

NEWS & VIEWS

ISSUE 16, FEB 2022**INTERVIEWS**

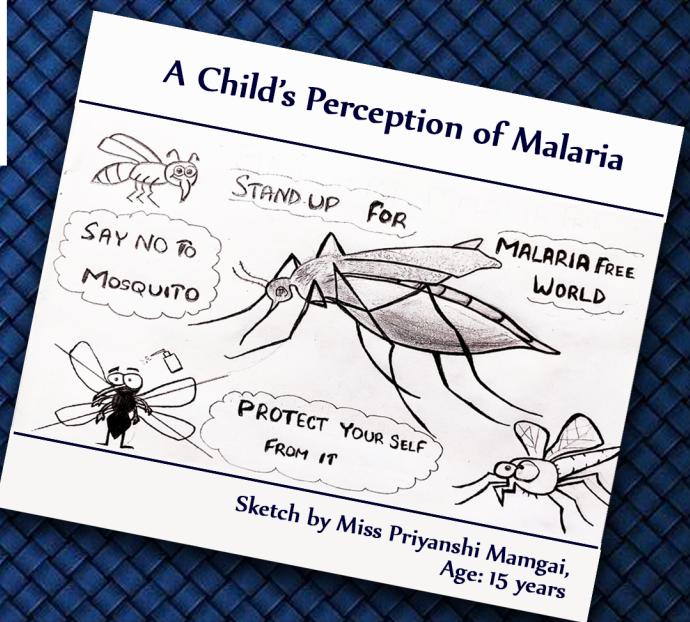
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Dr Krishna Pandey,
Director, ICMR-RMRIMS, Patna



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Prof Niraj Pandit,
Sumandep Vidyapeeth, Vadodara

Upcoming Event on 21st February
Lecture Series on Infectious Diseases
Lecture 09 by Dr Tavpritesh Sethi

International Day of
Women and Girls in Science
11th Feb 2022



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Resource for Malaria Researchers: The Global Vector Hub

MALARIA ELIMINATION RESEARCH ALLIANCE - INDIA

Editorial

Dear Readers,

MERA-India team brings you the sixteenth issue of our newsletter.

Before this COVID pandemic, *work from home (WFH)* looked like an unbelievable incentive for many of us. Even employers could not have imagined how WFH would be a benefit in terms of productivity and communication. Nevertheless, this new diadem pandemic situation has imposed working from home culture to the society to maintain social distancing in order to curb the spread of COVID-19. While some are enjoying the new normal culture of WFH, the studies have shown its negative effect on the physical, social, and mental health of humans. Long hours of screen time, working in not so well structured workspace, distractions at home, blurred lines between personal life and office times, all these are proving it to be not a dreamy experience as it was anticipated by many of us. However, looking at the bright side of this regimen, it gives employees flexibility in working hours, reduces their travel hassle, and importantly, but usually ignored, met the needs of personal life.

Faring well in the pandemic situation we, at MERA-India continued with its mission of promoting research activities and providing strategic support to researchers for malaria elimination and control.

11th February was the International Day of Women and Girls in Science. We appreciate and congratulate all the female researchers and scientists for the several contributions they make in the diverse fields. MERA-India is committed to providing equal opportunity and support to female researchers.

It was a pleasure listening to the motivating lectures by Professor Sanjeev Krishna (Institute of Infection and Immunity, St George's, University of London, UK) and Dr N. Regina Rabinovich (ExxonMobil Malaria Scholar in Residence at Harvard University, and Director of the Malaria Elimination Initiative at ISGLOBAL at the University of Barcelona). These lectures made apt points about the evolving malaria research with the emerging challenges. The summaries of these lectures are presented in this issue.

Along with invigorating and motivational interviews by eminent scientists in the 'Malaria Scientists to Watch' section, this issue will also give you update about the latest findings in malaria research giving insights into the ongoing progress in malaria control and strategies to achieve the goal of malaria elimination in line with the mandate of MERA-India. Moreover, under the stimulating "Resource for Malaria Researchers" section, we have included the Global Vector Hub, an online platform for mining data on vector control and research. We have started a new section, "A Child's Perception of Malaria", in which we will be showcasing the understanding of malaria by children expressed through their sketches.

We are excited to have Dr Tavpritesh Sethi, physician-scientist and Associate Professor of Computational Biology at Indraprastha Institute of Information Technology Delhi, India, and a fellow of the Wellcome Trust/DBT India Alliance at All India Institute of Medical Sciences, New Delhi, India, as the next speaker in the “Lecture Series on Infectious Diseases”, to be held on 21st February 2022. We invite all our readers to attend this lecture.

We hope you will find this issue more engaging and informative. For any feedback or suggestions towards the content of the newsletter, please write to us at meranewsletter@gmail.com.

With best wishes
MERA-India team

International Day for Women and Girls in Science

To celebrate the occasion of International Day of Women and Girls in Science (11th February), MERA-India would like to express its deep appreciation of the contribution of the women scientists towards development, innovation, global health, and taking up unprecedented challenges like COVID-19. We are committed to providing equal opportunity to women researchers and to supporting them to realize their potential and bring their ideas to reality.

We express our deep gratitude to the women speakers in our Lecture Series, Professor Kamini Mendis, Professor Elizabeth Winzeler, and Dr Regina Rabinovich, whose decades of contribution & ongoing efforts in the global fight against malaria have been truly inspirational for us. Their lecture recordings can be viewed on the MERA-India website (<https://www.meraindia.org.in/lecture-series>).

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MERA India
Malaria Elimination Research Alliance India
One Platform, One Goal

International Day of Women and Girls in Science



Professor Kamini Mendis
University of Colombo,
Sri Lanka



Professor Elizabeth Winzeler
School of Medicine, University of
California, USA
Director, The Malaria Drug
Accelerator



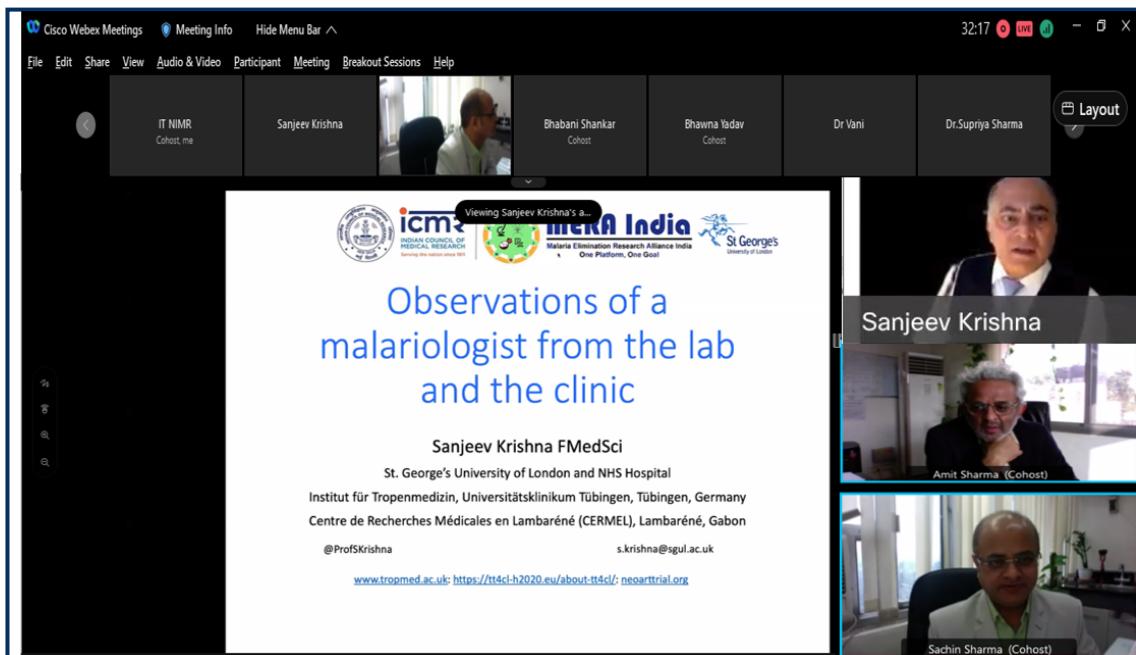
Dr N. Regina Rabinovich
ExxonMobil Malaria Scholar in
Residence, Harvard University,
USA
Director, ISGLOBAL, University of
Barcelona

www.meraindia.org.in

f i t y n

NIMR Activities

Distinguished Lecture by Professor Sanjeev Krishna



In the ICMR-NIMR & MERA-India “Distinguished Lecture Series” for the month of January, we had Professor Sanjeev Krishna as the speaker. Professor Krishna leads the Molecular Parasitology and Medicine group at St George's, University of London, and is a consultant physician in Infectious Diseases at St George's Hospital. Dr Amit Sharma, the Director ICMR-NIMR, thanked Professor Krishna for taking out time and accepting the invitation to deliver the lecture. Dr Sachin Sharma, Chief Consultant MERA-India, introduced Professor Krishna.

Professor Krishna's lecture was entitled “Observations of a malariologist from the lab and the clinic”. In this inspiring lecture, Professor Krishna summarized his work done over the years, as a researcher-physician in the laboratory and the clinic. He described how in the early 1980s, as a medical student, he started working looking at the energy metabolism in the brain using a mouse model of malaria at the University of Oxford, using advanced techniques, such as NMR spectroscopy, at that time. He next talked about how this work set the scene for his further work on hyperglycaemia, lactic acidosis, and metabolic complications in severe malaria, and their prognostic significance. He further presented his work which translated to a better understanding of malaria pathophysiology, identification of new drug targets, insights into mechanisms of action of existing drugs, resistance mechanisms in parasites, and optimisation of the malaria treatment regimens.

After the lecture, Professor Krishna answered the questions from the attendees. The session concluded with Dr Sachin Sharma thanking the speaker and the attendees.

The recording of this lecture is available on the MERA-India website (<https://www.meraindia.org.in/lecture-series>).

Lecture 08 of Lecture Series on Infectious Diseases

The screenshot shows a video conference interface with a world map in the center. The map highlights several countries where ivermectin clinical trials are active or planned:

- Gambia - MASSIVE**: MDA finished in Dec 2020. Data cleaning and analyses ongoing.
- Guinea-Bissau - MATAMAL**: 1st year completed. Last dose Sept 2022. 12 clusters per arm. Placebo controlled. Data ready 2023.
- Burkina Faso - RIMADAL II**: Trial has not started yet.
- Thailand / UK - Effect of Ivermectin Metabolites on Mosquito Survival**: Trial has not started yet.
- Mozambique & Tanzania - BOHEMIA Project**: MDA starting in Mozambique end of Jan 2022. Delays with the 2nd site. Results in 2024.

At the top of the interface, there are participant names and video feeds. On the right, there are five video feeds of speakers: Regina Rabinovich, Sachin Sharma (Cohost), Amit Sharma (Cohost), Dr. Manju Rathi (Cohost), and Ashwani Kumar. The bottom of the interface shows standard video conference controls like Unmute, Start video, Share, Record, and Apps.

Dr N. Regina Rabinovich, the ExxonMobil Malaria Scholar in Residence at Harvard TH Chan School of Public Health, and the Director of the Malaria Elimination Initiative at ISGLOBAL at the University of Barcelona, was the eighth speaker in the ICMR-NIMR & MERA-India "Lecture Series on Infectious Diseases". Dr Amit Sharma, the Director ICMR-NIMR, welcomed Dr Rabinovich and thanked her for accepting to be one of the speakers in the series. Dr Sachin Sharma, Chief Consultant MERA-India, welcomed everyone and introduced Dr Rabinovich.

Dr Rabinovich gave the lecture on the topic entitled "Challenges and progress on endectocides for malaria control". In this thought-provoking lecture, she talked about the stall in the global progress against malaria elimination and the need for new innovations to attain global goals. She explained the concept of repurposing the use of the endectocide ivermectin, the only licensed drug for veterinary and human use, as a tool for reducing malaria transmission. She described the roadmap for the development of ivermectin and the use scenarios for ivermectin as a malaria vector control tool. She also highlighted the regulatory challenges, as well as the alignment of the researchers, funders, and manufacturers for the process. The modelling projections for the ivermectin efficacy and the key data gaps were also described during the lecture. She further reviewed the available data & ongoing clinical trials looking at the safety and efficacy of ivermectin in malaria prevention through vector control. She concluded the lecture by describing the policy challenges and the key questions that need to be addressed for preparation of adoption of ivermectin as a new malaria control intervention in the scenario of the encouraging and positive results from the trials looking at the impact of ivermectin for vector control.

The lecture was followed by answers to the questions from attendees and ended with a note of thanks from Dr Sachin Sharma to the speaker and the attendees. The recording of this lecture is available on the MERA-India website (<https://www.meraindia.org.in/lecture-series>).

Research in Spotlight

Rahi M and Sharma A, *BMJ Global Health*, 2022: Should India be considering deployment of the first malaria vaccine RTS,S/AS01?

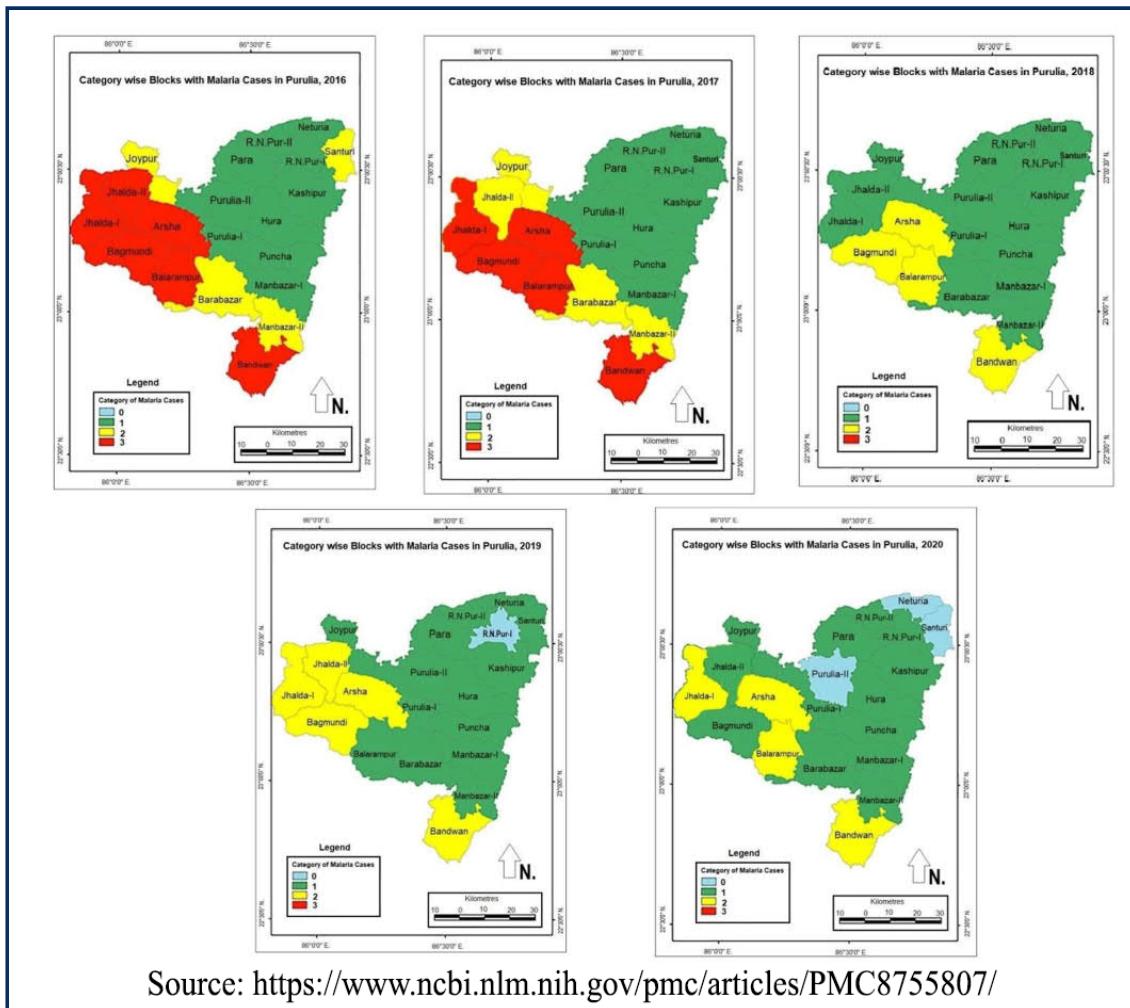
Commentary

BMJ Global Health

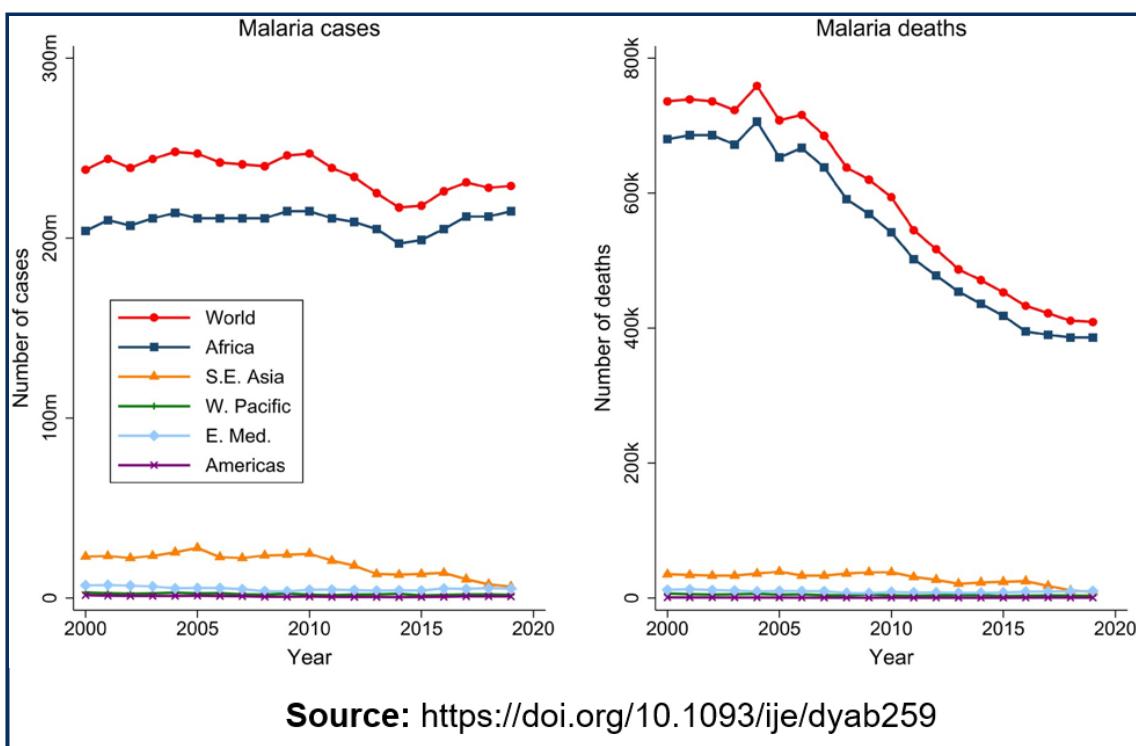
Should India be considering deployment of the first malaria vaccine RTS,S/AS01?

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8728450/>

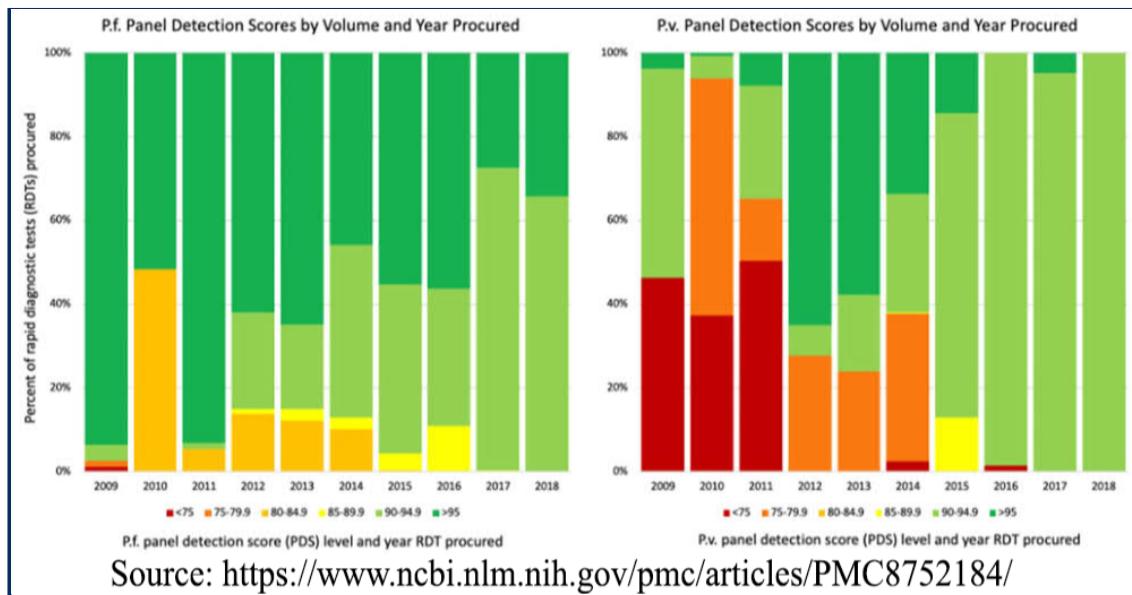
Many candidate vaccines against malaria have been under development for the last several decades. One of the candidate vaccines, RTS,S/AS01E, had shown a reduction in malaria infections by 40%, and for every 200 individuals one death was prevented in a pilot implementation conducted in African nations. Based on these encouraging results, in a major breakthrough last year which could save thousands of children's lives, World Health Organization (WHO) recommended the use of the first malaria vaccine, for children between 5-17 years of age, in moderate-to-high malaria transmission regions. The malaria-endemic countries, have been recommended to take their calls regarding the adoption of the vaccine as a part of their national malaria control programmes. In this [commentary](#), published in BMJ Global Health, the authors discuss if India should deploy this vaccine. India contributes to the largest number of malaria cases and deaths in the WHO South-East Asian Region. While India is currently in low transmission settings, the authors bring to focus the gaps to be filled for the estimation of true malaria burden, including weak surveillance, missing cases from the private sector, asymptomatic cases as well as forest malaria infections. The authors further suggest conducting systematic studies to estimate the true mortality and the number of severe cases in the country. The authors also highlight the significant burden of infections due to *P. vivax*, as well as other *Plasmodium* non-falciparum species. Overall, the authors of this study highlight the need for evidence-based research to support an informed decision about the adoption of the malaria vaccine as part of country-level approaches for malaria control.



Malariometric indicators such as API, annual blood examination rate, and the number of cases offer epidemiological tools for a better understanding of data on malaria for effective implementation of malaria surveillance and control strategies. The authors of this [article](#) analyzed the reported malaria cases for the duration of Jan 2016 to Dec 2020 in 20 blocks of the Purulia district of West Bengal, India. They categorized all the 20 blocks into 4 and mapped them using ArcGIS v10.8 followed by data analysis in R and Microsoft Excel. Mass distribution of LLINs (on the basis of API 2016) among the malaria-prone population staying in 10 endemic blocks led to a sharp drop in the number of cases. In 2016, six blocks were under the high risk category (Category 3) and zero in no risk category (Category 0), and in 2020, it turned out to be zero blocks in Category 3 and three in Category 0. They also observed a higher number of cases in males and in Scheduled Tribes, which might be linked to their outdoor occupational activities. To predict the trend of malaria cases (2021–2025), they used the exponential decay model, which might help the Purulia district to achieve malaria-free status by 2025. Overall, this study might help in the evaluation and refocusing of public health policies towards malaria control.



In the above [article](#), the authors narrate the decades of global efforts against malaria since the launch of the Global Malaria Eradication Programme (GMEP) by WHO in 1955. While several countries saw a reduction in malaria incidence as well as some countries eliminated malaria, the malaria incidence increased or stagnated in many areas, particularly in sub-Saharan Africa, largely owing to the insecticide (DDT) and drug (chloroquine) resistance. The authors further describe how the strategies against malaria evolved through the introduction of new tools such as isolation of artemisinin, formulation of ACT, development of RDTs for easy diagnosis, synthetic pyrethroids as effective insecticides, etc. They highlight the global initiatives and commitment for malaria eradication, including the WHO Global Malaria Control Strategy in 1993 and the Roll Back Malaria Initiative in 1998. The authors highlight that while the number of global malaria deaths has halved in the last 20 years, the global incidence remains largely unchanged. They state that the lack of national reporting systems in several countries makes it difficult to estimate the true global malaria burden. The authors further point out the barriers towards successful malaria eradication including parasite and vector evolution (resulting in drug resistance and mutations in parasites resulting in escape from diagnosis, insecticide resistance, and changing feeding behaviour in mosquitoes), challenges in vector control approaches and resources, infections by non-falciparum *Plasmodium* species and competing social and other health challenges leading to diversion of resources against malaria. The authors further suggest the areas to focus on for effective gains against malaria, including the use of information technology for surveillance of infections, mass drug administration and seasonal malaria chemoprevention, development of sensitive diagnostics for screening asymptomatic individuals, novel vector-control strategies, and national as well as international leadership to steer the world towards the malaria eradication goal.



This [article](#) studies the relationship between the price and quality of malaria RDTs by utilizing the price and quality reporting data from Global Fund and WHO-FIND. Specifically, this analysis aimed to investigate three important objectives i.e., how the quality of RDTs affected their market share over time, understand the correlation between the unit price and quality of RDT, and explore if RDTs financed by Global Fund acquired more market gain over time. Descriptive statistical analysis of the collected data explained that market share decreased for lower-quality RDTs from 2009 to 2018. Statistically, there was no significant relationship observed for price and product quality from the analysis of linear regression model implementation. And Herfindahl–Hirschman Index score, which was used to measure the market concentration of malaria RDT manufacturers, indicated a high market concentration among a few primary suppliers. This study further suggests the necessity to investigate the causes and implications of these trends.

Malaria Scientists to Watch

An interview with Dr Krishna Pandey



[Dr Krishna Pandey](#)
Director,
ICMR- Rajendra Memorial Research Institute of Medical Sciences (RMRIMS)
Patna, Bihar, India

- 1. Please share with our readers your journey from being a young science student to your current role as Director, ICMR-RMRIMS, Patna.*

I'm a physician-scientist with a work experience of over 20 years. I started my career as a Senior Research Officer (Scientist-C) at ICMR-RMRIMS, Patna in the year 2000 and eventually got promoted to Director (Scientist-G), ICMR-RMRIMS, Patna in the year 2021. My journey so far has been quite rewarding which came at the expense of a constant strive for excellence. I've always tried to keep myself updated on the advancements in the field of medical sciences. I have participated in various clinical drug trials for VL, PKDL & VL-HIV, and monitoring & evaluation of the National Kala-azar Elimination Program (NKAEP). Control and elimination of kala-azar have been one of the major challenges in Bihar and research on kala-azar were mandated for ICMR-RMRIMS, Patna in the year 1981. RMRIMS is actively engaged in the generation of knowledge through basic, applied and translational research supported by ICMR and other national and international apex funding organizations e.g., DBT, DST, WHO-TDR, BMGF, LSHTM, etc. We have made seminal developments and contributions towards the surveillance and elimination of VL in Bihar. Vaishali model: a proof of concept for VL elimination received accolades far and wide and has been adopted by NKAEP. We have also been conducting insecticides' resistance mapping and GIS mapping for VL endemicity. I consider myself as one of the fortunate scientists who could become part of the success of NKAEP which is in the elimination phase as of now. Of late, we've started talking about the post-elimination agenda of NKAEP and gradually gearing up for it.

- 2. If you have to pick one intervention that has played the biggest role in our fight against malaria, which one would that be?*

Artesunate-based combination therapies (ACTs) are undoubtedly the most significant intervention which has changed the outlook of the fight against malaria. Transmission of

malaria is interrupted by treating cases with effective antimalarial drugs. An effective antimalarial drug alone can reduce the disease burden especially in the regions of low transmission. ACTs have turned out to be the most successful antimalarial drug in the history of the fight against malaria. There has been a massive reduction in the global and regional case burden after the inclusion of ACTs in the malaria eradication programs. Although there has been an emergence of resistance for ACTs, its use has changed the global malaria map and reduced the global malaria burden.

3. What do you see as the biggest challenge for India in achieving the malaria elimination goal by the year 2030?

One can enumerate various possible impediments of malaria elimination in India. To me, lack of coordination, accountability, and overall implementation of the National Malaria Elimination Program seems to be some of the biggest challenges impeding malaria elimination in India. In the year 2016, the Govt. of India had launched the National Framework for Malaria Elimination. The success of the National Malaria Eradication Program heavily rests upon mutual coordination among its stakeholders. Breaking transmission remains one of the key measures for the control and elimination of vector-borne diseases like malaria, kala-azar, etc. Apart from this, tools for early diagnosis and effective therapeutics play vital roles in the vector-borne disease control and its eventual elimination. We've got effective tools/measures for vector control/mitigation, early diagnosis, and treatment for malaria in India. Many countries have eliminated malaria of late *viz.* China, Sri Lanka, Maldives, Argentina, Algeria, etc. They've achieved elimination of malaria mainly by the means of basic tools for vector control, early diagnosis, and treatment that we've also been using in India. But those countries have been able to achieve malaria elimination by engaging the public at large in their elimination campaign through extensive and robust coordination of respective stakeholders. Ineffective implementation of the national malaria control program *i.e.*, insufficient surveillance/monitoring/evaluation activities, underreporting/estimation of regional and national malaria incidence, inadequate community engagement are major concerns for malaria elimination in India.

4. What is one piece of advice that you would like to give to young PhD students and early-stage researchers?

Stay motivated, and strive for excellence. PhD students should be conscious about the selection of their thesis topics and post-PhD avenues. They must develop very good communication skills with their peers and seniors.

5. What significance do you see for MERA-India in achieving India's malaria elimination target?

MERA-India can fill the gap in effective coordination among stakeholders of the malaria elimination program. National Malaria Elimination Program should be tailored as per the regional requirements. MERA-India may engage themselves in finding weaknesses & strengths of vector-borne disease programs at regional levels. Learning from this can then be proposed for malaria elimination at the regional/national level.

An interview with Professor Niraj Pandit



[Professor Niraj Pandit](#)

**Head, Department of Community Medicine,
SBKS MI&RC, Sumandeep Vidyapeeth
Vadodara, Gujarat, India**

1. Please share with our readers your journey from being a young science student to your current position as Professor & Head, Department of Community Medicine at Smt. B.K. Shah Medical Institute &Research Centre, Sumandeep Vidyapeeth University, Gujarat, India.

I come from a simple middle-class Bhartiya joint family from a town in Gujarat. I did my graduation from Pramukh Swami Medical College, Karamsad, and MD in Preventive and Social Medicine from B J Medical College, Ahmedabad. During my undergraduate days, we did work in the community for malaria prevention and got an award in 1994-95 for the same. This was my first achievement for malaria work as a beginner. After my MBBS, I joined as a medical officer at one of the community health centre in Gujarat. At that time, I was deputed in a malaria epidemic area for control of malaria. I observed people were dying due to very high parasitemia and *falciparum* malaria. Even with available treatment people were using traditional medicine. So at that time I first noticed that human behaviour is the big hurdle in prevention and control.

After post-graduate studies, I worked as a teacher and also in Government Health Service. I am fortunate to have experience working in public health and academics along with research. I then worked as an Assistant Professor at PS Medical College and C U Shah Medical College at Surendranagar, and since last more than 13 years, I am at Smt B K Shah Medical College and Research Center, Sumandeep Vidyapeeth Piparia, Vadodara, Gujarat. Teaching and Research are my passion. I always try to motivate my students and faculties of the department and college for research including clinical trials.

During my medical college teaching life, I did research on mosquito bite prevention among people. This was a very interesting observation and also published. Human behaviour is the biggest challenge in the prevention or elimination of malaria or any vector-borne disease. Currently, I am working with the MERA-India team on a multi-centric project about community behaviour understanding in malaria elimination.

2. What motivated you to work in the field of malaria research?

There is a really interesting story behind this. Since my undergraduate time, I have been curious to understand mosquitoes as well as human behaviour. I read a lot about this and concluded that for ages there has been an ongoing fight between mosquito and man, and the winner is always the "Mosquito". The key factor is human behaviour. We end up making mistakes, but mosquitoes never. Mosquitoes are always on the lookout for water for reproduction, and while we talk about prevention, serious efforts are missing.

If we observe the data from the last 3 decades, it is surprising to observe that the mosquito has been with us throughout but what has changed is the species of mosquito from *Anopheles* to *Aedes*. So my core interest is mosquitoes and human behaviour. This was the main motive to work for malaria and other mosquito-borne diseases.

3. According to you, what is the biggest challenge for malaria elimination in India?

There are many challenges and there is plenty of literature for the same. However, according to me, the biggest challenge is human behaviour. I am again stressing the same point as I have stated above. Identifying and addressing issues with human behaviour is a must requirement for malaria elimination.

4. Apart from science and research, which other activities interest you?

I love to read various novels like suspense thrillers and some spiritual books. Krishna Arjun Dialogue, Bhagavad Geeta is very close to my heart. I consider the world's best counsellor is Bhagavan Krishna. I read many versions of Geeta but the best I found is by Vinoba's Pravachan on Bhagavad Geeta. My life partner, Rupal Pandit, is my big motivation engine. She encourages me to read such great books and we do discuss many times various spiritual issues.

I also love to network with various friends all over India and the world. Sometimes I love to watch movies and songs.

5. What is one piece of advice that you would like to give to young students and early-stage researchers?

Based on my 3 decades of medical and health research experience, I would just like to appeal, not advise, that research is a slow process. Never try to find shortcuts in research and for publications. These shortcuts in research are very dangerous. Not only will it hurt you but it will also weaken the scientific evidence pool. So my sincere request to all the young researchers is that don't pollute the scientific literature with your shortcuts. There are many predatory journals in the market and publishing your article with some money, but will not be rewarding for you. In the long run, it will do big damage to science rather than any benefit.

I never advise anyone, but I encourage the young researchers to keep the above point in mind while doing research.

Resource for Malaria Researchers

The Global Vector Hub



Global Vector Hub

The global open-access community for vector control information and research

Resources → Data → Network →

New!

Global Atlas of Medical Entomology Schooling

TDR For research on diseases of poverty
UNICEF - UNDP - World Bank - WHO

Created by: Blue Frontier

Closure of BOVA Network website and transfer to GVH

Pakistan: dengue outbreak
India: dengue outbreak
South Asia

China certified malaria-free

Yellow Fever - West and Central Africa
West Africa

Source: <https://globalvectorhub.lshtm.ac.uk/>

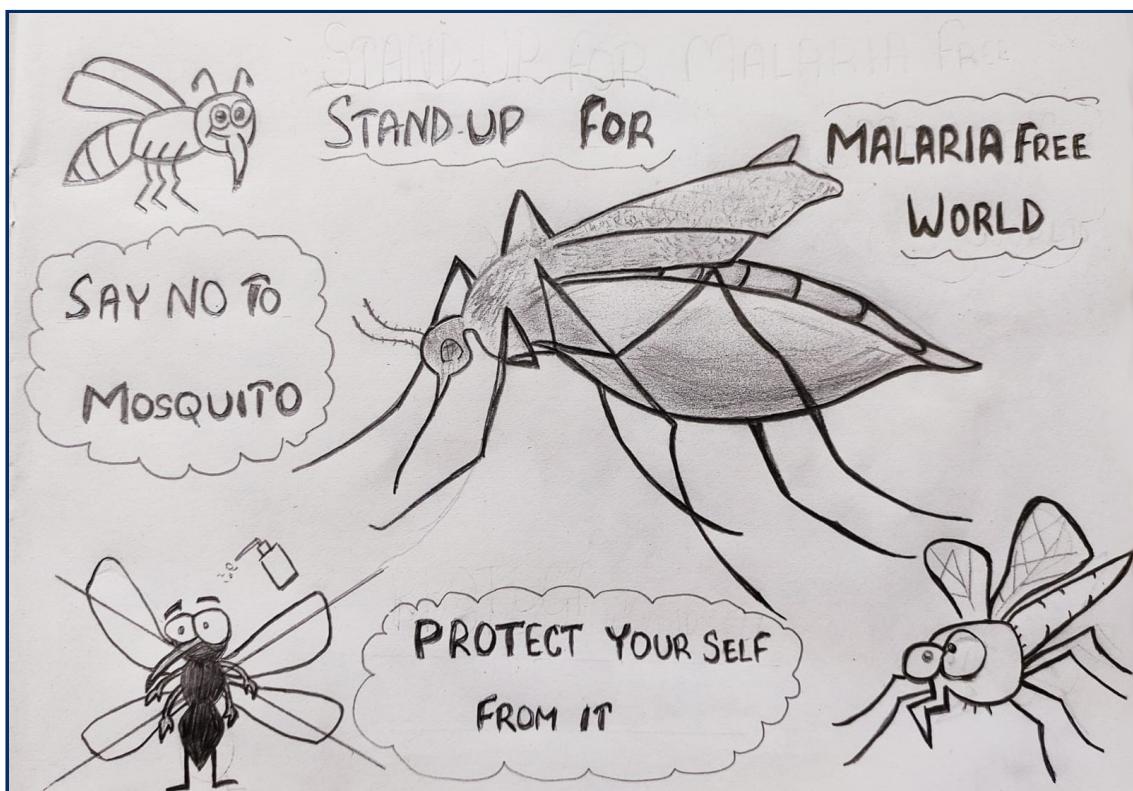
The Global Vector Hub (GVH), developed by the London School of Hygiene & Tropical Medicine (LSHTM) and ARCTEC at LSHTM, is a community-driven, open-access resource providing details on vector biology and control. This includes geo-tagged data related to vectors, the global network of researchers and professionals for vector control, resources and documents for training and educational purposes, guidelines for vector control, and research tools for data analysis. The GVH aims to provide the global vector-borne disease community with a platform to access and share data, and to create a multi-sectoral network of individuals, departments, and programmes working on research or operational control of vector-borne diseases.

To know and explore more about Global Vector Hub, visit <https://globalvectorhub.lshtm.ac.uk/>

A Child's Perception of Malaria

With an aim to increase awareness in young children about malaria, and to provide them with a platform to showcase their creativity, MERA-India invited children (aged up to 18 years), of the NIMRians at ICMR-NIMR, Delhi, and all the NIMR field units to submit their creative expressions related to their understanding of "Malaria" in the form of a sketch.

We appreciate the efforts and thoughts that children have put in while creating informative and impressive sketches on malaria. From this issue onwards, we will be featuring these sketches under this section of the newsletter.



Sketch by: Miss Priyanshi Mamgai (daughter of Mr Dayal Chandra, field worker, ICMR-NIMR - Field Unit Haridwar, Uttarakhand); **age:** 15 years; **class:** X

Upcoming Event

Lecture Series on Infectious Diseases: Lecture 09 by Dr Tavpritesh Sethi



NIMR & MERA-India present
Lecture Series on Infectious Diseases

Dr Tavpritesh Sethi
Associate Professor,
Department of Computational Biology,
IIIT-Delhi, India

*“Building Pathogen Surveillance
and Healthcare Preparedness
with Data and AI”*

Lecture link: <https://bit.ly/Lecture09Feb>
Monday, 21st February, 1500 IST

Lecture: 09

Dr Tavpritesh Sethi would be our next speaker in the "Lecture Series on Infectious Diseases". He is an Associate Professor in the Department of Computational Biology and the founding head of Centre of Excellence in Healthcare at IIIT-Delhi.

He will be delivering the lecture entitled "Building Pathogen Surveillance and Healthcare Preparedness with Data and AI" on 21st February 2022 at 1500 IST.

Talk abstract: This lecture will focus on our lessons learned from building AI/ML applications for COVID-19 that are applicable to building resilience for pathogen surveillance for Malaria and other infectious diseases. The gap and opportunities for agile data and AI models to guide healthcare response in the country will be discussed.

To join this lecture, please click on this link: <https://bit.ly/Lecture09Feb>

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Our mailing address is:

meraindiaicmr@gmail.com

Address: MERA India Secretariat, Room No. 344,

ICMR-National Institute of Malaria Research,
Sector 8, Dwarka, New Delhi- 110 077

Telephone: [011-25307344](tel:011-25307344)

Website: <http://meraindia.org.in>