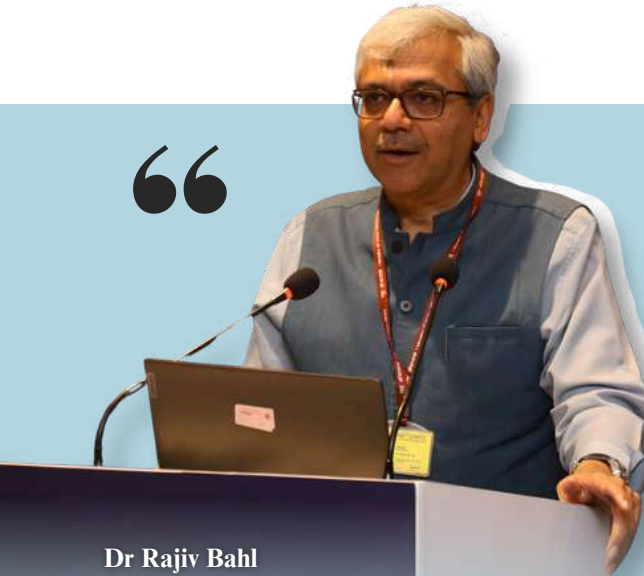


# ICMR BULLETIN

## DIRECTOR GENERAL'S MESSAGE

“



Dr Rajiv Bahl  
Secretary, DHR & DG, ICMR

India's experience during the COVID-19 pandemic reaffirmed that health research is foundational to both national resilience and self-reliance. It demonstrated that an *Atmanirbhar Bharat* cannot be realised by merely describing our challenges; we must generate indigenous, impactful solutions that reach people where they live and seek care.

ICMR has therefore adopted a deliberately balanced research portfolio, with a more emphasis on Discovery, Development, and Delivery research. This strategic allocation marks a conscious shift from a time when nearly three-quarters of funded studies focused largely on documenting problems rather than resolving them.

This edition of the newsletter explores how ICMR is operationalising this vision through some of its flagship initiatives such as the National One Health Mission (NOHM), UNNATI and STEMI, as well as through a range of grant schemes and online services designed to support researchers across the country. Together, these efforts illustrate ICMR's commitment to building a robust, innovation-oriented health research landscape that advances the goal towards Viksit Bharat.

*Jai Hind*

### What's Inside?



#### ICMR Flagship Programs

Featuring AMR | One Health | UNNATI | STEMI

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SANVAD Conclave | Transferring of Mobile Stroke Unit to Government of Assam | Symposium on Advancing Human Papillomavirus Vaccine Research | Conclave on Integrative Health Research in Priority Health Conditions | Memorandum of Understanding between CSIR-IIIM & ICMR-NIV

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For more information visit our website  
[www.icmr.gov.in](http://www.icmr.gov.in)

# FLAGSHIP PROGRAM: ANTIMICROBIAL RESISTANCE

Antimicrobial resistance (AMR) is a critical threat to public health globally and in India, arising when bacteria, viruses, fungi or parasites evolve to resist the drugs designed to kill them. This diminishes the effectiveness of antibiotics and other antimicrobial agents, leading to prolonged illness, higher healthcare costs, and increased mortality. Globally, resistant infections are rising rapidly, making common diseases harder to treat and threatening gains made in modern medicine, globally.

Recognising this, the Indian Council of Medical Research (ICMR) has articulated a clear vision for strengthening surveillance, research, and stewardship in the country to combat AMR. Central to ICMR's approach is the Antimicrobial Resistance Surveillance; Research Network (AMRSN), which aims to generate high-quality resistance data to document trends and pattern of AMR in the country, to inform treatment guidelines and build a national AMR database.



“

ICMR has been publishing annual AMR trends since 2017, and the recent annual report was also quoted by the Hon'ble Prime Minister in *Mann ki Baat* to highlight the gravity of the challenge and caution people of the country on the misuse of antibiotics.

ICMR-NIRBI, the nodal institute for AMR research within ICMR, has adopted a strong interdisciplinary approach to understanding and combating AMR. In 2019, ICMR established a landmark national resource at ICMR-NIRBI, the National AMR Hub and the National Repository (Bioresource). This platform hosts well-characterised resistant bacterial isolates collected across different hospitals in the ICMR AMR Surveillance Network to support and coordinate AMR research across the country.

Aligned with NAP-AMR 2.0, ICMR-NIRBI's ongoing priorities include: implementing customised stewardship models in primary and secondary hospitals; accelerating rapid and affordable diagnostics; identifying genomic and proteomic markers of infection; and exploring alternative therapeutics such as bacteriophages and monoclonal antibodies.

Despite progress, significant challenges persist. These include rampant inappropriate antibiotic use, limited data systems, under-resourced diagnostics, fragmented policies across sectors, and insufficient public and professional awareness. Without coordinated action, continued misuse and weak infection control may accelerate resistance, undermining effective healthcare. India has recently released the National Action Plan (NAP) on AMR containment 2.0, which proposes whole of the ministry approach, including multiple stakeholders and ministries. Successful implementation of NAP-AMR 2.0 will go a long way in the containment of AMR in the country.

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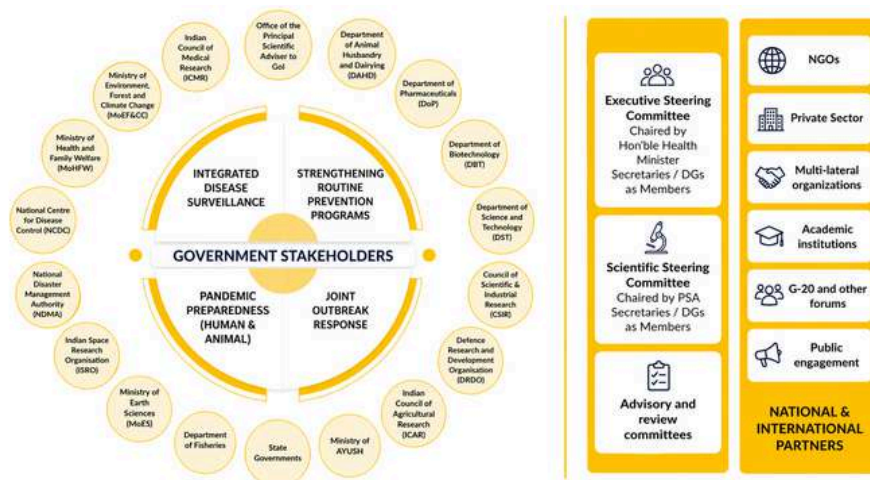
# FLAGSHIP PROGRAM: ONE HEALTH IN INDIA- FROM CONCEPT TO COORDINATED ACTION

One of the major lessons learned from the COVID-19 pandemic is that future epidemics are inevitable, and preparedness must be strengthened. Therefore, it is important to prepare in advance to handle the next public health crisis during periods of stability. Addressing emerging health threats requires an *Atmanirbhar*, integrated approach that moves beyond siloed systems. Globally, this has led to the adoption of the **One Health (OH) framework**, which recognises the interconnectedness of human, animal, and environmental health. Given the shared ecosystems in which these domains interact, effective pandemic preparedness demands coordinated, evidence-based, and cross-sectoral action.

While several ministries and agencies have collaborated on specific initiatives, efforts have largely remained fragmented. Recognising this gap, the Prime Minister's Science, Technology and Innovation Advisory Council (PM-STIAC), in its 21st meeting held on 7th July 2022, recommended establishing a unified framework, the National One Health Mission (NOHM). This mission brings together 16 ministries and departments including the Ministry of Health & Family Welfare (MoHFW), Indian Council of Medical Research (ICMR)/ Department of Health Research (DHR) and others ministries working in field of health, agriculture, environment, biotechnology, and research bodies, under the leadership of the Office of the Principal Scientific Advisor, to enable a coordinated national response.

NOHM is built on six core pillars, streamlined as follows:

- **Integrated Surveillance:** Technology-driven, multi-sectoral surveillance systems, including wastewater monitoring and zoonotic surveillance for early detection of emerging pathogens and antimicrobial resistance, have been initiated, backed by a robust metagenomic platform.
- **Laboratory Networks & Response:** A national network of BSL-3 laboratories across human and animal health sectors, supporting joint outbreak investigations. Each laboratory is equipped to test 39 human and 15 veterinary pathogens and has been provided with a compendium of Standard Operating Procedures (SOPs). Simulation exercises like Vishanu Yuddh Abhyas are being conducted to assess the preparedness of the National Joint Outbreak Response Team (NJORT).
- **Collaborative R&D:** Development of vaccines, diagnostics, and therapeutics for priority zoonotic diseases such as Nipah, avian influenza, and brucellosis, with a focus on rapid, scalable platforms.
- **Data Integration:** Initiated discussions on linking human, livestock, and environmental health data to the Integrated Health Information Portal (IHIP), enabling real-time data sharing and informed decision-making.
- **Capacity Building:** Strengthening workforce skills through training in biosafety, genomics, and laboratory sciences to enhance preparedness and response capabilities.

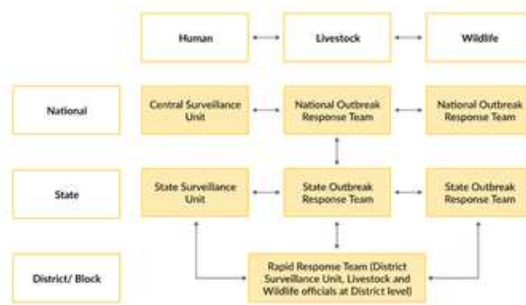


Stakeholders in the National One Health Mission

- **Global Partnerships:** The National One Health Assembly, held on 20-21 November 2025, brought together almost all key stakeholders from various ministries/ departments, independent organizations, and many important international stakeholders, including the WHO-HQ, CEPI, FAO, UKSHA, IVI, Korea, etc.

Major achievements under the aegis of the National One Health Mission (NOHM):

- “*Vishanu Yuddh Abhyas*” (Virus War Exercise) was conducted in Ajmer, Rajasthan (August 27-31, 2024) to assess pandemic preparedness and readiness of NJORT. The drill focused on identifying the virus behind a mock outbreak and implementing control measures across human and animal populations. It generated key insights to strengthen India’s coordinated response to zoonotic disease outbreaks.



Outbreak Investigation Mechanism

- **Development of countermeasures:** ICMR offers continuous support to strengthen India’s ability to develop medical countermeasures within 100 days of any future pandemic outbreak. This includes advancing diagnostic, vaccine, and therapeutic libraries and platforms. As part of these efforts, ICMR has initiated the development of a vaccine for Kyasanur Forest Disease (KFD), in collaboration with Indian Immunologicals Limited (IIL) and ICMR–National Institute of Virology (NIV). Together, they are working on a fully indigenous, two-dose, adjuvanted inactivated vaccine.
- NOHM conclave was held on 20-21st November 2025 at Bharat Mandapam on the theme “Translating Knowledge to Practice – One Earth, One Health, One Future”. The conclave highlighted India’s progress in health research and innovation. Over the past decade, India has emerged as a global

leader in pharmaceuticals and medical science, with achievements including the development of indigenous COVID-19 vaccines - Covaxin, Covishield and Corbevax. The Mission aims to further strengthen and accelerate efforts toward advancing the One Health approach.



National One Health Mission Conclave

Supported by a robust governance framework, NOHM aims to create an integrated disease surveillance system, strengthen outbreak response, and accelerate development of medical countermeasures. By aligning research, policy, and practice, the mission will enhance India’s preparedness against pandemics, antimicrobial resistance, and climate-sensitive health threats, advancing a resilient and comprehensive One Health ecosystem.

**Contributor:**



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Division of Communicable Diseases

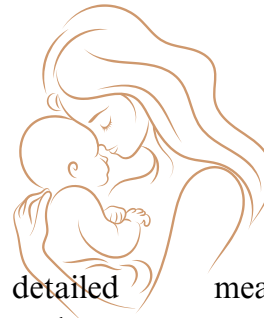
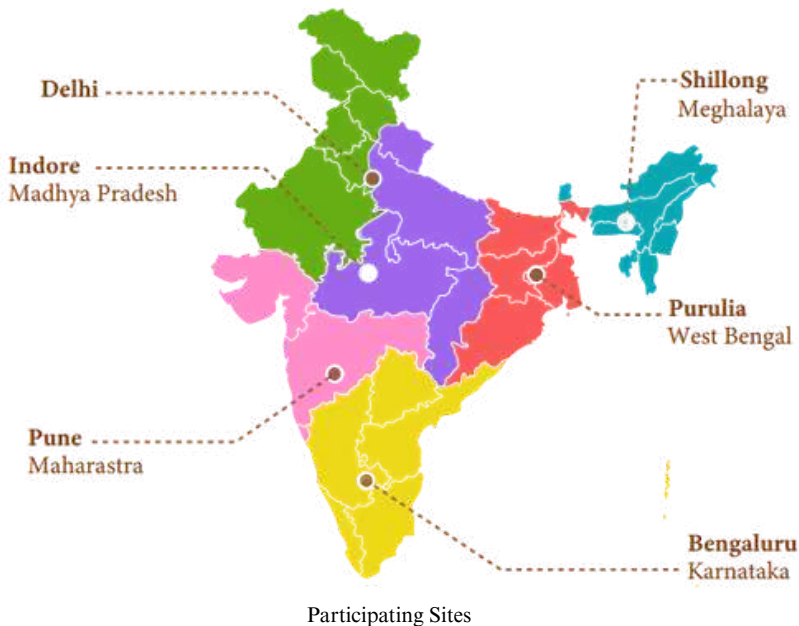


# FLAGSHIP PROGRAM: UNNATI

The Department of Health Research–Indian Council of Medical Research (DHR–ICMR) has launched **UNNATI (Upgrading Norms for Growth and Development Assessment of Indian Children)**, a flagship initiative to develop India’s first indigenous growth and development standards for children.

Currently, child growth in India is assessed using WHO standards derived from global populations, which may not fully capture the unique characteristics of Indian children, including their distinct body composition and regional diversity. In addition, evolving evidence on optimal childcare, such as extended exclusive breastfeeding (from 4 months to 6 months), improved complementary feeding practices, and the nurturing care framework, along with the rising burden of obesity and metabolic disorders, underscores the need for context-specific benchmarks.

UNNATI aims to redefine optimal growth and neurodevelopment for children within the Indian context through two components: a longitudinal cohort study from pregnancy to two years of age, and a subsequent cross-sectional study covering ages 2 to 18 years. The cohort will enroll 3,000 pregnant women across six regions of India (Delhi, Shillong, Pune, Purulia, Indore, and Bengaluru), ensuring national representation under conditions that support optimal child growth.



The study combines rigorous scientific assessment with family support. The growth and development of children will be monitored through detailed measurements, including anthropometry, body composition, developmental milestones, morbidity, and immunization. Mothers will receive regular counselling on breastfeeding, nutrition, and early childhood development, integrating nurturing care into the research design.

ICMR has conducted extensive expert consultations to develop a scientifically robust protocol. Six research teams across institutions are implementing standardized data collection methods with stringent quality control. Continuous training and harmonization efforts ensure consistency and high data quality across sites. The study design builds on and improves the WHO-MGRS by incorporating broader national representation, stricter inclusion criteria, integration of nurturing care, and body composition measurements to distinguish healthy growth from excess adiposity.

UNNATI will generate India-specific growth charts to enable early detection of undernutrition and growth disorders. This initiative contributes to one of the goals of ICMR-DHR’s five-year action plan (2024-29) to use research evidence in public health programs and clinical practice to improve the health and well-being of our population and the optimal development of young citizens of 2047.

Contributor :



**Dr Aparna Mukherjee**  
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# FLAGSHIP PROGRAM: STEMI CARE THROUGH HUB & SPOKE MODEL

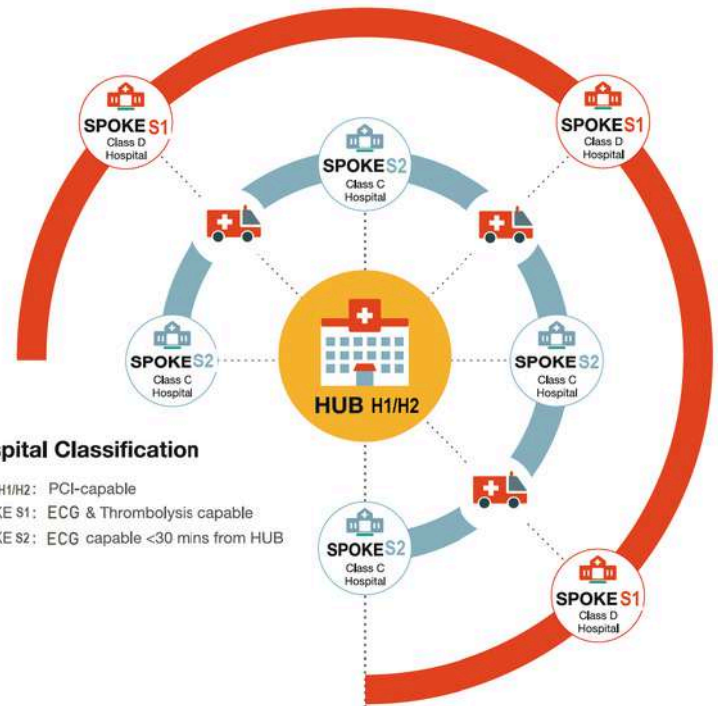
Non-communicable diseases (NCDs) lead mortality in India, with cardiovascular diseases (CVD) causing 28.1% of deaths, 80% from ischaemic heart disease and stroke. Annually, 3 million ST-segment elevation myocardial infarction (STEMI) cases occur, disproportionately affecting middle-aged adults.



*When blood flow to a part of the heart stops or the heart is injured and fails to receive enough oxygen required for its adequate functioning the condition is termed as myocardial infarction (MI). ST-Elevated Myocardial Infarction (STEMI) is a severe form of MI.*

Timely primary percutaneous coronary intervention (PCI) reduces mortality and events versus thrombolysis if within 120 minutes of first medical contact (FMC). Guidelines recommend thrombolysis (blood clot dissolution) within 12 hours of symptoms if PCI is unavailable, with optimal revascularisation (re-establishment of blood flow) benefits in the first 1-2 hours of chest pain. Yet India's STEMI thrombolysis rates are under 30%, hindered by late presentation, rural gaps, and transfer delays.

ICMR's STEMI project counters this via a Hub-and-Spoke Model in 116 secondary hospitals and 7 teaching colleges across six states, expanding to Himachal Pradesh, Uttar Pradesh, Punjab, and Andhra Pradesh. The hubs (teaching hospitals) deliver comprehensive cardiac care while the spokes (CHCs, district, and civil hospitals) rapidly identify, stabilise, and refer STEMI patients. The spokes are strengthened with standard protocols, ECG machines, defibrillators, Tenecteplase clot-busters, training healthcare providers and teleconsultation to specialists, enabling swift decisions in underserved areas.



## Hospital Classification

HUB H1/H2: PCI-capable  
SPOKE S1: ECG & Thrombolysis capable  
SPOKE S2: ECG capable <30 mins from HUB

The Hub & Spoke Model

Implementation studies by ICMR show that the initiative reduced door-to-needle time to 17–20 minutes, raised thrombolysis rates from near zero to ~70%, and lowered ischaemic time and mortality, leading to its scale-up as *Hriday Setu* in Uttar Pradesh and adoption by Punjab, Himachal Pradesh, and Rajasthan.

As ICMR advances this model, integrating community awareness with strengthened health systems will be key to maximising impact, with sustained investment poised to save thousands of lives each year.

## Contributor:



**Dr. Meenakshi Sharma**  
Former Scientist G, ICMR

# MAJOR EVENTS FROM JANUARY TO MARCH

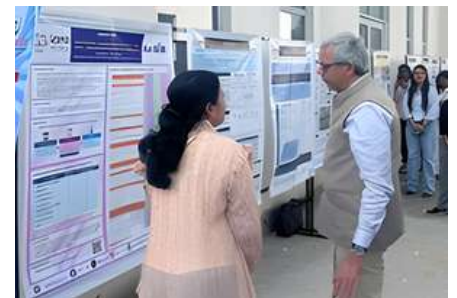
## SANVAD Conclave

ICMR successfully convened the pilot edition of the Scholars' Assembly for Next-gen Ventures to Advance their Development (SANVAD) from 19 to 21 February 2026 at the ICMR-National Institute of Malaria Research, New Delhi. Designed as an annual national platform rotating across ICMR institutes, SANVAD aims to foster collaboration among sister institutions, broaden exposure to dynamic research ecosystems, inspire young researchers through enhanced rigour and capacity-building and meaningful opportunities to network with leaders in academia, industry, and policy.

The three-day event brought together 400 doctoral scholars, scientists, policymakers, and academics in a spirit of shared purpose. Distinguished speakers included Rajiv Bahl, Secretary, Department of Health Research (DHR) and Director General, ICMR; Anil Kumar Gupta, founder of Honey Bee Network, SRISTI, GIAN, and NIF; Vishwajeet Kumar; and Kameshwar Prasad.

Sessions emphasised translating research into impactful knowledge that drives societal progress. Technical workshops offered practical guidance for careers in academia, policy, and industry. A standout moment was the Town Hall with Dr Rajiv Bahl, who thoughtfully addressed science-policy interfaces, funding challenges, and emerging prospects for young investigators.

Participants engaged with infectious enthusiasm in the “Mindstorm@ICMR” Research Quiz 2026. Oral and poster presentations further showcased the depth and diversity of doctoral research, sparking peer learning, expert feedback, and interdisciplinary connections, transforming the conclave into a vibrant hub of scientific enquiry and excellence. The gathering concluded with a Valedictory Session and Awards Ceremony, honouring exceptional presentations and contributions.



**The next edition will be hosted by ICMR-National Institute of Nutrition, Hyderabad, in 2027.**

# MAJOR EVENTS FROM JANUARY TO MARCH

## ICMR hands over Mobile Stroke Unit to Government of Assam



Stroke ranks among India's leading causes of death and long-term disability, yet timely intervention can make a profound difference, especially in remote areas. To tackle these challenges, ICMR evaluated Mobile Stroke Units (MSUs) in rural, hard-to-reach terrains of Northeast India.

An MSU is essentially a hospital on wheels, fitted with a CT scanner, teleconsultation for specialists, point-of-care laboratory, and clot-busting drugs. This setup allows early diagnosis and treatment right at or near the patient's home, with specialist input to identify stroke types swiftly and start care without delay. Integrated with the 108-emergency ambulance service, MSUs extend reach up to 100 km. The results are remarkable; treatment time slashed from 24 hours to two; deaths reduced by one-third; disabilities dropped eightfold; and over 90% of patients treated at home. The MSUs are now embedded in a pre-hospital neurologist-led stroke unit at Assam Medical College & Hospital, Dibrugarh, and physician-led units at Tezpur Medical College Hospital and Baptist Christian Hospital, Tezpur, both ICMR-supported.

Following a successful trial, on 22 January 2026, ICMR handed over two MSUs to the Government of Assam. Thus, India joined an elite group as the second country worldwide to integrate emergency services with MSUs for rural acute ischaemic stroke care.

The handover drew senior officials from central and state governments, alongside ICMR leaders: Dr Christina Z. Chongthu, Secretary (Health), Government of Telangana; Dr Sanghamitra Pati and Dr Alka Sharma, Additional Directors General, ICMR; Ms Manisha Saxena, Senior DDG (Administration); and Dr R.S. Dhaliwal, Head, NCD.

## Symposium on Advancing Human Papillomavirus Vaccine Research

On 13 February 2026, the ICMR-National Institute of Translational Virology and AIDS Research (ICMR-NITVAR) hosted a symposium to foster dialogue on HPV vaccine advancements and bolster national cervical cancer prevention efforts.

The event featured insightful lectures from international experts, including Peter Dull from the Bill & Melinda Gates Foundation, and Ligia A Pinto and Troy J Kemp from the Frederick National Laboratory for Cancer Research. This gathering highlighted collaborative opportunities to strengthen research and public health strategies, bringing together scientists and stakeholders committed to meaningful progress in vaccine science and cancer control.



# MAJOR EVENTS FROM JANUARY TO MARCH

## Conclave on Integrative Health Research in Priority Health Conditions



On 24 February 2026, the ICMR-National Institute of Traditional Medicine (ICMR-NITM) hosted a one-and-a-half-day conclave to encourage dialogue among researchers and policymakers on blending traditional and conventional medicine. The goal: build a holistic research ecosystem for India's healthcare future.

Directors from ICMR institutes joined leading experts in traditional and modern medicine. Discussions centred on developing innovative, evidence-

based solutions to strengthen the national framework for integrative medicine. This collaborative platform underscored the value of unified approaches, paving the way for practical advancements in patient care.

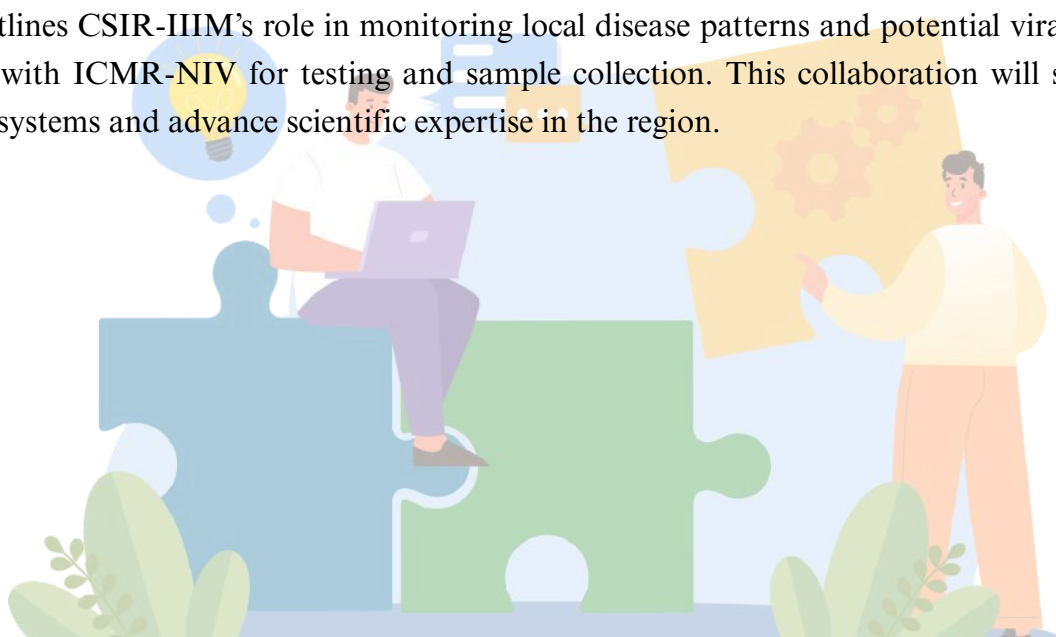
## Memorandum of Understanding between CSIR-IIIM & ICMR-NIV

On 13 March 2026, the CSIR-Indian Institute of Integrative Medicine (CSIR-IIIM) and ICMR-National Institute of Virology (ICMR-NIV) signed a Memorandum of Understanding (MoU) to strengthen joint efforts in outbreak investigations and biomedical research. The agreement targets emerging health challenges through cooperation in diagnosis, outbreak response, biomedical research, biosafety, biosecurity, and public health.



At the signing, Dr Zabeer Ahmed, Director of CSIR-IIIM Jammu, noted: "Partnerships like these are critical not just for research, but for ensuring rapid and coordinated responses to outbreaks that may impact communities."

The MoU outlines CSIR-IIIM's role in monitoring local disease patterns and potential viral outbreaks, in coordination with ICMR-NIV for testing and sample collection. This collaboration will support robust public health systems and advance scientific expertise in the region.



# DIGITAL GOVERNANCE AT ICMR: EMPOWERING RESEARCH THROUGH TECHNOLOGY

Electronic governance is no longer optional. It is essential. By leveraging information and communication technology, government institutions can streamline processes, improve transparency and make services more accessible. The Indian Council of Medical Research (ICMR), as the apex body for medical research and public health information in the country has embraced e-governance to meaningfully support India's research ecosystem.

ICMR offers a wide range of digital platforms that serve researchers covering everything from access to advanced infrastructure and funding opportunities to high-quality research data.



## ICMR-Research Infrastructure Sharing Ecosystem (I-RISE)



- Platform that enables scientists access equipment and facilities in the ICMR institutes.

### PROCESS

- Register with I-RISE
- Submit booking requests
- Browse available equipment
- Payment and confirmation of request

1529  
EQUIPMENTS

61  
FACILITIES

26  
INSTITUTES



Tutorial video link: <https://lirise.icmr.org.in/about-us.php>



## ICMR electronic Project Management System (e-PMS)



Digital Platform

For more information :  
<https://epms.icmr.org.in/extramuralstatacticweb/pdf/AdhocGuidelinesforExtramuralResearchProgramme.pdf>

- A user-friendly digital platform that allows seamless submission and monitoring of research proposals and ongoing projects.

### PROCESS

- PI registration/ Login (<https://epms.icmr.org.in/userLogin>)
- Verify email ID and complete/ update PI profile
- Proposal submission
- Submit new proposal
- Fill the form step by step



## ICMR Health Research Data Repository Portal

- Provides Indian researchers access to reliable, high-quality health research data.

### PROCESS

- Registration and Login
- Dataset Exploration
- Variable Identification
- Query Development
- Research Question Submission
- Output Generation



Data Repository Portal (ICMR)

To contact: [datacentre.hq@icmr.gov.in](mailto:datacentre.hq@icmr.gov.in)



## Clinical Trials Registry-India (CTRI)

- A free, online and searchable platform for the prospective registration of all clinical studies conducted in India.

### PROCESS

- Register online with the portal and login once approved
- Add new trial and fill the form online (please note that it has eight parts)

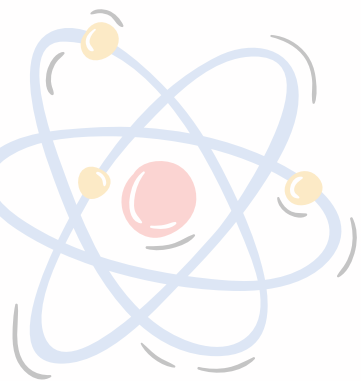


For more detailed video tutorials  
<https://ctri.icmr.org.in/about-ctri/introduction-ctri.html>



For more information about these digital services and more, visit us at <https://www.icmr.gov.in/portals>

# ICMR GRANT OPPORTUNITIES



## 01 INTRAMURAL



- **Ignition Grant**- Up to 30 lakh/ project for 3 yrs
- **Intramural Research Grant**- Up to 8 crores/ project for 4 yrs
- **Intramural MedTech Call 2.0:** Funding Up to 4 crores/ project for a period of maximum 2 yrs

## 02 EXTRAMURAL



- **ANVESHAN Grant (Small)**- Up to 2 crores/ project for 3 yrs
- **Follow-on ANVESHAN Grant**- 10 Lakh to 2 crores/ project for 3 years
- **NISCHAYAK ANVESHAN Grant (Intermediate)**- 2 to 8 crores/ project for 4 yrs
- **Follow on NISCHAYAK ANVESHAN Grant**- 2 to 8 crores/ project for 4 yrs
- **Centre for Advanced Research (CAR)**- Up to 15 crores/ CAR for 5 yrs

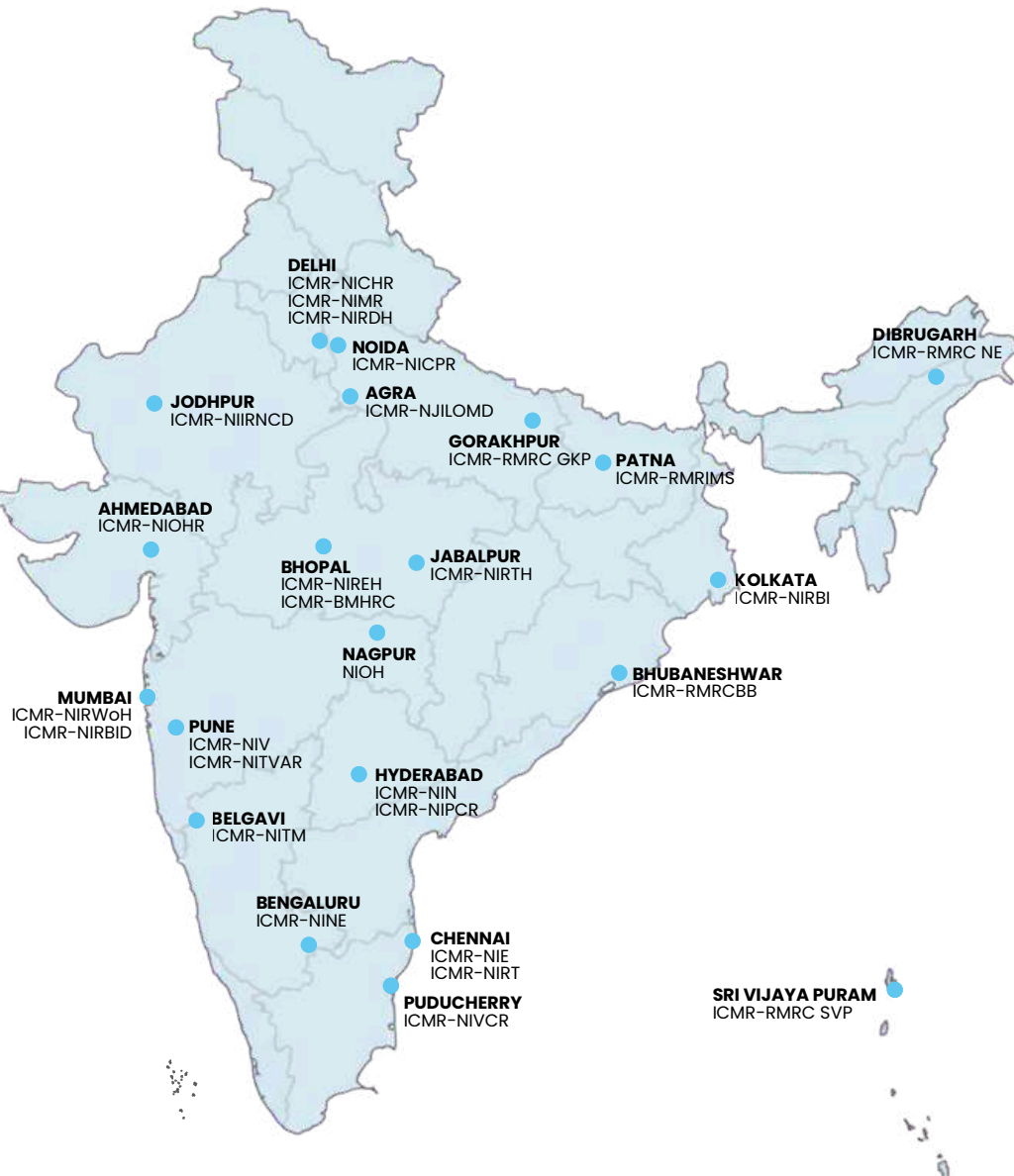
## 03 HYBRID



- **National Health Research Priority (NHRP) Mission Mode Multicentric Project** including AMR, One Health, TB.- Up to 25 crores/ project for 4 yrs
- **FIRST IN WORLD**
  - **Proof of Concept**- Up to 1 crore for max 2 yrs
  - **Prototype development**- Up to 4 crores for max 3 yrs
  - **Product/ model development**- Up to 8 crores for 4 yrs
- **CSS (ICMR-Center for Collaborative Research / ICMR-CCR)** - Up to ₹5 crore per project for 5 yrs



# 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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**Dr. Yadav Shyamjeet Maniram, Scientist C, Policy and Communication Division**  
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