The developments in nation’s healthcare sector in the past 75 years have been exemplary. In pre-independent India poor living conditions, malnutrition, inadequate health infrastructure, and diseases like plague, cholera, leprosy, tuberculosis, malaria, etc., were cause of serious concern. Such was the situation that life expectancy in 1947 was abysmally low at just 32 years and other health indicators were also not too good.

However, at the time of independence, scientific community rose to the occasion and adopted the Bhore Committee (constituted in 1943) Report’s recommendations that the “State should assume full responsibility for all measures, curative and preventive, which are necessary for safeguarding the health of the nation.” This necessitated balancing the research efforts between various fields, with the existing availability of resources to achieve the goal of equitable access to healthcare and health services.

The Indian Research Fund Association (IRFA), established in 1911 to carry out medical research in tropical diseases assumed a broader role post-independence. It was renamed as the Indian Council of Medical Research (ICMR) under the aegis of the Ministry of Health and Family Welfare. ICMR today boasts of a network of 27 disease-specific institutes and more than 100 field Stations/Units.

As the leading medical research institution in India, ICMR has become the apex body for planning, formulation, coordination, implementation, and promotion of biomedical research. Today, ICMR besides doing research on various communicable & non-communicable diseases is also supporting Ayushman Bharat and ensuring a sustainable and cost-effective model through its ongoing programs like health technology assessment, standard treatment workflows, and a national list of essential medicines and diagnostics. These programs would serve as an important tool in prioritizing national health spending and providing a uniform guideline to ensure quality healthcare services across the nation.

The health research infrastructure built by ICMR has been critical in turning around the country’s health indicators, reducing the spread of infectious diseases, combat non-communicable diseases, saving lives, and reducing the impact of health challenges. The lead was taken by the Council in India’s expertise to state health ministries and departments. ICMR also consistently collaborates with international partners to exchange ideas and work jointly on major research programs thereby contributing to both extramural as well as intramural research in India.

Our Prime Minister Shri Narendra Modi had said, “If 2020 was a year of health challenges, 2021 is going to be a year of health solutions”. In recent years, the unfolding of Mission Indradhanush and schemes like Swachh Bharat, Ujjawala Yojna, Ayushman Bharat and Poshan Abhiyan are going to have tremendous impact on various health indicators.
A new direction for an emerging field of medical research

(Improving Health of the Nation)

Even though Western Medicine travelled to India as early as 1600s along with the British, the Indian masses only became its true beneficiaries after Indian Independence in 1947. The momentous development marked a shift from research focussed on aiding British interests to research meant to serve a liberated nation. Indian Council of Medical Research was established under British India in 1911 as The Indian Research Fund Association (IRFA). It made sense that the administration wanted to conduct research on prevention of communicable diseases in such a densely populated nation. In 1949, IRFA was redesignated as Indian Council of Medical Research (ICMR), medical research underwent structural changes and was entrusted with an expanded scope of work.

As the nature of inquiry expanded from research on Indians to research for Indians, it necessitated an expansion of the ICMR network. The first unit under the ICMR was the Clinical Research Unit in the Indian Cancer Research Centre (ICRC) in 1952 in Parel, Mumbai. In 1966, ICRC was renamed as the Cancer Research Institute (CRI) and amalgamated with the Tata Memorial Hospital (TMH), creating the first comprehensive cancer centre in India - the Tata Memorial Centre (TMC), an autonomous grant-in-aid institution of the Department of Atomic Energy (DAE), Government of India.

Meanwhile, the National Institute of Virology was established at Pune, Maharashtra in 1952 as Virus Research Centre (VRC) under the auspices of the ICMR and the Rockefeller Foundation (RF), USA. Its scope of research included work on a Cell repository, Electron microscopy, Rickettsioses, Hepatitis, Influenza and related viruses, Clinical virology, Biochemistry, Virus registry, and Biostatistics. The research activities of the Institute were coordinated by a Scientific Advisory Committee (SAC) consisting of eminent scientists. The institute served as India’s backbone of steel as it conducted a series of critical research in record time during the war against Covid-19 pandemic. It has been discussed in greater detail in a later story.

The Bhore Committee which formed
Independence Day Special

Azadi Ka Amrit Mahotsav

Independence Day Special

Azadi Ka Amrit Mahotsav

the basis for India’s healthcare reforms at the time had recommended that the state ensure health access to every individual. Towards that, ICMR received steady funding from the Government of India, starting with 1 Million Rupees in 1947-48 and increasing up to 5.7 Million Rupees by 1957-1958. In 1953, Col Amir Chand, a physician and teacher of medicine donated his saving to ICMR and this led to the starting of the Award and Prizes scheme to reward medical excellence.

Decisive leadership in Medical Research field can be estimated from the fact that when a national survey was undertaken by ICMR between 1955 and 1958, it was found that the number of people with Tuberculosis estimated to be nearly 8 million. The TB Chemotherapy Centre, later renamed TB Research Centre (TRC) was established in Chennai under ICMR, with the assistance of the British Medical Research Council (BMRC), WHO and the Government of India to conduct much needed study into the subject.

In 1950, population control had been identified as a preventive and much needed measure for India to move forward in a positive direction. The fertility rate at the time was 5.6 births per woman and required informed policy interventions to contain the problem. In 1954, Contraceptive Testing unit and Reproductive Physiology Unit was set up in Bombay which merged together in 1970 to become Present Day National Institute for Research in Reproductive Health (NIRRH).

The ICMR-NIRRH, Mumbai, has over time also developed service delivery models for adolescent reproductive and sexual health and guidelines on sexually transmitted infections, to help build awareness among the youth of the country.

Another exciting feat of discovery was identification of the Kyasanur forest disease. This disease was first identified in the Kyasanur forest of Shimoga district in Karnataka during an investigation of monkey mortalities in 1957. The disease is caused by a Kyasanur Forest disease virus, which primarily affects humans and monkeys. In nature, the virus is maintained mainly in hard ticks, monkeys, rodents, and birds and transmitted via the bite of Haemaphysalis ticks and contact with carcasses of dead monkeys. It proved ICMR’s research capabilities in conducting non anthropocentric studies.

The first decade painted a promising picture and showed gradual improvement in the field, setting stage for a more newsworthy decade ahead.
(1957-1970)

Fast track escalation of Medical Research Infrastructure
(Roadmap to better Health through Research)

The sixties began on an auspicious note with Indian Council of Medical Research setting up its Headquarters in a newly constructed building in Ansari Nagar, New Delhi. Invigorated, the ICMR undertook more proactive research and set up inquiries into cholera and other enteric diseases which had a stronghold in India. ICMR set up a cholera research center (Now National Institute of Cholera and Enteric Diseases (NICED)) in Calcutta in 1962 to aid research in the prevention and control of cholera and other diarrhoeal diseases.

Meanwhile, ICMR after conducting India’s first nationwide Tuberculosis survey in 1955 launched National Tuberculosis Control Project (NTCP) in 1962. Tuberculosis Chemotherapy Centre was set up in Madras in 1956 as a 5-year project, under the joint auspices of the Indian Council of Medical Research (ICMR), the Government of Tamil Nadu, the World Health Organization (WHO) and the British Medical Research Council (BMRC). Over the decade, the institute demonstrated the efficiency and safety of home treatment of tuberculosis patients without any additional risk of disease to close contacts which came as a huge relief. The Council further simplified tuberculosis treatment by laying the foundation of the Directly Observed Treatment Short Course (DOTS) in 1964. Recently, ICMR has developed TruNAT, a cost effective, PHC friendly diagnostic for TB that has been recommended by WHO after successful multi-country trials.

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ICMR then forayed into education and established The Indian Registry of Pathology (IRP) (later renamed as National Institute of Pathology)
Independence Day Special

(IOP), in 1965 as a Centre for the collection and distribution of teaching material in pathology. Soon after, in 1966 Occupational Health Research Institute is set up at Ahmedabad (now known as National Institute of Occupational Health or NIOH). To cater local needs of the Southern and Eastern regions, the Institute established two Regional Occupational Health Centres (ROHC) at Bangalore (1977) and Calcutta (1980).

A proactive approach to medical research in crucial years of nation building meant encouraging inquiries catering to varied target groups. In 1968 Iron folate was recommended to pregnant women and such recommendation made by ICMR scientists was later implemented in the national programme in 1970s.

ICMR was proving that ground research, lab testing and experiments were instrumental in well informed decision making, but India also suffered from misinformation in the absence of scientific inquiry. It had been responsible for prolonging and aggravating an already fragile situation. In 1969, ICMR dispelled the myth that protein deficiency is the main reason for malnutrition and highlighted the calorie gap as the actual bottle neck in Protein Energy Malnutrition (PEM).

ICMR established first Human Leukocyte Antigen (HLA) department in India to provide tissue typing facilities for renal transplantation facilities at Blood Group Research Centre (BGRC), Mumbai.

Another medical research victory happened when Chandipura vesiculovirus (CHPV) was first identified in 1965 after isolation from the blood of two patients from Chandipura village in Maharashtra state. It had been causing unexplained outbreaks of encephalitic illness in central India and this research informed the health policy of the time.

By now, ICMR had metamorphosed as India’s apex body for medical research and steered the way for multidirectional research on health.

Comprehensive inquiries into the health of India

(Solutions for Chronic Health issues including Nutrition, Communicable & Vector Borne Diseases)

Three decades had passed since independence, but India still had a very real problem of malnutrition. Detailed study into the problem revealed Anaemia as a severe public health problem amongst all vulnerable age groups in India. The National Nutritional Anaemia Prophylaxis Programme was then initiated in 1970.

One of India’s most remarkable achievements has been the improvement in life expectancy. ICMR’s focus on minimizing preventable deaths led to the development of Oral rehydration therapy (ORT) which helped prevent mortality due to diarrhea.
helped prevent mortality due to diarrhea. Home-available fluids (HAF) such as Sherbat (salt, sugar, lemon, either singly or in combination) or tender coconut water and pressed rice water were also found as an effective remedies.

In 1972 ICMR set up a chain of Regional Centres of National Nutrition Monitoring Bureaux, in different parts of India to assess the prevalence of various dietary and nutrition problems prevalent in the communities and to monitor diet and nutrition situation of the country. Conducting operational research for planning and implementation of national nutrition programs.

In 1973 ICMR demonstrated that iodized salt controls endemic Goiter prevalence. Project was funded by ICMR, WHO and one more stakeholder. The Ina blood group antigen was discovered by Dr. Badakere and his team at ICMR-NIIH, and consequently, the Indian blood group system.

ICMR-Vector Control Research Centre (VCRC) was established at Pondicherry (now Puducherry) in July 1975 which is engaged in basic and applied research with the primary objective of finding newer methods and developing strategies of vector control for the control of vector borne diseases. The World Health Organization (WHO) designated the VCRC as a collaborating Centre for Research and Training in Lymphatic filariasis and Integrated Vector Management.

National Jalma Institute for Leprosy & Other Mycobacterial Diseases came into existence on 1st April, 1976 when the India Centre of Japanese Leprosy Mission in Asia (JALMA) was officially handed over to the Govt. of India and subsequently to the ICMR. This was named as Central JALMA Institute for Leprosy in 1976 and has been renamed as “National Jalma Institute for Leprosy and other Mycobacterial Diseases” in 2005 to reflect its broader research areas. This Institute is one of the fine examples of international human links and compassion for each other.

Soon, the National Institute of Medical Statistics came into existence in the year 1977 as Institute for Research in Medical Statistics (IRMS) with the mandate to provide technical expertise on research methodology, programme evaluation, mathematical modelling, data analysis etc.

ICMR-National Institute of Malaria Research was established in 1977 as ‘Malaria Research Centre’, which was renamed as ‘National Institute of Malaria Research’ in November 2005. The primary task of the Institute was to find short term as well as long term solutions to the problems of malaria through basic, applied and operational field research.
(1980-1990) 

Broadening horizons through

Regional Medical Research Centre’s

(Focus on Regional Health issues, ART & NCDs)

A fast developing network of ICMR with wider range of research focus rapidly developed in this decade.

When the National Institute of Cancer Prevention and Research (NICPR) was initially established as Cytology Research Centre (CRC) by the Indian Council ICMR in 1979 to work towards Cancer Prevention, it highlighted ICMR’s increasing focus towards non communicable killers in the society. The institute has broadened its horizon to cater to prevention of prevalent cancers in the country. The thrust areas of research include pre-cancer and cancers of the uterine cervix, breast and oral cancers. NICPR has since made significant contributions in the field of cervical cancer research.
In 1981, The Rajendra Memorial Research Institute of Medical Sciences in Patna, Bihar was dedicated in the memory of the first president of India. The Institute started functioning primarily as a chest institute and later played significant role in Kala-Azar research.

The concept of Regional Medical Research Centre was evolved during the 6th five year plan period in 1980. Under this scheme six RMRCs were set up in different parts of the country. The Regional Medical Research Centre (ICMR-RMRC), Bhubaneswar was set up on 29th March 1981. The thrust areas of research and linkages for RMRC, Bhubaneswar have been outlined in the project committee report of ICMR in 1981 under the chairmanship of Prof. V Ramalingaswamy and subsequently in the high powered committee report of 1995.

ICMR- Regional Medical Research Centre, NE, Dibrugarh was established in the year 1982. It covers the most remote and less developed eight states of the north-eastern region of India and is responsible for carrying out Biomedical Research in the region and runs with intramural grant from ICMR and extramural ad-hoc projects from different funding agencies.

This was also the decade of the famous Chingleput Trial conducted to measure the protective effect of BCG vaccination against pulmonary tuberculosis (TB) in the population. ICMR conclusively demonstrated that the much celebrated BCG trial in Chingleput offers no protection against adult type bacillary tuberculosis. Consequently, BCG cannot be expected to reduce the transmission of tuberculosis. Subsequently, ICMR’s trials also led to the discovery of Human Hepatitis E Virus.

ICMR pioneered in vitro fertilization and successfully supported the delivery of the first scientifically documented Test Tube baby in India – Harsha – on 6 August 1986. This was a landmark step in the field of infertility treatment and placed India on the world map in the arena of assisted reproductive technologies. Keeping the momentum of pan India expansion, Regional Medical Research Centre at Port Blair was established on 1 April 1983 to carry out biomedical research with special emphasis on the health problems of the indigenous tribes. A field station of the National Institute of Cholera and Enteric Diseases (NICED), Kolkata was functioning at Port Blair until 1983, when it was merged with the RMRC.

Since India had a high burden of morbidity and mortality in women, children and infants. ICMR through NIRRH pioneered exemplary research in maternal and child health. In 1981, ICMR pioneered in vitro fertilization and successfully supported the delivery of the first scientifically documented Test Tube baby in India – Harsha – on 6 August 1986. This was a landmark step in the field of infertility treatment and placed India on the world map in the arena of assisted reproductive technologies.

In 1986, the ICMR undertook screening of asymptomatic persons from high risk group with the ELISA test for HIV and found that HIV infection has reached India. ICMR in collaboration with the central and State health services initiated the national sero-surveillance programme for HIV infection in 43 surveillance and five reference centres to determine the major modes of transmission and magnitude of infection.

With focus on accurate data collection, The National Cancer Registry Programme (NCRP) was commenced by the Indian Council of Medical Research (ICMR) with a network of cancer registries across the country in December 1981.
Spreading the gifts of Medical Research
(Demystifying Unknown Etiologies)

Paying heed to the findings of 1986 sero surveillance, it was recognized that national efforts for its containment required multi-disciplinary research involving virology, immunology, microbiology, clinical research, epidemiology, field-based trials, and socio behavioural investigations. A dedicated institute - National AIDS Research Institute was established in Pune in 1992. It has been the research force behind the National AIDS Control Programme, especially in the areas of surveillance, capacity building, laboratory services, and drug resistance studies.

And as opportunities in the field of medical research increased steadily, the first ever MSc. in Public Health Entomology was started by the ICMR to promote study of insects and their relationship to humans, the environment, and other organisms including diverse fields as agriculture, chemistry, biology, human/animal health, molecular science, criminology, and forensics. This has paid dividends towards India's increasing capabilities in biological and chemical pest control, food and fiber production and storage, pharmaceutical epidemiology, biological diversity, and a variety of other fields of science.

Forensic investigations carried out by ICMR also proved to be instrumental in tackling diseases which had been manageable due to inadequate or incorrect information available on them, For example, ICMR successfully identified an characterised *Vibrio cholerae* 0139 from a town's water supply which had been causing epidemic cholera in late 1992 and early 1993. *Vibrio cholerae* belonging to serogroup O1 biotype El Tor was considered the causative agent of diarrhea until the emergence of *V. cholerae* O139. ICMR also successfully identified Andaman Fever as Leptospiorosis around the same time. In 1980s, Andaman haemorrhagic fever (AHF), a mysterious illness that resulted in pulmonary involvement, appeared and continued to baffle everyone until ICMR identified AHF as leptospiriosis and paved way for corrective action.

A seemingly simple but remarkable health research intervention that likely has the widest impact is Double fortification of cooking salt with iron and iodine which

The first ever MSc. in Public Health Entomology was started by the ICMR to promote study of insects and their relationship to humans, the environment, and other organisms including diverse fields as agriculture, chemistry, biology, human/animal health, molecular science, criminology, and forensic science.
was developed in 1994. National Institute of Nutrition (NIN) recognised Iron Deficiency Anemia (IDA) and Iodine Deficiency Disorders (IDD) as major public health problems and promoted the technology of double fortification of common salt with iodine and iron as a strategy to control both deficiencies under food-based approaches. Today in fact many states like Gujarat and Madhya Pradesh have included double fortified salts for dispatch through their public distribution systems.

In 1999, The ICMR-National Institute of Epidemiology (ICMR-NIE) was established by merging the Central JALMA Institute for Leprosy (CJIL Field Unit), Avadi with the Institute for Research in Medical Statistics (IRMS), unit at Chennai. The broad objectives of the Institute cover conducting epidemiological studies, development of human resources in epidemiology and bio-statistics, networking of the various ICMR and non-ICMR Institutes at the national level for epidemiological purposes, and consultancy. The Institute has the distinction of being the WHO Collaborating Centre for Leprosy Research and Epidemiology.
India entered the new millennium with a focussed medical vision, determined to defeat the epidemics that enfeebled its population and drained its recourses. The decade started on strong footing as Miltefosine was validated as a treatment for Kala-Azar. India is one of the world’s hotbeds of visceral leishmaniasis (or Kala-Azar). Miltefosine was developed as the first oral drug for leishmaniasis, giving cure rates of about 98%. Until then, Kala-Azar due to improper diagnosis and lack of treatment had high fatality rates. Miltefosine developed as a first-line drug for its use in Kala-Azar elimination program.

Year 2004 also marked another monumental milestone in India’s ongoing health reforms. ICMR contributed to study various virus-induced diseases like acute hemorrhagic conjunctivitis, rabies, polio, etc. and played a prominent role in India’s biggest public health achievement of control and eventual elimination of polio. The country which was once the epicenter of polio in the world has now officially eliminated the disease. ICMR-Regional Medical Research Centre which is now known as ICMR National Institute of Traditional Medicine was set up in 2006 in Belagavi. ICMR has acknowledged the primacy of testing and diagnostics in containing epidemics, which inspire development of Immune-chromatographic dipstick kit for the rapid diagnosis of cholera, Indigenous development of MAC-ELISA kits against dengue, chikungunya and Japanese encephalitis viruses and Direct Agglutination Test (DAT) for early diagnosis of Kala-Azar.
It celebrated its 15th anniversary in 2021. ICMR-NITM, Belagavi specializes in biomedical research on health with special reference to traditional medicine and boasts a Museum for Ethnomedicinal plants and Herbal Garden for Medicinal Plants. The museum serves as the information, Education & Communication (IEC) centre for medicinal plants and traditional medicine in North West Karnataka. There are more than 364 medicinal plants in the herbal garden, about which basic information is made available on spot. It is frequently visited by people from various backgrounds like Ayurveda, traditional practice, pharmaceuticals, herbal research and professionals like teachers, students, researchers, herbal healers.

ICMR has always acknowledged the primacy of testing and diagnostics in containing epidemics which inspire development of Immuno-chromatographic dipstick kit for the rapid diagnosis of cholera, Indigenous development of MAC-ELISA kits against dengue, chikungunya and Japanese encephalitis viruses for diagnostic use and Direct Agglutination Test (DAT) for early diagnosis of Kala-Azar. ICMR also developed Personal protective equipment (PPE) for tobacco harvesters in 2004.

ICMR Junior Research Fellowship (JRF) was initiated in 2005 to support young scientists to pursue research and to promote home grown talent. Research by ICMR was making waves and it influenced several policy changes. It was ICMR's intervention in the national program for Lymphatic Filariasis elimination to replace the single-drug therapy with combination therapy.

ICMR Department of Health Research (DHR) was created as a separate Department within the Ministry of Health & Family Welfare and it became functional from November 2008. The aim of the DHR is to bring modern health technologies to the people through research and innovations related to diagnosis, treatment methods and vaccines for prevention; to translate them into products and processes and, in synergy with concerned organizations, introduce these innovations into public health system.

During the same year, Clinical Trial Registry of India CTRI (CTRI), a free and online public record system for registration of clinical trials being conducted in India was also launched. Researches on estimation of disease burden, health related affordable innovative technologies process/product development, translational research and child health care, are included in Grant-In-Aid Scheme of DHR.

School of Public Health was established at National Institute of Epidemiology, Chennai in 2008. The ICMR set up the "National Institute for Research in Environmental Health" at Bhopal on 11th October 2010 to focus on the issues of environmental health research aimed at becoming a Centre of excellence in capacity building for research and health interventions to meet challenges in environmental disasters in the country.
A decade of achievements
(Tackling Emerging & Re-emerging Infections)

This decade will be inscribed in history as a decade of major achievements. ICMR not only took a path-breaking initiative to develop/strengthen the health research infrastructure in the country but through its proactive action contained major viral outbreaks like Zika, Nipah, Canine Distemper Virus and COVID-19. Not only viral outbreaks, non-communicable Diseases (NCDs) pose a great risk to the overall wellbeing of the society. ICMR has taken lead in early detection and prevention of non-communicable disease. ICMR institutes carry out research on various NCDs like cancer, environmental and occupational hazards, disease informatics and implementation research.

It started with setting up of National Centre for Disease Informatics and Research (NCDIR) at Bangalore in 2011. The primary focus of center includes establishing nationwide data-base for cancer through the National Cancer Registry Programme and the Cancer Atlas Project. Bhopal Memorial Hospital which was started to provide advanced tertiary level super-specialty care to the victims of the Bhopal Gas Tragedy (1984) was transferred to ICMR in 2012.

In 2013 low-cost pathogen kits, used to check food contamination, were released at the National Institute of Nutrition (NIN). It was a collaborative effort between NIN and private industry and gave impetus to easy access, affordable and convenient detection of pathogen in food.

The ICMR established Asia’s first Bio-Safety Level-4 (BSL-4) laboratory in National Institute of Virology, Pune with support of Department of Science and Technology (DST). It laid a strong foundation for investigation of outbreak of highly infectious diseases like Severe Acute Respiratory Syndrome (SARS), Avian and pandemic Swine Influenza, Nipah virus, Crimean Congo hemorrhagic fever virus and Kyasanur forest disease.

Soon after in 2013, Government of India took a path-breaking initiative to develop/strengthen the health research infrastructure in the country, through establishment of networks of Multi-Disciplinary Research Units (MRUs) in the Government Medical Colleges/Research Institutions. Model Rural Health Research Units (MRHRUs) were established to create infrastructure in rural areas for transfer of technology to improve the quality of health services of rural population. Post H1N1 outbreak, ICMR recognised the gap and took lead to become self-sufficient in tackling the emerging and reemerging infectious diseases. It set up a network of Viral Diagnostic and Research laboratories (VRDL) across the country.

During 2013, scientists at ICMR-NIV and Bharat Biotech International Ltd jointly
developed JENVAC, the country’s first indigenously developed vaccine for Japanese encephalitis.

The Antimicrobial Resistance Surveillance & Research Network (AMRSN) was initiated to enable compilation of data on six pathogenic groups on antimicrobial resistance from the country. On the same lines, a new multi-nutrient supplement was developed to deal with high prevalence of anemia among children in the country.

The India TB Research Consortium (ITRC) was started as an initiative led by ICMR aimed at bringing together diverse stakeholders to develop new tools – diagnostics, vaccines and drugs and to enable India to take a leadership role in fast-tracking translational TB research. To fast track malaria elimination ICMR rolled out MERA India (Malaria Elimination Research Alliance) to work with other stakeholders to achieve the targets.

ICMR released a series of indigenously developed diagnostic kits. These included a polymerase chain reaction or PCR-based kit to detect pathogens in food and water, an ELISA-based kit to estimate iron in the blood and a sample collection kit for blood that can test the levels of vitamin-A in a person, and a diagnostic kit to detect genetic disorders thalassemia and sickle cell disease in unborn children.

ICMR launched the ‘Regional Enabler for South East Asia Research Collaboration for Health’ platform in partnership with WHO and 10 countries to combat emerging and re-emerging infectious diseases in SE Asia Region. India-Africa Health Sciences Collaborative Platform (IAHSP) to initiate and strengthen India-Africa strategic partnership in the areas of Health Research was also established.

Regional Medical Research Centre, Gorakhpur (RMRC-GKP) is setup by upgrading the NIV field unit established in 2008.

In an initiative to bring treatment to door step of the community, ICMR along with the Cardiology and Emergency Medicine departments of All India Institute of Medical Sciences (AIIMS), launched a pilot project called Mission DELHI (Delhi Emergency Life Heart Attack Initiative), where people can call tollfree numbers for a motorbike-borne emergency medical assistance unit in the eventuality of a heart attack or chest pain. ICMR has also successfully initiated mechanisms to provide stroke treatment through the state-of-the-art Mobile Stroke Unit (MSU) in Tezpur and Dibrugarh area of Assam, India. Further, India Hypertension Control Initiative (IHCI) was launched in November 2017, for implementation of quality hypertension treatment and prevent deaths from heart attack, stroke and kidney failure.

India Diabetes study (INDIAB) is estimating the burden of Pre-diabetic & diabetic in the country.

In 2019, Indian Journal of Medical Research released a special issue of IJMR titled “Gandhi and Health @150” to commemorate the 150th birth anniversary of Mahatma Gandhi.

In January 2020, India found its first case of COVID-19 after the pandemic had wreaked havoc around the world. ICMR assumed a foremost role in pandemic management and began work on a war footing. ICMR encouraged innovative diagnostic approaches that were cheaper and technologically less demanding, to exponentially increase COVID-19 diagnostic labs across India. The scientists at ICMR-NIV, Pune developed and validated the completely indigenous IgG ELISA test for antibody detection for SARS-CoV-2 “COVID KAVACH ELISA”.

Along with these innovations, ICMR carried out National Sero Survey to detect IgG antibodies against the viral infection. The finding of this survey helped to plan and revise government’s COVID-19 strategy. After successful isolation of the SARS-CoV-2 virus at ICMR-NIV, ICMR entered into a public-private partnership with Bharat Biotech International Limited (BBIL) to develop indigenous COVID-19 vaccine. “Covaxin” rolled out in January 2021.

Across all these years, ICMR has paid close attention to ensuring and promoting ethical practices in medical and health research by means of correct biosafety infrastructure, capacity building of doctors and scientists and much more.
Azadi Ka Amrit Mahotsav

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