

ANNUAL REPORT

2025 - 2026



सत्यमेव जयते

Department of Health Research
Ministry of Health & Family Welfare



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DEPARTMENT OF HEALTH RESEARCH
Ministry of Health & Family Welfare
Government of India
New Delhi
www.dhr.gov.in

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Chapter 1**Introduction**

- 1.1 Department of Health Research (DHR) was created as a separate Department within the Ministry of Health & Family Welfare by an amendment to the Government of India (Allocation of Business) Rules, 1961 on 17.09.2007. The Department became functional from November 2008 with the appointment of first Secretary of the Department. 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 preventions; to translate them into products and processes and, in synergy with concerned organizations, introduce these innovations into public health system.
- 1.2 Mandate of DHR is:
 - (i) Promotion and co-ordination of basic, applied and clinical research including clinical trials and operational research in areas related to medical, health, biomedical and medical profession and education through development of infrastructure, manpower and skills in cutting edge areas and management of related information thereto.
 - (ii) Promote and provide guidance on research governance issues, including ethical issues in medical and health research.
 - (iii) Inter-sectoral coordination and promotion of public - private – partnership in medical, biomedical and health research related areas.
 - (iv) Advanced training in research areas concerning medicine and health, including grant of fellowships for such training in India and abroad.
 - (v) International co-operation in medical and health research, including work related to international conferences in related areas in India and abroad.
 - (vi) Technical support for dealing with epidemics and natural calamities.
 - (vii) Investigation of outbreaks due to new and exotic agents and development of tools for prevention.
 - (viii) Matters relating to scientific societies and associations, charitable and religious endowments in medicine and health research areas.
 - (ix) Coordination between organizations and institutes under the Central and State Government in areas related to the subjects entrusted to the Department and for the promotion of special studies in medicine and health.
 - (x) Administering and monitoring of Indian Council of Medical Research (ICMR).
 - (xi) Matters related to Health Technology Assessment.
- 1.3 With a view to fulfilling its mandate, DHR has rolled out the following Schemes:
 - (i) Setting-up of Nation-Wide Network of Laboratories for Managing Epidemics and National Calamities.

(ii) Development of Infrastructure for Promotion of Health Research

- (a) Establishment of Multi-Disciplinary Research Units (MRUs) in Medical Colleges/ Research Institutes.
- (b) Establishment of Model Rural Health Research Units (MRHRUs) in States.

(iii) Human Resource and Capacity Development

- (a) Human Resource Development (HRD) for Health Research.
- (b) Grants in Aid scheme (GIA) for inter-sectoral convergence & Co-ordination for Promotion and Guidance on Health Research.
- (c) Health Technology Assessment in India (HTAIIn).
- (d) International Cooperation

(iv) Development of Tools/support to prevent outbreaks & epidemics.**(v) Prime Minister's Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) – Bio Security Preparedness and strengthening Pandemic Research and Multi Sector and National Institutions and Platform for One Health**

- (a) PM-ABHIM – Bio Security Preparedness and strengthening Pandemic Research and Multi Sector
- (b) Programme for strengthening Research & Development towards integrated disease control and pandemic preparedness for the National One Health Mission.

1.4 During the year under review, the Department has made significant progress in implementation of aforesaid schemes. 166 Viral Research & Diagnostic Laboratories (VRDLs), 123 Multi-Disciplinary Research Units (MRUs) and 38 MRHRUs were sanctioned up to 2024-25 (up to 31st December, 2025).

1.5 VRDL, MRU and MRHRU schemes are helping in building up a strong and effective ecosystem for carrying out health research in the country and for introduction of new technologies, new methods of treatment and products/ processes into the Public Health System.

1.6 Centre for Evidence based Guidelines is established in the DHR for coordinating the formulation of Evidence Based Guidelines.

1.7 A total number of 3927 fellowships have been supported under different components of HRD Scheme during the year 2025- 26 (till 31.12.2025).

1.8 The Grant-in-Aid Scheme has significantly strengthened India's health research ecosystem and advanced DHR's objectives. Under this Scheme, a total number of 554 research projects were approved and funded since its launch in 2013-14 up to 2025-26. During the year 2025-26, a total number of 207 research projects in the different research areas, which are ongoing under the Scheme, have been funded upto 31stDecember, 2025.

1.9 A total number of 777 research projects were initiated by MRUs up to 31st December 2025. A total of 113 research projects were initiated by MRHRUs up to 31st December, 2025.

The Assisted Reproductive Technology (Regulation) Act, 2021 and the Surrogacy (Regulation) Act, 2021:

- 1.10 The field of Assisted Reproductive Technology (ART) has witnessed tremendous growth in recent years, with an increasing number of couples seeking these services to fulfill their biological parenthood aspirations. However, lack of comprehensive regulatory framework led to concerns about unethical practices, exploitation of poor vulnerable woman, potential health risks and parentage issues. A need was, therefore, felt to bring forth legislation in the sector to curb the commercialization and commodification of these technologies and promote safe and ethical practices of ART & Surrogacy in the country.
- 1.11 The Assisted Reproductive Technology (Regulation) Act, 2021, and The Surrogacy (Regulation) Act, 2021, were enacted by the Parliament which have come into force with effect from 25.01.2022. The Rules and Regulations for the both the Acts have been notified. The National ART & Surrogacy Board which is the central Supervisory Board has been constituted and the National Registry is also operational. All States have constituted their respective State ART & Surrogacy Board and Appropriate Authority. The UT Board and UT Appropriate Authority have been constituted in all UTs by the Central Government.
- 1.12 Both these Acts aim to establish a regulatory framework ensuring ethical practices and safeguarding the rights of all stakeholders involved. The Surrogacy (Regulation) Act, 2021, is a unique amalgamation of social, ethical, moral, legal and scientific issues. It seeks to regulate surrogacy procedure in such a way as to stop exploitation of poor vulnerable women: to ensure protection of rights of the child born out of surrogacy and to facilitate only needy infertile couple and widowed and divorced women to have child to complete their family. The Act prohibits commercial surrogacy and allows only altruistic surrogacy.

Swachhata Action Plan Activities & Special Campaign for disposing pending matters

- 1.13 Swachhata Action Plan, an inter-ministerial approach coordinated by Department of Drinking Water and Sanitation, M/o Jal Shakti was formulated and complied with, to mainstream Swachhata through its designated budget head.
- 1.14 A Special Campaign for disposing pending matters, coordinated by Department of Administrative Reforms and Public Grievances from 2nd October to 31st October, 2025 was carried out in DHR, which is being continued for the present. During the campaign period, the Department achieved 100% of its targets in the resolution of public grievances, PG appeals and PMO references, while also conducting extensive cleanliness drives across all offices. In addition, significant progress was made in clearing MP references and reviewing physical files as part of the record management initiative. The progress was duly reported in its designated portal.

Health Technology Assessment in India (HTAI)

- 1.15 Department of Health Research, MoHFW initiated a pilot programme on Health technology Assessment (HTA) in April 2017 for evaluation of appropriateness and cost effectiveness of available and new health technologies in the country as part of "Research Governance" mandate of the Department. In June 2021, the HTA was approved as a sub scheme under the umbrella Scheme of Human Resource and Capacity Development. Health Technology Assessment in India (HTAI) has been approved for establishment as an attached office with 4 divisions by the Hon'ble Minister of

Health and Family Welfare. HTAI is entrusted with the responsibility to analyze health technologies viz. medicines, devices and health programs for its cost-effectiveness, clinical-effectiveness and equity issues by means of Health Technology Assessment (HTA), and in turn help in decision making for an efficient use of the limited health budget and provide people access to the quality health care reducing their out-of-pocket expenditures (OOPs) on health. Established in 2017, HTAI has extended support to various verticals (e.g. Maternal Health, Child Health, TB division, State Health Departments, Ayushman Bharat Program, National Program for Blindness and NCD division etc.) of the health ministry at the center and also at state level, in evidence-based decision making.

National Ethics Committee Registry for Biomedical and Health Research (NECRBHR)

- 1.16 DHR is the designated authority to register Ethics committees for Biomedical and Health Research under the ambit of the New Drugs and Clinical Trials Rules 2019, Drugs and Cosmetic Act 1940. Until date, around 2004 EC registration applications have been received and more than 1625 provisional certificates and around 576 final certificates have been issued to Ethics committees. Continuous efforts have been made to improve the portal to ensure users' friendliness of the portal. In addition, ICMR-DHR outreach attempts to reach various ethics committees are going on which also includes training sessions and communications with various stakeholders.

Preparation of Standard Treatment Workflows (STWs):

- 1.17 Indian Council of Medical Research (ICMR), Department of Health Research (DHR) initiated a mission project of developing Standard Treatment Workflow (STWs). ICMR is continuously expanding Standard Treatment Workflows in collaboration with the NHA and the WHO country office. The ICMR, and DHR receive the topics for developing STW from NHA and experts all over the country. In the year 2018, volume-1 of STWs for 53 conditions in 9 specialties was developed, in year 2022 STW volume-2 special edition for the Tuberculosis in 3 clinical specialties comprising 18 conditions and volume-3 in 11 clinical specialties comprising 51 conditions and Volume-4 for 5 conditions in 32 specialties was developed. So far, STW for 157 conditions covering 28 disciplines have been published. These workflows comprise symptoms, signs, diagnostics, treatment, etc. for concerned diseases. These are available on the ICMR website (<https://icmr.gov.in>), mobile apps on Android at Google Play store and iOS platform at Apple store, hardbound copies, posters and scannable QR Codes as given below:



For its wider dissemination and implementation, collaborative efforts have been initiated by the National Health Authority to convene the regular meetings with state health authorities and tertiary care hospitals, wherein the session on STW are conducted regularly. Besides this, NHA is also using the STW as the clinical guidance document to prepare their reimbursement package under the Ayushman Bharat Scheme. We have approached the NHSRC to reach physicians in both public and private systems, and the NMC to engage with medical colleges, faculty, and postgraduate students. Additionally, we will work with national associations such as IMA, IAPSM, IPHA, and other specialty associations to ensure comprehensive outreach and collaboration. We have published articles in reputed journals. We are conducting regular monthly training of medical officers across various states in collaboration with NHA in English and Hindi for better understanding. We have conducted webinars in the area of CTVS (Cardiothoracic Vascular Surgery), Interventional Radiology and Orthopaedics. Further, the STWs Volume 4 has been released in 5 clinical specialties comprising 32 conditions along with a revamped mobile application.

Name of Speciality (No. of STWs)	Name of conditions
Extra Pulmonary Adult TB (10)	1. Adult Abdominal Tuberculosis 2. Adult Lymph Node Tuberculosis 3. Adult Musculoskeletal Tuberculosis 4. Adult Pericardial Tuberculosis 5. Adult Pleural Tuberculosis 6. Adult Tubercular Meningitis 7. Cutaneous Tuberculosis 8. Female Genital Tuberculosis 9. Genitourinary Tuberculosis 10. Intraocular Tuberculosis
Paediatric Pulmonary TB (5)	1. Paediatric Abdominal Tuberculosis 2. Paediatric Intrathoracic Tuberculosis 3. Paediatric Lymph node Tuberculosis 4. Paediatric Osteoarticular Tuberculosis 5. Paediatric Tubercular Meningitis
Invx. & Rx TB (3)	1. Microbiological Workup for Adult Extrapulmonary TB 2. ATT Drug Dosages 3. ATT Hepatitis

Contd...

Name of Speciality (No. of STWs)	Name of conditions
Dermatology (14)	1. Acne Roseacea 2. Alopecia 3. Bacterial skin infections 4. Cutaneous adverse drug reactions Part A 5. Cutaneous adverse drug reactions Part B 6. Dermatophytosis 7. Eczema/Dermatitis 8. Immunobullous dermatoses 9. Psoriasis 10. Rationale use of Topical Steroids 11. Scabies 12. Urticaria 13. Varicella and Herpes 14. Vitiligo
Endocrinology (6)	1. Diabetes Type I 2. Diabetes Type II 3. Diabetic Ketoacidosis 4. Fragility Fractures 5. Hyponatremia 6. Hypothyroidism
Gastroenterology (4)	1. Gastrointestinal Bleed Part A 2. Gastrointestinal Bleed Part B 3. Jaundice 4. Liver Failure
Neurosurgery (3)	1. Suspected Brain Tumor 2. Head Injury 3. Spinal Injury
Orthopaedics (11)	1. Ankle Fractures 2. Distal Femur Fractures 3. Fracture Distal End Radius 4. Fracture Neck of Femur 5. Hip Osteoarthritis 6. Intertrochanteric Femoral Fractures 7. Lower Back Pain 8. Neck Pain 9. Open Fractures 10. Osteoarthritis of Knee Joint 11. Tibial Plateau Fractures

Name of Speciality (No. of STWs)	Name of conditions
Pediatric Cardiology (6)	1. Acute Rheumatic Fever 2. Critical Heart Disease in the Newborn 3. Pediatric Heart Failure 4. Kawasaki Disease 5. Left to Right Shunt Lesions 6. Tachyarrhythmias
CTVS (5)	1. Acute Aortic Syndrome 2. Acute Limb Ischemia 3. Chest Trauma 4. Chronic Lower Limb Ischemia (CLLI) 5. Surgical Management of Coronary Artery Disease
Intervention Radiology (6)	1. Image Guided Drainage of Intra Abdominal AbscessImage Guided Management of Haemoptysis 2. Image Guided Therapies for Primary Liver Tumors 3. Image Guided Management of Obstructive Jaundice 4. Image Guided Management of Stroke 5. Image Guided Management of Vaginal Bleeding 6. Image Guided Management of Varicose Veins (Chronic Venous Insufficiency)

1. We have published articles in reputed journals.
2. We are conducting regular monthly training of medical officers across various states in collaboration with NHA in English and Hindi for better understanding.

Webinars done

S.No.	Webinar-2025	Date
1	CTVS	10.01.2025
2	Interventional Radiology	21.01.2025
3	Orthopaedics	28.01.2025

New topics have been proposed by experts in various specialties which will be prepared in due course.

New Topics proposed	
Orthopaedics	
1	Rickets
2	Club foot
3	Fracture related infection / Implant related infection
4	Nerve Injuries
5	Fracture distal humerus and proximal humerus
6	Avascular Necrosis of bone
7	Developmental dysplasia of the hip
8	Acute Osteomyelitis
9	Rheumatoid Arthritis
10	Wholesome approach in fragility fractures

Obstetrics and Gynaecology	
1	Caesarean Delivery
2	Cancer of Cervix

Hemoglobinopathies	
1	Thalassemia

Interventional Radiology	
1.	Pulmonary Embolism
2.	Image guided therapy for primary liver malignancies
3.	Image guided therapies for portal hypertension
4.	Image guided vascular access
5.	Image guided therapies for Portal hypertension
6.	Image guided therapy for Pain management
7.	Image guided therapy for Deep vein thrombosis
8.	Image guided therapy for Aortic aneurysm /dissection
9.	Image guided therapies for management of Hemoptysis
10.	Image guided management of Hemoptysis
11.	Image guided therapies for critical limb ischemia

Indian Council of Medical Research (ICMR)

The Indian Council of Medical Research (ICMR), an autonomous body under the Department of Health Research (DHR), Ministry of Health & Family Welfare, Government of India, continued to play a central role in strengthening India's health research ecosystem and public health preparedness during 2025.

1. Pandemic preparedness and One Health

During 2025, ICMR led major advances in pandemic preparedness through the operationalisation of the National One Health Mission, a whole-of-government initiative integrating 16 ministries. The Mission focused on strengthening preparedness through high-containment laboratory networks, integrated zoonotic surveillance, wastewater monitoring, and field-level preparedness testing, including the National Joint Outbreak Response Team–led simulation exercise, “Vishanu Sankraman Pratirodh Abhyas”, on Crimean Congo Haemorrhagic Fever in Khandwa district, Madhya Pradesh.

2. Infectious disease intelligence and rapid response

ICMR significantly strengthened infectious disease intelligence and rapid response, deploying mobile BSL-3 laboratories during Nipah outbreaks, advancing indigenous vaccines and monoclonal antibodies for Nipah and Kyasanur Forest Disease, and generating actionable evidence that directly informed national diagnostic protocols and risk-mapping strategies.

3. Tuberculosis elimination

Major progress was achieved in TB elimination through validation of indigenous molecular, non-sputum and AI-enabled diagnostics, optimisation of drug-resistant TB regimens, completion of Phase III TB vaccine trials, and demonstration of nutrition- and triage-based models that reduced TB incidence and mortality and influenced global guidelines.

4. Non-communicable diseases and environmental health

ICMR expanded national surveillance and implementation research in non-communicable diseases, cancer, stroke, hypertension, nutrition, environmental and occupational health. These efforts generated India's first national cancer estimates, baseline blood lead levels in children, and scalable care models for cardiovascular and neurological emergencies.

5. Women and child health

Women and child health research was advanced through landmark cohorts and indigenous technologies in PCOS, HPV screening, maternal–newborn care, and cervical cancer prevention.

6. Technology development and translation

The year also saw major gains in technology development and translation, with multiple high-impact diagnostics, vaccines, therapeutics, and digital health platforms licensed to Indian industry, supported by strengthened intellectual property facilitation through Patent Mitra and MedTech Mitra.

To accelerate translation, MedTech Mitra has onboarded nine inter-departmental / ministerial partners such as CDSCO, AIM, AMTZ, DoP, DoMSME, NHSRC, GeM, BIS, AERB besides DHR, ICMRs-NARFBR, INTENT, HTAIn. More than 270 start-ups have been supported through this initiative. More than 650 innovators have been supported for last 679 days.

The Medical Innovations Patent Mitra initiative has directly benefitted over 600 bio-medical innovators through patent filings and technology transfers, enabling them to protect and commercialize their research outputs.

7. Research output and capacity building

Through expanded extramural funding, over 800 peer-reviewed publications, extensive national and international collaborations, and large-scale student outreach and capacity-building initiatives, ICMR continued to bridge research, policy, and practice, reinforcing India's health security and accelerating progress towards equitable, evidence-based healthcare.

Capacity Building Unit DHR

Rashtriya Karmayogi Large Scale Jan Seva (RKLSJS) Program Phase I – Five training sessions were conducted for 190 employees of DHR. RKLSJS Phase II – 3-days Master training was completed for ICMR HQ and its institutes with subsequent 40 one day trainings in ICMR institutes. Under the aegis of Karmayogi Bharat iGOT platform, DHR enrolled all its employees.



Chapter 2

Administration and Finance

- 2.1 The Department of Health Research is operating many schemes to fulfil its mandate besides administering Indian Council of Medical Research (ICMR), an autonomous organisation of the Department. Presently, DHR has a total of 62 sanctioned posts in different grades with incumbency position as under

(incumbency position as on 1st December 2025)

S.No.	Name of the post	Total sanctioned strength	Incumbency position	Vacancy position
1.	Secretary DHR	1	1	0
2.	Joint Secretary	2	2	0
3.	Director/Deputy Secretary	4	4	0
4.	Principal Staff Officer	0	1*	0
5.	Scientist F	2	0	2
6.	Scientist E	4	1	3
7.	Scientist D	7	0	7
8.	Scientist C	7	1	6
9.	Under Secretary	5	4	1
10.	Principal Private Secretary	0	2*	0
11.	Assistant Director	1	0	1
12.	Section Officer	7	6	1
13.	Scientist B	2	0	2
14.	Private Secretary	2	0	2
15.	Assistant Section Officer	14	12	2
16.	Junior Translation Officer	1	1	0
17.	Personal Assistant	2	0	2
18.	Typist (Hindi)	1	0	1
	Total	62	35 (3*)	30

* 03 incumbents of the Central Secretariat Stenographer service have been posted beyond the sanctioned strength for these posts.

- 2.2 **Creation of a separate cadre of Department of Health Research:** Earlier, DHR was a sub-cadre unit of Department of Health & Family Welfare. However, for maintaining better administrative control over the CSS posts in the Department, a proposal was initiated to create a separate cadre in respect of DHR. Vide DoPT order dated 12.02.2025, Department of Health Research has been made a separate cadre unit for cadre management of Central Secretariat Service officers. This reform has improved the incumbency position in respect of the CSS posts in the Department.

- 2.3 **Encadrement of CSS posts in respect of HTA attached office and Ethics committee:** DoPT vide their order dated 07.10.2025 has encadred 5 Central Secretariat Service posts in respect of Department of Health Research. These posts are for the HTA attached office and National Ethics Committee Registry for Biomedical and Health Research division in DHR, which will strengthen these newly created divisions in the Department of Health Research.
- 2.4 **Creation of separate Cash Section and Drawing & Disbursing Officer (DDO) in respect of DHR:** Till recently, the cash section and DDO of the Department of Health & Family Welfare were also handling the matters in respect of Department of Health Research. Consequent upon creation of a separate cadre of DHR, a separate cash section has been created in the DHR. Further, a separate Drawing and Disbursing Officer has also been appointed in respect of DHR. This has led to better coordination between the Pay and Accounts Office and DHR & timely release of funds to various stakeholders/ beneficiaries.
- 2.5 **Initiatives to encourage the use of Official language in DHR:** With the creation of a separate cadre of DHR, the work relating to Official language, which was hitherto being handled by Hindi division (DoHFW), is now being handled by DHR itself.

Accordingly, in order to increase/ encourage the use of Hindi in official work by the officers/employees of the Department, various initiatives have been taken in the Department of Health Research, which are as follows:

- (a) Proposal for creation of additional CSOL cadre posts in DHR: A proposal for creation of additional CSOL posts has been initiated by DHR and is under consideration of Department of Expenditure.
 - (b) Organisation of quarterly Hindi Workshop in DHR: Hindi Workshops are organised in the Department on a quarterly basis, to increase awareness about official language rules.
 - (c) Initiation of “Protsahan Yojna” for noting/ drafting in Hindi: As per the guidelines of MHA, an incentive scheme for noting/ drafting in official language has been initiated in the Department.
 - (d) Organisation of Hindi Pakhwada 2025: Hindi fortnight (Hindi Pakhwada) was organized successfully in the Department during September 14- 30, 2025. During the Hindi fortnight, six competitions namely, (i) Quiz competition regarding the awareness of Official Language Policy (ii) Essay competition (iii) Hindi Kavyapath competition (iv) Noting/ drafting competition (v) Hindi typing competition and (vi) Hindi Dictation Competition for MTS were organized. The winners of these competitions were awarded cash prizes including certificates.
 - (e) Organisation of “Kavi Sammelan” in DHR: A Kavi Sammelan was organised for the first time in DHR on 17.11.2025 in which distinguished poets of Hindi were invited to present their sublime compositions for the audience of DHR officials and staff.
- 2.6 **Observation of Cyber Security Awareness Month:** With a view to create awareness on Cyber Hygiene and Cyber Security best practices, October 2025 was observed as Cyber Security Awareness month in DHR. As part of the campaign, cyber security audit, cyber hygiene campaign and training on cyber security was organised for all officials of the Department by cyber security experts from NIC.

- 2.7 **Capacity Building Initiatives and observance of National Learning Week 2024:** Under the Mission Karmayogi and as per directions of the Capacity building Commission the Rashtriya Karmayogi Jan Sewa Training program was held in DHR on 20th, 27th and 28th May 2025. The training was attended by all officials/ staff of DHR. The training followed a discovery based modality and was designed to enable officials to unleash their power to contribute to nation building and have a multiplier effect on national development.

Further, under the “Mission Karmayogi” a wide range of learning resources have been provided on the iGOT Karmayogi platform. The officials/employees of the Department of Health Research have been registered on the portal and are encouraged to use the portal for capacity building and also to complete various mandatory online courses on the iGOT platform.

- 2.8 **Complaints Committee for prevention of Sexual harassment of Women at work place:** Department has setup a Complaint Redressal Mechanism to look into the matters/ cases of sexual harassment of female employees of the Department as per the extant instructions of Government of India.

- 2.9 **Grievance Redressal Mechanism:** The Department has a robust Grievance Redressal Mechanism in place. The grievances received on the CPGRAMS portal were resolved in a satisfactory and timely manner.

- 2.10 **E-Governance Initiatives:** The Department has taken the following E Governance measures:

- I. eHRMS 2.0 (Electronic Human Resource Management System) has been implemented in the Department which has made the HR management processes more efficient. Various workflows related to reimbursement and permissions have also been created on the eHRMS portal for paperless HR management.
- II. As per the General Financial Rules, the Department of Health Research uses the GeM portal for procurement of Goods and Services in a transparent, efficient and cost effective manner.
- III. Government email accounts of DHR employees have been migrated to new Zoho email platform which provides benefits like enhanced data sovereignty, strong cyber security and promotes digital self-reliance.
- IV. Delegated administrator has been appointed in DHR for creation, deletion, updation, etc of Government email ids without intervention of NIC, making the process for creation of email more efficient. VPN facility has been provided to the officers to facilitate faster disposal of work.

- 2.11 **Information regarding representation of SC, ST, OBC and others in Govt posts and services in respect of Department of Health Research:**

- (i) The Department of Health Research has regular officials under two categories-
 - (a) Officials from the Central Secretariat Service (CSS), Central Secretariat Stenographer service (CSSS) and Central Secretariat Official Language (CSOL) cadre.
 - (b) Scientists appointed on Deputation (Including short term contract) basis

In respect of (a) above, it is submitted that these officials are posted by the cadre controlling authority

(CCA) i.e. DoPT in case of CSS and CSSS officers & D/o Official language for CSOL cadre posts, accordingly, category wise vacancy for these posts are maintained by their respective CCAs.

Further, in respect of (b) above, the posts of Scientist in DHR are Deputation posts which are not reserved.

(ii) Details of Liaison Officers in Department of Health Research:

(a) Smt Dharkat R Luikang, Deputy Secretary (Admin), DHR - Liaison officer in respect of SC, ST, PwBD, EWS and ESM for DHR.

(b) Shri Dhananjay Prasad Singh, DS (Coordination), DHR - Liaison Officer in respect of OBC for DHR.

(iii) Details of Reservation Cell in Department of Health Research:

(a) Smt Dharkat R Luikang, DS (Admin)

(b) Shri Dhananjay Prasad Singh, DS (Coordination)

(b) Shri Rajeev Saxena, US (Admin)

(c) Smt Vahboi Singsit, US (Coordination)



Address to DHR officials and Staff during Hindi Pakhwada 2025 by Dr Rajiv Bahl, Secretary (DHR) & Smt Richa Khoda, Joint Secretary (DHR)



Organisation of Kavi Sammelan in the Department of Health Research



Felicitation of Sanitation workers during Swachhata Hi Seva 2025.



Felicitation of guest speaker for the quarterly Hindi workshop in Department of Health Research



DHR officials and staff participating in the Hindi noting and drafting competition during Hindi Pakhwada 2025.

Celebration of World Blood Donor Day:- The Department of Health Research (DHR), in collaboration with the Indian Red Cross Society, New Delhi, hosted a highly successful voluntary blood donation camp on June 16, 2025. The initiative aimed to promote voluntary blood donation, recognize donors' selfless contributions, and support the global observance of World Blood Donor Day. The camp witnessed enthusiastic participation of 94 DHR officers and staff volunteering, of which 39 eligible donors contributed 39 units of blood. Recognizing this exemplary participation, JS (Administration) commended all donors' altruism and presented them with token gifts in appreciation of their selfless life-saving contributions.





Celebration of Vigilance Awareness Week: - As part of the observance of Vigilance Awareness Week (27.10.2025 – 02.11.2025), the Department organised a Quiz Competition and a Poster Making Competition to promote awareness about vigilance, integrity and ethical practices. The quiz competition tested participants' knowledge on vigilance-related issues, while the poster making competition provided a creative platform to express ideas on integrity and corruption-free governance. Both events witnessed active participation and healthy competition. At the conclusion of the events, awards were distributed to the winners in recognition of their performance and creativity.



2.12 Allocations and Expenditure from 2015-16 to 2019-20, 2020-21 (14th Finance Commission period) and from 2021-22 beginning with the 15th Finance Commission period, are as follows:

Year	BE	RE	Actual Expenditure
Total (14th Finance Commission period)	7,362.97	7,793.43	7,709.95
2020-21	2,100.00	4,062.30	3,124.59
2021-22	2,663.00	3,080.00	2,690.60
2022-23	3,200.65	2,775.00	2,432.11
2023-24	2,980.00	2,892.83	2,857.47
2024-25	3,001.73	3,391.64	3,324.14
2025-26	3,900.69	3,927.64	2893.40 (till 30.11.2025)
2026-27	4,821.21	-	-

A statement indicating the scheme-wise BE/RE/actual expenditure for 2024-25 and BE/RE/ expenditure (provisional) for 2025-26 and BE 2026-27 in respect of Demand No.47-Department of Health Research is given at **Annexure-I**.

Audit Observations:

- 2.13** There was no PAC Para pertaining to the Department of Health Research (DHR) during the year 2025-26.
- 2.14** There were 11 CAG Paras pertaining to the Department of Health Research (DHR) during the year 2025-26.

Chapter 3**The Assisted Reproductive Technology (Regulation) Act, 2021
and The Surrogacy (Regulation) Act, 2021**

- 3.1 The Assisted Reproductive Technology (Regulation) Act, 2021 and The Surrogacy (Regulation) Act, 2021 came into force w.e.f. 25th January 2022.
- 3.2 Objectives of The Assisted Reproductive Technology (Regulation) Act, 2021 and The Surrogacy (Regulation) Act, 2021



- i. The ART Act, 2021 aims to regulate and supervise the assisted reproductive technology clinics and the assisted reproductive technology banks, prevention of misuse, safe and ethical practice of assisted reproductive technology services to commissioning couple/single women for addressing the issues of reproductive health where assisted reproductive technology is required for becoming a parent or for freezing gametes, embryos, embryonic tissues for further use due to infertility, disease or social or medical concerns and for regulation and supervision of research and development and for matters connected therewith.
- ii. The Surrogacy Act, 2021 is an Act to constitute National Assisted Reproductive Technology and Surrogacy Board, State Assisted Reproductive Technology and Surrogacy Boards and appointment of appropriate authorities for regulation of the practice and process of surrogacy and for matters connected therewith or incidental thereto. The Act aims to provide safe and ethical practice of Surrogacy services for providing bliss of child to needy intending couple/intending women (divorcee or widow) and at the same time ensuring safety of donor & surrogate mother and also future rights of the child born through surrogacy.

- 3.3. The National Registry for the purposes of both the Acts has been constituted and made operational with effect from 22.04.2022 under DHR. An application form has been devised on the National Registry portal and all clinics / banks can access the portal and use the application form for applying for registration under the Acts to the concerned State/UT Authorities. The downloaded filled in PDF form, duly signed along with registration fee, is required to be submitted to the Appropriate Authority through respective State/UT Health Department for the purpose of registration. The access of the National Registry Portal has also been given to the State/UT authorities for updating the records viz. the mode and date of payment of fees by the clinics/banks, the date of receiving of the application by the state authority, uploading the registration certificates/rejection orders.



- 3.4 The National Assisted Reproductive Technology and Surrogacy Board (National Board) was constituted on 4th May 2022. The Chairperson of the National Board is Hon'ble Minister of Health and Family Welfare. The Board discharges various important functions namely:-
- to advise the Central Government on policy matters relating to the assisted reproductive technology and surrogacy;
 - to review and monitor the implementation of the Act, and the rules and regulations made thereunder and recommend to the Central Government, changes therein;
 - to lay down the code of conduct to be observed by persons working at clinics and banks;
 - to set the minimum standards of physical infrastructure, laboratory and diagnostic equipment and expert manpower to be employed by the clinics and banks;
 - to oversee the performance of various bodies constituted under the Act and take appropriate steps to ensure their effective performance.
 - to supervise the functioning of State Assisted Reproductive Technology and Surrogacy Boards and National Registry;

- (g) to pass orders as per the provisions made under the ART Act; and
- (h) such other powers and functions as may be prescribed.

3.5. The UTs Appropriate Authority and Board with or without legislature have been constituted by the Central Government on 4th May, 2022. All the States have constituted their respective State Boards and Appropriate Authorities. The appropriate authority discharges the following functions, namely:-

- (a) to grant, suspend or cancel registration of a clinic or bank;
- (b) to enforce the standards to be fulfilled by the clinic or bank;
- (c) to investigate complaints of breach of the provisions of the Act, rules and regulations made thereunder and take legal action as per provisions of the Act;
- (d) to take appropriate legal action against the use of surrogacy by any person at any place other than prescribed, suo moto or brought to its notice, and misuse of assisted reproductive technology by any person and also to initiate independent investigations in such matter;
- (e) to supervise the implementation of the provisions of the Act and rules and regulations made thereunder;
- (f) to recommend to the National Board and State Boards about the modifications required in the rules and regulations in accordance with changes in technology or social conditions;
- (g) to take action after investigation of complaints received by it against the ART clinics or banks and Surrogacy clinics;
- (h) to consider and grant or reject any application under clause (vi) of section 3 and sub-clauses (a) to (c) of clause (iii) of section 4 within a period of ninety days as per the Surrogacy (Regulation) Act, 2021;
- (i) such other functions as may be prescribed.

3.6. The Assisted Reproductive Technology (Regulation) Rules, 2022 and Surrogacy (Regulation) Rules, 2022 have been notified on 7th June 2022 and 21st June 2022 respectively.

3.7. The National Assisted Reproductive Technology and Surrogacy Board (Appointment of Expert Members by Nominating) Rules, 2022 were notified on 16th June, 2022.

3.8. The State Assisted Reproductive Technology and Surrogacy Board (Appointment of Expert Members) Rules, 2022 were notified on 17th June, 2022.

3.9. The Assisted Reproductive Technology Regulations, 2023 and the Surrogacy Regulations, 2023 have been notified on 5th April, 2023.

3.10. Since inception i.e. 26.08.2022, a total of 1488 No objection certificates have been issued by DHR seeking permission of the National Board for transfer of own gametes and embryos for personal use within or outside India u/s 29 of ART (Regulation) Act, 2021 and 35 certificate of recommendations (COR) have been issued by DHR to Couple of Indian Origin (OCI Cardholders) for the purpose of availing surrogacy in India u/s 4(ii) (a) of Surrogacy (Regulation) Act, 2021. Out of this, 654 certificates (626 NOC + 28 COR) have been issued in the period from 01.01.2025 to 31.12.2025.

- 3.11 A total of 08 permission letters have been issued to clinics for the mass/bulk transfer of cryopreserved embryos/gametes on account of closure of clinic in accordance with this department's instructions (U.11019/24/2024-HR) dated 23.12.2024 during the period from 01.01.2025 to 31.12.2025.
- 3.12 A total of 10286 forms have been downloaded till 31.12.2025 from the National Registry Portal and used by clinics/banks for applying for registration to the State/UT Appropriate Authority (ART Clinics- 7294, ART Banks- 1755 & Surrogacy Clinics- 1237). Out of this, 1673 forms (ART Clinics:- 1314, ART Banks:- 184, Surrogacy Clinics:- 175) have been downloaded during the period from 01.01.2025 to 31.12.2025.
- 3.13 The National Registry Portal has been upgraded to collect patient and donor-related information from all registered ART Clinics, Surrogacy Clinics and ART Banks, in accordance with Sections 11(a) and 21(j) of the ART (Regulation) Act, 2021. The security audit of the templates for obtaining patient/donor information has been completed and have also been tested on pilot basis for assessing the functionality.
- 3.14 FAQs on Surrogacy (Regulation) Act, 2021 have been published on the National Registry Portal and circulated to all States/UTs.

Chapter 4

Swachh Bharat Abhiyan in Department of Health Research

- 4.1 Guided by the proverb “*Cleanliness is next to godliness*,” the Department of Health Research (DHR) accords the highest priority to maintaining cleanliness across its campus, supported by regular monitoring and supervision by senior officers. During the *Swachhata Hi Seva Campaign–2025*, DHR organized a range of Swachhata-related activities and placed special emphasis on spreading awareness about cleanliness across all its field units.

Swachhata Action Plan (SAP) (2025-26)

- 4.2 Swachhata Action Plan is an inter-ministerial approach coordinated by Department of Drinking Water and Sanitation, M/o Jal Shakti to mainstream Swachhata within the existing programmes and schemes of Ministries and the Departments. The various important components included in SAP for DHR are as under:-
- i. Swachhata Pledge
 - ii. E-Waste Management
 - iii. Clean Office premises/Shramdaan
 - iv. Office Digitization
 - v. Toilet Renovation
 - vi. Workshop/Seminar
 - vii. Plantation drives
 - viii. Menstrual Hygiene Management/Vending Machine/Incinerator
 - ix. Swachhata Awards and incentives

Swachta Pakhwada (1st to 15th April, 2025)

- 4.3 Department of Health Research also observed Swachta Pakhwada from 1st to 15th April, 2025 with following Action Plan:-
- i. Taking Swachhata Pledge by every official in DHR administered by Secretary, DHR
 - ii. Installation of Automatic Sanitary Napkin Incinerator Machine and Sanitary Pad Vending Machine in DHR.
 - iii. Cleaning of Work Space (Desk) by Officers and Subordinate Staffs.
 - iv. Removing and weeding out of old files/ records.
 - v. Digitization of Remaining physical files and records of DHR.
 - vi. Replacement of old dustbins with new ones.

Special Campaign 5.0

- 4.4 Special campaign for Disposal of Pending Matters' (SCDPM 5.0) under the aegis of Department of Administrative Reforms & Public Grievances (DARPG) was implemented in DHR from 2nd to 31st October, 2025. The Department of Health Research (DHR) and the Indian Council of Medical Research (ICMR), alongwith its 27 institutes across the country, actively participated in the Special Campaign 5.0 aimed at promoting cleanliness, improving record management, and expediting the disposal of pending matters such as PMO and MP references, public grievances, and appeals. During the campaign period, the Department achieved 100% of its targets in the resolution of public grievances, PG appeals, and PMO references, while also conducting extensive cleanliness drives across all offices. In addition, significant progress was made in clearing MP references and reviewing physical files as part of the record management initiative. The ICMR and its institutes collectively reported the generation of revenue amounting to approximately ₹27 lakh and the release of about 10,500 sq. ft. of space across various field offices, enabling better resource optimization and efficient office functioning. The Department of Health Research and ICMR remain committed to sustaining the momentum of cleanliness, transparency, and efficiency in their operations in line with the Government of India's vision for a Swachh and responsive administration. The progress made during the Special Campaign 5.0 was duly uploaded on its dedicated portal.



Creation of additional workstations in DHR utilising the available space



Creation of additional workstations in DHR utilising the available space

Swacchata-Hi-Seva Campaign – 2015

- 4.5 Swachhata Hi Seva Campaign-2025 was organised in the department from 17th September to 2nd October, 2025. During the campaign, multiple activities were held in the department, the description of which are as below-
- i. **Swacchata Oath Ceremony:** The campaign commenced with an oath-taking ceremony administered by the Secretary, Department of Health Research marking a formal and unified start to the initiative. The event was attended virtually by all the ICMR institutes, ensuring widespread participation and reinforcing a collective commitment to the campaign's objectives.



Swacchata Oath Ceremony

- ii. **Waste to Art Competition:** A Waste-to-Art competition was organized with the aim of inspiring creativity while reinforcing the principles of cleanliness and sustainability. Participants were encouraged to transform discarded/waste materials into meaningful artistic creations, highlighting the importance of recycling and responsible waste management. The initiative not only showcased innovative talent but also spread awareness about environmental conservation in an engaging and impactful manner.



- iii. **Plantation Drive:** The Department conducted a plantation drive as part of its commitment to environmental sustainability and social responsibility. The initiative aimed to promote awareness about the importance of trees and encourage eco-friendly practices among employees/members.



- iv. **Shramdaan Activity:** A Mass Cleanliness drive, led by Joint Secretary of the Department, was organized in India Red Cross Society campus with the objective of promoting cleanliness, hygiene, and a healthy environment. The drive emphasized collective responsibility towards maintaining clean surroundings.





Swachh Bharat Campaign Organized at MRUs and MRHRUs

MRHRUs



MRHRU Bhunga Punjab



MRHRU Bambooflat



MRHRU Agra



MRHRU Puducherry

MRUs



MRU - S.C.B. Medical College & Hospital, Cuttack



MRU - R.N.T. Medical College, Udaipur, Rajasthan



MRU - Kalpana Chawla GMC, Karnal, Haryana



Tezpur Medical College & Hospital, Assam



MRU - Rangaraya Medical College, Kakinada

- v. **Preventive Health Checkup of Sanitation Workers and Women Employees under this Campaign alongwith the Swasth Nari Sashakt Parivar Campaign:** The Department organized a health screening and consultation camp for both the sanitation workers and the women employees working in the government offices located in IRCS campus. A dedicated team of 08 doctors, 04 in-house doctors and 04 invitee doctors from Dr. RML Hospital and Safdarjung Hospital, provided expert consultations in Gynaecology, Physiotherapy, Mental Health and General Wellness. Regular tests e.g. blood pressure, sugar etc. were also conducted. Appx. 150 officers/officials visited for their health check-up and consultations.





vi. Felicitation of Sanitation worker and the winners and participants of Waste to Art Competition:

Campaign was concluded with the heartfelt felicitation ceremony honoring our Safaimitras and awards and certificates were also distributed to the winners and participants of the Waste to Art Competition. Activities executed during this campaign were photographed and uploaded on the 'Swachhata hi Seva' portal administered by Department of Drinking Water & Sanitation along with Ministry of Housing and Urban Affairs

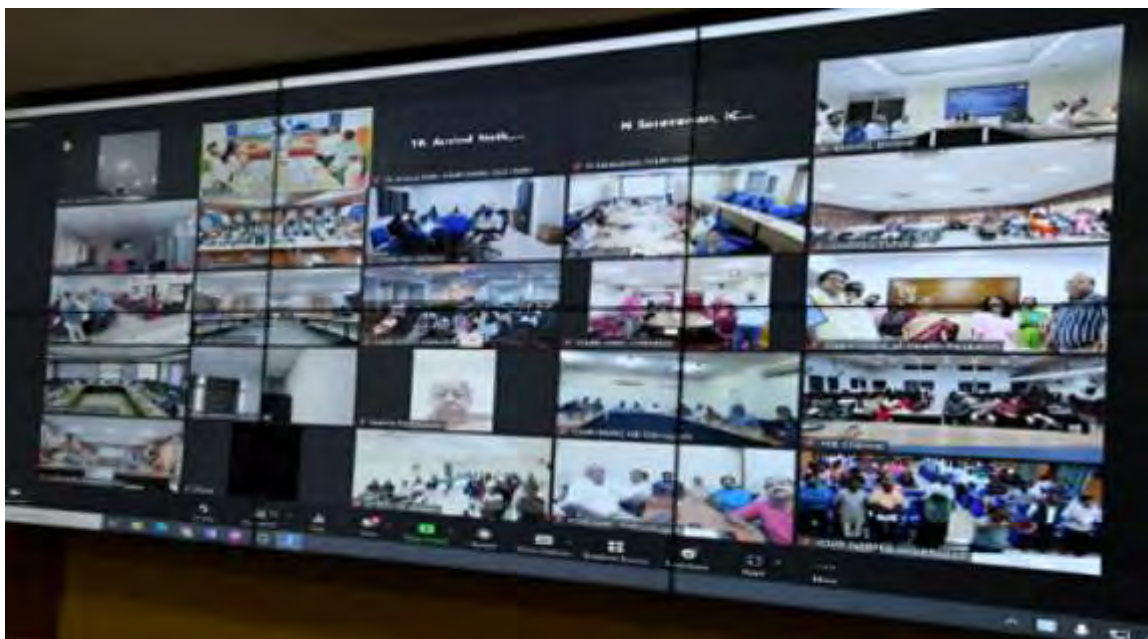


Indian Council of Medical Research Headquarters, New Delhi

ICMR Headquarters, along with its 28 national institutes, successfully organized a series of activities under the "Swachhta Hi Seva" campaign to promote cleanliness and sustainability.

1. Swachhta Pledge by DG, ICMR:

The Director General, ICMR led the organization by administering the Swachhta Pledge, encouraging all staff members to commit to cleanliness, hygiene, and environmental sustainability as a personal and collective responsibility. In the simultaneous pledge event conducted across the ICMR institute network, approximately 9000 people participated in the pledge-taking initiative.



2. Health Checkup Camp:

A comprehensive health checkup camp was conducted, offering free medical consultations, screenings, and health advice to staff and local communities. As part of the campaign 500 swacchhta karmis and 115 garden maintenance workers were invited for the health check up across ICMR network. This initiative promoted the importance of personal hygiene and preventative healthcare in improving public health outcomes.



3. Plantation Drive:

ICMR HQ and its national institutes organized a tree plantation drive to promote green practices and environmental conservation. ICMR staff, along with local volunteers, planted saplings around the 28 national institute campuses under the campaign of “Ek Ped, Maa Ke Naam” contributing to cleaner air and more sustainable ecosystems. More than 3,000 saplings were planted across ICMR institutes.



4. Campus Cleanup:

A thorough cleanup of 28 ICMR institute campuses along with ICMR HQ took place, where employees participated in collecting waste, ensuring that public spaces were maintained clean. ICMR institutes also identified the CTUs for the cleanliness in the nearby areas. The initiative emphasized the importance of maintaining hygienic surroundings for the well-being of all.



5. E-Waste and Microplastics Awareness:

Awareness sessions were organized to educate staff about the environmental dangers of e-waste and microplastics. Experts shared insights on how to manage electronic waste responsibly and reduce plastic consumption, helping participants adopt more sustainable habits.

6. Waste Art Contest:

A creative waste art contest was held to raise awareness about the significance of recycling and repurposing. Participants showcased innovative art made from discarded materials, fostering a sense of creativity and responsibility towards waste reduction.

7. Safai Mitra Felicitation:

ICMR honored the dedication of Safai Mitras through a felicitation ceremony, recognizing their tireless efforts in maintaining cleanliness. This initiative highlighted their critical role in the success of cleanliness drives and inspired others to contribute towards a cleaner environment.

8. Walkathon:

ICMR institutes, along with ICMR HQ, organized walkathon to generate awareness. Under the cumulative campaign, 8000 people participated in walkathon across the ICMR network.



SWACHHATA HI SEVA 2025



9. **The Lot of old/obsolete furniture and fixtures of ICMR** was e-auctioned through MSTC, which included 02 three-seater sofas and 30 office/visitor chairs. The amount received through the e-auction in the ICMR account was ₹15,201/-.



Chapter 5**Establishment of Network of Viral Research and Diagnostic Laboratories for Managing Epidemics and Natural Calamities**

- 5.1 The Central Sector Scheme on “Setting up and strengthening of a nation-wide network of laboratories for managing epidemics and national calamities” has emerged as an integral component of India's public health system, ensuring early detection, rapid containment, and real-time surveillance of viral diseases of public health importance. The scheme has significantly strengthened the country's preparedness and response capabilities against epidemics, pandemics, and other public health emergencies.
- 5.2 The VRDL Scheme was conceived in the aftermath of the 2009 H1N1 influenza pandemic, which exposed critical gaps in India's molecular diagnostic capacity, with virus testing then limited to a single national facility at ICMR–National Institute of Virology (NIV), Pune. To address these shortcomings, the scheme was designed to establish a decentralized, robust, and technically competent laboratory network capable of responding swiftly to emerging and re-emerging infectious threats across the country. Following its approval by the Expenditure Finance Committee (EFC) in 2013, the scheme has been progressively expanded through the 12th, 14th, and 15th Finance Commission periods.
- 5.3 The growing threat of zoonotic diseases, antimicrobial resistance, climate-sensitive disease transmission, and increasing population mobility necessitates a resilient, well-distributed, and future-ready laboratory system. Over the past decade, this strategic initiative has evolved into a three-tier national network of 166 Viral Research and Diagnostic Laboratories (VRDLs), comprising 11 Regional Laboratories, 27 State-Level Laboratories, and 128 Medical College-Level Laboratories, distributed across 26 States and 5 Union Territories. The relevance and necessity of the VRDL network have been repeatedly demonstrated through India's experience with emerging and re-emerging infections, including influenza, arboviral diseases, Zika, Nipah, and most notably the COVID-19 pandemic. In its present form, the VRDL network is well equipped to shield the country from viral epidemics by enabling rapid diagnosis, timely reporting, and coordinated public health action. The scheme has clearly demonstrated how sustained investment in early disease detection, diagnostic innovation, and laboratory strengthening translates into improved preparedness and national resilience.

- 5.4 The primary goal of VRDL scheme is to deliver high-quality diagnostic services, conduct innovative research, and provide technical training to public health professionals. The VRDL network has emerged as a pillar of India's health security architecture. VRDLs support the health system by providing timely diagnosis, identifying viruses, generating data on viral diseases to aid resource deployment, and facilitating research projects to inform public health policies.
- 5.5 VRDLs played a pivotal role in the management of multiple public health events during the year, including surveillance and response for respiratory illness, Nipah virus outbreaks, influenza, SARS-CoV-2, zoonotic infections such as Crimean Congo Hemorrhagic Fever (CCHF) and Kyasanur Forest Disease (KFD), avian influenza, and other viral disease outbreaks. Implementation of syndromic surveillance for respiratory illnesses, acute febrile illness, acute encephalitis syndrome (AES), and diarrheal diseases significantly improved diagnostic efficiency, reducing turnaround times to 24–48 hours and enabling prompt public health interventions.
- 5.6 During the year, the VRDL network exhibited strong performance across all major area of its mandate, including outbreak investigation, genomic surveillance, diagnostic innovation, integration with national health information systems, and strengthening multisectoral preparedness under the One Health approach.
- 5.7 **Significant achievements of VRDL network during the year:**

A Step Ahead in Strengthening VRDLs: Advancing Toward Multi-Pathogen Diagnostic Capacity Through IRDLs: A key strategic advancement under the scheme has been the strengthening of select Viral Research and Diagnostic Laboratories (VRDLs) into Infectious Disease Research and Diagnostic Laboratories (IRDLs) through financial support provided under the Pradhan Mantri–Ayushman Bharat Health Infrastructure Mission (PM-ABHIM). This initiative marks a significant transition from virus-centric diagnostics to an integrated, multi-pathogen diagnostic framework encompassing viruses, bacteria, parasites, and fungi.

Under this initiative, 10 VRDLs have already been strengthened and operationalized as IRDLs, equipped with enhanced infrastructure, advanced diagnostic platforms, and expanded technical capabilities to function as integrated facilities for diagnosis, research, and outbreak response across multiple infectious disease verticals including viruses, bacteria, parasites, and fungi. These IRDLs significantly augment national

capacity for early detection and effective management of emerging and re-emerging infectious diseases. In addition, 15 more VRDLs have been identified and are currently in the process of being strengthened into IRDLs under PM-ABHIM support.

In alignment with the National One Health Mission, the VRDL/IRDL network continues to enhance national preparedness through the development of biosafety-compliant laboratory infrastructure, implementation of structured capacity-building programmes, and strengthening of robust quality assurance mechanisms, including participation in External Quality Assessment (EQA) programmes, progress towards NABL accreditation, and systematic validation of diagnostic kits and assays. Collectively, these measures reinforce India's integrated, quality-assured, and resilient laboratory response framework for infectious disease surveillance and public health emergencies.

Integrating the VRDLN portal with IHIP – A milestone in public health surveillance:

The Virus Research and Diagnostic Laboratory Network (VRDLN) was established to strengthen laboratory-based surveillance of viral and emerging infectious diseases in India, enabling timely diagnosis, early outbreak detection, and evidence-based public health response. To support systematic data capture and analysis, centralized digital reporting was initiated in 2014 with the launch of the VRDLN 1.2 Data Mining Centre. Subsequently, integration with the Integrated Health Information Platform (IHIP) commenced in 2023 and was fully operationalized by 2025, facilitating seamless, real-time exchange of laboratory and epidemiological data across the national surveillance ecosystem. The rollout of VRDLN 2.0 further augmented the system with enhanced dashboards, advanced analytics, and improved interoperability.

Through the VRDL Network, testing reports of more than 50 lakh patients were uploaded to the database by 2025, and 1,350 disease clusters were documented, underscoring the extensive coverage of the network and its significant contribution to national disease surveillance.

The integration of VRDLs with State and Central Integrated Disease Surveillance Programme (IDSP) units, along with the seamless merger of VRDL data into IHIP, has enabled automated and real-time data exchange between VRDLN 2.0 and IHIP. This integration has improved data accuracy, minimized reporting delays, and culminated

in January 2025 with the successful establishment of full-scale, real-time data sharing—marking a transformative milestone in strengthening India's public health surveillance and outbreak preparedness framework.

Launch of the Quarterly VRDL Bulletin: The Launch of the Quarterly VRDL Bulletin (April –June, 2025) at the National VRDL Conclave 2025 has provided a transparent platform for real-time data on viral infection trends. The VRDL Bulletin will capture and disseminate quarterly data, outbreak reports, and innovative practices emerging from the network. By doing so, it will not only document the progress made but also inspire further collaboration, innovation, and continuous improvement in diagnostic practices. This initiative will support evidence-based policymaking, informed resource allocation, and effective public communication, while reflecting the futuristic vision of DHR/ICMR to keep the country safe and protected from viral threats.



Fig. 1. Launch of the Quarterly VRDL Bulletin during the National VRDL Conclave on 11th September 2025 by the Hon'ble Smt. Anupriya Patel, Minister of State for Health & Family Welfare, Government of India.

Strengthening Diagnostic Efficiency and Testing Capacity

The VRDL network are engaged in diagnosis of wide variety of viral pathogen and played a significant role in outbreak detection. The regional VRDLs are capable to diagnose up to 30-35 different viruses, 20-25 types in state level, and up to 20 at medical college level VRDL. Besides that, VRDLs were actively involved in testing of new variants of SARS-CoV-2 and other infectious pathogens during the upsurge of respiratory illnesses. The VRDL network is currently diagnosing 15-35 viral etiology under their routine diagnostic spectrum. Testing data are being fed into the Data Mining Centre at ICMR-National Institute of Epidemiology (NIE).

Currently, 165 VRDLs across the country are reporting laboratory and surveillance data to the Data Mining Centre. In order to further strengthen data utilization and decision-making, a User Analytics Dashboard has been launched to enable real-time visualization and analysis of testing and surveillance data. Additionally, a syndrome-wise pathogen priority list has been developed to standardize testing algorithms, optimize diagnostic workflows, and enhance the effectiveness of syndromic surveillance across the VRDL network.

Patient Investigations:

- A total of 10,16,320 patients were investigated by VRDLs, of which 1,30,902 (12.8 %) samples tested positive.

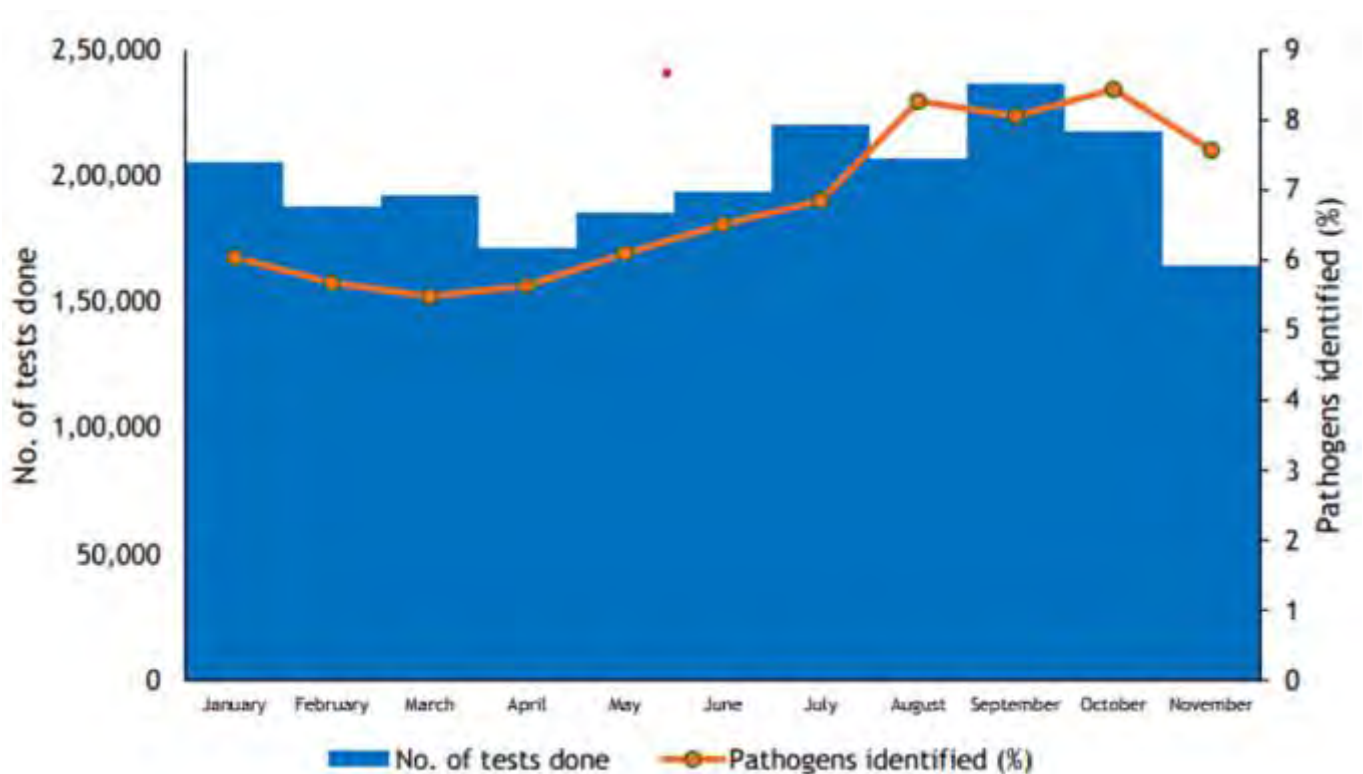


Fig. 2. Month-wise distribution of tests done and pathogens identified (%), January– November 2025.

➤ Disease cluster/ suspected outbreaks Investigations:

Fig 3: Distribution of disease clusters investigated

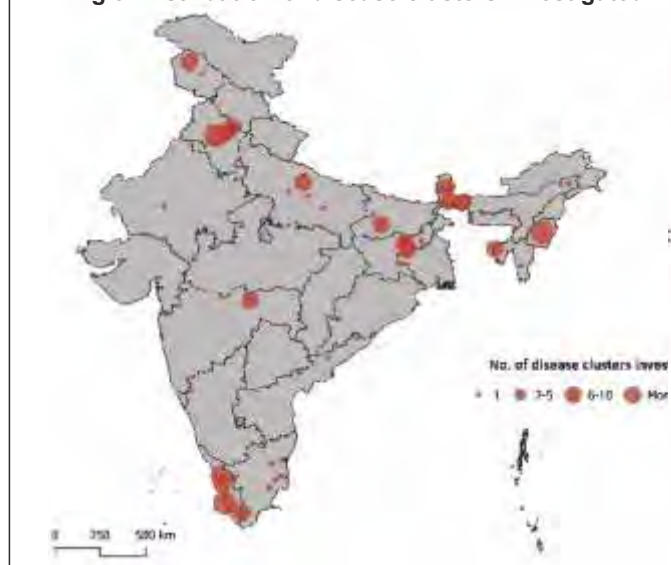
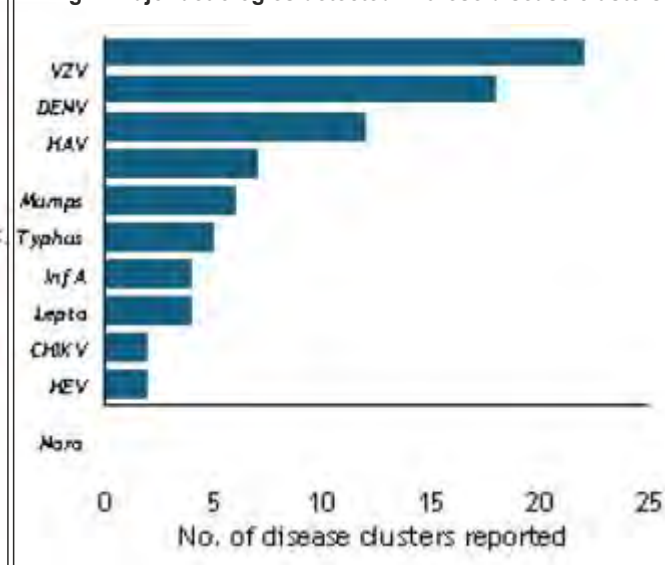


Fig 4: Major aetiologies detected in these disease clusters



During January–November 2025, the VRDLN investigated 97 disease clusters across India, identifying a wide spectrum of pathogens.

The most frequently detected aetiologies included Varicella Zoster Virus (22 clusters), Dengue virus (18), and Hepatitis A virus (12), alongside other agents such as influenza, mumps, chikungunya, leptospirosis, and rare single-cluster detections (e.g., SARS-CoV-2, Japanese encephalitis, RSV). Geographically, clusters were reported from more than 50 districts, with Lucknow (32 clusters), Dibrugarh (22), Imphal West (21), Chandigarh (17), and Thrissur (15) emerging as high-burden locations.

Details of tests conducted and outbreaks investigated by VRDL Network and reported to the NIE portal during the year 2025 is given below:

Table 1. Tests conducted and reported to Data Mining Centre, ICMR-National Institute of Epidemiology, Chennai by VRDL Network

Parameters	Apr 2014 – Dec 2024	Jan 2025- Nov 2025
Total no. of patients investigated by VRDLs	44,79,551	10,16,320
Total no. of tests run	84,52,281	20,43,612
Total no. of tests positive	9,27,142	1,30,902
Total cases positives (%)	8,35,100(156.99)	126,049(12.8%)
Disease Clusters investigated by VRDLs	1,268	97

Table 2. Outbreaks investigated and reported to Data Mining Centre, ICMR-National Institute of Epidemiology, Chennai by VRDL Network during January 2025 – November 2025

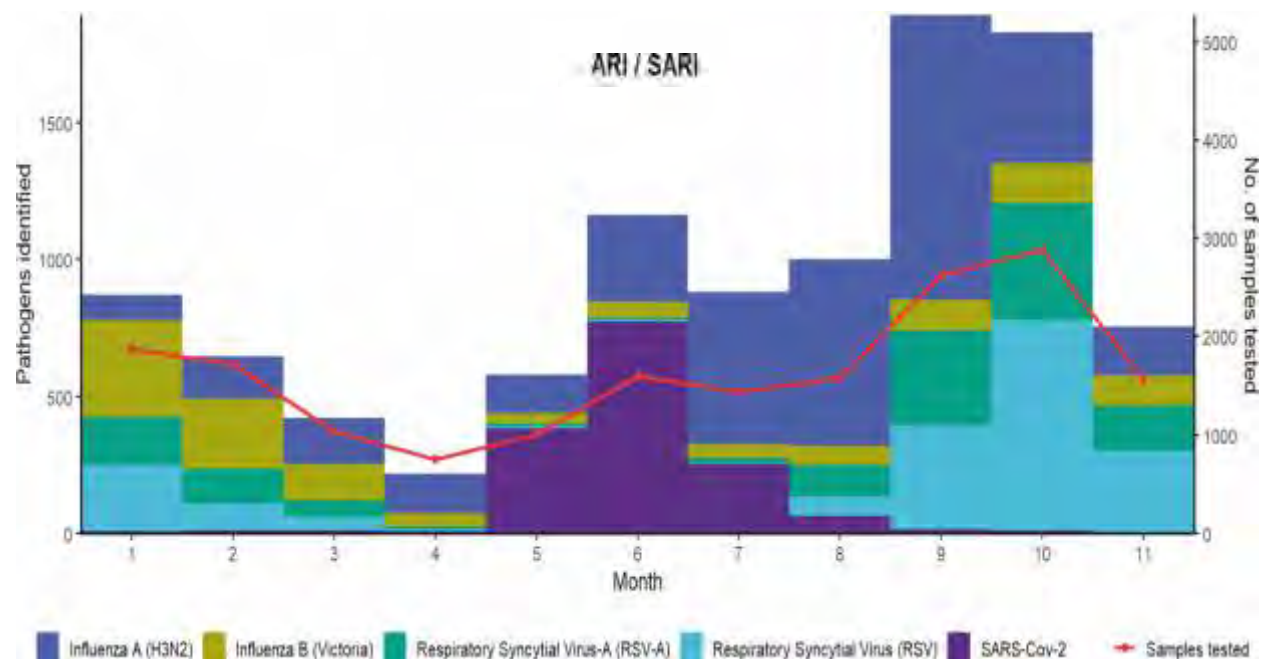
Pathogen investigated (January 2025 – November 2025)	Number of suspected outbreaks investigated
Dengue virus	26
Varicella zoster virus (VZV)	20
Hepatitis A Virus	11
Influenza A	7
Mumps Virus	7
Scrub typhus (Orientalsutsugamushi)	6
Chikungunya virus	5
Leptospira	4
Hepatitis E virus	2
Nipah virus	2
Norovirus	2
Enterovirus	1
Influenza A not subtyped	1
Parainfluenza virus - 1,2,3,4	1
Rhinovirus	1
SARS-Cov-2	1
Total	97

➤ Syndromic Coverage:

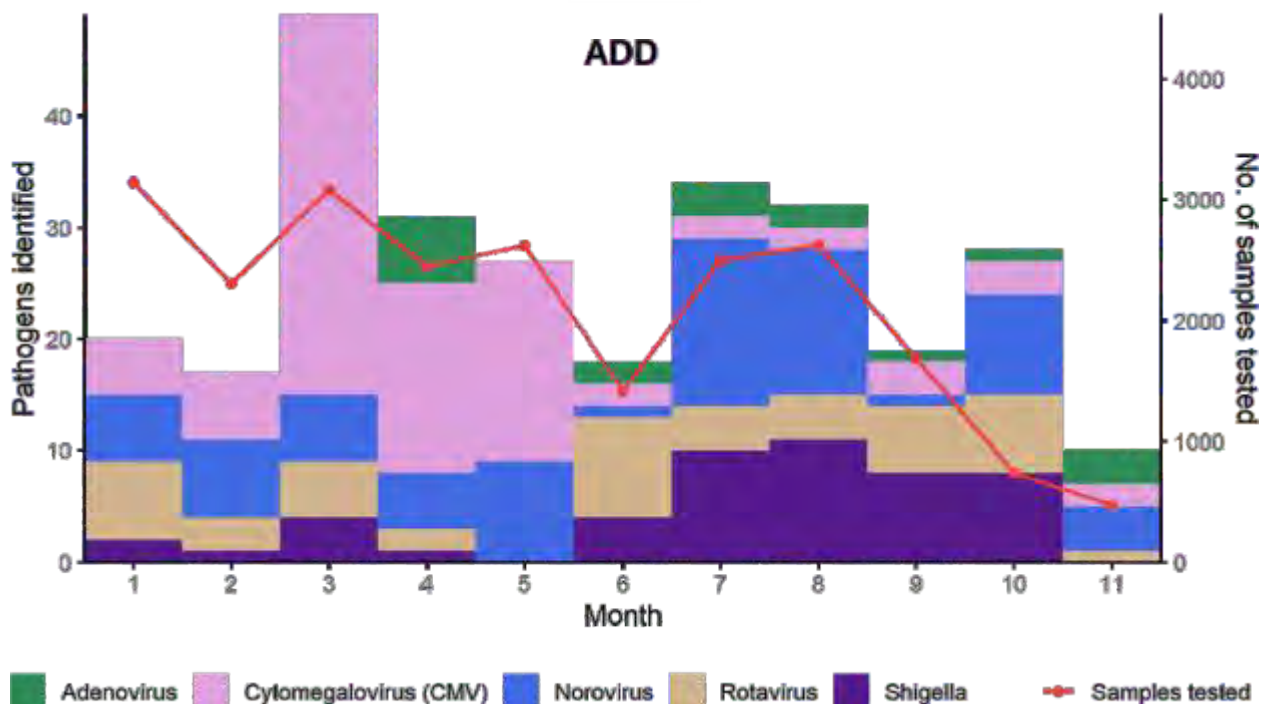
Syndromic surveillance under the VRDL network spans multiple syndromes, including 1. Acute Respiratory Infection / Severe Acute Respiratory Infection (ARI/SARI) 2. Acute Diarrhoeal Disease (ADD) 3. Acute Encephalitis Syndrome (AES) 4. Haemorrhagic Fever 5. Acute Febrile Illness 6. Jaundice Syndrome. Laboratory confirmation across these syndromes has improved understanding of circulating pathogens and supported targeted public health interventions. During the reporting period, Influenza A (H3N2) was the most frequently detected pathogen among ARI/SARI cases, Cytomegalovirus (CMV) among ADD cases, scrub typhus among AES cases, and dengue virus among acute febrile illness cases, while hepatitis A virus was predominantly detected under jaundice syndrome.

Multiple pathogens of public health importance were identified across syndromes. Several were detected frequently, underscoring ongoing transmission and outbreak potential.

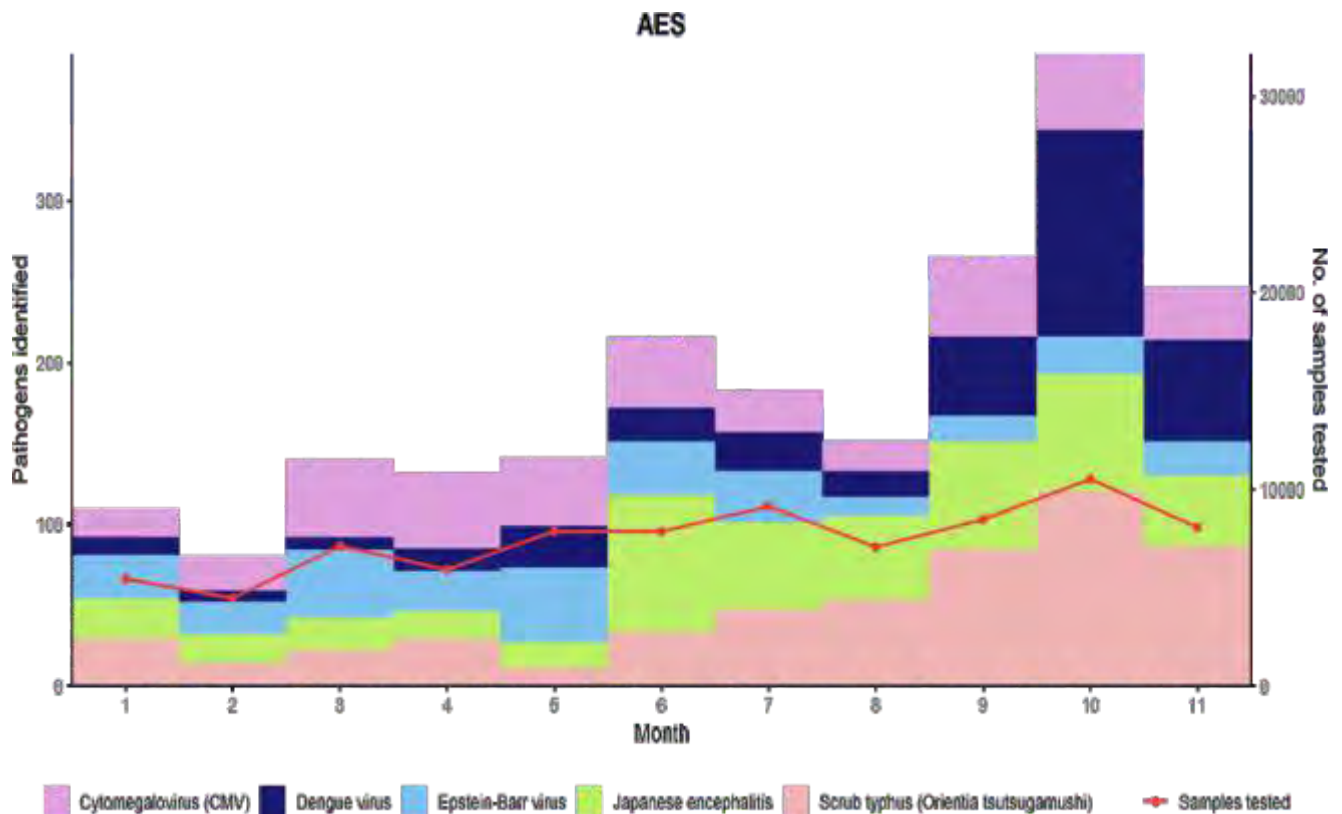
Fig 5: Major pathogens identified by major syndrome.



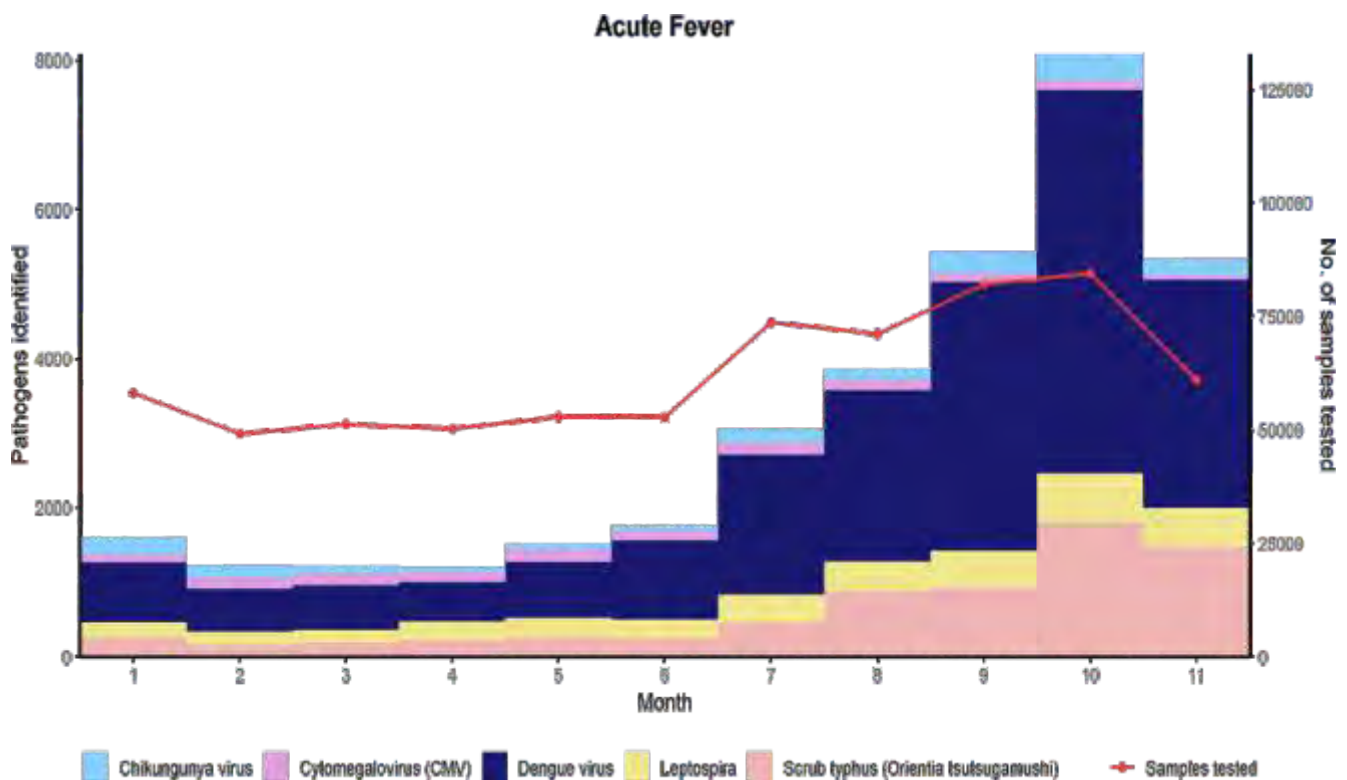
Among ARI/SARI cases, Influenza A (H3N2) was the most frequently detected pathogen



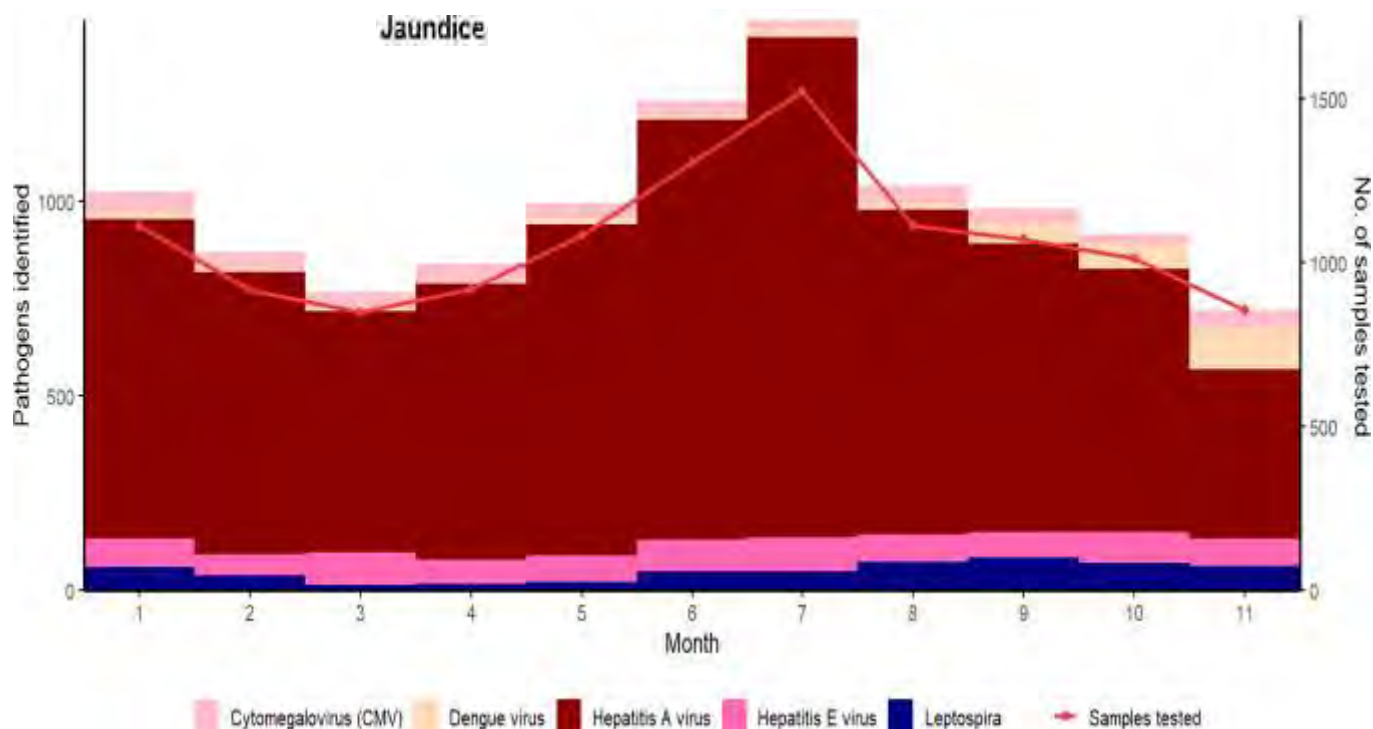
Among ADD cases, Cytomegalovirus (CMV) was the most frequently detected pathogen



Among AES cases, Scrub typhus was the most frequently detected pathogens



Among Acute fever cases, Dengue was the most frequently detected pathogen



Among Jaundice cases, Hepatitis A was the most frequently detected pathogen

With the “state-of-the-art facilities”, VRDLs have successfully reduced diagnostic turnaround times from nearly seven days to just 24–48 hours. Their proven capacity to diagnose 15-35 viruses of public health importance has positioned VRDLs as a crucial pillar of India's public health system, particularly in the domains of outbreak management, rapid response, and disease surveillance.

Disease Surveillance

- Through the VRDL Network, a syndromic surveillance programme is being implemented covering Respiratory Syndromes, Acute Fever Syndrome, and Acute Encephalitis Syndrome (AES); surveillance for Acute Diarrhoeal Disease Syndrome (ADD) will be undertaken in the next year.
- A pan India Epidemiological, Virological and Genomic Surveillance network on Influenza like Illness (ILI) / Severe Acute Respiratory Illness (SARI) with 73 VRDLs covering 21 States and 5 Union Territories (UTs) has been established for Human Influenza and SARS-CoV-2 viruses.
- 15 sites of respiratory surveillance network are strengthened for pediatric Severe Acute Respiratory Infection (SARI) surveillance with a specific emphasis of RSV infection in children under 5-year age group.
- 17 VRDLs of Kerala and west Bengal states are strengthened for an extended testing of Nipah virus among Severe Acute Respiratory Illness (SARI) category.
- In 2025, a case of highly pathogenic Avian Influenza (H5N1) was detected by the VRDL at AIIMS, Mangalagiri, Andhra Pradesh under the syndrome surveillance of acute respiratory infection (ARI)/severe acute respiratory infection (SARI).
- 12 Virus Research & Diagnostic Laboratories (VRDLs) have been strengthened and equipped for study aimed to characterize the infectious causes of Acute Encephalitis Syndrome among patients in

the most heavily affected regions of India.

- More than 50 VRDLs have been equipped with Next Generation Sequencing facilities and trained for genomic surveillance of SARS-CoV-2, Influenza, as well as other viral pathogens.
- Sentinel surveillance for Zika viruses initiated with 35 VRDLs in 2018 is now expanded in the entire VRDL network. Necessary handholding and trainings have been provided to the whole network for diagnosis of Zika virus infection.
- The influenza virus types and subtypes data is also fed into WHO FluNet portal through ICMR-NIV Pune. The surveillance network is monitoring the disease trends of respiratory viruses with special focus to SARS-CoV-2 and Influenza infections, co-infections, and genetic evolution over time within the same catchment area.
- 17 VRDLs have been involved in WHO Global Measles Rubella Laboratory Network (GMRLN) to conduct case-based surveillance for Measles and Rubella. Active surveillance along with strong laboratory network is underway. All the VRDLs are successfully accredited by WHO for quality testing of measles and rubella both serologically and molecular testing.
- Dengue Serotyping has been initiated to know the status of circulating serotype in the country in different geographic locations. A total of 46 VRDLs were mapped and were involved in the molecular serotyping of Dengue. Data related to circulating Serotype in different region of the country are being monitored.
- Few VRDLs have been geared up for the various research activities aimed to detect zoonotic spill over in increased animal-human interaction setting using a one health approach.
- 43 VRDLs have been identified for strengthening as invitro diagnostics validation centers. These labs will serve as the recognized validation centers as Medical Device and Diagnostic Testing Labs (MDDTL).

Through such wide-ranging initiatives, the VRDL network has not only strengthened India's outbreak preparedness but has also integrated national surveillance systems with global health frameworks, thereby enabling real-time data sharing and ensuring alignment with international disease control strategies.

Quality Assurance and Best Laboratory Practices

- Thirteen VRDLs, along with the Resource Centre at ICMR–NIV Pune, have been strengthened to develop PT panels for common analytes employed in the diagnosis of priority infectious diseases. This initiative is laying the foundation for a nationwide External Quality Assurance (EQA) programme, uplifting the standards of laboratory testing in India to align with global benchmarks.
- Furthermore, the Resource Centre for VRDLs at ICMR–NIV Pune conducts External Quality Assurance Studies (EQAS) biannually for all VRDLs. This rigorous and systematic process ensures that laboratories maintain uniformity, accuracy, and reliability in diagnostic outputs, thereby safeguarding the credibility and standardization of results across the network. The details of EQA studies conducted by ICMR-NIV Pune is as follows:

Serological Diagnosis (ELISA) of Viruses EQA program:

RC-VRDL has conducted the External Quality Assurance program for ELISA based diagnosis for Dengue IgM, Chikungunya IgM and Japanese Encephalitis IgM in August 2025. The EQA panels were prepared, characterised and distributed with 158 VRDLs. Out of 158 VRDLs 148 VRDLs reported results for at least one parameter and average concordance for these parameters is given below.

Year	Number of VRDLs provided with EQA Panels for (Name of Pathogen)	Number of VRDLs reporting results for at least one parameter	Average concordance
2025	33 VRDLs were provided with Dengue serotyping EQA panels	33	97.47%
2025	31 VRDLs were provided Zika molecular EQA panels	28	100%

Inter-laboratory Quality control testing program

Testing of Quality control (QC) samples has been a continued activity in the current year. 6563 samples from 43 VRDLs were received for quality control from January 2025 to November 2025. Out

Number of VRDLs	List of Parameters	Total Number of samples received	Number of Samples tested
January 2025- November 2025 (42VRDLs)	Dengue IgM	1022	998
	Japanese Encephalitis IgM	594	590
	Chikungunya IgM	753	749
	Hepatitis A IgM	569	0
	Hepatitis E IgM	245	0
	Hepatitis B surface antigen (HBsAg)	766	761
	HCV IgG	0	0
	Dengue IgG	38	38
	Measles IgM	226	221
	Mumps IgM	21	21
	Rubella IgM	15	15
	CMV IgM	0	0
	VZV IgM	0	0
	West Nile IgM	0	0
	Parvovirus B19 IgM	0	0
	HCV Total antibody	735	732
	Dengue NS1	1549	1439
	Rubella IgG	0	0
	Rotavirus Antigen	5	5
	HBsAG + HCV	25	25
Total		6563	5595

of 6563, 5595 samples were tested for respective parameters and pending samples are being currently tested. RC- VRDL is also actively reaching out to all VRDLs to improve participation.

Training and Capacity Building

The Resource Centres at ICMR-NIV Pune and ICMR-NIE Chennai have played a pivotal role in conducting hands-on training programmes for VRDL staff across the country, thereby ensuring uniformity and quality in laboratory practices.

The Resource Centre for the VRDL network at ICMR-NIV, Pune, has been conducting both basic and specialized training programs for VRDLs since 2014. A summary of the basic training programs and the specialized training programs conducted by RC-VRDL since 2014 is provided in Table below.

Table 3. Training programs imparted by RC VDL for the VRDL Network during January 2025-December 2025

Parameters	Apr 2014 – December 2024		January 2025- December 2025	
	Basic training	Specialized trainings	Basic training	Specialized trainings
No. of training conducted	30	78	3	20
No. VRDLs trained	186	274(including VRDLs trained in more than one specialized training)	15	41
Total No. of Person trained	523	1337 (Including online training)	43	292

The Resource Centre for the VRDL network has also provided significant support in terms of diagnostic kits and reagents to various VRDLs. Number of labs supported for kits/reagents, pathogen-wise details during Jan, 2025 to December 2025:

Diagnostics test kits/assays	No. of labs supported for kits/reagents
IgM capture ELISA kits for diagnosis of Dengue, Japanese Encephalitis and Chikungunya infections	NA (VRDLs now use VRDL CCT fund for procurement and budget not allocated to RC-VRDL for supply)
Zika Diagnostic PCR Kit	18
Zika Positive Control	19
Chandipura Positive Control	5
Dengue Positive Control	8
Dengue Serotyping kits	37

This training and support framework has been critical in enhancing the capabilities of the VRDL network, particularly in diagnostic testing and response to emerging viral diseases. RC-VRDL, ICMR-

NIV Pune, has been actively supporting the VRDL network on various issues related to outbreak investigations, scientific, technical and logistic support; and resolution of network activity related issues. A summary of the support activities, for the period January 2025 to December 2025 is summarized in Table below.

Type of Support	Number of VRDLs supported
Support for laboratory layout, design, workflows and equipment specifications	7
Support for referral sample testing at ICMR-NIV	18
Resolution of Queries regarding diagnostic reagents, SOPs and network specific testing algorithms (excluding routinely supplied reagents through RC-VRDL)	136
Trouble-shooting and root cause analysis support	37

Table 4. Details of training conducted by Maximum Containment Facility, ICMR-NIV, Pune from January 2025- December 2025

Sr. No	Details of training (Name of training program, dates)	No. of participants trained	Significance of training program for capacity building
1	Next-generation sequencing using Virus surveillance panel (January 06-10, 2025)	15	The training program is organized for the participating labs under the project ' Strengthening genomic surveillance for vector-borne diseases in India' funded by the Bill and Melinda Gates Foundation. This aims to strengthen the 8 VRDLs by training them in Next-generation sequencing techniques.
2	Mpox national sequencing workshop' February 10-14, 2025	18	This aims to strengthen the mpox laboratory network for conducting the next generation sequencing. This training was of increased significance following declaration of PHEIC on mpox clade 1
3	Introductory training for working in Maximum Containment Laboratory [BSL-4 laboratory] from March 3 to 7, 2025	4	To equip personnel with the essential biosafety, biosecurity, and operational competencies required to safely and sustainably handle the BSL-4 pathogens. The training was more relevant for the team as a BSL-4 Facility is being constructed at DRDE
4	Biosafety and working in a BSL-2 Laboratory was conducted for the newly joined project staff (May 22, 2025)	11	To develop an understanding of Biosafety and Biosecurity which is required for working in the BSL-2 Facility
5	Training on emergency evacuation from containment facility and Donning/Doffing of BSL-2 and BSL-3 PPE (May 16, 2025)	14	Ensure preparedness of CISF personnel deputed to Maximum Containment Facility to respond adequately and appropriately in case of situations requiring emergency evacuation from this facility. This training was arranged in light of the ongoing cross border tensions.

table contd...

Sr. No	Details of training (Name of training program, dates)	No. of participants trained	Significance of training program for capacity building
6	Bioinformatics Analysis Training Workshop funded by Gates Foundation (July 28 to 31, 2025).	14	Introducing participants to high-performance computing (HPC) environments and cloud-based platforms, equipping them with the ability to manage and analyze large-scale genomic datasets efficiently.
7	Standardized procedures for the collection, packaging, and transportation of human, animal, and environmental samples on Slaughter House Project sites on August 21, 2025.	18	Training on the standardized procedures for the collection, packaging, and transportation of human, animal, and environmental samples. This initiative aimed to ensure the integrity and quality of samples for subsequent NGS analysis under this project.
8	Updates on Ebola Virus Disease (EVD) and its Diagnostic Modalities on September 25, 2025	110	Considering the EVD outbreak in DRC in September 2025, preparedness training for capacity building of 23 BSL-3 lab networks under NOHM for diagnosis of EVD Zaire was conducted. 50 reactions for diagnosis was shared and QAQC was performed.

Training programs imparted by Data Mining Centre (ICMR-National Institute of Epidemiology, Chennai):

- No. of trainings conducted for data entry on NIE portal since April 2014: ~19
- No. of persons trained since April 2014: ~1,500
- No. of trainings conducted in the year 2024 (March 2024 to Nov 2025): 4
- No. of persons trained in the 2024-2025 (March 2024 to Nov 2025): ~500
- No. of VRDLs reporting to Data Mining Centre at National Institute of Epidemiology (NIE) (March 2024 to Nov 2025): ~150
- No. of new VRDLs have started reporting to Data Mining Centre at National Institute of Epidemiology (NIE) during 2025: 6

In addition to the support provided by the Resource Centres, VRDLs across the country actively conducted training programmes/workshops on biosafety, molecular diagnostics, quality control, pandemic preparedness, and outbreak investigation. During the year, more than 350 training programmes and workshops were organized by VRDLs, resulting in capacity building of over 3,000 healthcare professionals, thereby strengthening the national preparedness and response capabilities for infectious disease outbreaks.

Research & Publications:

- VRDLs are actively contributing to cutting-edge research on zoonotic spillovers, adopting a One Health approach that integrates human, animal, and environmental health.
- They are engaged in multi-centric research projects on viral genomics, pathogenesis, and epidemiology, which have resulted in significant scientific advancements and impactful publications.

- To date, more than 750 research studies have been completed or are ongoing through the VRDL network.
- More than 1,500 research articles have been published through the VRDL network in international journals of high repute, including The Lancet, Lancet Microbiology, Journal of Medical Virology, among others.
- During the year more than 75 research activities were done under VRDLs and more than 150 publications were published in peer reviewed national and International Journals.

Annual Performance Evaluation

A comprehensive and structured performance assessment of 137 VRDLs (100 Medical College Level, 27 State-Level, and 10 Regional Level) established up to March 2022 was undertaken using a standardized evaluation tool. The assessment encompassed multiple criteria, including testing capacity, NABL accreditation status, participation in External Quality Assurance Schemes (EQAS), number of research studies undertaken, trainings and workshops conducted, publications, and availability of advanced laboratory facilities such as sequencing and viral culture. Based on the defined scoring benchmarks, laboratories were graded under Gold ($\geq 90\%$ for MCL; $\geq 85\%$ for State/Regional) and Silver (80–89% for MCL; 80–84% for State/Regional) categories. In recognition of outstanding performance, 25 high-performing VRDLs were felicitated for exemplary contributions during the National VRDL Conclave 2025. Details are as follows:

Gold Category:

- Government Mohan Kumaramangalam Medical College, Salem, Tamil Nadu
- Government Medical College, Chhatrapati Sambhajnagar, Maharashtra
- Government Medical College, Amritsar, Punjab
- ICMR-Rajendra Memorial Research Institute of Medical Sciences, Patna, Bihar
- Sawai Man Singh Medical College, Jaipur, Rajasthan
- Gauhati Medical College, Guwahati, Assam
- Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry
- All India Institute of Medical Sciences, Bhopal, Madhya Pradesh

Silver Category:

- Dr Vaishampayan Memorial Government Medical College, Solapur, Maharashtra
- All India Institute of Medical Sciences, Nagpur, Maharashtra
- Kasturba Hospital for Infectious Diseases, Mumbai, Maharashtra
- Institute of Post Graduate Medical Education & Research, Kolkata, West Bengal
- Zoram Medical College, Zoram, Mizoram
- Government Medical College, Surat, Gujarat
- Government Medical College, Miraj, Maharashtra
- Seth Gordhandas Sunderdas (GS) Medical College & King Edward Memorial (KEM) Hospital, Mumbai, Maharashtra

- Dr. Ram Manohar Lohia Hospital and Atal Bihari Vajpayee Institute of Medical Sciences, New Delhi
- Madurai Medical College, Madurai, Tamil Nadu
- Tirunelveli Medical College, Tirunelveli, Tamil Nadu
- Armed Forces Medical College, Pune, Maharashtra
- All India Institute of Medical Sciences, Bhubaneswar, Odisha
- King George's Medical University, Lucknow, Uttar Pradesh
- King Institute of Preventive Medicine and Research, Chennai, Tamil Nadu
- ICMR-Regional Medical Research Centre, Dibrugarh, Assam
- All India Institute of Medical Sciences, New Delhi

Workshops/Meetings:

A three-day hands-on workshop on uploading data related to the VRDL Dashboard, OOMF, and DARPAN to the Department of Health Research (DHR)–VRDL Dashboard was conducted from 21st to 23rd May 2025 at Vigyan Bhawan, New Delhi. The workshop was organized in a zone-wise manner, with participation from all VRDLs across the country. The training focused on strengthening the capacity of VRDL personnel for accurate and timely data entry, enabling real-time monitoring, improved data quality, and effective communication within the VRDL network.



Hands-on Workshop on Uploading Data on the DHR-VRDL Dashboard conducted during 23–25 May 2025.

National VRDL Conclave–2025 (11–12 September 2025)

The National Viral Research & Diagnostic Laboratory (VRDL) Conclave–2025 was organized by the Department of Health Research, Ministry of Health & Family Welfare, on 11–12 September 2025 at the Manekshaw Centre, New Delhi, as a flagship annual platform to review the performance of the VRDL network, recognize excellence, and chart the future roadmap for strengthening India's diagnostic preparedness and biosecurity architecture.

The inaugural session was graced by the Hon'ble Minister of State for Health & Family Welfare, Smt. Anupriya Patel, who underscored the pivotal role of the VRDL network in early detection, outbreak

investigation, and surge testing, particularly during the COVID-19 pandemic and subsequent outbreaks of Nipah, Zika, KFD, and CCHF.

Senior leadership from DHR, ICMR, NITI Aayog, and Armed Forces Medical Services articulated a shared vision of the VRDLs as India's frontline bio-shield. Presentations highlighted the expansion of the network to 166 VRDLs, supported by BSL-3 facilities, NGS platforms, Resource Centres, and Data Mining Centres. The role of VRDLs in syndromic surveillance for respiratory infections, acute encephalitis syndrome, acute febrile illness, and diarrhoeal diseases, along with growing One Health and animal–human interface surveillance, was emphasized. At the same time, key challenges such as staffing gaps, NABL accreditation delays, data integration issues, and the need for stronger clinician and State health authority engagement were discussed.

The Conclave showcased the scientific strength of the VRDL network through plenary lectures, technical sessions, rapid-fire research presentations, and best-practice sharing. Multicentric and region-specific research outputs demonstrated VRDL contributions to genomic surveillance, biomarker discovery, vaccine development, and policy-relevant evidence generation. Best-practice sessions highlighted successful models of governance, quality management, clinician engagement, inventory systems, and State coordination, providing replicable frameworks for other laboratories.

The feedback and interaction session resulted in clear, actionable recommendations, including standardized annual performance ranking, accelerated NABL accreditation through mentorship, unified real-time data portals, structured national training calendars, strengthened NGS and bioinformatics support, and enhanced human resource policies aligned with DST/ICMR norms.

The National VRDL Conclave–2025 reaffirmed the VRDL network's central role in India's public health surveillance, outbreak preparedness, and Atmanirbhar Bharat vision. The deliberations and outcomes of the Conclave provide a clear strategic direction for transforming the VRDL network into a fully integrated, quality-assured, multi-pathogen diagnostic and research platform aligned with national and global health security priorities.

Few Glimpses of National VRDL-Conclave are as follows:





5.8 Physical Target

12th Plan Period (2012-2017)

Year	Target			Actual Achievement		
	Regional VRDL	State VRDL	Medical College VRDL	Regional VRDL	State VRDL	Medical College VRDL
2013-2014	2	5	10	2	4	6
2014-2015	3	10	40	3	3	13
2015-2016	5	15	40	0	4	10
2016-2017	0	0	30	0	4	16
Total	10	30	120	5	15	45

14th Finance Commission Period (2017-2018 to 2020-2021)

Year	Target			Actual Achievement		
	Regional VRDL	State VRDL	Medical College VRDL	Regional VRDL	State VRDL	Medical College VRDL
2017-2018	5	10	15	2	1	11
2018-2019	0	0	30	2	4	10
2019-2020	0	0	0	1	2	9
2020-2021	0	0	0	0	3	14
Total	5	10	45	5	10	44

15th Finance Commission Period(2021-2022 to 2025-2026)

Year	Target			Actual Achievement		
	Regional VRDL	State VRDL	Medical College VRDL	Regional VRDL	State VRDL	Medical College VRDL
2021-22	0	2	12	0	2	12
2022-23	1	0	14	1	-	14
2023-24	0	1	8	0	-	9
2024-25	0	0	4	-	-	4
2025-26	0	0	4	0	0	1
Total	1	3	42	1	2	40

5.9 The financial achievements from inception of the Scheme are given in the table below:**(Rs. in Crore)**

Year	BE	RE	Actual Expenditure
2013-2014	45	34	34
2014-2015	35	30	30
2015-2016	46	45.25	45.25
2016-2017	39.25	44.25	44
2017-2018	56	66	66
2018-2019	70	55	52.14
2019-2020	80	73	69
2020-2021	83	83	81.89
2021-2022	82	79.2	76
2022-2023	82	70	69.98
2023-2024	60	60	60
2024-2025	60	60.99	61
2025-2026	57.24	57.24	43.27 (till December, 2025)

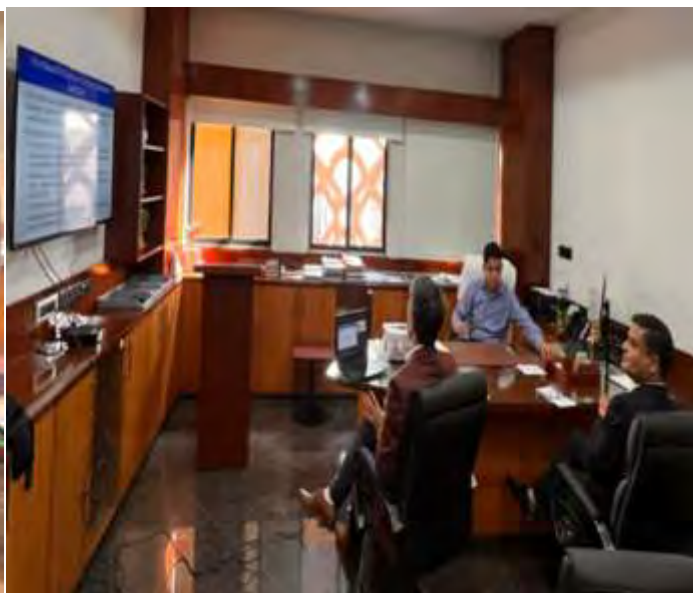
5.10 Components of the Scheme and Funding Norms:

- (i) **Regional Labs:** The non-recurring cost of a Regional Level Lab is Rs.14.575 crore for development of infrastructure, which include civil works/ furnishing & furniture (Rs.9.425 crore) and equipment (Rs.5.15crore). The recurring cost of Regional Lab per annum is Rs.0.968 crore, towards staffing (Rs.61.8lakh), consumables, contingencies and training (Rs.35lakh).
- (ii) **State Level Labs:** The non-recurring cost of a State Level Lab is Rs.2.971 crore for development of infrastructure which include civil works mainly for renovation/modification of the building (Rs.62.50 lakh) and for equipment (Rs.2.346 crore). The recurring cost of a State Level Lab per annum is Rs.68.00 lakh which will be extended for a period of five years for engaging trained technical manpower on contractual basis (Rs.43.00 lakh per annum) and for consumables, contingencies and training (Rs.25.00 lakh).
- (iii) **Medical College Labs:** The non-recurring cost of a Medical College Level Lab is Rs.1.507 crore comprising of Rs.88.20lakh for equipment and Rs.62.50 Lakh for civil works/renovation of building. The recurring cost of a Medical College Level Lab per annum is Rs.46.40 lakh, towards staffing (Rs. 31.4 lakh) and consumables, contingencies and training (Rs.15 lakh).

5.11 Site visits undertaken by DHR during 2025:

1. All India Institute of Medical Science (AIIMS) Raipur, Chhattisgarh
2. Pt. JNM Medical College, Raipur, Chhattisgarh
3. Chandulal Chandrakar Memorial GMC, Durg
4. All India Institute of Medical Science, Patna
5. Rajendra Memorial Research Institute of Medical Sciences, Patna
6. SK Medical college, Muzaffarpur
7. Lala Lajpat Rai Memorial Medical College, Meerut
8. Vallabhai Patel Chest Institute, Delhi
9. National Institute for Research in Bacterial Infections, Kolkata
10. Institute of Post-Graduate Medical Education and Research and Seth Sukhlal Karnani Memorial Hospital, Kolkata
11. R. G. Kar medical college, Kolkata
12. All India Institute of Medical Science, Kalyani
13. All India Institute of Medical Science, Bilaspur
14. Nagaland Institute of Medical Sciences and Research, Kohima
15. Government Medical College Thiruvananthapuram
16. Sree Chitra Tirunal Institute for Medical Sciences & Technology (SCTIMST), Thiruvananthapuram,
17. ICMR-National Institute of Research in Tribal Health, Jabalpur

18. All India Institute of Medical Sciences (AIIMS) Manglagiri
19. Siddhartha Medical College, Vijaywada
20. Andhra Medical College, Visakhapatnam
21. Armed Forces Medical College, Pune
22. ICMR-National Institute of Virology, Pune
23. Army Hospital, New Delhi
24. Dr. Ram ManoharLohia Hospital and AtalBihari Vajpayee Institute of Medical Sciences
25. Maulana Azad Medical college, Delhi
26. Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Uttar Pradesh
27. King George Medical University, Lucknow, Uttar Pradesh
28. Bangalore Medical College and Research Institute (BMCRI), Bengaluru
29. National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru



Site visit to VRDLs at All India Institute of Medical Sciences (AIIMS), Raipur; Pt. JNM Medical College, Raipur; and Chandulal Chandrakar Memorial Government Medical College (GMC), Durg, along with a meeting with the Health Secretary, Department of Health & Family Welfare and Medical Education, Government of Chhattisgarh, in January 2025



Site visit to ICMR-NIRBI Kolkata (Regional-level VRDL) in July, 2025



Site visit to State level VRDL, AFMC Pune in July, 2025



Site visit to RML Hospital, New Delhi (Medical College level VRDL) in July, 2025



Site visit to King George Medical University, Lucknow, Uttar Pradesh (State level VRDL) in August, 2025



Site Visit to Bangalore Medical College and Research Institute (BMCRI), Bengaluru, and National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru (November, 2025), followed by a review meeting held in the Director's Board Room, BMCRI, under the chairpersonship of Ms. Anu Nagar, Joint Secretary, Department of Health Research (DHR).

5.12 Foundation stone-laying ceremony of the Regional-Level VRDL at AIIMS Bilaspur by Shri J. P. Nadda, Hon'ble Minister for Health & Family Welfare, Government of India.



5.13 Few Glimpses of VRDL Network





Training/workshop was conducted during the Nipah outbreak in May 2025 at Government Medical College, Kozhikode.



Emergency response in biological spills



Molecular diagnostics during viral outbreak

State	Level of VRDL	S. No.	Name of VRDL	Funded in
Andaman & Nicobar Island	State Level	1	Regional Medical Research Centre (RMRC), Port Blair	2018-2019
	Medical College Level	2	Andaman and Nicobar Islands Institute of Medical Sciences, Port Blair	2020-2021
Andhra Pradesh	State Level	3	Guntur Medical College, Guntur	2018-2019
	State Level	4	Sri Venkateswara Institute of Medical Sciences, Tirupati, Andhra Pradesh	2014-2015
	Medical College Level	5	Andhra Medical College, Visakhapatnam	2019-2020
	Medical College Level	6	Government Medical College (GMC), Anantpur	2015-2016
	Medical College Level	7	Rajiv Gandhi Institute of Medical Science (RIMS), Kadappa	2015-2016
	Medical College Level	8	Rangaraya Medical College, Kakinada, Andhra Pradesh	2017-2018
	Medical College Level	9	Siddhartha Medical College, Gunadala, Vijayawada, Andhra Pradesh	2014-2015
	Medical College Level	10	All India Institute of Medical and Sciences, Mangalagiri, Andhra Pradesh	2021-2022
	Medical College Level	11	Kurnool Medical College, Kurnool	2022-2023
Arunachal Pradesh	Medical College Level	12	TomoRiba Institute Health and Medical Sciences (TRIHMS), Naharlagun	2022-2023
Assam	Regional Level	13	Regional Medical Research Centre, Dibrugarh	2013-2014
	State Level	14	Gauhati Medical College, Gauhati, Assam	2014-2015
	Medical College Level	15	Fakhruddin Ali Ahmed Medical College, Barpeta, Assam	2017-2018
	Medical College Level	16	Jorhat Medical College, Jorhat	2015-2016
	Medical College Level	17	Silchar Medical College, Silchar, Assam	2017-2018
	Medical College Level	18	Tezpur Medical College, Tezpur	2015-2016
	Medical College Level	19	Diphu Medical College & Hospital, Diphu, Assam	2022-2023
	Medical College Level	20	All India Institute of Medical Sciences (AIIMS), Guwahati, Assam	2022-2023
	Medical College Level	21	Lakhimpur Medical College & Hospital, Assam	2023-2024
	Medical College Level	22	Nagaon Medical College & Hospital, Nagaon, Assam	2024-25

State	Level of VRDL	S. No.	Name of VRDL	Funded in
Bihar	Regional Level	23	All India Institute of Medical Sciences (AIIMS), Patna	2019-2020
	Medical College Level	24	Darbhanga Medical College, Darbhanga	2017-2018
	Medical College Level	25	Patna Medical College, Patna	2013-2014
	Medical College Level	26	Rajendra Memorial Research Institute of Medical Sciences (RMRIMS), Patna	2019-2020
	Medical College Level	27	S.K. Medical College, Muzaffarpur	2017-2018
	Medical College Level	28	Jawahar Lal Nehru Medical College & Hospital, Bhagalpur	2020-2021
Chandigarh	Regional Level	29	Post Graduate Institute of Medical Education & Research, Chandigarh	2013-2014
	Medical College Level	30	Government Medical College & Hospital, Chandigarh	2017-2018
Chhattisgarh	State Level	31	All India Institute of Medical Sciences (AIIMS), Raipur	2017-2018
	Medical College Level	32	Late Baliram Kashyap (LSBK) Memorial Govt. Medical College, Jagdalpur, Chhattisgarh	2014-2015
	Medical College Level	33	Pt. JNM Medical College, Raipur, Chhattisgarh	2022-2023
	Medical College Level	34	Chhattisgarh Institute of Medical Sciences, Bilaspur, Chhattisgarh	2022-2023
	Medical College Level	35	Government Medical College, Kanker, Chhattisgarh	2022-2023
	Medical College Level	36	Chandulal Chandrakar Memorial Government Medical College, Durg, Chhattisgarh	2023-2024
Delhi	Regional Level	37	All India Institute of Medical Sciences (AIIMS), Delhi	2018-2019
	Medical College Level	38	Lady Hardinge Medical College, Delhi	2018-2019
	State Level	39	Maulana Azad Medical College Delhi	2020-2021
	Medical College Level	40	Guru Teg Bahadur Hospital, Delhi	2020-2021
	Medical College Level	41	Dr. Ram Manohar Lohia Hospital and Atal Bihari Vajpayee Institute of Medical Sciences	2020-2021
	Medical College Level	42	Army Hospital Research and Referral Dhola Kuan, New Delhi	2022-2023
	Medical College Level	43	Vallabhbhai Patel Chest Institute (VPCI), University of Delhi	2023-2024
Goa	Medical College Level	44	Goa Medical College, Goa	2020-2021

State	Level of VRDL	S. No.	Name of VRDL	Funded in
Gujarat	StateLevel	45	B.J.MedicalCollege,Ahmedabad	2013-2014
	MedicalCollegeLevel	46	GovernmentMedicalCollege,Surat	2018-2019
	MedicalCollegeLevel	47	GovernmentMedicalCollege, Vadodara	2018-2019
	MedicalCollegeLevel	48	GovernmentMedicalCollege, Bhavnagar, Gujarat	2019-2020
	MedicalCollegeLevel	49	ShriM.P.ShahGovt.MedicalCollege, Jamnagar	2013-2014
	MedicalCollegeLevel	50	PanditDindayalUpadhyayGovernment Medical College, Rajkot, Gujarat	2019-2020
	MedicalCollegeLevel	51	All India Institute of Medical Sciences (AIIMS), Rajkot, Gujarat	2022-2023
Haryana	MedicalCollegeLevel	52	BhagatPhoolSingh(BPS)Medical college for Women, Sonipat	2015-2016
	MedicalCollegeLevel	53	Pt.BDSharmaPostGraduateInstitute of Medical Education & Research, Rohtak	2013-2014
	MedicalCollegeLevel	54	Kalpana Chawla Government Medical College, Karnal, Haryana	2022-2023
Himachal Pradesh	StateLevel	55	IndiraGandhiMedicalCollege,Shimla	2013-2014
	MedicalCollegeLevel	56	Dr. Rajendra Prasad Government MedicalCollege,Tanda,Himachal Pradesh	2014-2015
	MedicalCollegeLevel	57	LalBahadurShastriMedicalCollege, Mandi	2020-2021
	MedicalCollegeLevel	58	Pt.JawaharlalNehruGovt.medical College,Chamba,HimachalPradesh	2021-2022
	Regional Level	59	All India Institute of Medical Sciences, Bilaspur	2022-2023
Jammu&Kashmir	StateLevel	60	Sher-e-KashmirInstituteofMedical Sciences, Srinagar	2013-2014
	MedicalCollegeLevel	61	GovtMedicalCollege,Srinagar,Jammu & Kashmir	2016-2017
	MedicalCollegeLevel	62	Govt.MedicalCollege,Jammu	2013-2014
	MedicalCollegeLevel	63	Government Medical College, Baramulla	2021-2022
	MedicalCollegeLevel	64	Government Medical College, Anantnag	2022-2023
	MedicalCollegeLevel	65	Command Hospital, Udhampur	2024-2026
Jharkhand	MedicalCollegeLevel	66	MGMMedicalCollege,Jamshedpur	2016-2017
	MedicalCollegeLevel	67	RajendraInstituteofMedicalSciences (RIMS), Ranchi	2016-2017
	StateLevel	68	AllIndiaInstituteofMedicalSciences, Deogarh, Jharkhand	2021-2022

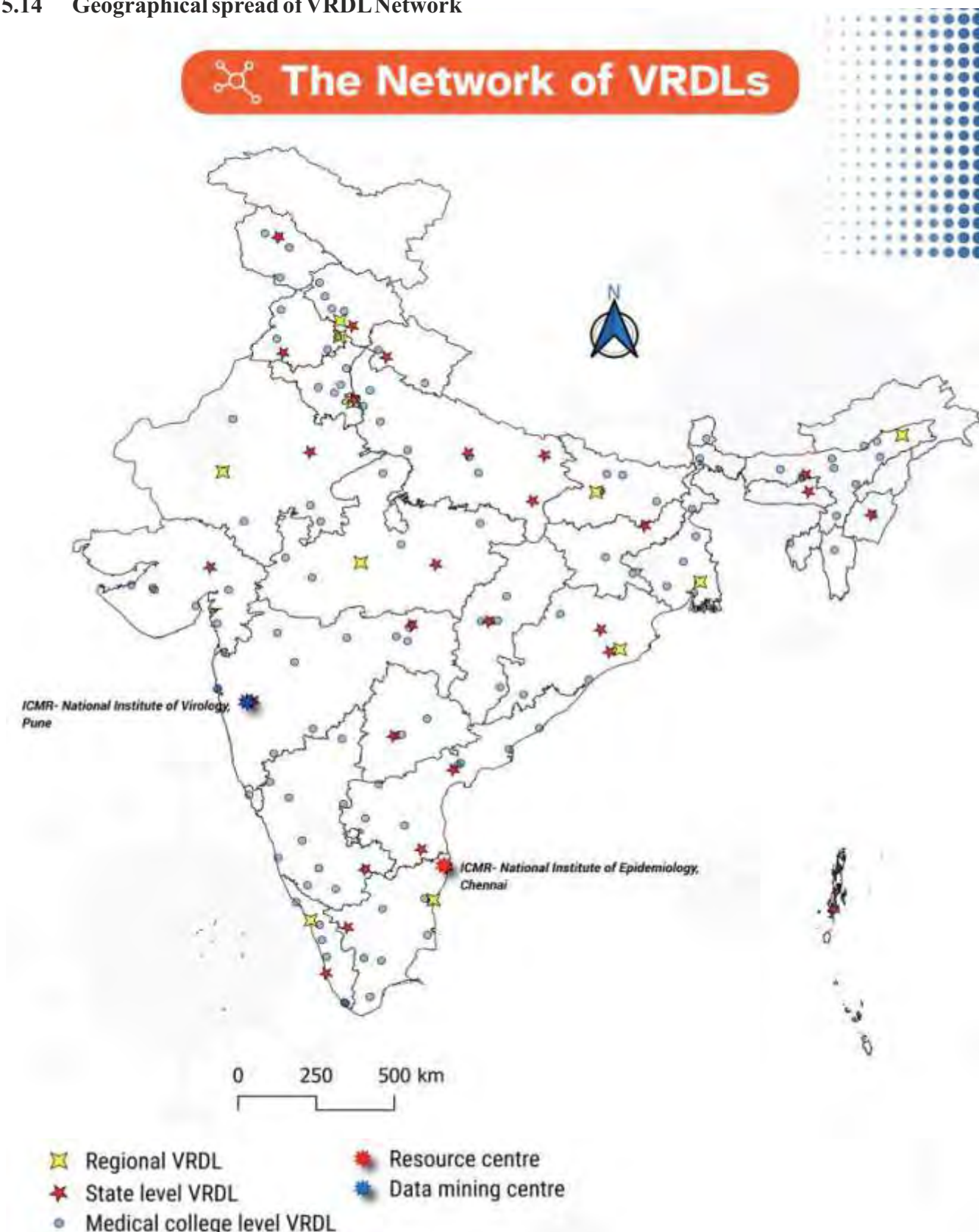
State	Level of VRDL	S. No.	Name of VRDL	Funded in
Karnataka	StateLevel	69	BangaloreMedicalCollege&Research Institute, Bangalore, Karnataka	2014-2015
	MedicalCollegeLevel	70	GovernmentMedicalCollege,Mysore, Karnataka	2014-2015
	MedicalCollegeLevel	71	GulbargaInstituteofMedicalSciences, Gulbarga, Karnataka	2016-2017
	MedicalCollegeLevel	72	HassanInstituteOfMedicalSciences (HIMS), Hassan	2015-2016
	MedicalCollegeLevel	73	KarnatakaInstituteofMedicalScience Hubballi	2020-2021
	MedicalCollegeLevel	74	ShimogaInstituteofMedicalSciences, Shimoga, Karnataka	2016-2017
	MedicalCollegeLevel	75	VijayanagarInstituteofMedical Sciences (VIMS), Bellary	2016-2017
	MedicalCollegeLevel	76	National Institute of Traditional Medicine Belagavi, Karnataka	2023-2024
	MedicalCollegeLevel	77	National Institute of Mental Health & Neurosciences (NIMHANS), Bangalore	2023-2024
	MedicalCollegeLevel	78	Kodagu Institute of Medical Sciences, Madikeri, Karnataka	2023-2024
Kerala	RegionalLevel	79	GovernmentMedicalCollege(GMC), Kozhikode	2018-2019
	StateLevel	80	NationalInstituteofVirology(NIV) Field Unit, Kerala	2018-2019
	MedicalCollegeLevel	81	GovernmentMedicalCollege,Thrissur	2016-2017
	MedicalCollegeLevel	82	GovernmentMedicalCollege, Trivandrum, Kerala	2014-2015
	MedicalCollegeLevel	83	Government Medical College, Kannur, Paryaram	2021-2022
	MedicalCollegeLevel	84	Government Medical College Manjeri, Malapuram, Kerala	2023-2024
	MedicalCollegeLevel	85	Government Medical College, Ernakulam, Kerala	2023-2024
	MedicalCollegeLevel	86	SreeChitraTirunal Institute for Medical Sciences & Technology Thiruvananthapuram, Kerala	2024-25
Madhya Pradesh	RegionalLevel	87	AllIndiaInstituteofMedicalSciences, Bhopal, Madhya Pradesh	2014-2015
	StateLevel	88	NationalInstituteofResearchInTribal Health (NIRTH), Jabalpur	2018-2019
	MedicalCollegeLevel	89	BundelkhandMedicalCollege,Sagar, Madhya Pradesh	2018-2019
	MedicalCollegeLevel	90	GajraRajaMedicalCollege,Gwalior, Madhya Pradesh	2016-2017
	MedicalCollegeLevel	91	MGMMedicalCollege,Indore,Madhya Pradesh	2016-2017
	MedicalCollegeLevel	92	ShyamShahMedicalCollege,Rewa, Madhya Pradesh	2017-2018
	MedicalCollegeLevel	93	Dr. Laxmi Narayan Pandey Government Medical College, Ratlam, Madhya Pradesh	2024-2025

State	Level of VRDL	S. No.	Name of VRDL	Funded in
Maharashtra	StateLevel	94	GovtMedicalCollege(GMC),Nagpur	2019-2020
	MedicalCollegeLevel	95	DrVaishampayan Memorial (VM) GovernmentMedicalCollege,Solapur, Maharashtra	2019-2020
	MedicalCollegeLevel	96	G.SSethMedicalcollegeandKEM Hospital, Mumbai	2018-2019
	MedicalCollegeLevel	97	GovernmentMedicalCollege(GMC), Aurangabad	2019-2020
	MedicalCollegeLevel	98	GovernmentMedicalCollege,Akola	2019-2020
	MedicalCollegeLevel	99	GovernmentMedicalCollege,Miraj, Sangli	2017-2018
	MedicalCollegeLevel	100	IndiraGandhiMedicalCollege,Nagpur, Maharashtra	2014-2015
	MedicalCollegeLevel	101	KasturbaHospitalforInfectious Disease, Mumbai, Maharashtra	2018-2019
	MedicalCollegeLevel	102	Shri Bhausahab Hire Government MedicalCollege&Hospital,Dhule	2019-2020
	MedicalCollegeLevel	103	AIIMS, Nagpur	2020-2021
	StateLevel	104	Armed Forces Medical College (AFMC), Pune	2021-2022
Manipur	StateLevel	105	RegionalInstituteofMedicalSciences (RIMS), Imphal	2016-2017
	MedicalCollegeLevel	106	JawaharlalNehruInstituteofMedical Sciences (JNIMS), Imphal, Manipur	2014-2015
Meghalaya	StateLevel	107	North-EasternIndiraGandhiRegional Institute of Health and Medical Sciences (NEIGRIHMS), Shillong	2013-2014
Mizoram	MedicalCollegeLevel	108	ZoramMedicalCollege,Mizoram	2020-2021
Odisha	RegionalLevel	109	RegionalMedicalResearchCenter (RMRC), Bhubaneswar	2017-2018
	StateLevel	110	SriramaChandraBhanja(SCB)Medical College, Cuttack	2015-2016
	StateLevel	111	AIIMS, Bhubaneswar	2020-2021
	MedicalCollegeLevel	112	SaheedLaxmanNayakMedicalCollege &Hospital,Koraput,Odisha(SLNMCH)	2020-2021
	MedicalCollegeLevel	113	VeerSurendraSaiInstituteofMedical Sciences and Research, Burla, Sambalpur, Odisha	2020-2021
	MedicalCollegeLevel	114	MaharajaKrishnaChandraGajapati Medical College and Hospital, Brahmapur.	2021-2022
Puducherry	RegionalLevel	115	JawaharlalInstituteofPostgraduate Medical Education and Research (JIPMER), Puducherry	2014-2015
	MedicalCollegeLevel	116	IndiraGandhiMedicalCollege& Research Institute, Puducherry	2016-2017

State	Level of VRDL	S. No.	Name of VRDL	Funded in
Punjab	MedicalCollegeLevel	117	Govt.MedicalCollege,Amritsar	2013-2014
	MedicalCollegeLevel	118	Govt.MedicalCollege,Patiala,Punjab	2014-2015
	MedicalCollegeLevel	119	GuruGobindSinghMedicalCollege, Faridkot	2020-2021
	MedicalCollegeLevel	120	AIIMS, Bathinda	2022-2023
	MedicalCollegeLevel	121	Dr. B R Ambedkar state Institute of Medical Sciences, Mohali, Punjab	2024-2025
Rajasthan	RegionalLevel	122	AllIndiaInstituteofMedicalSciences (AIIMS), Jodhpur, Rajasthan	2017-2018
	StateLevel	123	SawaiManSingh(SMS)Medical College, Jaipur	2015-2016
	MedicalCollegeLevel	124	Jhalawarmedicalcollege,Jhalawar	2016-2017
	MedicalCollegeLevel	125	RavindraNathTagore(RNT)Medical College, Udaipur	2016-2017
	MedicalCollegeLevel	126	SNMedicalCollege,Jodhpur Rajasthan	2014-2015
	MedicalCollegeLevel	127	SardarPatelMedicalCollege(SPMC) Bikaner	2016-2017
	MedicalCollegeLevel	128	Govt.MedicalCollegeKota	2021-2022
	MedicalCollegeLevel	129	Military Hospital Jodhpur, Rajasthan	2022-2023
TamilNadu	StateLevel	130	CoimbatoreMedicalCollege, Coimbatore	2016-2017
	StateLevel	131	The King Institute of Preventive MedicineandResearch(KIPM&R), Chennai	2016-2017
	MedicalCollegeLevel	132	GovernmentMedicalCollege,Theni, Tamil Nadu	2014-2015
	MedicalCollegeLevel	133	GovernmentMedicalCollege, Thiruvavarur, Tamil Nadu	2018-2019
	MedicalCollegeLevel	134	GovernmentMedicalCollege, Villupuram, Tamil Nadu	2018-2019
	MedicalCollegeLevel	135	GovernmentMohanKumaramangalam Medical College, Salem	2016-2017
	MedicalCollegeLevel	136	MadrasMedicalCollege,Chennai	2016-2017
	MedicalCollegeLevel	137	MaduraiMedicalCollege,Madurai, Tamil Nadu	2014-2015
	MedicalCollegeLevel	138	TirunelveliMedicalCollege,Tirunelveli	2016-2017
	MedicalCollegeLevel	139	ICMR-NationalInstituteforResearchin Tuberculosis, Chennai	2021-2022

State	Level of VRDL	S. No.	Name of VRDL	Funded in
Telangana	StateLevel	140	GandhiMedicalCollege,Telangana	2015-2016
	MedicalCollegeLevel	141	KakatiyaMedicalCollege,Warangal, Telangana	2017-2018
	MedicalCollegeLevel	142	OsmaniaMedicalCollege,Hyderabad	2013-2014
	MedicalCollegeLevel	143	All India Institute of Medical Sciences (AIIMS), Bibinagar	2021-2022
Tripura	MedicalCollegeLevel	144	GovernmentMedicalCollege,Agartala	2014-2015
Uttar Pradesh	StateLevel	145	BanarasHinduUniversity(BHU), Varanasi	2016-2017
	StateLevel	146	KingGeorge'sMedicalUniversity (KGMU), Lucknow	2015-2016
	MedicalCollegeLevel	147	JawaharlalNehruMedicalCollege (JNMC), Aligarh	2015-2016
	MedicalCollegeLevel	148	Uttar Pradesh Rural Institute of MedicalSciences&Research,Saifai, Etawah, UP	2015-2016
	StateLevel	149	ICMR-RegionalMedicalResearch Centre, Gorakhpur	2020-2021
	MedicalCollegeLevel	150	AllIndiaInstituteofMedicalScience Raebareli, Uttar Pradesh	2021-2022
	MedicalCollegeLevel	151	GovernmentInstituteofMedical Sciences, Greater Noida, Uttar Pradesh	2021-2022
	MedicalCollegeLevel	152	LLRM Medical College, Meerut, Uttar Pradesh	2022-2023
	MedicalCollegeLevel	153	Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Uttar Pradesh	2023-2024
Uttarakhand	StateLevel	154	AllIndiaInstituteofMedicalSciences (AIIMS) Rishikesh	2019-2020
	MedicalCollegeLevel	155	DoonMedicalCollege,Dehradun	2019-2020
	MedicalCollegeLevel	156	Govt.MedicalCollege,Haldwani, Uttarakhand	2015-2016
WestBengal	RegionalLevel	157	ICMRVirusUnit,NationalInstituteof Cholera & Enteric Diseases, Kolkata	2014-2015
	MedicalCollegeLevel	158	BurdwanMedicalCollege,Burdwan	2020-2021
	MedicalCollegeLevel	159	InstituteofPostGraduateMedical Education & Research (IPGMER), Kolkata	2015-2016
	MedicalCollegeLevel	160	MaldaMedicalCollege,Malda	2018-2019
	MedicalCollegeLevel	161	MidnaporeMedicalCollege, Midnapore, West Bengal	2016-2017
	MedicalCollegeLevel	162	MurshidabadMedicalCollege, Murshidabad	2016-2017
	MedicalCollegeLevel	163	NorthBengalMedicalCollege, Darjeeling	2016-2017
	MedicalCollegeLevel	164	RGKarMedicalCollege,Kolkata	2018-2019
	MedicalCollegeLevel	165	Diamond Harbour Govt. Medical College & Hospital, Diamond Harbour, West Bengal	2021-2022
	MedicalCollegeLevel	166	All India Institute of Medical Sciences (AIIMS), Kalyani, West Bengal	2021-2022

5.14 Geographical spread of VRDL Network



Site visit to ICMR-National Institute of Virology (NIV), Pune in July, 2025



Chapter 6

Establishment Of Multi Disciplinary Research Units (MRUs)
in Medical Colleges/ Research Institutes

- 6.1 Health research is primarily conducted within medical colleges and research institutes. In addition to serving as the cornerstone of patient care delivery, medical colleges play a pivotal role in providing medical education and advancing medical research. The medical colleges and research institutes are also expected to identify the disease areas that require special attention and drive innovation to enhance the understanding and management of such disease areas. However, over time, it has been observed that many medical colleges and affiliated hospitals had largely limited their focus to clinical service delivery and traditional teaching methodologies. Consequently, high-quality medical research remains concentrated in a relatively small number of institutions nationwide. This disparity is largely attributed to inadequate research infrastructure, limited motivation and incentives for research, apart from the increasing burden of patient care.
- 6.2 Therefore, with a view to promote and encourage medical research in the country and provide assistance for appropriate research facilities, Government of India, Ministry of Health & Family Welfare, Department of Health Research (DHR) introduced a central sector umbrella scheme for Development of Infrastructure for Promotion of Health Research in the year 2013-14 i.e. during the 12th Five Year Plan (2012-13 to 2016-17). The umbrella scheme has 02 sub-schemes namely (i) establishing Multi-Disciplinary Research Units (MRUs) in Medical Colleges and Research Institutes; and (ii) establishing Model Rural Health Research Units (MRHRUs) in rural areas under the mentorship of ICMR institutes.
- 6.3 The scheme was extended from 2017-18 to 2019-20 to be co-terminous with the 14th Finance Commission Period. Subsequently, Department of Expenditure vide its Notification No.42(02)/PF-II/2014 dated 10.01.2020 approved an interim extension to all ongoing scheme still 31.03.2021 or till the date of recommendations of 15th Finance Commission came into effect, whichever was earlier.
- 6.4 The Standing Finance Committee chaired by Secretary (DHR) in its meeting on 15.03.2021 appraised the scheme and subsequently, the competent authority approved it for continuation during the period of 15th Finance Commission (2021-22 to 2025-26) with the financial outlay of Rs. 288.11 crore for MRUs
- 6.5 Objectives of the Scheme**
- The scheme provides infrastructural support, in terms of civil works, equipment and recurring expenditure. The main objectives of the scheme are:
 - Encouraging and strengthening research environment in medical colleges and research institutes.
 - Bridging infrastructural gap inhibiting health research in the medical colleges and research institutes.
 - Capacity building and human resource development in the field of health research.

- Undertaking clinical trials.
- Undertaking multicentric and multidisciplinary research projects.
- Ensuring geographical spread of health research infrastructure in medical colleges and research institutes across the country.
- Improving overall health status of the population by creating evidence-based application of diagnostic procedures/drugs/devices

6.6 Approval Mechanism

- Proposals for setting up MRUs are submitted by the Heads of Medical Colleges/ Research Institutes to the Department of Health Research as per the format prescribed in the scheme guidelines.
- DHR after preliminary examination sends proposals to Technical Evaluation Committee (TEC). TEC examines the proposals and furnishes their recommendations to DHR. Approval Committee, headed by Secretary, DHR analyses the recommended proposals and accords final approval.
- On approval, the State Government, Medical College and DHR signs a Tripartite Agreement

Composition of TEC:

- I. Prof. Sushma Bhatnagar,
Clinical Lead & Senior Consultant (Onco-Anesthesia)
Onco-Critical Care, Pain & Palliative Care
Indraprastha Apollo Hospital, New Delhi
- II. Prof. Sandeep Bansal,
Director,
Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi
- III. Prof. Achal Kumar Srivastava,
Professor (Clinical Neurophysiology), Department of Neurology
All India Institute of Medical Sciences, New Delhi
- IV. Prof. Piyush Gupta,
Prof. A.S. Paintal, Distinguished Scientist Chair &
Editor-in-Chief, Indian Journal of Medical Research (IJMR)
- V. Prof. Rajesh Sagar,
Professor, Department of Psychiatry
All India Institute of Medical Sciences, New Delhi
- VI. Prof. Mongjam Meghachandra Singh,
Director-Professor & Head, Deptt. of Community Medicine

Maulana Azad Medical College, New Delhi

Composition of Approval Committee

- I. Secretary, Department of Health Research.....Chairman
- II. AS & FA (Health) or his nominee.....Member
- III. Joint Secretary, Department of Health Research.....Member
- IV. Head, HRD Division, Indian Council of Medical Research.....Member

6.7 Funding Norms

The approved MRUs are eligible for one-time non-recurring grant-in-aid for (i) civil construction, and (ii) purchase of equipment, and recurring grant for (i) salaries, (ii) contingencies/ consumables /training etc. as per the following norms

Non-Recurring		Recurring (per annum)	
Civil Construction	0.25	Salaries	0.28
Equipment	*2.00 (to be released in two installments of Rs.1crore each)	Contingencies/Consumables/ Training, etc.	0.2

**Proposals for grants in excess of Rs.2.00 crore for purchase of equipment recommended by the medical college/ LRAC may be considered by the Department with the approval of the Secretary (DHR) on case-to-case basis taking into account the merits of the proposal. However, in the case of Private Medical Colleges, the request for grant-in-aid in excess of Rs.2 Cr shall be subject to equal matching contribution being provided by the concerned Private Medical College and further subject to the condition that there would be an upper limit of Rs. 5 Cr. after including the contribution of the concerned Private Medical College as well as the original grants-in-aid of Rs. 2.00 crore prescribed for purchase of equipment by MRUs*

6.8 Funding and administration of MRUs by Central Government

As per the revised scheme for the 15th Finance Commission Period (2021-22 to 2025-26), Central Government is to administer and bear all the recurring and non-recurring liabilities of the MRUs. In the earlier scheme, the recurring liabilities were to be taken over by the State Government after 5 years of running the MRU.

6.9 Operational Mechanism

The concerned States and Medical Colleges devise suitable internal mechanism for speedy execution of the civil works, procurement & installation of equipment, selection & posting of requisite core staff with the active involvement of the State Health/ Medical Education Department.

This involves:

- I. Signing of tripartite Memorandum of Agreement between the Department of Health Research, State

Health /Medical Education Department and the Medical College/Research Institute.

- II. Finalisation of layouts/ maps for establishing the MRU.
- III. Tendering and hiring the agencies for construction/ renovation of space provided for the setting up of MRU.
- IV. Tendering and procuring equipment and ensuring their maintenance.
- V. Engaging contractual staff for MRU

6.10 Staff Structure

A Programme Monitoring & Implementation Unit (PMIU) consisting of contractual staff in DHR administers and monitors the progress of MRUs and their research activities through a monitoring framework at central level.

Composition of PMIU in DHR is as under:

S. No.	Designation	No. of post(s)
1	Project Manager	1
2	Finance Manager/Consultant Finance & Accounts	1
3	Scientist- C	2
5	Data Entry Operator	2
6	Multi-Tasking Staff	1

i. Composition of Contractual Staff in MRUs is as under:.

S. No.	Designation	No. of Posts(s)
1	Research Scientist-II (Scientist- C)	1
2	Research Scientist-I (Scientist- B)	1
3	Lab Technician	2
4	Lab Assistant/ DEO (Grade- A)	1

6.11 Monitoring Mechanism

Progress of research work of MRUs is closely and regularly monitored by DHR by way of holding review meetings. Besides, visits by experts and officials of DHR are also undertaken to have on the spot view of progress of the units. MRUs are also subject to all the prescribed internal/ statutory audit checks and inspections etc. During Jan-Dec 2025, a total of 43 monitoring visits excluding online meetings, were held to review the performance of MRUs in terms of research projects undertaken, research projects completed, research papers

published, patents filed, new technologies developed/transferred etc. Suggestions for improving performance were also shared with the units whose performance was not found satisfactory in terms of the above parameters

Official Visits to MRUs

East & North East Zone



AGMC, Agartala, Tripura



GMCH, Guwahati, Assam



TMCH, Tezpur, Assam



SCBMC, Cuttack



MKCGMC Berhampur, Odisha



Pt. JNMCM Raipur, Chhattisgarh

North Zone



GMC, Chandigarh



BHU, Varanasi



VMMC & SJH, New Delhi

West and Central Zone



AGMC, Agartala, Tripura



GMC Jhalawar, Rajasthan



GMC, Bhopal, M.P

South Zone



Kakatiya Medical College,
Telangana



Mandya Institute of Medical
Sciences Karnataka



Mysore Medical College,
Karnataka

- 6.12 The National Institution for Transforming India (NITI) Aayog and the Prime Minister's office have also developed Output Outcome Monitoring Framework (OOMF) and Dashboard for Analytical Review of Projects Across Nation (DARPAN) portals respectively for uploading data of Govt. schemes on quarterly and annual basis. The requisite data in respect of MRU scheme is regularly fed on these portals.

The major Output & Outcome performance indicators of OOMF portals are:

S. No.	Output	S. No.	Outcome
1	Number of Research Projects approved by Local Research Advisory Committee in MRUs	4	Number of Research Studies completed at MRUs
2	Number of Research Projects that obtained required funding.	5	Number of Research Publications from MRUs
3	Number of Research Projects initiated	6	Number of new Technologies/ Guidelines/ Process/ Patents developed as a result of Research by MRUs

The performance indicators of the DARPAN portal are as under:

S. No.	Indicators
1	Number of Publication
2	Number of MRUs approved
3	Number of Research Projects
4	Funds Released

6.13 Local Research Advisory Committee (LRAC)

For operating the MRU in medical colleges/research institutes, a Local Research Advisory Committee (LRAC) is constituted which considers and approves research proposals received from different departments of the colleges/research institutes. LRAC also monitors progress of research proposals in the college. The head of the medical college/ research institute designates one of the members of the faculty, preferably of the level of professor as Nodal Officer for overseeing the functioning of MRU. LRAC works as recommendatory body for all proposals of the medical college to be pursued through its MRU.

Composition of LRAC is as under:

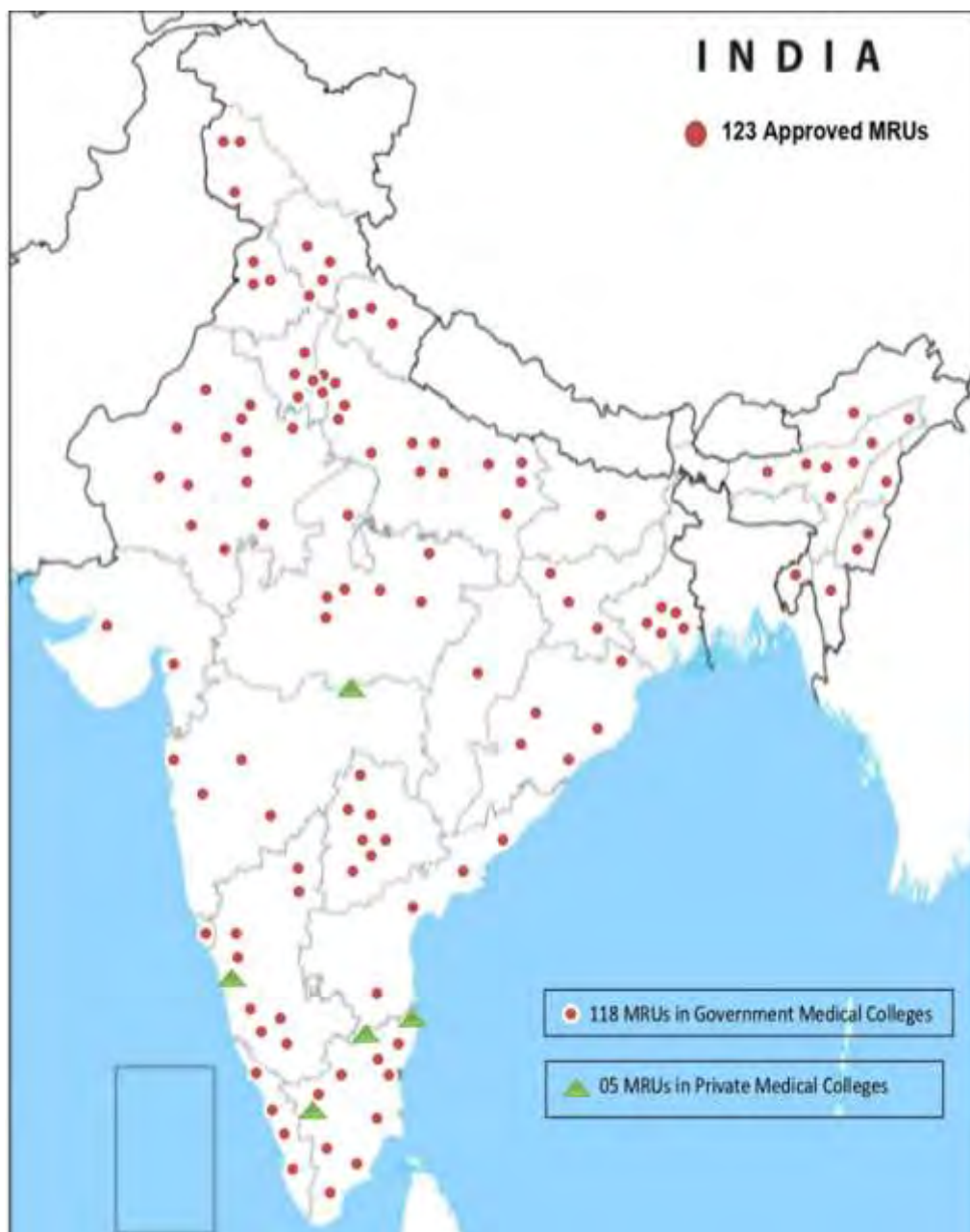
1	Chairperson	External Medical Expert, preferably Professor level from reputed Research Institution/ University
2	Co-Chairperson	
3	Three Clinicians/ Academicians	One External and Two Internal with expertise in Non-Communicable Diseases – one Expert specializing in the disease identified in Research Project.
4	One nominee of State Health/ Medical Education Dept.	
5	One nominee from ICMRHQ or nearest ICMR Institute.	
6	Member Secretary	Nodal Officer, MRU

6.14 Executive Committee (EC)

In 2024-25, DHR notified all MRUs to constitute an Executive Committee (EC) for establishing mechanism of receiving proposals from faculty of Medical College and to encourage wide participation of different departments in proposals submission to MRUs. Executive Committee reviews proposals for presentation to LRAC for finalization/ selection or otherwise and also oversees the distribution of contingency funds for activities of MRU and supports LRAC approved projects.

Composition of EC is as under:

1	Chairperson	Director/Principal/ Dean (Research) of the Medical College/ Institute
2	Three Faculty Members	Three- one each from preclinical, para-clinical & one from clinical departments (preferably one either from medical or surgical departments)
3	Nodal Officer of MRU	Faculty nominated by head of Medical College/ Research Institution



6.15 Physical Achievements

Since the inception of the scheme in 2013-14, following 118 MRUs have been sanctioned in Government Medical Colleges till - 15.12.2025

S. No	State	Names of Medical Colleges approved for establishment of MRUs
1	Andhra Pradesh (4)	Siddhartha Medical College, Vijaywada
2		Rangaraya Medical College, Kakinda
3		Andhra Medical College, Visakhapatnam
4		S.V. Medical College, Tirupati
5	Arunachal Pradesh (1)	TomoRiba Institute of Health & Medical Sciences
6	Assam (7)	Silchar Medical College and Hospital, Silchar
7		Jorhat Medical College, Jorhat
8		Fakhruddin Ali Ahmed Medical College, Barpeta
9		Assam Medical College and Hospital, Dibrugarh
10		Gauhati Medical College & Hospital, Guwahati
11		Diphu Medical College & Hospital, Diphu
12		Tezpur Medical College & Hospital
13	Bihar (1)	Indira Gandhi Institute of Medical Sciences, Patna
14	Chandigarh (1)	Government Medical College, Chandigarh
15	Chhattisgarh (1)	Pt. JNM Medical College, Raipur
16	Delhi (NCT) (4)	University College of Medical Sciences
17		Vallabh Bhai Patel Chest Institute
18		Maulana Azad Medical College
19		Vardhman Mahavir Medical College & Safdarjung Hospital
20	Goa (1)	Goa Medical College, Panji
21	Gujarat (2)	M.P.Shah Medical College, Jamnagar
22		Surat Municipal Institute of Medical Education and Research, Surat
23	Haryana (3)	Pt. BD Sharma Post Graduate Institute of Medical Sciences, Rohtak
24		Kalpana Chawla Govt. Medical College, Karnal
25		ESIC Medical College & Hospital, Faridabad
26	Himachal Pradesh (3)	Indira Gandhi Medical College & Hospital, Shimla
27		Dr. R.P. Govt. Medical College, Kangra at Tanda
28		Dr. Radha Krishnan Govt. Medical College, Hamirpur
29	Jammu & Kashmir (3)	Govt. Medical College, Jammu
30		Govt. Medical College, Srinagar
31		Sher-i-Kashmir Institute of Medical Sciences, Srinagar

S. No	State	Names of Medical Colleges approved for establishment of MRUs
32	Jharkhand (3)	MGM Medical College & Hospital, Jamshedpur
33		Rajendra Institute of Medical Sciences, Ranchi
34		All India Institute of Medical Sciences, Deogarh
35	Karnataka (8)	Dharwad Institute of Medical Sciences, Dharwad
36		Mandya Institute of Medical Sciences, Mandya
37		Karnataka Institute of Medical Sciences, Hubli
38		Shimoga Institute Of Medical Sciences, Shivamogga
39		Gulbarga Institute of Medical Sciences, Kalaburagi
40		Raichur Institute of Medical Sciences, Raichur
41		Mysore Medical College & Research Institute, Mysore
42		Hassan Institute of Medical Sciences, Hassan
43	Kerala (4)	Govt. Medical College, Thiruvananthapuram
44		Calicut Medical College, Kozhikode
45		Govt. Medical College, Kottayam
46		Govt. Medical College. Thrissur
47	Madhya Pradesh (7)	S.S. Medical College, Rewa
48		Netaji Subhash Chandra Bose Medical College, Jabalpur
49		M.G.M. Medical College, Indore
50		Gandhi Medical College, Bhopal
51		G.R. Medical College, Gwalior
52		Bundhelkhand Govt. Medical College, Sagar
53		All India Institute of Medical Sciences, Bhopal
54	Maharashtra (4)	Seth G.S Medical College & KEM Hospital Mumbai
55		Dr. Vaishampayan Memorial Government Medical College, Sholapur
56		Armed Forces Medical College, Pune
57		B.J. Medical College, Pune
58	Manipur (2)	Regional Institute of Medical Sciences, Imphal
59		Jawaharlal Nehru Institute of Medical Sciences, Imphal, Manipur
60	Mizoram (1)	Zoram Medical College, Falkwan
61	Nagaland (1)	Naga Hospital Authority, Kohima
62	Odisha (5)	S.C.B. Medical College& Hospital, Cuttack
63		V.S.S. Institute of Medical Sciences & Research, Burla
64		M.K.C.G. Medical College, Berhampur

S. No	State	Names of Medical Colleges approved for establishment of MRUs
65	Odisha (5)	Bhima Bhoi Medical College & Hospital, Balangir
66		Pandit Raghunath Murmu Medical College & Hospital, Baripada
67	Punjab (3)	Govt. Medical College, Amritsar
68		Govt. Medical College, Patiala
69		Guru Gobind Singh Medical College & Hospital, Faridkot
70	Rajasthan (13)	Dr. Sampurnanand Medical College, Jodhpur
71		Government Medical College, Kota
72		Sardar Patel Medical College and Associated Group of PBM Hospitals, Bikaner
73		JLN Medical College, Ajmer
74		SMS Medical College, Jaipur
75		R.N.T. Medical College, Udaipur
76		Rajasthan University of Health Sciences, Jaipur
77		Govt. Medical College, Dungarpur
78		Government Medical College, Pali
79		Government Medical College, Jhalawar
80		Shree Jagannath Pahadia Govt. Medical College, Bharatpur
81		Pt. Deendayal Upadhyay Govt. Medical College, Churu
82		Rajmata Vijaya Raje Scindia Medical College, Bhilwara, Rajasthan
83	Tamil Nadu (9)	Madras Medical College, Chennai
84		Tirunelveli Medical College, Tirunelveli
85		Coimbatore Medical College, Coimbatore
86		Dr. A.L.M. Post Graduate Institute of Basic Medical Sciences, Taramani
87		Tanjavur Medical College, Tanjavur
88		Govt. Mohan Kumarmangalam Medical College, Salem
89		Govt. Theni Medical College, Theni
90		Chengalpattu Medical College, Chengalpattu
91		Madurai Medical College, Madurai
92	Telangana (7)	Osmania Medical College, Hyderabad
93		Gandhi Medical College, Secunderabad
94		Nizam Institute of Medical Sciences, Hyderabad
95		Govt. Medical College, Mahbubnagar
96		All India Institute of Medical Sciences, Bibinagar, Telangana
97		Government Medical College, Siddipet
98		Kakatiya Medical College, Hanumakonda

S. No	State	Names of Medical Colleges approved for establishment of MRUs
99	Tripura (1)	Agartala Govt. Medical College, Agartala
100	Uttar Pradesh (11)	G.S.V.M Medical College, Kanpur
101		King George Medical University, Lucknow
102		Institute of Medical Sciences, Banaras Hindu University, Varanasi
103		Uttar Pradesh University of Medical Sciences, Saifai, Etawah
104		Government Institute of Medical Sciences, Greater NOIDA
105		All India Institute of Medical Sciences, Raebareli
106		Baba RaghavDasMedical College, Gorakhpur
107		All India Institute of Medical Sciences, Gorakhpur
108		S.N. Medical College, Agra
109		Government Medical College, Kannauj
110		Moti Lal Nehru Medical College, Prayagraj
111	Uttarakhand (3)	Govt. Medical College, Haldwani (Nainital)
112		Veer Chandra Singh Garhwali Govt. Institute of Medical Science & Research Institute, Srinagar, Pauri Garhwal.
113		All India Institute of Medical Sciences, Rishikesh
114	West Bengal (5)	R.G. Kar Medical College& Hospital, Kolkata
115		Medical College & Hospital, Kolkata
116		Institute of Post Graduate Medical College Education & Research, Kolkata
117		Nil Ratan Sircar Medical College& Hospital, Kolkata
118		All India Institute of Medical Sciences, Kalyani, West Bengal

Note: Out of the 118 MRUs sanctioned, 13 are in the North-Eastern Region

6.16 Physical Targets for establishing new MRUs during 2021-22 to 2025-26

Financial Year	Physical Performance	
	Targets (No. of MRUs)	Achievements (No. of MRUs)
2021-22	6	12
2022-23	6	18
2023-24	6	00 ¹
2024-25	6	03 ²
2025-26	6	05 ³
Total	30	38

¹**FY2023-24:** No MRUs were established during this FY, as the physical target for this financial year had already been achieved by the end of FY2022-23.

²**FY2024-25:** The physical target for this financial year had already been achieved by the end of FY2022-23. However, 3 (three) MRUs were established over and above the sanctioned target to fulfil a Parliament assurance.

³**FY2025-26:** The physical target for this financial year had already been achieved by the end of FY2022-23. However, 5 (five) additional MRUs have been established in Private Medical Colleges, as per the in-principle approval accorded by the Department of Expenditure (DoE) and the approval of the Competent Authority.

Note: The proposals for establishing new MRUs are considered and approved subject to their fulfilling prescribed guidelines, rules and procedures. The geographical spread of these units is also kept in view.

6.17 Financial Achievements

(Rs. crore)

Year	Budget Estimates (BE)	Revised Estimates (RE)	Actual Expenditure
2013-14	45.00	37.10	36.25
2014-15	80.00	31.00	31.00
2015-16	45.50	28.00	25.20
2016-17	24.25	24.25	24.25
2017-18	36.00	45.00	45.00
2018-19	50.00	37.00	36.00
2019-20	58.00	55.00	55.00
2020-21	60.00	58.00	52.80
2021-22	60.00	51.00	39.61
2022-23	60.00	48.00	44.86
2023-24	60.00	50.00	50.00
2024-25	60.00	61.99	61.99
2025-26	91.65	91.65	55.98 (expenditure up to 15.12.2025)

6.18 Research Performance

The Research Performance of the MRUs as per the NITI Aayog Output Outcome Monitoring Framework (OOMF) Indicators is as follows:

NITI Aayog OOMF Indicators	Total Targets	Total Achievements
Number of Research Projects approved by LRAC	300	786
Number of Research Projects that obtained required funding	170	492
Number of research Projects initiated	115	522
Number of Research Studies completed	140	247
Number of Research Publications	70	155
Number of new Technologies/Guidelines/Processes /Patents developed as a result of Research	1	4

6.19 Use of State-of-the-Art Equipment at MRUs

Multi-Disciplinary Research Units infrastructure has resulted into the development of laboratories in Govt. Medical Colleges equipped with advanced instruments for high through-put testing of large number of samples. The research undertaken at these MRUs will help to develop affordable, accessible and usable new medical diagnostic technologies, drugs, devices, drug monitoring mechanism, vaccine designing etc. Following is the list of some the State-of-the-Art instruments used at MRUs:

S. No.	Name of MRU	State-of-the-Art facilities
1	Govt. Medical College, Srinagar, J&K	CFX-96 Real Time-PCR (RT-PCR), Neon Cell Transfection System, Countess FL (Cell counter), EVOS FL Auto microscope
2	Madurai Medical College, Madurai, TN	RT-PCR, Gas Chromatography Mass Spectrometry (GCMS), High Performance liquid Chromatography (HPLC), hemi Luminescence Immunology Analyzer (CLIA)
3	Institute of Medical Sciences, Banaras Hindu University, Varanasi	Microarray, Next Generation sequencing system-Nanopore Atomic Absorption spectrophotometer, Real time PCR system
4	Tirunelveli Medical College, Tirunelveli, TN	Real Time PCR, Inverted phase contrast microscope, HPLC, GCMS, Cytogenetic Work Station, Zebra fish Lab
5	Government Medical College, Calicut, Kerala	FISH, Molecular diagnostic lab including genetic testing, Sanger sequencer
6	Institute of Post Graduate Medical Education & Research , Kolkata	Electron Microscope with Ultramicrotome.

S. No.	Name of MRU	State-of-the-Art facilities
7	Silchar Medical College, Silchar, Assam	Next Generation Sequencer (High throughput Genetic analyzer)
8	Ravindra Nath Tagore Medical College, Udaipur, Rajasthan	Fluorescent in situ Hybridization (FISH), Flow cytometer
9	Shyam Shah Medical Rewa, Rewa, MP	Real time PCR, HPLC beta variant, Fluorescent Microscope
10	Coimbatore Medical College, Coimbatore, Tamil Nadu	Fluorescent in situ Hybridization (FISH), GEL-DOC Imaging Equipment for CHEMILUMINESCENCE
11	All India Institute of Medical Sciences, Rishikesh, Uttarakhand	Nanopore Sequencer, Q-PCR
12	MP Shah Govt. Medical College, Jamnagar, Gujarat	High Performance liquid Chromatography (HPLC)
13	S.V. Medical College, Tirupati, Andhra Pradesh	High Performance liquid Chromatography (HPLC), Auto Analyzer, Ultra Centrifuge, Fluorescent Microscope
14	Madras Medical College, Madras, Tamil Nadu	Real time – PCR, Fluorescence in situ hybridization (FISH), Auto Analyzer
15	Gandhi Medical College, Secunderabad, Telangana	Seq Studio Genetic Analyzer, HPLC & GCMS, Flow-cytometry, RTPCR, Tissue Processor,
16	Dr. ALM Post Graduate Institute of Basic Medical Sciences, University of Madras, Taramani Campus, Chennai	Applied Biosystem 3500 8 Capillary Genetic Analyzer, Automated Cytogenetic Analysis Workstation, Floor Model High Speed Refrigerated Centrifuge, Real Time PCR System
17	S.P. Medical College, Bikaner, Rajasthan	Bio Chemistry Analyzer
18	SMS Medical College, Jaipur, Rajasthan	High Performance liquid Chromatography (HPLC), Fluorescent Microscope, Real time – PCR
19	Armed Forces Medical College, Pune, Maharashtra	Real time PCR system, Inverted fluorescence microscope, Multimode Microplate Reader and Washer
20	All India Institute of Medical Sciences, Rishikesh, Uttarakhand	Real time PCR system
21	King George Medical College, Lucknow, UP	Multimodal plate reader, Real time PCR system, Chemi Doc MP Imaging system
22	Maulana Azad Medical College, Delhi	Genetic Analyzer, Gas Chromatography Mass Spectrometry, Flow Cytometer, Multi-Mode Reader, DNA Extraction System, Real time PCR system
23	Sher-I-Kashmir Institute of Medical Sciences, Srinagar, J&K	Multimode Elisa Reader, High Performance liquid Chromatography (HPLC), Real time PCR system
24	University College of Medical Sciences, New Delhi	Upright Trinocular Fluorescent Microscope, Inverted Fluorescent Microscope

S. No.	Name of MRU	State-of-the-Art facilities
25	Assam Medical College & Hospital, Dibrugarh, Assam	Ultra-centrifuge, Microscope LED illumination,
26	Medical College and Hospital, Kolkata	Florescence Microscope with karyotyping software
27	Healthcare Laboratory & Research Centre, Naga Hospital, Kohima, Nagaland	Gas Chromatography Mass Spectrometer with Accessories, Auto Analyzer, Real time PCR system
28	Thanjavur Medical College, Thanjavur, Tamil Nadu	LED Fluorescent Microscope, Chemi- luminescence Immune Assay Analyser, 5-part Fully Automated Hematology Analyser, GCMS, Real Time- PCR, Inverted Phase contrast microscope, ELISA Reader
29	Government Medical College, Thiruvananthapuram, Kerala	Zebra Fish Standalone System, Karyotyping & FISH Workstation, 5-part Fully Automated Hematology Analyser, Fully Automatic Electrophoresis System, Real Time- PCR, Inverted Phase Contrast Microscope, ELISA Reader
30	Govt. Mohan Kumarmangalam Medical College (GMKMC), Salem, Tamil Nadu	Fully Automated Random Access Immune Analyzer, Fluorescent Microscope with camera, Electrolyte Analyzer Diarek Unilyte, Tissue Lyser- II, Real Time- PCR System, Fully Automated Biochemistry Analyzer, 5-part Fully Automated Hematology Analyzer
31	Dharwad Institute of Mental Health and Neuro Sciences, Dharwad, Karnataka	Liquid Chromatography/Mass Spectrometry (LC/MS)
32	Sawai Man Singh Medical College, Jaipur, Rajasthan	Gas Chromatography (GC)
33	Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh	Flow Cytometer

6.20 Development of Dashboard of the Scheme

DHR Electronic Project Management System (DHR e-PMS) Dashboard has been enhanced to provide user-friendly platform for online submission and monitoring of research activities and related documents of the MRUs. The dashboard has been developed to provide comprehensive insights into MRUs Performance, including:

Operational Metrics: Status of MRUs LRAC and EC members, and meeting details etc.

Project Tracking: Approved, initiated, and completed projects; multidisciplinary, multicentric, clinical trials and extramural funded projects etc.

Research Outputs: Publications, new processes, guidelines, technologies, and patents generated.

Equipment Inventory Management: In 2025, significant improvements were introduced, including streamlined data entry and updated inventory details of the MRUs. The requirement of uploading of the technical/financial specifications by MRUs in respect of the equipment available in their inventory has been introduced to assist the other MRUs in purchase of such equipment.

6.21 Multi-Centric Studies by MRUs

The MRU scheme approved for 2021-22 to 2025-26 has provision for undertaking of multi-centric studies by MRUs. Operational guidelines for multi-centric studies were notified in December 2023. The following Multi-Centric Studies approved during 2023-24 and 2024-25 have been initiated:

Multi-Centric Projects (2023-24)		
S. No.	Title	Lead MRU Unit
1	Role Of PIGF, SFlt1, Cell free DNA In Early Pregnancy as Predictor of The Development of Pre-Eclampsia and Their Association with Foetal Chromosome Allele	S.P. Medical College, Bikaner, Rajasthan
2	Metagenomic and Metabolomic Profiling in Graves' Disease	Sher-i-Kashmir Institute of Medical Sciences, Srinagar, J&K
3	Cytokine and autoantibody cluster interactions in Systemic Lupus Erythematosus (SLE)	Assam Medical College, Assam
4	Diagnostic utility of circulating tumour cells and cell-free DNA (liquid biopsy) in lung cancer patients with mediastinal/hilar lymphadenopathy on endobronchial ultrasound-transbronchial needle aspiration: A multicentric diagnostic accuracy study	AIIMS Rishikesh
5	Studies to develop new method for quantification of methylation pattern of genes related to Glioma development	AIIMS Raebareli

Multi-Centric Projects (2024-25)		
S. No.	Title	Lead MRU Unit
1.	Effect of additional targeted and tailor-made intervention package on malaria control in the very high malaria endemic areas of Dhalai District, Tripura – A quasi-experimental study.	Agartala Govt. Medical College, Agartala, Tripura
2.	Study of molecular representativeness of circulating tumor DNA from saliva and blood – A prospective multicentric observational study	Rajendra Institute of Medical Sciences, Ranchi
3.	miRNA expression profiling in patients of breast cancer to identify the drivers of metastasis	Government Medical College & Hospital, Chandigarh
4.	Vector bionomics and vectorial capacity for Aedes and Anopheles mosquitoes and knowledge and behavioral practices for transmission and prevention of dengue and malaria among the population of Karbi Anglong District of Assam and Sepahijala district of Tripura: A multicentric mixed method study	Diphu Medical College & Hospital, Diphu, Assam
5.	Implementation of “Zero separation” policy and DHATRI (Dedicated Hospital Associate for teaching and re-inforcing) KMC and Lactation into routine newborn care and its impact on neonatal morbidities and duration of kangaroo mother care (KMC) in small stable babies weighing 1500-2000 grams in MNCU – A Hospital-based Multi-centric Implementation study	All India Institute of Medical Sciences, Gorakhpur, Uttar Pradesh

6.22 IPEM-Development of integrated Primary Health Care Model on Palliative Care, Elderly Care and Mental Health (I-PEM)

The National Institute for Transforming India (NITI) Aayog desired, the Department of Health Research to develop Integrated Primary Health Care Model for Palliative Care, Elderly Care and Mental Health (I-PEM) involving collaboration between Multi-Disciplinary Research Units (MRUs)/ Model Rural Health Research Units (MRHRUs) of the Department of Health Research and Health & Wellness Centers of the Department of Health & Family Welfare. Grants-in-Aid @ 15.80 Lakh to 06 identified MRUs and 6 MRHRUs has been released for necessary data collection based on which the Health Care Models would be piloted in the selected regions. In Addition to this GIA of Rs 1.00 Lakh to 12 participating units in this project has been released to provide incentives for ASHA workers for necessary data collection. The data collection of 70424 participants has achieved and data cleaning and further analysis is in process.

6.23 Major Initiatives

- The MRU sub-scheme has evolved significantly over the years. In recognition of the growing need to broaden its reach and deepen its impact, the scope of the sub-scheme has been expanded to include Private Medical Colleges. The following 05 MRUs in Private Medical Colleges have been established.

S. No.	Name of Private Medical College
1	Saveetha Institute of Medical and Technical Sciences, Chennai, Tamil Nadu
2	Amrita Vishwa Vidyapeetham, Coimbatore, Tamil Nadu
3	Christian Medical College, Vellore, Tamil Nadu
4	Datta Meghe Institute of Higher Education and Research, Wardha, Maharashtra
5	Kasturba Medical College, Manipal, Karnataka

- The performance evaluation of MRUs showed that the scheme had reached a stage where some of the well-performing MRUs could be upgraded to Centres of Research Excellence (CoREs) that are capable of conducting high-quality, cutting-edge research, by injecting additional funds, manpower and laboratory equipment. It has been decided to identify 08 High-performing MRUs for upgradation into Centres of Research Excellence (MRU-CoREs) during FY 2025-26. This process is underway and is expected to be completed by March 2026.
- The Research Master Class Initiative under DHR–ICMR Research Grand Rounds aims to strengthen research ecosystem in Medical Colleges and Research Institutions across India. The Masterclass serves as a platform for deliberation on research methodologies, analytical tools, and emerging scientific approaches. Research Masterclasses are being organised every month on on-line mode.

The following Research Master Classes have been organized:

No.	Date	Topic of Research Paper	Name of Expert
1	30-05-2025	Immediate Kangaroo Mother care and survival of Low-Birth-Weight infants - Randomised Control Trial	Dr. Suman P Rao, Professor & Head, Dept of Neonatology, St. Johns Medical Research Institute, Bengaluru
2	27-06-2025	RATIONS (Reducing Activation of TB by Improvement of Nutritional Status) Trial	Dr. Anurag Bhargava, Professor, Dept of General Medicine, KMC Mangaluru, (MAHE Manipal)
3	25-07-2025	Heat stable Caretocin v/s Oxytocin to Prevent Post Partum Haemorrhage after vaginal birth during 3rd Stage of labour – Randomized Control Trials	Dr. Shivaprasad Goudar, Professor, Dept of Physiology, KLE AHER, JLN Med College, Belagavi, Karnataka
4	29-08-2025	India Diabetes Study	Dr. Vishwanathan Mohan, Chairman, Madras Diabetes Research Foundation
5	26-09-2025	Principles of Data Safety Monitoring Board and my Personal experience	Dr. R.M. Pandey, Ex Head Biostatistics Department – AIIMS, New Delhi & A.S. Paintal Distinguished Scientist Chair, ICMR, New Delhi
6	31-10-2025	Women & Infants Integrated Growth Studies - Randomized Control Trials	Dr. Nita Bhandari, Chief Scientist and Chairman, Society of Applied Studies, New Delhi
7	28-11-2025	Rotaviral Vaccine in India -- Self-Controlled Case Series	Dr. Gagandeep Kang, Director (Global Health), Gates Foundation, USA
8	19-12-2025	DeWorm 3 -- Randomized Control Trials	Dr. Sitara Swarna Rao Ajjampur, Professor, Dept of Microbiology, Wellcome Trust Laboratory, CMC Vellore

Research Master Classes



Dr. Vaishampayan Memorial GMC, Sholapur



JNIMS, Imphal, Manipur



Rangaraya Medical College, Kakinada, Andhra Pradesh



Vallabh Bhai Patel Chest Institute, Delhi

➤ Capacity Building

- Research Methodology workshops: 13 Research Methodology Workshops were organized in collaboration with ICMR-Collaborating Centres of Excellence. These workshops provided participants with skills in developing proposals for research projects.
- In addition, as a new initiative, 25 workshops on Clinical Trials were undertaken in collaboration with ICMR-INTENT sites, to train faculty members on the concept and conduct of clinical trials, focusing on the development of proposals for extramural funding.
- As another new initiative, 04 workshops, each lasting two days, were conducted on Data Interpretation and Manuscript Writing, in collaboration with the Indian Journal of Medical Research.
- Through the Capacity Building Workshops mentioned above, 1090 faculty members/scientists were trained.

Research Methodology Workshops conducted by Department of Health Research at MRUs

North Zone



Government Medical College, Srinagar

North East & East Zone



Naga Hospital Authority, Kohima, Nagaland

West & Central Zone



Government Medical College, Bhopal
North Zone

South Zone



S.V. Medical College, Tirupati, AP
West & Central Zone



KGMU, Lucknow, Uttar Pradesh



SMC, Jodhpur, Rajasthan

East & North East Zone



MGMMC, Jamshedpur, Jharkhand



RIMS, Imphal, Manipur

South Zone



MMCRI, Mysore, Karnataka

Data Interpretation and Manuscript Writing Workshops held at MRUs

North East & East Zone



Tomo Riba Institute of Health & Medical Sciences, AP

West & Central Zone



S.N. Medical College, Jodhpur, Rajasthan

North Zone



UCMS, Delhi



GIMS, Noida

6.24 Medical College Research Connect 2025- Conference

A conference “Medical College Research Connect 2025” was organized at Bharat Mandapam, New Delhi on 20-21 March, 2025 to review the performance of the MRUs. Dr. V. K. Paul, Hon'ble Member NITI Aayog was the Chief Guest, Dr. B.N. Gangadhar, NMC Chairperson was the Guest of Honour and Dr. V.M. Katoch, Former DG-ICMR & Secretary, DHR was invited as Special Guest.



Inaugural Ceremony



Awardees with Chief Guest and other Dignitaries



Organizing Team of DHR

6.25 Research Awards

After performance evaluation of MRUs during Medical College Research Connect 2025 organized at Bharat Mandapam, New Delhi from 20-21 March 2025, the following 08 MRUs were awarded as Best performing MRUs and 15 MRUs were given certificate of appreciation.

Best Performing MRUs

1. Assam Medical College, Dibrugarh, Assam
2. King George Medical University, Lucknow, Uttar Pradesh
3. Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh
4. Maulana Azad Medical College, Delhi
5. University College of Medical Sciences, Delhi
6. Sawai Man Singh Medical College, Jaipur, Rajasthan
7. Dr. A.L.M. Institute of Medical Sciences, Taramani, Tamil Nadu
8. Madras Medical College, Chennai, Tamil Nadu

- 6.26 The Multi-Disciplinary Research Unit (MRU) at AIIMS Deoghar was formally inaugurated by Dr. Rajiv Bahl, Hon'ble Secretary DHR & DG, ICMR, on the occasion of 7th Foundation Day of the Institute.



6.27 Opening Ceremony of MRU at Kakatiya Medical College, Hanumakonda, Telangana on 20.06.2025



6.28 Regional Workshops conducted for training on procurement through GeM Portal and functioning of Public Financial Management System (PFMS)

Based on the requirements projected by MRUs, two sessions of two-day training program on public procurement of goods and services through GeM Portal and functioning of PFMS, a central system of flow of funds to track government funds, was organized in two batches from 5th - 6th June, 2025 and 12th - 13th June, 2025. A total of 90 participants were provided training during the two sessions



Chapter 7

Establishment Of Model Rural Health Research Units (MRHRUs)
in the States**Introduction**

- 7.1 Public health system in India has a wide network. Over the last 77 years, preventive, diagnostic and therapeutic services have been provided through this network managed by States. However, it is well known that a big gap exists between Primary Health Centres (PHCs)/ Community Health Centres (CHCs) and tertiary care hospitals with state-of-the art-facilities created by the Centre and also by some of the State Governments.
- 7.2 Further, wide variations exist in the pattern of diseases prevalent in different geographical areas and local conditions which require development of State/area-specific and disease-specific strategies to provide better healthcare facilities, thus ensuring that modern technology is available to the general public. Transfer of research findings/technologies at the rural level has been found to be a major lacuna in providing quality medical services to the rural population.
- 7.3 To bridge the gap, Department of Health Research rolled out a Central Sector Umbrella Scheme for the Development of Infrastructure for Health Research in 2013-14, i.e. during 12th Five Year Plan (2012-13 to 2016-17). The umbrella scheme has 02 sub-schemes, namely(i) establishing Multidisciplinary Research Units (MRUs) in Medical Colleges and Research Institutes, and (ii) establishing Model Rural Health Research Units (MRHRUs) in rural areas under the mentorship of ICMR institutes.
- 7.4 The scheme was extended from 2017-18 to 2019-20 to be co-terminous with the 14th Finance Commission Period. Subsequently, Department of Expenditure vide its Notification No.42(02)/PF-II/2014 dated 10.01.2020 approved an interim extension to all ongoing schemes till 31.03.2021 or till the date of recommendations of 15th Finance Commission came into effect, whichever was earlier.
- 7.5 The Standing Finance Committee chaired by Secretary (DHR) in its meeting on 15.03.2021 appraised the scheme and subsequently the Competent Authority approved it for continuation during the period of 15th Finance Commission (2021-22 to 2025-26) with the financial outlay of Rs. 192.36 crore for MRHRUs.
- 7.6 **Objectives of the Scheme**
 - To create infrastructure for transfer of technology to the rural levels for improving quality of health services to rural population.
 - To ensure an interface between the New Technology Developers (Researchers in Medical institutions; State or Centre), Health Systems Operators (Centre or State Health Services) and the Beneficiaries (Communities in rural areas).
 - To ensure geographical spread of health research infrastructure in the country.

7.7 Approval Mechanism

- (i) Proposals for setting up MRHRUs are received from the State Government. Based on the proposal received, DHR designates ICMR institute to liaise with the State Government to facilitate the submission of final proposal.
- (ii) DHR after preliminary examination sends proposals to Technical Evaluation Committee (TEC). TEC examines the proposals and furnishes their recommendations to DHR. Approval Committee, headed by Secretary, DHR analyses the recommended proposals and accords final approval.
- (iii) On approval, the State Government, ICMR institute and DHR sign a Tripartite Agreement.

Composition of TEC:

I. Prof. Sushma Bhatnagar,

Clinical Lead & Senior Consultant (Onco-Anesthesia)
Onco-Critical Care, Pain & Palliative Care
Indraprastha Apollo Hospital, New Delhi

II. Prof. Sandeep Bansal,

Director,
Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi

III. Prof. Achal Kumar Srivastava,

Professor (Clinical Neurophysiology), Department of Neurology
All India Institute of Medical Sciences, New Delhi

IV. Prof. Piyush Gupta,

Prof. A.S. Paintal, Distinguished Scientist Chair &
Editor-in-Chief, Indian Journal of Medical Research (IJMR)

V. Prof. Rajesh Sagar,

Professor, Department of Psychiatry
All India Institute of Medical Sciences, New Delhi

VI. Prof. Mongjam Meghachandra Singh,

Director-Professor & Head, Deptt. of Community Medicine
Maulana Azad Medical College, New Delhi

Composition of Approval Committee:

- 1 Secretary, Department of Health Research Chairman
- 2 AS & FA (Health) or His Nominee Member
- 3 Joint Secretary, Department of Health Research Member
- 4 Head, HRD Division, Indian Council of Medical Research Member

7.8 Funding Norms

The approved MRHRUs are eligible for one-time **non-recurring grant-in-aid** for (i) civil construction and (ii) purchase of equipment, and **recurring grants** for (i) salaries and (ii) contingencies/consumables/training etc. as per the following norms:

(Rs.Crore)

Non-Recurring		Recurring (per annum)	
Civil Construction*	5.608 (to be released in two installments of Rs.2.800 crore and Rs.2.808 crore)	Salaries	0.42
Equipment	1.00 (to be released in two installments of Rs.0.50 crore each)	Contingencies/ Consumables/Training, etc.	0.50

* During the 15th FC Period, non-recurring grant-in-aid for civil construction was revised from Rs. 2.075 crore to Rs. 5.608 crore. In-principle approval was received in FY2025-26 from the Department of Expenditure (DoE).

7.9 Operational Mechanism

ICMR mentoring institute devises a suitable internal mechanism for speedy execution of the civil works, procurement & installation of equipment, selection & posting of requisite staff with the active involvement of the State Health/Medical Education Department. This involves:

- A tripartite Memorandum of Agreement (MoA) to be signed between the Department of Health Research, State Health Department and the ICMR Institute.
- Provisioning of requisite land/building, free of cost, by the State Govt. in close proximity of Primary Health Centre (PHC) / Community Health Centre (CHC) for establishing MRHRU with a built up area of 620 sq. mtr.
- Finalization of layouts/maps for establishing MRHRU.
- Tendering and hiring the agencies for construction/renovation of space provided for the setting up of MRHRU.
- Tendering and procuring equipment.
- Engaging contractual staff for MRHRU through an outsourcing agency.

7.10 Staff Structure

A Programme Monitoring & Implementation Unit (PMIU) consisting of contractual staff in DHR administers and monitors the progress of MRHRUs and their research activities through a monitoring framework at central level.

(i) Composition of PMIU in DHR is as under:

S. No.	Designation	No. of Post(s)
1	Project Manager	1
2	Finance Manager/Consultant Finance & Accounts	1
3	Scientist 'C'	2
4	Administrative Officer	1
5	Data Entry Operator	2
6	Multi-Tasking Staff (MTS)	1

(ii) Composition of Contractual Staff in MRHRU is as under:

S. No.	Designation	No. of Post(s)
1	Project Research Scientist–II (Medical/Non-Medical)	1
2	Laboratory Technician (Project Technical Support-III)	2
3	Field Investigator (Project Technical Support-III)	1
4	Field Worker (Project Technical Support-II) OR Research Nurse (Project Nurse-II)	4
5	Assistant (Multipurpose admin)	1
6	MTS	1

Monitoring Mechanism

7.11 The monitoring framework, comprising of DHR duly assisted by PMIU, involves regular meetings/consultations with nodal officers, conducting periodic evaluations through Zonal Conclaves and Conferences, organizing workshops/trainings, and undertaking monitoring visits to MRHRUs. During Jan-Dec 2025, a total of 20 monitoring visits excluding online meetings were held to review the performance of MRHRUs in terms of civil work, research projects undertaken, research projects completed, research papers published, new technologies developed/transferred etc. Suggestions for improving performance were also shared with the units whose performance was not found satisfactory in terms of the above parameters.

Official Visits to MRHRUs



MRHRU Chandragiri



MRHRU Mahbubnagar



MRHRU Raichur Karnataka



MRHRU Assam



MRHRU Puducherry



MRHRU Bhanpur Kalan, Rajasthan



MRHRU Datia, Madhya Pradesh



MRHRU Una, Himachal Pradesh



MRHRU Darjeeling, West Bengal



MRHRU Ganjam, Odisha



MRHRU Bhunga, Punjab

- 7.12 The National Institution for Transforming India (NITI) Aayog and the Prime Minister's office have also developed Output Outcome Monitoring Framework (OOMF) and Dashboard for Analytical Review of Projects Across Nation (DARPAN) portals respectively for uploading data of Govt. schemes on quarterly and annual basis. The requisite data in respect of MRHRU scheme is regularly fed on these portals. The major Output & Outcome performance indicators of the OOMF portal are:

S.No.	Output	S.No.	Outcome
1	Number of Research Projects approved by Local Research Advisory Committee (LRAC) in MRHRUs	4	Number of Research Studies completed at MRHRUs
2	Number of Research Projects that obtained required funding	5	Number of Research Publications from MRHRUs
3	Number of Research Projects initiated	6	Projects that lead to clinical practice or policy change or transfer of technology

- 7.13 The performance indicators of the DARPAN portal are as under:

S. No.	Indicators
1	Number of Publications
2	Number of MRHRUs approved
3	Number of Research Projects
4	Funds Released

7.14 Local Research Advisory Committee(LRAC)

For operating the MRHRU, a Local Research Advisory Committee (LRAC) is constituted which considers and approves research proposals received from the State Government and ICMR mentor institute. LRAC also monitor the progress of research proposals and guide MRHRU activities. The LRAC is the recommendatory body for all proposals of the MRHRUs.

The composition of LRAC consists of the following members:

1	Chairperson	Medical Person preferably a Senior Professor level/Director level person with a proven record of work in rural translational/Implementational research.
2	Co-Chairperson	
3	One Microbiologist with credentials in diagnostics/epidemiology	
4	Two Clinicians/Academicians with expertise in Non-Communicable Diseases (NCDs), one of them having expertise in mental health	
5	One Academic Paediatrician	
6	One Academic Obstetrician & Gynecologist	
7	Any other Expert depending upon Disease as Identified in project	
8	Principal/Dean	Linked State Govt. Medical College and Professor/Head from Linked State Govt. Medical College as Special Invitees.
9	Director	Medical Education Department of State Govt./Nominee.
10	Director	Health & Family Welfare Department, State Govt./Nominee
11	Director	Responsible Institute of Indian Council of Medical Research (ICMR)
12	Nodal Officer	Responsible Institute of Indian Council of Medical Research (ICMR)
13	Nominee from DHR	

7.15 Physical Achievements

Since the inception of the scheme in 2013-14, following 38 MRHRUs have been sanctioned till 31.12.2025:

S.No.	State/Union Territory	Location of MRHRU	Linked Medical College	ICMR Mentor Institute
1.	Andaman & Nicobar Islands	PHC Bambooflat, South Andaman District	Andaman & Nicobar Institute of Medical Sciences, Sri Vijaya Puram (Port Blair)	ICMR-Regional Medical Research Centre, Sri Vijaya Puram, Andaman & Nicobar Islands
2.	Andhra Pradesh	Old RHTC Premises, Chandragiri	S. V. Medical College, Tirupati	ICMR-National Institute of Nutrition, Hyderabad, Telangana
3.	Arunachal Pradesh	CHC Sagalee, Papumpare	Tomo Riba Institute of Health & Medical Sciences (TRIHMS), Neharlagun	ICMRNE-Regional Medical Research Centre, Dibrugarh, Assam

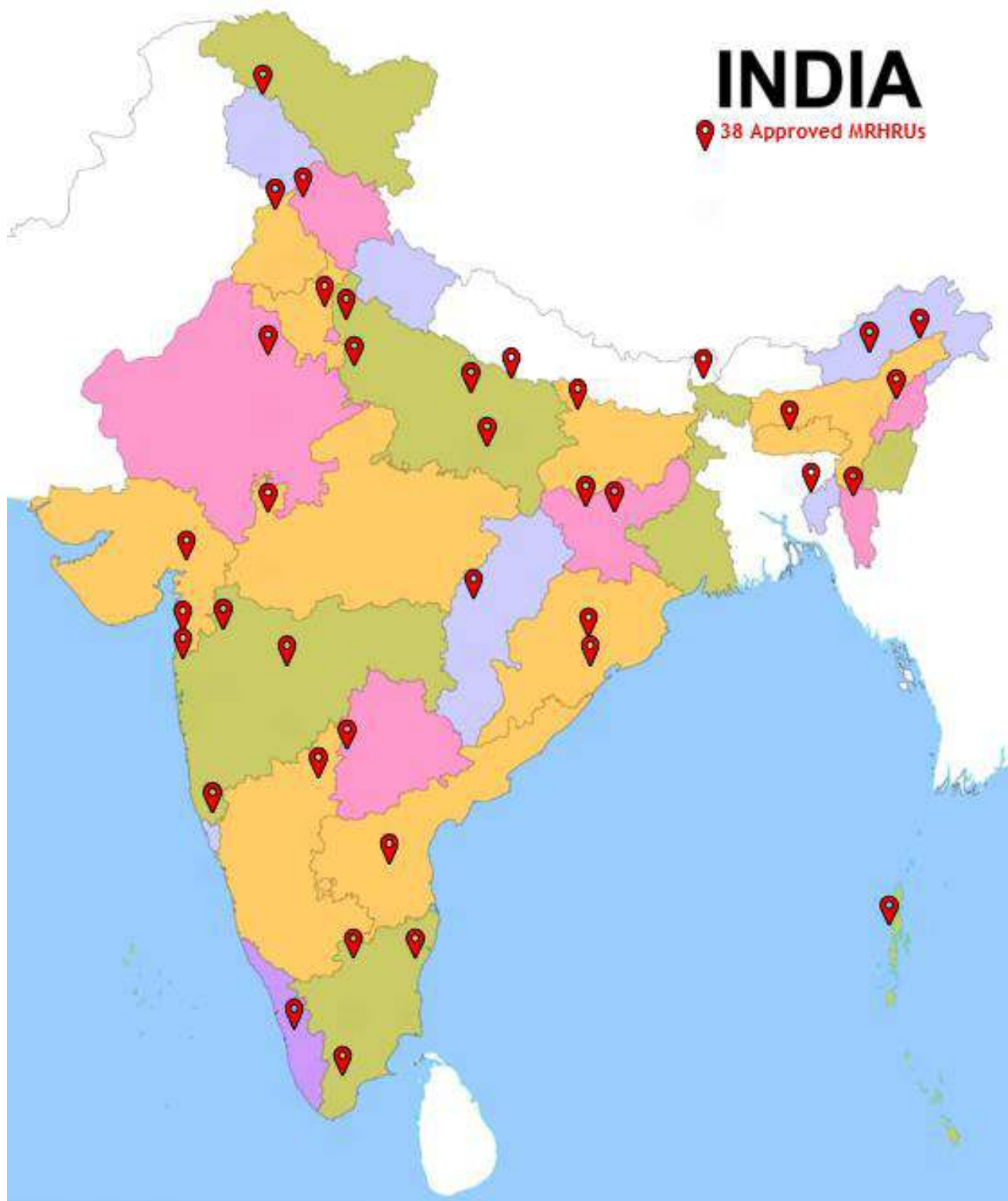
S.No.	State/Union Territory	Location of MRHRU	Linked Medical College	ICMR Mentor Institute
4.	Assam	PHC Chabua	Assam Medical College, Dibrugarh	ICMRNE-Regional Medical Research Centre, Dibrugarh, Assam
5.	Bihar	PHC - Kurhani, Muzzafarpur	Sree Krishna College and Hospital, Muzzafarpur	ICMR-Rajendra Memorial Research Institute of Medical Sciences, Patna, Bihar
6.	Chhattisgarh	CHC Jheet, Patan Block, Durg District	Pt. Jawahar Lal Nehru Memorial Medical College, Raipur	ICMR-National Institute of Research In Tribal Health, Jabalpur, Madhya Pradesh
7.	Dadar & Nagar Haveli, Daman & Diu	RHTC Kilvani, Dadar & Nagar Haveli	NAMO Medical Education & Research Institute, Daman & Diu	ICMR - National Institute of Immunohaematology, Parel, Mumbai, Maharashtra
8.	Gujarat	CHC Sadra, Gandhinagar	GMERS Medical College, Sola, Ahmedabad	ICMR-National Institute of Occupational Health, Ahmedabad, Gujarat
9.	Goa	PHC Corlim, Corlim-Tiswadi, North Goa	Goa Medical College, Bambolim	ICMR - National Institute of Traditional Medicine, (NITM) Belagavi
10.	Haryana	CHC Khotpura, Panipat	Kalpna Chawla Govt. Medical College & Hospital, Karnal	ICMR-National Institute of Cancer Prevention and Research, NOIDA, Uttar Pradesh
11.	Himachal Pradesh	CHC Haroli, Una	Dr. Rajendra Prasad Govt. Medical College, Tanda, Kangra	ICMR-National JALMA Institute for Leprosy & other Mycobacterial Diseases, Agra, Uttar Pradesh
12.	Jammu & Kashmir	PHC Khag, Budgam	Govt. Medical College, Srinagar	ICMR-National Institute of Child Health & Development Research, Delhi
13.	Jharkhand (2)	CHC Angara, Ranchi	Rajendra Institute of Medical Sciences (RIMS), Ranchi	ICMR-National Institute of Malaria Research, New Delhi
14.		CHC Namkum	Rajendra Institute of Medical Sciences (RIMS), Ranchi	ICMR-Regional Medical Research Centre, Bhubaneswar, Odisha
15.	Karnataka	PHC Sirwar, Manvi Taluk, Raichur	Raichur Institute of Medical Sciences, Raichur	ICMR-National Institute of Traditional Medicine, Belagavi, Karnataka
16.	Kerala	CHC Noornand, Alappuzha	Govt. Medical College, Alappuzha	ICMR-National Institute of Virology, Pune, Maharashtra
17.	Madhya Pradesh	PHC Badoni, Datia	Government Medical College, Datia	ICMR-National Institute of Research In Tribal Health, Jabalpur, Madhya Pradesh

S.No.	State/Union Territory	Location of MRHRU	Linked Medical College	ICMR Mentor Institute
18.	Maharashtra (3)	MRHRU Dahanu, Palghar	Grants Medical College and JJ Group of Hospital, Mumbai	ICMR - National Institute for Research in Reproductive and Child Health, Mumbai, Maharashtra
19.		Rural Hospital Vani Taluka Dindori, Nasik	Government Medical College, Dhule, Maharashtra	ICMR - National Institute for Research in Reproductive and Child Health, Mumbai, Maharashtra
20.		Rural Hospital, Mehkar, District Buldhana	Govt. Medical College, Buldhana, Maharashtra	National Institute of Translational Virology and AIDS Research (NITVAR), Pune
21.	Meghalaya	CHC Sohra, East Khasi Hills	Health Authority of East Khasi Hills District	ICMRNE-Regional Medical Research Centre, Dibrugarh, Assam
22.	Mizoram	PHC Aibawk	Zoram Medical College, Mizoram	ICMRNE-Regional Medical Research Centre, Dibrugarh, Assam
23.	Nagaland	PHC Niuland, Dimapur	Nagaland Institute of Medical Sciences and Research, Phriebagei, Kohima	ICMRNE-Regional Medical Research Centre, Dibrugarh, Assam
24.	Odisha (2)	CHC Tigiria	S.C.B. Medical College, Cuttack	ICMR-Regional Medical Research Centre, Bhubaneswar, Odisha
25.		CHC Sheragada, Ganjam,	MKCH Medical, College, Berhampur	
26.	Punjab	CHC Bhunga, Hoshiarpur	Govt. Medical College, Amritsar	ICMR-National Institute of Child Health & Development Research, Delhi
27.	Puducherry	CHC Karikalampakkam	Indira Gandhi Medical College & Research Institute, Puducherry	ICMR – Vector Control Research Centre, Puducherry
28.	Rajasthan	Bhanpur Kalan, Govt. Health Clinic, Jaipur	SMS Medical College, Jaipur	ICMR - National Institute for Implementation Research on Non-Communicable Diseases, Jodhpur, Rajasthan
29.	Tamil Nadu (2)	State Rural Health Centre, Tirunelveli	Tirunelveli Medical College, Tirunelveli	ICMR - National Institute of Epidemiology, Chennai, Tamil Nadu
30.		PHC Thoppur, Madurai	Madurai Medical College, Madurai	ICMR – National Institute for Research in Tuberculosis, Chennai
31.	Tripura	Kherengbar, Hospital, Khumulwng	Agartala Medical College, Agartala	ICMR - Regional Medical Research Centre, Dibrugarh, Assam
32.	Telangana	PHC, Janampet, Mahbubnagar	Govt. Medical College, Mahbubnagar	ICMR - National Institute of Nutrition, Hyderabad, Telangana

S.No.	State/Union Territory	Location of MRHRU	Linked Medical College	ICMR Mentor Institute
33.	Uttar Pradesh (5)	CHC Pali Shahjanwa, Gorakhpur	B R D Medical College, Gorakhpur	ICMR - Regional Medical Research Centre, Gorakhpur
34.		CHC Kheragarh, Agra	S N Medical College, Agra	ICMR - National JALMA Institute for Leprosy & Other Mycobacterial Diseases
35.		CHC Nagram, Lucknow	R M L Institute of Medical Sciences, Lucknow	ICMR – Regional Medical Research Centre, Gorakhpur
36.		CHC Dadha, Gautam Buddha Nagar	Govt. Institute of Medical Sciences, Kasna, Greater NOIDA	ICMR - National Institute of Cancer Prevention and Research, Noida
37.		CHC Shankargarh, Prayagraj	Moti Lal Nehru Medical College, Prayagraj	ICMR – National Institute of Malaria Research, New Delhi
38.	West-Bengal	North Bengal Medical College (NBMC), Darjeeling	North Bengal Medical College, Darjeeling	ICMR - National Institute for Research in Bacterial Infections (NIRBI), Kolkata, West Bengal

Note: Out of the 38 MRHRUs sanctioned, 06 are in the North-Eastern Region.

Distribution of Model Rural Health Research Units in the States



7.16 Physical Targets for Establishing new MRHRUs during 2021-22 to 2025-26

Financial Year	Physical Performance	
	Targets (No. of MRHRUs)	Achievements (No. of MRHRUs)
2021-22	2	3*
2022-23	2	2
2023-24	2	1**
2024-25	2	2
2025-26	3	2
Total	11	11

*One MRHRU was established over and above the sanctioned target

**The sanctioned target was already achieved in FY 2021-22.

Note: The proposals for establishing new MRHRUs are considered and approved subject to their fulfilling prescribed guidelines, rules and procedures. The geographical spread of these units is also kept in view.

7.17 Financial Achievements

(Rs.Crore):

Year	Budget Estimates (BE)	Revised Estimates (RE)	Actual Expenditure
2013-14	10.00	12.50	12.40
2014-15	20.00	13.00	13.00
2015-16	10.00	6.50	6.50
2016-17	6.00	6.00	6.00
2017-18	9.00	11.00	8.12
2018-19	13.00	10.00	10.00
2019-20	15.00	19.00	17.50
2020-21	20.00	16.00	11.39
2021-22	20.00	18.00	17.99
2022-23	20.00	19.00	12.78
2023-24	20.00	20.00	19.12
2024-25	20.00	18.01	18.01
2025-26	58.53	83.35	52.86 (expenditure upto 15.12.2025)

7.18 Research Performance

The Research Performance of the MRHRUs as per the NITI Aayog Output Outcome Monitoring Framework (OOMF) Indicators is as follows:

NITI Aayog OOMF Indicators	Total Targets	Total Achievements
Number of Research Projects approved by LRAC	50	132
Number of Research Projects that obtained required funding	25	77
Number of research Projects initiated	12	64
Number of Research Studies completed	18	17
Number of Research Publications	10	33
Projects that lead to clinical practice or policy change or transfer of technology	1	0

7.19 Population-Based Health Survey (PBHS)

The Department of Health Research conducted Population Based Health Survey (PBHS) across 32 MRHRUs from Dec, 2024 to Nov, 2025. The major objective of this survey was to assess health status and annual trend of change in health status of communities residing in the field practice areas of these units. The comprehensive health survey recorded data for multiple health Indicators for identifying disease prevalence or understanding community needs in the various health domains. These are:

- i. Non-Communicable Diseases (NCDs): Hypertension, Diabetes Mellitus, Obesity, Respiratory health, kidney and liver disease
- ii. Reproductive and maternal health
- iii. Child health
- iv. Nutrition
- v. Mental Health
- vi. Geriatric Health
- vii. Injuries and accidents

A total of 60,915 households and 1, 57,663 individuals aged more than 10 years were covered in the PBHS. There were 15,719 children (less than 5 years) in the survey. The data obtained from these units will help the State/District health authorities to plan and implement services based on health-based needs and programs in the community.



MRHRU Kurhani



MRHRU Meghalaya



MRHRU Dahanu



MRHRU Namkum, Jharkhand



MRHRU Tripura



MRHRU Jheet



MRHRU Raichur



MRHRU Darjeeling



MRHRU Bambooflat, Andaman & Nicobar



MRHRU Pali, Gorakhpur Uttar Pradesh

7.20 Development of Dashboard of the Scheme

DHR Electronic Project Management System (DHR e-PMS) Dashboard has been enhanced to provide user-friendly platform for online submission and monitoring of research activities and related documents of the MRHRUs. The dashboard has been developed to provide comprehensive insights into MRHRUs Performance, including:

- **Operational Metrics:** Status of MRHRUs LRAC and meeting details etc.
- **Project Tracking:** Approved, initiated, and completed projects; multidisciplinary, multicentric, clinical trials and extramural funded projects etc.
- **Research Outputs:** Publications, and projects that lead to clinical practice or policy change or transfer of technology etc.
- **Equipment Inventory Management:** In 2025, significant improvements were introduced, including streamlined data entry and updated inventory details of the MRHRUs. The requirement of uploading of the technical/financial specifications by MRHRUs in respect of the equipment available in their inventory has been introduced to assist the other MRHRUs in purchase of such equipment.

7.21 Multi-Centric Research Projects by MRHRUs

The MRHRU scheme approved for 2021-22 to 2025-26 has provision for undertaking of multi-centric studies by MRHRUs. Operational guidelines for multi-centric studies were notified in December 2023. The following Multi-Centric Studies approved during 2023-24 and 2024-25 have been initiated:

S.No.	Title	Lead MRHRU Units
1.	Effect of peer-group therapy using community based participatory research (CBPR) model on medication adherence among patients of diabetes or hypertension: A multi-centric cluster randomized trial in rural settings across India	1. MRHRU Una 2. MRHRU Tigiria 3. MRHRU Tirunelveli
2.	Improving Detection of Postpartum Hemorrhage: A Cluster Randomized controlled trial comparing Calibrated Drapes with Visual Estimation	1. MRHRU Tigiria 2. MRHRU Gorakhpur 3. MRHRU Jheet
3.	Status, Barriers, and Facilitators of Comprehensive Abortion Care Services: A Model Rural Health Research Units (MRHRU) Based Study	1. MRHRU Namkum 2. MRHRU Tigiria 3. MRHRU Gorakhpur 4. MRHRU Tripura 5. MRHRU Sirwar 6. MRHRU Dahanu
4.	Optimizing strategies for enhancing Sickle Cell Disease management in tribal population: A multi-centric implementation research	MRHRU - Namkum, Ranchi, Jharkhand
5.	Effectiveness of a lifestyle toolkit in improving health outcomes in individuals with cardio metabolic multimorbidity, and its intergenerational prevention: a cluster randomised controlled trial	MRHRU - Namkum, Ranchi, Jharkhand

7.22 Integrated Primary Health Care Models for Palliative Care, Elderly Care and Mental Health (I-PEM)

The National Institute for Transforming India (NITI) Aayog desired, the Department of Health Research to develop an Integrated Primary Health Care Model for Palliative Care, Elderly Care and Mental Health (I-PEM) involving collaboration between Multi - Disciplinary Research Units (MRUs) / Model Rural Health Research Units (MRHRUs) of the Department of Health Research and Health & Wellness Centres of the Department of Health & Family Welfare. Grants-in-Aid @ 15.80 Lakh to 06 identified MRUs and 6 MRHRUs has been released for necessary data collection. In addition to this GIA of Rs. 1.00 Lakh to 12 participating units in this project has been released to provide incentives for ASHA workers for necessary data collection. The data collection of 70424 participants was achieved and data cleaning and further analysis is in process.

7.23 Clinical trial by MRHRUs

Existing network/infrastructure of MRHRUs are utilised for undertaking clinical trials.

7.24 Brainstorming Session to Revamp the MRHRU Scheme

To enhance the scope/outreach of MRHRUs and to revamp the scheme, a Brainstorming Session, with key stakeholders and subject experts, was held on 5th May, 2025, under the Chairmanship of Secretary, DHR & DG-ICMR. During the session, several recommendations were proposed concerning the scope of research, structure/governance of MRHRUs, operational strengthening and financial aspects.

As an outcome of the session, following steps have been undertaken:

- a) For better monitoring, guidance and enhanced supervision, each MRHRU is to be assigned to a Nodal Team of three officers, comprising of one officer with expertise in public health/population research/or epidemiology; one with experience in social or behavioural research/community engagement and one with a background in laboratory sciences. So far, the Nodal Teams have been appointed in 22 MRHRUS.
- b) It is proposed to establish Life-course based cohort to monitor the health events or other changes in the local population across generations and generating aggregate and local-level estimates of health indicators in local population.
- c) It is proposed to introduce Partner Institutes to strengthen the structure, functioning and capacity building of the MRHRUs. These Partner Institutes will include Research Institutes, departments of Medical Colleges, Public Health departments, NGOs, and ICMR Collaborating Centres of Excellence (CCoEs)/Centres for Advanced Research (CARs) with demonstrated experience in population-based research and public health interventions.



7.25 New Initiatives for Capacity Building

- (I) **Research Masterclass:** The Research Masterclass Initiative under DHR–ICMR Research Grand Rounds aims to strengthen research ecosystem in Medical Colleges and Research Institutions across India. The Masterclass serves as a platform for deliberation on research methodologies, analytical tools, and emerging scientific approaches. Research Masterclasses are being organised every month on on-line mode.

The following Research Masterclasses have been organised:

No.	Date	Topic of Research Paper	Name of Expert
1	30-05-2025	Immediate Kangaroo Mother care and survival of Low Birth Weight infants - Randomised Control Trial	Dr. Suman P Rao, Professor & Head, Dept of Neonatology, St. Johns Medical Research Institute, Bengaluru
2	27-06-2025	RATIONS (Reducing Activation of TB by Improvement of Nutritional Status) Trial	Dr. Anurag Bhargava, Professor, Dept of General Medicine, KMC Mangaluru, (MAHE Manipal)
3	25-07-2025	Heat stable Caretocin v/s Oxytocin to Prevent Post Partum Haemorrhage after vaginal birth during 3rd Stage of labour – Randomized Control Trials	Dr. Shivaprasad Goudar, Professor, Dept of Physiology, KLE AHER, JLN Med College, Belagavi, Karnataka
4	29-08-2025	India Diabetes Study	Dr. Vishwanathan Mohan, Chairman, Madras Diabetes Research Foundation
5	26-09-2025	Principles of Data Safety Monitoring Board and my Personal experience	Dr. R.M. Pandey, Ex HOD, Biostatistics, AIIMS New Delhi & A.S. Paintal Distinguished Scientist Chair, ICMR New Delhi
6	31-10-2025	Women & Infants Integrated Growth Studies - Randomized Control Trials	Dr. Nita Bhandari, Chief Scientist and Chairman, Society of Applied Studies, New Delhi
7	28-11-2025	Rotaviral Vaccine in India -- Self-Controlled Case Series	Dr. Gagandeep Kang, Director (Global Health), Gates Foundation, USA
8	19-12-2025	DeWorm 3 - Randomized Control Trials	Dr. Sitara Swarna Rao Ajjampur, Professor, Dept of Microbiology, Wellcome Trust Laboratory, CMC Vellore



MRHRU – Andaman



MRHRU - Raichur



MRHRU – Bhunga



MRHRU - Tigira

- (ii) A total of 25 workshops on Clinical Trial were undertaken in collaboration with ICMR-Indian Clinical Trial and Education Network (INTENT) sites, to train faculty and scientists on the concept and conduct of clinical trials, focusing on the development of proposals for extramural funding.



MRHRU Bhanpur Kalan



MRHRU Nagam

- (iii) In collaboration with the Indian Journal of Medical Research, four workshops, each lasting two days, were conducted on Data Interpretation and Manuscript Writing. Through the Capacity Building Workshops mentioned above, 150 faculty members/scientists were trained.



MRHRU Agra participating in GIMS, Noida Workshop



MRHRU Dadha, GB Nagar participating in UCMS, New Delhi



MRHRU Arunachal Pradesh participating in Tomo Riba Institute of Health & Medical Sciences, Arunachal Pradesh



MRHRU Bhanpur Kalan participating in SN Medical College, Jodhpur Workshop

- 7.26 A national-level student outreach program, ICMR - S.H.I.N.E. – Science & Health Innovation for the Nextgen Explorers, was organised on 8th August 2025 across MRHRU network to inspire young minds and showcase India's leadership in health research and innovation. It was a national outreach event in which over 13,000 school students participated nationwide. Dedicated teams across MRHRUs opened their laboratories, meeting rooms to unveil scientific methods in health research to thousands of school children.



MRHRU Bambooflat, Andaman & Nicobar Islands



MRHRU Sirwar, Raichur



MRHRU Jammu & Kashmir



MRHRU Pali, Gorakhpur



MRHRU, Namkum, Jharkhand

7.27. Swasth Nari Sashakt Parviaar Abhiyaan at MRHRUs

The "Swasth Naari, Sashakt Parivar" campaign was a nationwide health initiative of the Government of India, launched by the Ministry of Women and Child Development and the Ministry of Health and Family Welfare in September–October 2025 with the main objective of improving the health and nutrition of women, adolescent girls and children, ensuring access to comprehensive health services, and raising awareness to empower families, aligned with 'Poshan Maah'. The campaign was implemented throughout the MRHRU network wherein health camps and awareness sessions were organized.



MRHRU Bambooflat, Andaman & Nicobar Islands



MRHRU Sagalee, Arunachal Pradesh



MRHRU Assam



MRHRU Kurhani, Bihar



MRHRU Raichur

7.28. Decennial Celebrations & National Symposium on Rural and Tribal Health Research: Issues, Challenges and Solutions

MRHRU Dahanu organized decennial celebrations and National Symposium on “Tribal and Rural Health Research in India: Issues, Challenges, and Solutions” on 9th -11th September 2025 at Dahanu, Palghar, Maharashtra. Scientists with multidisciplinary expertise across India and staff from 11 MRHRUs and faculties from medical colleges, NGO (MAHAN Trust) participated in both oral and poster presentations to showcase their success stories.



Dr. Indu Rani Jakhar, District Collector, Palghar inaugurated the symposium



Dr. Rajiv Bahl, Secretary DHR & DG-ICMR addressed audience



Delegates launching 10-year journey of MRHRU Dahanu and various IEC materials on common cancer, Infant and Young Child Feeding (IYCF) practices and preconception care

Training and Workshops conducted by MRHRUs



Capacity building Training of Frontline Health Workers at CHC Sagalee



Training for peripheral health workers for snakebite management at Sirwar



Workshop on funding opportunity & Research Proposal Writing at Sirwar Raichur, Karnataka



Workshop on Research Methodology conducted at MRHRU Tripura



Capacity building programme on Diarrhea Prevention Awareness at MRHRU Pali, Gorakhpur



Workshop on Qualitative research utilizing PLA & PRA techniques at MRHRU Tigiria

Health Camps Organised by MRHRUs



MRHRU Bambooflat



MRHRU Tripura



MRHRU Sagalee



MRHRU Kurhani

CHAPTER-8

Grant-in-aid Scheme For Inter-sectoral Convergence & Coordination For Promotion And Guidance On Health Research.

- 8.1** The Scheme, which was originally approved by the Cabinet Committee on Economic Affairs (CCEA) on 6th February, 2014, was launched during 2013-14 (12th Plan period), under the umbrella of Human Resource and Capacity Development Scheme of the Department of Health Research. With aim to providing support 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. Special focus is 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 utilisation of available knowledge.

The scheme was further continued for the 14th and 15th Finance Commission Periods. During 15th Finance Commission, GIA scheme was approved on 18th March 2021 at a total estimated cost of Rs. 124.71 crores. Further, a revised cost of Rs. 130.51 crores was approved on 10th April 2024 by the competent authority.

Under this scheme, there are three categories of the projects eligible for funding i.e. **(i) Research Studies with emphasis on public health(ii) Translational Research Projects and (iii) Inter-Sectoral Coordination including funding of Joint Projects.** Now, it is proposed for the continuation of the scheme only giving emphasis on the projects under the Inter-Sectoral/inter-ministerial Coordination including funding of Joint Projects aiming to resolve the pressing health challenges of the nation and different States through collaborative health research. Instantly, the inter-ministerial collaborative research projects/schemes are not being implemented by other funding agencies. The Joint Projects pertaining to health research are needed as a priority area of Central/ State governments and these require a dedicated mechanism of funding and overall guidance.

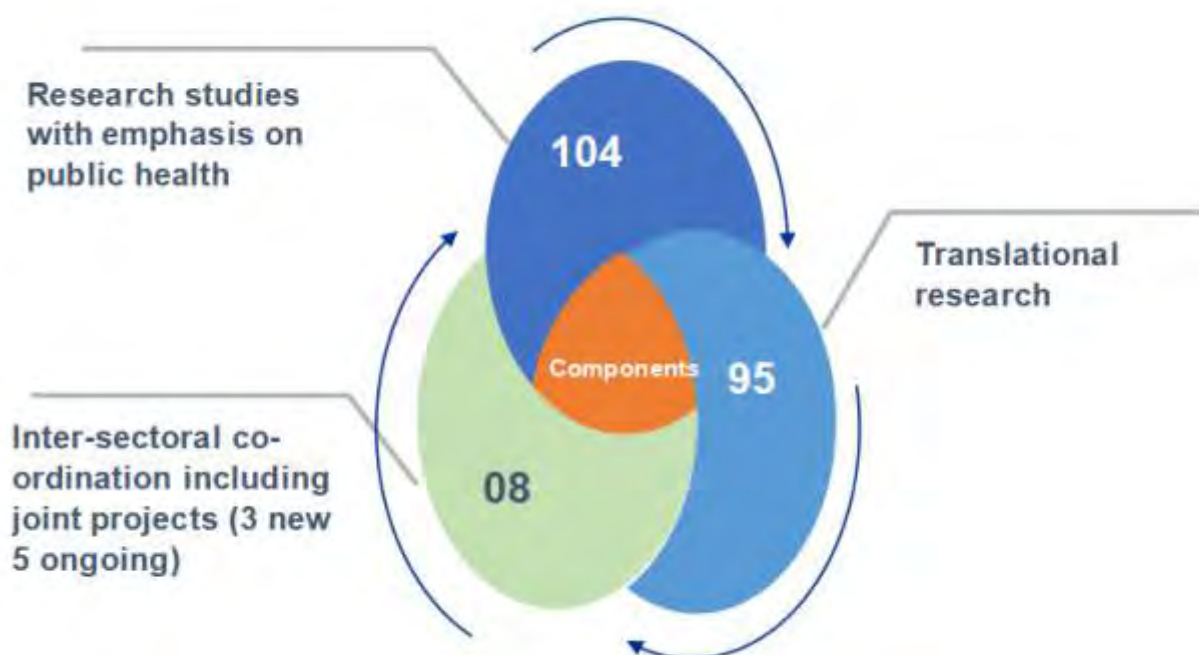
8.2 Objectives of the Scheme

- 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 health care 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. To translate leads into products & processes for adoption in public health systems.
- iv. To develop collaborative health research projects involving different Science & Technology Departments/Organizations.

8.3 Status of Implementation (During the period 1st January to 31st December 2025)

i. Physical Achievements: -

Research Areas	2025-26
Research Studies with Emphasis on Public Health (Ongoing Projects Supported)	104
Translational Research (Ongoing Projects Supported)	95
Inter-Sectoral Coordination (03 New Projects & 05 Ongoing Projects Supported)	08
Total Achievement	207



New Inter-Sectoral Projects funded during the year 2025-26

1. **IND enabling studies on a novel liposomal amphotericin B for treatment of Kala-azar and fungal infections in rodents.** Host institute CSIR-Indian Institute of Chemical Biology (CSIR-IICB). The project has been conceived in response to the critical limitations of current therapies for Visceral Leishmaniasis (VL) and systemic fungal infections with the goal of developing an affordable, stable, and dual-use therapeutic aligned with national kala-azar elimination strategies. The overall outcome of the project will be the generation of a comprehensive IND-enabling data package, including stability, pharmacokinetic, toxicological, and efficacy data. This will position Cat-LAmB as a next-generation formulation of amphotericin B with dual application in parasitic and fungal infections.
2. **Chronic Kidney Disease of Unknown Etiology (CKDu) in Srikakulam District, Andhra Pradesh: Identification of Pathogenetic Agents and Early Detection by Novel Biomarkers”.** Host Institute- Andhra Medical College, Visakhapatnam. The project will yield a valuable epidemiological data and environmental exposures, enabling the identification of etiological agent as well as early detection and monitoring of CKDu. It will also provide a risk assessment framework to guide community-level interventions. The proposed study will generate comprehensive insights into the environmental and biological determinants of chronic kidney disease of unknown etiology (CKDu) in Andhra Pradesh and aims to identify predictors of early renal dysfunction by integrating environmental exposure assessment (metals, pesticides, silica), blood and urine biomarker profiling, and metabolomics signatures.
3. **Impact of Sports Supplements on Recovery in Adolescent Athletes.** Host Institute- National Centre for Sports Science Research (NCSSR), Sports Authority of India (SAI). This study aims to generate evidence-based insights on the benefits or lack and safety profile of nutritional supplements for adolescent athletes.

ii Financial Achievements:

The scheme has shown a positive trend in fund utilization over the past five years. In 2025–26, revised estimates of Rs. 29.25 were received, indicating effective financial planning and execution. This trend highlights strengthened administrative processes and increased capacity of implementing institutions to utilise resources efficiently.

8.4 Scientific and Public Health Impact of the Scheme

The GIA Scheme has supported diverse projects contributing to improve health-care solutions. Key outputs include:

- Development of medical devices (low-cost anaesthesia monitors, AI stethoscope, handheld skin printer) and AI-enabled diagnostics.
- Affordable diagnostic tools, bio-printing devices, and promising new therapeutics.

- Public health interventions, including screening programs, maternal and child health improvements, and policy-relevant evidence on pollution, nutrition and lifestyle factors.
- Research guiding national programs on TB, metabolic syndrome, malaria, and chronic lung diseases.
- Health promotion interventions such as yoga, sleep programs and nutrition-based packages.
- Remarkable research being conducted related to the challenging health issues like mental health, environment related health issues, cancer, congenital malformations, inter-sectoral coordination and many more.

CHAPTER-9

Human Resource Development (HRD) Scheme for Health Research

9.1 Background:

The HRD Scheme was initially approved by the Expenditure Finance Committee (EFC) on 18th November 2013 and subsequently by the Cabinet Committee on Economic Affairs (CCEA) on 28th February 2014. The scheme was extended for FY 2017–18 to FY 2019–20, following the approval of the Standing Finance Committee (SFC) on 18th September 2017. Further continuation was sanctioned for FY 2020–21 to FY 2025–26 with the budget allocation of Rs. 159.93 crore, as per the instructions of the Department of Expenditure (DoE), Ministry of Finance. The Revised Cost Estimate was later approved for the HRD scheme in January 2024 at the revised cost of Rs. 243.35 Crores for HRD sub-scheme consequent upon integration of ICMR components.

9.2 Introduction:

The HRD Scheme aims to build a robust pool of skilled health research professionals across the country. It focuses on upgrading the expertise of medical college faculties, mid-career scientists, and both medical and non-medical students through specialized training in priority areas of health research at leading national and international institutions. The program encourages trainees to design and undertake research projects that address critical national and local health challenges.

The detailed information about the scheme components is outlined in the DHR-HRD Scheme guidelines available on the DHR website

(Link: https://dhr.gov.in/sites/default/files/HRD%20Guidelines_23rd%20AUGUST%202024.pdf) and applications can be submitted through ePMS portal at (Link: <https://schemes.dhr.gov.in/>).

9.3 Objectives:

- To increase the overall availability of trained personnel for health research from Medical Colleges across the country through scholarships, Fellowships and career advancement Scheme etc. for faculty, etc. and young medical doctors and other Scientists to take up medical and health research as a career.
- To focus on the creation of a cadre of trained medical/health researchers in specific identified priority areas of health research viz., Clinical Trials; Toxicology; Good Clinical Practices (GCP); Good Laboratory Practices (GLP); Quality Control (QC) & QA; Genomics; Proteomics; Clinical Psychology, Geriatrics; Modern Biology; Biotechnology; Stem cells; Genetics; Drugs chemistry; and operational research etc.
- To create support, nurture and encourage the trainees from Medical Colleges, etc. to forge linkages with other Scientists from universities, research Institutes etc. to develop multidisciplinary and multi-sectoral teams necessary for addressing critical national and local health problems.
- To establish suitable online teaching and learning facilities to facilitate training in health research in

various subjects in a more effective manner and for promoting biomedical/health research.

9.4 Recent Highlights:

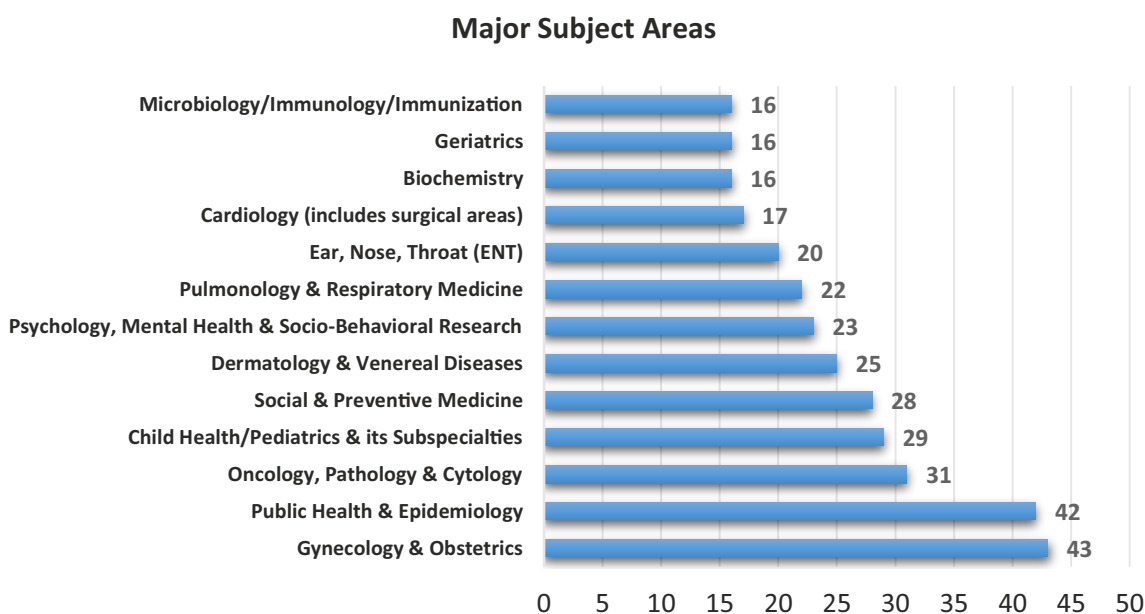
- During the 15th Finance Commission period, the Department of Health Research (DHR) has significantly expanded the scope of the HRD sub-scheme by integrating the Indian Council of Medical Research's (ICMR) capacity development programs. This strategic integration has streamlined research capacity-building efforts, resulting in a more cohesive and impactful framework for supporting the health research across the country.
- This integration was approved in January 2024 through mid-term review of the scheme. This has helped in bringing in synergy between the similar programmes implemented by the ICMR, as well as avoided overlapping of funding of similar research activities/projects under the DHR schemes and the ICMR programmes.
- Based on this revision, the below components were integrated into the Scheme:
 - Short-Term Studentship (STS)
 - Medical Post Graduate Thesis Support (erstwhile MD/MS/DM/MCH/DNB/DrNB/MDS Thesis Support)
 - Medical Ph.D. programme, Biomedical Research Fellowships for S&T Post-Graduates (erstwhile Biomedical Research Fellowships for Scholars with Non-Medical Background)
 - International Travel Grant for Biomedical Researchers (erstwhile International Travel Grant for Non-DHR/ICMR Scientists & Researchers)
 - Workshops Funding Grant
- Guidelines of DHR- HRD scheme were amended in May 2024, adding seven new components enhancing scheme's scope. The scheme in its current format essentially covers the following components:
 - **Short-Term Studentship (STS)**
 - ICMR initiated STS program to foster interest in biomedical and clinical research among undergraduate medical and dental students. The program provides a platform for students of NMC/DCI recognized medical and dental colleges across India to gain hands-on research experience under the guidance of experienced mentors. Selected students undertake a short-term research project during their vacation, exploring diverse areas of medical and dental sciences. For the academic year 2025–26, a total of 2,016 students were recommended for selection from medical and dental colleges across India, reflecting the widespread reach and inclusivity of the program. To facilitate the successful execution of their proposed research projects, a grant amounting to Rs.3.02 Cr was disbursed to the selected students.
 - **MD/MS/DM/MCH/DNB/DrNB/MDS Thesis Support Program**

The program aims to support and encourage medical/dental college students pursuing post-graduation courses to do good-quality biomedical research and to improve the visibility and dissemination of their research work to a larger research audience. Medical/dental graduates

who are admitted to the post-graduation courses in medical/dental institute/colleges in India recognized by NMC/DCI/NBE can apply within one year of PG admission/joining whenever the call is opened annually by DHR.

For the year 2025-26, a total of 511 fellows were selected on merit for financial support for their PG medical/dental thesis work from a total of 153 NMC recognized medical, and DCI recognized dental colleges in India. Out of 511 candidates, 457 belong to the medical category and 54 to the dental category. And a total grant of Rs. 2.49 crores have been released to the 499 selected fellows.

The analysis of subject areas for the year 2025–26 is presented below:



☞ **Young Medical Faculty PhD program:**

It was designed with a broad aim to motivate young medical faculty working on regular position in INIs/Medical Colleges in India to pursue Ph.D. and thereby creating a pool of clinician scientists in the country who can undertake impactful biomedical research.

For the year, 2025-26 a total of 109 applications/proposals were received and after scientific evaluation of their Ph.D. research proposals, a total of 58 medical faculty from 22 medical colleges and institute of national importance clinical/para-clinical field were selected as the second cohort of medical faculty. Leading institutions such as AIIMS (Nagpur, Raipur, Kalyani, Delhi), Amrita Institute of Medical Sciences (Kerala), Christian Medical College (Vellore), Madras Medical College (Chennai), and Manipal Academy of Higher Education (Karnataka) accounted for the majority of selections. Out of 58 faculty, 36 have been registered for PhD under their host institutional program and remaining 22 will be registered under AcSIR ICMR–Faculty of Medical Research for the January 2026 session. The first-year grant of Rs. 10.00 Lakh/faculty has also been released amounting to a total grant of Rs. 5.90 crores to all selected faculty.

Apart from this a series of eight (08) proposal development workshops have been conducted by DHR for all 55 out of 64 medical faculty of 2024 cohort, to mentor them on the research methodology and development of the analytical plan.



➤ International Travel Grant Support for Non-DHR/ICMR Scientists & Researchers

The program aims to provide financial support to researchers/scientists/PG students, for attending and presenting their research accomplishments/findings in international conferences/seminars/symposia for wider dissemination of the research work, or mentoring/talk on any topic in biomedical sciences in workshops for training young researchers/faculties/medical students, etc.

During the financial year 2025-26 (up to December 2025), the programme received a total of 924 applications, of which 423 were selected.

Of the selected applicants, 296 (70%) belonged to the Junior category, while 127 (30%) were selected under the Senior category. Gender-wise distribution shows that 246 female applicants (58%) and 177 male applicants (42 %) were selected. Institution-wise analysis reveals that the majority of selected applicants, 345 (81.6%), were affiliated with government institutions, whereas 78 applicants (18.4%) were from private institutions.

With regard to financial assistance, grants have been reimbursed to 246 selected applicants up to December 2025, amounting to a total disbursement of Rs. 2.47 Cr. with an average reimbursement of approximately Rs.1.00 Lakh per beneficiary. Further disbursements are expected in the remaining period of the financial year.



➤ Workshops Funding Grant in Biomedical Research

The Programme supports the conduct of capacity-building workshops in priority areas of biomedical research. The initiative aims to enhance the competencies of faculty members, researchers, and students across the country by providing training in specialised and emerging domains of biomedical sciences.

- As on date, 75 workshops have been recommended, of which 49 have been successfully conducted with financial support, benefiting 3,280 trainees across the country. These workshops covered diverse subject areas such as research methodology, biostatistics, systematic reviews and meta-analysis, molecular cytogenetics, AI applications in healthcare, medical device development, pharmacogenomics, and advanced clinical techniques. They served as vital platforms for skill enhancement, knowledge dissemination, and fostering innovation in biomedical and health research, thereby strengthening the national research ecosystem.
- In addition, the research capacity-strengthening initiatives in biomedical research supported by the Department of Health Research (DHR) were actively disseminated through the HRD Scheme, the scientists carried out these efforts through 22 workshops, collectively training 1,771 participants across the country.



➤ **Fellowships for Ph.D. (Biomedical Research Eligibility Test - BRET)**

The Biomedical Research Eligibility Test (BRET) is a national-level entrance examination designed to identify and support highly meritorious Indian postgraduates for the award of Junior Research Fellowships (JRF) under the DHR. Candidates qualifying the examination become eligible for fellowship support upon securing admission in recognised medical or research institutions under the

UGC/Institutes of National Importance (INI) category or through the ICMR–AcSIR programme across 27 ICMR Institutes/Centres. For the forthcoming cycle, the DHR-BRET examination is scheduled to be conducted by AIIMS, New Delhi in Jan 2026.

The BRET-2024 cycle introduced a revised examination pattern to strengthen scientific rigor, with increased emphasis on analytical aptitude, interdisciplinary understanding, and domain-specific proficiency. The test covers a broad spectrum of biomedical disciplines, including Microbiology, Biochemistry, Biostatistics, Public Health, Nursing, Biotechnology, Nutrition, Pharmacology, Veterinary Sciences, Social and Behavioural Sciences, and diverse branches of Life and Environmental Sciences. This comprehensive structure promotes interdisciplinary learning, encourages scientific innovation, and equips young researchers with the competencies necessary to contribute effectively to national biomedical research goals. During 2024–25, 506 candidates were selected for fellowship support under the programme, of which 99 fellows have joined till date.

BRET-supported initiatives also strategically focus on niche and emerging domains within biomedical research that hold high scientific relevance for addressing India's evolving health challenges. By enabling scholars to engage in advanced research, the programme significantly enhances national research capacity. Till date, the programme has facilitated substantial knowledge generation, with JRF fellows contributing more than hundred peer-reviewed research publications, underscoring its role in advancing biomedical science and strengthening India's research ecosystem.

A total of 237 ongoing JRF fellows (2020–2023 batches) are being supported by the DHR from May 2024 onwards. These ongoing fellows published 47 research papers in reputed international journals. Notably, in 2025-26, 12 fellows have successfully completed and submitted their Ph.D. theses, contributing 25 peer-reviewed research publications and three book chapters, thereby strengthening the national pool of trained biomedical researchers and supporting research capacity building in the country.

Some noteworthy publications from DHR-JRF Programme in last year-

Purohit A, Chhatre N, Qazi B, Kumar V, Haldar S, Bhattacharya A. Pseudo-Infection Model: A Bottom-Up Synthetic Approach to Cellular Entry of Enveloped Viruses and Virus Mimics. Small. 2025 Oct;21(39):e12218. doi: 10.1002/smll.202412218. Epub 2025 Aug 21. PMID: 40838494. I.F.12.1

Ghosh A, Singh S, Mallick TR, Chakravarty S, Bhagat SV, Das C, Gopinath KS, Mohiyuddin A, Maitra A, Majumder PP, Kundu TK. Comprehensive genomic and digital pathology profiling of tobacco-chewer female oral cancer patients simultaneously with integration of single-cell datasets identifies clinically actionable patient subgroups. Clinical and Translational Medicine. 2025 Jul 7;15(7):e70386. I.F.10.6

Bharti Dhawan, Mohammad Sarwar Alam, Hinna Hamid, Swati Kumari et al. (2025). Design and synthesis of novel benzimidazole-tethered benzodiazepinones as promising anti-

melanoma agents targeting JAK-3. Journal of Molecular Structure, 1350(1):143978. Advance online publication. <https://doi.org/10.1016/j.molstruc.2025.143978>. I.F. 4.7

Deepika, Madhu, Shekhawat J, Dixit S, Upadhyay SK. Pre-mRNA processing factor 4 kinases (PRP4Ks): Exploration of molecular features, interaction network and expression profiling in bread wheat. Journal of Plant Growth Regulation. 2025 Feb;44(2):806-20.I.F. 4.4

Deepika, Shekhawat J, Madhu, Verma PC, Upadhyay SK. Genome-Wide Analysis Unveiled the Characteristic Features and Functions of AFC Genes of Bread Wheat (Triticum aestivum L.). Journal of Plant Growth Regulation. 2025 May;44(5):2466-84.I.F. 4.4.

Mallick D, Tyagi V, Saroj A, Bhutkar M, Kumar V, Das M, Madhukalya R, Choudhary S, Gupta R, Singh V, Kumar D. Optimized high-yield expression of envelope glycoprotein domain III from dengue virus serotypes 1 to 4 Biochimie. 2025 Apr 1;231:61-72. I.F. 4.079

Gupta R, Sharma S, Saroj A, Madhukalya R, Kumar V, Agarwal V, Kumar D, Prasad VM, Kumar R. Kyasanur Forest disease virus non-structural protein NS1 forms multimers in solution, with a distinctly identifiable tetrameric state. Biochimie. 2025 Apr 17. I.F. 4.079

Priya TS, Swain S, Rao BV, Tatikonda RR, Nanda MK, Jain N, Mutheneni SR, Babu KS. Exploring the anticancer potential of β -amyrin: Scalable process for isolation, semi synthesis, and molecular docking studies. Bioorganic & Medicinal Chemistry. 2025 Sep 10;118388. I.F. 3.4

Swati Kumari et al. (2025). Exploring the Influence of Metabolic Changes in Fibrotic Lung Diseases. Pulmonary circulation, 15(3), e70163. <https://doi.org/10.1002/pul2.70163>. I.F. 2.5.

Pyatla G, Bera S, Mishra A, Mandal AK, Chakrabarti S. Potential involvements of anterior segment dysgenesis-associated genes in primary congenital glaucoma. In Seminars in Ophthalmology 2025 Nov 17 (Vol. 40, No. 8, pp. 733-742). Taylor & Francis.I.F.-2.3

Nehul S, Rani R, Walia P, Panda PK, Singh S, Chattopadhyay S, Kumar P, Tomar S. Repurposing Efavirenz, the HIV Antiretroviral Drug for Chikungunya Virus Infection. ACS Infectious Diseases. 2025 Mar 7;11(4):963-76. I.F.4.2

➤ **Short-Term Fellowship Abroad (15 days to 3 months)**

To avail specialized training to excel in the niche area of interest for the period of 15 days to 3 months in the field of biomedical research and technology and strengthen the capacity of regular Indian faculty/researcher.

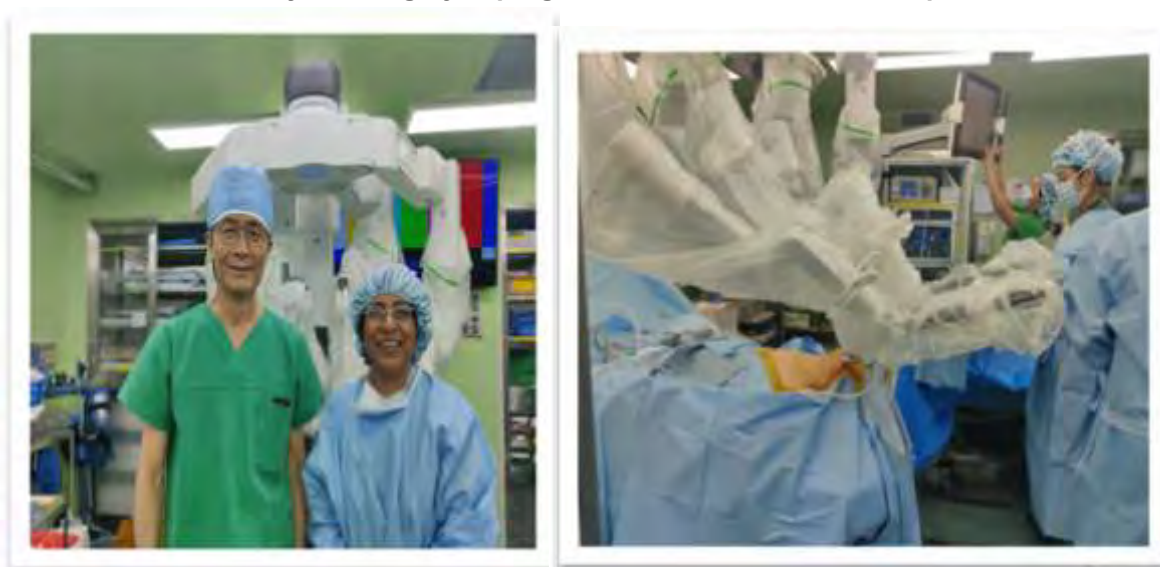
- A stipend of US\$ 3000 per month which includes accommodation and other expenses. A maximum of Rs. 75,000/- which includes the cost of visa, SEVIS fee, taxi charges from place of duty to airport and back. (ii) A maximum of Rs. 20,000/- for overseas medi-claim insurance expenses.
- In the year 2025-26, a total of 51 candidates have been selected under this component. The result has been advertised on the website under announcement section (Link: DHR ePMS || Archive).

➤ Major Highlights:

➤ Training experience of Dr. Priti Lal, Fellow Short-Term Abroad:

Dr. Priti Lal completed a one-month short-term abroad fellowship at Hanyang University, Seoul, under the mentorship of Prof. Kyung Tae, focusing on thyroid malignancies. The fellowship provided exposure to advanced surgical techniques, including robotic thyroidectomy approaches, intraoperative nerve monitoring, and parathyroid visualization using fluorescence technology. These skills will be utilized to introduce risk-stratified management and initiate a robotic thyroid surgery program at Safdarjung Hospital, aiming to reduce postoperative morbidity and enhance patient outcomes. Given the rising incidence of thyroid cancers in India, this training holds significant public health relevance by promoting contemporary, minimally invasive surgical practices.

Robotic thyroid surgery in progress with the robotic arms in place



➤ Long-Term Fellowship Abroad (6-12 months)

To avail specialized training to excel in the niche area of interest for the period of 6 to 12 months in the field of biomedical research and technology and strengthen the capacity of regular Indian faculty/researcher. A stipend of US\$ 3000 per month which includes accommodation and other expenses. A maximum of Rs. 75,000/- which includes the cost of visa, SEVIS fee, taxi charges from place of duty to airport and back. (ii) A maximum of Rs. 20,000/- for overseas medi-claim insurance expenses.

In the year 2025-26, a total of 13 candidates have been selected under this component. The result has been advertised on the website under announcement section (Link: DHR ePMS || Archive).

Major highlights of the programme

- Training experience shared by Dr. Garima Yadav, Fellow Long-Term Abroad

Dr. Garima Yadav completed a six-month long-term fellowship abroad supported by DHR in gynecologic oncology at a leading UK Center, gaining advanced surgical exposure in complex upper abdominal procedures and pelvic exenteration. She actively participated in multidisciplinary tumor boards, strengthened clinical decision-making in outpatient and inpatient settings, and acquired proficiency in evidence-based protocols including NCCN, ESGO, and ERAS. Her training encompassed onco-fertility counselling, perioperative care, and management of chemotherapy-related complications. Additionally, she gained insights into the functioning of a world-class oncology unit, which will aid in developing structured referral networks for gynecologic cancers in Rajasthan and neighbouring states.



- **Short-Term Fellowship at Indian Institutes (1-3 months)**

To avail specialized training to excel in the niche area of interest for the period of 1-3 months in the field of biomedical research and technology and strengthen the capacity of regular Indian faculty/researcher.

Short Term Training (1-3 Months) in Indian Institutions for the researchers employed as regular faculty having at least three years of experience in the college/institute as a regular employee.

- 4 fellows have been selected under this programme in 2025-26.

- **Long-Term Fellowship at Indian Institutes (6 to 12 Months)**

To avail specialized training to excel in the niche area of interest for the period of 6-12 months in the field of biomedical research and technology and strengthen the capacity of regular Indian faculty/researcher.

Long-Term Training Fellowships at Indian Institutions to persons employed as regular faculty having at least three years of experience in the college/institute as a regular employee, not above the age of 45 years.

- 1 fellow has been selected under this programme in 2025-26.

➤ **Women Scientists Fellowship (Result Link)**

This fellowship programme aims at encouraging women candidates to undertake biomedical research after a break in their career and their re-integration into the biomedical research.

The quantum of financial support provided as follows:

Category A: A stipend of Rs. 90,000/- per month (consolidated amount for medical persons) and Rs. 67,000+HRA for non-medical candidates for 3 years and a research grant of up to Rs.10.00 lakhs per year will be given to meet the expenses of field work, consumables required for the research and attending meetings for project related discussions, etc.

Category B: A stipend of Rs. 65,000/- per month (for medical persons) and Rs. 48,000+HRA per month (for non-medical persons) for 5 years or till completion of PHD, whichever is earlier and a research grant of up to Rs.10.00 lakhs per year will be given to meet the expenses of field work, consumables required for the research and attending meetings for project related discussions, etc.

- In the year 2025-26 a total of 96 fellowships have been awarded till date including 64 new fellowships.
- In the year 2025–26, a total of 41 research papers were published in various journals and 2 patents filed, highlighting the significance of the programme in advancing biomedical research.
- Details of patents filed as below:

1. Patent Filed By: Dr. Vandana Singh

Title: Chimeric multi-stage vaccines for preventing Plasmodium falciparum and Plasmodium vivax infections and their community transmissions

2. Patent Filed By: Dr. Vandana Singh

Title: Producing a chimeric recombinant multi-stage vaccine for preventing Plasmodium vivax infection and its community transmission

➤ **NRI/PIO/OCI Research Support Programme**

This Programme has been designed to provide contractual research positions in India to the Indian scientists settled abroad who are willing to come back to India on a full-time basis or for a short duration to pursue health research in India and take up research projects in collaboration with Indian scientists/Institutions, particularly in areas of national priority.

In the last 5 years DHR has sanctioned research projects for many researchers of Indian origin from different parts of the world to come back to India and contribute to Health Research. Their country wise details are as follows:

Countries	No. of Scientist/Researchers
USA	16
Japan	3
UK	1
Canada	1
Israel	1
Sweden	1
South Korea	1
Germany	1

The programme provides research support in the form of Stipend, research grants, travel support and contingency as per the guidelines of the DHR-HRD Scheme.

Financial Support (As per the Guidelines of the DHR- HRD Scheme)

- Each selected researcher shall be eligible to receive a consolidated stipend of Rs.1.2 lakhs per month for 3 years. Research Grants would be available for research studies/projects not exceeding Rs. 20 lakhs/year.
- Provision would be available for keeping a research staff out of a Research Grant during the tenure of the fellowship.

In the year 2025-26, 13 NRI fellows provisionally selected, and 04 ongoing cases have been supported under this programme.

- The program contributes to strengthening the country's health research ecosystem by leveraging global expertise, fostering international collaboration, building institutional capacity, and creating sustained engagement opportunities for Indian-origin researchers, thereby helping to address issues related to brain drain. Some beneficiaries of this programme have also secured regular positions in premier Indian institutions such as AIIMS, PGIMER, IIT and NIPER among others.

➤ **Support to Institutions and Scientific Bodies / Associations for training**

Support selected domestic Institutions for providing training to candidates selected by the Department in specially designed programs/ identified priority areas. Support is also imparted to the institutions for developing online courses along with contact Programmes in relevant institutions or Interactive forums and e-groups for researchers in the area of biomedical/health research. Rs.25.00 lakh for gap filling/upgradation of facilities and up to Rs.10.00 lakh per year for upto five years.

In the year 2025-26, 30 institutes have been supported and more than 16,000 researchers were trained in diverse areas of biomedical research ranging from One Health concept, human genetics, reproductive health, cellular and molecular biology, translational research, bioethics, and bioinformatics. A total of 10 research papers were published in Q1 and Q2 in various journals, highlighting the significance of the programme in advancing biomedical research.

Major Highlights:

- **Hands on Training in HPV- DNA Diagnostics:** A training course was conducted from August 5th -9th, 2024 and Feb 24th 28th, 2025 under this project. The course included lectures, demonstrations, and hands-on sessions in HPV-DNA Diagnostics and associated molecular biology techniques relevant to cancer research.

- Extracellular Vesicles: From Bench to Bedside

10-Day Workshop on Extracellular Vesicles (EVs) at AIIMS, New Delhi. Release of a comprehensive protocol booklet, establishing standardized methodologies for exosome research—a vital resource for ensuring reproducibility and quality in future Indian EV studies.



- Hands on training programme on nutritional therapy for chronic kidney disease patients at MGM hospital, Navi Mumbai
- A state-of-the-art Cancer and Immunobiology Laboratory has been successfully established in the School of Biosciences, SRHU with support from funds received under the Instrumentation grant received for the training workshop entitled “Modern Biology: Advanced Molecular Tools for Healthcare: A Comprehensive Training Module”.





Under the clinical research category, 236 participants were trained in Good Clinical Practices, 615 in Modern Biology in Health Research and 14 MDS faculty in workshop on Advanced Molecular Biology Techniques in Dental-Genetic Research.

A large number of participants have been benefitted under this component across the country. About 14000 participants have been trained on the concept of One Health and its implications in Indian settings, especially while addressing diseases of zoonotic nature. This course has been popularly executed on NPTEL platform for capacity building of more participants across the country. Causal Inference from Observational Studies (CAUSIT) as another self-paced course delivered through the online portal of SWAYAM, with 1200+ learners enrolled for the course.

➤ **Start-Up Grant for Induction into Biomedical & Health Research**

The Start-up Grant Scheme has been restructured to broaden its scope. Previously, the scheme supported biomedical researchers who had undergone training in Indian or foreign institutes under DHR programs, with the objective of utilizing skills acquired during training. The revised scheme now targets regular faculty members and biomedical researchers who have completed their Ph.D. in biomedical or health sciences within the last five years. The program aims to enable these researchers to apply their doctoral expertise in practical settings, undertake independent research, and foster a culture of serious and sustained research among faculty and scientists.

Under the scheme, each project is eligible for a grant of Rs.16 lakh per year, up to a maximum of Rs. 48 lakh for three years. Regular faculty or scientists employed in any Indian university, college, academic or research institute—including Institutes of National Importance are eligible to apply.

In the year, 2025-26, 57 researchers/ faculties have been supported in varied biomedical research areas like cellular and molecular biology, biomedical devices, nano medicine, biochemistry, environmental and public health, and chronic disease research, to name a few. A total of 10 research papers were published in Q1 and Q2 in various journals, highlighting the significance of the programme in advancing biomedical research.

☞ Fellowship Programme for Young Scientists:

- In the year 2025- 26, 46 ongoing fellowships have been supported/ funded under this programme. This programme has been discontinued during FY 2024-25 and subsumed into other components of the scheme.
- In 2025–26, the programme achieved significant milestones in biomedical research, producing 99 peer-reviewed publications and filing 6 patents.
- Details of patents filed as below:

1.. Patent Filed By: Dr. Nilofer Naqvi

Title: Arora SK, Naqvi N, Hasnain SE, Ehtesham NZ. Recombinant Mycobacterium smegmatis and implementations thereof.

2. Patent Filed By: Dr. Nilofer Naqvi

Ehtesham NZ, Hasnain SE, Naqvi N, Alam A, Rahman SA. Recombinant Bacillus Calmette Guerin Vaccine against Tuberculosis.

3. Patent Filed By: Dr. Ranjit Singh

File No: 24039 through NRDC, New Delhi

Title: Novel 16-cinnamylidene and 16-(4)-pyridyl benzylidene substituted derivatives of dehydroepiandrosterone and method thereof

4. Patent Filed By: Dr. Pooja Bhardwaj

Patent Application Number: 202411042360; “AN ASSAY AND KIT FOR IN-VITRO IDENTIFICATION OF CHIKUNGUNYA VIRUS”

5. Patent Filed By: Ms Kallolika Mondal

Title: Targeted Delivery of Exosomes Encapsulating Therapeutic Agent and Process Thereof

6. Patent Filed By: Ms Kallolika Mondal

Title: A Protocol for Generating Neural Progenitor Cells and Implementations Thereof (EYESTEM RESEARCH PRIVATE LIMITED)

2. Major Initiatives of the HRD scheme in 2025-26

- **Knowledge Generation:** In the first two Quarters of FY2025-26 A total of 207 research papers were published in peer-reviewed indexed journals, 8 patents filed.
- **Webinars for Scheme Dissemination:** periodic webinars were conducted to disseminate and promote the DHR-HRD scheme, addressing participant queries and engaging over hundreds of participants across India.
- **Initiative for Physician Scientists:** The DHR organized an Orientation-cum-Networking Workshop for the Physician–Scientist Cohort 2024 on 22nd August 2025 at the India Habitat

Centre, New Delhi. The workshop aimed to strengthen the foundation of the cohort by fostering meaningful connections, facilitating knowledge exchange, and advancing the collective vision of building a robust physician–scientist ecosystem in India. The multi-session program featured interactive discussions and group presentations, enabling participants to share their one-year journey, including progress in coursework, Ph.D. proposal development, mentorship experiences, and administrative challenges. The deliberations also focused on measurable outcomes such as publications and skill enhancement. Cohort members were organized into four institutional groups to promote peer learning and collaborative reflection.

During the workshop, the Secretary, DHR & Director General, ICMR emphasized the importance of self-reliance, adaptability, and leadership as essential traits for physician–scientists pursuing a Ph.D. The event served as a significant platform for networking and aligning efforts toward strengthening physician–scientist training in India.



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- **Expanded Social Media Outreach:** As part of the outreach strategy, DHR launched targeted social media campaigns and disseminated calls for applications for various HRD scheme components. These campaigns aimed to broaden participation and engagement across platforms, ensuring wider visibility among stakeholders.

3. Status of Implementation of the Scheme

A detailed year-wise the physical and financial performance of HRD Scheme is provided below:

Year-wise Physical Achievement of HRD Scheme

Year	Number of fellowships supported
2013-14	13
2014-15	42
2015-16	70
2016-17	104
2017-18	191
2018-19	92
2019-20	200
2020-21	127
2021-22	196
2022-23	232
2023-24	230
2024-25	4291
2025-26	3561*

*Figures are till 31.12.2025

Year-wise Financial Achievements of HRD Scheme
 (Rs. in crore)

Year	Revised Estimate	Actual Expenditure
2013-14	4.5	1.51
2014-15	5	4.98
2015-16	10	9.46
2016-17	16	15.39
2017-18	26	24.28
2018-19	15	13.29
2019-20	27	27.48
2020-21	18	16.32
2021-22	27	24.56
2022-23	30	27.02
2023-24	29.8	28.59
2024-25	65	64.7
2025-26 (BE)	93	69.02*

*Figures are till 31.12.2025

4. Some of Illustrations of publications (2025 and beyond)

- Srinivasan R, Ramadoss R, Kandasamy V, Ranganadin P, Green SR, Kasirajan A, Pillai AB. Exploring the regulatory role of small RNAs in modulating host-pathogen interactions: Implications for bacterial and viral infections. *Molecular Biology Reports*. 2025 Dec;52(1):115
- Bhattacharya B, Gupta S, Pati S. Workforce Capacity Building in One Health : An Innovative Approach in India, 2023 Uniting for One Health. *Epi-Dis-Phere*. 1(1),2025.
- Srinivasan R, Ramadoss R, Kandasamy V, Ranganadin P, Green SR, Kasirajan A, Pillai AB. Exploring the regulatory role of small RNAs in modulating host-pathogen interactions: Implications for bacterial and viral infections. *Molecular Biology Reports* 2025 Dec;52(1):115
- Aayush Kaushal, Aanchal, Gourav Sharma, Shital Rani, Rajat Kumar Singh, Akhilesh Kumar, Sanjay Kumar Bhadada, Ravi P Barnwal\$, Gurpal Singh, “Revolutionizing diabetes management through nanotechnology driven smart systems.” *Pharmaceutics* 2025. Impact factor- 4.9 ISSN: 1999-4923
- Poonam Mundlia, Suraj Pratap Singh, Aayush Kaushal, Mary Chatterjee, Pavitra Ranawat, Ankur Pandey, Gurpal Singh, Ravi P Barnwal\$, “RNA targeting therapeutics: Drugging the undruggable.” *Editorial Viewpoint Future Medicinal Chemistry* 2025. Impact factor- 3.7 ISSN: 1756-8919
- Chellapandian N, Sekizhar V, Pillai AB, Venkatesan R, Srinivasan R. Salivary levels of cell cycle regulatory proteins p53, cyclin D1, CDK 4 and protein carbonylation in post COVID-19 cohort—An observational study. *Gene Reports*. 2024 Dec 1;37:102010.
- Role of Non-invasive Preimplantation Genetic Testing-Aneuploidy Using Spent Culture Media and its Concordance with Trophoctoderm Biopsy: A Proof of Concept and Validation Study.” *Journal of Human Reproductive Sciences* 18(2):p 70-79, Apr–Jun 2025. DOI 10.4103/jhrs.jhrs_192_24
- Spotlight on the Artifacts in Next-Generation Sequencing in PGT-A: Reason for High Mosaicism Reporting. *JBRA Assisted Reproduction* 2025. *Fertility & Reproduction* 05(04): 605 DOI:10.5935/1518-0557.20250018
- AR Suresh Babu, Shital Rani, Suraj Pratap Singh, Alisha Khara, Hema K Alajangi, Shamala Parandaman, AR Naresh Raj, D. Gavaskar, Janeka Gartia, Ankur Pandey, Vinod Kumar Yadav, Gurpal Singh, Ravi P Barnwal\$, Antimicrobial activities of novel substituted spiropyrrolidine based heterocycles synthesized by multicomponent reaction against *Bacillus subtilis* and *Pseudomonas aeruginosa*. *Journal of Molecular Structure* 2025. Impact Factor- 4.0 ISSN: 0022-2860
- Akshita Thakur, Akanksha Sharma, Hema K. Alajangi, Akhil Khajuria, Lakshmi Kumari, Pradeep Kumar Jaiswal, Yong-beom Lim, Gurpal Singh, and Ravi P Barnwal\$, Stigmurin encapsulated PLA–PEG ameliorates its therapeutic potential, antimicrobial and antiproliferative activities. *Discover Nano* 2025. Impact factor- 5.5 ISSN: 2731-9229.
- Toxin-antitoxin Systems in Periodontal Disease is a Gap in Research: A Proof of Concept Study. *Journal of Interdisciplinary Dentistry* 15(1):p 66-71, Jan–Apr 2025. DOI: 10.4103/jid.jid_23_25
- Oral Microbial Stress Response Profiles Is a Gap In Research – A Proof Of Concept Study. *Journal of Applied Bioanalysis*. DOI: 10.53555/jab.v11i2.204

10.1 Background

One of the aspirational goals of the Government of India is to achieve Universal Health Coverage. Considering the increasing disease burden and resource limited health system, it appears challenging for the government to meet all the health needs of the population. Therefore, optimum allocation and utilization of the available resources is quintessential. Health technology assessment (HTA) is a promising and a globally accepted tool to facilitate evidence-based priority setting for efficient and equitable resource allocation. HTA is a multidisciplinary process to systematically evaluate the clinical, social, economic, organizational, and ethical issues of a health intervention or technology, so that the intervention offering maximum health gains from limited or scarce resources can be selected.

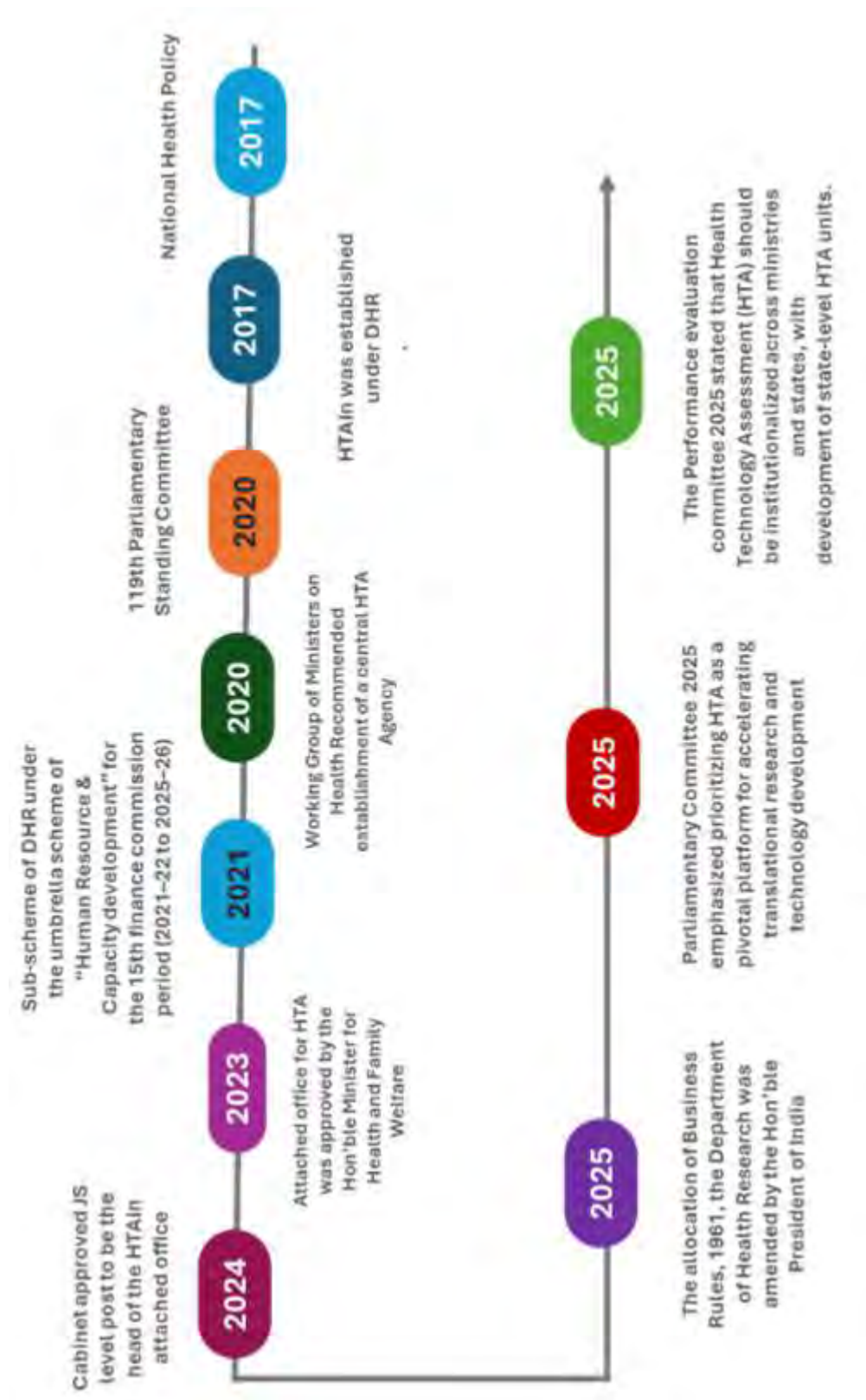
Health Technology Assessment generates evidence to support **healthcare decision-making** and ensure efficient use of resources. It provides systematic evaluation of **health technologies and interventions** through interdisciplinary methods.

Inception of HTAIn

Health Technology Assessment (HTA) as a tool, evaluates alternative policy options in terms of their costs, safety, clinical efficacy, social acceptability, ethical considerations, operational challenges and legal implications. It thus provides evidence on the available interventions regarding clinical and cost effectiveness.

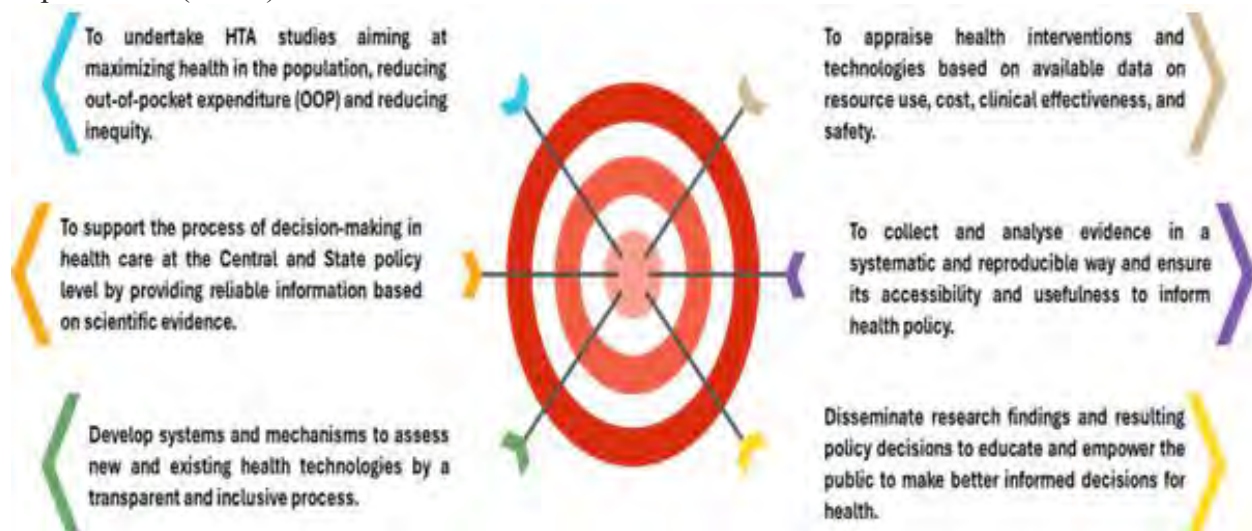
HTAIn Attached Office

Department of Health Research, MoHFW initiated a pilot programme on Health technology Assessment (HTA) in April 2017 for evaluation of appropriateness and cost effectiveness of available and new health technologies in the country as part of “Research Governance” mandate of the Department. In June 2021, the HTA was approved as a sub scheme under the umbrella Scheme of Human Resource and Capacity Development. Health Technology Assessment in India (HTAIn) has been approved for establishment as an attached office with 4 divisions by the Hon’ble Minister of Health and Family Welfare. The Department of Expenditure has also approved the constitution of the attached office in Department of Health Research.

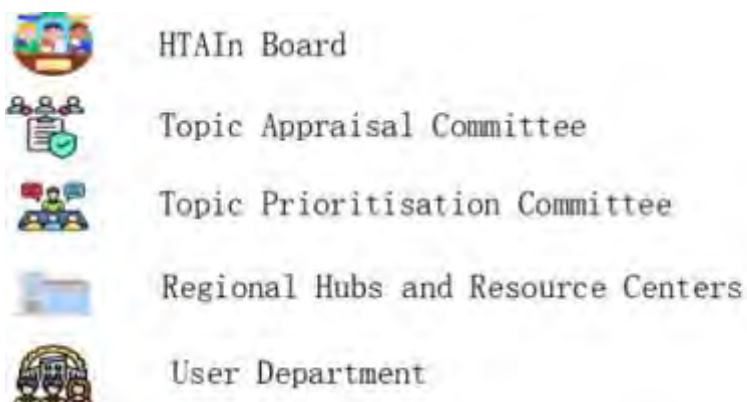


10.2 Aims and Objectives

HTAIn is entrusted with the responsibility to analyse health technologies viz. medicines, devices and health programmes for their cost-effectiveness, clinical-effectiveness and equity issues by means of Health Technology Assessment (HTA), and in turn help in decision making for an efficient use of the limited health budget and provide people access to quality health care reducing their out-of-pocket expenditures (OOPs) on health.



10.3 HTAIn Structure

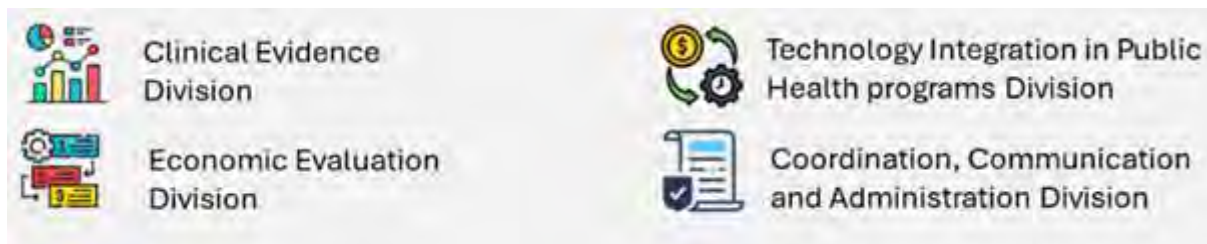


10.4 HTAIn Ecosystem

In 2025, two centers, i.e. NIRT Chennai and RMRC Bhubaneswar were upgraded to Regional Hubs, and three new centers—AIIMS Guwahati, AIIMS Delhi, and Manipal University—were added.



10.5 Divisions of HTAIn



10.6 Health Technology Assessed



10.7 Applications of Health Technology Assessment



10.8 Progress from 2024

Since the 2024 HTA Conclave, Health Technology Assessment India (HTAIn) has demonstrated substantial progress across institutional processes, capacity building, and state engagement. Guided by the inputs and recommendations received during the Conclave, we have strengthened multiple components of the HTA ecosystem.

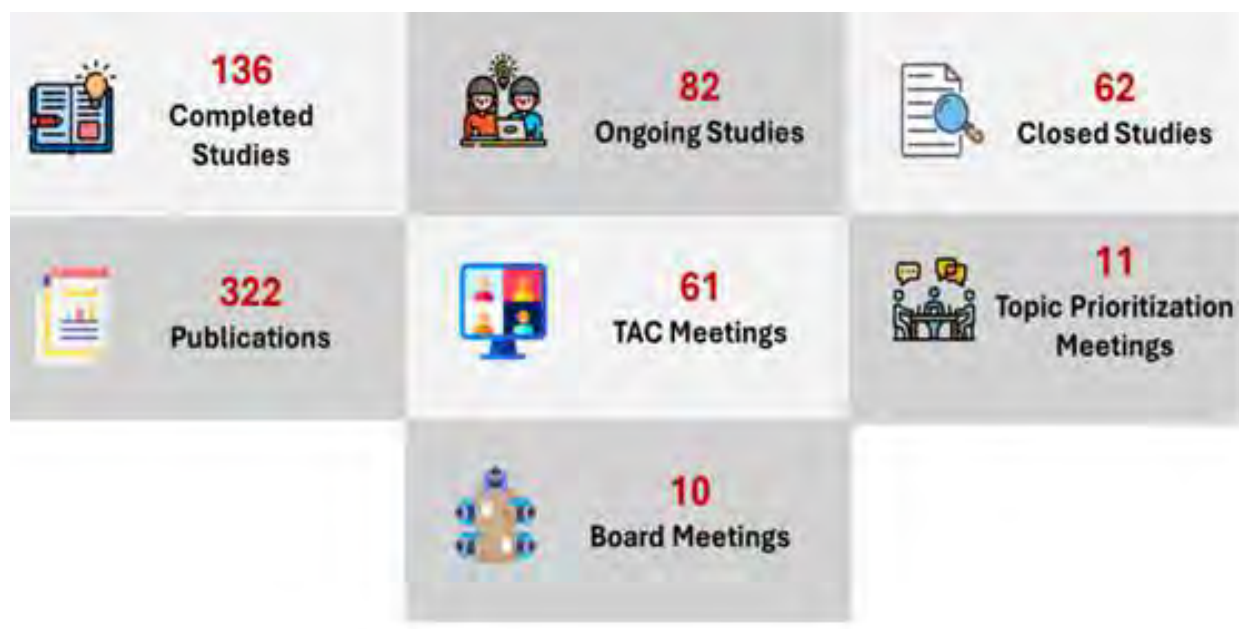
A greater number of Topic Prioritization Meetings (TPM) and Topic Appraisal Committee (TAC) meetings were convened over the year, enabling more systematic and timely review of proposals. As a result, a higher volume of studies has been allotted, reflecting improved internal coordination and enhanced readiness of HTA centres to undertake new assessments.

Significant emphasis has been placed on capacity building, with the introduction of new courses and structured learning modules tailored for HTA staff. Opportunities for personnel to pursue expert-level trainings, PhD programmes, and advanced online certifications have notably increased, contributing to a more skilled and empowered workforce across centres and the Secretariat.

Coordination with States has also strengthened considerably. Improved outreach and engagement mechanisms have led to a greater number of HTA topics being proposed by State governments, highlighting growing trust and recognition of HTAIn's value in evidence-informed decision-making. Overall, HTAIn has grown steadily since 2024, with ongoing efforts to expand the capacity of both the Secretariat and HTA centres. This collective strengthening positions the institution to undertake a higher volume of studies, deliver high-quality outputs, and support the health system more effectively in the coming years



10.9 Consolidated Study Status



10.10 Events/Activities Undertaken by HTAIn in 2025



10.11 Studies Completed in 2025

S.NO	Studies Completed
1	Cost-effectiveness of screening for depression in the general population.
2	Cost Effectiveness of TAVR versus SAVR
3	Estimation of Cost-effectiveness threshold (CET) for Health Technology Assessment (HTA) in India
4	Cost-effectiveness of Cetuximab for Head and Neck Cancers
5	Cost-effectiveness of T-DM1 / Trastuzumab Emtansine Biosimilar (UJVIRA)– HER2+ Breast Cancer
6	Cost Comparison of CGHS Packages with NHA and CHSI Study
7	HTA for Screening of Alcohol Use Disorders
8	Cost-effectiveness & Value-based Pricing: Trastuzumab for Breast Cancer in India
9	Cost-effectiveness of ferric carboxymaltose injection (IFA) to treat iron deficiency anaemia among antenatal mothers
10	Cost effectiveness of nutrition supplementation in household contacts of TB to reduce TB incidence
11	Cost-effectiveness of Hydroxyurea oral suspension for management of Sickle Cell Anemia in children
12	Estimation of Cost of diagnosis of infertility and its management including In Vitro Fertilization (IVF) and quality of life among infertile couples
13	Cost effectiveness of RT PCR tests for TB diagnosis from Genetix
14	Cost Comparison Analysis of RT-LAMP for additional Tuberculosis case Detection in India
15	Cost Implications of Missed TB Cases and False Positives in the Evaluation of New Diagnostic Tests: Pathodetect™ MTB RIF and INH drug resistance kit for TB and Quantiplus® MTB FAST Detection Kit
16	Cost-Effectiveness of Hearing Aid Devices among older adults in India
17	Cost-effectiveness of two-drug vs. three-drug MDA regime with direct observation therapy for prevention and elimination of lymphatic filariasis in India
18	Cost Effectiveness of CRP test kit
19	Assessment of RMNCAHNS service delivery costs, work patterns and efficiency of primary healthcare teams at Ayushman Bharat- Health and Wellness Centres
20	Costing and Assessment of Manipur's Pradhan Mantri Jan Arogya Yojana Health Benefit Packages
21	Cost Effectiveness of flu vaccines in reducing hospitalizations, mortality, and antimicrobial use in elderly populations
22	Cost effectiveness of handheld X-rays compared to standard digital X-ray
23	Cost effectiveness of Artificial Intelligence tool for Screening/detection of Pulmonary TB and other lung diseases using Chest X-rays
24	Cost Effectiveness analysis of ICU ventilators with Neutrally adjusted ventilator Assist
25	Cost-Effectiveness of Rabies Monoclonal Antibodies in India
26	Cost Effectiveness of SGLT-2 inhibitors as add on treatment prior to hospital discharge among patients with Heart Failure in India
27	Cost-effectiveness of Emicizumab prophylaxis versus no prophylaxis among hemophilia A patients with inhibitors in Puducherry
28	Cost-effectiveness of Emicizumab prophylaxis versus no prophylaxis among hemophilia A patients without inhibitors in Puducherry
29	Cost-effectiveness of Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) and its impact on Financial Risk Protection in India

S.NO	Studies Completed
30	Health Technology Assessment of POC Test kit for Haemophilia A and Von Willibrand Disease (VWD) Screening
31	Pneumococcal conjugate vaccine to prevent mortality and morbidity of pneumococcal disease in at-risk Indian adults.
32	Cost-effectiveness of Measles-Mumps-Rubella (MMR) Vaccine
33	Cost-effectiveness of Syphilis and HIV combined point-of-care testing among pregnant women in Maharashtra
34	Cost Effectiveness of BiliDx a bilirubinometer used to measure Total Serum Bilirubin (TSB) in neonates through light transmission
35	Cost Effectiveness analysis of Instant non-invasive and portable intracranial bleed detector
36	Cost Effectiveness analysis of IPOM (Intraperitoneal Onlay Mesh) technique for laparoscopic hernia repair
37	Cost effectiveness analysis of Three-dimensional electro-anatomical mapping and navigation system (3D mapping) guided cardiac radiofrequency ablation (RFA) for management of complex arrhythmias
38	Cost Effectiveness of Digital Hemoglobinometers
39	Health Technology Assessment of Japanese Encephalitis Vaccine in Armed Forces Personnel at risk of posting related exposure to JE virus (posting to JE endemic regions)
40	Health Technology Assessment of Insulin Pump therapy and Glucose monitoring system in adults with Type 1 Diabetes Mellitus (T1DM) and Type 2 Diabetes Mellitus (T2DM) in India and Armed Forces
41	Cost-effectiveness of Carbetocin Vs Oxytocin for Prevention of Postpartum Hemorrhage
42	Cost Effectiveness of desidustat compared to Erythropoiesis-stimulating agents (ESAs) in CKD patients
43	Cost effectiveness for Vedolizumab drug for management of Inflammatory Bowel Disease
44	Cost-effectiveness of implementation of continuous glucose monitoring device
45	Cost-effectiveness of point-of-care test for detection of Thalassemia during antenatal screening as an alternative to the HPLC test conducted before twelve weeks of pregnancy
46	Truenat HPV-HR Plus for cervical cancer screening
47	Cost-effectiveness of oral cancer screening using mobile phone-based management platform
48	Health Technology Assessment of Cost Effectiveness of autofluorescence as a screening tool for early diagnosis of oral premalignant lesions
49	Cost and clinical effectiveness of various screening methods for COPD at Ayushman Arogya Mandirs - Questionnaire Based vs Peak Flow Meter Alone vs Peak Flow Meter Along with a Questionnaire
50	Cost-Effectiveness Analysis of the Use of Point-of-Care C Reactive Protein Testing along with Clinical Assessment to Reduce Antibiotic Prescribing in Primary Care in Patients with Acute Respiratory Tract Infection.

10.12 Studies Closed in 2025

S.NO	HTA Center	Studies Closed
1	SSC Lucknow	Cost effectiveness analysis of reusable biopsy gun with adjustable length
2	AFMC Pune	Estimating loss in Quality adjusted life year due to non communicable diseases in India
3	AFMC Pune	HTA of chlorine dioxide and chlorine based disinfection for safe drinking water in Armed Forces and in India
4	AFMC Pune	Use of portable diagnostic machines (portable x-ray and ECG machines) in Wars, Combat Zones and Disaster situations
5	AFMC Pune	Integrated Vector Management for Dengue at National and Local contexts
6	AIIMS Jodhpur	Cost effectiveness of PrePAP QR (point of care AI based tool) for vaginal infection
7	IISc Bengaluru	Cost effectiveness of intra-oral appliances for sleep apnea
8	AIIMS Jodhpur	Paper based point of care devices for glucose level: Lab to Market translation
9	BHU Varanasi	Cost effectiveness study on use of low dose aspirin for primary prevention among hypertensive patients at high cardiovascular risk
10	NIRRH Mumbai	Cost effectiveness of nutrition supplementation in household contacts of TB to reduce TB incidence
11	KIHT Vizag	Clinical and Cost effectiveness of Standing Wheelchair
12	KIHT Vizag	HTA on diagnostic concordance of Whole Slide Imaging compared with conventional microscope
13	TMH Mumbai	Cost effectiveness analysis of RT-PCR kits for BCR-ABL1 detection in the diagnosis and treatment management of Chronic Myeloid Leukemia
14	TMH Mumbai	Cost effectiveness analysis of Thernalytix by NIRAMAI for breast cancer screening
15	JIPMER Puducherry	Cost effectiveness analysis of a novel paper based Geno sensor device for detecting infections and AMR in patients with UTI and sepsis
16	NIRT Chennai	Cost effectiveness of Video laryngoscopy in accident victims under the Tamil Nadu Accidental Emergency Initiative Programme
17	NIRT Chennai	Cost effectiveness of EFAST (Extended Focussed Assessment with Sonography in Trauma) in accident victims under the Tamil Nadu Accidental Emergency Initiative Programme.

S.NO	HTA Center	Studies Closed
18	SCTIMST Trivandrum	Cost effectiveness of Pneumococcal vaccine study for Sickle Cell Anaemia
19	IIPH Hyderabad	HTA of Platelet Rich Plasma injection in patient with knee osteoarthritis (OA).
20	JIPMER Puducherry	Cost Effectiveness of CKD kit developed by IIT Mumbai
21	NCDIR Bengaluru	Cost effectiveness of Telemedicine in management of chronic disease
22	GMC Tanda	To evaluate the clinical Efficacy of indigenously Produced, Patient-Specific acrylic Cranial Prosthesis in Decompressive Craniectomy in India

10.13 Meetings and Workshops Conducted

S.NO	Meetings	Date
1	9 th Medical Technology Assessment Board Meeting	8 th January
2	5 th Topic Prioritization Meeting	17 th February
3	47 th TAC Meeting	17 th April
4	48 th TAC Meeting	2 nd May
5	49 th TAC Meeting	15 th May
6	50 th TAC Meeting	13 th June
7	8 th Topic Prioritization Meeting	16 th June
8	51 st TAC Meeting	19 th June
9	52 nd TAC Meeting	17 th July
10	53 rd TAC Meeting	8 th August
11	10 th Medical Technology Assessment Board Meeting	18 th August
12	54 th TAC Meeting	29 th August
13	55 th TAC Meeting	24 th September
14	56 th TAC Meeting	29 th September

S.NO	Meetings	Date
15	57 th TAC Meeting	16 th October
16	58 th TAC Meeting	6 th November
17	59 th TAC Meeting	11 th November
18	10 th Topic Prioritization Meeting	12 th November
19	60 th TAC Meeting	5 th December
20	61 st TAC Meeting	10 th December

S.NO	Ecosystem Enhancing - Capacity Building	Date
1	HTA State Sensitisation Meeting in Goa	17 th January
2	Regional Consultative Workshop on HTA in Bhubaneswar	30 th January
3	ISHTA 2025	8 – 9 th March
4	Workshop for Innovators and Startups	21 st April
5	Meeting with Department of Pension	28 th April
6	ADOPT Series 1 - 4	7 – 29 th May
7	Sensitization Programme in Tamil Nadu	21 st May
8	Round Table Interaction	22 nd May
9	ADOPT Series 5 -8	4 – 25 th June
10	Up State Health Officers Meeting	17 th June
11	Meeting with experts for EHL Factor and Emicizumab treatment for Hemophilia	19 th June

S.NO	Ecosystem Enhancing - Capacity Building	Date
12	Sensitization Programme with DGAFMS	20 th June
13	ADOPT Series 9 -13	2 -30 th July
14	Meeting with IRDAI	2 nd July
15	Meeting with AFMC Pune regarding Anti Cancer Drugs	8 th July
16	Meeting with Sri Lanka	16 th July
17	Meeting with National Health Authority Joint Secretary on use of HTA for improving PM-JAY	23rd July 2025
18	ADOPT Series 14 - 17	6 – 27 th August
19	ADOPT National Sensitization Meeting	20 th August
20	ADOPT Series 18 - 21	3 – 27 th September
21	ADOPT Series 22 - 26	1 -29 th October
22	Workshop on Health Technology Assessment (HTA) Methodology	29 – 31 st October
23	ADOPT Series 27 - 30	4 – 26 th November
24	Signing of MoU with NHA	4 th November
25	GI Council Meeting	12 th November
26	HTA Workshop – AIIMS Delhi & IIT Delhi	26 th November
27	Meeting with Innovator from GenoSensor and JIPMER Puducherry	27 th November
28	Follow up meeting with GI Council	8 th December

10.14 States Sensitized in 2025



10.15 International Symposium on Health Technology Assessment (ISHTA) 2025

Theme: “Bridging Evidence to Policy: Health Technology Assessment for Affordable Healthcare”

Organized by: Department of Health Research, Ministry of Health & Family Welfare, Government of India

Date: 8–9 March 2025

Venue: Bharat Mandapam – Multipurpose Hall

The International Symposium on HTA (ISHTA) 2025 was a multidisciplinary global conference that

brought together researchers, policymakers, healthcare professionals, and industry representatives to discuss recent developments in Health Technology Assessment (HTA). The symposium served as a platform for knowledge exchange, methodological strengthening, and collaboration to advance HTA in India and across the Global South



Key Objectives

1. **Demonstrate the impact of HTA in India**, particularly in:
 - promoting evidence-based policymaking,
 - supporting innovative medical technologies, and
 - enabling value-based pricing for efficient resource allocation and affordable healthcare.
2. **Facilitate dialogue** on the adoption of HTA recommendations and capacity-building to strengthen health decision-making in LMICs.
3. **Strengthen methodological advancements** in HTA to promote comprehensive, robust, and context-relevant practices.
4. **Create a collaborative** forum for national stakeholders to build strategic partnerships and catalyse joint initiatives for cost-effective healthcare.
5. The ISHTA 2025 event featured participation from a diverse range of countries, including Argentina, the Philippines, Indonesia, and the Netherlands. The symposium featured several technical sessions on key topics such as the impact of health technology assessment on affordable healthcare in India, the integration of cutting-edge innovative healthcare technologies into health systems with HTA, supporting value-based pricing and procurement of drugs through HTA, and advanced methodologies for health technology assessment.

Event Format

ISHTA 2025 was conducted over two days and featured:

- keynote presentations,
- panel discussions,
- workshops,
- poster sessions, and networking opportunities.



Participants engaged in interdisciplinary discussions, shared insights, and collaborated on innovative solutions aimed at improving the safety, equity, and quality dimensions of HTA.

Key Achievements

- Extensive Participation: Over 600 participants from across the globe, including diverse stakeholders and industry leaders, attended the event despite being held on a weekend.
- Insightful Sessions: The discussions and presentations were highly engaging, offering deep insights into the evolving landscape of HTA from global perspectives, including Indonesia, Argentina, and Thailand.
- Marketplace Engagement: The Marketplace remained highly active, with full-time engagement from participants, receiving appreciation from all dignitaries
- Efficient Event Arrangements: The logistical and operational aspects of the event were well-coordinated, ensuring a smooth and professional experience for all attendees.



Key Takeaways and Strategic Recommendations

1. Enhancing Event Logistics & Management

- Optimizing Marketplace Flow: Improve visibility and accessibility for all stalls.
- Dedicated RSVP & Registration Management: Appoint a specialized team for RSVP handling and on-ground registrations.
- Event Readiness & Standardization: Conduct structured dry runs before the event and develop Standard Operating Procedures (SOPs) for various event components.
- High-Level Stakeholder Engagement: Organize dedicated sessions for Principal Secretaries to facilitate strategic policy discussions.
- Technology Showcasing: Focus on the latest advancements and avoid content repetition to maintain the novelty of each edition.

2. Strengthening Stakeholder & Thought Leadership Engagement

- Leadership Engagement: Involve prominent thought leaders in the health sector.
- Expanding Resource Centers: Partner with private entities (e.g., Wadhvani Institute for AI in HTA) to enhance capacity-building initiatives.
- International Collaboration: Extend invitations to global HTA associations and establish an International Committee for ISHTA.
- Encouraging Young Researchers: Create platforms and incentives for young researchers to actively participate.

3. Digital Outreach & Visibility

- Launching an Informative Website: Develop a user-friendly platform for HTAIn event updates.
- Enhanced Social Media Engagement: Create an official LinkedIn page, upload concise session

snippets, and engage on platforms like X (formerly Twitter).

- Comprehensive Documentation: Prepare and distribute compendium booklets to embassies and international speakers.

4. Strengthening International Participation

- Strategic Invitations & Representation: Ensure timely invitations to embassies and international stakeholders.
- Competitive Travel Grants: Provide financial support to encourage global participation.
- State-Level Dissemination: Prioritize targeted dissemination of event insights for effective HTA implementation.

5. Policy & Capacity Building for HTA

- Aligning with National Vision: Integrate Viksit Bharat Mission principles within HTA policy frameworks.
- Technology Assessment Framework: Establish clear Terms of Reference (ToR) for third-party evaluation of emerging technologies.
- Capacity Building through HETA: Involve HETA course-enrolled candidates in future events.
- Regular Follow-ups: Conduct weekly meetings to track state-level HTA implementation and maintain structured reports.





10.16 Workshops for Innovators and Start-Up

Theme: “Bridging the Innovation Gap: HTAIn as a catalyst”

Organized by: Department of Health Research, Ministry of Health & Family Welfare, Government of India & IIT Delhi

Date: 21st April 2025

Venue: IIT Delhi

Workshop Objectives

- Introduce Health Technology Assessment (HTA)
- Build Understanding of Evidence Requirements
- Promote HTA as a Tool for Market Access
- Strengthen Collaboration Between Innovators & HTA Ecosystem

- Guide Innovators on Pathways from Prototype to Policy
- Enable Hands-On Engagement & Problem-Solving

Outcomes of the Workshop

- Participants gained a clear understanding of HTA processes and the type of evidence required for technology evaluation, including clinical effectiveness and diagnostic accuracy data.
- Innovators received practical guidance on engaging with HTAIn, including steps for initiating HTA studies and aligning their technologies with evaluation requirements.
- The workshop strengthened linkages between innovators, HTAIn, FITT–IIT Delhi, and PATH, fostering collaboration for evidence generation and technology scale-up



10.17: Market Landscape Analysis: Focus Group Discussions

The objective of conducting the focus group discussions was to explore the medical technologies currently available in the Indian market but not yet incorporated into the public health ecosystem.

Methodology

This study adopted a qualitative research methodology to explore the current market landscape and understand the healthcare needs within the MedTech sector. The primary data collection method used was focus group discussions (FGDs), which allowed for an in-depth examination of the perspectives of key stakeholders. This approach facilitated the identification of key challenges, opportunities, and gaps in the healthcare system, offering a comprehensive view of the issues surrounding healthcare technology adoption

and integration.

FGD's were organized with different organizations which included:

Donor Organizations: PATH, BMGF, FIND, IPE Global

Industry Associations: EASA, EUSA, MedTech and EUSA

Institutions: DOR, ICGF, IUP, EUSA, MedTech and EUSA, BMGF

General Practitioner Organizations: Dr. John and Shabir

Medical Service Corporations: Jadhav Medical & Health Infrastructure Development & Procurement Corporation Pvt. Limited, Medical Service Corporation Pvt. Ltd.

Multiple Institutions: EASA, EUSA, IUP

The primary goal of the analysis was to identify recurring themes, challenges, and opportunities discussed by the participants. The development of themes within the textual material data collected through the FGDs was identified and examined using thematic analysis. Data was carefully coded, with each code collecting data under it. Based on the study objectives and themes were established within the data itself, similar codes were grouped together to form broader themes.

Key Findings

The discussions highlighted the strong role of organizations such as PATH, BMGF, FIND, and IPE Global in advancing digital health tools, diagnostic innovations, and point-of-care technologies to strengthen primary healthcare. While adoption is increasing, integration in LMICs remains challenging due to regulatory requirements, validation needs, and alignment with national priorities. A Human-Centered Design approach was emphasized to ensure technologies meet user needs.

Multiple innovative solutions—ranging from cancer screening tools, AI-driven diagnostics, vaccine carriers, respiratory devices, and multiplex assays—were shared, reflecting growing efforts to bring advanced technologies into mainstream healthcare. Despite progress, startups face significant barriers in regulatory navigation, market access, and commercialization. Participants stressed the need for clearer guidelines, more resource centers, and stronger support frameworks.

HTA's role should shift from being seen as price control to a value-based assessment tool, encouraging industry engagement and enabling value-based procurement. Regulatory gaps for medical devices underscore the need for policy reform. Participants also called for a centralized platform to support knowledge sharing, connect innovators with health systems, and manage procurement more transparently. Improved data sharing across states and streamlined procurement standards are essential.

Greater collaboration between health and science ministries, investment in biotech R&D, and development of cost-effective, evidence-based guidelines applicable across sectors were identified as priorities. Future research should also explore digital health and AI-driven models to enhance efficiency and health outcomes



10.18 Accelerating Dissemination and Operational Promotion of HTAIn-recommended Technologies (ADOPT)

HTAIn had launched the ADOPT—Accelerating Dissemination and Operational Promotion of HTAIn-recommended Technologies series. Through structured virtual meetings, stakeholders from multiple states along with HTAIn Secretariat have engaged in discussions to strengthen technology integration into the public health system of the country. ADOPT Series was initiated to overcome the following challenges:

1. Limited data on technology adoption
2. Absence of a HTA/program division nodal officer database
3. Limited awareness and willingness among state authorities.

Objectives:



Methodology:

2 Phases of structured weekly virtual ADOPT meetings were held between May and December 2025 to disseminate HTAIn-assessed technologies and facilitate knowledge exchange on their implementation, successes, and challenges. Participation was strengthened through formal communication from DHR to state health authorities, coordination by RRHs/RRCs with nodal officers, and regular telephonic reminders.



Successfully organized 30 ADOPT Virtual Sessions every Wednesday at 3:00 PM, with active participation from state representatives to promote the dissemination of HTA Studies

Outcome:

The ADOPT series enabled states to clearly identify which HTAIn-assessed technologies had been adopted across the country and to share insights on their implementation status. The discussions also helped map new topic proposals and emerging health priorities from individual states, strengthening the pipeline for future HTA studies

Implementation Status



Legend	Technology
	Portable Intracranial Bleed Detector
	PoC test kits for Haemophilia A and Van Willebrand Disease
	Long-Acting Reversible Contraceptives
	Portable ECG
	POC test for Sickle Cell • Lateral Immunoflow assay • Optical spectroscopy • Automated Microchip Electrophoresis
	Digital Fundus Photography for Diabetic Retinopathy
	Latent TB infection diagnosis kit
	PoC Screening of Hepatitis B & C at PHC
	Thiamine Supplementation among Pregnant and Post-Partum Women
	Mass Testing and Treatment of Malaria in Inaccessible Areas of India
	COPD Prevention and Control Program
	Automated Neonatal Resuscitation Device at Point of Delivery
	I.V. Tranexamic Acid for Post-partum Haemorrhage
	Portable Auditory Brainstem Response for neonatal hearing screening device
	Visual Inspection with Acetic Acid Kit for Cervical cancer Screening

10.19 ADOPT National Sensitization Meeting

Organized by: Department of Health Research, Ministry of Health & Family Welfare, Government of India

Date: 20th August 2025

Venue: Summit Room, Bharat Mandapam, New Delhi.



To conclude the first phase of the 15 virtual weekly meetings under the ADOPT series, a national-level in-person sensitization meeting was organized with the State Nodal Officers. The session aimed to strengthen the integration of HTA into state health programs and promote collaborative learning and knowledge exchange across regions.



Objective:

- · Facilitate dialogue to integrate HTA into state health programs
- · Discuss mechanisms for uptake of HTA recommendations
- · Promote inter-state learning and collaboration
- · Showcase successful state-level HTA interventions



Total Participation - 142

	4 Esteemed Dignitaries
	3 Central Government Special Invitees
	61 HTA Centers Representatives
	45 State Health Officials
	29 HTA Secretariat Representatives

The sensitization was attended by 142 participants from 28 States/UTs and 28 Regional Resource Hubs/Centres. The 45 State/UT health officials included- four (4) Principal/Special Secretaries from Karnataka, Odisha, West Bengal and Delhi, eight (8) Commissioners/MD-NHMs from Assam, Jharkhand, Madhya Pradesh, Tamil Nadu, Andhra Pradesh, Odisha and Rajasthan and other senior officials – DHS, Directors, Joint Directors, SPOs and SPMs. There were 61 attendees from resource hubs/centres included PIs and staff and 29 from HTAIn Secretariat.



The session facilitated engaging discussions where state officials shared on-ground challenges and proposed actionable solutions to integrate HTA into public health systems. Following were the main discussion points during the meeting.

- State-Level Capacity Building & Training Mechanisms
- Virtual and In-Person Sensitization Meetings with State Program Divisions
- Bi-Annual Sensitization and Review Meetings with State Leadership
- Creation of a National Framework for Technology Adoption
- Development of a Centralized HTA Best Practices Portal
- Assessment Framework for AI-Based Health Tools
- Strengthening Coordination Between HTAIn/Resource Centres and State Authorities

This meeting marked a significant step in aligning national and state-level efforts under the ADOPT framework, reinforcing the commitment to equitable and evidence-driven healthcare delivery.

Conclusion and Way Forward

The ADOPT initiative has created a structured platform for evidence-informed technology discussions, accelerating adoption while systematically addressing procurement and policy challenges. By fostering

continuous dialogue, inter-state collaboration, and strategic engagement with stakeholders, ADOPT strengthens the alignment between HTA-based recommendations and on-ground implementation pathways—effectively bridging the gap between research, policy, and practice.



10.20 Sensitization Meeting with Armed Forces Medical Services

Date: 19th June 2025

Venue: DG Armed Forces Medical Services Office, New Delhi

Duration: 11.00am to 1.30pm

Participants: Armed Forces officials, AFMC, Pune RRC, HTAIn Secretariat and DHR officials

A meeting was convened at DG Armed Forces Medical Services Office to discuss the integration of Health Technology Assessment (HTA) into healthcare decision-making within the Armed Forces. The session included an overview of the evolution of HTAIn by the Joint Secretary, DHR, presentations on successful implementation of HTA recommendations in national programmes, and a briefing on the existing HTA ecosystem at AFMC. Senior leadership from the Armed Forces Medical Services, and the HTAIn Secretariat staff engaged in a structured discussion on the healthcare priorities and operational challenges of the Armed Forces, along with the areas where support from HTAIn would be beneficial. The meeting aimed to strengthen collaboration and define pathways for leveraging HTA to inform evidence-based policy and procurement decisions in the Armed Forces health system.



10.21 Meeting with National Health Authority (NHA)

A meeting was held between the National Health Authority (NHA) and HTAIn, aimed at deepening mutual understanding and identifying areas for collaboration. During the meeting, NHA officials engaged in detailed discussions to understand HTAIn's institutional processes, including study prioritization, methodological approaches, evidence generation, and pathways for translating HTA findings into policy. The interaction helped NHA gain clarity on how HTA can support strategic decision-making within national health programmes.

NHA also shared several areas where they sought HTA support, including revision of Health Benefit

Packages under PM-JAY, assessment of high-cost technologies, and evaluation of specific policies and interventions. Both sides acknowledged the importance of integrating robust evidence into the design of benefit packages and pricing strategies. The meeting concluded with a shared commitment to formalize the partnership through an MoU, enabling sustained collaboration to strengthen evidence-based policy formulation and enhance the efficiency and equity of service delivery under PM-JAY.



10.22 Meeting with IRDAI

Date: 2nd July 2025

Participants: Officials from IRDAI, HTAIn Secretariat Staff, PGIMER Chandigarh

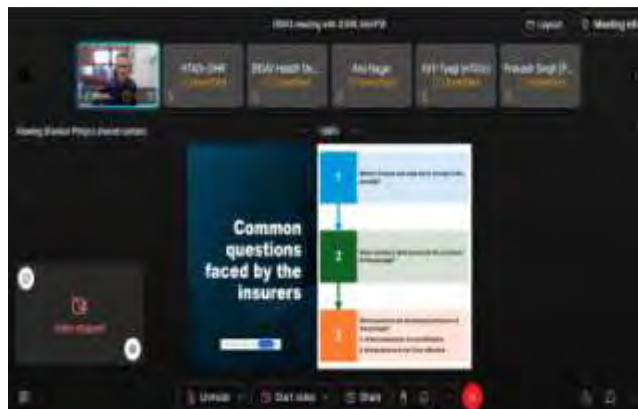
The meeting agenda was to introduce the HTAIn capabilities, evidence base, and relevance for insurance pricing & benefit design and have a discussion on IRDAI's key concerns: medical inflation, hospital pricing practices, move to 100% cashless claims, and potential use of HTA data (costing, value-based pricing, hospital grading).

IRDAI highlighted key issues related to hospital practices—including package disaggregation, differential pricing for seasonal diseases, OT-slot surge pricing, and inappropriate multi-patient billing during COVID—as well as the scale of claim settlements, which amounted to nearly ₹1 lakh crore in FY 2023. The Authority emphasized the growing push towards a fully cashless ecosystem through NHCX, noting that approximately 60% of private sector claims are currently cashless and that service standards for pre-authorisation and discharge approvals are being met with 98% compliance. The discussion underscored the need to control escalating healthcare costs to safeguard affordability, particularly for the “missing middle.”

Outcome

Future collaborative areas were outlined, including the ongoing CHSI 2.0 update with inputs from

IRDAI, development of a hospital grading framework based on cost and quality parameters, strengthening integration between hospitals and digital claims platforms, and the formation of a joint working group to support evidence translation, benefit design, and value-based pricing aligned with HTA principles



10.23 Meeting with AFMC Pune for Value Based Pricing of Anti-Cancer Drugs

Date: 9th July 2025

Participants: DGAFMS, AFMC Team, PGIMER Team, HTAIn Secretariat Staff

In the meeting, PGIMER Team highlighted the key findings from an HTA study conducted on Anti-Cancer Drugs, conducted across seven major cancer centres involving over 12,000 patients. The study demonstrated the high financial burden of cancer care due to costly diagnostics and chemotherapy and introduced value-based pricing as a method to align drug prices with their clinical value. Assessment of 21 anti-cancer drugs led to identification of cost-effective options and recommendations for substantial price reductions for others. The evidence generated has already informed important policy decisions under PM-JAY—including exclusion of non-cost-effective drugs, extension of trastuzumab treatment duration, revisions in radiation oncology protocols, and establishment of the National Cancer Database.

10.24 MoU Signing with National Health Authority (NHA)

HTAIn held a strategic meeting with the National Health Authority (NHA) to strengthen collaboration on evidence-based decision-making for the Ayushman Bharat–PMJAY scheme. The discussions focused on aligning HTA-generated evidence with the ongoing revision of Health Benefit Packages, supporting cost rationalisation, and improving claims management through the

NHCX platform. Both institutions recognised the need for a systematic mechanism to jointly evaluate technologies, procedures, and pricing to enhance the efficiency and equity of the national health insurance programme. Following this engagement, HTAIn and NHA formalised their partnership through the signing of a Memorandum of Understanding (MoU), establishing a structured framework for data sharing, technical cooperation, and coordinated use of HTA evidence in policy formulation and package design under PMJAY



10.25 HTA Advanced Economic Methodology Workshop

Organized by: Department of Health Research, Ministry of Health & Family Welfare, Government of India

Date: 29th – 31st October 2025

Venue: Conference Hall 3, Indian Red Cross Society, New Delhi

A focused methodology workshop was organized to address variations in expertise and familiarity with HTA methods, including basic modelling techniques such as decision tree models, Markov models, and budget impact models. The workshop aimed to equip the HTAIn network and its resource hubs/centres with the necessary skills and tools to strengthen the quality and consistency of HTA studies. By standardizing methodological approaches and enhancing technical capacity, the

workshop serves as a platform to improve the overall rigor and impact of HTA analyses across the network



The three-day methodology workshop comprised a series of intensive, hands-on technical sessions designed to strengthen conceptual understanding and analytical skills across the HTAIn network.

Day 1 introduced participants to the core principles of HTA and common methodological pitfalls in economic evaluations. Sessions covered methods for establishing clinical effectiveness for different types of interventions and extracting epidemiological and economic parameters for both acute and chronic conditions using real case studies. The day concluded with a detailed session on decision-tree modelling, followed by a guided practical exercise where participants constructed and analyzed decision trees for various health conditions.

Day 2 focused entirely on Markov modelling. Participants were trained in the structure, assumptions, and applications of Markov models in health economic evaluations. Sessions included converting epidemiological data into transition probabilities, methods for estimating quality of life and out-of-pocket expenditure, and building Markov models in Excel. The day ended with an extended practical session, allowing participants to independently design and run Markov cohort simulations under expert supervision.

Day 3 covered advanced analytical techniques essential for producing policy-relevant HTA studies. Sessions introduced key approaches to handling uncertainty—one-way sensitivity analysis (OWSA), probabilistic sensitivity analysis (PSA), cost-effectiveness planes, and cost-effectiveness acceptability curves (CEAC). Participants then engaged in hands-on exercises to apply these methods. The final technical session focused on Budget Impact Analysis (BIA), with guidance on identifying appropriate parameters, interpreting financial implications for decision-makers, and

designing BIA models aligned with policy needs. The workshop concluded with a recap and structured feedback session.



Outcome

The workshop strengthened methodological consistency and technical capacity across the HTAIn network. Participants gained practical modelling experience, improved understanding of economic evaluation frameworks, and enhanced their ability to generate robust, policy-relevant evidence. The sessions also facilitated peer learning across resource hubs and reinforced a common methodological foundation, contributing to higher-quality, standardized HTA studies across the country.



10.26 Workshop on HTA: Empowering evidence-based decision making for newborn screening health technologies

This workshop was jointly conducted by IIT Delhi, AIIMS Delhi (cCOE ICMR), and HTAIn on 26 November 2025 at the Research and Innovation Park, IIT Delhi. The workshop brought together experts, clinicians, scientists, policymakers, and programme representatives to discuss the role of HTA in advancing affordable newborn screening technologies. The sessions covered foundational concepts of HTA, methods for economic evaluation, and the relevance of HTA in guiding national health priorities. Experts presented case studies and cost-effectiveness analyses for key newborn screening conditions—including congenital hypothyroidism, congenital adrenal hyperplasia, biotinidase deficiency, galactosemia, hearing screening and critical congenital heart disease—highlighting the importance of evidence in resource allocation. The workshop facilitated interdisciplinary dialogue on integrating HTA into newborn screening programmes and strengthened the capacity of stakeholders to apply HTA findings to improve early diagnosis and public health outcomes.



10.27 Collaborations

- HTAIn has continued to strengthen its national and international partnerships to advance evidence-informed decision-making and expand the reach of Health Technology Assessment in India.
- At the global level, HTAIn collaborates with several leading institutions, including HiTAP (Thailand), NICE UK, the Center for Global Development (CGD), and the World Health Organization (WHO). These partnerships support methodological strengthening, joint research, and cross-country learning. HTAIn is currently engaged in a joint publication with CGD and is undertaking collaborative studies with NICE UK and HiTAP to further enhance the quality and global alignment of HTA practices in India.

- HTAIn is also working to deepen South–South collaborations, with ongoing efforts to build partnerships across LMICs. As part of this initiative, HTAIn conducted a meeting with officials from Sri Lanka to explore future cooperation, knowledge exchange, and capacity-building opportunities.
- Domestically, HTAIn has expanded its engagement with key national organizations. It has collaborated with the Insurance Regulatory and Development Authority of India (IRDAI) and the Indian insurance sector to support evidence-based coverage decisions.

HTAIn has also collaborated with the **Ministry of Defence** for the assessment of priority health technologies. Additionally, a significant milestone this year was the signing of an **MoU with the National Health Authority (NHA)** to strengthen evidence use in health benefits packages and digital health initiatives.

These collaborations collectively enhance HTAIn’s ability to support transparent, efficient, and evidence-based health policy decisions across India and beyond.

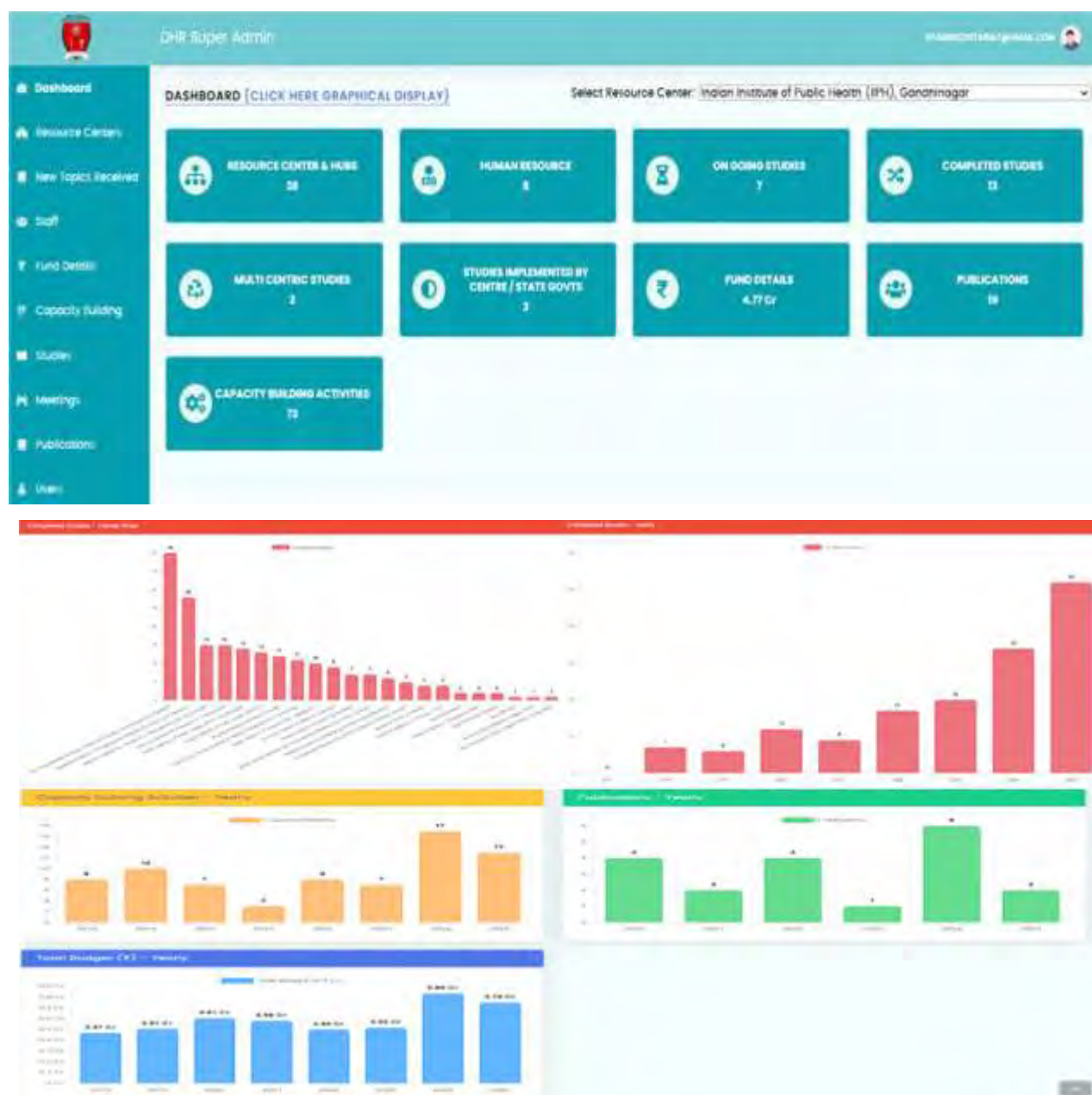
10.28 Website and MIS Dashboard

The HTAIn Website and MIS Dashboard, launched during the HTA Conclave 2024, have undergone significant enhancements to improve user experience, accessibility, and the quality of information available to stakeholders.

Over the past year, continuous efforts have been made to strengthen the website’s user interface, streamline navigation, and ensure timely updates. Key improvements include redesigning the layout, refining menu tabs for better clarity, and regularly updating information on workshops, state sensitization meetings, and other HTA activities. These updates have improved both the usability and transparency of the platform.



Parallely, substantial progress has been achieved in advancing the Management Information System (MIS) Dashboard. In coordination with the IT Developer, Mr. Bivekanand, the team has worked to develop a more robust and accessible dashboard that serves as a centralized database for all HTA activities across regional centres. A live, real-time dashboard has been created, equipped with new filters such as year and centre name to enable easier tracking of output indicators. Additional upgrades include interface improvements, removal of duplicate entries, and overall system optimization to support reliable and comprehensive data management.



Together, these advancements have strengthened HTAIn's digital infrastructure, enabling more efficient monitoring, reporting, and coordination across the HTA network.

10.29 Quarterly Review of HTA Regional Hubs and Centers

To strengthen accountability, improve performance tracking, and ensure consistent progress across the HTA ecosystem, HTAIn introduced a Quarterly Performance Review mechanism for all Regional Hubs and Resource Centres. Under this initiative, dedicated review meetings were convened every quarter with each centre to assess their progress, identify operational challenges, and streamline support from the Secretariat.

The quarterly assessments were conducted using a standardized set of indicators, including:

- Number of completed HTA studies
- Number of publications produced
- Workshops and capacity-building activities conducted
- State sensitization meetings conducted
- Number of HTA studies implemented

These indicators provided a structured framework to evaluate centre performance, highlight achievements, and identify areas requiring improvement.

In addition to quantitative assessment, the review meetings also included qualitative discussions with centre teams, focusing on the barriers encountered during study implementation, administrative challenges, staffing gaps, training requirements, and resource needs. This dialogue enabled the Secretariat to understand centre-specific constraints and plan targeted support, including capacity-building initiatives, technical guidance, and process streamlining.

The introduction of the Quarterly Performance Review mechanism has strengthened coordination, enhanced transparency, and supported continuous improvement across all HTA centres, ensuring alignment towards HTAIn's broader institutional goals.

10.30 Technology Scaling

To ensure that innovative health technologies are accessible and effectively integrated into public health programs, these technologies are made available for procurement on the Government e-Marketplace (GeM) portal. GeM is an online platform for public procurement in India, aimed at enhancing transparency, efficiency, and speed in government procurement processes. It provides a

one-stop solution for various goods and services required by government departments and organizations.



The onboarding of technologies onto GeM begins with seller registration, profile completion, and vendor assessment. Once approved, sellers create their product catalogues by uploading specifications and pricing, after which they can participate in procurement bids, respond to buyer queries, and fulfil orders. Post-delivery, invoices are submitted for payment.

Integrating HTA-approved technologies on GeM ensures evidence-based, cost-effective, and quality-assured procurement. It promotes equitable access to effective medical technologies and streamlines government purchasing.



Of the 104 completed studies, the distribution across different study types is shown below.

Additionally, the categorization of medical devices—those available on GeM and those not yet listed—is also presented below.

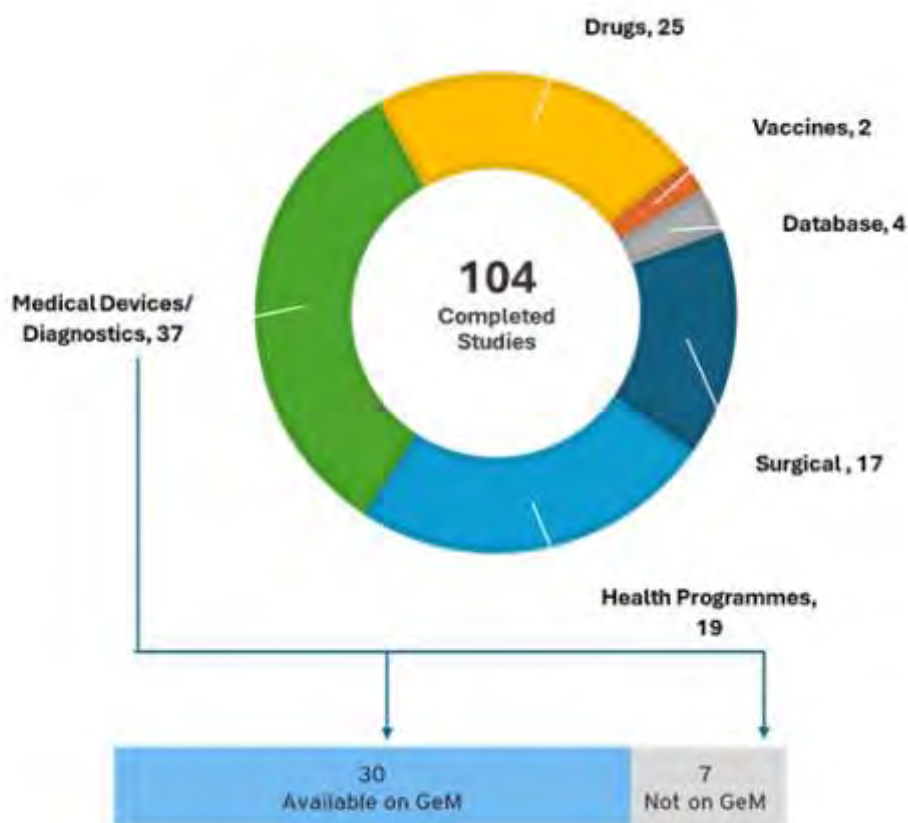


Figure 11: GeM Onboarding

Following the discussions between the HTA In Secretariat and the innovators/manufacturers, several challenges were identified in uploading technologies onto the GeM portal. The subsequent follow-up actions reflect a strong commitment to resolving these issues—progress has been made in initiating the upload of technologies on GeM, advocating for the creation of new sub-categories where required, and undertaking internal deliberations on resuming production for discontinued technologies. These efforts are essential to ensure that important and beneficial innovations are accessible to the populations that need them across the country.

10.31 Cost Saving Analysis

Objective: To generate evidence-based recommendations that improve affordability, accessibility, and efficiency of healthcare technologies in India, while ensuring maximum health benefits per rupee

spent. By evaluating technologies across prevention, diagnostics, and treatment, HTAIn aims to guide policy decisions that reduce government expenditure, lower out-of-pocket costs, and achieve better population health outcomes

Technology Assessed

Safety Engineered Syringes (SES)
HTA recommendations on the use of Safety Engineered Syringes (SES) were adopted by the Government of Punjab, resulting in savings of ₹460 crores by reducing unsafe needle prick injuries and associated treatment costs. Procurement of SES at lower prices by Punjab and Andhra Pradesh further improved affordability, with a return on investment (ROI) estimated at 5:1.

Sickle Cell Anaemia Screening
The evaluation of point-of-care diagnostic kits for sickle cell anaemia helped bring down procurement prices from ₹350–400 per kit to below ₹100, with the kits now available at just ₹25. This intervention is expected to save the government approximately ₹1750 crores in future procurement during the rollout of the national screening programme.

Anti-Cancer Drug Price Regulation
An HTA study on anti-cancer drugs—particularly trastuzumab—recommended reducing the treatment regimen from one year to six months. This change led to annual savings of about ₹426 crores while maintaining treatment effectiveness.

Latent Tuberculosis Infection Testing
The Cy TB test kit for latent tuberculosis infection, initially priced at ₹304, was procured at ₹199 after HTA recommendations. This price reduction led to a cost saving of about ₹52.6 crores for the government.

Conclusion

These cases demonstrate how HTAIn's evidence-based recommendations have improved affordability, access, and cost savings, ensuring maximum value for every rupee and advancing India toward efficient, equitable, and sustainable healthcare



HTA Conclave “ARISE” 2025



HTA Economic Evaluation Workshop Oct 2025

CHAPTER-11

DEVELOPMENT OF TOOLS/ SUPPORT TO PREVENT OUTBREAKS & EPIDEMICS

During the 12th Plan period, a revolving fund of ₹85 crore for five years was approved to facilitate rapid mobilization of resources for responding to viral disease outbreaks and natural or man-made disasters. This provision supported outbreak management activities in coordination with various departments of the Ministry of Health & Family Welfare.

Subsequently, in 2021, the budget line was restructured and approved as a Central Sector Scheme titled “Development of Tools/Support to Prevent Outbreaks & Epidemics” for implementation during the XV Finance Commission period (2021–22 to 2025–26), with a total outlay of ₹50.71 crore for five years.

The scheme aims to strengthen national preparedness and response to emerging and re-emerging viral diseases through targeted research, development of diagnostic tools, formulation of evidence-based case-management and preventive strategies, and the timely supply of essential diagnostic kits and reagents during public health emergencies. The scheme also places strong emphasis on training and capacity building of laboratory personnel to ensure sustained preparedness and an effective public health response. The scheme is need based and funds are sanctioned to various Medical Colleges/Institutes to cater any outbreak situation.

A Resource Centre has been established at ICMR–National Institute of Virology (NIV), Pune, which provides technical support to the VRDL network through training programmes, quality control, external quality assurance (EQA), and overall quality assurance of laboratory operations.

The Data Mining Resource Centre at ICMR-National Institute of Epidemiology (NIE), Chennai is also supported through this scheme for online and offline data management, routine analysis, and continuous monitoring of digital data uploaded by the nationwide VRDL network, ensuring data security, quality assurance, and protection through periodic backups and safeguards against cyber threats.

It undertakes periodic data analysis to generate regular reports, monitors and track suspected outbreaks in coordination with the concerned VRDLs.

The financial achievements of the Scheme are given in the table below:

Year	BE	RE	AE
2021-22	15	15	14.98
2022-23	15	15	14.24
2023-24	10	10	10
2024-25	8	8	8
2025-26	3.49	3.67	3.28 (Till Dec. 2025)

Significant Achievements during the year:

During the year, the scheme supported several critical initiatives, including:

- Development of an AI-based personalized recommender system for the VRDL Network by the NIE Chennai, to strengthen diagnostic efficiency.
- Both offline and online data management systems were strengthened at the Data Mining Resource Centre, ICMR–NIE Chennai, to ensure timely, accurate, and standardized reporting of laboratory and surveillance data from VRDLs across the country. Routine data analysis and validation were carried out to support real-time disease surveillance, early outbreak detection, and evidence-based public health decision-making.
- Implementation of laboratory training programmes and serological diagnostics quality control and EQA for VRDLs through the resource centre at NIV, Pune.
- Expansion of Pan-India respiratory virus surveillance (ARI–SARI) to all VRDLs in West Bengal and Kerala, enhancing early detection and response to respiratory outbreaks.

These interventions have significantly contributed to strengthening outbreak preparedness, diagnostic efficiency, and surveillance capacity of the VRDL network, reinforcing India's ability to respond effectively to public health emergencies.

CHAPTER-12

IMPLEMENTATION OF SCHEMES IN NORTH
EASTERN REGION

12.1 Establishment of MRUs in State Government Medical Colleges:

S. No	Name of state	Name of the Medical College with sanctioned MRU	Funds released from NE Head		
			2013-14 to 2020-21	2021-22 to 2024-25	2025-26 upto 31.12.2025
1	Assam	Silchar Medical College and Hospital, Silchar	459.9	117.22	36.36
		Fakhruddin Ali Ahmed Medical College, Barpeta	459.97	272.43	54.82
		Jorhat Medical College, Jorhat	308.73	255.91	41.77
		Assam Medical College & Hospital, Assam	-	419.32	42.58
		Gauhati Medical College & Hospital, Guwahati, Assam	-	327.56	47.2
		Tezpur Medical College, Tezpur, Assam	-	176.09	127.97
		Diphu Medical College & Hospital, Diphu, Assam	-	378.74	44.13
2	Arunachal Pradesh	Tomo Riba Institute of Health & Medical Sciences, Naharlagun, Arunachal Pradesh	-	90.03	48
3	Manipur	Regional Institute of Medical Sciences, Imphal	519.52	130.97	39.15
		Jawaharlal Nehru Institute of Medical Sciences (JNIMS), PoroMadhya Pradeshat, IMadhya Pradeshhal, Manipur	-	140	0
4	Mizoram	Zoram Medical College, Falkawn, Mizoram	-	110.84	139.34
5	Nagaland	Healthcare Laboratory & Research Centre, Naga Hosital Authority, Kohima, Nagaland	-	141.59	167.99
6	Tripura	Agartala Government Medical College,Agartala	652.29	214.16	41.28
		Total	2400.41	2774.86	830.59

12.2 Establishment of MRHRUs in North Eastern States: (Rs. in Lakh)

S. No.	State	Location of MRHRU	ICMR mentor institute/centre	2013-14 to 2020-21	Funds released	
					2021-22 to 2024-25	2025-26 (upto 31 st December 2025)
1	Assam	PHC Chabua	RMRC, Dibrugarh	492.49	164.38	38.69
2	Tripura	Kherengbar Hospital Khumulwung	RMRC, Dibrugarh	490.78	168.13	66.49
3	Nagaland	PHC, Niuland, Dist: Dimapur	RMRC, Dibrugarh	150	157.5	118.85
4	Meghalaya	CHC Sohra	RMRC, Dibrugarh	149.99	157.5	246.04
5	Arunachal Pradesh	CHC Sagalee	RMRC, Dibrugarh	150	157.5	49.05
6	Mizoram	PHC, Aizwal, Mizoram	RMRC, Dibrugarh,	150	157.5	51.43
			Total	1583.26	962.51	570.55

12.3 Grant-in-aid Scheme for Inter-Sectoral Convergence and Coordination for Promotion and Guidance on Health Research in North Eastern States (During the period 1st January 2025 to 31st December 2025): -

Sl. No	Name of the Project	Name of the Institute	Funds Released (Rs. In Lakh)
1.	Promoting Optimal Development: Identifying Children with Developmental Disorders, Risk Factors, the Impact on Mental Health and Addressing Interventions	Mizoram University	22,19,814
2.	Using Mindfulness Component of Vipassana Meditation as An Adjunct Treatment Modality in The Treatment of Persons with Opioid Addiction – An Exploratory Study from Mizoram	Mizoram University	17,74,883
3.	Rapid Colorimetric Detection of Pseudomonas aeruginosa in water and food samples using a Microsphere Immunoassay Technology	Mizoram University	23,76,670
4.	Assessment of heat stress and its impact on the physiological and biochemical markers of heat strain-A novel approach for predicting heat strain among factory workers in North East India	AIIMS Guwahati	12,26,248

12.4 Implementation of HRD Schemes in North Eastern Region for the year 2024-25

● Impact of HRD Scheme in North-Eastern Region for the year 2025-26

- A special call was launched for the submission of online research proposals for Northeast Region Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura on dated 19.08.2025 in different components (Women Scientist, Short Term Training at Indian Institute & Long-Term Training at Indian Institute, Support to Institute, NRI Research Support Programme and Start up Grant) under “Human Resource Development (HRD) for Health Research Scheme” during the financial year 2025- 26. Against this special call 75 proposals were received out of which 47 proposals found eligible for further selection by Technical Evaluation Committee (TEC).
- The DHR conducted an informational webinar on HRD Scheme opportunities for undergraduate and postgraduate students, faculty members, and medical colleges, with a special focus on the Northeastern states on 18th Nov 2025. The session witnessed active participation from approximately 50 attendees.

Details of disbursement of funds under different components of HRD Scheme to the NER Region during the year 2025-26 is as under :-

S. No.	Component of the Scheme	State	Name of Institute	Funds Released (Amount in Rs.)
1	Support to Institute	Assam	All India Institute of Medical Sciences, Guwahati	34,14,196
2	Support to Institute	Assam	College of Veterinary Science, Assam Agricultural University, Khanapara	33,40,000
3	Support to Institute	Assam	Guwahati University	9,29,900
4	Support to Institute	Assam	Guwahati University	13,80,456
5	Support to Institute	Arunachal Pradesh	Rajiv Gandhi University	6,88,800
6	Start Up Grant	Assam	Department of Biotechnology, Royal School of Biosciences (RSBSC)	17,18,410
7	Start Up Grant	Assam	The Assam Royal Global University	10,83,210
8	Start Up Grant	Assam	Dibrugarh University	15,28,440
9	Start Up Grant	Assam	ICAR-National Research Center on Pig	15,30,615
10	Start Up Grant	Assam	The Assam Royal Global University	17,18,410
11	Start Up Grant	Assam	ICAR-National Research Center on Pig	15,77,115

S. No.	Component of the Scheme	State	Name of Institute	Funds Released (Amount in Rs.)
12	Start Up Grant	Mizoram	Mizoram University AIZAWL	13,68,750
13	Biomedical Research Fellowships for Scholars with Non-Medical Background	Assam	Institute of Advanced Study in Science & Technology, Guwahati	4,64,000
14	DHR- Workshops funding grant in biomedical research	Assam	Jorhat Medical College and Hospital	9,98,888
15	DHR- Workshops funding grant in biomedical research	Assam	Assam Medical College, Dibrugarh	8,90,000
16	DHR- Workshops funding grant in biomedical research	Assam	Cachar Cancer Hospital and Research Centre, Silchar	9,35,400
17	DHR- Workshops funding grant in biomedical research	Assam	Tocklai Tea Research Institute, Jorhat	9,67,424
18	DHR- Workshops funding grant in biomedical research	Assam	Guwahati University	6,33,000
19	DHR- Workshops funding grant in biomedical research	Tripura	Tripura University	10,00,000
20	DHR- Workshops funding grant in biomedical research	Tripura	National Institute of Technology, Agartala	9,40,000
21	DHR- Workshops funding grant in biomedical research	Nagaland	College of Veterinary Sciences & Animal Husbandry, Jalukie, Peren District	10,00,000
22	Short Term Studentship	Assam	All India Institute of Medical Sciences, Guwahati	1,65,000

S. No.	Component of the Scheme	State	Name of Institute	Funds Released (Amount in Rs.)
23	Short Term Studentship	Assam	Gauhati Medical College, Guwahati	45,000
24	Short Term Studentship	Tripu	Agartala Government Dental College and IGM Hospital	60,000
25	Short Term Studentship	Assam	Jorhat Medical College & Hospital, Jorhat	15,000
26	Short Term Studentship	Assam	Silchar Medical College, Silchar	15,000
27	Short Term Studentship	Assam	Lakhimpur Medical College	15,000
28	Short Term Studentship	Assam	Dhubri Medical College, Dhubri	15,000
29	Short Term Studentship	Meghalaya	Northeastern Indira Gandhi Regional Instt. of Health and Medical Sciences, Shillong	15,000
30	Short Term Studentship	Nagaland	Nagaland Institute of Medical Sciences & Research	15,000
31	Short Term Abroad	Nagaland	Department of Animal Heath, ICAR-National Research Centre on Mithun, Medziphema, Nagaland	Selected (Amount will be disbursed)
32	Short Term Abroad	Meghalaya	ICAR-Research Complex for Northeastern Hill Region, Umiam, Meghalaya	Selected (Amount will be disbursed)

S. No.	Component of the Scheme	State	Name of Institute	Funds Released (Amount in Rs.)
33	Short Term Abroad	Meghalaya	Department of Animal & Fisheries Science, ICAR Research complex for Northeast Hill Region, Umiam, Meghalaya	Selected (Amount will be disbursed)
34	Short Term Abroad	Meghalaya	Division of Animal & Fisheries Sciences, ICAR Research complex for Northeastern Hill Region, Umiam, Meghalaya	Selected (Amount will be disbursed)
35	Women Scientist	Assam	Gauhati University, Kamrup , Assam - 781026	18,89,290
36	Women Scientist	Assam	Dibrugarh University	9,20,468
37	Women Scientist	Assam	Indian Institute of Technology (IIT), Kamrup, Assam-781039	16,26,944
38	MD/MS/MCh/DM/DNB/DrNB /MDS thesis support program	Assam	AIIMS Guwahati	2,00,000

Grant Writing Workshop for North Eastern States of India

The Department of Health Research (DHR), in collaboration with AIIMS Guwahati, successfully organized an interactive, hands-on Grant Writing Workshop on 15 September 2025 at AIIMS Guwahati, aimed at strengthening research capacity and disseminating information on the Human Resource Development (HRD) Scheme in the North Eastern Region of India. The workshop was formally inaugurated by the Director, AIIMS Guwahati, and featured eminent pioneers from the biomedical and health research domain as expert resource persons. The programme provided structured training on conceptualizing research ideas, developing competitive grant proposals, understanding funding mechanisms under the HRD scheme—including fellowships, start-up grants, and institutional support—and addressing region-specific health research priorities. Participants, comprising scientists, faculty members from medical colleges, research institutes and universities, postgraduate and doctoral scholars, post-doctoral fellows, and research staff from all eight North Eastern states, actively engaged in technical sessions, practical exercises, and interactive discussions. The workshop facilitated skill enhancement in grant writing, promoted awareness of HRD opportunities, strengthened institutional research capacity, and fostered interdisciplinary and inter-institutional collaboration, thereby contributing to the development of a robust and sustainable health research ecosystem in the North Eastern region.



12.5 Establishment of VRDLs in Government Medical College:(Rs. in lakh)

Sl.No.	Name of State	Name of VRDL	Funds Released	
			2013-14 to 2024-25	2025-26 (till 30th Nov 2025)
1	Assam	RMRC Dibrugarh	1239.3	35
		Gauhati Medical College, Guwahati	635.32	-
		Tezpur Medical College, Tezpur	297.25	-
		Jorhat Medical college, Jorhat	308.15	-
		Fakhruddin Ali Ahmed Medical College, Barpeta, Assam	328.43	-
		Silchar Medical College, Silchar	363.84	-
		Diphu Medical College & Hospital, Diphu, Assam(NEW)	243.5	46.4
		Lakhimpur Medical College & Hospital, Lakhimpur, Assam	243.5	46.4
		AIIMS Guwahati	197.1	31.4
		Nagaon Medical College, Assam	197.1	-
2	Arunachal Pradesh	TomoRiba Institute Health and Medical Sciences (TRIHMS), Naharlagun(NEW)	228.5	46.4
3	Manipur	Regional Institute of Medical Sciences (RIMS), Imphal	686.17	21.9
		Jawaharlal Nehru Institute of Medical Sciences(JNIMS), Imphal	329.03	-
4	Meghalaya	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), Shillong	572.52	-
5	Mizoram	Zoram Medical College, Mizoram	325.85	15
6	Tripura	GovernmentMedicalCollege,Agartala	337.18	-
		Total	6532.74	242.5

12.6 TRCs and TRHs established in North eastern states under Centre for Evidence Based Guidelines

a. List of Technical Resource Centres (TRCs)

1. Department of Pharmacology, All India Institute of Medical Sciences, Guwahati, Assam.
2. Department of Ophthalmology, All India Institute of Medical Sciences, Guwahati, Assam.

b. List of Technical Resource Hubs (TRHs)

3. Department of Pharmacy Practice, National Institute of Pharmaceutical Education and Research (NIPER), Guwahati, Assam.

12.7 Major achievements during the year 2025 (Jan to Dec) ICMR related to NER

- Through a MISSION ICMR Task Force study on Melioidosis, significant progress has been made on documenting the burden of disease across 15 states of India in real-time, revealing a spatial clustering of confirmed melioidosis cases, across ecologically diverse Indian states, with an overall positivity rate of 8% and high mortality rate of about 20%.

As a part of the objective of the MISSION, training was given to all the staff at all the sites as level 1 centres for both conventional phenotypic and molecular detection of *B. pseudomallai* across 15 states. Likewise, targeted training programmes and CMEs were conducted periodically for clinicians, microbiologists & support staff, which enhanced their core competency, improved the diagnostic accuracy and streamlined workflow across the centres for detection of melioidosis cases. Further, level 2/3 hospitals (i.e., PHCs/CHC), the peripheral centres including District & Taluk Hospitals & other Medical Colleges were identified and empowered through multiple awareness programs, training sessions & workshops conducted periodically by our level 1 centres, which strengthened their knowledge-base and diagnostic capacity of health care personnel throughout the study duration. A total of about 189 such events were conducted in the project across states. Leveraging the expertise of KMC, Manipal together with well planned supervised effort supported by ICMR Hqrs. alongwith trainings so provided, not only at the network centres and in & around the hospital sites but also at the peripheral centres (PHCs/CHCs/district hospitals across 15 states of the country, thus enabled the clinicians & network partners, and emboldened the labs & peripheral centres to diagnose a large number of melioidosis cases, especially the positive cases that were diagnosed from the Northeast states that were the first ever recorded cases in these states.

Based on a comprehensive assessment of facilities & technical expertise carried out across our level 1 centres to evaluate their readiness for melioidosis diagnosis & sample processing, standardized training materials including lab manual, presentation & reference guides were developed to address several gaps that existed when Mission was first launched in year 2022 and to ensure uniformity in these procedures. Likewise, pamphlets & informational material including educational awareness videos so prepared were distributed to the clinicians, microbiologists, nursing staff & ANMs, which improved their understanding of melioidosis, ensuring early recognition of suspected cases, thereby promoting best lab and clinical practices. Further, a sample register developed by the referral centre was distributed to all selected hotspots to streamline documentation & reporting processes.

A notable achievement of MISSION was its capacity building initiative, which empowered the level 2 & 3 hospitals and that resulted in collection & reporting of confirmed melioidosis cases, which was never done before & more cases were diagnosed. 14 states started diagnosing melioidosis for the first time over the past 2 years and 9 states reported a higher number of cases over the past 2 years, which was due to enhanced awareness & lab infrastructure created, and thereby saving hundreds of human lives.

- A landmark multicentric study conducted by ICMR-RMRC-NE, Dibrugarh across eight Northeastern states of India has made several critical contributions to the expanding field of HPV epidemiology, host-pathogen interaction and molecular oncology—particularly in underrepresented, ethnically diverse populations. By analyzing over 7,500 women, this study provided the first large-scale, state-wise prevalence data for HPV infection in Northeast India. The observed variation across states & significant associations with demographic, behavioral and clinical factors (e.g., pregnancy, tribal ethnicity, sexual behavior and cervicitis) offered new insights into regional HPV risk determinants in a socio-culturally unique population. A discovery of HPV-67 as the second most prevalent high-risk genotype, particularly in Mizoram & Manipur and its association with persistent infections, added a previously underreported dimension to the Indian HPV genotype landscape, which has major implications for regional vaccine design, screening strategies and public health planning. The study further established a significant correlation between persistent high-risk HPV infection and hypermethylation of tumor suppressor genes especially APC and P16. These findings add to global evidence that epigenetic silencing contributes to viral persistence and potential carcinogenesis, opening new avenues for biomarker-based early detection and risk stratification. This study is among the first to have conducted whole genome sequencing and phylogenetic lineage classification of HPV strains from the region. A pilot comparative sub study of urine-based HPV detection through the study provided preliminary yet promising data, supporting non-invasive, community-friendly HPV screening tools, particularly relevant for rural and tribal areas with limited access to gynecological care.

Infrastructure:

- The Mission Task Force project on Melioidosis has markedly advanced the understanding of the disease and created diagnostic capabilities with strengthened microbiology labs across 15 states of India to reliably diagnose melioidosis using both conventional culture techniques and molecular methodologies. As a Regional Reference and Nodal Centre in the Northeast, ICMR-RMRC, Dibrugarh together with other regional centres across 5 strategic location of the country (one each in North, South, East, West and Central) have undergone infrastructural and technical advancements, positioning all these centres as the nodal centres in their respective regions for melioidosis, elevating surveillance and research capacity, with high endemic risk due to environmental factors (heavy rainfall, paddy cultivation) and population vulnerabilities (high diabetes prevalence).

13.1 VISION, MISSION AND OBJECTIVES

Vision

- To lead efforts in gathering and coordinating healthcare research.
- To make scientifically backed guidelines accessible to healthcare professionals.

Mission

- The Centre is committed to coordinating the development of evidence-based guidelines that reflect the best available scientific research.
- It aims to ensure these guidelines are aligned with national health priorities and India's specific healthcare needs.
- It seeks collaboration with DoHFW, NHSRC, ICMR, and other health agencies.

Objectives

- To formulate evidence-based clinical and public health guidelines.
- To perform evidence synthesis for drafting clinical guidelines in line with the national priorities.
- To improve healthcare delivery by providing consistent guidelines.
- To collaborate with stakeholders for widespread adoption of guidelines.
- To offer training and build capacity in systematic reviews and meta-analysis.
- To establish a process for periodic update of guideline

13.2 Centre for Evidence-based Guidelines: Guideline Development Framework

The Centre for Evidence-based Guidelines was established in February 2023 with the mandate to develop evidence-based guidelines through the systematic review of available evidence, applying the GRADE methodology to assess the certainty of that evidence. In addition, the centre conducts capacity-building activities, including workshops on systematic reviews and the GRADE approach, as well as training sessions aimed at enhancing the competencies of the Guideline Development Group (GDG) and other stakeholders involved in guideline development. Through these initiatives, the centre ensures that healthcare decisions are based on the best available evidence, ultimately improving patient care and health outcomes.

a. Process of Guideline Formation



The process of evidence-based guideline development follows a structured, stepwise approach that begins with scoping and a steering group meeting to define the scope of the guideline, along with the formation of a Guideline Development Group (GDG). After the initial meetings, the GDG finalizes the research questions and PICO elements, which guide the commissioning of systematic reviews. The evidence profiles submitted by the systematic review teams are then reviewed by the DHR Secretariat. This evidence is subsequently assessed within an Evidence-to-Decision framework to weigh benefits, harms, values, feasibility, and resource implications. Draft recommendations are finalized, sent for external review, and revised based on feedback during subsequent steering group discussions. This iterative and transparent workflow ensures that the recommendations are evidence-based, stakeholder-informed, and suitable for

S. No.	Name of the Guideline	Current Status
1	Evidence-based guidelines for the use of stem cell therapy in treatment	<i>Released</i>
	a) Neurological, Paediatric, Orthopaedic and Cardiac conditions	
	b) Hepatology, Dermatology, Endocrinology, Pulmonology, Ophthalmology and Surgical conditions	<i>Ongoing</i>
2	Guidelines for prevention, screening, diagnosis, treatment, and palliation of lung cancer	<i>Ongoing</i>
3	Empirical use of antibiotic in various clinical conditions	<i>Ongoing</i>

S. No.	Name of the Guideline	Current Status
4	Evidence-based guidelines on Asthma and COPD	<i>Ongoing</i>
5	Evidence-based Guidelines for Hypothyroidism	<i>Ongoing</i>
6	Evidence-based guidelines on Remedies for relief of cough and/or cold in children with acute respiratory infections	<i>Ongoing</i>
7	Evidence-based guidelines on Epilepsy	<i>Ongoing</i>
8	Evidence-based guideline on Diabetes Mellitus Type 2	<i>Ongoing</i>
9	Evidence-based guideline on Polycystic ovary syndrome (PCOS)	<i>Ongoing</i>
10	Evidence-based guideline on management of acute and chronic Diarrhoea	<i>Ongoing</i>
11	Evidence-based guideline on management and prevention of Obesity	<i>Ongoing</i>
12	Evidence-based guideline on management of Depression	<i>Ongoing</i>

The process of evidence-based guideline development follows a structured, stepwise approach that begins with scoping and a steering group meeting to define the scope of the guideline, along with the formation of a Guideline Development Group (GDG). After the initial meetings, the GDG finalizes the research questions and PICO elements, which guide the commissioning of systematic reviews. The evidence profiles submitted by the systematic review teams are then reviewed by the DHR Secretariat. This evidence is subsequently assessed within an Evidence-to-Decision framework to weigh benefits, harms, values, feasibility, and resource implications. Draft recommendations are finalized, sent for external review, and revised based on feedback during subsequent steering group discussions. This iterative and transparent workflow ensures that the recommendations are evidence-based, stakeholder-informed, and suitable for implementation.

13.3 Strengthening Systems: Roles and Responsibilities of Technical Resource Hubs and Centres

1. Technical Resource Hubs (TRHs)

- Independently conduct guideline development on the topics assigned by DHR
- Assist Centre for guidelines secretariat in critically reviewing evidence profiles shared by Technical Resource Centres (TRCs)
- To assess the strength of evidence and contribute effectively to the evidence-to-recommendation process.

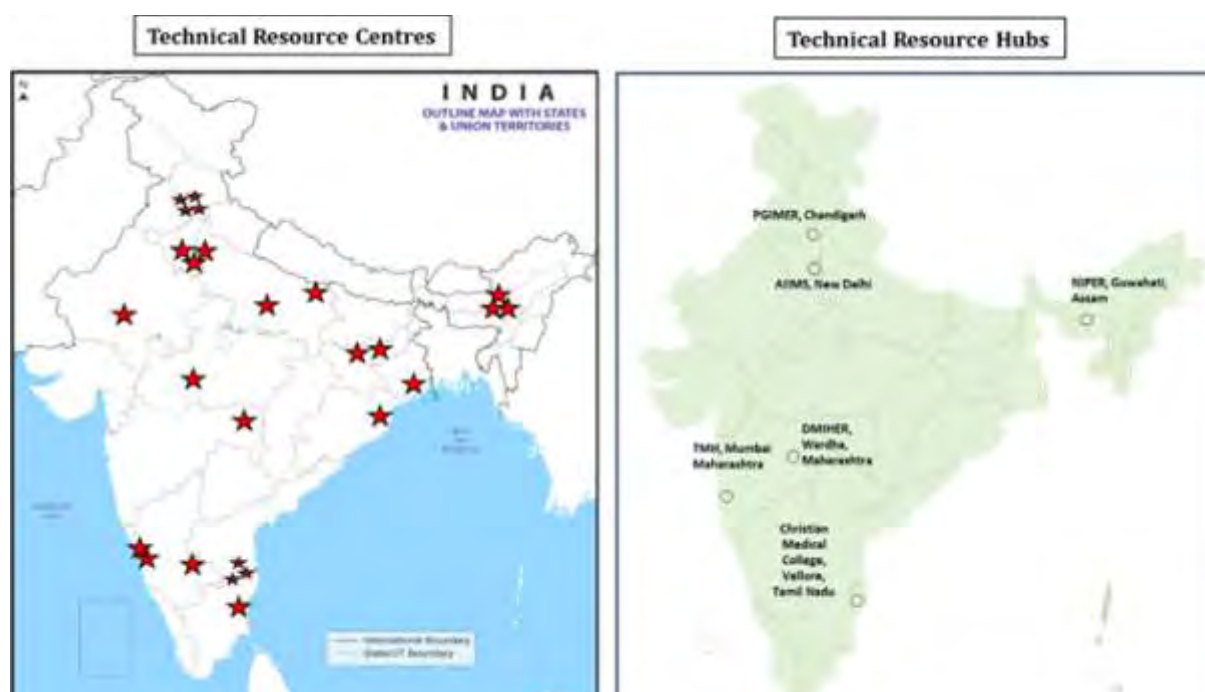
- d. Build TRC capacity through regular workshops and training sessions.
- e. Develop and refine search strategies, screen search outputs, and oversee the study selection process.
- f. Review systematic review reports and evidence profiles submitted by TRCs to verify the quality and accuracy of evidence considered for guidelines.

II Technical Resource Centres (TRCs)

- a. Conduct systematic reviews as per the review questions provided by DHR secretariat
- b. Conduct capacity building workshops in systematic reviews and GRADE methodology

Technical Resource Hubs and Centres-Touchpoints PAN India

In September 2024, the Centre established 28 Technical Resource Centres (TRCs) across the country to assist in evidence synthesis by conducting systematic reviews and meta-analyses, thereby enabling consistent, high-quality guideline development.



27 TRC (Technical Resource Centre) **06** TRH (Technical Resource Hub)

a. List of Technical Resource Centres (TRCs)

1. Department of Laboratory Medicine, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand.
2. Department of Pediatric Surgery, All India Institute of Medical Sciences, New Delhi.
3. Department of Pharmacy Practices, National Institute of Pharmaceutical Education and Research (NIPER), Mohali, Punjab.

4. Department of Orthopedics, Postgraduate Institute of Medical Education and Research, Chandigarh.
5. Department of Pharmacology, All India Institute of Medical Sciences, Jodhpur, Rajasthan.
6. Department of Epidemiology and Clinical Research, Institute of Liver and Biliary Sciences, New Delhi.
7. Department of Pharmacology, All India Institute of Medical Sciences Gorakhpur, Uttar Pradesh.
8. Division of Medical Research, SRM Medical College Hospital and Research Centre, SRM Institute of Science and Technology, Kattankulathur, Tamil Nadu.
9. ICMR-Centre for Ageing and Mental Health, Kolkata, West Bengal.
10. Centre for Dental Education and Research, AIIMS, New Delhi.
11. ICMR-National Institute for Research in Tuberculosis, Chennai, Tamil Nadu.
12. Department of Infectious Diseases, Christian Medical College, Vellore, Tamil Nadu.
13. Department of Prosthodontics, King George's Medical University, Lucknow, Uttar Pradesh.
14. Department of Pediatrics, All India Institute of Medical Sciences, Bhopal, Madhya Pradesh.
15. Department of Public Health, MS Ramaiah University of Applied Sciences, Karnataka.
16. Department of Biochemistry, All India Institute of Medical Sciences, Deoghar, Jharkhand.
17. Faculty of Nursing, Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Porur, Chennai, Tamil Nadu.
18. Department of Pediatric and Preventive Dentistry, Sri Ramchandra Institute of Higher Education and Research, Porur, Chennai, Tamil Nadu.
19. Department of Community Medicine, All Indian Institute of Medical Sciences, Nagpur, Maharashtra.
20. Department of Palliative Medicine and Supportive Care, KMC, MAHE, Manipal, Karnataka.
21. Department of Pharmacology, All India Institute of Medical Sciences, Guwahati, Assam.
22. Department of Ophthalmology, All India Institute of Medical Sciences, Guwahati, Assam.
23. School of Public Health, Postgraduate Institute of Medical Education and Research, Chandigarh, Punjab.
24. Department of Neonatology, Postgraduate Institute of Medical Education and Research, Chandigarh.
25. Department of Pharmacy Practice, Manipal College of Pharmaceutical Sciences, Karnataka.
26. Department of Public Health, Kalyan Singh Super Specialty Cancer Institute, Lucknow, Uttar Pradesh.

27. ICMR-National Institute for Research in Tuberculosis, Chennai, Tamil Nadu.

b. List of Technical Resource Hubs (TRHs)

1. Department of Paediatric Pulmonology, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, Punjab.
2. Department of Neurology, All India Institute of Medical Sciences (AIIMS), New Delhi.
3. Department of Reproductive Medicine and Surgery, Christian Medical College, Vellore.
4. Division of Evidence Synthesis, Datta Meghe Institute of Higher Education and Research (DMIHER), Wardha, Maharashtra.
5. Department of Pharmacy Practice, National Institute of Pharmaceutical Education and Research (NIPER), Guwahati, Assam.
6. Department of Surgical Oncology, Tata Memorial centre, Mumbai.

13.4 Guidelines Brief

I. Evidence based guidelines for the use of stem cell therapy.

The Evidence-based Guidelines for the use of Stem Cell Therapy have been jointly developed by the DoHFW, DGHS and DHR, using a rigorous and robust scientific process to bring clarity among stakeholders, including patients, clinicians, and the general public. These guidelines aim to resolve the uncertainty associated with the effectiveness and the safety of stem cell therapy to help the practitioners and patients in making informed decisions about the use of this intervention. The Evidence-based guidelines for the use of stem cell therapy in Neurological, Paediatric, Orthopaedic and Cardiac conditions can be accessed from the DHR website. The Evidence-based guidelines for the use of stem cell therapy in disease conditions in the sub specialties of Hepatology, Dermatology, Endocrinology, Pulmonology, Ophthalmology and Surgical conditions are under preparation.

II. Evidence-based guidelines for Lung Cancer

The evidence-based guidelines on Lung cancer for India intend to cover all aspects from prevention, screening, diagnosis, treatment and palliation encompassing all age groups and severity. The review questions aim to focus on gaps in clinical practice and the factors specific as per Indian perspective. A group of experts guided in formulation of a total of thirty PICO questions for treatment, palliation, screening, diagnosis and prevention of lung cancer. SRMA's (systematic review and meta-analysis) were then commissioned to TRC's (Technical resource Centres). Completed SRMA's were then reviewed and finalized by a team of scientists at the secretariat. After going through evidence to decision (EtD) framework and external review, the final recommendations were approved by steering committee.

III. Evidence-based guidelines for Antibiotics

The evidence-based guidelines for use of Antibiotics

The evidence-based guidelines on antibiotics for India intend to cover all aspects for India intend to

cover all aspects including (Sepsis, dental pain, vaginal discharge, Meningitis, Abdominal inf, skin inf, CAP, URTI, Undifferentiated fever, Bone & soft tissue inf, Acute diarrhoea and UTI).

IV. Evidence-based guidelines on Asthma and COPD

The evidence-based guidelines on Asthma and COPD for our country intend to cover all aspects from prevention, screening, diagnosis, treatment and rehabilitation encompassing all age groups and severity. The review questions aim to focus on gaps in existing guidelines and India specific factors. A guideline development group has been constituted for the formulation of review questions in the PICO format.

V. Evidence-based Guidelines for Hypothyroidism

Hypothyroidism, a highly prevalent endocrine disorder, affects diverse populations and contributes to a significant burden of disease in India and globally. There is a pressing need for India-specific clinical guidelines on hypothyroidism, as international frameworks often fail to account for the country's distinct epidemiological, demographic, and healthcare delivery contexts. The Steering group and GDG meeting have been done and review questions in the PICO format have been finalized.

VI. Evidence based guidelines on Remedies for relief of cough and/or cold in children with acute respiratory infections

Acute respiratory infections (ARI) are a common cause of morbidity and mortality in children in our country. It is crucial to develop evidence-based guidelines for cough and cold in children due to the lack of proven effectiveness and potential harms of many over-the-counter (OTC) medications, which can lead to medication errors and adverse events. The Steering group and GDG meeting has been done and review questions in the PICO format have been finalized.

VII. Evidence based guidelines on Epilepsy

Centre for Evidence based Guidelines initiated the development of evidence-based guidelines on epilepsy in India. Epilepsy is the most common serious neurological disorder, which affects 1% of the population at any given point of time. At present, there are no evidence-based guidelines on epilepsy in India which deals with epilepsy associated stigma, discrimination, adherence to treatment, management of status epilepticus and drug-resistant epilepsy especially at the primary and secondary care level. These guidelines will provide evidence-based guidance to the stakeholders regarding above mentioned critical questions in epilepsy.

VIII. Evidence based guideline on Diabetes Mellitus Type 2

The scope of the guideline is Prevention, Screening and Management of T2DM. It will cover Adolescents (10–19), Young adults (20–29), Adults (30–59), Older adults (60+), and Pregnant women.

The steering group meeting for scoping of the guidelines has been done. The Guideline development committee has been formed and the first orientation meeting was also held. The Review questions are being finalised currently.

IX. Evidence-based guidelines for Polycystic ovary syndrome (PCOS)

The evidence-based guidelines for Poly systemic ovary syndrome (PCOS) for India intend to cover all aspects from the guidelines is screening, prevention, diagnosis, therapeutics and prognosis encompassing females from adolescents and adults age groups. The review questions aim to focus on gaps in existing guidelines and the factors specific as per Indian perspective.

The steering group meeting for scoping of Poly systemic ovary syndrome (PCOS) for guidelines formulation was held on 25th August 2025 by Technical Resource Hubs (TRH) in co-ordination with DHR secretariat.

X. Evidence-based guideline on management of acute and chronic Diarrhoea

Management of Diarrhoea is a matter of concern because its treatment varies from PHC to tertiary level hospital as a result formulation of guidelines in Indian perspective is very essential.

Evidence based guidelines for Management of Acute and Chronic Diarrhoea is under development and the PICO formation stage is underway. The scope finalized by GDG for Management of Diarrhoea is acute and chronic Diarrhoea in pediatric and adult group, Diarrhoea in sensitive groups like pregnant women, children below 5 yrs, elderly patients and immunocompromised patients.

Steering Committee meeting was held in the year 2025 for designing the scope for the guideline development and formulated the GDG committee which consisted of 25 members. The GDG meeting was held in October 2025. Since then, several rounds of discussions have been held with GDG members to form PICO questions, which is underway.

XI. Evidence-based guideline on Management and Prevention of Obesity

Obesity is a growing concern in India, with the prevalence of overweight and obesity significantly increasing in recent years, particularly among women. Hence, “evidence-based guidelines for the management and prevention of obesity” need to be formulated by the Centre for Evidence Based Guidelines. So far one Steering group and three GDG meetings have been done and review questions are finalized and converted into PICO format.

XII. Evidence-based guideline on Management of Depression

Mental Health is an integral component of overall Health and is a Health Research priority of the Government of India. In this regard Detailed scoping, Steering group meetings, orientation training of guideline development group members regarding GRADE and Evidence Decision framework have been done in AIIMS Delhi. Review questions are finalized and converted into PICO format.

13.5 Steering Group Meeting and Guideline Development Group Meeting

The development of evidence-based guidelines demands continuous collaboration and strategic oversight. Throughout 2025, the centre maintained exceptional momentum, conducting numerous meetings across various guidelines to advance the development process systematically.

The infographic below presents a comprehensive overview of the meetings conducted in the reporting year for each guideline, reflecting the sustained commitment and coordinated effort of our

multidisciplinary teams in moving these critical projects forward.



Centre for Evidence Based Guidelines - Development Stages and Outputs

13.6 Activities: Conferences and Workshops

a. National workshops organized by the Centre for Evidence-based Guidelines



6th Foundation Day and Annual Research Award ceremony, May 2025

The inauguration of Technical Resource Centre of Centre for Evidence-Based Guidelines, Medical Research Unit (MRU) & Viral Research & Diagnostic Laboratory (VRDL), by Dr Rajiv Bahl, Secretary DHR & DG ICMR



Workshop conducted by Centre for Evidence based Guidelines at JBI Colloquium, Kochi November 2025

b. International Participation of Scientists from the Centre for Guidelines



Oral presentations of Centre for guidelines scientists at GIN, Geneva September 2025

13.7 Systematic Reviews and Networking Support in Health (SARANSH) Capacity Building Programme- SARANSH 1 and 2

SARANSH-1

SARANSH (सारांश) capacity building program was initiated to meet the increasing demand of evidence-based health care decision-making in India. Ten regional hands-on workshops were conducted across the country in systematic reviews and meta-analysis. A total of 382 medical faculty members and early-career researchers (male: 203 [53.1%]; female: 179 [46.9%]) from Institutions of National Importance (INIs), State Government Medical Colleges, and private medical colleges received training in conducting good quality systematic reviews. The highest participation came from centrally and state-funded medical institutions (n = 149, 39.0%), followed by INIs (n = 124, 32.5%) and private institutions (n = 109, 28.5%). Geographically, the largest proportion of participants were from Madhya Pradesh (n = 48, 12.6%) and Uttar Pradesh (n = 46, 12.0%). The majority of participants (n = 161, 42%) belonged to various clinical specialties followed by non-clinical specialties (n=88, 23%). In terms of professional roles, faculty members constituted the largest group (n = 161, 42.2%), followed by research staff (n = 18, 4.7%).

SARANSH-2

In view of the success of SARANSH-1 and increasing demand of capacity building in evidence-based medicine, SARANSH-2 was launched. In SARANSH-2, a total 19 workshops are being conducted through Technical Resource Centres (TRCs) of Centre for Evidence based Guidelines. The workshops are conducted on Systematic Reviews, Quality of Evidence (RoB tool, GRADE, etc.), Guideline Development, Diagnostic Test Accuracy (DTA) studies, Qualitative studies. Till date 9 workshops have been completed. These workshops are expected to train around 700-800 medical faculties and young medical researchers



AIIMS, Bhopal



AIIMS, Nagpur



KGMU, Lucknow



Amrita Vishwa Vidyapeetham, Kochi



AIIMS, Jodhpur



NIPER, Guwahati



AIIMS, New Delhi



AIIMS, Bibinagar



AIIMS, Deoghar



MAHE, Manipal

14.1 The National Ethics Committee Registry for Biomedical and Health Research (NECRBHR), established under the Department of Health Research within the Ministry of Health and Family Welfare, has been operational since September 2019, as per the announcement in the 'New Drugs and Clinical Trials Rules, 2019.'

Ethics Committees (ECs) engaged in the review of biomedical and health research involving human participants are required to register with the Department of Health Research through a specialised web portal, the Naitik portal (<https://naitik.gov.in/>). This portal facilitates the online submission, receipt, and processing of applications for EC registration.

In addition to the registration of Ethics Committees, NECRBHR is actively involved in a range of initiatives, including the oversight of Ethics Committees through the ICMR-DHR Ethics Committees Observation Program, providing guidance to researchers across various disciplines throughout the registration process, and offering scientific expertise to address inquiries related to the ethical review of research proposals.

Furthermore, the staff of NECRBHR collaborates with the ICMR-Bioethics Unit (IBU) to provide training to researchers from diverse fields, including both the Modern System of Medicine and AYUSH. This training is intended to ensure adherence to high ethical standards throughout the stages of research planning, execution, and dissemination of findings.

Since its inception, NECRBHR has registered a total of 1,780 ethics committees with provisional certificates. Of these, 689 have received a final certificate, which is valid for five years from the date of issue. In the year 2025, a total of 187 provisional certificates and 113 final certificates were issued. NECRBHR, in collaboration with IBU, has observed 12 ethics committee meetings overall, with four of these meetings being observed in 2025.



Figure 1: Types of organisations on Naitik portal in the year 2025 (total no. = 268), other categories include NGO, Trust, Ayurved, Public health Organisation, Private Clinic, Public Health Institution, Society, Professional Association, Pharmacy College, Registered Healthcare etc

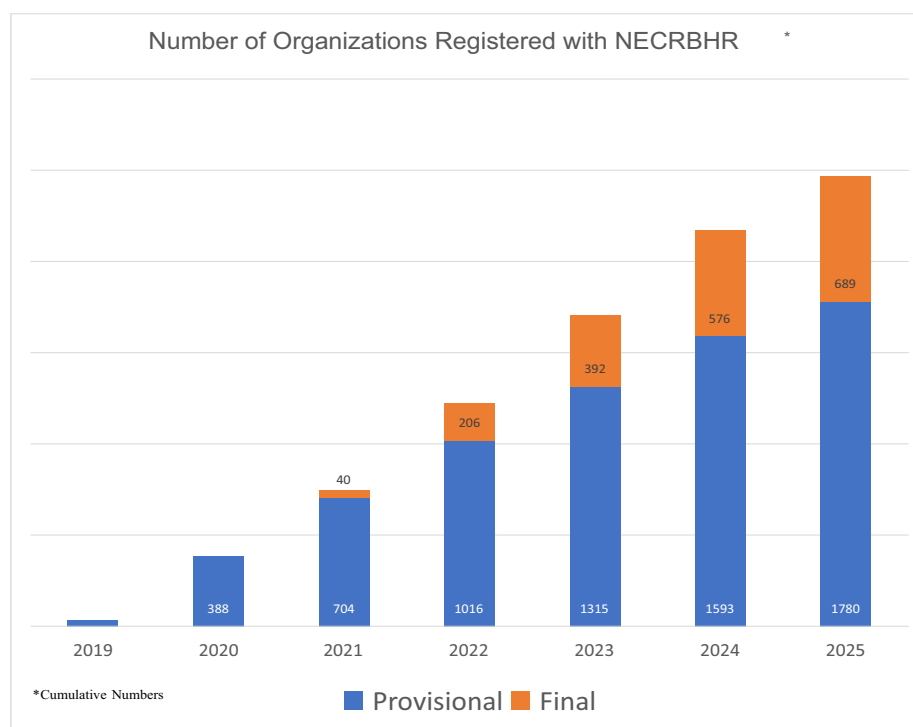
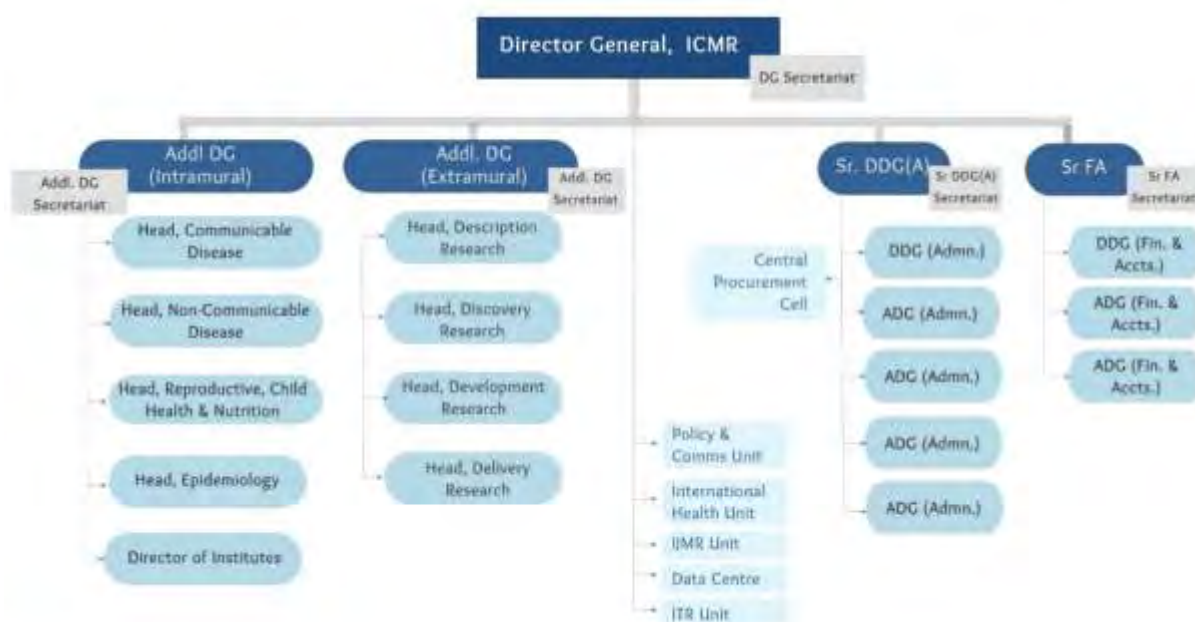


Figure 2: Number of ethics committees registered provisionally and finally on the Naitik portal since its inception (Sep. 2019)

The Indian Council of Medical Research (ICMR), headquartered in New Delhi, is India's apex organization for formulating, coordinating, and promoting biomedical research. As one of the world's oldest medical research institutions, ICMR operates under the Department of Health Research (DHR) within the Ministry of Health and Family Welfare, Government of India. Its research agenda aligns closely with national health priorities, focusing on communicable diseases, fertility control, maternal and child health, nutritional disorders, environmental and occupational health issues, and non-communicable diseases such as cancer, cardiovascular conditions, diabetes, blindness, and mental health disorders. These efforts aim to reduce the national disease burden and promote the health and well-being of India's population.

Figure 1: ICMR Organogram



ICMR plays a pivotal role in advancing biomedical science and public-health research in India. Through sustained capacity building, research funding, and national collaborations, ICMR continues to strengthen the country's scientific base in health. On the global front, ICMR has established partnerships across continents through Memoranda of Understanding (MoUs) with leading research organisations and international agencies. These collaborations focus on key health challenges such as cancer, diabetes, infectious diseases, antimicrobial resistance (AMR), and vaccine development, enabling joint projects, knowledge exchange, and scientific events including conferences, workshops, and training programmes.

ICMR conducts research in the domains of communicable disease, non-communicable diseases and

reproductive, child health and nutrition epidemiology through its 28 national institutes and regional research centres. These institutes are guided by the respective scientific divisions at ICMR Headquarters through intramural research programmes. Intramural funding is awarded through a competitive grant mechanism encouraging innovative, high-quality proposals that address national and regional health priorities. This approach ensures that ICMR's research remains responsive to emerging public-health challenges and contributes directly to national health policy.

Additionally, ICMR also operates extramural research divisions that fund scientists and institutions outside its network under four thematic categories:

- **Descriptive Research:** These are aimed at having a deeper understanding of the condition or disease, which includes the burden, risk factors, and determinants.
- **Discovery Research:** These are aimed at identifying novel interventions (basic research) and validating them.
- **Development Research:** These are aimed at developing screening, diagnostic, preventative, and therapeutic interventions. Additionally, they help make existing interventions simpler, safer, efficacious or more affordable.
- **Delivery Research:** This implementation research is aimed at understanding the barriers to delivering effective interventions to people and ways to overcome them. This includes interventions that increase access to healthcare, successful implementation of national health programmes, and reducing health inequities.

The extramural research programme of the Indian Council of Medical Research (ICMR) is designed to strengthen India's research ecosystem by enabling investigators outside ICMR institutes to pursue investigator-initiated, solution-oriented projects with clearly defined deliverables and timelines. The programme supports research across different stages of evidence generation through three structured grant mechanisms: **Small Grants** (up to ₹2 crores for four years) to support proof-of-concept and early innovative ideas; **Intermediate Grants** (₹2–8 crores for four years) to enable larger, more decisive studies that build on preliminary evidence and move towards translational outcomes; and **Centres for Advanced Research (CARs)** (up to ₹15 crores for five years) for highly experienced teams undertaking comprehensive, multidisciplinary research on critical health challenges. Together, these grants bridge gaps from early discovery to advanced application, with enhanced grant sizes and a newly created mid-level funding pathway to ensure continuity from proof-of-principle to usable products, clinical solutions, or healthcare delivery models. Complementing these investigator-initiated grants, ICMR also supports Mission Mode Research under **National Health Research Priority Projects**, wherein large, multicentric projects aligned with national health programmes are competitively co-designed to address pressing challenges such as One Health, AMR, TB, cancer, NCDs, vector-borne diseases, and maternal-child health. Further, the **First-in-the-World Challenge** encourages Indian scientists to develop globally novel biomedical solutions through staged funding spanning concept, prototype, and final product or implementation. Collectively, ICMR's extramural funding mechanisms emphasize scientific rigour, transparency, conflict-of-interest safeguards, and translation of research into impactful policies and practices that improve health outcomes across

India.

Both intramural and extramural research divisions are supported by key Scientific Support Units at ICMR Headquarters, including the Policy and Communications, the Informatics & Data Centre, the electronic Project Management System (e-PMS), Indian Journal of Medical Research (IJMR), Central Procurement Cell and the International Health Division. These units ensure seamless coordination, data governance, international collaboration, and scientific communication across the Council's programmes.

Globally, ICMR has established collaborations with institutions across all continents through Memoranda of Understanding (MoUs). These partnerships focus on addressing pressing health challenges, including cancer, diabetes, infectious diseases, and vaccine development. They facilitate the exchange of knowledge, joint research projects, and the organization of scientific events such as workshops and seminars.

The major achievements of the year 2025 are listed:

1. National One Health Mission and Pandemic Preparedness: The National One Health Mission (NOHM), led by the Principal Scientific Advisor to the Government of India, with the Department of Health Research (DHR) as the nodal agency, represents a landmark whole-of-government initiative to strengthen India's pandemic preparedness. The Mission integrates 16 ministries and departments spanning human, animal, and environmental health, operationalizing a unified, cross-sectoral approach to disease surveillance, outbreak response, and development of medical countermeasures.
 - 1.1. Surveillance and Early Warning Systems: To enhance early detection of emerging and re-emerging pathogens, NOHM has established a national network of 23 high-containment laboratories (BSL-3 and BSL-4). Complementing this infrastructure, integrated surveillance systems have been deployed across slaughterhouses, bird sanctuaries, zoological parks, and wastewater monitoring sites, enabling real-time tracking of zoonotic diseases and antimicrobial resistance at the human–animal–environment interface.
 - 1.2. Preparedness Testing and Outbreak Response: As part of operational readiness, “Vishanu Sankraman Pratirodh Abhyas” was conducted in Khandwa District, Madhya Pradesh, to assess intersectoral coordination and field-level preparedness. Led by the National Joint Outbreak Response Team (NJORT), the exercise simulated a Crimean Congo Haemorrhagic Fever outbreak affecting both humans and animals. The drill tested real-time epidemiological investigation, laboratory confirmation, risk communication, and containment strategies, providing critical insights to strengthen coordinated outbreak management.

Press Link: <https://www.pib.gov.in/PressReleasePage.aspx?PRID=2191761>



Photos: “Vishanu Sankraman Pratirodh Abhyas” in November 2025 in Khandwa District of Madhya Pradesh

- 1.3. *Knowledge Translation and Capacity Building:* The National One Health Mission Assembly 2025, held on 20–21 November 2025 at Bharat Mandapam, New Delhi, served as a flagship platform to translate One Health research into actionable policy and practice. Coordinated by ICMR Headquarters and the National Institute for One Health (NIOH), with support from DHR, the two-day Assembly convened policymakers, scientists, state governments, and international partners under the theme “Translating Knowledge to Practice – One Earth, One Health, One Future.”

Day one focused on policy and governance, featuring high-level ministerial addresses, the official release of the BSL-3 Laboratory Network SOP Compendium, presentations by nine ministry secretaries demonstrating a whole-of-government approach, and engagement with global partners including the WHO and the World Bank. Day two emphasized preparedness and capacity, with scientific sessions on medical countermeasures, experience-sharing by seven States/Union Territories, and discussions on strengthening implementation at sub-national levels. For details, click on links below:

<https://www.pib.gov.in/PressReleasePage.aspx?PRID=2192022®=3&lang=2>

<https://www.mohfw.gov.in/?q=en/pressrelease-351>

<https://www.youtube.com/watch?v=PmQZ2iG0o5s>



Glimpses from NOHM Assembly - November 2025

- 2 Infectious Disease Surveillance & Outbreak Response:** ICMR strengthened outbreak preparedness and pathogen intelligence across multiple diseases. This included sero-surveillance and outbreak investigations for Chandipura virus, Nipah virus, KFD, enteroviruses, norovirus, leptospirosis, and Guillain-Barré syndrome triggers.

Notably, mobile BSL-3 laboratories deployed during Nipah outbreaks in Kerala reduced diagnostic turnaround time to four hours, enabling rapid containment. ICMR also advanced indigenous vaccine and monoclonal antibody development for Nipah and KFD, strengthening future outbreak readiness.

Novel findings—such as identification of *Leptospira* as a major contributor to AFI and AES mortality in eastern Uttar Pradesh—directly led to mandatory inclusion of *Leptospira* testing in diagnostic protocols. Risk mapping for Kyasanur Forest Disease using species distribution modelling further guided targeted prevention strategies.

3 Supporting End TB

- 3.1. Expanding Early Detection and Screening:** ICMR has strengthened early TB detection by validating three indigenous, lightweight, portable, low-radiation handheld X-ray machines, enabling screening in remote and vulnerable populations. These devices were deployed under the national 100-day intensified TB campaign, significantly improving last-mile access.

To further enhance screening capacity, AI-based X-ray interpretation (DeepCXR) has been approved for programmatic use as a TB screening tool and is being provided free of cost to the National TB Elimination Programme (NTEP), enabling rapid, standardized, and scalable interpretation of chest X-rays.

- 3.2. Strengthening Molecular and Non-Sputum Diagnostics:** ICMR supported the development and validation of multiple indigenous diagnostic tools to improve bacteriological confirmation and drug-resistance detection. The Quantiplus® MTB kit, India's first open RT-PCR TB test, demonstrated 86% sensitivity and 96% specificity and can be deployed on over 20,000 existing RT-PCR machines established during the COVID-19 response, dramatically expanding molecular TB testing capacity nationwide.

For populations where sputum collection is challenging, the UniAMP MTB Card, a non-sputum (tongue swab) molecular test, met WHO minimum criteria for point-of-care testing, showing 68.3% sensitivity and 95% specificity, with particular relevance for children and people living with HIV.

The PathoDetect™ molecular test further enables simultaneous detection of TB and resistance to rifampicin and isoniazid, supporting rapid diagnosis and appropriate treatment initiation at scale.

- 3.3. Innovations in TB Latent Infection Testing:** ICMR validated the CyTB skin test, a low-cost indigenous test for latent TB infection, demonstrating 80% sensitivity and 72% specificity. The test outperforms conventional tuberculin skin tests and offers an affordable alternative to expensive IGRA assays, supporting large-scale LTBI screening.

- 3.4. Optimizing Treatment and Drug-Resistance Management:** ICMR's clinical trial on the modified BPAL regimen demonstrated that 300 mg Linezolid in the WHO-recommended 6-month BPAL regimen is equally effective while significantly reducing adverse events, improving treatment adherence and completion among MDR-TB patients.

To support rollout of newer drug-resistant TB regimens, 42 laboratories across India were trained in advanced drug susceptibility testing (DST) techniques, strengthening laboratory readiness for the BPALM regimen.

- 3.5. Digital Tools for Programmatic Efficiency:** An AI-based tool for automated interpretation of Line Probe Assays (LPA) was developed to reduce manual errors, accelerate diagnosis, and standardize reporting across laboratories. The tool integrates results into Nikshay, enabling real-time programmatic decision-making and contributing to the creation of a national database of resistance mutations.

- 3.6. TB prevention:** A Phase III TB vaccine trial using rBCG (VPM1002) and Immuvac (MIP) was completed; VPM1002 demonstrated 50% efficacy against extrapulmonary TB (EPTB).

- 3.7. Addressing Social Determinants and Reducing TB Mortality:** The RATIONS nutrition trial demonstrated the critical role of nutritional support in TB control. Provision of nutritional supplementation to TB patients and their household contacts resulted in a 40% reduction in TB incidence, a 50% reduction in infectious TB, and significant improvements in survival, weight gain, treatment outcomes, and livelihoods. The findings have influenced WHO TB guidelines.

In parallel, the Tamil Nadu–Knowledge Enhancement for TB (TN-KET) differentiated care model, supported by a Severe Illness Triage Tool using five simple clinical indicators, enabled early identification of high-risk patients and timely inpatient care. Early results indicate up to a 20% reduction in early TB deaths and a 10% reduction in overall TB mortality.

- 4. Contribution to Other Major Communicable Diseases:** ICMR made major contributions to HIV, malaria and leishmaniasis control through trials, operational research, and global policy influence. Operational research demonstrated feasibility of decentralised HIV viral load testing using existing molecular platforms, supporting progress towards the 95–95–95 targets. Evidence on ART retention informed strategies to reduce mortality, emphasising early linkage to care and TB co-management.

Recent advancements in malaria research have marked significant milestones across vaccines, therapeutics, vector control, and diagnostics. Pre-clinical studies have demonstrated proof-of-concept for dual-stage chimeric vaccines targeting both *Plasmodium vivax* and *P. falciparum*, offering promise for broad protective immunity. The first Mendelian randomization study has established a genetic link between ACE/ACE2 genotypes and malaria protection, providing novel insights into host susceptibility. Clinical validation has confirmed that high/double-dose primaquine is safe and effective for radical cure, strengthening treatment strategies against relapsing malaria. In vector control, a slow-release insecticidal paint has been developed with approximately two-year efficacy against mosquitoes, presenting a long-lasting intervention. Additionally, the feasibility of

assessing G6PD deficiency using a point-of-care device has been demonstrated, facilitating safer administration of primaquine and other oxidant antimalarials.

For leishmaniasis, ICMR developed national and global databases (including IDDO-Oxford), introduced ophthalmological monitoring for PKDL, and reported novel genetic associations with relapse risk, strengthening elimination efforts.

5. AMR Awareness and Surveillance

5.1. Expansion and strengthening of AMR Surveillance: ICMR's national AMR surveillance network has been active since 2013. This year, it was significantly expanded to include ~55 secondary and district hospitals mentored by 17 tertiary care centres, with focused capacity building through workshops at CMC Vellore and PGIMER to ensure standardized laboratory practices and high-quality data generation.

5.2. Strengthening Diagnostics Policy and AMR Awareness: The second edition of the National Essential Diagnostics List (NEDL) was released. It defines the essential diagnostics across all levels of healthcare, and initiated multi-stakeholder efforts to develop evidence-based communication strategies to enhance AMR awareness among the public.

5.3. Comprehensive National Response to Drug-Resistant Typhoid: Led a coordinated national effort on typhoid through a national consultation to review the disease situation and containment strategies, development and review of a Target Product Profile for typhoid diagnostics, advancement of four novel rapid diagnostic tests, and emphasis on WASH interventions, standardized treatment guidelines, vaccination, and accurate diagnostics.

5.4. Enhancing AMR Awareness and Stakeholder Engagement: Initiated multi-stakeholder consultations to develop evidence-based communication strategies for effective public outreach, strengthening societal awareness and engagement on antimicrobial resistance.

6. Non-Communicable Diseases, Nutrition, and Environmental Health: ICMR expanded national surveillance and implementation research for NCDs and environmental health.

ICMR strengthened national surveillance systems through over 600 cancer registry sites and nearly 100 stroke reporting sites. It generated India's first 2024 national cancer estimates and landmark evidence on radiotherapy capacity gaps, oral cancer survival, and cause-of-death certification.

The India Hypertension Control Initiative (IHCI) improved standardised hypertension care across 157 districts, while a private-sector IHCI-ESI pilot in Ludhiana demonstrated feasibility, screening 22,790 individuals, initiating treatment for 7,597 patients, and improving BP control rates from 4% to 34%.

National baseline estimates of blood lead levels in children (0–5 years) were generated for the first time, covering 30 States/UTs, providing a foundation for regulatory action.

7. Women & Child Health: Women's health research was advanced through the national PCOS cohort, producing 75 high-impact publications, informing guidelines and lifestyle interventions. In

cervical cancer prevention, ICMR validated India's first indigenous HPV DNA point-of-care test and supported development of a novel anti-HPV therapeutic (SHetA2).

Also, a landmark multicentric study by ICMR-RMRC-NE, Dibrugarh across eight Northeastern states analyzed over 7,500 women to generate the first large-scale, state-wise HPV prevalence data for the region. The study identified significant inter-state variation and key demographic, behavioral, and clinical risk factors, including tribal ethnicity, pregnancy, sexual behavior, and cervicitis with the discovery of HPV-67 as the second most prevalent high-risk genotype—particularly in Mizoram and Manipur—and its association with persistent infection added a novel dimension to India's HPV genotype landscape. A pilot urine-based HPV detection sub-study showed promise as a non-invasive, community-friendly screening approach for rural and tribal populations.

The "Beautiful Birth" model was implemented to reduce the incidence of delayed cry at birth from 36% to 3%. Furthermore, the Sankalp project led to the establishment of Mother Newborn Care Units (MNCUs) in four districts and piloted Mother Newborn Stabilization Units (MNBSUs) to enhance Kangaroo Mother Care (KMC).

Traditional Medicine, Occupational Health, and Community-Centred Interventions: ICMR supported traditional medicine-based innovations, filing patents for herbal formulations for hepatitis B, snakebite, and a Dhoopan Yantra.

Community-based trials addressed NAFLD, anaemia, TB, and scrub typhus, while implementation research improved snakebite management and vector control strategies. ICMR strengthened primary care mental health services at Ayushman Arogya Mandirs by developing simplified workflows for Community Health Officers (CHOs) and integrating validated tools like GAD-7 and PHQ-9 into routine care. They also designed the ICMR MINDS Clinical Decision Support System, a standardized digital workflow for screening, early detection, and management of mental health disorders.

Occupational health SOPs for informal artisan workers were developed and submitted for national adoption, and the DREAMS school-based dengue initiative demonstrated scalable community impact and policy uptake.

8. **Contribution to Sickle Cell Anemia Elimination:** ICMR has significantly strengthened sickle cell disease (SCD) control through a series of evidence-based interventions. Over 25 rapid diagnostic tests (RDTs) were independently validated, reducing the cost of testing to ₹28 per test and enabling large-scale screening in tribal and rural populations, with all RDTs subjected to rigorous laboratory evaluation prior to national deployment. A landmark hydroxyurea dose-optimization trial (10 vs 20 mg/kg/day) was conducted, alongside the development of India's first SCD stigma scale tailored for tribal communities, addressing both clinical and social dimensions of care. Newborn screening of more than 63,000 infants has led to early diagnosis and timely treatment, contributing to a dramatic reduction in mortality from around 30% to below 5%. Building on these efforts, the BHARAT CARES initiative was launched as a five-year national cohort to systematically track SCD progression, treatment outcomes, and long-term impact across India.

9. Technology Development and Translation

9.1. *Diagnostics and Platform Technologies:* In 2025, ICMR 32 signed License agreements for transferring 18 high-impact diagnostic technologies, spanning rapid molecular assays, multiplex PCR platforms, ELISA kits, and CRISPR-based diagnostics, which were transferred to 12 Indian industry partners under the Patent Mitra initiative. These included multiplex PCR platforms for Dengue–Chikungunya–Zika and Influenza A & B, 5 ELISA kits (Dengue IgM, Chikungunya IgM, JE IgM, Measles IgM, KFD IgM), and CRISPR-based TB diagnostics.

A major innovation is a molecular point-of-care pan-Dengue assay capable of detecting all four DENV serotypes in a single reaction. The assay integrates RT-RPA amplification (≤ 20 minutes at 38–40°C) with CRISPR/Cas12a fluorescence detection in a single closed tube, minimizing contamination risk. The platform has achieved TRL-4 validation and has demonstrated field applicability, including validation for chikungunya detection in resource-limited settings.

Further diagnostic advances include:

- A multiplex PCR assay to differentiate hypervirulent and classical *Klebsiella pneumoniae* (patent filed)
- A multiplex two-tube real-time RT-PCR kit (En-Viro QPlex) for enteric viruses
- Two CRISPR-based ultra-sensitive platforms for simultaneous detection of *Plasmodium falciparum* and artemisinin resistance (C580Y mutation)
- A paper-based dengue type-2 detection kit, validated using 77 blinded clinical samples
- Three field-validated platforms for visceral leishmaniasis and PKDL, including qPCR-based test-of-cure, RPA suitcase laboratory, and cell-free DNA-based diagnostics

9.2. *Vaccines and Preventive Technologies:* ICMR is supporting the development of India's first indigenous dengue vaccine, currently in Phase III clinical trials, along with 4 additional vaccine programs targeting Kyasanur Forest Disease, Nipah virus, leptospirosis, and streptococcal infections. In addition, 2 novel vaccine candidates—a broad-spectrum glycoconjugate vaccine effective against typhoidal and non-typhoidal *Salmonella*, and an outer membrane vesicle-based *Shigella* vaccine—were transferred to vaccine manufacturers for further development and commercialization. ICMR also developed India's first recombinant multi-stage malaria vaccine (AdFalciVax), for which Expressions of Interest were invited for technology transfer.

9.3. *Therapeutics and Drug Development:* ICMR enabled the development of 3 major novel therapeutic interventions against bacterial infections: a bacteriophage cocktail demonstrating safety and efficacy against polymicrobial *Shigella*–*Salmonella* biofilms, a novel *Shigella* phage (SSG23) showing therapeutic efficacy in BALB/c mouse models and a therapeutic adjuvant (Asiatic acid) enhancing ciprofloxacin efficacy against *Shigella flexneri*

9.4. *Intellectual Property and Innovation Support:* The Medical Innovations Patent Mitra initiative has directly benefitted 600+ bio-medical innovators through patent filings and

technology transfers, enabling them to protect and commercialize their research outputs. ICMR filed over 68 patent applications across diagnostics, nanocarrier-based antivirals, vaccine platforms, and CRISPR-based detection systems, including 7 patents related to arboviral diagnostics and therapeutics and 3 patents supporting CRISPR-Cas TB platforms



Photos above: (Left) Patent Mitra facilitated its 1st tech transfer to @Panacea Biotech on June 4, 2025. (Right) ICMR-MDMS showcased several groundbreaking medical technologies to Bill Gates during his visit to the ICMR in March 2025.

Web-links for details: <https://patentmitra.icmr.org.in/>

<https://medtechmitra.icmr.org.in/>

To accelerate translation, MedTech Mitra has onboarded nine inter-departmental/ministerial partners such as CDSCO, AIM, AMTZ, DoP, DoMSME, NHSRC, GeM, BIS, AERB besides DHR, ICMRs-NARFBR, INTENT, HTAI. More than 600 innovators have been supported since December 2023. More than 270 start-ups have been supported through this initiative.

10. **Evidence Generation for Policy and Programmes:** ICMR generated large-scale, nationally representative evidence to inform health policy and programme design.

Health Technology Assessment (HTA) findings directly informed national guidelines, including the incorporation of tranexamic acid for postpartum haemorrhage (PPH) into MoHFW protocols. Cost-effectiveness analysis also supported large-scale adoption of the ICMR-developed point-of-care haemophilia and von Willebrand disease screening kit, with Karnataka procuring one lakh kits for PHC-level deployment.

Environmental health evidence from ICMR-NIRBI led to the UNEP policy paper on environmental priorities for antimicrobial resistance, which subsequently informed India's National Action Plan on AMR 2.0 (2025). ICMR also contributed to WHO guidelines on in-vitro diagnostics for serious bacterial infections, including neonatal sepsis.

11. **Strengthening Emergency Care and Time-Critical Services:** Innovative care-delivery models were developed to address time-sensitive conditions.

Drone-based medical logistics were expanded to support corneal transplantation and cancer care, ensuring rapid sample and organ transport.

In cardiovascular and neurological emergencies, scalable hub-and-spoke models demonstrated major impact. The STEMI care model piloted in Varanasi enabled tele-ECG-guided thrombolysis at district hospitals and CHCs, reducing delays and mortality. This model has been upscaled by the Uttar Pradesh Government as “Hriday Setu”, with 12 hubs across 46 districts (as of November 2025).

For stroke care, India’s first public-sector Mobile Stroke Unit (MSU) model was established in Assam, integrating CT-enabled ambulances with the 108 emergency system. Neurologist-led stroke units were set up in three hospitals, enabling pre-hospital diagnosis and early intervention. Based on demonstrated impact, the Government of Assam has inducted two MSUs into the 108 fleet, a first-of-its-kind initiative nationally.

- 12. MoUs and Strategic Collaborations:** During the reporting period, ICMR and its institutes significantly expanded national and international collaborations through the signing of more than 60 Memoranda of Understanding (MoUs), Letters of Intent, Letters of Agreement, and grant agreements, strengthening research, policy translation, innovation, and capacity building across health domains.

The National Health Authority (NHA) renewed its MoU with the Department of Health Research (DHR) and ICMR to advance evidence-based healthcare decision-making. The collaboration focuses on rationalising reimbursement rates under PM-JAY and implementing Standard Treatment Workflows (STWs) to improve quality, efficiency, and uniformity of care delivery nationwide.

ICMR formalised major international collaborations to strengthen global health research and preparedness. These include an MoU with the Coalition for Epidemic Preparedness Innovations (CEPI), Norway, and a Letter of Intent with the UK’s National Institute for Health and Care Research (NIHR), aimed at advancing vaccine research and development, epidemic preparedness, and collaborative health research.

At the institutional level, multiple ICMR institutes entered collaborations with global partners such as Health AI, Geneva, Johns Hopkins University, Tufts University, ATCC (USA), Frederick National Laboratory for Cancer Research (USA), and NTRL Bangladesh, supporting regulation in health, multinational clinical trials, diagnostics, TB research, HPV serology, and laboratory networks. ICMR strengthened its academic and translational research ecosystem through extensive MoUs with IITs, universities, medical colleges, and research institutions. These include collaborations with IIT Ropar, IIT Bombay, IIT Madras, IIT Kharagpur, MUHS Nashik, Manipal Academy of Higher Education, University of Jammu, Gujarat Technological University, Madam Mohan Malaviya University of Technology, and Deen Dayal Upadhyay Gorakhpur University, among others.

Several MoUs focused on One Health, environmental health, occupational health, and geospatial risk assessment. These include partnerships with TANUVAS, Sher-e-Kashmir University of Agricultural Sciences and Technology, SKIMS Srinagar, National Forensic Sciences University, CEPT University, and Centre for Advanced Geomatics for zoonotic research, environmental exposure mapping, industrial risk assessment, heat-health studies, and occupational mental health.

ICMR-NIOH signed multiple MoUs with NIMHANS, CEPT University, and Gujarat Technological University to advance occupational health research, policy development, technology transfer, and capacity building. Several MoUs supported TB, malaria, hepatitis, cancer, NCDs, and environmental health research. Key collaborations include: ICMR-NIRT MoUs with national and international partners for paediatric TB trials, drug-resistance studies, TB diagnostics, vaccine immunology, and innovation hubs, MoAs with NCVBDC and Hindustan Insecticides Ltd. for malaria elimination research and LLIN Phase III trials, ICMR-NCDIR MoUs with PHFI for climate, and exposome research (CHAIR-India, GEOHealth-HEALS).

13. **Extramural Research Funding:** During 2025, ICMR funded 4692 research project of which new 477 Small Grants, 115 Intermediate grants and 33 Centre for Advanced Research were sanctioned.
14. **Papers published:** During 2025, ICMR has published more than 800 peer-reviewed research papers in national & international journals
15. **Student Outreach:** The ICMR outreached school students through various initiatives. One major was the Science & Health Innovation for the Nextgen Explorers (SHINE) initiative, that brought together 13000 students from 16 states/UTs to ignite scientific curiosity, foster innovation and to inspire the next generation of health researchers. Also, the students were outreached through more than 25 national and regional exhibitions that were held across the nation.



16. **Recognition of Excellence:** To motivate the researchers, ICMR recognized the excellence in research in individual (best research paper, technology, patent) as well as institutional category during the DHR ICMR Research Excellence Summit 2025 held on 13-14 November 2025 presided by Hon'ble MoS (Health) Smt Anupriya Patel. On the occasion, several key DHR-ICMR initiatives were launched by the dignitaries:

MedTech Mitra's Innovator's Guidebook for In-vitro Diagnostic (IVD) Medical Devices

1. Transfer of 11 new technologies to 3 companies
2. Unveiling of revamped and improved Standard Treatment Workflows

3. Assistive Technologies Guidelines and Kit, including:

4. An Assessment Kit for evaluation of Upper Limb functions developed by the Centre of Advanced Research & Excellence – Disability & Assistive Technology (CARE-DAT) at IIT Delhi and AIIMS Delhi

5. Standards of the National List of Essential Assistive Products (NLEAP), jointly developed by ICMR and the Bureau of Indian Standards (BIS)

6. Launch of the ICMR Pensioners' Portal

link:

<https://www.pib.gov.in/PressReleasePage.aspx?PRID=2189667®=3&lang=2>

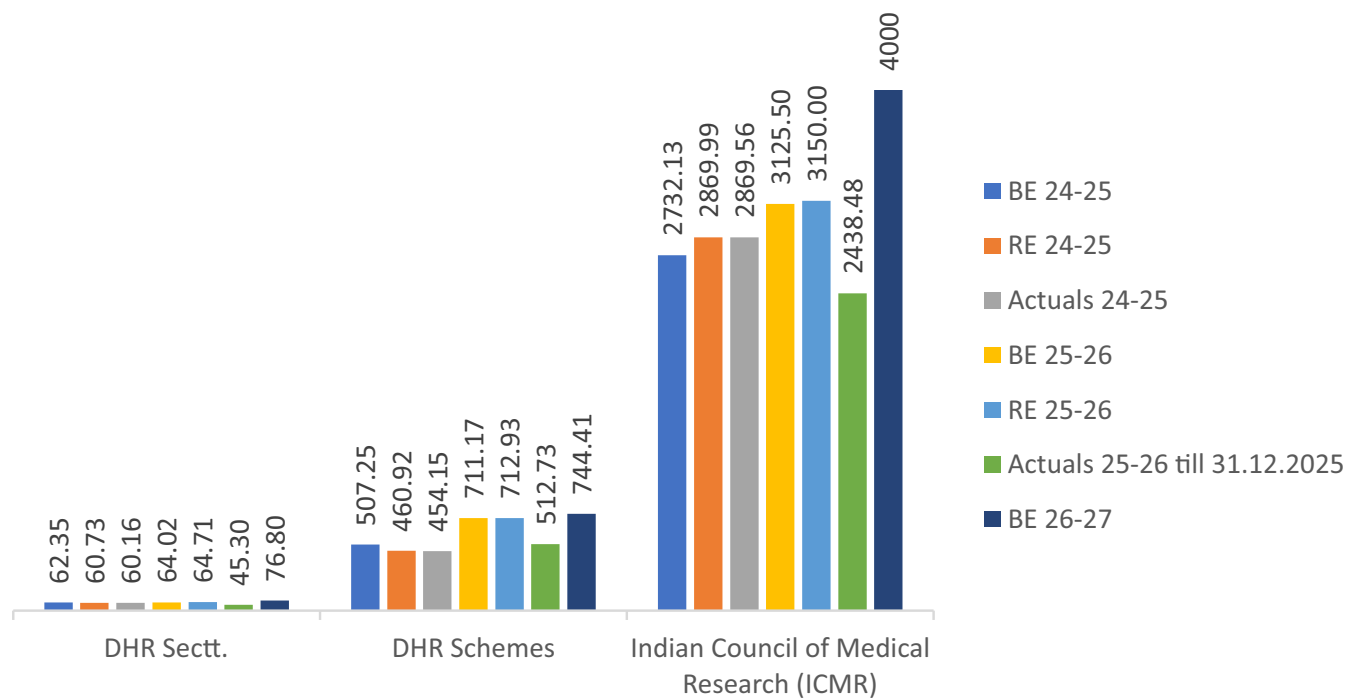


ANNEXURE-I

BE/RE/Actual Expenditure 2024-25 and BE/RE 2025-26 with actual Expenditure upto 31.12. 2025 and BE 2026-27 in respect of Demand No. 47- Department of Health Research

S. No.	Scheme/ Programme	2024-25			2025-26			2026-27
		BE	RE	Actuals	BE	RE	Expenditure as on 31.12.2025	BE
1	Secretariat Expenditure	52.35	42.93	42.66	45.27	46.73	33.24	51.8
2	Health Technology Assessment - attached office	10	17.8	17.5	18.75	17.98	12.06	25
3	Establishment of Network of Viral Diagnostic & Research Laboratories for Managing Epidemics. (VRDL)	60	60.99	60.99	57.24	57.24	43.27	70
4	Development of Tools to prevent outbreaks of epidemics	8	8	8	3.49	3.67	3.28	0
5								
(a)	Establishment of Multidisciplinary Research Units (MRUs) in Govt. Medical Colleges.	60	61.99	61.99	91.65	91.65	57.04	100.27
(b)	Establishment of Model Rural Health Research Units (MRHRUs) in the States	20	18.01	18	58.53	83.35	53.44	71.08
	Sub-total 5 (a to b)	80	80	79.99	150.18	175	110.48	171.35
6								
(a)	Human Resource Development for Health Research (HRD)	81	65	64.67	93	93	69.02	105
(b)	Grant-in-aid Scheme for inter-sectoral convergence and Coordination for Promotion & Guidance on Health Research (GIA)	39.29	34.46	34.46	27	29.25	16.9	24
(c)	Health Technology Assessment in India	24.75	24.75	24.74	27.77	27.77	20.77	21
(d)	International Cooperation	2	0.5	0.17	2	2	0.15	2
	Sub-total 6 (a to d)	147.04	124.71	124.04	149.77	152.02	106.84	152
7								
(a)	Prime Minister's Ayushman Bharat Health Infrastructure Mission - Main	137.21	137.21	131.24	221.32	197.83	165.17	221.32
(b)	Programme for strengthening Research & Development towards integrated disease control and pandemic preparedness for the National One Health Mission	75	50	49.89	124.18	124.18	80.7	124.18
(c)	Health emergency preparedness and response (HEPR) Trust Fund	-	0.01	0	4.99	2.99	2.99	5.56
	Sub-Total 7 (a to c)	212.21	187.22	181.13	350.49	325	248.86	351.06
	Sub-total DHR Schemes (3 to 7)	507.25	460.92	454.15	711.17	712.93	512.73	744.41
8	Indian Council of Medical Research (ICMR)	2732.13	2869.99	2869.56	3125.5	3150	2438.48	4000
	Grand Total	3,301.73	3,391.64	3324.14	3,900.69	3927.6	2996.51	4821.2

BUDGETARY ALLOCATION AND EXPENDITURE





सत्यमेव जयते

Department of Health Research
Ministry of Health & Family Welfare
Government of India
New Delhi