 patents filed out of which 7 were granted and 13 technologies were developed. Similarly, during 2019-20 (till December, 2019) 567 research documents were published, 18 patents were filed, 4 patents were granted and 23 technologies were developed. The Committee hopes that research conclusions would be disseminated to the ground level and benefits reach to the patient at the primary health centre. The Committee applauds the achievements of ICMR in exploring major research leads that have been translated to various health products in the interest of health benefits of the public. The Committee further believes that the technologies as developed through major research activities undertaken by ICMR, sooner than later, would foster into commercialization and thereby yield the desired results in maintaining the public health.

(Para 3.5.15)
Action Taken

1.43 ICMR has forged partnerships with industry for smooth technology transfer. Technology readiness templates have been prepared and website advertisements prepared and placed on ICMR website for seeking potential collaborators to further upscale/commercialization the technology. A transparent process seeking collaboration by private/public sector companies was followed through website advertisement. In response to website advt., the proposals received from companies are shortlisted on the basis of company selection criteria and evaluated by the technology transfer committee.

New initiatives

- 6 technologies are under pipeline of tech-transfer process (through in-house efforts)
- Monitoring of tech transfer under HTAC program with support from FICCI
- Technology incubation under collaboration with SCTIMST
- Monitoring of technology up-scaling/commercialization through Biotechnology Consortium India Limited (BCIL). Technology evaluation reports have been reviewed and technical data provide to revise the reports. Regular follow up with inventors and BCIL representatives is being carried to monitor the tech transfer process.
- Revision of IPR policy is in process.

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE, BHOPAL

Recommendation

1.44 Recapitulating the recommendations of the Department-related Parliamentary Standing Committee on Health & Family Welfare in its 111th Report on the Functioning of new AIIMS (Phase-I) under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), the Committee noted that BMHRC has witnessed seven handovers in 10 years. The Committee notes the view of the High Power Committee, constituted with the terms of reference for deciding the fate of BMHRC, in order to achieve the goal for improving the functioning of BMHRC in conjunction with ICMR, there is urgent need for enhancing the capacity building by way of improved availability of Doctors, commencement of PG courses in medical education, optimal utilization of resources, undertaking new activities etc. The Committee believes that efficient and effective operational and functional synergy would be integrated between BMHRC and ICMR for multiplying professional proficiency of BMHRC. The Committee appreciates that DHR has already undertaken initiatives for the filling up of the vacant posts and procurement of tools and equipments for proper patient care. The Committee, however, would like to be apprised of the cost benefits analysis and ultimate outcome of transfer of BMHRC to ICMR alongwith performance audit report indicating the operational ratio and other accounting practices.

(Para 3.6.10)
**Action Taken**

1.45 BMHRC provides state-of-the-art super-specialty medical facilities to all registered gas victims and their entitled dependents as well as the public at large. Basic, clinical and epidemiological research is carried out in all disciplines in the hospital. The existing infrastructure is also utilized to train doctors, nurses and paramedical personnel.

1.46 The administrative control of BMHRC was transferred from DHR to ICMR in November 2019 following recommendations of High Powered committee with the ultimate objective of making it an institute of Excellence. Action taken / achievements made after transfer of Bhopal Memorial Hospital and Research Centre (BMHRC), Bhopal to Indian Council of Medical Research (ICMR), within a short span of nine months, which is inclusive of two months of lock down due to COVID pandemic are as follows:

a. Recruitment of faculty doctors (Specialists and Super specialists): Recruitments of faculty doctors were carried out in the month of February, 2020 and eight faculties (Specialists and Super specialists) were selected. Six of them have already joined BMHRC. One is likely to join BMHRC in November 2020. Subsequently, vacant posts of faculty (Specialists and Super specialists) were re advertised for walk-in-interview to be held in the last week of March, 2020. However, due to the ongoing COVID 19 pandemic, it was decided to hold the interviews at a later date.

b. Due promotions of doctors (faculties and specialists) were carried out. This has helped in improving morale and retaining the senior and experienced doctors.

c. Commencement of medical post graduate courses: In order to further strengthen the much needed human resource in the field of medicine, efforts were made to initiate post graduate courses in BMHRC. In this regard:

- 1. BMHRC has been accredited with the National Board of Examinations for DNB courses in Ophthalmology. Two seats have been included in the seat matrix for DNB seats for January, 2020 Admission session's counselling as follows:
  - i. DNB Ophthalmology (Post MBBS) : 1 seat.
  - ii. DNB Ophthalmology (Post Diploma): 1 seat.

The accreditation of the above seats for BMHRC with the National Board of Examinations is valid up to December, 2024. Selections of DNB students has been carried out through NEET for the present academic year.

- 2. In order to initiate MD courses in BMHRC, the letter of permission has been received from Ministry of Health and Family Welfare to start MD course in Anaesthesia, with 4 seats per year.
d. Upgradation and procurement of medical equipments: The process for upgradation and procurement of life saving medical equipments has been expedited. Orders for 82 equipments have been placed and tender procedure for 130 equipments through CPP portal/GeM is under process.

e. Setting up of a diagnostic virology Laboratory: A diagnostic virology laboratory was set up with support from ICMR. The laboratory was utilised for carrying out diagnostic molecular testing for Corona virus.

1.47 The laboratory has so far provided testing for nearly 80,000 samples received from the hospital and the community for COVID 19. Additional staff on contractual basis has been sanctioned by ICMR for the purpose.

1.48 BMHRC is mandated to provide free treatment to the victims of Bhopal Gas Disaster. All gas victims and their dependents are provided health care services free of cost. All medical, surgical, interventional and investigative diagnostic services are provided free of charge.

1.49 Earlier separate budget provision made for BMHRC in the budget of DHR. Now, since BMHRC would function as one of the constituents of ICMR, its budgetary requirements would be met from within the overall allocation of ICMR.

1.50 It would be pertinent to mention here that the Hon’ble Supreme Court had constituted a Monitoring Committee chaired by a former Judge of the Hon’ble High Court of Madhya Pradesh, which is mandated to oversee the functioning of BMHRC as well as other Government Hospitals dealing with gas victims. The Monitoring Committee regularly visits BMHRC, Bhopal and provides its report to the Hon’ble High Court of Madhya Pradesh.

1.51 The administrative control of BMHRC has been transferred to ICMR only about 9 months back. ICMR will take up the matter of Performance audit of BMHRC with CAG as directed by the Hon’ble Committee.

1.52 As regards accounting practices, the BMHRC would follow the prescribed accounting system as an ICMR constituent and will be subject to the C & AG Audit also.

1.53 Autonomy to the hospital will facilitate quick decision on proposals and filling up of vacant posts of doctors and other staff at the hospital level and BMHRC will also be able to put in greater efforts into Research and innovations in medical education and public health areas.

NORTH EASTERN AREAS

Recommendation

1.54 The Committee is constrained to express its displeasure over lower actual expenditure to the tune of Rs. 88.14 crore as on 10th February, 2020. The Committee hopes that projects/schemes undertaken during 2019-20 viz. establishment of network of VRDLs, MRUs, MRHRUs and Human Resource Development for Health Research would yield the desired outcome in the interest of maintaining public health in NER. The Committee also hopes that allocation would be fully utilized for the intended purpose on the projects already sanctioned in the interest of public health in NER.

(Para 3.7.3)
Action Taken

1.55 The actual expenditure under NER component is Rs.91.44 against the BE provision of Rs.103.00 crores and RE allocation of Rs.101 crores. While the entire provision of Rs.80.00 crores for the ICMR was released, the utilisation under the DHR schemes was Rs.11.44 crores against the RE allocation of Rs.21.00 crores.

1.56 Currently, the following VRDLs, MRUs and MRHRUs are sanctioned in the NER States:

(1) Establishment of VRDLs:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of State</th>
<th>Name of Viral Research &amp; Diagnostic Laboratory (VRDL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assam</td>
<td>1. Regional Medical Research Centre (RMRC), Dibrugarh (ICMR)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Guwahati medical College, Guwahati</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Tezpur Medical College &amp; Hospital, Tezpur</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Jorhat Medical College &amp; Hospital, Jorhat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Fakruddin Ali Ahmed Medical College, Barpeta</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Silchar Medical College, Silchar</td>
</tr>
<tr>
<td>2</td>
<td>Manipur</td>
<td>7. Regional Institute of Medical Sciences, Imphal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. J N Institute of Medical Sciences, Imphal</td>
</tr>
<tr>
<td>3</td>
<td>Meghalaya</td>
<td>9. North Eastern Indira Gandhi Regional Institute of Health &amp; Medical Sciences, Shillong</td>
</tr>
<tr>
<td>4</td>
<td>Tripura</td>
<td>10. Government Agartala Medical College, Agartala</td>
</tr>
</tbody>
</table>

(2) Establishment of MRUs:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the State</th>
<th>Name of the Medical College sanctioned the MRU</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assam</td>
<td>1. Silchar Medical College and Hospital, Silchar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Fakruddin Ali Ahmed Medical College, Barpeta</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Jorhat Medical College, Jorhat</td>
</tr>
<tr>
<td>2</td>
<td>Manipur</td>
<td>4. Regional Institute of Medical Sciences, Imphal</td>
</tr>
<tr>
<td>3</td>
<td>Tripura</td>
<td>5. Agartala Govt. Medical College, Agartala</td>
</tr>
</tbody>
</table>
1.57 Establishment of MRHRUs:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>State</th>
<th>Location of MRHRU</th>
<th>ICMR mentor Institute/Centre</th>
<th>Linked Medical College</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Assam</td>
<td>PHC Chabua</td>
<td>RMRC, Dibrugarh</td>
<td>Assam Medical College and Hospital, Dibrugarh</td>
</tr>
<tr>
<td>2.</td>
<td>Tripura</td>
<td>Kherengbar Hospital Khumulwung</td>
<td>RMRC, Dibrugarh</td>
<td>Agartala Government Medical College</td>
</tr>
<tr>
<td>3.</td>
<td>Nagaland</td>
<td>PHC, Niuland, Dist: Dimapur</td>
<td>RMRC, Dibrugarh</td>
<td>--</td>
</tr>
<tr>
<td>4.</td>
<td>Meghalaya</td>
<td>Sohra CHC, East Khasi Hills</td>
<td>RMRC, Dibrugarh</td>
<td>District Surveillance Officer EKH(IDSP)</td>
</tr>
<tr>
<td>5.</td>
<td>Arunachal Pradesh</td>
<td>CHC Sagalee Papum Pare</td>
<td>RMRC, Dibrugarh</td>
<td>Tomo Riba Institute of Health &amp; Medical Sciences (TRIHMS), Neharlagun</td>
</tr>
</tbody>
</table>

1.57 The position of sanctioning of fellowships under the HRD scheme is as follows:

<table>
<thead>
<tr>
<th>Name of the State</th>
<th>No. of Fellowships granted</th>
<th>Name of the State</th>
<th>No. of Fellowships granted</th>
<th>Name of the State</th>
<th>No. of Fellowships granted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assam</td>
<td>8</td>
<td>Assam</td>
<td>5</td>
<td>Assam</td>
<td>2</td>
</tr>
<tr>
<td>Tripura</td>
<td>1</td>
<td>Tripura</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manipur</td>
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INDIAN COUNCIL OF MEDICAL RESEARCH:

1.58 ICMR has a permanent Institute, namely, the Regional Medical Research Centre (RMRC) at Dibrugarh for addressing various health issues of the regional importance. Besides, it has a NIMR Field Station at Guwahati. Also, Three Task Force projects have been initiated recently in north east by ICMR as mentioned below:

1.59 As a part of the efforts to improve the expenditure profile on health research activities in the NE region, it has been decided to establish a Bio Medical Research Centre at Guwahati.

1.60 The network of MRHRUs has been created in the NER for transfer of technology at the rural level for providing better treatment to the local population. This infrastructure is also undertaking research on local disease burden and will take the technology from lab to the field. The Multi-Disciplinary Research Units (MRUs) in the government medical colleges are also engaged in research on non-communicable diseases which will ultimately benefit the patients in the area. The network of viral research and diagnostic laboratories are engaged in identification of new and emerging viruses for managing epidemics /outbreaks.

1.61 Meeting with all stakeholders including Health and WCD officials, local communities, North East Hill Council, Ministry of DONER, etc will be held not only to disseminate the findings of research but also to brainstorm and prioritise areas for health research in collaboration with them. Also focus will be on the following:

(i) Reduction of risk factors for cancer and lifestyle related diseases (diabetes, and Cardiovascular diseases)
(ii) Hypertension control by reduction of salt consumption.
(iii) Improving maternal and child health
(iv) Effort to halt and spread of Antimicrobial drug resistance
(v) Reduction of TB in NE, elimination of malaria and food borne diseases
(vi) Developing network for data sharing platform for Surveillance and early containment of outbreaks.

1.62 The Regional VRDL at ICMR-RMRC, Dibrugarh, over and above its regular surveillance on human respiratory viruses and other viral infections, is providing training on sample collection, transportation, donning & doffing of PPE, sample processing, molecular diagnosis of respiratory viruses to the Health care workers, Laboratory technicians, faculties of Medical Colleges of North East region, Post graduate students and PhD scholars of various Universities. All efforts will be made to utilize the allocations for NE made for ICMR during the financial year 2020-21.

Recommendation

1.63 The Committee has been given to understand ICMR is playing the pivotal role in NER and three task force projects viz. Rickettisial diseases, Acute Encephalitis Syndrome (AES) and Monitoring of insecticide resistance in Malaria vectors are underway. The Committee, in this
connection, recommends DHR that the decision to establish Bio-medical Research Centre at Guwahati be implemented on the ground level without delay.  

(Para 3.7.7)

Action Taken

1.64 Rickettsial diseases are emerging as important public health problem in NE region. The project on Rickettsial diseases study confirmed the presence of three rickettsial etiologies viz., scrub typhus (ST), spotted fever group rickettsia (SFGR) and typhus group rickettsiae (TGR) in the states of Nagaland, Meghalaya and Mizoram. ST was found to be predominant followed by SFGR and TGR.

1.65 Systematic study of acute encephalitis syndrome (AES) in north-eastern states of India for clinical, etiological and epidemiological aspects has shown encouraging results on the role of Doxycycline in treatment for JE. Moreover, ST and Leptospira have been found to contribute substantially to AES and Doxycycline is the drug of choice for both these bacterial infections. Project on Monitoring of insecticide resistance in malaria vectors in endemic states of India aimed to monitor and update the susceptibility/resistance status of malaria vectors of NE India against discriminatory dosage of insecticides.

Status of work of Construction of Centre for Bio-Medical Research a peripheral unit of ICMR-RMRCNE, Dibrugarh at Guwahati (Assam):

1.66 Executing Agency of the project is CPWD, Assam Aviation Division, Guwahati. Work was started in February, 2019 and was scheduled for completion by February, 2021. However, cap and piling work is stooped due to sudden imposition of lockdown due to COVID-19 Outbreak. CPWD are trying to make necessary arrangements to cope up with General Guidelines & SOP’s issued by the Central & State Government. They will start the work, as soon as the workers will be able to join the site. ICMR-RMRCNE is constantly in touch with CPWD, Assam Aviation Division, Guwahati to initiate the work for timely completion of the project.

ISSUE RAISED

SEPARATE BUDGETARY ALLOCATION FOR COMMON DISEASES LIKE KIDNEY DISEASES, DIABETES, CANCER, HIGH BP, ETC.

Recommendation

1.67 Taking into account various budgetary provisions and institutional arrangements meant for combating common diseases Kidney Diseases viz. Diabetes, Cancer, High BP, etc, the Committee recommends that DHR, in tandem with ICMR, would make concerted efforts for undertaking research activities to translate its outcome to develop product for treatment of common diseases for up-keeping of public health. The Committee would like the ICMR-NICPR to undertake further research to develop device for early detection of various emerging forms of Cancer.

(Para 4.2.1)
Action Taken

1. Molecular Genetics lab at NICPR is exploring a Homeopathy drug against cervical cancer in vitro and if found useful, the same may be studied in human subjects.

2. An indigenous point-of-care HPV testing device for cervical cancer screening has been validated by NICPR. Results are under publication.

24X7 CRISIS MANAGEMENT TEAM AT NATIONAL LEVEL FOR ADDRESSING THE SITUATIONS DURING OUTBREAK OF EPIDEMICS

Recommendation

1.68 The Committee is of the considered view that in order to have 24x7 Crisis Management team at National Level for addressing the situations during outbreak of epidemics, there is an urgent need to strengthen the government’s preparedness plan and to galvanise the role of NIV, Pune- a resource centre for VRDLs, NCDC, Delhi and enhancing the capacity building of VRDLs. The Committee, in this regard, recommends that VRDLs can be re-oriented to detect the dreaded high-risk pathogens that can be used in bio-terrorism. The Committee, in this context, appreciates the proposal of ICMR to develop modules and create pool of master trainers in Bio-simulation, who, in turn, can propagate the training to researchers engaged in VRDL labs. The Committee, therefore, strongly recommends that adequate budgetary allocations be made to ICMR for expansion of VRDLs to undertake research on fungi and certain bacteria as the antimicrobial resistance as antimicrobial resistance is said to be emerging major cause of death. The Committee calls upon the government to direct the research institutes to be proactive in their approach and act upon before an outbreak of epidemics rather than acting post aftermath of the outbreak.

(Para 4.3.4)

1.69 Action Taken

1. NIV, Pune is the resource center of VRDL network, playing pivotal role in capacity building of the staff involved in viral diagnosis. Various training modules focused on different serological/molecular techniques to diagnose Risk Group -1 to Risk Group - 3 or High Risk viral pathogen are in place.

2. ICMR will develop modules and create pool of master trainers in Bio-simulation. Training on Bio-simulation will also be organized in due course.

3. As per the scheme guideline, more than 25 viral etiologies are in the list which can be diagnosed at VRDL. In addition to that two non-viral etiologies i.e. Scrub and Lepto have also been incorporated. ICMR will further assess the necessity for inclusion of fungi and bacterial agents for diagnosis & research.
4. A total of 4 Mycology (fungal) labs have been established at AIIMS, Jodhpur, AIIMS, Bhopal, JIPMER, Puducherry and LHMC, Delhi. All the fungal labs have been established in collaboration with the VRDLs.

AWARENESS ABOUT PREVENTIVE MEASURES AGAINST THE SPREAD OF VIRAL OUTBREAKS AND OTHER COMMUNICABLE AND NON-COMMUNICABLE DISEASES

Recommendation

1.70 The Committee recommends that there is a need to undertake awareness program about the preventive measures like hand-washing, sterilization, smoking, weight loss, dietary habits, etc. against the spread of viral outbreaks and other communicable and non-communicable diseases. In this connection, the Committee recommends that the Ministry of Human Resource Development may consider to incorporate the study material in the curriculum of school children.

(Para 4.4.1)

Action Taken

1.71 ICMR took an initiative to incorporate various important health and hygiene practices in the curriculum of school children. For this, NCERT was approached and ICMR- NCERT activities has been already conducted and details as follows;

(i) A book chapter on “Cardiopulmonary Resuscitation (CPR) and its relevance” in 8th and 10th std of NCERT textbooks has been included.

(ii) QR Code material has been compiled for NCERT textbooks on different health and hygiene related topics, such as:

   a) Tuberculosis: Causes, Symptoms and Control
   b) Diabetes: Causes, Symptoms and Control
   c) Cancer and: Causes, Symptoms and Control
   d) Vector borne diseases: Causes, Symptoms and Control.

   The QR material was Bilingual (Hindi and English) and more in pictorial form for understanding of school children and has been already incorporated in different standards. These are available in the NCERT Website also and is opened for public.

(iii) An Audio – Visual awareness programme on ‘Proper Hand wash techniques’ for children was designed with the help of AIIMS, Delhi and NCERT. The video is being telecast on “NCERT Free to Air Channel”. It is also uploaded on NCERT YouTube channel and available on ICMR website.
Future plans/ongoing activity:

1.72 ICMR is conducting an intramural study on food habits among adolescents and study findings will be shared with different concerned divisions/departments.

Need to develop policies to stop irrational use of antibiotics

Recommendation

1.73 The Committee has been given to understand that reducing antimicrobial use is the necessity of the day keeping in view the intrinsic relationship between hospital and community infections. In this regard, the Committee applauds the treatment guidelines and antimicrobial Stewardship Programme of ICMR that aims to rationalize and reduce antimicrobial use in hospital. Keeping into consideration the given fact, the Committee, strongly recommends formulation of policy both in hospitals and communities to reduce antimicrobial use in the Health Care System.

(Para 4.8.2)

Action Taken

1.74 ICMR has initiated Antimicrobial Stewardship program(AMSP) in 30 tertiary care hospitals in India. All the hospitals have formulated treatment guidelines for antimicrobial use based on their hospital’s antibiograms. In the next phase these hospitals will work with local nursing homes and district hospitals to train them on AMSP. This effort will considerably improve and rationalize antimicrobial prescriptions thus reducing inappropriate antimicrobial use.

Mission DELHI (Delhi Emergency Life Heart-Attack Initiative)

Recommendation

1.75 The Committee strongly recommends that “Mission DELHI (Delhi Emergency Life Heart-Attack Initiative)” launched by the Indian Council of Medical Research (ICMR) as a Pilot Project should be extended to other States as well for it has the capacity to save lives of many needy persons.

(Para 4.10.1)

Action Taken

1.76 The investigators of Mission Delhi project are conducting analysis of data collected so far. Based on lessons learnt from this project, we will expand to other sites. ICMR has also recently initiated ‘STEMI ACT ‘project in 5 districts of 5 different States for improving thrombolytic therapy. The investigators of Mission Delhi project are conducting analysis of data collected so far. Based on lessons learnt from this project, we will expand to one district/State of the country. Budget required for covering at least one district per State in a phase wise manner. Phase I: 4 districts (will be approximately Rs 20 crore); Phase II: 15 districts (Rs 75 Crore) and
Phase III (Rs 50 Crore). ICMR has also recently initiated ‘STEMI ACT’ project in 5 districts of 5 different States for improving thrombolytic therapy.

Advanced medical technologies to people’s doorsteps.

Recommendation

1.77 The Committee underlines the need to extend the benefits of scientific and technological advancement accessible and affordable to all, especially the people living in rural and tribal areas for which the advance medical technologies under MRHRUs can be made available at the people’s door steps.

Action Taken

1.78 ICMR is committed towards providing affordable and accessible technologies. Efforts will be made to develop technologies under MRHRU and bring them to people’s door.

Recommendation

1.79 The Committee understands the utility of Standard Treatment Workflows (STWs) in Public Health Care and recommends that strategic course of action with regard to dissemination to the Primary Health Centers, Community Health Centres & the District Hospitals must be translated on the ground level in the interest of patients, doctors, etc

Action Taken

1.80 Department of Health Research and ICMR being the research agencies developed the Standard Treatment Workflows as a model to be adopted for implementation by the agencies responsible for health care delivery. The outcome was shared with Department of Health & Family Welfare, GOI for taking further course of action. The Primary Health Centres, Community Health Centres & the District Hospitals are connected directly through the National Health Mission under DoHFW.

PFIZER AS A PARTNER FOR ITS COLLABORATION TO COMBAT ANTIMICROBIAL RESISTANCE (AMR)

Recommendation

1.81 The Committee observes that though the Pfizer company has contributed from Corporate Social Responsibility (CSR) fund under an MoU as a partner for its collaboration to combat Anti-Microbial Resistance (AMR) with ICMR, still the DHR should ensure that the company is not allowed as lobbying group to influence the decision of the policy maker and no rights on the intellectual property arising out of the project be claimed by Pfizer.

(Para 4.21.2)
Action Taken

1.82 An independent committee of experts has been constituted by approval of DG, ICMR to review the activities being carried out under the MoU. Pfizer will not claim any IPR or publications out of the work carried out with funding received under this MoU. A document towards ensuring the same has been provided by Pfizer.

STEM CELL THERAPY

Recommendation

1.83 The Committee takes note of the fact that ICMR has been entrusted with the responsibility of formulating evidence based Stem Cell Therapy guidelines. It is felt that there is an urgent requirement for facilitation of safe and regulated translational and clinical stem cell research. The Committee is of the view that while framing the guidance document, utmost care needs to be taken to ensure that stem cell research does not in any way compromise the safety of patients and vulnerable individuals. The Committee also feels that the guidelines would need harmonization with existing rules and regulations with a view to frame a comprehensive document specifying that every use of stem cell in patients outside an approved clinical trial is unethical, and therefore, shall be considered as malpractice and henceforth punishable under the relevant law.

(Para 4.22.4)

Action Taken

1.84 ICMR has completed the task of framing Guidelines for Hematopoietic Stem Cell Transplantation (HSCT). The same will be soon placed in public domain for comments and suggestions from the stakeholders. HSCT is the only approved use of stem cells in hematological cancers and disorders including immuno-myeloid conditions. Use of stem cells for other disease conditions is still experimental or investigational. Hence the use of stem cells in such conditions has to be done only under the framework of clinical trials with appropriate regulatory approvals. ICMR initiated drafting evidence based stem cell therapy guidelines taking into consideration reported scientific evidences in peer reviewed journals in consultation with the experts in the field and is in process of finalizing the Evidence based status for different disease conditions where the unethical and unscientific use of stem cell is rampant in the country. Soon same will be placed on ICMR website for comments and suggestions before finalization. This will help to create awareness and educate general public regarding the present status of use of stem cells in various disease conditions.

TREATMENT OF CORONAVIRUS

Recommendation

1.85 At a time when rapid spread of Coronavirus raises fear of global pandemic with deaths and infection engulfing Europe, the Middle East and Asia, there is urgent need for in-depth
research activities for treatment and containment of the Coronavirus. The Committee, in this regard, feels that the Coronavirus has the potential to have an adverse impact on the global economy, thereby, affecting the international trade. The Committee hopes that ICMR would play pivotal lead role to deflect the impact of the virus on the Indian economy through international collaboration and cooperation.

Action Taken

1.86 ICMR has been actively involved in the COVID-19 pandemic, by setting up laboratories for COVID-19 testing across the country. This has helped in early detection, contact tracing, and isolation. ICMR has also been involved in the validation of indigenous diagnostic kits for use in COVID-19 testing. ICMR-NIV, Pune isolated the SARS-CoV-2 virus which paved the way for development of indigenous vaccines, diagnostics and screening antivirals. ICMR has developed diagnostic kit for antibody detection, which can be used for serosurveys in population to understand the infection rate in the population. In addition, ICMR is also currently involved in the development of vaccines for COVID-19. All these efforts has/will play an important role in the control of COVID-19 in India, which has a direct impact on the economy of the country. In future, ICMR may plan research studies in collaboration with countries of the South East Asian Region to better understand the impact of the disease in this region.

Recommendation

1.87 The Committee is in agreement with the plea of the Secretary to give impetus to the issue of Bio-security which in turn need the immediate attention of the Government. The Committee, in this regard, recommends DHR to formulate National Bio-security Policy, encompassing potential threat of various viruses, its implications on human beings and on the economy in general, course of action required to combat the menace of bio-warfare and requirement of fund to implement the various components of the program on bio-security, etc.

Action Taken

1.88 In the backdrop of outbreaks of highly pathogenic viruses like Nipah, SARS-CoV-2 etc., which are also identified as agents of biological warfare, DHR/ICMR has realized the need to formulate a National biosecurity policy. The needful will be done soon.

Establishment of RESEARCH (Regional Enabler for South East Asia Research Collaboration for Health) platform

Recommendation

1.89 The Committee is confident that ICMR, through (RESEARCH) platform would provide leadership to effectively combat emerging and re-emerging infectious diseases in South –East Asia region. The Committee, however, recommends that ICMR should formulate definite course of action and circulate the same among all partners of RESEARCH in order to
achieve the objective of combating against the infectious diseases. The Committee believes that ICMR would make the country bio-secured and play the role of a global leader in biomedical and health research for tackling emerging infections.

(Para 5.4.3)

Action Taken

1.90 ICMR along with WHO SEAR countries has established a regional research platform named Regional Enabler for South East Asia Research Collaboration on Health (RESEARCH). WHO South East Asia Region (SEAR) comprises of eleven countries: Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor Leste. This regional research platform will work to identify and resolve problems of infectious diseases in the South-East Asia region. Countries that are part of the SEAR could facilitate various functions of the platform such as data sharing, access to vaccines and ensure that research was based on ethical principles. This platform will enable the countries to identify the broad areas of collaboration research, discuss ethical and regulatory issues, governance framework and possible solutions to the problem of emerging infectious diseases. The regional platform will allow a cross pollination of ideas, information and knowledge sharing and provide access to quality assured tools available with different member countries. Guiding principles for the platform should include high ethical standards, using quality-assured regulatory practices and equal partnership based on the principles of public good to achieve equitable positive impacts in a short span of time. ICMR-NIV, Pune is the WHO regional collaborating center for emerging / re-emerging viral infections. The Institute provides regional leadership to all countries of the SEAR and provides training, capacity building as well as reagents to many countries of the SEAR. With a strong regional biosecurity platform of highly equipped VRDLs alongwith NIV, Pune, it is envisaged that India will provide regional leadership to the SEAR countries.

Support to Ayushman Bharat: Standard Treatment Workflow: INFOGRAPHICS:

Recommendation

1.91 The Committee believes that since Ayushman Bharat is a flagship program of the government which will get its expression and expansion throughout the country in due course of time. The Committee feels that there would be need for percolation and proliferation of Standard Treatment Workflow: INFOGRAPHICS on the ground level for ensure treatment of the people. The Government has to undertake requisite steps for adherence to standard treatment workflow INFOGRAPHICS to assist/help in the implementation of Ayushman Bharat.

(Para 5.4.5)

Action Taken

1.92 An MoU has been signed with National Health Authority to undertake requisite steps for adherence to standard treatment workflows. The STW infographics developed have been
DHR/ICMR are being linked with the Ayushman Bharat program. An app has also been developed and the infographics are made available to all medical professionals.

**Expanding role of Multi-Disciplinary Research Units (MRUs) in Government Medical Colleges/Institutes**

**Recommendation**

1.93 The Committee feels that since the scheme aims at creating requisite infrastructure and environment Government Medical Colleges for undertaking research in Non-Communicable Diseases, therefore, the Committee recommends intensification of the role of MRUs. The Committee observes that Major Health Research activities initiated by the MRUs in the domain of Cancer, Diabetic Mellitus and hypertension, cardiovascular disease, Mental Health, Environmental Health/occupational health, Stroke and neurological disorder, Diabetes, Metabolic disorders, Chronic Kidney disease and liver disorders are vital for treatment for these diseases.

(Para 5.4.6)

**Action Taken**

1.94 With a view to create research infrastructure and environment in the country, so far 80 MRUs have been approved by the Department of Health Research for establishment in various State Government Medical Colleges/Institutions. Presently, 528 Research Studies are underway on different aspects of Non-Communicable Diseases (NCDs) such as Cancer, Hypertension, Cardiovascular disease, Maternal Child Health, Diabetes, Mental Disorder etc. The recommendation has also been noted for future guidance and compliance.

**Establishment of Network of VRDL during 15th Finance Commission Period (2020-21 to 2024-25)**

**Recommendation**

1.95 The Committee is of the considered view that the scheme would broad-base the coverage nationwide for timely diagnosis/identification of viruses during outbreaks of epidemics, generation of data about viral diseases for facilitating quick deployment of resources and measures to save the human lives.

(Para 5.5.7)

**Action Taken**

1.96 The established network of VRDLs are conducting testing of viral etiologies of a broad spectrum and generating data thereof which is being fed into an online system and help is in taking appropriate measures for quick deployment of resources and measures to save the human lives. Efforts would be made to increase the number of VRDLs in the country while proposing extension of the scheme during the 15th Finance Commission period.
Human Resource Development for Health Research during 15th Finance Commission period (year-wise)

Recommendation

1.97 The Committee appreciates concerted efforts of the government in creation of a pool of talented health research personnel with upgraded skills of faculty of medical colleges, mid-career scientists, medical students, etc. The Department, however, needs to chalk out specialized training course and support the trainees to take up research projects for addressing critical national and local health problems.

(Para 5.5.9)

Action Taken

1.98 The TEC committee of HRD identified the specialized training courses for the clinicians and biomedical researchers and also suggested the ways for promoting the HRD scheme.

Grant-in-aid Scheme for Inter-Sector Convergence & Promotion and Guidance on Health Research

Recommendation

1.99 The Committee recommends that the scheme must focus on encouraging innovation, its translation and also the implementation of research so that there is a better utilization of available knowledge. The Committee believes that the country will be benefitted once the initiative taken under the scheme result into integrated solutions for the promotion of health; generation of joint inter-departmental/inter-agency projects on health problems; and development of more affordable and cost effective technologies for public health use; besides developing indigenous technologies for advanced health care.

(Para 5.5.11)

Action Taken

1.100 These aspects are already being taken care of while funding the research projects. The following inter-sectoral type of projects are already funded under the grant in aid scheme:

Inter-sectoral kind research projects:

i. Nationwide survey of Crimean Congo Hemorrhagic fever virus (CCHF) in domestic animals & epidemiology, risk factors & sero-prevalence of CCHF infection among humans in rural population in Gujarat

ii. To determine the prevalence of rickettsial disease and Q fever and identify the vectors transmitting these diseases in urban and rural communities in Northern Tamil Nadu

iii. Burden of scrub typhus disease, its determination and spatial distribution in Madhya Pradesh.

1.101 Besides, 16 major Projects related to development of cost–effective technologies/kits/devices; 5 Projects related to search of markers for Diagnosis and Prognosis of Diseases; 28 Projects related to study the Health System Research and 4 Projects related to technology assessment have also been funded. The recommendation of the Hon’ble Committee is noted for giving further emphasis on funding of inter-departmental/ inter-agency projects on health problems; and development of more affordable and cost effective technologies for public health use; besides developing indigenous technologies for advanced health care.

Progress towards Sustainable Development Goals (SDG)

Recommendation

1.102 The Committee believes that ICMR can significant contribute in achieving the objectives set in Sustainable Development Goals through proper planning, standard formulation, smooth coordination, effective implementation and perceptible promotion of biomedical and Health Research. The Committee would like the ICMR to undertake biomedical and health research aimed to improving health services, health policies, newer modalities of diagnostics, guidelines for management of infectious and non-communicable diseases etc. with public, public-private and NGO partnerships, etc.  

(Para 5.7.1)

Action Taken

1.103 ICMR has undertaken a number of projects aimed to improve health services, health policies, newer modalities of diagnostics, guidelines for management of diseases with public, public-private and NGO partnerships, etc.

(i) ICMR’s Tribal Health Research Consortium in India will take into account networking with various academic institutes, government institutes (like Tribal Research Institutes in various states, Anthropological Survey of India, etc.) and NGOs proactively working on tribal populations (like SEARCH in Gadchiroli, Maharashtra, TATA Trusts, Karuna Trust etc.)

(ii) ICMR-NIRTH, Jabalpur is already working in collaboration with a private organization - Foundation for Disease Control and Elimination (FDEC) - a wing of Sun Pharmaceuticals Pvt. Ltd. and State Govt. of Madhya Pradesh in PPP mode for demonstrating malaria elimination strategy in tribal district of Mandla, M.P. in the Malaria Elimination Demonstration Project (MEDP).

(iii) Tata Trusts has provided the grant for research under TB Consortium, which includes all thematic areas of diagnostics, therapeutics, vaccines and Implementation research.

(iv) Several technologies like TrueNAT, Nipah POC diagnostic kits have been developed in collaboration with industry.
Upcoming Legal frame-work of the Department of Health Research

Recommendation

1.104 The Committee believes that the intention of Department of Health Research in setting up of Health Technology Assessment Unit (HTAIn) is to evolve guidelines for evaluation of appropriateness and cost effectiveness of available and new health technologies in the country. The Committee is also of the view that scheme has the potential for development of standardized cost effectiveness guidelines/interventions to reduce the cost and variations in patient care and streamline the medical reimbursement procedures. The Committee is of the considered view that institutionalization of the process and structure in DHR would lead to assured accomplishment of the set mission objectives and actualization of visions of the Department.

(Action Taken)

1.105 Health Technology Assessment in India is a program supporting a National Costing Study of Healthcare system in 16 States. The results of the study have been supporting the revision of the Ayushman Bharat-PMJAY health insurance program. The Program is also supporting Central and State Health Department in implementation of newer technologies as well as revision of existing policy documents. The program has completed 13 topics related to healthcare systems and 31 topics are ongoing. As a process for institutionalization of the process and structure, an HTA Bill has been drafted and approved by the Hon’ble HFM.

Recommendation

1.106 The Committee has also been given to understand that the DHR is in the process introducing a Bill on HTAIn for constitution of Board thereon to streamline its functioning. The Committee would like to be apprised of the progress made in this regard.

(Action Taken)

1.107 The Health Technology Assessment Board Bill was circulated for inter-ministerial/State consultation. The Cabinet Note is being finalized based on the comments received from the stakeholders.

Other Key Areas

Recommendation

1.108 Taking cognizance of the key priority areas of DHR for bio-medical and health research and new areas of research, the Committee believes that higher budgetary allocation for the said purpose is essential. The Committee, therefore, strongly recommends that the Department of Health Research must make realistic assessment of requirement of budgetary
allocation in the light of future outlook of Health Research in the country and chalk-out specific course of action for transforming and advancing the bio-medical and health research to global quality and standard in order to yield desired results.

(Para 5.15)

Action Taken

1.109 The need for making higher allocation to the Department of Health Research will be taken up with the Ministry of Finance at the RE stage. Meanwhile, proposals have been approved amounting to Rs.2475.00 crores under World Bank Funded “India Covid-19 Emergency Response & Health System Preparedness Package” for procurement of testing kits/machines, reagents, etc for Covid-19. In addition, proposals amounting to Rs. 1998.00 crores have also been submitted under the “Prime Minister’s Atmanirbhar Swasth Bharat Yojana (PM-ASBY)” for various activities pertaining to Bio-security preparedness and strengthening Pandemic Research and Multi-Sector National Institutions and Platforms for One Health. Considering the future outlook of health research in the country and for advancing the biomedical research to global standard, the proposals under PM-ASBY package inter alia include setting up of (1) Regional Research Platform of the WHO-South East Asia Region Countries; (2) Setting up of Zonal Institutes of NIV (NIV-East at Dibrugarh; NIV-North at Punjab NIV-South at Bangalore); (3) Satellite Centre for One Health at Nagpur for undertaking research on Zoonoses;(4) Division for Outbreak Investigation & Disease Control at NARI-Pune and (5) Support to MDMS (Medical Devices Mission Secretariat) Division for fostering holistic development of medical device sector in India by supporting development of commercialize technologies in a mission mode. Additional allocations to meet the requirements in 2020-21 under these packages as well as for other intra-mural and extra mural research activities of ICMR and for the various schemes of DHR would also be sought at RE stage.
Recommendation

2.1 The Committee takes into account the cherished objectives of setting up of Department of Health Research for translating modern health technologies and innovations into public health system through in-depth research and investigation pertaining to diagnosis treatment methods and transforming the same into the products. The Committee believes that the Department would perform its enshrined functions and responsibilities through Management by Objectives (MBO) and not merely through Management by Activities (MBA). The Committee, however, recommends that the Department must keep on evaluating its performance vis-a-vis entrusted responsibilities and introduce organizational interventions for substantial performance improvement in order to accomplish its set vision and mission.

(Para 1.2.3)

Action Taken

2.2 The recommendation of the Hon’ble Committee has been noted for compliance.

Recommendation

2.3 The Committee, while taking into account the financial and the physical achievement under various schemes of DHR, recommends the following interventions for improvements:

i. Advance planning to be made for completion of various formalities so that the process of sanctioning and release of funds for the various projects be started in the beginning of the next financial year.

ii. More workshops and review meetings to be organized for addressing the issues in the implementation of the schemes.

iii. More field visits to be organized for onsite appraisal of progress of implementation of the schemes.

iv. Dashboard for online monitoring of schemes and programmes.

(Para 2.6.2)

Action Taken

2.4 The recommendation is noted for compliance. Dashboard for online monitoring of schemes and programmes is already functional.
2.5 The Committee acknowledges the pivotal role of Indian Council of Medical Research (ICMR) as an apex body in the field of bio-medical and health research in the country, however, the lower allocation/release of fund to ICMR viz-a-viz its projected demand is a matter of great concern. The figures of actual allocations against the projected demands of Department during last five years have witnessed a huge gap and the Department could not get its justifiable share of budget. The Committee terms the said allocation highly inadequate keeping in view the vast responsibilities entrusted to ICMR. The Committee cautions the Government that it is only through the in-depth health research, the country can be free from life threatening diseases, therefore, strongly recommends for higher budgetary allocation to ICMR keeping in view its projected demand so that ICMR can implement its originally conceived schemes/programmes without any procrastination. At the same time, the Committee also recommends the ICMR for enhancing the absorption capacity of its schemes and programmes so that allocated fund is optimally utilized during the same financial year, otherwise, the Ministry of Finance may not express its willingness for higher allocation to ICMR despite the dire necessity of the schemes/programmes rolled out by ICMR even if that are meant for life saving.

(Para 3.5.6)

Action Taken

2.6 ICMR has been able to utilize its maximum budgetary allocation (97-99%) as evident from the information relating to the last five years as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Allotted(RE) (Rs. In Cr.)</th>
<th>Utilised (Rs. In Cr.)</th>
<th>% of expenditure in respect of (RE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>893.74</td>
<td>879.33</td>
<td>98.38%</td>
</tr>
<tr>
<td>2016-17</td>
<td>1094.00</td>
<td>1062.97</td>
<td>97.16%</td>
</tr>
<tr>
<td>2017-18</td>
<td>1413.60</td>
<td>1390.46</td>
<td>98.36%</td>
</tr>
<tr>
<td>2018-19</td>
<td>1447.85</td>
<td>1436.62</td>
<td>99.22%</td>
</tr>
<tr>
<td>2019-20</td>
<td>1552.22</td>
<td>1521.70</td>
<td>98.03%</td>
</tr>
</tbody>
</table>

2.7 Based on the financial performance and optimal utilization of funds, the allocation for ICMR during 2020-21 has been already been increased to Rs.1795.71 crores, which is about Rs.243 crores more than the allocation for 2019-20.
Major Achievements of ICMR

Recommendation

2.8 Keeping in view the overall functioning of ICMR vis-à-vis its financial and physical achievement, the Committee recommends suitable and adequate measures by way of regular monitoring of ongoing activities and utilization of funds earmarked; creating dashboard of major ongoing activities and periodical analysis for specific recommendations for corrections and incentivizing/rewarding good performers be taken to improve the financial and physical performance of ICMR.

(Para 3.5.16)

Action Taken

2.9

- ICMR has a well-structured monitoring mechanism to review its physical and financial performance. This is being done through Governing Council, Scientific Advisory Board (SAB), Executive Council (EC), Scientific Advisory Committee (SAC), Project Review Committee (PRC), etc.
- ICMR has already created a dashboard on DARPAN platform and major activities/achievements are uploaded and monitored on a regular basis.
- ICMR recognize the biomedical research excellence through quality awards. In 2019-2020, 46 scientists were awarded for excellence in biomedical research.

Elimination of TB by 2025

Recommendation

2.10 The Committee feels that there is a trumpet call for intensification of research work under ‘India TB Research Consortium’ of ICMR for development of new pools for diagnostic treatment to enable the Department of Health and Family Welfare to achieve the target of elimination of TB by 2025 i.e. ‘Desh Jitega, TB Harega.

(Para 4.5.1)

Action Taken

2.11 India TB Research Consortium has intensified efforts for the development of new tools for diagnosis, treatment and prevention of the TB. After the allocation of the Budget in January 2018, a total of 38 proposals have been sanctioned in different thematic areas and are indifferent stages of completion. The major achievements have been:

Diagnostics:

1. Adoption of Indigenous molecular test TrueNat for diagnosis of TB and rifampicin resistance use under programme after validation and recommendation by ICMR
2. Completion of Global multi-country study coordinated by ICMR and FIND and recommendation of TrueNat for use for detection of TB/MDR-TB by WHO
3. Completion of Study on validation of Paediatric Pulmonary TB and Extra-pulmonary TB. Analysis ongoing.
4. Successful validation of ‘TB detect’ for improved microscopy for TB detection and TB concentration and transportation kit for bio-safe transfer of sputum samples from rural areas to Labs.

Vaccine:

2.12 ICMR’s Prevention of disease vaccine trial with 2 vaccines VPM1002 and Immuvac ongoing at 7 sites in 6 states. A total of 4000 of 12000 subjects recruited. Recruitment likely to be completed by year end and follow-up will continue. Capacity of 14 sites built up for undertaking regulatory trial.

Therapeutics:

1. Multisite study on all oral 4 drug shorter regimen for XDR-TB ongoing
2. study using Metformin as adjunct therapy to ATT completed enrollment; good results will help in better cure rate.
3. High dose (25mg/kg BW and 35 mg/Kg) Rifampicin found to have better cure rate and tolerability. FU remaining.
4. Study with Re-purposing econozole for MDR-TB ongoing
5. Study with clofazimine in 1st line ATT to shorter duration of treatment of DS-TB; ongoing
6. Nanoformulation of ATT to shorter frequency of treatment; ongoing
7. Study with Piperine and rifampicin for better cure rate; ongoing
8. Early bactericidal activity with Feropenum and cefdinir in DS-TB;
9. Other studies on Pk of MDR-TB drugs, Transitmycin, etc. are ongoing

Implementation Research

1. Active case finding in children admitted to Nutritional rehabilitation center and in Institutional settings ongoing
2. RATION study on effect of food on cure rate in TB cases and prevention of TB in contacts is ongoing
3. Ready to use therapeutic food was found to be acceptable with minimal side effects and effect of RUTF on cure rate of is ongoing.

Most of the studies would be completed next year in all areas which can then be recommended for use under programme after review of results by Experts.
Recommendation

2.13 The Committee, taking into account the Criteria for establishment of Viral Research & Diagnostic Laboratories (VRDLS), recommends that procedure for establishment of VRDLS must be simplified and transparent. The procedure should not take undue time to be completed.

(Para 4.15.2)

Action Taken

2.14 Sanctioning of VRDL is a very simple and transparent process, involving submission of a well drafted proposal by the concerned State Government/Medical College in the prescribed format. On receipt of viable proposal, a site visit is conducted by the experts for assessment of infrastructure & feasibility and discussion with faculty members. Based on the report of the experts, the proposal is submitted for evaluation by Technical Evaluation Committee. Any shortcomings in the proposal are conveyed to the concerned State Government/Medical Colleges for rectification. Proposal found suitable are submitted for final approval by the Approval Committee, Chaired by Secretary, DHR. Depending on response from the respective State Government/Head of the institution, the entire process takes between 15 days to 30 days only.

NESTLE CASE

Recommendation

2.15 The Committee notes that the Clinical Trial Registry of India (CTRI) has terminated NESTLE’s sponsorship of a five hospital study on violation of Section 9(2) of the Infant Milk Substitutes Act on the recommendation of Committee constituted by ICMR for the purpose.

(Para 4.18.1)

Action Taken

2.16 The observation of the Hon’ble Committee is noted.

ANIMAL FREE TEST METHODS

Recommendation

2.17 The Committee takes note of the White Paper prepared by Expert Group set up by ICMR on development of alternatives to animals in key areas of bio-medical research and regulatory toxicology. The Committee, however, recommends that DHR may constitute an Executive Group to formulate guidelines in consonance with the recommendation of White Paper Roadmap for harmonization across various research institutions of the country. The Committee is of the considered view that there is an urgent need for promotion of general awareness for making use of alternative to animals in all bio-medical research process. The Committee also recommends that DHR must evolve the monitoring mechanism to oversee the regulation of the same guidelines. The Committee further desires that necessary follow up
action be undertaken, as and when required, to pursue the mission provisions as contained in the White Paper and guidelines on the subjects pertaining to animal free test method.

(Para 4.20.3)

Action Taken

2.18 Efforts are being undertaken to implement committee’s recommendations.
CHAPTER – III

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF THE MINISTRY HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

Recommendation

3.1 The Committee observes that the Department of Health Research has been entrusted vital responsibilities that need to be accompanied by adequate, efficient and effective staff and professionals in order to carry out those responsibilities. The Committee, therefore, recommends the Department to evaluate and assess the requirement of human resources and project the requisite budgetary allocation to meet the revenue expenditure in consonance with requirement of manpower.

(Para 1.5.6)

Action Taken

3.2 The Department of Health Research is engaged in research activates and over the time its responsibilities has increased manifolds. Moreover, presently, the Department is also managing COVID-19 related activities. Keeping the increased role of research activates, the manpower strength of the department was assessed as 74 number of post at various levels. The required/existing strength of the Department is tabulated below:

<table>
<thead>
<tr>
<th>Name of the post</th>
<th>Total sanctioned strength</th>
<th>Incumbency position</th>
<th>Vacant</th>
<th>Number of posts required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Secretary</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Director/Deputy Secretary</td>
<td>4</td>
<td>4</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Scientist ‘E’</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Under Secretary</td>
<td>4</td>
<td>4</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Assistant Director (OL)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Section Officer</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Assistant Section Officer</td>
<td>11</td>
<td>6</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Sr. Principal Private Secretary</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Scientist ‘D’</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Principal Private Secretary</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Scientist ‘C’</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Scientist ‘B’</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>Private Secretary</td>
<td>2</td>
<td>3</td>
<td>-</td>
<td>8</td>
</tr>
<tr>
<td>Personal Assistant</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Stenographer ‘D’</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Upper Division Clerk/ Senior Secretariat Assistant</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lower Division Clerk/ Junior Secretariat Assistant</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Senior Hindi Translator</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Junior Hindi Translator</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Typist (Hindi)</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Multi-Tasking Staff</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>42</strong></td>
<td><strong>25</strong></td>
<td><strong>22</strong></td>
<td><strong>74</strong>*</td>
</tr>
</tbody>
</table>

* The above would entail an expenditure of Rs 8.34 crores
Further Recommendation

3.3 The Committee understands that DHR undertakes various medical & health related research activities pertaining to prevention, diagnosis and control of outbreaks of epidemic/Pandemic, which require adequate manpower strength in the department. The vacancy of 22 posts against the sanctioned strength of 42 posts is a matter of concern given the vital responsibilities entrusted to DHR. The Committee would like the Government to fill up the vacant posts on priority basis. The Committee also recommends the Government to consider the proposal of DHR for approval to the proposal of creation of 74 Posts entailing an expenditure of Rs. 8.34 crore to enable DHR to perform the entrusted responsibilities effectively and efficiently.

Recommendation

3.4 The Committee is perturbed to observe underutilization of allocated funds by DHR which reflects weakened absorption capacity of implementing agencies of the scheme and programmes being executed under DHR. The Committee notes subtle underutilization of funds during 2019-20 with respect to projects like establishment of network of VDRLs for managing epidemics (74.01% of BE; Establishment of MRUs i.e. (72.50% of BE); Establishment of MRHRUs (49.63% of RE); HRD for Health Research (80.72% of BE); Grants in Aid Scheme (55.64% of BE); Research Governance (80.72% of BE); International Cooperation (6.33% of RE); thus indicating overall utilization of 72.52% of BE allocation and 78% of RE allocation over the total DHR schemes. The Committee further observes that while ICMR has been able to spend upto 95% of BE allocation the revenue expenditure is to the tune of 46.74% of RE and BE allocation. It is worth reminding here that the DRSC on Health & Family Welfare has consistently recommended higher allocation to DHR keeping in view of the incidence of diseases in the country affecting large chunk of population. The Committee, therefore, strongly recommends that DHR must strengthen the absorption capacity of the implementing agencies of the schemes and programmes for optimal utilization of the allocated funds at BE stage so that the Ministry of Finance does not reduce allocated fund at the RE stage.

(Para 2.4.1)

Action Taken

3.5 The updated position of expenditure in respect of DHR schemes upto 31.3.2020 is as follows:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the Scheme</th>
<th>BE 2019-20</th>
<th>RE 2019-20</th>
<th>Expenditure</th>
<th>% of expr. against</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BE</td>
</tr>
</tbody>
</table>

Rs. In crores
<table>
<thead>
<tr>
<th></th>
<th>Scheme</th>
<th>BE</th>
<th>RE</th>
<th>Expenditure</th>
<th>Efficiency %</th>
<th>Allocation %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>VRDLs</td>
<td>80.00</td>
<td>73.00</td>
<td>69.37</td>
<td>86.71%</td>
<td>95.03%</td>
</tr>
<tr>
<td>2</td>
<td>New Tools</td>
<td>7.35</td>
<td>6.00</td>
<td>6.00</td>
<td>81.63%</td>
<td>100.00%</td>
</tr>
<tr>
<td>3</td>
<td>MRUs</td>
<td>58.00</td>
<td>55.00</td>
<td>55.00</td>
<td>94.83%</td>
<td>100.00%</td>
</tr>
<tr>
<td>4</td>
<td>MRHRUs</td>
<td>15.00</td>
<td>19.00</td>
<td>17.50</td>
<td>116.67%</td>
<td>92.11%</td>
</tr>
<tr>
<td>5</td>
<td>HRD scheme</td>
<td>33.00</td>
<td>30.00</td>
<td>27.48</td>
<td>83.27%</td>
<td>91.60%</td>
</tr>
<tr>
<td>6</td>
<td>GIA scheme</td>
<td>28.00</td>
<td>18.00</td>
<td>16.00</td>
<td>57.14%</td>
<td>88.89%</td>
</tr>
<tr>
<td>7</td>
<td>Research Governance- HTA</td>
<td>25.00</td>
<td>23.00</td>
<td>22.75</td>
<td>91.00%</td>
<td>98.91%</td>
</tr>
<tr>
<td>8</td>
<td>International Cooperation</td>
<td>1.00</td>
<td>6.00</td>
<td>5.58</td>
<td>558.00%</td>
<td>93.00%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>247.35</strong></td>
<td><strong>230.00</strong></td>
<td><strong>219.68</strong></td>
<td><strong>88.81%</strong></td>
<td><strong>95.51%</strong></td>
</tr>
</tbody>
</table>

3.6 It would be observed that the overall expenditure in respect of the schemes was 88.81% of BE allocation and 95.51% of RE allocation. However, as recommended by the Committee, efforts would be made to improve the expenditure level in the first two quarters by making advance planning and suitably advising the implementing agencies in the matter to avoid reduction of allocation at RE stage.

**Further Recommendation**

3.7 The Committee finds that the funds allocation to various schemes of the DHR at BE stage is much lower Vis-à-vis its projected demand as a result of which the Department clamp down its cherished mission of each scheme against the originally conceived physical targets of the scheme at the projection stage. However, due to various reasons, including the lower absorption capacity of implementing agencies and taking into account the volume and trends of expenditure, the Ministry of Finance rationalizes/reduces further the allocation on various schemes at RE stage when the physical targets are further curtailed thus nose-diving of the scheme of DHR aimed to setting up of VRDLs, development of new tools to prevent outbreaks of epidemics, promotion of Health Research, Human Resource & Capacity Development and research and health infrastructure. The efficacy of the schemes get further deteriorated due to under utilization of allocated funds at RE stage.
The cumulative implications is indicative of the fact that the Ministry of Finance is conservative in allocating funds to schemes as per the projected demand in the next financial year when the trend of expenditure at BE & RE Stage is assessed. The Committee, therefore, strongly reiterates its recommendation made in the Para 2.4.1 of its 119th Report to DHR to come out of such circuitous vicious circle and must act promptly in strengthening the ‘absorption capacity’ of implementing agencies and undertake all appropriate steps for ensuring optimal utilization of funds earmarked at the BE stage. This would help the Ministry of Finance to consider allocating funds as per the projected demand of DHR so that each scheme is executed with the intent to achieve the objectives and mission of the scheme as conceived at the projection stage.

Recommendation

3.8 The Committee was given to understand that the main reasons for shortfall in achieving the set physical target for establishing Viral Research & Diagnostic Laboratories (VRDLs) include time taken by State Government to submit proposals and MoUs, long time taken by the concerned Institutes/medical colleges in identifying the requisite space, etc. The Committee is constrained to observe that though there was a backlog in establishment of VRDLs, the proposals for establishment of 5 additional VRDLs are under various stages of consideration. The Committee, strongly recommends the DHR for persuading the State Government to submit their proposals for resolving the problem of undue delay in identifying the requisite place for establishing VRDLs. The Committee strongly believes that DHR would not leave any stone unturned in achieving the physical target of establishing VRDLs from now onwards.

(Para 2.5.1)

Action Taken

3.9 Till date, out of the total target of establishment of 125 VRDLs, 110 VRDLs (10 Regional Labs, 22 State Level Labs and 78 Medical College Level Labs) have already been sanctioned. Out of the proposals for establishment of 5 new VRDLs, as mentioned by the Committee, all 5 have been sanctioned and virtual site visit inspections for 9 new labs had been done in month of September till date in order to know the feasibility for establishment of a Viral research & Diagnostic Laboratory. To meet the physical targets, all possible efforts are being undertaken. In order to expedite the approval for new VRDLs from the states and for have effect linkages with the State Governments, Regional Advocacy Workshops have been conducted with the State Govt. authorities. However, due to ongoing Covid-19 pandemic scenario, the requisite protocol is being followed by holding the virtual site visits and trainings.

3.10 The first months of the 2020 decade have witnessed the emergence and rapid increase of Coronavirus Disease 2019 (COVID-19) epidemic across the globe. The virus was identified as belonging to the family of Coronaviruses that are enveloped RNA viruses. Because of its rapid
rate of spread and the number of people infected, it was declared as a pandemic by the World Health Organization (WHO) on 11th March 2020. Key strategy adopted by the Government of India is to test-track-treat which became a challenge during initial days. Department of Health Research - Indian Council of Medical Research (DHR-ICMR) has played an active role in the public health response to COVID-19 in India due to the established network of Viral Research and Diagnostic Laboratories across the country. This network proved to be fruitful during this pandemic as this network have been trained for biosafety and biosecurity aspects, diagnosis of viral and few bacterial etiologies, trained manpower and most important that is set up for molecular diagnosis which is prerequisite for COVID-19 diagnosis.

Further Recommendation

3.11 The Committee appreciates the pivotal role of the established network of Viral Research and Diagnostic Laboratories across the Country in combating COVID-19 for molecular diagnosis is a prerequisite for COVID-19 diagnosis. Keeping this fact into consideration the Committee reiterates its recommendation as contained in Para 2.5.1 of 119th Report to overcome the shortfall in achieving the set physical targets for establishing VRDLs through proper consultation/persuasion with State Governments. The Committee hopes that holding of ‘Regional Advocacy Workshops’ with the State Government would help expediting the approval to the proposal of the State Government for setting up of new VRDLs. The Committee desires that DHR would also undertake suitable course of action to achieve the target of setting of VRDLs in the country once the adverse impact of Pandemic COVID-19 is contained and combated.

Recommendation

3.12 The Committee observes that the main reason for delay in establishing MRUs in government medical colleges is the undue time taken by State Governments in submitting proposals and MoUs and longtime taken by the concerned Institutes/medical colleges in identifying the requisite space. The Committee takes note of the proposals for establishment of 18 new MRUs that are at various stages of consideration. The Committee, therefore, recommends that DHR should play pro-active role in persuading the State Government for submitting proposals for establishing MRUs on time after signing MoUs. The Committee also recommends that the Government should give green signal for approving 18 new MRUs that are at various stages of consideration.

(Para 2.5.2)

Action Taken

3.13 The Department of Health Research continuously remains in touch with the State Governments and State Government Medical Colleges for allocation of land/ space in the State Medical College and signing of MoUs for establishing research units. Receipt of proposals for
setting up MRHRUs/MRUs from States/State Government Medical Colleges is an ongoing process. As such at any given point of time, some proposals remain in pipeline. These proposals are considered in the Department of Health Research as per the scheme guidelines. Once proposal is complete in all respects, requisite approval is accorded for establishing MRHRU/MRU.

Further Recommendation

3.14 The Committee believes that efforts of DHR in persuading the State Government/State Government Medical Colleges would result into allocation of space/land for setting up of MRHRUs/MRUs and State Government would prefer forwarding their proposals to that end. The Committee would like to be apprised of the status of 18 new MRUs that were at various stages of consideration.

Output-Outcome Framework for Schemes 2020-21

Recommendation

3.15 The Committee takes note of the various details of output-outcome framework for the schemes 2020-21. The Committee hopes that the financial outlay earmarked for various schemes would create the enabling environment and bring forth catalectic change in the basic infrastructure for carrying out bio-medical and health research. The Committee is of the considered view that network of VRDLs, MRUs and MRHRUs would definitely enhance the operational and professional efficiency of health researchers. The Committee believes that all the projects undertaken during 2020-21 would be completed without time and cost overrun. The Committee recommends DHR to strengthen the monitoring mechanism to oversee the execution of research projects and to ensure that physical targets set during the year must be achieved. The Committee also recommends DHR to undertake annual performance evaluation of each scheme and programme through cost benefit analysis and SWOT analysis. The Committee desires that DHR should formulate output-outcome framework for remaining years of 15th Finance Commission in order to have a holistic overview of the schemes under DHR.

(Para 2.6.1)

Action Taken

3.16 Scheme-wise detailed projected requirements have been furnished to the 15th Finance Commission for the period 2021-22 to 2025-26. The output-outcome framework under the schemes would be prepared based on the actual financial allocations made by the Ministry of Finance on year to year basis as per the extant instructions of the Ministry of Finance and NITI Aayog. The information is also uploaded on the concerned portal of NITI Aayog and updated on quarterly basis.
Further Recommendation

3.17 The Committee appreciates the Financial Vision Document of DHR prepared for the period of 15th Finance Commission i.e. the period of 2021-22 to 2025-26 wherein the outcome framework under the scheme is purposed based on the actual financial allocations made by the Ministry of Finance on year to year basis as per the guidelines of Ministry of Finance and the NITI Aayog. The Committee, however, recommends the DHR to strive for optimal utilization of allocated funds so as to enable the Ministry of Finance & NITI Aayog to allocate funds to all the schemes of DHR as per the projected demand at the BE Stage. This would thus ensure that all physical targets of the schemes, as originally conceived at the projection stage, are achieved in toto for successful execution/implementation of the scheme. The Committee also desires the DHR to furnish a Status note on the implementation/projected requirement of output–outcome framework for remaining years of 15th Finance Commission for the consideration of the Committee.

MICRO ANALYSIS OF CENTRAL SECTOR SCHEMES/PROJECTS

Recommendation

3.18 The Committee expresses serious concern over decrease of funds for setting up of nationwide network of laboratories for managing epidemics and national calamities. The Committee finds that Budgetary allocation to the tune of Rs. 80.00 crore in BE 2019-20 was reduced to Rs.73.00 crore in RE 2019-20 and the actual expenditure incurred as on 7th February, 2020 is to the tune of Rs. 59.21 crore. The Committee understands that lower budgetary allocation for erecting nationwide network of basic infrastructure pose a serious challenge in managing epidemics and national calamities that result into loss of mankind. The Committee, therefore, is of the considered view that the stumbling blocks in the wake of successful implementation of the project viz. non-receipt of viable proposals from implementing agencies adhering to conditionality of scheme guidelines; long-time taken by State Govt. signing of MoUs and in identifying the space, undertaking civil works, procurement of equipment and engagement of staff etc. by the concerned Institutes/medical colleges need to be tackled through administrative acumen by the executive concerned with the implementation of the scheme. At the same time, the Committee recommends that the DHR must project its demand for the scheme keeping in view the width and breadth of the country, size of population of the country vulnerable to epidemics and national calamities and frequency of incidence of epidemics and calamities for efficient management and effective control.

(Para 3.1.3)
Action Taken

3.19 Actual expenditure of Rs.69.37 crores was achieved upto 31.3.2020 against the RE allocation of Rs.73.00 crores (95.03%).

3.20 Till date, out of the total target of establishment of 125 VRDLs, 110 VRDLs (10 Regional Labs, 22 State Level Labs and 78 Medical College Level Labs) have already been sanctioned.

3.21 The sanction of total above 110 VRDLs include the 3 VRDLs sanctioned during this financial year. Further, proposals for establishment of 4 more VRDLs are also under consideration and virtual site visit inspections for the same will take place in the month of September in order to know the feasibility for establishment of a Viral research & Diagnostic Laboratory. Efforts would be made to further expand the network while proposing continuation of the scheme for the 15th Finance Commission period.

Further Recommendation

3.22 The Committee is of the considered view that the outbreak of Pandemic COVID-19 has driven home the need for setting up of nationwide network of laboratories for management of incidence of epidemics and national calamities. In this regard, the rationalization of budgetary allocation from Rs. 80.00 Crore in BE 2019-20 to the tune of Rs. 73.00 Crore in RE 2019-20 could be due to the lower absorption capacity of implementing agencies. The actual utilization to the tune of Rs. 69.37 Crore during 2019-20 indicates lower capacity of fund utilization of the implementing agency which means the set target of setting up of 125 VRDLs will be missed. The Committee, therefore, recommends DHR to make concerted efforts towards setting up of VRDLs as per set target and till the mission of setting up of VRDLs in all parts of the country is not achieved to ensure that the scheme continue throughout the duration of 15th Finance Commission with adequate budgetary provision.

Major research projects on traditional medicine undertaken by ICMR and follow-up action for bringing the achievements thereof

Recommendation

3.23 The Committee notes the details of major research projects on the traditional medicine undertaken by ICMR alongwith timeframe for the completion of the undertaken projects such as (i) evaluation of the safety and efficacy of an Ayurveda formulation PJ7 in the management of the Dengue fever funded by the Ministry of AYUSH and to be completed by
March, 2020 (ii) evaluation of analgesic and anti-inflammatory activities of Plumbago zeylanica root paste in osteo-arthritis patients, funded by ICMR under extramural provision and (iii) non-alcoholic fatty liver disease (NAFLD) – A double blind randomized control clinical study, funded by Ministry of AYUSH. The Committee is of the view that research projects on the traditional medicine would go a long way for the treatment of various diseases and therefore, all on-going projects must be completed without time and cost overruns. Again the projects that could not be commenced be initiated on priority basis so that desired outcome can be harnessed without cost overrun and further delay.

(Para 3.5.12)

Action Taken

3.24

(i) Evaluation of the safety and efficacy of an Ayurveda formulation PJ7 in the management of the Dengue fever, funded by the Ministry of AYUSH has been carried out.

- The treatment of 150 patients with the formulation PJ7 has been completed. A few immunoassays and Rt-PCR assays are in process. Report will be submitted soon.

(ii) Evaluation of analgesic and anti-inflammatory activities of *Plumbago zeylanica* root paste in osteo-arthritis patients, funded by ICMR under extramural mode.

- The trial on 120 patients has been completed and the paste has shown good promise in the management of pain in the osteoarthritis of knee joints. The preparation of the final report is in progress and will be submitted soon.

(iii) Non-Alcoholic Fatty Liver Disease (NAFLD) – A double blind randomized control clinical study, funded by Ministry of AYUSH. Though the proposal has been approved, the release of funds is awaited. Communication is on with CCRAS for release of funds to initiate the project at the earliest.

Further Recommendation

3.25 The Committee appreciates that Ayurveda formulation PJ7 in the management of the Dengue fever has been carried out and 150 patients with formulation of PJ7 have been treated. The Committee would, however, like to be apprised of the status of clinical trial of analgesic and anti-inflammatory activities of Plumbago zeylanica root paste in osteo-arthritis patients and progress made in clinical study of Non-Alcoholic Fatty Liver Disease (NAFLD).
Recommendation

3.26 The Committee understands that DHR-ICMR Advanced Molecular Oncology Diagnostic Services (DIAMOnDS) is vital for the treatment of cancer. The Committee is of the view that in-depth research in the field of molecular onco-pathology diagnostic services and molecular onco-pathology research would go a long way in the elimination of cancer. The Committee is of the view that the expansion of the network of DIAMOnDS in various States of the country requires the budgetary allocation. The Committee, therefore, recommends DHR to make assessment of the financial requirement for the said purpose and accordingly approach the Ministry of Finance for requisite allocation.

(Para 4.16.2)

Action Taken

3.27 The DHR-ICMR Advanced Molecular Oncology Diagnostic Services (DIAMOnDS) have been established in 9 Centres across the country. These centres will be diagnostic centres for advanced oncopathology. More centres will be added after these centres are completely established and assessment of financial requirement will be done.

Further Recommendation

3.28 The Committee appreciates that 9 Centres of DHR-ICMR Advanced Molecular Oncology Diagnostic Services (DIAMOnDS) have been established throughout the Country and the Government is planning to establish more number of Centres of DIAMOnDS. The Committee, however, recommends that ICMR should chalkout a definite timeframe to open the requisite number of DIAMOnDS Centres in the Country so that the incidence of Cancer is contained and eradicated within set timeframe. In this regard, the Committee reiterates its recommendations requiring DHR to assess the financial requirement for the said purpose and take up the requisition to the Ministry of Finance for immediate consideration, as the incidence of cancer is huge in the country and its treatment not only pushes the whole family under psychological trauma but make them poorer as well due to high ‘out of pocket expenditure’.

REGISTRATION OF CANCER CASES

Recommendation

3.29 The Committee underlines the need of registration of each and every case of cancer by the ICMR to assess actual disease burden. In this regard, the data collected by Population
Based Cancer Registries (PBCR) and 236 Hospital Based Cancer Registries (HBCRs) would be quite useful. The Committee believes that the data so collected would be used in the further research work for developing products for treatment of cancer.

(Para 4.19.2)

Action Taken

3.30 There are 36 population and 236 hospital based cancer registries which collect data on cancer from different parts of the country, and cover about 10% of the Indian population. The NCRP data serves an important role in cancer prevention, control and research. If Cancer is made a Notifiable Disease, it would be possible to register each and every case of cancer to improve assessment of actual disease burden. ICMR-NCDIR has been in touch with several state governments trying to make cancer notifiable. Attempt is also being made to integrate data from Aayushman Bharat into the Registry data.

Further Recommendation

3.31 The Committee notes with concern that cancer in India has fast emerged as a vital reason of morbidity and mortality. Although, the National Cancer Registry Programme (NCRP) was launched by ICMR way back in 1981 still the Cancer has not been identified ‘a Notifiable Disease’, as a result, the assessment of actual cancer burden is missing and efforts made towards cancer prevention, control and research go awry. The Committee, therefore, believes that once the cancer is made ‘a Notifiable disease’, the 36 Population Based Cancer Registries (PBCR) and 236 Hospital Based Cancer Registries (HBCR) would help the actual assessment of incidence of cancer patients and comprehensive cancer research in country, enabling its treatment, prevention and containment. The Committee, therefore, strongly recommends the ICMR- NCDIR to persuade all the State Government to make cancer ‘a Notifiable Disease’ for broadbase research on treatment of the Cancer.

Recommendation

3.32 The Committee notes that the vision of the DHR provides “to bring modern health technology to the people through innovations related to diagnostics, 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 systems.” The Committee opines that the course of actions outlined above need to be focussed to achieve the vision of DHR. Needless to say, the Government urgently needs creation and expansion of infrastructure for promoting research in medical colleges and rural areas, creating trained human resources in various areas of health research, interventions for containing outbreaks/epidemics through establishment of network of viral research and diagnostic laboratories across the country and support for pursuing research in areas relevant to the
health priorities of the nation. The Committee recommends concrete action for effective and efficient research governance, regulatory and evaluation framework through development of appropriate regulations, guidelines, authorities to protect and strengthen ethic based biomedical research and to develop expertise to assess cost effective technologies for reduction in out-of-pocket expenses on health care.

(Para 5.3.2)

Action Taken

3.33 DHR is already in process of strengthening health infrastructure in Medical Colleges through setting up Multi-Disciplinary Health Research Units –MRUs (90) and Model Health Research Units -MRHRUs (25) in rural areas for transfer of technology from lab to field. A network of Viral Diagnostic and Research Laboratories-VRDL (125) is also being rolled out in the Country to deal with outbreak and epidemics. DHR is also involved in Human Resource Development and Governance and have initiated robust programs for the same. So far, 80 MRUs, 25 MRHRUs and 107 VRDLs have already been sanctioned.

3.34 To deal with out-of pocket expenditure and provide affordable health care to the population Health Technology Assessment has been initiated which help in evaluation and implementation of cost effective technologies through NHA and MoHFW.

Further Recommendation

3.35 The Committee is of the considered view that all research activities in the health sector are undertaken by DHR and the outcome/conclusion drawn through their research activities must be integrated into the public health system to minimize out of pocket expenditure for the common masses. The Committee, therefore, desires that DHR must work in tandem with Department of Health and Family Welfare especially with NHA for integration of cost-effective technologies & innovation into public health system. The Committee, therefore, strongly reiterates its recommendation as made in Para 5.3.2 of the 119th Report.

Vector Borne Diseases: MERA India

Recommendation

3.36 The Committee recommends the Government to launch National Leprosy Vaccination Program nationwide to free India from leprosy within the set time frame and help remove the social stigma being faced by the patient suffering from leprosy.

(Para 5.4.10)
3.37 To introduce MIP vaccine in different higher leprosy endemic states in phased manner ICMR conducted a study entitled “Programmatic Implementation and Comparison of MIP Vaccine Immunoprophylaxis and Rifampicin Chemoprophylaxis for contacts of Persons Affected with Leprosy under the National Leprosy Eradication Programme (NLEP) in High Endemic Settings”. The project was initiated from four districts of Gujarat (Navsari, Narmada, Tapi, and Bharuch) on 1.5.2017 (for three years).

-ICMR JALMA, Agra along with Central Leprosy Division (CLD) collected data. In the district of Narmada (1027) and Navsari (165) a combination of Rifampicin Chemoprophylaxis and MIP Immunoprophylaxis was given to the contacts (total 1192) of 455 ‘Persons Affected with Leprosy’. All the contacts (1192) who received first dose of MIP vaccine were followed for their booster dose after six months. A total of 712 out of 1192 contacts of ‘Persons Affected with Leprosy’ received their scheduled booster dose. Preliminary analysis showed that there was no major side effect observed in any of the contacts who received MIP vaccine.

-Applied value of Project-MIP has been tried and found to be safe and acceptable in large field and programme conditions. Its use as an immunoprophylaxis is being investigated in high endemic pockets so as to understand the effects on the reduction on the prevalence of disease in high endemic districts and eventually strive towards the goal of elimination of leprosy in all the high endemic pockets of the country.

Way forward:

- India achieved elimination (<1/10,000 population) of Leprosy goal at National level in 2005.

- However, State and District level elimination is yet to be achieved. Five States/UTs (Bihar, Chhattisgarh, Jharkhand, Odisha, D& N Haveli, Lakshadweep) have not yet achieved the goal and prevalence is still more than 1/10,000 population (NHP-2019).

- It is planned to initiate the vaccination program to Bihar, Chhattisgarh and D&N Haveli because of higher endemicity for leprosy being reported under the National Leprosy Eradication Programme (NLEP)

- Subsequent to the development of the revised manuals and provision of the vaccine being made the NLEP was requested to write to the State of Bihar for initiating the vaccine as per the protocol.

- A meeting will be planned in presence of DG, ICMR and other stakeholders to chalk out the plan to introduction of MIP vaccine to Bihar and Chhattisgarh and D&N Haveli endemic states, once COVID 19 emergency is over.
It is expected to start the project soon in these states once the permission from the higher authority is granted.

**Further Recommendation**

3.38 The Committee expresses concern over the continued prevalence of Leprosy in five States/UTs Viz. Bihar, Chhattisgarh, Jharkhand, Odisha, Dadra & Nagar Haveli, Lakshadweep where the prevalence is still more than 1/10,000 population as per record of NHP 2019. The Committee would like the ICMR to convene meeting with all stakeholders and senior officers concerned to chalk out specific strategy/course of action for introduction of MIP Vaccines in these States/UTs under the National Leprosy Eradication Programme (NLEP) on priority basis so that social stigma attached to the disease is eradicated within set timeframe under the said programme.

**Revisiting the role of Indian Council of Medical Research (ICMR)**

**Recommendation**

3.39 The Committee appreciates ICMR’s global recognition and brand value with significant contribution during outbreak of epidemics and in-depth investigation in the field of bio-medical research and health research. However, the Committee expects ICMR to make SWOT- analysis of its working in order to capitalize on its strength and opportunities and make strategy to overcome its weaknesses and threats. The Committee believes that ICMR should chalk out strategies/course of action in the areas requiring improvement viz. focus on development of new technologies, new drugs and devices; more effective use of communication tools such as social media, mass media, public exhibitions, wide spread research dissemination initiatives and ICMR website; the other policy prescription for ICMR could be greater engagement with private sector, need to strengthen facilities and opportunities for medical research in the country and emphasis on operations research to strengthen health infrastructure.

*(Para 5.6.3)*

**Action Taken**

3.40 ICMR had outsourced the SWOT analysis of the organization by Thomson Reuters (now Clarivate Analytics) in 2016 which pin-pointed the strength opportunities and weak areas of ICMR. As per the SWOT analysis the recommendation was to strengthen and streamline the communication and brand building of ICMR. Based, on the same a Communication Unit was set up at ICMR aligned with all the ICMR Institutes through identifying Nodal Communication Officers (NCOs). A regular training program and sensitization helped in better communication and dissemination of ICMR Research outputs at various media platform. This also helped in
brand building activities and resulted in developing a new and prominent logo of ICMR, bringing out a Coffee Table Book ‘Touching Lives” showcasing milestone achievements of ICMR and enhanced use of Social Media platform like Facebook, Twitter, Instagram, YouTube etc. ICMR has also expanded its participation in mega exhibitions like Indian Science Congress, Vibrant Gujarat, India International Science Festival IISF), etc to showcase ICMR activities and achievements. Various films/ documentaries on ICMR activities have been made and are being used. Website has also been revamped and made more informative. Efforts are underway to improve it further.

Further Recommendation

3.41 The Committee takes note of efforts made by ICMR towards strengthening and streamlining the communication and brand-building of the organization through enhanced use of social media, training programme and sensitization and participation in mega exhibitions. The Committee, however, reiterates its recommendation for active engagement with private sector and other research institutes for medical research focussed on development of new technology, new drugs/vaccines and devices on life threatening diseases or outbreak of virus. The Committee calls upon ICMR to carry forward its Research Projects pertaining to insurmountable/lethal diseases and life-threatening emerging diseases so that not only the lives of common masses is said but would also broad-base and strengthen the medical research infrastructure in the Country. The Committee, therefore, desires that ICMR must make concerted efforts to make in-depth investigation in the field of bio-medical research and health research to consolidate health infrastructure under ‘One Health System/Policy’ in the Country.
CHAPTER – IV

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH FINAL REPLIES OF THE MINISTRY HAVE NOT BEEN RECEIVED

Recommendation

4.1 The Committee expresses its deep concern over lower budgetary allocation during 2020-21 vis-à-vis projected demands under various components of DHR schemes/ICMR. Against the projected demand of Rs. 305.50 crore over various schemes, the actual allocation in BE 2020-21 is to the tune of Rs. 262.29 crore thus leaving a shortfall of Rs. 43.21 crore. Similarly, against the projected demand of ICMR and BHMRC to the tune of Rs. 2465.22 crore, actual allocation in BE 2020-21 is to the tune of Rs. 1795.71 crore thus leaving a considerable budgetary gap of Rs. 669.51 crore. Only the revenue outlay to the tune of Rs. 42.00 crore for the DHR Secretariat expenditure is as per the projected demand. Thus as a whole, against the projected demand of Rs. 2812.72 crore only Rs. 2100.00 crore in BE 2020-21 has been earmarked for DHR thus there is huge financial gap of Rs. 712.72 crore. The shortfall in allocations under the schemes would sever impact the establishment of new Viral Research & Diagnostic Laboratories; Multi-Disciplinary Research Units in Medical Colleges (MRUs), Model Rural Health Research Units (MRHRUs) in States and funding of projects under the schemes of Human Resource & Capacity Development. Similarly, shortfall of Rs. 669.51 crore in BE 2020-21 in respect of ICMR would affect the number of research projects which inter-alia includes Medical Device Mission Secretariat to be set up at IITs, assistive Technologies Centres with AIIMS and IITs, India Cancer Research Consortium, India TB Research Consortium, Nutrition Related Programmes, Technological Innovations, Vector Borne Disease like Dengue and Chikungunya, etc. The Committee laments inadequate budgetary allocations to DHR meant for the financial year 2020-21.

(Para 2.2.4)

Action Taken

4.2 The need for making higher allocation for the schemes of Department of Health Research and for ICMR’s research activities will be taken up with the Ministry of Finance at the RE stage.

Recommendation

4.3 The Committee understands that Department of Health Research, mainly through the Indian Council of Medical Research (ICMR) and its 26 research institutes engaged in promoting health research and innovations in the priority areas of national health, by way of strengthening health research infrastructure and human resource and capacity development programs/activities across the country. However, the Committee is constrained to express its concern that the allocations for Health Research have been lowest compared to the allocations for similar departments engaged in R&D activities.

(Para 2.3.1)
4.4 The Department appreciates the concern expressed by the Committee in the matter.

Recommendation

4.5 The Committee is in agreement with the recommendation of General Council of NITI Aayog that Central outlay on health research needs be suitably increased for meeting the national health priorities and development of new technologies, diagnostics and treatments including development of new vaccines, etc.  

Action Taken

4.6 This point will also be brought to the notice of Ministry of Finance while projecting the additional requirements at RE stage.

Comparative Position of allocations for Health Research vis-a-vis other Scientific Departments:

Recommendation

4.7 The Committee expresses deep anguish over lower projection of Rs. 7.35 crore in BE 2019-20 by DHR for an important healthcare scheme envisaging development of tools/support to prevent outbreak of epidemics. Unfortunately, the same was further reduced to Rs. 6.00 crore as a result of which DHR had no alternative financial options to undertake new initiatives but adhering to imprudent prioritisation of the expenditure on essential activities and postponing the crucial new activities to the next financial year. The Committee notes with concern that against the projected demand of Rs. 8.00 crore only an allocation of Rs. 7.29 crore has been earmarked for the said purpose. Needless to say, the DHR should appreciate that epidemics possess the potential for large scale casualties in case the same is not controlled and contained in time. The Committee, therefore, strongly recommends the DHR to approach the Ministry of Finance for higher allocation for development of tools/support to prevent outbreaks of epidemics.

Action Taken

4.8 The need for higher allocations for this scheme would be emphasized to the Ministry of Finance at RE stage.

Recommendation

4.9 The Committee also recommends for dissemination of benefits of health research in NER to the local dwellers by providing cost effective healthcare services.
In this regard, recommends that DHR should formulate strategy for focusing on the following course of action in NER:

i. **Reduction of risk factors for cancer and lifestyle related diseases (diabetes, and Cardiovascular diseases).**
ii. **Hypertension control by reduction of salt consumption.**
iii. **Improving maternal and child health.**
iv. **Effort to halt and spread of Antimicrobial drug resistance.**
v. **Reduction of TB in NE, elimination of malaria and food borne diseases.**
vi. **Developing network for data sharing platform for Surveillance and early containment of outbreaks.**

*(Para 3.7.8)*

**Action Taken**

4.10 The ICMR has been supporting mission mode projects aimed at identification of risk factors and various intervention and implementation research projects in the area of non-communicable and communicable diseases, maternal and child health. These projects are being implemented by the medical college hospitals and research institution and ICMR Regional Medical Research Institute Dibrugarh.

4.11 It is proposed to convene regional meetings with various stakeholders like state health officials, programme managers and policy makers for sharing/dissemination of research findings and further scale up of interventions.

4.12 First meeting was planned in April 2020, but had to be postponed in view of current pandemic situation.

4.13 However, RMRC-NE is addressing the regional health issues of North-East and has undertaken a number of projects addressing risk factors of cancer and life-style related diseases, hypertension, maternal and child health etc. A Viral research and diagnostic lab has been setup at the institute for surveillance and early containment of outbreaks.

**Making availability of TB Van in Rural Areas**

**Recommendation**

4.14 The Committee takes note of the efforts made by ICMR for innovating mobile TB diagnostic vans fitted with digital X-rays and smear microscopy and handing over to the Centre TB Division for use by the State Government with almost zero impact on out of pocket expenditure by the TB cases. The Committee hopes that under the National Tb Prevalence survey, to estimate the national as well as state level of prevalence of TB, would use the state of Art buses fitted with digital Chest X-rays and Molecular TB diagnostic test in all the
identified 625 clusters that would cover select rural, urban, semi urban, tribal areas across the country with support from CTD and WHO.  

(Para 4.6.2)

Action Taken

4.15 National TB Prevalence survey, using the state of Art 25 buses fitted with digital Chest X-rays and Molecular TB diagnostic test in identified 625 clusters covering select rural, urban, semi urban, tribal areas across the country with support from CTD and WHO is ongoing. It has been put on hold due to Covid-19 pandemic and lockdown leading to low community participation. A total of 110 clusters have been completed. The study will be restarted soon.

India at 102 position in the Global Hunger Index, 2019 out of 117 countries

Recommendation

4.16 The Committee draws satisfaction from the fact that DHR has constituted an Expert Committee to examine the appropriateness of the indicators used in Global Hunger Index, methodological issues in the computation of GHI and to suggest a way forward. In addition, the ICMR Expert Committee is also working on the ‘White Paper’ on Global Hunger Index. The Committee would like to be updated on the recommendations of the said Expert Committee alongwith the response of DHR thereon.  

(Para 4.7.3)

Action Taken

4.17 The ‘White Paper’ on Global Hunger Index has been prepared. However, final deliberations could not be done due to COVID-19 pandemic.

Telemedicine and tele-radiology as well as taking the Mobile CTs and Mobile MRIs to rural sectors

Recommendation

4.18 The Committee appreciates the efforts being made by ICMR in developing the artificial intelligence tools for screening TB using chest x-ray in rural areas. The Committee, in this connection, recommends that efforts should also be made to give a nationwide rural coverage of screening TB through the artificial intelligence. The Committee further recommends that the successful model of pilot project, as initiated at Tejpur and Dibrugarh at Assam, to verify the feasibility of using a mobile CT scan in semi-urban and rural areas can be replicated in all semi and urban rural areas in the country. The Committee would, therefore, like the ICMR to make assessment of financial requirement and approach the Ministry of Finance for allocation.  

(Para 4.9.1)
**Action Taken**

4.19 An indigenous AI tool for detection of TB using chest X-rays has been jointly developed by Institute of Plasma Research under Department of atomic Energy, Govt. of India and ICMR, DHR, MOHFW. The tool would be taken-up for validation under national TB prevalence survey including the urban, semi-urban and rural areas after the situation of Covid-19 improves and the survey restarts. The tool does not require internet and can be placed in the desktop or laptop at the local place and would be highly suitable for rural and semi-urban areas.

**Mobile CT Scan (Mobile Stroke Unit-MSU)**

4.20 The pilot project at Dibrugarh and Tezpur, to verify the feasibility of mobile CT scan in semi urban and rural areas has been initiated. A ‘State of Art’ mobile stroke unit was fabricated and has reached Tezpur. Dry runs have been done. Stroke units have been established at BCH, Tezpur and AMC, Dibrugarh. The MSU will be doing active cases after COVID situation has resolved. Approvals for procurement of MSU at AMC, Dibrugarh have been obtained from State Health department and the MSU will be procured shortly. ICMR is reviewing two similar projects one from AIIMS, New Delhi and another from CMC, Ludhiana. Punjab Government is keen on taking up this activity. Once these 4 centres indicate the effectiveness of MSU in these areas, we will initiate similar projects in one district per State/UTs in the country (Around 15 in Phase II (Rs 180 Crore) and 10 in Phase III (Rs 120 Crore).

**Collaboration with other Ministries, including AYUSH to come up with certain cheaper drug options for cancer treatment**

**Recommendation**

4.21 The Committee is of the considered view that collaboration with the other ministries including AYUSH would help to invent cheaper drug option for treatment of various diseases, including cancer. The Committee, in this regard, appreciates the joint efforts of ICMR, CSIR and DBT in taking initiatives and facilitation of innovative research on Phytopharmaceuticals. The Committee feels that the Randomized Controlled Clinical Study to evaluate the Safety and Efficacy of an Ayurveda formulation - PJ7 would go a long way in the management of Dengue fever.

**Action Taken**

4.22 The treatment of 150 patients with the formulation PJ7 has been completed. A few immunoassays and RT-PCR assays are in process and will be completed soon. Report will be submitted soon. Since the trial is double blind study results of the trail will be known once the codes are opened.
SUBMISSION OF SECRETARY, DHR

Recommendation

4.23 The Committee took into consideration the submission of the Secretary, DHR made on 13th February, 2020 regarding enhancement of budgetary allocation for implementing the schemes by the department. The Committee has already recommended for enhancement of budgetary allocation to DHR under various programmes in the preceding chapter and allocation of budgetary support as per the projected demand of DHR for implementation of schemes during 15th Finance Commission in the succeeding chapter. The Committee hopes that the Ministry of Finance would consider the recommendations of the Committee, positively.

(Para 4.24.1)

Action Taken

4.24 The need for additional allocations for the DHR would be projected at the RE stage.

FUTURE OUTLOOK OF HEALTH RESEARCH

Need for enhancing budgetary allocation to DHR

Recommendation

4.25 The Committee takes into account that the budgetary allocation to the Health Research is merely about 3% of budgetary allocation of Ministry of Health and Family Welfare which is abysmally low compared to requirement of funds needed for Health Research. The Committee is of the view that Health Research is vital component to make the country disease free and therefore, expenditure on Health Research needs to be much higher compared to present allocation. Keeping in view the large population of the country and need for further investment on the health research, the Committee recommends the government to earmark atleast 10% of allocation be made to the Department of Health & Family Welfare.

(Para 5.2.1)

Action Taken

4.26 The requirement of additional allocation for DHR would be projected at the RE stage.

Recommendation

4.27 The Committee, therefore, recommends that the Central outlay on health research needs be suitably increased for meeting the national health priorities and development of new technologies, diagnostics and treatments including development of new vaccines, etc.
Action Taken

4.28 The requirement of additional allocation for DHR would be projected at the RE stage.

New initiatives of Department of Health Research & Indian Council of Medical Research to make country Biosecure

Recommendation

4.29 The Committee believes that with expanding network of VRDLs, ICMR would serve as an important platform for diagnosis and surveillance of existing as well as emerging viral infections and thus make the country bio-secured against life-threatening viruses and the menace of bio-terrorism.

Action Taken

4.30 The observation of the Hon’ble Committee has been noted.

Recommendation

4.31 The Committee believes that the country is in the need for best possible, affordable and viable solutions to fight the double burden of malnutrition in the form of persistent under-nutrition and coexisting obesity through convergence of multi-sectoral interventions. Several studies addressing problems of under-nutrition, fluorosis, IDD, Vitamin A deficiency have already been initiated in over 70 districts of the country. Studies have also been initiated to tackle adolescent anaemia and developing nutri-smart villages under inter-sectoral collaboration. The Committee recommends the Government for making the scheme a flagship program.

Action Taken

4.32 The studies are at their completion stage. The data is being entered and analyzed simultaneously. Once the study reports are finalized, a programme can be developed based on findings of the studies. Work has been put on hold due to COVID-19 pandemic
Vision of DHR the 15th Finance Commission period (2020-21 to 2024-25)

Recommendation

4.33 The Committee is of the considered view that the Scheme would result into creation of necessary infrastructure in the Government Medical Colleges and also encourage and strengthen an environment of research. The network of MRUs will also bridge the gap in the infrastructure and improve the health status of the population by creating evidence based application of diagnostic procedures/processes/methods. (Para 5.5.2)

Action Taken

4.34 Observation of the Hon’ble Committee is noted.

Establishment of MRHRUs in the States

Recommendation

4.35 The Committee understands that the scheme would provide special support for creating infrastructure at the periphery level for transfer of technology to the rural level for improving the quality of health services to rural population. The Committee believes that implementation of new and modern technologies in the rural settings and taking technologies from Lab to field would result in a better health care to the rural population. (Para 5.5.4)

Action Taken

4.36 Observation of the Hon’ble Committee is noted.

EMERGING PRIORITY AREAS OF DHR

Forging National

Recommendation

4.37 The Committee believes that in order to strengthen the health research capacity of the nation, there is need to engage with multiple stakeholders (national and international; public and private) viz.:

Inter-ministerial collaborations

(i) ICAR: in the areas of zoonosis, antimicrobial resistance and nutrition
(ii) MHRD: in the areas of innovation and technology development.
(iii) DBT: in the areas of bio ethics, stem cell research, commercialization of technology, innovation.
(iv) **ISRO:** in the areas of early warning systems and impact of climate change on health.

(v) **AYUSH:** in the areas of traditional medicine

**Public Private Partnerships**

(i) **Tata Trusts:** in the area of TB  
(ii) **Sun Pharma:** in the area of malaria  
(iii) **Pfizer:** in the area of anti-microbial resistance  
(iv) **Emami Limited:** in the area of herbal product development for sleep disorder and pre-diabetes

*(Para 5.12)*

**Action Taken**

4.38 The recommendation of the Hon’ble Committee has been noted for compliance.