GOVERNMENT OF INDIA MINISTRY OF HEALTH AND FAMILY WELFARE DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 2186 TO BE ANSWERED ON 23RD SEPTEMBER, 2020

PROMOTION AND GUIDANCE ON HEALTH RESEARCH

2186. DR. PRITAM GOPINATHRAO MUNDE: SHRI CHANDRA SEKHAR SAHU:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Government has implemented 'Grantin- aid scheme for Inter-sectoral convergence and co-ordination for promotion and guidance on health research as a flagship programme;

(b) if so, the details thereof;

(c) the priority area identified for research under this flagship programme;

(d) the financial assistance for carrying out research studies in identified areas for each State/UT since its inception; and

(e) the extent to which the research studies are beneficial to the public health?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY)

(a) & (b) Yes. Department of Health Research provides support for research projects in the form of Grant-in-aid under 'Grant-in-Aid (GIA) Scheme for Inter-Sectoral Convergence and Coordination for Promotion and Guidance on Health Research' for carrying out research studies across the country to identify the existing knowledge gap and to translate the existing health leads into deliverable products.

(c) Some of the priorities areas identified for research under the said scheme are as follows:

1.Research Studies in areas relevant to Public Health:

2. Programme for Translational Research:

3.Programme for Inter-sectoral Co-ordi-nation including funding of joint projects:

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

5.Additional priorities areas include the following:

- i) Innovation in Health Technologies
- ii) Health Technology
- iii) Environment and Health
- iv) Studies on emerging pathogens: outbreak/epidemics potential including COVID-19
- v) GIS based disease mapping/ surveillance

(d) A statement containing State/ UT-wise details of financial assistance approved to research studies since inception of the scheme is laid on the Table of the House

(e) Under the scheme, research projects having public health relevance were given priority for support. Many products/ kit/ assays/ technologies were developed under the project to whom financial assistance was provided. A statement containing the outcomes of GIA Scheme in brief is laid on the Table of the House.

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State/UT	Financial Assistance	
West Bengal	2,05,20,805	
Uttarakhand	95,75,963	
Uttar Pradesh	3,10,54,987	
Telangana	3,76,57,632	
Tamilnadu	8,79,10,755	
Rajasthan	4,97,52,078	
Punjab	3,88,05,889	
Puducherry	1,53,67,567	
Odisha	47,87,053	
Meghalaya	78,58,564	
Maharashtra	17,42,53,328	
Madhya Pradesh	1,49,18,804	
Kerala	3,43,45,759	
Karnataka	1,37,76,118	
Jammu and Kashmir	1,15,97,770	
Himachal Pradesh	2,87,32,374	
Haryana	45,99,594	
Gujarat	1,26,62,961	
Delhi	52,86,32,764	
Chandigarh	9,07,26,051	
Assam	1,26,59,275	
Andhra Pradesh	48,68,360	

- 1. Anti-CCHF sheep/goat IgG ELISA for detection of anti-CCHF IgG antibodies in sheep and goat. The developed technologies were transferred to ZydusCadila through ICMR, New Delhi. Using this kits, animals can be screened at field level before trade and transport. This kit may also help in monitoring the virus presence in animals and identifying high-risk areas.
- 2. Anti-CCHF Bovine IgG ELISA for IgG detection in bovine. The developed technologies were transferred to ZydusCadila through ICMR, New Delhi. Using this kits, animals can be screened at field level before trade and transport. This kit may also help in monitoring the virus presence in animals and identifying high-risk areas.
- 3. Anti-CCHFV human IgG ELISA for IgG detection in human. The developed technology has been transferred to ZydusCadila through ICMR, New Delhi. This ELISA can be used to estimate the CCHF prevalence in the endemic or new areas.
- 4. Digital Magnivisualizer for early and accurate detection of cervix and oral cancer. This is cost-effective and indigenously developed product which may be beneficial in detection of cervical cancer in low-cost settings.
- 5. Fabric platform based glucose sensors for detection of diabetes. This is an indigenously developed cost-effective and clinically validated technology for detection of glucose in blood sample of diabetic patients.
- 6. LAMP assay for diagnosis of malaria from finger prick blood in human. This is easy, cost-effective and less time consuming technology developed for diagnosis of malaria in low-settings.
- 7. Computer aided wound image analyzer for chronic wound management. Thiscomputer aided wound assessment tool may assist health professionals to monitor the healing of chronic wound during treatment. It may also provide clinical guidance through tele-wound care in remote areas where there is lack of clinical expert in wound management.
- 8. Nano-engineered biodegradable polymer-composite system for bone-soft tissue. This is a technology may be used in orthopaedics applications.
- 9. **Collagen scaffold from fish scale waste.** This is a low-cost product developed from waste scales of fish red snapper and could be used as bone substitute material.
- 10. Precise evaluation of the intestinal uptake of beta-carotene and lutein. This may helpful in understanding the precise estimation of beta-carotene and lutein.
- 11.3D/Stereoscopy Based Virtual Reality Simulation Platform for Endoscopic Neurosurgery Training and Preoperative Neurosurgical Planning. This technology may be helpful in enhancing the skills of neurosurgeon in delivering precise surgical procedures.

Inter-sectoral Research:

- a. Nationwide survey of Crimean Congo Hemorrahagic fever virus (CCHF) in domestic animals & epidemiology, risk factors &sero-prevalence of CCHF infection among humans in rural population in Gujarat
- b. To determine the prevalence of rickettsial disease and Q fever and identify the vectors transmitting these diseases in urban and rural communities in Northern Tamil Nadu
- c. Burden of scrub typhus disease, its determination and spatial distribution in Madhya Pradesh.

d. Development of an Atlas of Cancer in Haryana State.

Health System Research:

- a. Community based studies on maternal health, newborn and infants care through health systems in rural Wardha.
- b. Gender inequalities and barriers of women to seek health care in Uttarakhand.
- c. Assessment of Healthcare Facility Preparedness and Knowledge, Attitude and Practices among Healthcare Providers regarding Gender Based Violence in Delhi Evaluation of Integrated management of neonatal and Childhood illnesses programme in India.
- d. Use of emergency contraceptive pills and other temporary methods of contraception among unmarried youth in Mumbai
- e. Impact of 24-Hour ACS helpline on the thrombolysis rate in Acute Coronary Syndrome in Kangra district: A Cluster controlled trial.
- f. Epidemiological determinants of Hypertensive disorders of pregnancy in a cohort of rural women in Central India.
- g. To evaluate the role of telemedicine in diagnosis of retinal disease in tribal population of Keylong, Lahaul&Spiti of Himachal Pradesh using fundus Photography.
- h. The Lucknow urban and rural elderly follow -up study of ageing, neuropsychiatric and cognitive disorders.

Technology Assessment:

- a. Cost-effectiveness of screening strategies for diabetic peripheral neuropathy (Monofilament Vs Biothesiometer) and diabetic foot care (Routine Vs optimal care) – A comprehensive health technology assessment in the state of Maharashtra, India
- Leveraging Digital Technology for Health Care Delivery: A randomised controlled trial to assess effectiveness of an e- Health intervention to manage gaming disorder
- c. Cost effectiveness of cochlear implants in India comparative study
- d. Cost-Effectiveness of Tapentadol in Palliative Oncology Patients in India

Human Resource Development and knowledge generation:

More than 200 manpower/young researchers have been trained in various areas of biomedical research and nearly 150 research papers have been published.