

## â€œICMR provides encouraging leads for product developmentâ€?

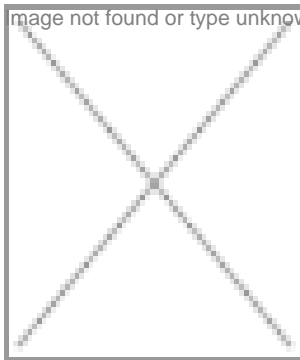
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**-Dr Vishwa Mohan Katoch**, director general, Indian Council of Medical Research and secretary, Department of Health Research, New Delhi

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The Indian Council of Medical Research (ICMR), New Delhi, the apex body in India for the formulation, coordination and promotion of biomedical research, is one of the oldest medical research bodies in the world. It is funded by the Department of Health Research (DHR), Ministry of Health, Government of India.

ICMR promotes biomedical research in the country through intramural as well as extramural researches, and the DHR aims at bringing modern health technology to people by encouraging, translating and introducing innovations into public health service through research on health-related

In an exclusive interview with BioSpectrum, Dr Vishwa Mohan Katoch, director general, Indian Council of Medical Research (ICMR) and secretary, Department of Health Research, New Delhi, shares his views on key operations and priorities of ICMR, translational research, role of DHR and a host of other issues.

**Q** Which diseases are considered as top priority by the ICMR and what are the steps taken to eradicate them?

Diseases of major public health importance are our priorities. Communicable diseases such as influenza, poliomyelitis, HIV, tuberculosis, malaria, and diarrhoea; non-communicable diseases such as diabetes mellitus, cardiovascular diseases, cancer, and central nervous system-related disorders; reproductive health issues such as development of new contraceptives for both male and female, infertility, reproductive tract infections, menopause and osteoporosis; and healthcare issues related

to tribal and marginalized populations, are some of the priority areas for ICAR.

**Q** What are the initiatives taken by the ICMR to promote translational research?

In the 10th Five Year Plan, the ICMR gave importance to developing infrastructure for conducting fundamental and strategic research. This has resulted in research that has provided encouraging leads for developing new products. In the 11th Five Year Plan, efforts are taken to develop products. Based on a list of programs that have the potential for translation into the National Health Care Program/Clinical Practice, the secretary of the DHR, had identified about 103 technologies/programs out of which 53 top priority technologies/programs were short-listed on a priority basis.

The Scientific Advisory Group took stock of the technologies developed and recommended that a unit be created at the ICMR headquarters, and cells to be created at the institute-level, to closely monitor the progress, and extend all assistance translational research. Accordingly, 26 translational research cells with three to four members, and a chairperson have been formed at each of the 26 ICMR's institutes/centers. The list of these technologies are updated every three-to six months depending on the priority of the project. Moreover, scientists at some of the institutes have also planned to initiate new projects under translational research. Workshops were also conducted for dissemination of scientific knowledge for its wider application and its potential for commercialization.

**Q** What kind of collaborations are initiated by the ICMR with the industry?

The ICMR is partnering with the industry in development and evaluation of new vaccines, drugs and diagnostic tests. Some of the technologies developed at the ICMR institutes are shared with the National Research Development Corporation (NRDC) and the Biotechnology Industry Research Assistance Council (BIRAC) for commercialization.

**Q** What is the role of DHR in transferring technology for the benefit of people?

Development of infrastructure for technology transfer is the thrust area of the DHR, whereas the ICMR serves as the fulcrum for all scientific activities aimed at generation of knowledge and its evaluation. The DHR supports medical colleges and state governments for setting up of model rural research units, virology networks, and specialized centers; and also for improving research governance. The technologies that are developed by the ICMR institutes would be considered on a priority basis, to develop products that are useful for the community.

**Q** Which are the areas of focus for ICMR in the coming years?

The ICMR is addressing issues related to encouraging healthcare research in medical colleges, strengthening capabilities and skills of the institutions for diagnosis of viral diseases; translation of promising leads generated in the institutes of the ICMR into products; and setting up of specialized centers in project mode. And at the same time, if these centers need long-term support, they would be moved under the DHR.

Our future focus is on research programs aimed at control and management of infectious diseases, improving the healthcare of people living in the North-Eastern States and also in marginalized populations.

**Q** What are your views on the regulatory mechanism existing in India?

Technology should reach the people. However, there is a need for strict evaluation, and for that purpose, if more people are required, then we will recruit accordingly. Also, there should be a specific timeframe for resolving all the related issues.

**Rahul Koul in New Delhi**