INDIAN COUNCIL OF MEDICAL RESEARCH

Department of Health Research – Ministry of Health & Family Welfare
Government of India

Media report (5 April to 12 April 2019)
(ICMR IN NEWS)

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Preface

The PR Unit/PRO office of ICMR since last one and half years have reached from (where is ICMR located) to (everyday mention of ICMR and DG ICMR in National Media). This change from where to why signifies the media visibility and importance of our organization within this stipulated time duration.

Every week Indian Council of Medical Research and Director General ICMR are mentioned by dozens of daily news papers, periodicals and magazines including online editions.

This week's reports (ICMR IN NEWS dated 5 to 12 April 2019) includes the mention Indian Council of Medical Research (ICMR) in 17 news papers including top news papers such as Hindustan Times, The Indian Express, the New Indian Express, The Mint and Business Standard etc.

As an organization we first need to fill internal information vacuum at the headquarters as well as the Institutes for better visibility of ICMR which will pave way for complete dilution of external information gap between ICMR and external public including media, government and other related organizations.

Syed Adil Shamim Andrabi

Information Interface Officer/PRO

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VP concerned over rise in non-communicable diseases

April 5, 2019/Devdiscourse

Vice President M Venkaiah NaiduFriday described the rise in non-communicable diseases as a "deeply disturbing trend" and called upon the medical fraternityto educate the people on the dangers of leading sedentary lifestyles. Naidu quoted a 2017 report of **Indian Council of Medical Research (ICMR)**, which said that the burden from non-communicable diseases increased from 30 per cent to 55 per cent between 1990 and 2016, while the communicable diseases dropped from 61 per cent to 33 per cent in the same period.

He was addressing the Annual Meeting of the National Interventional Council (NIC) of the Cardiological Society of India at the Sanjay Gandhi Postgraduate Institute of Medical Sciences(SGPGIMS) here. Pointing out that factors such as high levels of stress, increased incidence of diabetes, blood pressure, smoking, excessive consumption of alcohol, lack of exercise and lack of proper sleep were contributing to cardiovascular diseases, he said that lifestyle modification was one of the key interventions needed to prevent premature heart attacks.

Naidu said that it had been proven beyond doubt that regular moderate intensity aerobic exercise like brisk walking, cycling, jogging, and swimming for five days a week would help in reducing the probability of heart diseases. Observing that India stands poised to reap the biggest demographic dividend in history, he opined that a healthy and agile youth was essential to achieve its dream of inclusive and sustainable development and occupy its rightful place of leadership in the world.

The science of equality: Women scientists are battling odds to reach the top

April 6, 2019/Hindustan Times

When the Mangalyaan blasted off into space in November 2013, it also launched into orbit a pioneering group of space scientists, who captured the popular imagination as India's rocket women – exemplified by a viral photo of scientists laughing and celebrating the event. Young scientists such as Moumita Dutta, Ritu Karidhal and Minal Rohit spawned numerous articles and even a book, all while working diligently towards India's next big space project: the second lunar mission or Chandrayaan-2. Dutta, who was part of the team of 500 scientists that launched the frugal mission, worked at the Ahmedabad-based Space Applications Centre. She was a student when she read in the newspapers about India's maiden moon mission, and was inspired to work for the space agency – just like her colleagues who came from myriad backgrounds and worked for months to make the mission a success. Then, in 2017, renowned medical researcher Soumya Swaminathan made global headlines when she was appointed deputy director general at the World Health Organisation. Swaminathan, who was working as a secretary in the health ministry and was the director-general of the **Indian Council of Medical Research** (the second woman to hold this post), pioneered tuberculosis research in India and her elevation marked an important step for Indian women scientists at the global level. Swaminathan is best known for her work in the detection and prevention of tuberculosis, which kills upwards of 400,000 people in India every year – the highest in the world. She pushed for interdisciplinary

research and shifted the focus to clinical trials, especially among vulnerable and underprivileged population.

Bid to leash science glare on ayush
April 7, 2019/The Telegraph

The Centre has asked research institutions to consult experts in traditional systems of medicine such as ayurveda or yoga before conducting studies in these subjects, prompting many scientists to allege an attempt to curb academic freedom. The April 2 "advisory" from the Union ministry of ayurveda, yoga and naturopathy, unani, siddha and homoeopathy (ayush) asks all "non-ayush researchers, scientists and institutions" to involve "appropriate ayush experts" when investigating ayush treatment. It has told India's scientific agencies, the **Indian Council of Medical Research** and the University Grants Commission that non-ayush researchers should have their outcomes and findings vetted by ayush experts "to prevent incorrect, arbitrary and ambiguous statements about ayush".
The document has cited a "need to protect the public image of ayush" and suggested that scientific studies published by non-ayush researchers without consulting ayush experts may "damage the credibility and sanctity of the whole system". It says the potential and scope of ayush in public health care "cannot be jeopardised and people (should) not be distracted or dissuaded from resorting to ayush from arbitrary statements and unfounded conclusions in scientific studies related to ayush". The move comes against a complex backdrop of a thriving market for unproven remedies as well as scientific efforts to probe traditional systems such as ayurveda or yoga through modern experimental biology or medicine, including human clinical studies.

Government may ban over 150 combination drugs
April 7, 2019/Live Mint

NEW DELHI: More than 150 combination drugs have been found to lack therapeutic justification and have been recommended to be banned by an expert panel, two people aware of the matter said. The Chandrakant Kokate-led expert panel, which was probing the efficacy of about 500 fixed dose combination (FDC) drugs, submitted its report to the Drugs Technical Advisory Board (DTAB) on 2 April, the people said, requesting anonymity. "The report has suggested quite a number of FDCs are irrational and hence recommended them to be banned," said one of the two people cited above. DTAB, the government's top advisory body on drugs, has formed a subcommittee to review the panel's report and "validate the findings before the government takes a final decision on the fate of these drugs", the person said. The report, if accepted by the government, could deal another blow to domestic drug makers. Therapeutic benefits of many combination medicines sold in India are suspected to be doubtful and some may even pose health risks, prompting the government to launch a crackdown on such "irrational" drugs. The government banned 344 such combination drugs in 2016.
The 500 or so FDCs made up the second batch of combination drugs that were examined by the Kokate panel. An FDC drug contains two or more active ingredients in a fixed dosage ratio. The subcommittee to review the panel's report has been formed under the chairmanship of Nilima Kshirsagar, chair of clinical pharmacology at the **Indian Council of Medical Research**. Dr C.M. Gulati, a health expert and editor of medical journal Monthly Index of Medical Specialities, said: "The Kokate committee earlier examined only certain FDCs. However, there were

other FDCs that are in the market but not screened and, therefore, we landed up in a situation where a relatively better FDC got banned by the Kokate committee, while a relatively worse FDC continues to be sold even today."

Institutions wanting to conduct biomedical, health research must have ethics committee: ICMR
April 8, 2019/Business Standard

All institutions wanting to conduct biomedical and health research will now be required to have an ethics committee that will monitor it and review the study before initiation, according to new guidelines issued by the **Indian Council of Medical Research (ICMR)**. The aim is to safeguard safety, rights, welfare of research participants, a senior official said. The ICMR National Ethical Guidelines for Biomedical Research have become mandatory and need to be followed for all biomedical research in the country as per the New Drugs and Clinical Trials Rules, 2019, released recently by the Ministry of Health, the official said. This is for the first time the biomedical and health research is going to be regulated through the ethics committee and a system is being set up by the ministry. The Ministry of Health has designated the Department of Health Research as the authority for registration of ethics committee that reviews such research works and thereby helps in safeguarding the safety, rights, welfare of research participants.
The committee shall be required to register with the authority and the registration would remain valid for a period of five years from the date of its issue, unless suspended or cancelled by the authority. The ICMR National Ethical Guidelines will guide the ethical requirements for all institution that are engaged in such research works whether it is medical colleges, research institutions, universities, public or private funded institutions, non-governmental organisation or others.

National Ethical Guidelines For Biomedical, Health Research Becomes Mandatory
April 8, 2019/Express Healthcare

Indian Council of Medical Research's (ICMR) National Ethical Guidelines for Biomedical Research has become mandatory and needs to be adhered to for all biomedical research in the country as per the New Drugs and Clinical Trials Rules 2019 released recently by Ministry of Health and Family Welfare, Government of India. This will be effective after 180 days from the date of publication of Gazette. These details are included under clauses 15, 16, 17, 18 under Chapter IV of the New Drugs and Clinical Trial Rules. This is for the first time that biomedical and health research is going to be regulated through the ethics committees and the system is being set up by Ministry of Health and Family Welfare which has designated Department of Health Research, as the authority for registration of ethics committee that review such research and thereby help in safeguarding the safety, rights, welfare of research participants. The salient requirements are:

- Any institution or organisation which intends to conduct biomedical and health research shall be required to have an Ethics Committee (EC) which has been constituted, functions and maintains records in accordance to ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, 2017. EC shall review the research before initiation and oversee throughout the duration of the research.

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Dr Balram Bhargava, Secretary, Department of Health Research and Director General, ICMR, stated "The inclusions of clauses to govern biomedical and health research in the New Drugs and Clinical trials Rules, 2019 will bring about the much needed transparency and accountability in the regulation of biomedical and health research in India. This would help to improve the quality of research outcomes while ensuring protection of research participants and responsiveness to the health needs of our people."

मरीज की मर्जी बिना नहीं होगा क्लीनिकल ट्रायल

April 8, 2019/sehat365

नई दिल्ली,
किसी नई दवा, मेडिकल उपकरण या वैक्सीन बनाने के लिए अब मरीज की अनुमति बिना क्लीनिकल ट्रायल नहीं किया जा सकेगा। अगर चिकित्सक या संस्थान मरीज पर इस तरह का प्रयोग कर रहा है उसके लिए पहले मरीज को इसकी पूरी जानकारी देनी होगी, मरीज की लिखित सहमति के बाद ही उसे क्लीनिकल ट्रायल में शामिल किया जा सकेगा। कई चरण के बदलाव के बाद सोमवार को आईसीएमआर ने बायोमेडिकल साइंस संबंधित क्लीनिकल ट्रायल के लिए एथिक गाइडलाइन जारी की।
भारतीय आयुर्विज्ञान अनुसंधान संस्थान, आईसीएमआर द्वारा जारी गाइडलाइन के अनुसार किसी भी तरह के ऐसे ट्रायल से पहले आईसीएमआर की एथिक्स कमेटी उस ट्रायल को मंजूरी देगी, जिसके बाद ट्रायल के बाद इसके प्रभाव और दुष्प्रभाव के मरीज और दवा कंपनी को जिम्मेदारी माना जाएगा। केन्द्रीय स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा जारी एक औपचारिक आदेश के अनुसार किसी भी प्राइवेट, निजी, स्वयं सेवी संस्थान या फार्मेसी आदि द्वारा मानव शरीर पर किए गए प्रयोगों के लिए अनुमति अनिवार्य कर दी गई है। आदेश जारी होने के 180 दिन बार यह नियम लागू किए जा सकेगें। मालूम हो कि सबसे पहले वर्ष 1980 में आईसीएमआर ने पहली बार क्लीनिकल एथिक्ट गाइडलाइन्स जारी की थीं, जिसके बाद वर्ष 2000 और 2006 में इसे संशोधित किया गया। एक बार फिर बदलते ट्रेंड को देखते हुए वर्ष 2017 में पहली राष्ट्रीय क्लीनिकल एथिकल ट्रायल गाइडलाइन जारी की गईं, जिसे डीएचआर स्वास्थ्य शोध विभाग की मदद से सोमवार को जारी किया गया। जानकारी देते हुए आईसीएमआर के निदेशक डॉ. बलराम भार्गव ने बताया कि एथिक्स कमेटी की गाइडलाइन जारी होने के बाद शोधकार्यो में पारदर्शिता बरती जा सकेगी यह स्कूल और कॉलेज के शोधकार्यो पर भी लागू होगी। मालूम हो कि इस समय स्टेम सेल्स के शोध को लेकर सबसे अधिक मरीजों पर प्रयोग किया जाता है, जिसकी उनकी जानकारी भी नहीं दी जाती।

Now all biomedical and health research to be regulated through the ethics committees

April 8, 2019/Health Live

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Dr. Balram Bhargava, Secretary, Department of Health Research and Director General, ICMR, stated "The inclusions of clauses to govern biomedical and health research in the New Drugs & Clinical trials Rules, 2019 will bring about the much needed transparency and accountability in the regulation of biomedical and health research in India. This would help to improve the quality of research outcomes while ensuring protection of research participants and responsiveness to the health needs of our people."

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Dr Balram Bhargava, Secretary, Department of Health Research and Director General, ICMR, said these inclusions of clauses to govern biomedical and health research in the New Drugs & Clinical trials Rules, 2019, will bring about the much needed transparency and accountability in the regulation of biomedical and health research in India.

Ethical Guidelines mandatory for any Biomedical Research in India: ICMR

April 9, 2019/Medical Dialogues

New Delhi: **Indian Council of Medical Research's (ICMR)** National Ethical Guidelines for Biomedical Research has become mandatory and needs to be adhered to for all biomedical research in the country as per the New Drugs and Clinical Trials Rules 2019 released recently by Ministry of Health and Family Welfare, Government of India.

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Government to use mobile technology for ensuring full immunisation coverage

April 10, 2019/Live Mint

In a bid to ensure full immunization coverage, the ministry of health and family welfare is toying with the idea of using mobile technology for data collection and analysis. As the main challenges identified in achieving 100% immunization coverage are related to collecting, analysing and utilising data, the union health ministry in collaboration with Biotechnology Industry Research Assistance Council (BIRAC) under Department of Biotechnology (DBT), **Indian Council of Medical Research (ICMR)** and the Bill & Melinda Gates Foundation has granted aids under its Immunization Data-- Innovating for Action (IDIA) initiative. The initiative will support innovative solutions for streamlining data systems for immunization.

During a meeting convened on Wednesday, the government selected nine grantees and each one has been awarded up to $ 200,000. Under phase-I, the grantees will test their innovative approaches for a period of 12-18 months. The most successful projects will then be scaled up, with the ultimate objective of being integrated into the government's immunization programme. Some of the most interesting innovations put forth were from the INCLEN Trust International that will help improve the immunization data quality by linking immunization data with beneficiaries' Aadhar and mobile number, developing data monitoring tools for tracking, and generating timely and appropriate data inputs for Health Management Information System. Similarly, NEERMAN's pilot will translate the Mother and Child Tracking System and Electronic Vaccine Intelligence Network (eVIN) data into a common format and store it onto a secure, decentralized and block chain database for recording and analyzing data from disparate sources.

The Indian Institute of Information Technology and Management Kerala will build a data and block chain technology powered mobile/web solution (Immunochain) to improve vaccines traceability – from manufacturing facility, through the distribution mechanisms in cold storage network and the vaccine handling facilities, till the end consumer.

Kerala government seeks National Centre for Disease Control help to trace origin of West Nile virus

April 11, 2019/The New Indian Express

As the source of the West Nile virus infection remains untraceable, the state Health Department has put forward a proposal to the National Centre for Disease Control (NCDC) to find its origin. A mosquito-borne disease mostly reported in the continental United States, it had claimed the life of a six-year-old boy in Malappuram last month. The proposal is to conduct epidemiological and entomological studies in Malappuram and Kozhikode districts. Earlier, the Union Ministry of Health had dispatched a multi-disciplinary team from NCDC to support the state in managing the disease. "A request in this regard has been forwarded to the NCDC and we are awaiting their reply. Finding the cause of the virus is important. For that the help of the **Indian Council of Medical Research** will also be sought," said Rajeev Sadanandan, Health Secretary. In March, after the WNV was reported, Secretary, Union Ministry of Health, had held a meeting with the state Health Secretary and reviewed the situation. Following the meeting, a multi-disciplinary team comprising of Dr Ruchi Jain, RHO Thiruvananthapuram, Dr Suneet Kaur, Assistant Director, NCDC, Dr E Rajendran, Entomologist, NCDC-Calicut and Dr Binoy Basu, EIS Officer, NCDC, were dispatched to assess the

situation. “The findings of the team have been submitted to the ministry,” said Dr Ruchi Jain.

National symposium on evidence synthesis held in Delhi

April 11, 2019/Outlook India

A national symposium on evidence synthesis began in Delhi on Thursday with a focus on making science and synthesised knowledge the bedrock of all societal and policy interventions in the areas of public health, medicine and social development.
The symposium is being organised by The George Institute for Global Health and the Campbell Collaboration. Delivering the keynote address on 'Synthesising and Contextualising Evidence for Medicine and Public Health in India: Need and Way Forward', Professor Prathap Tharyan said evidence-informed health policy requires investments and partnerships between those who generate the evidence, those who disseminate it, those who frame policies and those who implement them.
Every policy decision should have an evidence footprint, said Tharyan, the Director of B V Moses Centre for Research and Training in Evidence-Informed Health Care and Health Policy at the Christian Medical College, Vellore. Tharyan said that there was a need to recognise systematic review as a legitimate form of original research.
"Currently, the Medical Council of India does not recognise systematic reviews as a form of original research and this needs to change if we need to improve the quality of evidence for policy-making," he said. Dr. Anju Sinha, Deputy Director General of **Indian Council of Medical Research**, read out a message of ICMR Director General Balram Bhargava and said evidence synthesis was critical in influencing policy and practice that can move us closer towards universal health coverage and sustainable development goals.

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Cell Line Development Market Size to Surpass US$ 7,200 Mn by the End of 2028

April 11, 2019/Facts Week

According to International Agency for Research on Cancer, the number of new cancer cases per year is expected to rise to 23.6 million by 2030 globally. In recent times, cell line development and its applications are considered as potential tools in oncology research. Cell lines are projected to be used for development of new treatment pathway for various disease including cancer and neurological diseases. According to a latest research by Future Market Insights (FMI), the global cell line development market size is anticipated to account for over US$ 7,200 Mn, in terms of value, by 2028 end. The report on cell line development market further projects significant growth potential with CAGR at 7.2% through 2028. Rapid increase in prevalence of cancer and neurology disorders and lack of efficient treatment solution for these diseases has created the need of more advanced and efficient treatment pathway. Companies and government organizations are investing on research and development activities and are also focusing more on cell line development in search of new cellular pathway to develop novel drugs. The increased spending on biosimilar R&D from exiting biopharmaceutical companies would provide boost to cell line development market. In recent time the contract research organizations are focusing on cell line development and cell line research activities. According to National Institutes of Health (NIH) the estimated total federal spending on all type of stem cell line research for 2017 is US$ 1.58 Bn. In developing countries like India, government is supporting cell line development through national funding agencies like Department of Biotechnology (DBT), **Indian Council of Medical Research (ICMR),** and Department of Science and Technology (DST). Regenerative medicines are the next generation treatment solution and Cell Line Development or Cell Culture is a vital part for regenerative medicine. Increasing demand of regenerative medicines in cancer treatment would positively impacting the growth of Cell Line Development market over the forecast period.
The biopharmaceutical companies operating in development of novel drug line are expected to hold promising revenue opportunity in cell line development market.
Future Market Insights (FMI) has segmented the cell line development market based on product type, cell line source type, end user, type of cell line and region.

India: Surrogacy Bill And ART Bill: Boon Or Bane?

April 11, 2019/Mondaq

Assisted Reproductive Technology (ART), as commonly understood, comprises procedures such as in-vitro fertilisation (IVF), intra-uterine insemination (IUI), oocyte and sperm donation, cryopreservation and includes surrogacy as well. Social stigma of being childless and lengthy adoption processes have increased the demand for ART in India. It is thus not surprising that the ART industry is expected to grow by a compounded annual growth rate of 10%. No legislation currently regulates ART in India. In 2002, the **Indian Council of Medical Research (ICMR)** laid out guidelines for surrogacy. Further, in 2005, the ICMR issued the 'National Guidelines for Accreditation, Supervision and Regulation of ART Clinics in India' (ICMR Guidelines), which inter alia, prescribed the conditions that ART clinics need to comply with. Both the above initiatives did not have any legislative backing. Thereafter, the Assisted Reproductive Technology Bill (ART Bill) was first proposed in 2008, with the final version being brought out in 2017. The Surrogacy (Regulation) Bill, 2016 (Surrogacy Bill) was passed by the Lok Sabha in

December, 2018, and is currently pending Rajya Sabha approval. Some of the provisions of the ART Bill and the Surrogacy Bill merit scrutiny. For instance, only an 'infertile couple' is eligible to avail of ART under the ART Bill with the term 'couple' being narrowly defined to mean only a heterosexual relationship of a marriage or a live–in relationship. A man above 50 years and a woman above 45 years are not eligible for ART, thus preventing older persons (who might be most in need of it) from accessing it.

Health ministry puts stem cell in 'new drugs' list, man moves court to continue treatment

April 12, 2019/The Indian Express

AT THE end of March, a New Delhi-based clinic informed Aditya Bhatia that it could no longer continue the stem cell treatment it had been giving him for five years for his condition of muscular dystrophy. On Tuesday, the 29-year-old athlete and businessman filed a writ petition in Delhi High Court asking that the "life sustaining treatment" be allowed. The court is set to hear the case on Friday. The writ petition states that under Article 21 of the Constitution, Bhatia's fundamental right to life and personal liberty has been violated with discontinuation of the stem cell treatment that he was undergoing, and an interim status quo must be permitted until clinics manage to procure licence for stem cells. On a video call, Bhatia slowly mouths his words. "Muscles in my face, shoulder and arms have become weak again. Imagine simple acts of speaking, smiling, kissing, lifting a cup. I can't perform them easily." On March 19, the Union Health Ministry had notified New Drugs and Clinical Trial Rules, 2019, which for the first time include "stem cell derived products" as "new drugs". Dr Pradeep Mahajan, CMD of StemRx Bioscience Solutions, however, said that stem cells are currently regulated under no law in India. "The move of government to bring in some rules is welcome. We need more clarity on application of stem cells." Multiple experts The Indian Express contacted also said patients cannot be given false hope with stem cells.
According to Muscular Dystrophy Foundation of India, there are 1,800 patients registered in country. About 45 of them were undergoing stem cell treatment and have shown improvement. The foundation's website states it has temporarily suspended the treatment. In 2017, the **ICMR** published guidelines on conditions for which stem cells could be administered. Muscular dystrophy was not in the list. The guidelines raised concern over possible commoditisation of embryos to develop human embryo stem cells. It also mandated only clinicians with domain knowledge to conduct stem cell trials.

With regards,

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