As the largest COVID-19 vaccination drive in the world marched toward the 100-crore mark, India established itself as a forerunner in the battle against the ongoing novel coronavirus disease. This momentous feat bears testimony to the country’s robust response to the pandemic and underlines the administration’s commitment to foster health emergency preparedness. The medical research, large-scale production, and efficient rollout of the vaccine have enabled India to tackle devastating previous waves and prepare for any future surge. Prime Minister Shri Narendra Modi has emphasized that the future will be shaped by societies that invest in science and innovation and this journey must be shaped by collaboration and public participation.

ICMR rallied behind the emphatic call that “nobody is safe until everyone is safe”. It took initiative in formulating strategies by building infrastructure, devising testing processes, and supporting crucial clinical trials for vaccines. Even before the pursuit for COVID-19 vaccine development gained pace globally, India had achieved the feat of isolating the SARS-CoV-2 virus, one of the few countries to do so. ICMR and BBIL collaboration showcases the immense strength of Atmanirbhar Bharat to fight the odds and stand tall in the global public health community.

This public-private alliance started with transferring of virus strain, and ultimately successfully facilitating phase I/II/III of the clinical trials. The first two trials of ‘COVAXIN’ were successfully conducted to evaluate the safety, reactogenicity, and immunogenicity. The results from the phase-III trial were crucial as it determined the efficacy. Phase-III human trial was conducted on 25800 participants aged 18 years and above from across 25 sites in the 10 states and demonstrated 77.8% efficacy against symptomatic diseases.

After development, the distribution posed a challenge. Whenever any large-scale public exercise is considered in the context of India, fears of failure on account of the population take flight. However, India has consistently allayed such fears and demonstrated capabilities in conducting large-scale public health schemes like Universal Immunisation Programme (UIP). Inoculation for the coronavirus vaccine was complex because it needed to be administered to a larger adult population base. Existing infrastructure, recent revamp, and technological and transportation advancements placed India in a strategic position to carry out large-scale vaccination of the population.

We are still in the midst of combating an invisible threat to humanity - one that has claimed millions of lives, shattered billions of dreams, and changed the world forever. Nonetheless, we are certain that if we strive to be an empathetic race that is not encumbered by interpersonal conflicts, then we shall emerge victorious come rain or shine.
ICMR launches new drone-enabled vaccine delivery Initiative

- First for South Asia, a “Make in India” drone used to transport COVID-19 vaccines
- Drone has a maximum capacity of 900 doses and can fly more than 70 kilometres in a single stretch
- Future potential uses include blood testing and supplying critical medical supplies to remote areas

The Indian Council of Medical Research (ICMR) conducted the first flight of their Drone Response and Outreach in North East (i-Drone) program, transporting doses of the COVID-19 vaccine from Bishnupur District Hospital to Karang Health Centre, Loktak Lake, Manipur, on 4th October 2021. This flight heralds the beginning of a landmark technological initiative to deliver life-saving vaccines to Indian citizens living in geographically remote and inaccessible areas of the country through Unmanned Aerial Vehicles (UAVs), also known as drones.

The launch was attended by Union Minister for Health and Family Welfare Dr. Mansukh Mandviya. On this occasion, Union Health Minister said, “Our immunization program for COVID-19 has already exceeded all expectations. I strongly believe that this initiative will further help us achieve the highest possible immunization coverage for COVID-19.”

Prof (Dr.) Balram Bhargava, secretary, Department of Health Research & Director General, ICMR

“In the war against COVID-19, i-Drone is another powerful weapon in India’s arsenal. This technology will not only be helpful for COVID-19 but will further open similar avenues for other diseases”.

Prof (Dr.) Balram Bhargava
Secretary, Department of Health Research & Director General, ICMR
“The i-Drone model is one of its kind in India which sees the marriage of technology and medical science for vaccine delivery during prevailing pandemic situation. We are excited to see the opportunities this will open up.”

Dr. Samiran Panda
Principal Investigator, i-Drone and Head, Epidemiology and Communicable Diseases (ECD), ICMR

Research & Director General, ICMR said, "In the war against COVID-19, i-Drone is another powerful weapon in India's arsenal. This technology will not only be helpful for COVID-19 but will further open similar avenues for other diseases".

"We are trying to make sure there are no outbreaks in these sparsely populated remote areas by vaccinating residents fast. If people get infected and contract severe disease they don't have access to ventilators or intensive care or oxygen in these areas," said Dr. Samiran Panda, Head, Epidemiology and Communicable Diseases (ECD), ICMR.

On the day of the flight, ten citizens received their dose of the vaccine. However, the “Make-in-India” drone has a maximum capacity of 900 doses of the vaccine and can fly more than 70 kilometres in a single stretch. This capacity, multiplied across a fleet of drones, would represent a game-changing improvement in India's already exceptionally swift immunization program.

By traditional means, delivery to the remotest villages in these areas often requires arduous journeys of up to twelve hours, requiring the transporting to follow mountain roads and go across streams. This lack of infrastructure not only makes receiving the vaccine difficult; it also significantly worsens the potential health outcomes of catching the virus. It takes approximately 2.5 hrs (25 km by road, 3 km by boat & 2 km by trek) to reach PHC Karang from DH Bishnupur, whereas the drone took only 15 minutes for the same. The drone system for the project were provided and operated by Daybest.

Earlier this year, the ICMR conducted a study in collaboration with IIT Kanpur to test the drones’ ability to transport the vaccines safely in several states in the North East of the country. Based on the encouraging results of these trials, all the relevant aviation and defence authorities and regulatory bodies granted the approval for beyond visual line of sight for the i-Drone program. ICMR is currently implementing said program in Manipur and Nagaland and the union territory of Andaman and Nicobar Island.

Furthermore, the potential of this model is not limited to delivering vaccines. Drones could also be used to provide medical supplies and collect blood samples from remote regions or be utilized in emergencies to transport life-saving drugs.
India’s first Indigenous COVID-19 vaccine, “COVAXIN”, developed by India Council of Medical Research (ICMR) in collaboration with Bharat Biotech International Limited (BBIL) has managed to get emergency approval from the regulators for use in children’s between the ages group of 2-18 years. After thorough review the Central Drugs Standard Control Organisation (CDSCO) and Subject Expert Committee (SEC) gave recommendation to the Drugs and Controller of India (DCGI).

This approval comes after their completion of Phase-II and Phase-III trials in September 2021 on 525 healthy volunteers. As per studies, tests were conducted in wide detail to measure the efficacy level on kids as they did for the adults. The data does not record any harmful side effects and recorded encouraging results. The vaccine is said to be administered in a similar fashion as it did for the adults.

Online classes have had a disastrous impact on the child’s mental as well as physical health. With the decision of reopening schools within certain parts of the country, having the kids get vaccinated at the earliest becomes detrimental. Vaccination would at least ensure safety and protection to these young minds. It is destined to bring about a positive change in lieu of the existing medical crisis by completely negating or reducing the risk of the COVID-19.

‘COVAXIN’ has been developed using Whole-Virion Inactivated Vero Cell derived platform technology. It was given the nod to administer doses to adults in January 2021 and since then it has been an integral part of India’s vaccination drive. Now it has become the first vaccine worldwide to be recommended and authorized for the 2-18 age groups. This approval highlights the efficacy and trust that the people have over the vaccine. The vaccination protocol of children is still under deliberation by experts and a call would be taken at the earliest.

**Vaccination of children would ensure safety and protection to young minds. It is destined to bring about a positive change in lieu of the existing medical crisis by completely negating or reducing the risk of the COVID-19**
The Indian Council of Medical Research (ICMR) has released the Multilingual Dementia Research and Assessment (MUDRA) Toolbox, for clinical and research purposes to diagnose dementia. This toolbox has been standardized across five Indian languages - Hindi, Bengali, Telugu, Kannada and Malayalam. This was inaugurated by Prof (Dr.) Balram Bhargava, Director General, ICMR, on 6th October 2021. The toolbox is accessible at http://brandp.in/icmr/index.html

MUDRA Toolbox is a comprehensive diagnostic tool that includes a variety of tests and questionnaires and is sensitive to the elements that influence cognitive test performance, such as education, language and culture. The questionnaires examine depression, functioning, quality of life, the prevalence of neuropsychiatric disorders, and cognitive impairment in the elderly. The toolbox can be individually administered and is designed for use among individuals aged 40 to 80 years and is available to all professionals and researchers for free.

Prof. (Dr.) Balram Bhargava, Director General, ICMR said, “The validated MUDRA toolbox was one of the crucial needs for undertaking uniform, standardized dementia research in the country. The toolbox includes various cognitive tests to assess different domains of cognition such as attention and executive function, memory, language, and visuospatial functions.”

MUDRA Toolbox is an initiative undertaken by ICMR Neuro-Cognitive Tool Box consortium to transform India’s dementia and mild cognitive impairment research and clinical practices. India’s seven major medical institutions: NIMHANS (Bengaluru), AIIMS (New Delhi), SCTIMST (Thiruvananthapuram), NIMS (Hyderabad), Apollo Hospital (Kolkata), Manipal Hospital (Bengaluru), and Jawaharlal Nehru Medical College collaborated to develop this initiative.

According to the Dementia India Report 2010 by Alzheimer’s and Related Disorders Society of India (ARDSI), there are approximately 5.29 million people living with dementia in India and this number is expected to increase to 7.61 million by 2030. Despite the high number of people with dementia in the country, only one in ten people with dementia are diagnosed in India due to low awareness and the lack of linguistically and culturally appropriate tests that are essential for diagnosis.
ICMR-NIRTH successfully tests a new diagnostic device to detect Sickle Cell Disease

- Diagnostic device has 99% accuracy in detecting sickle cell disease
- Gazelle is the ideal choice for testing, due to its affordability, accuracy and low resource settings
- 20% of children with sickle cell disease die from related illnesses before reaching their second birthday

ICMR-NIRTH, the National Institute of Research in Tribal Health (ICMR-NIRTH) has successfully tested a low cost, highly accurate, point-of-care rapid detection test for Sickle Cell Disease. ICMR-NIRTH tested Gazelle effectiveness, a single-use cartridge-based test, against the conventional laboratory tests, hemoglobin (cellulose acetate) electrophoresis, and high-performance liquid chromatography (HPLC). The results showed Gazelle performing with 99% accuracy in detecting the disease with more speed and ease.

The research was published in the Journal, Frontiers in Medicine. The study included 960 subjects from the tribal states of Chhattisgarh and Madhya Pradesh, who ranged in age from 6 months to 65 years. Gazelle identified all patients with disease (HbSS) with 100% accuracy. Gazelle demonstrated 100% sensitivity when comparing sickle cell disease versus sickle cell trait and sickle cell disease versus normal. Gazelle exhibited high sensitivity and specificity for detection of each relevant hemoglobin phenotype (normal, carrier, and disease states). Overall, Gazelle yielded a high accuracy (99.0%) compared to the reference standard tests, hemoglobin electrophoresis and HPLC.

According to Dr. Shanmugam Rajasubramaniam, Head, Division of Genetic Disorders, ICMR-NIRTH, “At least 15% of all newborns with sickle cell disease are from India, and it is estimated that 20% of Indian children with sickle cell disease die from related illnesses before reaching their second birthday.”

Researchers noted many of Gazelle’s ease-of-use features that would be valuable in field settings, including error detection software that senses problems with sample preparation and the automated interpretation of each sample. The short test time allows a report to be generated during the visit, ensuring that treatment can begin immediately. Because the device stores patient results locally or can transmit them to the cloud or printer, clinicians can easily track the patient’s history.

Sickle Cell Disease (SCD) is a red blood cell disorder affecting haemoglobin, where the cells instead of being round and disk shaped, become hard and form a ‘sickle’ or crescent moon like shape. SCD is a widespread epidemic amongst the tribal populations majorly due to the lack of low budget, reliable diagnostic methods.

Research included 960 volunteers, who were 6 months to 65 years old, from the tribal states of Chhattisgarh and Madhya Pradesh.
Book on development of India’s vaccine ‘Going Viral: Making of COVAXIN-The Inside Story’ released

Going Viral: Making of Covaxin - The Inside Story, book authored by Prof (Dr.) Balram Bhargava, Secretary-DHR and DG-ICMR was released at the prestigious event organised at the UNAIDS headquarters in Geneva. The book highlights the process and partnerships that enabled development of India’s homegrown COVID-19 vaccine and ensuing lessons for India’s health research.

Notable dignitaries present at the event were author of the book Prof (Dr.) Balram Bhargava, Secretary-DHR and DG-ICMR; Dr Soumya Swaminathan, Chief Scientist, WHO; Dr Mariangela Simao, ADG, Access to Medicine and Health Products; Ms. Nana Taona Kuo, Senior Health Adviser, Executive Office of the UN Secretary-General; and Mr. Puneet Agarwal, DPR Indian Mission to the UN in Geneva.

At the event talking about the strategy of the Indian vaccine at a national and international level, Mr. Puneet Agarwal spoke about the objectives for the event which was to foster research and collaboration to fight the worldwide pandemic. With this, the importance of developing a healthy resilient system was highlighted.

On this occasion Prof (Dr.) Balram Bhargava said, “We have achieved successful 1 billion doses because of the strong political will. India has a good immunization program since ages. India is becoming a vaccine manufacturing superpower and we have proved this with bringing in of Covaxin and now we have also become successful vaccine developer as well. The intellectual prowess India has in terms of IT powers that monitor’s daily vaccination and delivers digitally QR coded certificates to everyone who are vaccinated.” He further, talked about how India fought back in response to the virus in terms of emergency preparedness, large scale vaccination rollout and clinical trial data.

Efforts of India and ICMR in particular were lauded by WHO.

Dr Swaminathan said “In a pandemic like situation there is a need for national and global level action. India has a lot of strengths in terms of human resources and this needs to be strengthened particularly in public health and primary healthcare. India has a strong manufacturing side for vaccines and medical devices and these needs to be made available to the world.”

Dr Simao said, “The low and middle-income countries that produce and manufacture locally have done better such as India, Brazil. The need of the hour is the technology holders share technology so that all countries benefit.”

The Book contains valuable instruction and guidance for countries looking to expand their own vaccine manufacturing capabilities. It traces the tumultuous journey of COVID 19 in India and documents the process and partnerships that enabled the development of India’s first indigenous vaccine along with public-private partnership. The book takes into account the events right from the first case registered in January 2020 to the fatal epidemic it then became. This piece of literature contains data from the preclinical investigations and trials, as well as many publications evaluating the vaccine’s efficacy against other virus strains.
Indian Council of Medical Research - National JALMA Institute for Leprosy and Other Mycobacterial Diseases (ICMR-NJIL&OMD) based in Agra is one of the oldest Institutes of ICMR. The institute was established as India Centre for JAPAN Leprosy Mission for Asia (JALMA) in 1963 and later taken over by Government of India on 1st April, 1976 and handed over to ICMR. Initially, the institute was working in the field of leprosy, but later it started contributing high quality basic and applied new knowledge in various aspects of mycobacterial research. In 2005, it was renamed as National JALMA Institute for Leprosy and other Mycobacterial Diseases. The two field stations of the institute, recognized as Model Rural Health Research Units (MRHRUs), situated at Ghatampur, Kanpur (UP) and Haroli, Una (HP) are contributing towards epidemiological works on the mycobacterial diseases and participate in various public health issues.

The institute has undertaken and promotes research on Leprosy and TB in alignment with “Leprosy Elimination in India and END TB Strategy” adopted by the Govt. of India. ICMR-NJIL&OMD is doing pioneering work in development of new drug regimens, clinical and vaccine trials, developing newer molecular tools for early diagnosis, identification of new drug targets and new vaccines for Immunotherapy in leprosy. Further, it has undertaken research in tuberculosis and other related mycobacterial infections through drug resistance surveillance, newer diagnostic tools and identification of new drug targets.

The Institute’s significant contribution has been in research of Immunotherapeutic and immun prophylatic role of MIP in leprosy. The launch of MIP vaccine, for prophylaxis of contacts of patients affected with leprosy is being taken in collaboration with National Leprosy Eradication Programme (NLEP) under IR mode. Further, it has contributed in understanding the transmission of leprosy by using combination of molecular methods and traditional epidemiology on transmission aspects of leprosy. ICMR-NJIL&OMD conducted development and efficacy trials of various treatment regimens of leprosy. Its molecular epidemiology studies of leprosy conducted in Ghatampur helped for understanding the transmission aspects of the leprosy. RLEP-PCR technology developed for early diagnosis of leprosy has been introduced under NLEP.

Apart from leprosy, the institute has done commendable research for TB. It has conducted a TIE-TB project, which is a unique Active Case Finding Model comprising of Mobile TB diagnostic van (MTDV) equipped with chest X-Ray and sputum microscopy facilities for diagnosis of TB in 17 districts in 5 states. The strategy employs a targeted invention approach wherein remote tribal population is being accessed by the MTDV to improve early case detection and quality of TB services. The adjunct role of MIP in treatment of TB with standard regimen has also been tested.

ICMR-NJIL&OMD has an International standing and has been recognized for its contribution in eradication of leprosy and TB. The institute is a WHO collaborating centre for Drug Resistance Surveillance in leprosy. It was also recognized as one of the four National Institutes by National Tuberculosis Elimination Program (NTEP) for technical advisory on policy decision and planning for TB control programme.
Indian Council of Medical Research- National Institute of Occupational Health (ICMR - NIOH), based in Ahmedabad, is a premier institute engaged in medical research of occupational health. The Institute started functioning as “Occupational Health Research Institute” (OHRI) at the B. J. Medical College, Ahmedabad, in the year 1966 and later was rechristened as “National Institute of Occupational Health” (NIOH) in 1970. To cater local needs of the Southern and Eastern regions, it established two Regional Occupational Health Centres at Bangalore and Calcutta.

Since its inception, the Institute is devoted to the cause of working class of people and aims to provide “Occupational Health” to the workers engaged in all occupations and minimize deterioration of workplace environment through: Research, Education, Service and render assistance to the regulatory authorities to take necessary policy decisions for the control of occupational health related problems.

The research activities of the Institute are primarily based on national priorities and envisage a multi-disciplinary approach, encompassing epidemiological studies, experimental studies, ergonomics and intervention technologies, wherever necessary. The Institute has been working with the objectives to promote intensive research to evaluate environmental stresses/factors at the workplace, to promote the highest quality of occupational health through fundamental and applied research and develop control technologies and health programmes through basic and fundamental research.

Through the years, institutes significant contribution has been to generate database on occupational diseases, on environmental health problems. It has worked for detection of links between occupational/environmental exposures and health effects, controlled experimental studies for establishing new knowledge. Further, the institute worked for the prevention and control of Silicosis and Silicotorberculosis in Agate Industry, Khambhat and did research in occupational health problems of tobacco harvesters and PPE intervention study among dry salt workers of Gujarat. Environmental cum epidemiological study on arsenic toxicity from surface and underground water in and around Kaudikasa village, Chhattisgarh and assessment survey among asphalt associated job workers in India.

The institute has contribution to various national programs, notable ones being that of Nickel controversy in chocolates/hydrogenated oil. Quality assurance and monitoring programme on nickel content in chocolates/hydrogenated oil was carried out in Indian brands of chocolates. It also worked in generation of reliable data base of pesticide residue in soft drink, which was conducted to determine pesticide residue in sugar. The other important contribution was for quantitative detection of heavy metals and phthalates in Toys. The study was done to assess the harmful level of certain chemicals used in the manufacture of toys.

The Institute functions as a WHO collaborative and reference centre for occupational health. It has represented in many important functions of the Govt of India, including the Ministry of Health and Family Welfare, Ministry of Labour, Ministry of Environment and Forests, Ministry of Agriculture, etc., to generate data and provide guidance and recommendations on issues related to occupational and environmental health.
Foundation Stone laid for New Building of ICMR School of Public Health

Hon’ble Union Minister for Health and Family Welfare Dr. Mansukh Mandaviya virtually laid the foundation stone for new building of ICMR School of Public Health at ICMR-National Institute of Epidemiology, Chennai (ICMR-NIE). Foundation ceremony was presided over by Prof. (Dr.) Balram Bhargava, Secretary, DHR and Director General, ICMR in presence of director of ICMR-NIE, and Dr. J Radhakrishnan, Principal Secretary, Health and Family Welfare, Govt of Tamil Nadu.

Speaking on the occasion, Dr. Mansukh Mandaviya said, “The School of Public Health would boost the public workforce in the country. ICMR has been at the forefront and this step would further strengthen their efforts in ramping up the health infrastructure in the country. Indigenous capacity building be it in human resources or vaccination, India has been ramping up health infrastructure rapidly and this has boosted India’s stature on a global level.”

ICMR School of Public Health hosts 2-year Field Epidemiology training program leading to MPH, Epidemic Intelligence Service India, FETP-NCD MSc Biostatistics, PhD & health-related programs. New infrastructure will support ICMR-NIE to train 150 mid-level public health professionals over next three years.

The new facility will support the ongoing public health capacity programmes of ICMR-NIE. The Institute has been conducting Field Epidemiology Training Programmes (FETPs) meant to strengthen the public health workforce in India since 2001. The institute has trained more than 300 public health professionals from 30 States/UTs in the country.
Columbia and India to explore cooperation in medical research

Columbia's high-level delegation lead by H.E. Marta Lucia Ramirez de Rincón, Vice-President and Minister of Foreign Affairs of Colombia visited Indian Council of Medical Research headquarters in New Delhi on 1st October 2021. Columbian delegation included Dr Fernando Gomez, Hon’ble Minister of Health and Social Protection and Dr Sergio Cristancho Marulanda, Hon’ble Vice Minister of Knowledge, Innovation & Productivity, Ministry of Science, Technology & Innovation, Republic of Colombia.

H.E. Marta Lucia Ramirez met Prof (Dr.) Balram Bhargava, Secretary, DHR and Director General, ICMR and top officials of Indian Council of Medical Research. Both sides exchanged views on themes of common research interest and possible avenues for future cooperation.

Later, a letter of Intent was signed between the ICMR and Ministry of Health and social protection and Ministry of Science, Technology & Innovation Bogota Colombia. This letter of Intent will build on collaborative research in various areas of health and biomedical research.

Columbian delegation also held discussions with senior officials in the Ministry of Science and Technology and explored cooperation in biotechnology, co-production and technology transfers in the development of vaccines and pharmaceutical products. Colombia is an important partner of India in Latin America and bilateral relations have been expanding, particularly in the economic and commercial sphere despite pandemic disruptions.
ICMR has initiated evaluation of a new test for detection of Latent Tuberculosis

The Indian Council for Medical Research has initiated assessment for a new test aimed to detect latent tuberculosis in the individual. The test named C-Tb is being assessed at ICMR-Regional Medical Research Centre, Bhubneshwar (ICMR-RMRCBBSR). The study is being carried out in collaboration with the Ministry of Health and Family Welfare, Government of India, World Health Organisation and Serum Institute of India Pvt Ltd.

Latent Tuberculosis is a serious infectious disease, more harmful than active tuberculosis. There may or may not be symptoms and the person might be completely unaware that they are sick. Individuals who have Latent TB are at a risk of reactivating the infection and of transmission to people around them. This initiative is a part of Government of India’s TB elimination goal of 2025.

Tuberculosis is more than just a health crisis; it has now become a developmental issue. In recent years, Tuberculosis has continued to become a life threatening disease that impairs the person to the very core. Tackling it at the earliest is essential in order to reduce the spread of the disease.

ICMR develops Screening test kit for early detection of silicosis

The Indian Council for Medical Research-National Institute for Occupational Health, Ahmedabad (ICMR-NIOH) and ICMR-National Institute of Virology, Pune (ICMR-NIV) have jointly developed a point of care screening test kit for early detection of silicosis. This kit is first of its kind in the Southeast Asia Region, which will be useful for dual control of both silicosis as well as silico-tuberculosis. The technology has been licenced to two private companies for large scale production.

Silicosis is an incurable, irreversible and progressive lung disease caused by continuous or intermittent exposure to silica dust while working. It is usually diagnosed at an advanced stage, when nothing much can be done. Secondary prevention by early detection through this point of care kits could be an option for control of silicosis. This study has been approved for publication in the journal ‘Nature Scientific Reports,’ in October 2021.

India has an estimated 12.5 million silicosis affected people. Recently, it has emerged as a major problem in India, particularly among unorganised sector workers. West Bengal, Bihar, Jharkhand, Odisha, Chhattisgarh, Uttar Pradesh, Madhya Pradesh, Rajasthan, Karnataka, and Maharashtra are among the states with a high number of silicosis patients. Apart from India, such cases have seen rise in other countries like Bangladesh, China, Vietnam, South Africa, Latin America and Brazil.
The Cochrane India Network launched in India

The Cochrane India Network was formally launched by Prof. Vinod K Paul, member, NITI Aayog on 26th October 2021. Prof. (Dr.) Balram Bhargava, Secretary-DHR & DG-ICMR congratulated the Network & Indian scientists of the 9 affiliate centres for this achievement.

Launch event featured prominent national and international presenters, including the Director General of the ICMR Prof (Dr) Balram Bhargava, Dr Vinod K Paul, member, NITI Aayog; WHO Director of Quality Assurance for Norms and Standards Dr John Grove and Cochrane's Editor in Chief Karla Soares-Weiser.

The Cochrane India Network comprises teams from nine affiliate institutions. All India Institute of Medical Sciences, New Delhi, Christian Medical College Vellore, India Council of Medical Research, New Delhi, Indian Institute of Public Health, Hyderabad, Institute of Dental Sciences, Bhubaneshwar, King George's Medical University, Lucknow, Manipal Academy of Higher Education, Manipal, Postgraduate Institute of Medical Education and Research, Chandigarh, and Tata Memorial Centre, Mumbai.

The Cochrane India network would attract and support larger numbers of India-based authors, methodologists and editors with requisite knowledge and expertise. The Network affiliates will have their own strategic plan with Cochrane activities they wish to implement. Activities will vary from training in the use of Cochrane systematic reviews, sharing information about new reviews published by Cochrane and advocating for their use in policy and practice, to the production of systematic reviews.

ICMR-NARI completes 29 years of providing phenomenal services to the nation

ICMR-National AIDS Research Institute, Pune (ICMR-NARI) observed its Foundation Day on 19th October 2021. With this the institute has completed 29 years of unparalleled service to the nation. ICMR-NARI was established in 1992 with an aim to support and provide guidance for HIV/AIDS biomedical research.

ICMR-NARI works on research initiatives that integrate policy formulation and its intervention. While supporting the National AIDS Control Programme, the institute also lends itself to tasks dealing with capacity building, laboratory services and drug resistance studies.

ICMR-NARI has also set up an HIV Virus repository containing over 120 virus strains available for investigations. Apart from that, their accolades include establishment of The National Facility for Screening of New Entities for Anti-HIV Activity In-Vitro, establishing A Cohort of HIV Seronegative Persons among others. With a drop in the incidence rate, HIV/AIDS infection amongst the citizens has reduced significantly due to the consistent efforts and resourcefulness displayed by the institute.

ICMR-NIREH observed the 12th Foundation Day

ICMR-National Institute for Research in Environmental Health (ICMR-NIREH) celebrated its 12th Foundation Day. The occasion was celebrated by organizing program wherein Padma Shri Sunita Narain gave an insightful talk and it concluded with insightful speech by the Director of the institute Dr. Rajnarayan Tiwari.

ICMR-NIREH in Bhopal is country's premier institute focused 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.

After gas/toxic gas disaster in the night of 2nd and 3rd December, 1984 in Bhopal, a co-ordinating unit was set up in 1985. The unit addressed immediate health research needs of gas exposed population with focus on respiratory diseases, eye related diseases, renal diseases, reproductive and women mental health. The unit was upscaled to full-fledged institute in 2010 with a broader mandate of environmental health. It also did research on cancers, genetics disorders, health status of 2nd and 3rd generation children in the exposed population and community building to cope with the disaster effects at the population level.
100 CRORES
Vaccination Milestone

INDIA’S JOURNEY OF
100 CRORE VACCINATIONS
ICMR is available on Facebook, Twitter and Instagram. For latest update about COVID-19 and other medical research breakthroughs, you can follow ICMR’s Official handles.
Patron

Prof. (Dr.) Balram Bhargava
Secretary DHR and Director-General, ICMR

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Aakhya India (Media Consultant to ICMR)

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