

**Guidelines on the Grant-in-aid Scheme
for
'Inter -Sectoral Convergence &
Coordination for Promotion and
Guidance on Health Research' during
the 12th Plan period.**



Government of India
Ministry of Health & Family Welfare
Department of Health Research
Website: www.dhr.gov.in

March, 2014

GRANT-IN-AID SCHEME FOR 'INTER -SECTORAL CONVERGENCE & COORDINATION FOR PROMOTION AND GUIDANCE ON HEALTH RESEARCH' DURING THE 12TH PLAN PERIOD.

I. INTRODUCTION

1.1 The vision of the DHR is to bring modern health technology to the people through innovations related to diagnostic, 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 service.

1.2 Government has approved the '**Grant-in-aid Scheme for Inter -Sectoral Convergence & Coordination for Promotion and Guidance on Health Research**' during the 12th Plan period, in order to strengthen research effort in which the partnership of different government agencies, NGOs and Industry is required. Under this Scheme, the Department of Health Research (Ministry of Health & Family Welfare) will provide support in the form of grant-in-aid to for carrying out research studies to identify the existing knowledge gap and to translate the existing health leads into deliverable products. There will be special focus on encouraging innovation, their translation and implementation by collaboration and cooperation with other agencies by laying special stress on implementation research so that there is a better utilization of available knowledge. Proposals in fundamental/ strategic research; development and evaluation of a tool, and operational research will be considered for financial support.

1.3 Administrative Approval & Expenditure Sanction of Scheme is given at **Appendix-I.**

II. OBJECTIVES

- i. To support and encourage focused and deliverable research for estimation of disease burden/ development of new technologies/process, diagnostics, to address health research issues for affordable healthcare in the country.
- ii. To support studies on the issues pertaining to technology access particularly in the context of Gender & Child health care and under privileged.
- iii. Translation of leads into products & processes for adoption in public health systems.
- iv. Development of collaborative health research projects involving different Science & Technology departments/organizations.

- v. To evaluate the existing processes/ products/ technologies for their comparative cost effectiveness to save public expenditure.

III. WHO CAN APPLY?

- a) Govt. Medical Institutions / Colleges / Universities
- b) Private Institution/NGO (Registered with the Department of Scientific and Industrial Research (DSIR), Govt. of India)/ recognized by DHR as a health research institute
- c) Individual Scientists in regular employment in the Universities, medical colleges, postgraduate institutions, recognized research and development laboratories and NGOs.
- d) Professional bodies and scientific societies and associations

IV. PROJECTS ELIGIBLE FOR FUNDING:

(1) Research studies with emphasis on public health:

4.1 Research studies on disease burden, risk factors, diagnosis & treatment, etc of major diseases. Studies will be limited to Non-communicable diseases only.

- **Duration of each Study:** Maximum duration of 3 years.
- **Costrange:** Rs.50 lakh - Rs.3 crores each.

(2) Translational Research Projects:

4.2 Projects to translate the already identified leads into products and processes in the area of human healthcare, through coordination among the agencies involved in basic, clinical and operational research for use in the public health system. This will comprise 75 leads already available with ICMR, 25 leads from Extramural projects funded by ICMR and 15 leads from other Science & Technology Departments/Organisations.

- **Duration of each project:** 1-4 years.
- **Cost range:** Rs.3-10 crores.
- **Outcome/output expected:** At least 50% of the leads generated in the laboratories/medical innovations shall be converted into patents/products/processes for use in public health services/system at an affordable cost.

(3) Inter-sectoral co-ordination including funding of Joint Projects:

4.3 To promote joint/collaborative research projects with other agencies involved in bio-medical/health research in the country for optimum use of resources and transfer of knowledge.

- **Duration:** 2-3 years per project.
- **Cost range:** Rs. 50 lakh-10 crore
- **Expected Output/Outcome:** Emphasis will be on the following 15 priority targets areas under joint projects with other departments:

I. Development of new drugs, Diagnostics and devices in areas of:

1. Cancer
2. Stroke
3. Diabetes
4. Vector borne diseases
5. Tuberculosis
6. Leishmaniasis
(DBT,DSIR/CSIR/DRDO)

II. Vaccines for:

6. Vector borne diseases and others identified to be of public health importance.
(DBT,DSIR/CSIR/DRDO)

III Other projects:

7. Use of traditional/alternative system of medicines in cardio-vascular diseases, diabetes, stroke and neurological disorders, maternal and child health care.(AYUSH, MoW&C)
8. Effect of Pollution due to chemicals, pesticides, other toxic waste and climate change on human health (MoE&F)
9. Bio terrorism & Development of disaster management tools (NDMA)
10. Diagnostics, treatment and control of diseases on Zoonosis, Human nutrition, Agricultural instrumentation and Pesticide safety. (DARE)
11. Tele-epidemiology and Telemedicine(DOS)
12. Socio-behavioural factors related with maternal health.(MoH&FW, MoW&C)
13. Under-five morbidity pattern. MoH&FW, MoW&C)
14. Nutritional interventions in schools. (MoH&FW,MoW&C)
15. Studies on Low Child sex ratio, female feticide, domestic violence and sexual violence at work place. (MoH&FW,MoW&C)

(4) Cost effectiveness analysis of health technologies through a health technology assessment system:

4.5 Development of guidelines for protocols/devices on cost effective but viable technology/process/diagnostics for managing various diseases, to facilitate public choice and controlling health care costs, while maximizing health outcomes.

Duration: 1-3 years for each project

Costrange: Rs.50 lakh to Rs.2 crores per project.

Expected Output/Outcome: Development of guidelines for protocols/devices in at least 20 major diseases.

(5) Support to ICMR and non-ICMR scientists for participation in conferences abroad in identified priority areas of the Department and conduct of national & international seminars & conferences:

(a) Under the aforesaid component of the Scheme, financial support would be provided for presenting research papers, chairing the session or delivering a key note address in international scientific events (conferences, seminars/symposia/workshop) for promoting the research activities and researchers for sharing of experiences of scientists from various countries and for organizing international conference/seminars/symposia/workshop in India for sharing of knowledge and expertise of developed and developing countries. Support will be restricted to those areas that form the priority areas of the DHR like translation research, research policy/guidance issues, medical/health technology evaluation etc.

(b) Non-ICMR Scientists would mainly cover the faculty and students of the medical colleges for presenting research papers or chairing a session or delivering a keynote address in an international scientific event (conference/seminar/symposium/workshop etc) in the priority areas of the DHR.

(c) Economy class air fare by shortest route, airport tax and visa fees are provided under the scheme. Registration Fee and Health Insurance to young scientist in addition to the above support is also to be provided.

(d) The applicant should be a Bio-medical scientist engaged in R&D work. Senior Scientist (above 35 yrs of age) working in Academic Institution and Research laboratories are eligible to apply only to international scientific events (conference/seminar/symposium/workshop) which are not sponsored by

international Council of Scientific Unions (ICSU). Young Scientist (age limit 35 years as on date of conference) is, however, considered for support even for ICSU sponsored events.

(e) The applicant has an accepted paper for presentation or an invitation to chair a session or as a keynote speaker. The paper for presentation should not have been presented earlier in any other national or international platform. The theme of the Conference/ Seminar/ Symposium/ Workshop should be related to the thrust areas/ activities of DHR/MOHFW. (Application to attend annual meetings of professional societies will not be considered).

(f) The applicant should have published papers in the indexed journal (national/international as first/second author), which are accepted by the National Associations/Societies of the respective specialties.

(g) The applicant should not have availed of financial assistance from ICMR or any other research organization for this purpose in the last two financial years.

(h) The application should be forwarded through proper channel and must reach DHR/ICMR, six weeks prior to the date of the Conference/ Seminar/ Symposium/ Workshop. Letter of acceptance, sanction received late, also must be submitted at least three weeks before the conference. This condition will be relaxable in exceptional circumstances with the approval of Secretary, Health Research subject to the condition that the application is submitted by the applicant atleast two weeks before the conference with the recommendation, giving full justifications.

V. IMPLEMENTING AGENCY:

5.1 The scheme will be implemented through the ICMR and the DHR will exercise the overall managerial control.

Funds would be released to the concerned institutes/organizations biannually through ICMR.

VI. PROJECT MANAGEMENT

61 Provision has been made in the scheme for setting up of Project Implementation & Management Units (PIMUs) at ICMR and DHR to be manned by contractual staff only for the duration of the project period.

VII. MONITORING MECHANISM

- 1) A 4-tier system of screening of proposals by the Screening Committee, evaluation of proposals by the Evaluation Committee, approval of proposals by the Approval Committee and Monitoring & Evaluation of project outcomes under the scheme by the Committee constituted for this purpose, will be followed for implementation of the Scheme.
- 2) The system of monitoring and periodic evaluation of the projects will be undertaken after appropriate peer review/ Project Review Committees with support from ICMR which will provide technical support.

TERMS & CONDITIONS OF FUNDING OF RESEARCH STUDIES/PROJECTS

VIII. PROCEDURE FOR RECEIPT AND SANCTIONING OF PROPOSALS:

- i. Proposals received in response to specific advertisement as also open ended applications will be evaluated by an Expert Committee constituted by the Secretary, DHR consisting of eminent scientists and subject specialists to assess the merit of the proposal.
- ii. The funds will be released to the Head of the institute/organization and will be kept in a separate bank account. The funds will be released in installments biannually. The first installment will be sanctioned along with the approval letter. It would include the entire grant for purchase of equipment, and recurring grant for six months.
- iii. The 2nd installment of the year would be released based on the submission of the Utilization Certificate (UC), along with the item-wise statement of expenditure, for atleast 70% of the previously released grant, duly certified by the designated Accounts Officer of the Host Institute and the Principle Investigator.
- iv. Steps to procure the approved equipment should be initiated immediately (to avoid escalation of cost) following the prescribed norms of the host institution.
- v. Equipment procured through the DHR grant should bear a label "DHR funded". On completion of the study a list of all equipments procured from the project funds along with their cost, date of purchase, and suggestions for disposal should be sent to the DHR for decision.

- vi. Wherever applicable, an appropriate MOU with the institute/NGO/Applicant will be signed to ensure that the interest of the DHR and public interest is protected.
- vii. Once a project is approved for funding, DHR/ICMR would inform the Principal Investigator (PI) the decision that the project has been technically approved for funding and communicate the budget including the details of the staff, equipment(s), contingencies, travel etc.
- viii. The PI would inform the DHR/ICMR about the following:
 - a. His/Her acceptance of the budget and other terms and conditions.
 - b. For all equipment approved in the project, the PI is required to give a certificate from the Head of the Institute to the effect that equipment is not available/accessible/cannot be spared for this project work.
 - c. The name of the statutory auditor of the Medical College/Institute.
 - d. An undertaking that the staff engaged for the project would be the responsibility of the host Institution and would have no claim to a permanent employment with the DHR/ICMR. They are not to be treated as employees of the DHR/ICMR as they will be engaged only on contract basis. They would be subject to administrative control and other rules & regulations as applicable to them, of the Institute where the project is based.
- ix. The budget for each project will be available under the following heads:

i.	Staff (Manpower)
iii	Equipment
iv.	Consumables
v.	Travel
vi.	Contingencies/Miscellaneous

IX. DATE OF START

9.1 The sanction letter would specify the date of start. It can only be a prospective date. If however no date is mentioned in the sanction letter, the project would be deemed to have become operative on the day the grant is received by the Investigator. This date would have to be communicated by the host Institute to the DHR/ICMR. It will in no case be later than one month after the receipt of the draft by the Institute. The date of start of a project can be

changed on the request of the PI provided no expenditure has been incurred from the grant released by the Council.

X. STAFF COMPONENT FOR THE PROJECTS-

10.1 The following categories of staff would be eligible to be engaged in the projects under the scheme on fixed consolidated remuneration and contractual basis:

- i. Research Scientists
- ii. Research Associates
- iii. Sr. Research Fellows
- iv. Jr. Research Fellows
- v. Technical and Field staff

10.2 The rates of remuneration for the aforesaid staff would be reckoned with reference to the rates as applicable at the ICMR/DST for project staff.

10.3 Staff would be engaged initially for a period of one year and extendable till the duration of the project. The staff engaged in the project will not have any claim, whatsoever, for continuation of services in DHR/ICMR after completion/termination of the project.

10.4 Only those candidates can be engaged as Junior Research Fellows who have cleared the ICMR-PGI,UGC-CSIR, DBT National Eligibility Test, or equivalent .

10.5 The progress of JRF and SRF working on a project will be assessed every year by a committee consisting of PI, Head of Department (where PI is HOD, the next senior of Department/Dean will be a member) and an external member who is an expert in the relevant field - not less than an Associate Professor/Professor.

XI. UP-GRADATION/DOWN-GRADATION OF APPROVED STAFF

11.1 No alteration in the staff approved can be made by the institute/research Organisation without the permission of DHR/ICMR.

XII. UTILIZATION OF TRAVEL GRANT

12.1 The grant can be utilized for travel within the country by the PI, co-investigator or of Research staff working on the scheme:

- a. Attending seminars/symposia/conferences within the country provided the PI himself or the project staff is presenting a research paper (based on the project work) which has been accepted. Copy of the acceptance letter should be sent to the ICMR.
- b. Taking up field work/travel connected with the research work (TA/DA would be as per the entitlement) including procurement of chemicals, equipments etc.
- c. Visiting the DHR/ICMR office for meetings related to the project
- d. Attending a training course related to the project, mainly for project staff
- e. The travel grant cannot be used for foreign travel or any other expenses for visits abroad

XIII. UTILIZATION OF CONTINGENT GRANT

13.1 This is meant for recurring as well as non-recurring expenditure. The contingent grant can be utilized for purposes like, but not limited to:

- a. Acquisition of books and documents of relevance to the research topic in case these are not available in the library, these would become the property of the Institution library and after purchase and accession may be issued to the Department/ Scientist till they are needed.
- b. Charges for specialized investigations for which facilities do not exist in the host institute
- c. Publication charges/ reprints/ off-prints of research papers published as an outcome of the research
- d. Data entry charges
- e. Printing of questionnaire
- f. Computer utilities, charges for analysis of data (computer charges)
- g. Typing of research reports including preparation of the final report
- h. POL
- i. Communication charges
- j. The grant cannot be used for purchase of furniture items/office equipments such as telephone, fax machine, computers etc.

13.1 For contingency grant exceeding Rs.25,000/- per annum detailed breakup should be given.

XIV. EQUIPMENT

14.1 Provision for equipment(s) for conduct of the study shall be provided based on the recommendations/approval of the project by the approval by the appropriate Expert Committees. This would vary on the nature, scope and need of the project.

- All equipments should be purchased according to the rules and procedures of the Institutions where the project is to be carried out
- Equipment procured through the grant should bear a label "DHR/MOHFW funded"
- On completion of the study a list of all equipments procured from the project funds along with their cost, date of purchase, and suggestions for disposal should be sent to the Department.
- Equipments costing less than Rs 20,000 are generally allowed to be retained by the Institute, while for those costing more than Rs 20,000 the Department would take decision on case to case basis.

14.2 All expendable and non-expendable articles acquired for work of the project should be purchased in accordance with the procedure in vogue in the host institutions. For permanent and semi-permanent assets acquired solely or mainly out of the grant, a separate record in the form of register in prescribed Performa (Asset Register) shall be maintained by the Institute. The term "assets" means moveable property where the value exceeds Rs.1000/-. Separate assets registers for items costing more than Rs.20,000/- and less than Rs.20,000 may be maintained.

XV. OVERHEAD EXPENSES

15.1 Overhead expenses, if any, may be met from miscellaneous expenses as per ICMR norms.

XVI. RE-APPROPRIATION OF FUNDS

16.1 Expenditure should on no account exceed the budget sanctioned for the project. Expenditure incurred over and above the sanctioned amounts against one or more, sub-heads of expenditure such as pay & allowances, contingencies etc shall not be met without the approval of the DHR, by re-appropriation of savings under remaining sub-heads (except under sub-head 'equipment') by re-appropriation of money during the financial year, provided it is within over all sanctioned ceiling of the year. No expenditure shall be incurred on items not sanctioned under the scheme. Savings should also not be re-appropriated for meeting or incurring expenditure on staff that has not been sanctioned by the Department.

XVII. EXTENSION OF THE PROJECT

17.1 Extension beyond the approved duration would not be entertained. If interesting/important leads emerge that need to be followed-up, a separate proposal may be submitted. Only in exceptional cases, where a valid justification exists, and recommended by the technical Evaluation Committee and Project Approval Committee an extension can be considered to complete the project.

XVIII. Change of Principal Investigator (PI)

- PIs are encouraged to have a co-investigator in the project.
- If for any reason the PI leaves the project, an eligible co-investigator could be considered as the PI subject to recommendation of the PI, the Head of the Institution, and the approval of DHR. Such a request should be sent well in advance.
- In case the PI is shifting to any other Institution, the co-investigator could be made the new PI, or the project could be transferred to the new Institution with the mutual agreement of both Institutions and the approval of the DHR.
- The host Institution has an important role to play in the above contract. The Institute/Principal Investigator will have to inform the DHR of any changes, and in consultation with DHR take steps to ensure successful completion of the project before relieving the Principal Investigator.

XIX. NUMBER OF PROJECTS WITH THE PI

19.1 Under normal conditions, a PI should not be implementing more than three research projects at a given point in time. While submitting an application for a research project, the PI should give in detail all the research projects (completed, on-going). Fresh research proposals can be considered only when the on-going research proposals are about to conclude.

XX. ANNUAL PROGRESS REPORT

- a) The Host Institute would be required to submit an annual progress report and also give audited statement of expenditure by the Auditor of the research Organization/Institute etc. However, the first progress report should be submitted at least three months prior to the completion of the annual report so as to enable the evaluation and provide the grants within the completion of one year from the starting date. The subsequent annual report will be for the period of one year.
- b) The financial and physical progress of the project would be evaluated by the DHR with technical support from ICMR.

- c) The progress report and expenditure statement in respect of the project shall be reviewed at the time of release of subsequent grants.
- d) The Principal Investigator (PI) may be asked to present the progress at the meeting of the Committee, if considered necessary. The consolidated report of the work done to be provided to Department for evaluation and monitoring of progress and statement of expenditure.
- e) The suggestion and views of the Committee and mid-course correction, if any, would be conveyed to the PI from time to time for effective conduct of the project. This would be binding on the PI.

XXI. FINAL PROJECT COMPLETION REPORT (PCR)

21.1 At the completion of the project, the final report should be sent in the prescribed format.

21.2 The report should be submitted not later than three months from the date of completion of the project.

21.3 The report should be submitted not later than three months from the date of completion of the project. 10% grant would be withheld for release after receipt of the final report.

21.4 The review of any other new project sent by the same applicant for financial support from the Department would depend upon the previous track record in terms of compliance of submission of requisite statement of Accounts and annual / final reports in time

21.5 Ten copies of final report have to be submitted by the applicant along with the final audited statement of Accounts.

21.6 Action taken on Project Completion Report (PCR) - The final report is reviewed by the PRC. If the report is found satisfactory, an abstract on the work done is published in the ICMR Bulletin. System of keeping PCR: A few copies are retained by the DHR and soft copies would be retained for eventual uploading on the DHR website.

XXII. AUDIT

22.1 The department would normally accept audited report from auditors as applicable to the concerned institution. Statement of accounts audited by Chartered Accountants approved by or registered with the CAG and /or Ministry of Health & Family Welfare would also be accepted. The necessary registration number should be provided for record.

XXIII.ANNUAL UTILIZATION CERTIFICATE

- i. The release of grants-in-aid and the terms and conditions thereof including submission of utilization certificates shall be subject to the provisions GFRs.
- ii. Each year a simple statement of accounts giving the funds received and expenditure incurred by 31st March needs to be submitted for release of the first installment for the next year duly signed by the Accounts Officer of the Institute.
- iii. Unspent balance would be adjusted in the first installment for the next year
- iv. An audited statement would be essential for release of the second installment of the annual grant from second year onwards.

XXIV.FINAL SETTLEMENT OF THE ACCOUNTS

24.1 The final settlement of the Accounts will be done only after the receipt of the following:

- a. Final audited statement of expenditure
- b. Final utilization certificate
- c. List of equipments procured from the project along with their cost, date of purchase, and suggestions for disposal

24.2 The grant paid by the DHR shall be refunded by the institution as and when the investigator discontinues a scheme midway or does not follow the detailed technical programme as laid down and approved by the DHR.

All raw data (in all forms) should be made available/accessible to DHR if needed.

XXV. PUBLICATION OF RESULTS/PRESENTATION OF PAPERS:

25.1 The research papers and publications based on the results of the research project should acknowledge assistance by the DHR. Copies/reprints of papers published should be sent along with the progress/final report.

XXVI.INTELLECTUAL PROPERTY RIGHTS

26.1 All new intellectual property viz., patents, designs etc. generated as part of the research supported by the DHR under the Scheme would belong to the

department *and* other partners as per the Indian Council of Medical Research IPR policy, till any new policy is formulated by Department of Health Research.

XXVII. CONFLICT OF INTEREST

27.1 In order to maintain the objectivity in the conduct and reporting of research, it is imperative that the investigators should not have any financial or other interests that undermine scientific integrity while recording and reporting their data. Any research or other links of the investigators with industry are discouraged as such a link would compromise or likely to compromise unbiased reporting of research data. In addition, such a financial conflict of interest could lead to loss of public faith on the credibility of data being reported, especially in the light of recent reports of financial conflict of interest of investigators in drug and other clinical trials. All investigators, desirous of DHR support should declare financial conflict of interest, if any, before submitting the project for support. They should also ensure that during the conduct of the project, they would also observe the same code of conduct. If the Department comes to know of any unethical conduct on the part of investigator including improper/incomplete declaration, the project is liable to be terminated immediately.

No.V.25011/589/2010-HR
Government of India
Ministry of Health & Family Welfare
Department of Health Research

2nd Floor, Indian Red Cross Building,
Near Parliament House, New Delhi-110001
Dated: 25th February, 2014

To

The Pay & Accounts Officer,
Ministry of Health & Family Welfare
Nirman Bhawan,
New Delhi-110011

Subject: Administrative Approval & Expenditure Sanction in respect of the Central Sector Scheme, namely, the “Grant-in-aid Scheme for ‘Inter -Sectoral Convergence & Coordination for Promotion and Guidance on Health Research’ during the 12th Plan period.

Sir,

I am directed to say that the aforesaid scheme was considered and approved by the EFC in its meeting held on 27th August, 2013 under the Chairmanship of FS & Secretary (Expenditure) and has been accorded approval by the Cabinet Committee on Economic Affairs (CCEA) in its meeting held on 6th February, 2014. Accordingly, the Administrative Approval & Expenditure sanction of the competent authority is hereby conveyed for the Central Sector Plan scheme of the Department of Health Research (Ministry of Health & Family Welfare), namely, the **“Grant-in-aid Scheme for ‘Inter -Sectoral Convergence & Coordination for Promotion and Guidance on Health Research’ during the 12th Plan period, at a total estimated cost of Rs.1242 crores (Rupees One Thousand Four Hundred & Forty Two Crores). The salient features of the scheme are as follows:**

2. Financial support will be provided in the form of grant-in-aid for carrying out research studies to identify the existing knowledge gap and to translate the existing health leads into deliverable products. There will be special focus on encouraging innovation, their translation and implementation by collaboration and cooperation with other agencies by laying special stress on implementation research so that there is a better utilization of available knowledge. The Scheme has the following components for funding:

(1) Research studies with emphasis on public health:

2.1 The objective of this component is to support research studies on disease burden, risk factors, diagnosis & treatment, etc of major diseases. The studies will be limited to **Non-communicable diseases only. Total number of 287 studies, with the maximum duration of 3 years and cost range between Rs.50 lakh - Rs.3 crores each, can be funded at a total estimated cost of Rs. 289.00 crores.**

(2) Translational Research Projects.

2.2 The objective of this component is to translate the already identified leads into products and processes in the area of human healthcare, through coordination among the agencies involved in basic, clinical and operational research for use in the public health system. It is proposed to take up 75 leads already available with ICMR, 25 leads from Extramural projects funded by ICMR and 15 leads from other Science & Technology Departments/Organisations. **Total No. of 115 projects with a duration of 1-4 years and cost range of Rs.3-10 crores can be funded with a total estimated cost of Rs. 510 crores during the 12th Plan period.**

(3) Inter-sectoral co-ordination including funding of Joint Projects.

2.3 The Objective of this component is to promote joint/collaborative research projects with other agencies involved in bio-medical/health research in the country for optimum use of resources and transfer of knowledge. **Total number of 181 projects with a cost range of Rs. 50 lakh-10 crore and duration of 2-3 years per project can be funded under this component, at a total estimated cost of Rs.298 crores**

(4) Cost effectiveness analysis of health technologies through a health technology assessment system

2.4 The aim of the studies would be to come up with appropriate recommendations and guidelines on cost effective but viable technology/process/diagnostics for managing various diseases, to facilitate public choice and controlling health care costs, while maximizing health outcomes. **171 projects with a cost range of Rs.50 lakh to Rs.2 crores and duration of 1-3 years can be funded under this component at a total estimated cost of Rs.136 crores**

(5) Support to ICMR and non-ICMR scientists for participation in conferences abroad in identified priority areas of the Department and conduct of national & international seminars & conferences.

2.5 The component is intended to provide financial support for taking part in international conferences/seminars/symposia etc. The activity of organizing international conferences/seminars/symposia to share experiences on health research issues is also proposed under this component. **Non-ICMR Scientists would mainly cover the faculty and students of the medical colleges.** Total estimated cost of this component is Rs.6.00 crores.

2.6 Project Administration: For Project administration at the National Level, Project Management & Implementation Unit (PMIU) would be set up in the Department of Health Research & ICMR, at a total estimated cost of Rs.3.03 crores only). No regular posts will be created. All the manpower for the Project Management & Implementation Units at DHR and ICMR, will engaged on contractual basis, as indicated in **Annexure-I.**

3. The physical targets (Research Projects) may have to be adjusted on year to year basis, depending upon the allocation of funds for the scheme under Plan.

4. Implementing Agency and FUNDS FLOW MECHANISM:

- The scheme will be implemented through the ICMR and the DHR will exercise the overall managerial control.
- Funds would be released to the concerned institutes/organizations biannually through ICMR.

- 1st installment to include entire grant of non-recurring and recurring grant for six months. 2nd installment on utilization of at least 70% of the previously release grant.
- Utilization Certificates would be required to be submitted in accordance with the provisions of GFRs.

5. Following categories of institutions/individuals would be eligible for funding:

- e) Govt. Medical Institutions / Colleges / Universities
- f) Private Institutions/NGO (Registered with the Department of Scientific and Industrial Research (DSIR), Govt. of India)/ recognized by DHR as a health research institute
- g) Individual Scientists in regular employment in the Universities, medical colleges, postgraduate institutions, recognized research and development laboratories and NGOs.
- h) Professional bodies and scientific societies and associations.

6. The year-wise phasing of physical and financial targets are given at Annexure-II. The Priority Areas of Research, Topics of the Research Studies, total no.of studies and average cost, duration of studies, etc under each component of the scheme are given in **Annexure-III**.

7. The detailed terms & conditions for funding of projects, including the eligibility criteria, selection process, expected outcomes/deliverables, etc. would be governed by the guidelines on the scheme, which will be issued separately.

This issues with the approval of competent authority as per Ministry of Finance, Department of Expenditure's O.M. No.1(3)/PF.II dated 01.04.2013.

(Sunita Sharma)
Deputy Secretary to the Government of India
Tel No.23736087

Copy forwarded for information /necessary action forwarded to:

1. Director, Cabinet Secretariat, New Delhi.
2. Director General, ICMR & Secretary (HR)
3. Joint Secretary (PF-II), D/o Expenditure, Ministry of Finance, North Block, New Delhi.
4. Adviser (Health), Planning Commission, Yojana Bhawan, New Delhi
5. AS &FA (Health)

CC:PS to HFM/PS to MoS (HF&W)/JS(HR)-Shri S.K. Rao, JS(HR)-Shri NageshPrabhu

Annexure- I

Contractual Staff to be engaged for Project Management & Implementation Unit

I. At Department Health Research:

S.No.	Name of the post	No.	Estimated Cost (Rs.) per month	Average Estimated Cost (Rs.) per annum
1	Project Manager	1	Rs.60,000-80,000/- p.m.	8,40,000
2	Scientist- C (Medical/Non-medical)	1	55,000/- p.m.	6,60,000
3	Finance Manager	1	Rs.40,000-45,000/- p.m.	5,10,000
4	Data Entry Operators	2	Rs.16,000-20,000/- p.m.	4,32,000
5	Group 'D'/Multi-Task Staff	1	Rs.8,000-10,000/- p.m.	1,08,000
	Total	6		25,50,000

II. At Indian Council of Medical Research:

S.No.	Name of the post	No.	Estimated Cost (Rs.) per month	Average Estimated Cost (Rs.) per annum
1	Scientist- C (Medical/Non-medical)	1	Rs.55,000/- p.m.	6,60,000
2	Administrative Officer	1	Rs.30,000/-	3,60,000
3	Data Entry Operators	1	Rs.16,000-20,000/- p.m.	2,16,000
4	Group 'D'/Multi-Task Staff	1	Rs.8,000-10,000/- p.m.	1,08,000
	Total	4		13,44, 000

Annexure-II

SUMMARY OF ESTIMATED COST FOR THE SCHEME OF 'GRANT-IN AID FOR INTER-SECTORAL CONVERGENCE & COORDINATION FOR PROMOTION AND GUIDANCE ON HEALTH RESEARCH'

(Rs. in crores)

S.No.	Category	Total No. of Studies	Cost Range per study	Duration	Phasing of Expenditure				
					2013-14	2014-15	2015-16	2016-17	Total 12 th Plan
1	Programme for Research Studies, including Gender & Health	287	Rs.50 lakh-3.00 cr.	1-3 years	10	100	100	79	289
2	Programme for Translational Research Projects	115	Rs.3 cr-10.00 cr.	1-4 years	12	173	175	150	510
3	Programme for inter-sectoral co-ordination including funding of Joint Projects	181	Rs.50 lakh-10.00 cr.	2-3 years	10	100	100	88	298
4	Programme for Comparative /cost effectiveness analysis for public health choice	171	Rs.50 lakh-2.00 cr.	1-3 years	6	50	50	30	136
5	Programme to support for Participation of ICMR and non-ICMR researchers in Conferences Abroad and conduct of national & international seminars & conferences, workshops, etc	-			1.00	1.00	2.00	2.00	6
A. Total for scheme components		754			39	424	427	349	1239
Administrative Expenditure on the scheme		-							
6.	Office expenses at DHR	-			0.37	0.37	0.38	0.31	1.43
7	PMIU at DHR	-			0.26	0.26	0.26	0.26	1.04
8	Technical Cell at ICMR	-			0.14	0.14	0.14	0.14	0.56
B. Total Administrative Expr.					0.77	0.77	0.78	0.71	3.03
Grand Total (A+B)					39.77	424.77	427.78	349.71	1242.03
Say Rs.1242 crores									

COSTING OF VARIOUS COMPONENTS UNDER THE GRANT-IN-AID SCHEME OF DHR

1. Research Studies in areas relevant to Public Health.

S.NO.	Priority Area of Research	Topic of the study	Total No. of studies (combined for all topics)	Break up of no. of projects X average cost (Rs. in lakhs)	Average Duration of study (years)	Total Estimated Cost (Rs. in lakhs)
A. Non-Communicable Diseases						
1.	Cancer	<ul style="list-style-type: none"> • Estimation of State/region wise disease burden • Profiles of cancers • Risk factors identification • Development and evaluation of algorithms for diagnosis and Management • Other areas relevant to the programme. 	21	3x300.00 6x100.00 12x50.00	3 2-3 2-3	900.00 600.00 600.00
2.	Mental Health	<ul style="list-style-type: none"> • Epidemiological studies for assessing for disease burden and determinants etc. • Development of skills for end of life care • Model projects under Brain Grid with NKN • Development and evaluation of algorithms for diagnosis and management • Other areas relevant to programmes. 	21	3x300.00 6x100.00 12x50.00	3 2-3 2-3	900.00 600.00 600.00
3.	Cardiovascular Diseases	<ul style="list-style-type: none"> • Epidemiological studies for Burden estimation (regional/states) and • Socio-behavioral, lifestyle and other risk factors • Profile of CVS diseases • Development and evaluation of algorithms for diagnosis and management • Other areas relevant to programmes. 	21	3x300.00 6x100.00 12x50.00	2-3 2-3 1-3	900.00 600.00 600.00
4.	Environmental Health/ occupational health	<ul style="list-style-type: none"> • Burden estimation • Impact of legislation • Air and water pollution • Health problems related to pesticides etc • Profile of occupational health problems of national importance • Other areas relevant to programmes. 	21	3x300.00 6x100.00 12x50.00	2-3 2-3 2-3	900.00 600.00 600.00
5.	Stroke and neurological	<ul style="list-style-type: none"> • State and regional data 	21	3x300.00	2-3	900.00

	disorders	<ul style="list-style-type: none"> Type of strokes Risk factors estimations Development and evaluation of algorithms for diagnosis and management Other areas relevant to programmes. 		6x100.00 12x50.00	2-3 2-3	600.00 600.00
6.	Diabetes	<ul style="list-style-type: none"> State and regional data Risk factors estimations Strategies for management at various levels Other areas relevant to programmes. 	21	3x300. 6x100.00 12x50.	2-3 2-3 2-3	900.00 600.00 600.00
7.	Metabolic disorders	<ul style="list-style-type: none"> State and regional data along with risk factors Development and evaluation of algorithms for diagnosis and management Other areas relevant to programmes. 	21	3x300.00 6x100.00 6x50.00	2-3 2-3 2-3	900.00 600.00 600.00
8.	Congenital Malformations and Genetics	<ul style="list-style-type: none"> State and regional data including classification Risk factors estimations Development and evaluation of algorithms for diagnosis and management Other areas relevant to programmes 	21	3x300.00 6x100.00 12x50.00	2-3 2-3 2-3	900.00 600.00 600.00
9.	Kidney and liver disorders	<ul style="list-style-type: none"> State and regional data and types Risk factors estimations Development and evaluation of algorithms for diagnosis and management Other areas relevant to programmes. 	21	3x300.00 6x100.00 12x50.00	2-3 2-3 2-3	900.00 600.00 600.00
B. Gender & Health						
Studies on Gender and Health	1. Physical Health problems specifically related to women regarding top 5 problems: <ul style="list-style-type: none"> Heart diseases, Breast cancer/cervix Osteoporosis Depression Autoimmune 	Studies on various aspects such as: <ul style="list-style-type: none"> Vulnerability to diseases. Socio-cultural factors Education and access to information Gender specific public health interventions 	35	6x300.00 9x100.00 20x50.00	3 2-3 2-3	1800.00 900.00 1000.00

	diseases					
C. Maternal and child health						
1.	Maternal health	<ul style="list-style-type: none"> • Estimating morbidity and mortality patterns • Nutritional disorders • Tools for reducing MMR • Reproductive health • Health care seeking behavior • Other areas relevant to programmes. 	21	3x300.00 6x100.00 12x50.00	2-3 2-3 2-3	900.00 600.00 600.00
2.	Child health	<ul style="list-style-type: none"> • Estimating morbidity and mortality patterns • Nutritional disorders (malnutrition and obesity) • Diarrhoeal and respiratory disorders • Factors affecting pre-term, LBW • Immunization • Other areas relevant to programmes. 	21	3x300.00 6x100.00 12x50.00	2-3 2-3 2-3	900.00 600.00 600.00
3.	Low child sex ratio and other Gender and Health	<ul style="list-style-type: none"> • Factors influencing female feticide • Social beliefs • Qualitative research studies • Domestic violence • Other areas relevant to programmes. 	21	3x300.00 6x100.00 12x50.00	2-3 2-3 2-3	900.00 600.00 600.00
Total			287			28900.00

Say Rs.289.00 crores

2. Programme for Translational Research

Item	Topic of the Study	Total No. of studies (combined for all topics)	Estimated cost per study (Rs. in lakhs)	Duration of study (years)	Total Cost (Rs. in lakhs)
Leads identified by ICMR Institutes and partly developed	The technologies targeted for 2013-14 include : (i) diagnostic assays/ reagents/ devices for diabetes mellitus; cervical cancer; thalassaemia ; infectious diseases such as tuberculosis, leptospirosis, hepatitis E, rotavirus diarrhoea, food borne pathogens, Chlamydia infections, kala-azar, malaria, filarial and lung fluke;	30 (First priority)	500.00 (average)	1-2	15000.00
	(ii) vaccines for Japanese encephalitis, hepatitis E, ; (iii) nutrition: assays for bioavailability of iron , vitamin A estimation; (iv) Others: cooling garment to prevent and manage heat effects; ergonomically designed rickshaw; test for determination of viability of sperms; molecules, metabolites / organisms for biological control of mosquitoes. 31-75 : Leads identified as second priority likely to take 3-4 years to develop prototype/ technologies	45 (second priority)	300.00 (average)	3-4	13500.00
Sub-total (A) Total no. of studies		75			28500.00
1.Leads identified from extramural projects 2.Leads identified by other agencies/ requiring inter-departmental collaboration with like DST, DBT, DSIR, DRDO etc.		25	300.00	2-4	7500.00
		15	1000.00	2-4	15000.00
Total	Sub-Total (B)	40			22500
	Grand Total	115			51000

Say Rs. 510.00 crores

3. Programme for Inter-sectoral Co-ordination including funding of joint projects

S.NO.	Purpose of study	Total No. of studies (combined for all topics)	Break up of no. of projects X average cost (Rs. in lakhs)	Duration of study (years)	Total Cost (Rs. in lakhs)
Joint projects with DBT /DST/DRDO on diagnostics & vaccine					
1.	<ul style="list-style-type: none"> •Diagnostics in area of Cancer, Stroke, Diabetes, Vector borne diseases, Tuberculosis, Leishmaniasis etc. •Vaccines for Vector borne diseases, Leishmaniasis etc. Basic biology, polymers, devices, bio-instrumentation and other life science related areas like nanotechnology etc. 	26	6x500.00 8x300.00 12x50.00	2-3 2-3 2-3	3000.00 2400.00 600.00
Sub Total					6000.00
Joint projects with DBT /DST/CSIR/ on New drug discovery					
2.	<ul style="list-style-type: none"> • Drug discovery in the areas of Cancer, Stroke, Diabetes, Vector borne diseases, Tuberculosis, Leishmaniasis etc. • Diagnostics, devices and therapeutics with DST, DBT, CSIR, DRDO, Information Technology 	23	3x1000 10x100 10x50.00	2-3 2-3 2-3	3000.00 1000.00 500.00
Sub Total					4500.00
Joint projects with AYUSH New drug discovery / Treatment					
3.	<ul style="list-style-type: none"> • Drug discovery / new treatment in the areas of Cancer, Stroke, Diabetes, Vector borne diseases, Tuberculosis, Leishmaniasis, cardiovascular diseases, Mental disorders, arthritis, skin disorders etc. • Role of Yoga in cardio-vascular diseases, diabetes, stroke and neurological disorders etc. • Other alternate therapies 	18	4x500.00 6x100.00 8x50.00	2-3 2-3 2-3	2000.00 600.00 400.00
Sub Total					3000.00
Joint projects with Department of Environment					
4.	<ul style="list-style-type: none"> • Effect of climate change on vector borne diseases, and other communicable diseases and impact of transgenic/ recombinant technology on health • Indoor and outdoor air pollution • Noise heat, radiation pollution etc • Pollution due to chemicals, pesticides, other toxic waste etc. • Development of disaster management tools 	18	3x500.00 6x100.00 9x50.00	2-3 2-3 3	1500.00 600.00 450.00
Sub Total					2550.00
Joint projects with DARE/ ICAR					
5.	<ul style="list-style-type: none"> • Diagnostics, treatment and control of diseases on Zoonosis • Improvement of nutritional status • Nutritional safety –use of pesticides; other toxic contaminants etc 	28	4x500.00 8x100.00 16x50.00	2-3 2-3 2-3	2000.00 800.00 800.00
Sub Total					3600.00
Joint projects with Department of Space					
6.	<ul style="list-style-type: none"> • GIS mapping of Vector borne diseases with geo-climatic factors • GIS mapping of cardio-vascular, cancer, diabetes diseases with population density, industry, agricultural produce etc. 	18	3x300.00 6x100.00 9x50.00	2-3 2-3 2-3	900.00 600.00 450.00
Sub Total					1950.00
Joint projects with M/o of Women & Child Development, Department of Health & FW and ICSSR/ Department of information technology/ labour etc.					
7.	<ul style="list-style-type: none"> • Nutritional patterns and developing interventions with WCD, Nutritional institutes • Socio-behavioural factors related with maternal health with ICSSR • Health education with WCD • Public health interventions with Department of Health and women and child development, social justice • Under-five morbidity pattern with ICDS • Nutritional interventions with schools, WCD • Studies with ICSSR on Low Child sex ratio, female feticide, domestic violence and sexual violence at work place • Model projects on implementation of Knowledge management policy; • other model projects related to national programmes including health systems research and socio-behavioural interventions 	50	6x500 9x300 15x100 20x50	3 2-3 2-3 2-3	3000.00 2700.00 1500.00 1000.00
Sub Total					8200.00
		181	Grand Total		29800.00
					Say Rs.298.00 crores

4. Programme for Comparative /cost effectiveness analysis for public health choice.

S.NO.	Area of Research	Sub-areas	Topics of the study	Total No. of studies (combined for all topics)	Break up of no. of projects X average cost (Rs. in lakhs)	Duration of study (years)	Total Cost (Rs. in lakhs)
A. Non-communicable diseases							
1		Cancer	<ul style="list-style-type: none"> • Methods for effective and early diagnosis • Impact of health services for cancer management • Efficacy of different regimens • Development of guidelines for diagnosis and management 	25	20x50.00 5x100.00	1-2 2-3	1000.00 500.00
2		Mental Health	<ul style="list-style-type: none"> • Scales and tools for assessment of Mental Health • Evaluation of newer modalities of treatment like ECT etc • Development of guidelines for diagnosis and management 	15	5x100.00 10x50.00	2-3 1-3	500.00 500.00
3		Cardiovascular Diseases	<ul style="list-style-type: none"> • Assessment of promotive models for prevention of risk factors • Efficacy of newer diagnostic tests • Models of early treatment to reduce mortalities • Health informatics and health technology assessments • Development of guidelines for diagnosis and management 	22	4x200.00 6x100.00 12x50.00	2-3 2-3 1-3	800.00 600.00 600.00
4		Stroke and neurological disorders	<ul style="list-style-type: none"> • Newer diagnostics • Newer treatment modalities • Preventive models • Development of guidelines for diagnosis and management 	20	4x200.00 6x100.00 10x50.00	2-3 2-3 1-3	800.00 600.00 500.00
5		Diabetes	<ul style="list-style-type: none"> • Newer diagnostics • Newer management strategies • Health promotive and preventive models • Development of guidelines for diagnosis and management 	21	3x200.00 6x100.00 12x50.00	2-3 2-3 2-3	600.00 600.00 600.00
B. Communicable diseases							
6		Malaria Dengue Chikungunya Japanese Encephalitis (Vector Borne Diseases)	<ul style="list-style-type: none"> • Efficacy of alternate drugs • Newer vaccines • Newer drugs including larvicidals • Preventive technologies • Use of technologies for prevention and cure • Development of guidelines for diagnosis and management 	22	4x200.00 6x100.00 10x50.00	2-3 2-3 2-3	800.00 600.00 600.00
7		Tuberculosis / Leprosy Other Mycobacterial diseases	<ul style="list-style-type: none"> • Multidrug resistance • Newer diagnostics • Newer drugs and combinations • Development of guidelines for diagnosis and management 	14	2x200.00 4x100.00 8x50.00	2-3 2-3 2-3	400.00 400.00 400.00
8		Leishmaniasis / Kalazar	<ul style="list-style-type: none"> • Newer diagnostics • Newer drugs 	6	2x100.00 4x50.00	2-3 2-3	200.00 200.00
9		Zoonoses	<ul style="list-style-type: none"> • Newer diagnostics • Newer drugs 	6	2x100.00 4x50.00	2-3 1-3	200.00 200.00

10		Guidelines for management of important maternal and child health problems; region specific guidelines for nutrition; enteric infections, acute fevers; PUO; genetic disorders, blood disorders etc;		20	8x100.00 12x50.00	2-3 2-3	800.00 600.00
				171		Total	13600.00

Say Rs. 136.00 crores

5. Programme for support to for Participation for ICMR and non-ICMR researchers in Conferences abroad:

(Rs. in crores)

Year	2012-13	2013-14	2014-15	2015-16	2016-17	Total
Amount	0.00	1	1	2	2	6.00