ICMR BULLETIN

Q3 | 2026 (July-September)

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INDIAN COUNCIL OF MEDICAL RESEARCH
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Dr Rajiv Bahl
Secretary, DHR & DG, ICMR

DIRECTOR GENERAL'S MESSAGE

As the third quarter of 2026 comes to an end, one thought has stayed with me: curiosity should be nurtured early. A child who asks why, looks closely at the world, and is encouraged to find an answer has already taken the first steps towards thinking like a scientist.

As the third quarter of 2026 comes to an end, one thought has stayed with me: curiosity should be nurtured early. A child who asks why, looks closely at the world, and is encouraged to find an answer has already taken the first steps towards thinking like a scientist.

At the SHINE event in Delhi, I met students and encouraged them to speak with our scientists and let themselves be surprised by science. When I told them, **"I see** *Viksit Bharat* **in you,"** I meant it. The future of science depends on the questions young people learn to ask today.

This edition of the newsletter features three national health research programmes addressing neonatal mortality, diabetes and hypertension care, and ambulatory care for common non-communicable diseases. Together, these programmes address health needs across different stages of life, from the newborn period through adulthood.

This edition also covers several other developments and events from the quarter. I hope you enjoy reading this edition with the same curiosity that continues to guide our work.

Jai Hind

What's Inside?

National Health Research Programme's
STAR-NCD | DIGI-CARE | SANKALP **02**

Events at glance
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NATIONAL HEALTH RESEARCH PROGRAMME'S *At Glance*

STAR-NCD

Closing the gaps in ambulatory care for non-communicable diseases

DIGI-CARE

Strengthening Digital Health for Diabetes and Hypertension Care in India

SANKALP

Working Towards Single-Digit Neonatal Mortality



STAR-NCD

StAr NCD

Strengthening Ambulatory Care for Non Communicable Diseases (NCD) in India

Closing the gaps in ambulatory care for non-communicable diseases

Non-communicable diseases (NCDs) are the world's leading cause of death and disability. In India, they account for nearly two-thirds of deaths and around 70% of premature mortality, driven mainly by cardiovascular and chronic respiratory disease. Programmes like The National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) and Indian Hypertension Control Initiative (IHCI) have made real gains, but gaps remain in the prevention, diagnosis, treatment and follow-up of hypertension, diabetes and other common NCDs.



A District-Led Model for Change

Strengthening Ambulatory Care for Non-Communicable Diseases (STAR-NCD) is an implementation research study addressing these gaps across four diverse districts in India. It co-designs and tests a district-wide model for ambulatory care for hypertension, type 2 diabetes and chronic respiratory disease, including Chronic obstructive pulmonary disease (COPD) and asthma. Health-system stakeholders are involved from the start, with a focus on coverage, quality, continuity, and equity.



Hypertension

Type 2 Diabetes

Chronic Respiratory Disease (COPD & Asthma)

The project is implemented in four districts

- Faridabad, Haryana
- Nagpur, Maharashtra
- Gomati, Tripura
- Chittoor, Andhra Pradesh

What Success Looks Like

Condition	Target
Hypertension	Blood pressure below 140/90 mmHg in at least 50% of adults with high blood pressure
Diabetes	80% tested; 80% of those on treatment achieving glycemic control
Chronic respiratory disease	Diagnosis and follow-up care operational at primary care facilities

STAR-NCD's first two years took the project from preparation to implementation. Year one focused on laying the groundwork by finalising study tools, training teams, collecting formative data, co-designing interventions, and developing the chronic respiratory disease approach. Year two continued this work through engagement with health authorities, co-design activities, field monitoring, and hands-on support across all four districts.







Two Years In: From Blueprint to Practice

10% → 50%	Growth in active NP-NCD portal users among frontline staff in Nagpur
(0-30%) → (70-95%)	30-day medication dispensing at the primary health care facilities in all districts
<5% → 52%	Recorded as under treatment in Faridabad
22nd → 16th	Improvement in Faridabad's state ranking for NCD treatment and follow-up
3x	Increase in testing for Glycated hemoglobin (HbA1c) and diabetes complications in Nagpur
<1% → ~30%	Facility-level control rate for Diabetes Mellitus (DM) and Hypertension (HTN)

The Work is Informing Change Within the Health System

Faridabad, Haryana

The government has directed AYUSH Medical Officers to join NCD programme activities at *Ayushman Arogya Mandirs*.

Nagpur, Maharashtra

The district launched a joint review of NCD programme performance across the Municipal Corporation and *Zila Parishad* to improve coordination between urban and rural services.

Gomati, Tripura

The district issued a Standard Operating Procedure (SOP) for the STAR-NCD model. The state has also planned biannual 14-day NCD screening, detection and treatment campaigns for people aged 30 years and above under the *Mukhya Mantri Niramay Arogya Abhiyaan*, through 2028.

Chittoor, Andhra Pradesh

The state health department invited STAR-NCD to train NCD clinic nurses in spirometry. New NCD clinics have been opened across the district after STAR-NCD and the state Technical Support Unit jointly identified gaps in service availability.

Looking Ahead

STAR-NCD will continue to generate practical evidence on strengthening ambulatory NCD care within the existing public health system. The findings will inform NP-NCD programme decisions on service delivery, patient follow-up, human resources, supply chains and health information systems. The programme will also assess which approaches can be sustained and scaled to support India's progress towards Universal Health Coverage and Sustainable Development Goals (SDG) target 3.4, which calls for a one-third reduction in premature NCD mortality by 2030.

Contributors

- **Dr. Roopa Shivashankar, Scientist F, Programme Officer, STAR-NCD**
- **STAR-NCD Team**



DIGI-CARE

Strengthening Digital Health for Diabetes and Hypertension Care in India

DIGI-CARE

Diabetes and hypertension are major contributors to illness and premature deaths in India. Managing these conditions requires continued care, including screening, diagnosis, treatment, follow-up and referral between health facilities. Gaps can occur at different stages of this process within the public health system.

India has digital tools that support NCD care, including the National NCD Portal, ABDM and eSanjeevani. Their use varies across health settings. DIGI-CARE examines what ASHAs, ANMs, community health officers, nurses, doctors and district managers need to use these tools in their routine work.

The project focuses on digital literacy, clinical workflows, technical support and supervision. It works with health officials and frontline workers to co-design intervention, test them in clinics and adapt them based on practical experience.

DIGI-CARE is an **ICMR National Health Priority Project** running from **March 2025 to February 2028.**

IT HAS THREE TARGETS:

80% of health workers trained and competent in using the digital tools

80% of NCD clinic visits documented digitally

80% of providers and supervisors using dashboard data for planning, monitoring and decision-making

Five districts, one question: how do we help health workers make the digital tools they already have work for patients?

5
districts across India, spanning urban, rural and tribal settings

0 → 5611
eSanjeevani teleconsultations a month in Barmer, April to August 2026

3–4x
hypertension patients recorded in follow-up at Barmer's first pilot sub-centres

4% → 30%
patients with an ABHA health ID at Surguja's nine pilot health centres

The formative phase, completed in months 1-9, assessed facilities, interviewed frontline staff, reviewed knowledge and examined portal data. The findings showed recurring gaps in digital use: repeated data entry across registers, Excel and the portal; unresolved login, OTP and synchronisation problems; duplicate records and low ABHA linking; and limited use of dashboards for routine monitoring.

LOCATIONS

Barmer, Rajasthan
Co-ordinating Institute
ICMR-NIHR, Jodhpur

Ernakulam, Kerala
Co-ordinating Institute
Amrita Institute of Medical Sciences, Kochi

Surguja, Chhattisgarh
Co-ordinating Institute
The George Institute for Global Health, Hyderabad

Solan, Himachal Pradesh
Co-ordinating Institute
Centre for Chronic Disease Control, Delhi

Puducherry, Puducherry
Co-ordinating Institute
JIPMER, Puducherry

Issue identified	Response being tested
Repeated data entry and unclear workflows	Role-specific workflows, with ABHA verification and data entry at the point of care
Login, OTP, sync, and device problems	Facility-based Digital Support Champions, district-level technical support, and advocacy for functional devices, connectivity, and power backup
Duplicate records and low ABHA registration	Record clean-up, ABHA registration drives and clearer responsibility for enrolment and linking
Limited routine monitoring	Monthly facility scorecards and review meetings, with portal data used to identify gaps and follow-up needs
Patients missing follow-up	Monthly due lists for ASHAs and ANMs

Co-design and testing (months 10-16) through short Plan-Do-Study-Act (PDSA) cycles in real settings.

Phase 3 (months 17-34) extends the optimised model in stages, from early-adopter facilities to district-wide delivery, with evaluation at set points (baseline, 6, 12 and 18 months). This will determine if these locally adapted changes can be sustained and extended across participating districts.

SITE SNAPSHOTS

Barmer, Rajasthan
In 10 pilot centres, follow-up data entries doubled, and same-day data entry rose from **40% to 80%**. **eSanjeevani** calls increased from **zero to 5,611** per month, and Barmer ranked second for eSanjeevani number of calls in **August 2026.**

Surguja, Chhattisgarh
Camp-based ABHA drives increased coverage from about **4% to 30%** across nine pilot centres. Same-day data entry rose from **0% to 59%**. **Ten Mitanin digital champions** were identified, and an MoU with the Government of Chhattisgarh was signed on **10 June 2026.**

Puducherry
Across 10 pilot facilities, ABHA linkage increased by **50%**, treatment coverage by **44%**, and follow-up improved **2.5-fold.** NCD workflows were standardised through the "One Patient, One ID, One Card" approach and ABHA QR stickers, alongside the functionalisation of a state Digital Support Team.

Solan, Himachal Pradesh
Record verification at two sub-centres identified deceased, migrated, and duplicate entries. ABHA linking was attempted for **1,014 people**, with **190 failures (18.7%)**, mainly linked to portal, Aadhaar and beneficiary-related barriers.

Ernakulam, Kerala
Following the camp, the proportion among OPD attendees with UHID increased from **33.1% to 40.9%** **(7.8 percentage points).**

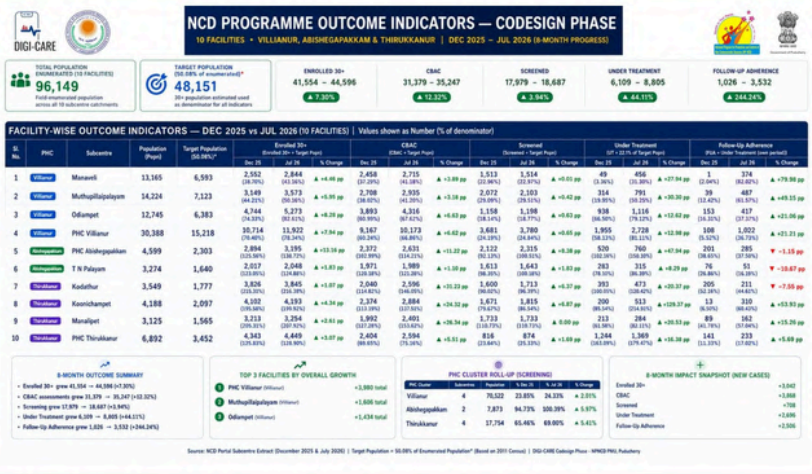
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- DIGI-CARE Team

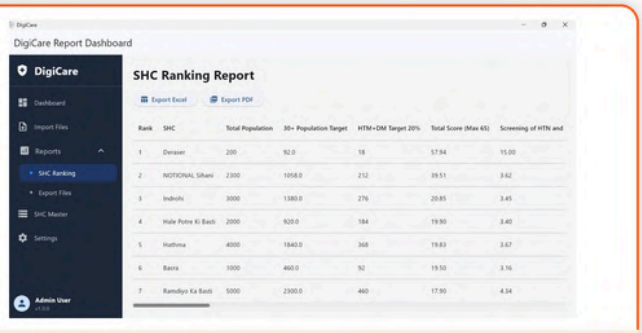
DIGI-CARE

Dashboard views

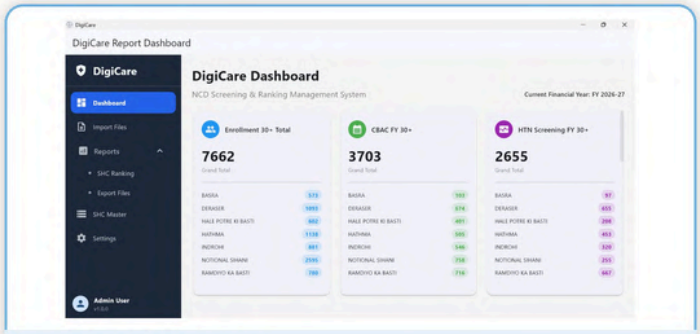
Turning routine digital data into actionable NCD programme insights



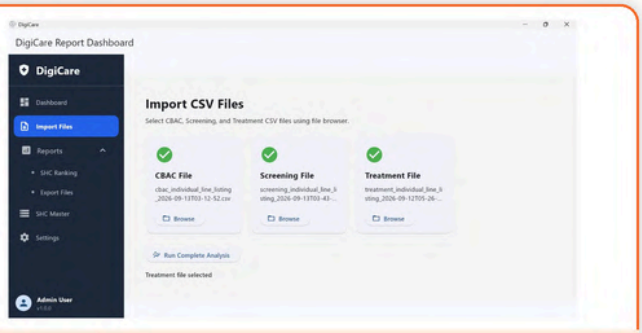
NCD programme outcome indicators



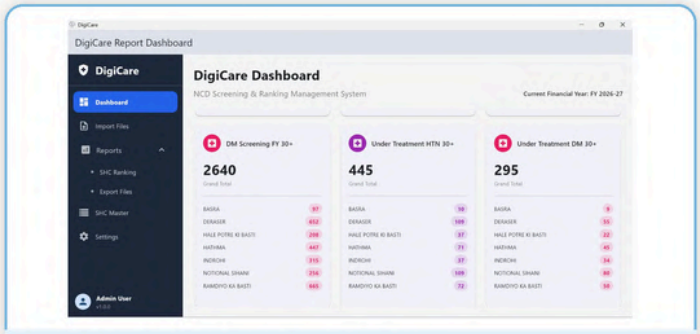
SHC ranking report



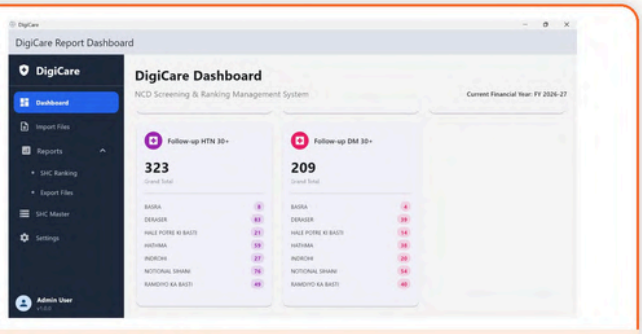
Dashboard overview



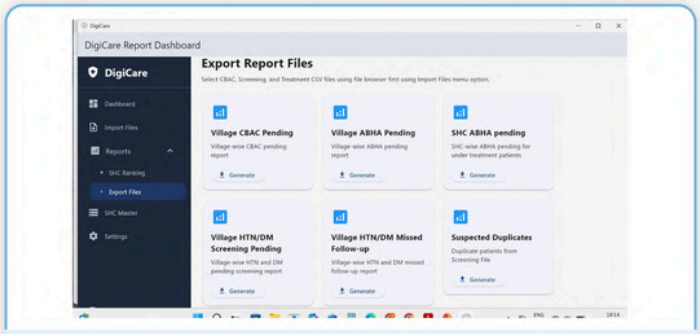
Data import



Screening & treatment monitoring



Follow-up monitoring



Report export

SANKALP

towards ensuring newborn survival

First 28 days: A critical window of opportunity

The first 28 days of life, known as the neonatal period, are the most vulnerable in a child's life. As India advances toward a *Viksit Bharat,* ensuring that every newborn survives and thrives must remain a national priority. India has reduced its Neonatal Mortality Rate (NMR) by nearly 70%, reaching 17 deaths per 1,000 live births in 2025. However, the further journey depends on effective implementation of proven interventions that have often remained fragmented.

A responsive health system that detects high-risk pregnancies early, performs timely caesarean sections, and delivers interventions like Kangaroo Mother Care (KMC), breastfeeding, Continuous Positive Airway Pressure (CPAP), and sepsis management can achieve single-digit NMR. Sankalp, an ICMR National Health Research Priority initiative, is driving this transformation through structured, data-driven implementation excellence. Sankalp works within variable health system contexts across nine districts in eight states of the country.

AT A GLANCE

- **44,000** Total clinical observations done
- **20,200** Interviews with mothers done
- **750** Qualitative interviews conducted
- **200** Total trainings done
- **20** High-level stakeholder meetings held
- **500** Total health facilities assessment done

Birth and Death Tracking System

- **396,382** Births registered
- **92%** Day-29 follow-up



Sankalp's Strategic Shifts

Sankalp is redefining how districts tackle newborn mortality-shifting from uniform guidelines to locally crafted solutions, from counting coverage to focusing on lives saved, from fragmented programs to a connected system, and from passive data collection to real-time feedback and action. Together, these shifts power a smarter, outcome-driven path.







Enhancing Afferent and Efferent Channels for System Efficiency

Working closely with state and district health authorities, ***Sankalp*** functions as both a measurement and improvement mechanism. Like the afferent and efferent pathways of the nervous system, it generates service delivery outcomes through **process indicators and death audits**, while supporting health system responses through continuous refinement of implementation strategies.

Building Stronger Facilities, Referral Linkages, and Care-Seeking

Sankalp advocacy has supported the establishment and strengthening of **nine Mother-Newborn Care Units (MNCUs) across six districts.** Critical equipment gaps are being addressed through innovative procurement mechanisms, improving the availability of warmers, CPAPs, cardiotocography (CTG) machines, breast pumps, and equipped ambulances. Risk-based referral pathways and communication networks have also been strengthened. Families receive counselling and assessment at discharge and during VHSND sessions on essential newborn care, KMC, breastfeeding, and recognition of danger signs, helping build confidence and encouraging timely care-seeking when needed.

Generating Skilled and Empowered Human Resources

Capacity building is sensitive, to retaining capacity of the personnel trained. Focus is on identifying **high-risk pregnancies and danger signs in newborns** among frontline workers. At facilities, **bedside mentoring** on resuscitation, CPAP, safe labour practices and antenatal steroids is a unique feature. **Leadership trainings, championing and empowerment strategies** are improving ownership and efficiency of personnel.

From Evidence to Policy

The project's innovations are increasingly being adopted by governments. To cite few examples, **Madhya Pradesh** has adopted an accountability framework for ultra-high-risk pregnancies, and a tracking system for small and sick newborns. **Telangana Government** has adopted ***Sankalp* indicators.** An improved ultrasound reporting format has been adopted by **Haryana Government.**

Looking Ahead

Sankalp continues to refine implementation models that can be scaled nationwide. By translating evidence into effective action at every level of health system, the initiative is helping create a future where every newborn receives the care needed, ***because every newborn counts!***

Contributors

- **Dr. Amlin Shukla Scientist E, Programme Officer, Sankalp**
- **Sankalp Team**
- **Photo courtesy: Dr Vishwajeet Kumar, CEL, Lucknow**

EVENTS at a Glance

ICMR-SHINE 2026

ICMR organised the second edition of ICMR-SHINE, Science & Health Innovation for NextGen Explorers, on August 11-12, 2026. The two-day nationwide student outreach programme opened ICMR laboratories and research facilities to students of Classes 9-12, giving them an opportunity to see how biomedical and public health research is carried out.

The programme was held across 83 locations in 31 States and Union Territories, at ICMR institutes, Model Rural Health Research Units (MRHRUs), and affiliated field units. Around 25,000 students participated in the programme, with the initiative reaching locations ranging from Keylong in Himachal Pradesh to Kerala, and from Diu to Nagaland. It also extended to remote areas in Jammu & Kashmir, Arunachal Pradesh, Assam and the Andaman and Nicobar Islands, as well as rural regions.





A Day with a Scientist

The programme gave students a closer look at research in practice. Across participating centres, students took part in laboratory tours, research exhibitions, poster walks, video presentations and live demonstrations. In Nagpur and Gorakhpur, they also got an opportunity to see Mobile BSL-3 laboratories, which enable high-containment research to be taken to field settings. At participating centres in Delhi, students presented projects developed through Atal Tinkering Labs under the Atal Innovation Mission, NITI Aayog.

The programme was supported by **Dr Curio**, **the official mascot of SHINE.** Through interactive videos, students followed examples of how ICMR identifies public health problems, conducts research and develops solutions. At the SHINE event at ICMR-NIMR on August 11, Dr Rajiv Bahl, Secretary, DHR and DG, ICMR, interacted with students and encouraged them to ask questions, speak with scientists and consider research as a possible career.



From a Laboratory Visit to a Research Question

The experience continued beyond the two-day visits through the ICMR-SHINE National-Level Student Competition 2026. Students were invited to identify an everyday public health problem, frame a research question, and propose a potential solution.

For many students, SHINE provided a first-hand introduction to a research laboratory or field unit. They met researchers, observed laboratory and field-based work, and learned about different areas of biomedical and public health research. The programme encouraged students to look at questions arising from their everyday lives through the lens of research, identifying a problem, asking a focused question, and considering how evidence could be used to understand it.



ICMR S.H.I.N.E 2026 MOMENTS















SHINE EVENT HAPPENED AT 83 LOCATIONS ACROSS INDIA

COVERING REMOTE AREAS LIKE HP • J&K • ARUNACHAL PRADESH AND MANY MORE SITES

SEVERAL ENGAGING ACTIVITIES,

INCLUDING RESEARCH EXHIBITIONS, VIDEO PRESENTATIONS, Q&A SESSIONS, I LABORATORY TOURS, AND LIVE DEMONSTRATIONS.









Indigenous Biomedical Technology Commercialisation

ICMR, through its Medical Innovations Patent Mitra initiative, licensed three indigenous biomedical technologies to Indian manufacturers for further development and commercialisation. SHetA2, an anti-HPV therapeutic candidate for Cervical Intraepithelial Neoplasia (CIN), developed by ICMR-NICPR in collaboration with the University of Oklahoma, was licensed to Emcure Pharmaceuticals Ltd. Two vaccine technologies developed by ICMR-NIRBI, Kolkata, targeting *Salmonella typhi/paratyphi* and *Shigella* infections, were licensed to Biological E Ltd.

The transfers are important because they move publicly funded research closer to clinical and commercial use. They also support the development of affordable, domestically developed options for cervical cancer and enteric infections, strengthening the pathway from research to healthcare products.









ICMR Nodal Communications Officers' Annual Meeting



The **2026 ICMR Nodal Communications Officers' (NCO) Annual Meeting**, held on 10-11 September 2026 in Chennai, brought together NCOs from ICMR institutes for two days of discussion, learning and hands-on communication activities. The meeting focused on strengthening research dissemination, improving institutional visibility and addressing common communication challenges across the ICMR network.



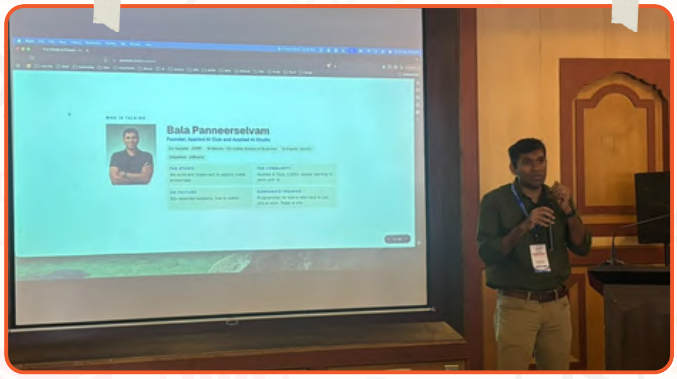


The meeting opened with acknowledging the role of NCOs in communicating ICMR's scientific work and representing the organisation to its stakeholders. She emphasised the need for greater visibility, accessibility and consistency in institutional communication, with a stronger focus on taking research findings to the media and social media. The importance of building relationships with journalists, engaging with local PIB offices and developing a more structured LinkedIn presence was also highlighted.

The session on "NCO Reflections: What Worked, What Didn't" provided an opportunity for NCOs to share experiences from the past year. Successful efforts included multi-platform campaigns, research-focused communication, scientific infographics, institutional documentaries, publication-to-communication workflows and greater visibility for institutional programmes and researchers. At the same time, NCOs highlighted common challenges such as limited human resources, multiple responsibilities, lengthy approval processes, limited access to professional tools and difficulties in collecting and clearing content on time. The discussion brought out the need for greater capacity building, better communication tools and stronger internal coordination.











The meeting then moved towards "Communications Priorities for 2026-27". NCOs identified institute-level priorities and commitments, along with actions, timelines, support requirements and measures of progress. Research dissemination, media engagement and sustained social media activity emerged as important areas of focus, with closer coordination between scientists, institute leadership and communication teams. A progress scorecard was proposed to help institutes track their commitments over the following six months.

A Learning Lab on Creative Video Content for Science Communication provided a practical introduction to short-form video. NCOs developed 30-60 second video concepts based on research or institutional stories, exploring ways to present scientific information in a concise and accessible format.

Day two began with the AI Communications Lab: From Prompt to Product. Using real communication tasks, participants explored how AI can support research simplification, social media content development, and communication products. The session also stressed responsible use, including verification of AI-generated content and maintaining the accuracy of scientific information. The Brand + Social Media Lab focused on creating greater consistency in ICMR's digital presence. NCOs worked directly on their respective social media accounts and made changes to institute names, logos, and other branding elements. A social media analytics dashboard was also demonstrated to help participants understand platform performance and engagement.

The meeting concluded with summarising the key priorities and commitments emerging from the two days. The closing discussion reinforced the need to carry these actions forward through continued work on research dissemination, media engagement, branding, and social media, with progress to be reviewed at the institute level.

Let's Fix Our Food Consortium Releases Policy Priorities for Healthier Diets



The ICMR-NIN-led Let's Fix Our Food (LFOF) Consortium released a policy document titled 'Priority Policy Actions to Promote Healthier Diets and Food Environments for Children and Adolescents in India' at a dissemination and consultation workshop held in New Delhi on 22 July 2026. The document was launched by Dr. M. Srinivas, Member (Health), NITI Aayog.

Drawing on nearly three years of research, stakeholder consultations and policy dialogues, the document outlines recommendations on school food environments, nutrition literacy, front-of-pack nutrition labelling, regulation of unhealthy food marketing to children, taxation of foods high in fat, salt and sugar (HFSS), salt reduction and healthier dietary fats.

The consultation brought together representatives from government, research institutions, development organisations and youth groups. Participants discussed evidence on school food environments, dietary behaviours, food marketing and fiscal policy options. The discussions focused on translating this evidence into actionable policy recommendations for healthier food environments for children and adolescents.

The workshop also saw the launch of the Nutrition Environment Assessment Toolkit for Schools (NEAT-S), an e-learning module on food labels, the LFOF website and ICMR-NIN educational resources on fats, sugars, and salt.

Independence Day Celebrations





DHR-ICMR celebrated the 80th Independence Day on 15 August 2026 at ICMR Headquarters. Dr Rajiv Bahl, Secretary, DHR and DG, ICMR, hoisted the National Flag in the presence of senior officials, scientists, researchers and staff. In his address, Dr Bahl spoke about the role of health research, medical innovation and indigenous health technologies in strengthening India's healthcare system and advancing the vision of *Viksit Bharat*. A Prize Distribution Ceremony was also held to felicitate the winners of the Essay Writing and Quiz Competitions conducted during the month. The celebrations reaffirmed DHR-ICMR's commitment to biomedical research and *Aatmanirbharta*.

Organ Donation Day

ICMR observed the 16th Indian Organ Donation Day on 19 August 2026 under the Government of India's *Jug Jug Jiyo Abhiyaan*. An Organ Donation Pledge and Awareness Programme was organised at ICMR Headquarters, New Delhi, with officials and staff from ICMR institutes and centres participating online. ICMR-NIRBI, Kolkata, conducted an awareness programme featuring an address by the Director and an expert talk on organ donation by Dr Tanushree Chatterjee of Dr Agarwal's Eye Hospital.



Hindi Pakhwada





ICMR observed *Hindi Pakhwada* from September 14 to September 30 through a series of linguistic and literary activities aimed at promoting the use of Hindi in official, administrative and scientific communication. Employees across ICMR institutes are participating in essay writing, technical terminology quizzes, dictation, poetry recitation, and interactive workshops focused on simplifying the use of Hindi in official work. The activities seek to encourage the progressive use of Hindi and strengthen its role in public service and scientific communication.

Medical Innovations Public-Private Partnership (MI-PPP) Unit

A Dedicated Unit of ICMR for Advancing Biomedical Innovation Ecosystem



A promising idea in a laboratory needs more than good science to reach patients. It needs intellectual property protection, regulatory guidance, clinical validation and an industry partner. **ICMR MI-PPP unit** has been set up for fostering public private partnerships with the vision to nurture and protect India's biomedical innovation ecosystem by transforming research into intellectual property, Indigenous healthcare technologies and impactful health solutions for advancing public health.

ICMR has established a comprehensive biomedical innovation continuum supporting technology advancement across the biomedical innovation lifecycle. In alignment with this vision, the Competent Authority, ICMR has set up a new Unit named as **ICMR-Medical Innovations Public-Private Partnership (MI-PPP) Unit** for supporting innovators, facilitating industry engagement and technology commercialization for wider public health impact.



The Unit shall support all biomedical innovations, including medical devices, diagnostics, therapeutics, vaccines, digital health technologies and assistive technologies, through ICMR flagship initiatives such as MedTech Mitra and Medical Innovations Patent Mitra.

ICMR's Biomedical Innovation Continuum



Key Functions

Nurturing and protecting the ecosystem

Facilitating the identification, protection and strategic utilisation of intellectual property generated by ICMR grantees, medical colleges, research institutions, startups, Micro, Small and Medium Enterprises (MSMEs) and other innovators.

01

Technology transfer and innovator-industry engagement

Implementing technology and biomaterial transfer mechanisms for commercialisation of healthcare technologies.

02

Biomedical innovation facilitation

Supporting innovations from technology development, regulatory facilitation and clinical validation to market adoption.

03

Entrepreneurship and ecosystem development

Nationwide implementation of the ICMR/DHR policy on Biomedical Innovation & Entrepreneurship for Medical Professionals, Scientists and Technologists at Medical, Dental, Para-Medical Institutes/Colleges.

04

Any other innovator and / or industry facing initiatives

To advance the biomedical innovation ecosystem.

05

WAY FORWARD

Through stronger public-private partnership, ICMR's MI-PPP Unit shall strive to contribute to advancing national biomedical innovation ecosystem that protects intellectual property, facilitates technology transfer and commercialisation, and fosters biomedical entrepreneurship development, so that affordable and accessible healthcare technologies reach the people who need them. Innovators, start-ups, MSMEs and industry partners are invited to engage with the MI-PPP Unit and leverage **ICMR's flagship initiatives, including Medical Innovations Patent Mitra and MedTech Mitra**, to advance promising biomedical innovations from research and intellectual property protection towards validation, translation and market adoption for wider public health impact.

LAUNCH HIGHLIGHTS





Contributor

Dr Suchita Markan, Scientist F,
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Medical Innovations
PATENT *mitra*
Patent and Technology Transfer Enabler

Scan to visit Patent Mitra Portal →

Email: *patentmitra.hq@icmr.gov.in*
Website: *patentmitra.icmr.org.in*

MedTech mitra
Handholding MedTech innovators for clinical evaluation, regulatory facilitation and uptake of new products
A NITI Aayog-ICMR-CDSCO initiative

Scan to visit MedTech Mitra Portal →

Email: *medtech.mitra@icmr.gov.in*
Website: *medtechmitra.icmr.org.in*



Key Institutional Collaborations: MoUs & MoAs

From **July to September 2026,** ICMR and its institutes entered into several MoUs and MoAs with academic, research, government and industry partners. These collaborations span areas including digital health and AI, public health, occupational and environmental health, biomedical and pharmaceutical research, cancer research, traditional medicine, nutrition and healthcare innovation, with a focus on strengthening research, capacity building, knowledge exchange and translation of evidence into practice.

Type	Institutions Involved	Area of Collaboration
MoU	**ICMR; Sankala Foundation; ICMR-NIRDH**	Digital health research and evidence generation; Frameworks and standards; Design, piloting and scale-up of digital health solutions; Capacity building and innovation; Governance, ethical, legal and social aspects of digital health
MoU	**ICMR; General Insurance Council (GIC)**	Implementation of Standard Treatment Workflows (STWs) across hospitals; Standardisation of evidence-based healthcare delivery; Health insurance
MoU	**ICMR-NIOHR,** Ahmedabad; **GSFC University,** Vadodara	Joint research in biomedical, occupational and environmental health; EHS programme enhancement; Expert sessions, workshops, internships; Field research and industrial training
MoU	**ICMR-NIOHR,** Ahmedabad; **Gujarat Cancer Research Institute (GCRI),** Ahmedabad	Joint research in public health and concer research; Academic cooperation; Knowledge exchange; Training and capacity building
MoU	**ICMR-NIOHR,** Ahmedabad; **Directorate General of Mines Safety (DGMS),** Ministry of Labour and Employment	Occupational health and mine workers' health; Joint research and capacity building; Risk assessment and safety protocols; Evidence-based policy
MoU	**ICMR-NIRT,** Chennai; **NIPER,** Hajipur	Collaborative research and academic partnerships in biomedical and pharmaceutical sciences; Scientific and knowledge exchange; Interdisciplinary research; Academic exchange and capacity building

Type	Institutions Involved	Area of Collaboration
MoU	**ICMR-NIRDH,** New Delhi; Koita Centre for Digital Health-Ashoka University (KCDH-A)	Digital health, AI in health, data science and health systems research; Joint research and translational programmes; Interdisciplinary projects; Internships, training and Grand Challenge initiatives
MoU	**Ministry of Ayush; ICMR-NIRDH,** New Delhi; Hemwati Nandan Bahuguna Uttarakhand Medical Education University (HNBUMU)	Integration of AYUSH systems with modern medicine and national health initiatives; Reducing duplication across digital health programmes; Innovation and evidence generation using modern technologies; Training and capacity building (including AI, digital therapeutics, remote monitoring and high-altitude medicine)
MoU	**ICMR-National Institute for Research in Digital Health (ICMR-NIRDH),** New Delhi; Centre for Health, Applied Knowledge and Research Autonomy (CHAKRA)	Joint development of responsible AI solutions for healthcare; Digital health innovation; Capacity building through training and workshops; Knowledge sharing and scientific validation
MoU	**ICMR-NIN; FermiAyur LLP**	Mentoring and hands-on guidance for production and functional evaluation of FWBP; Nutrition innovation and functional food applications
MoA	**ICMR-NITM,** Belagavi; All India Institute of Ayurveda (AIIA), Goa	Collaborative research in traditional medicine; Translational research; Scientific validation of traditional treatments; Institutional collaboration and capacity building
MoA	**ICMR-NITM,** Belagavi; Central Council for Research in Siddha (CCRS), Chennai	Multidisciplinary research in traditional medicine, particularly Siddha; Translation into evidence-based healthcare; Researcher training, scientific workshops and academic-research collaboration
MoU	**Incubation Centre, IIT Patna; ICMR-RMNIHR,** Patna	Collaborative research and expertise sharing in bioengineering and healthcare innovation; Healthcare technology; Biotechnology, MedTech and bioeconomy ecosystem development
MoU	**Bhopal Memorial Hospital and Research Centre (BMHRC),** Bhopal; **AIIMS Bhopal**	Digital health and AI-based healthcare research; AI-driven screening and decision-support systems; medical imaging, pathology, radiology and EHRs; Academic collaboration, resource sharing and joint research proposals
MoU	**ICMR-NITHR,** Jabalpur; Sukh Sagar Medical College & Hospital (SSMCH), Jabalpur	Joint research in public and tribal health (infectious and NCDs, disease surveillance, diagnostics, One Health, bioinformatics and mental health); Academic activities, training and capacity building; Collaborative use of research facilities



ICMR National Institute of Nutrition

ICMR-NIN

ICMR-NIN is a premier institution for nutrition research, advancing nutrition science and addressing public health challenges. Sir Robert McCarrison established it in 1918 at Coonoor as the Beri-Beri Enquiry Unit. In 1928, it became the Nutrition Research Laboratories and was shifted to Hyderabad in 1958. The institution was renamed the National Institute of Nutrition (NIN) in 1969.

Vision

To generate evidence to eliminate all forms of malnutrition in India through healthy, sustainable and environmentally friendly diets and lifestyles.

Mission

To develop evidence-based solutions to address public health challenges related to malnutrition, micronutrient deficiencies and non-communicable diseases, while promoting food and nutritional security through innovative and impactful research.

Our Journey

1918 — Established by Sir Robert McCarrison at Coonoor as the Beri-Beri Enquiry Unit.

1928 — Became the Nutrition Research Laboratories.

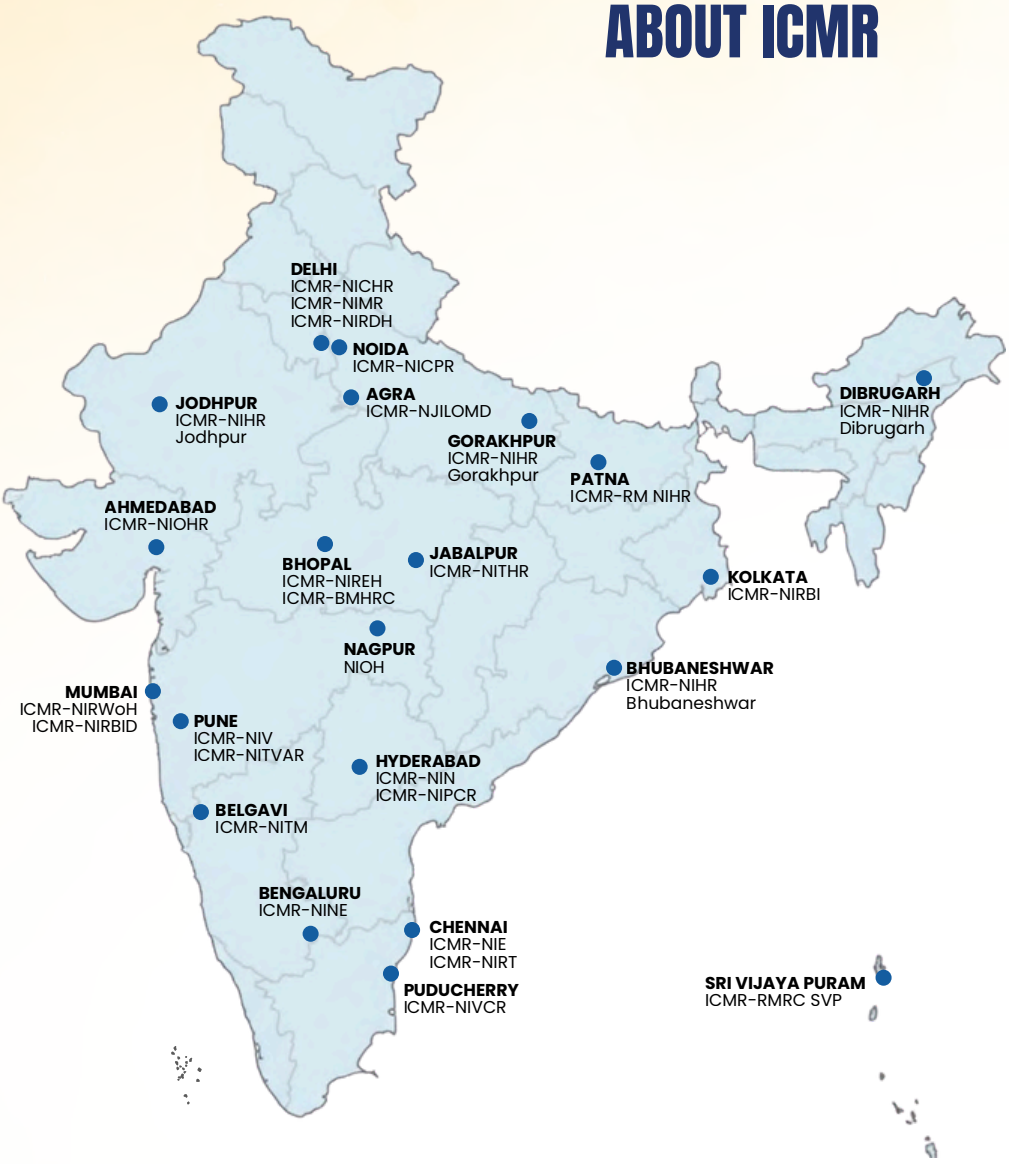
1958 — Shifted to Hyderabad.

1969 — Renamed the National Institute of Nutrition (NIN).

Achievements at a glance

Area	Key contributions
Nutrition policy	Formulated Recommended Dietary Allowances (RDAs), first completed in 1944 and revised over subsequent decades, most recently in 2010. Dietary and physical activity guidelines were first proposed in 1998 and revised in 2011.
Nutrition programmes	Research supported the Government of India's supplementary feeding programme under ICDS in the 1970s. NIN's vitamin A research contributed to the nationwide Vitamin A Prophylaxis Programme included in the Fourth Five-Year Plan in 1969. Its recommendation for iron-folate supplementation preceded the National Nutritional Anaemia Prophylaxis Programme introduced in 1970.
Research, surveillance and food safety	The National Nutrition Monitoring Bureau (NNMB) under ICMR-NIN conducted regular dietary and nutritional-status surveys across 10-16 States, generating a national database on nutrition. In 2017, ICMR-NIN also generated data on overweight, obesity, and non-communicable diseases (NCDs) across 16 States. Its food-safety research addressed major food toxins and outbreaks, including neurolathyrism, aflatoxicosis, argemone toxicity, epidemic dropsy and erucic acid toxicity.
Fortification and functional nutrition	In collaboration with State governments, ICMR-NIN developed Balamrutham, a micronutrient-fortified take-home ration for children aged 6-36 months, implemented across Andhra Pradesh and Telangana. Its research on double-fortified salt led to a formulation combining iodine and iron, with the technology transferred to industry and regulatory specifications developed for FSSAI.
Nutrition & digital tools	Machine learning-based tool for diagnosis of iron deficiency anemia; NutriLens24, a dietary assessment tool with built-in data quality validation; Nutrition Atlas 2.0, a web application that geo-visualises nutrition and health data.

ABOUT ICMR



The **Indian Council of Medical Research (ICMR)** is India's apex biomedical research organization, with over a century of legacy in advancing health. Through its **28 institutes** across the country, ICMR conducts and facilitates research to prevent, manage, and treat critical diseases. Its intramural and extramural programs foster a robust ecosystem for health innovation. By generating evidence that shapes policy ICMR is committed to making healthcare more equitable, affordable and accessible, contributing to a safer and healthier India.

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