

**Minutes of the meeting of 'ICMR Tribal Health Research Forum' (THRF)  
held on 2<sup>nd</sup> and 3<sup>rd</sup> November, 2016 at National Institute for Research in Tribal Health  
(NIRTH), Jabalpur**

Sixth Annual meeting 'Tribal Health Research Forum' (THRF) was organized by NIRTH, Jabalpur on November 2<sup>nd</sup> and 3<sup>rd</sup>, 2016. The meeting was chaired by Lt. Gen. (Retd.) Dr. D Raghunath, Advisor, THRF.

The list of participants is at *Annexure - I*.

Dr. Neeru Singh, Director, NIRTH, welcomed Secretary DHR and DG, ICMR (over the internet), Lt. Gen. Raghunath, Advisor-THRF, Dr. N. K. Chaubey, General Secretary, National Social Science Congress, and other participants and requested Lt. Gen. (Retd.) Dr. D. Raghunath to chair the meeting and conduct the proceedings, as DG, ICMR could not come due to urgent meeting in New Delhi.

The meeting began with the release of Tribal Atlas prepared by NIN, Hyderabad.

Following the release of Atlas, **Dr. Soumya Swaminathan, Secretary, DHR and DG, ICMR**, addressed the gathering through 'Skype'. In her address, she reiterated the need for changing the current situation of poor health and accessibility among tribals, and underscored the need for initiating a special package for all round development of tribals, develop policy notes and identify the areas for recommendation to the Govt. of India and State Governments. She further stressed the need for a concerted work particularly in tribal health research to compile a document to enumerate the achievements of THRF that would highlight the profile and image of ICMR's efforts.

DG, ICMR also emphasized the need to identify the causes of maternal complications, <5 years deaths in tribal areas, NCDs in tribal communities and to initiate more network projects, focussed on tobacco use and hypertension, enlist the disease burden, make efforts to reduce alcoholism, Snake bite deaths, malnutrition etc. In addition, she also urged the need to increase the outreach workers and start a forum of Social scientists in ICMR.

She suggested that tribal populations are distributed in various geographic areas and various projects are being conducted by ICMR institutes. It will be useful if few geographic areas can be identified and various institutes can conduct interventions in these populations depending on their area of specialization. It will enable better coordination and health impact can be measured and projected as major outcome of THRF. She suggested that a few research projects on key priority areas could be initiated utilizing the infrastructure of THRF units and expertise of the corresponding institutes and regional centers.

Challenges in hiring staff for ICMR projects in tribal areas were highlighted by scientists. Dr. Swaminathan suggested that guidelines for recruitment in tribal areas can be adapted to enable easy recruitment.

**PRESENTATIONS ON THE WORK DONE BY DIFFERENT INSTITUTES, ESPECIALLY ON TRIBALS**

The project presentations from the participating Institutes / Centers and the comments / suggestions are as follows.



**1. National Institute for Research in Tribal Health (NIRTH), Jabalpur**

**Dr. Neeru Singh, Director, NIRTH, Jabalpur and Coordinator THRF** presented the activities carried out by the Institute.

***Comments/ Suggestions:***

The Chairman and all partners appreciated the overall progress of work and indicated that the impact of THRF activities was visible.

**2. National Institute of Research in Tuberculosis (NIRT), Chennai**

**Dr. Beena Thomas, Scientist 'E', NIRT** progress on the multicentric Tribal TB project entitled, "Estimate the burden of TB among the tribal population and develop an innovative health system model to strengthen TB control", being the overall PI-cum-Coordinator of the study.

***Comments/ Suggestions:***

It was suggested to integrate the populations and to teach them how to connect to Govt. Systems so that they can get benefits of the facilities available.

**3. National Institute of Nutrition (NIN), Hyderabad**

**Dr. A. Laxmaiah, Scientist 'F', NIN** presented the progress and status of various activities of NIN relating to tribals particularly on assessment of nutritional status, health and lifestyle of women etc.

***Comments/ Suggestions:***

Nil.

**4. National Institute of Immunohaematology (NIIH), Mumbai.**

**Dr. Malay Mukherjee, Scientist 'E', NIIH** presented the progress of activities on multi-centric studies on NBS, G6PD deficiency and prenatal diagnosis.

***Comments/ Suggestions:***

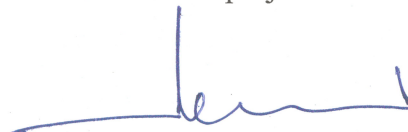
It was suggested to study Pneumococcal infection in Sickle cell diseases (SCD) as well as to continue training and services.

**5. Regional Medical Research Centre (RMRC), Bhubaneswar, Odisha**

**Dr. Bulliyah, Scientist 'E', RMRC** presented the progress on their study "Management of febrile illness at community level in tribal area, Rayagada district, Odisha"

***Comments/ Suggestions:***

The Chairman suggested that third party evaluation of interventions must be carried out. Also, the study findings as well as process indicators need to be documented in addition to carrying out intervention on hypertension project and creation of projects to identify the impacts.



## 6. Vector Control Research Centre (VCRC), Puducherry

**Dr. S. S Sahu, Scientist 'E', VCRC** presented the progress of various activities carried out by the Centre. He also made a request on behalf of the Director, VCRC to withdraw their project on G6PD deficiency / part of work under THRU, as there is a need for Medical Doctor, who is not available due to low salaries provided, which is far less than that given by the local state Govt. Consequently, no medical professional is willing to join the project.

### *Comments/ Suggestions*

The issue of closure / withdrawal or continuation of the THRU at VCRC would be discussed with the Director, VCRC. It was however advised to preserve the suspected samples of JE for any further investigation and research.

## 7. Regional Medical Research Centre (RMRC), Belagavi

**Dr. S. L. Hoti, Scientist 'G' and Director-in-charge** presented the activities and progress of their Center and progress on the G6PD deficiency identified among Sidhi Tribe. He also mentioned that mapping of tribal population in Karnataka is ongoing.

### *Comments/ Suggestions*

It was suggested that efforts to identify hemolysis in G6PD deficient individuals need to be carried out. The proposal entitled, "Assessment of nutritional status and health seeking behavior among Siddhi Tribe in Karnataka" was discussed and accepted to be taken by ICMR with the help of existing staff given to RMRC, Belavagi under the THRU being implemented in the Div. of ECD, wherein RMRC, Belagavi is one of the THRU centers. The Committee recommended to given additional funds for contingency including recurring as well as expenses towards vehicle, video documentation since the study is of the relevance to this THRU.

## 8. National Institute of Epidemiology (NIE), Chennai

**Dr. Prabhdeep Kaur, Scientist 'D', NIE** presented the progress of the Task Force study on NCDs and work on tribes of Western Ghats carried out through THRU.

### *Comments/ Suggestions*

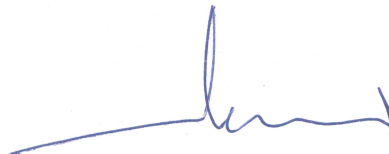
The Chairman suggested that THRU unit work must be independent of the Institute's work.

## 9. Regional Medical Research Centre (RMRC), Port Blair

**Dr. Vijayachari, Director, RMRC (Port Blair)** presented the activities of the Center based on the following: Risk reduction / elimination of infectious diseases, health and nutritional studies on Onges, Great Andamanese, Jarawas and health profile of the tribes.

### *Comments/ Suggestions*

It was suggested to utilize the THRU staff in one project, provide an undertaking / revised report and note on THRU work. As suggested, the same was presented by Dr. Vijayachari to the Chairman on the next day of the meeting, which was accepted and the THRU was recommended for further continuation into 4<sup>th</sup> year w.e.f. 01.05.2016. Accordingly, the funds to be released to this centre by ICMR.



#### 10. Regional Medical Research Centre (RMRC), Dibrugarh

**Dr. P. K. Chellang, Scientist 'E', RMRC (Dibrugarh)** presented the THRF activities carried out at the Centre and THRU on alcoholism among NE tribes.

##### *Comments/ Suggestions*

Lt. Gen. (Retd.) Dr. D. Raghunath questioned the relevance of the study, its rationale and related morbidities and mortalities. He further suggested that work force of THRU must be utilized for the independent work on tribals and not for routine work of the Institute. During the deliberations, the Director, RMRC, Dibrugarh was also consulted regarding Paragonimiasis related work and for continuation of this important work as a task of THRU. It was suggested to develop Paragonimiasis as a major project and send the same alongwith the response to suggestions of THRU Expert Group meeting (held in the Div. of ECD in July, 2016) to Dr. Raghunath for approval for further continuation of THRU at RMRC, Dibrugarh into 4<sup>th</sup> year w.e.f. 01.05.2016.

#### 11. Rajendra Memorial Research Institute of Medical Sciences (RMRIMS), Patna

**Dr. Neena Verma, Scientist 'F', RMRIMS** presented the project activities.

##### *Comments/ Suggestions:*

Regarding the beta-thalassemia trait among adult populations, children in these communities need to be tested and also other individuals need to be tested for beta-thalassemia major.

#### 12. National Institute for Research in Reproductive Health (NIRRH), Mumbai

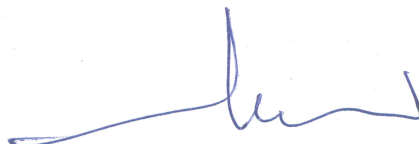
**Dr. Smitha Mahale, Director, NIRRH** presented the progress and activities of the Institute at Palghar District. She informed that RTIs, teenage pregnancies, sickle cell disease, alcoholic liver disease and snake and scorpion bites are the major health problems in the area. She also informed that treatment guidelines and SOPs for snake and scorpion bites have been prepared and also preliminary data has been collected on burden of snake bite in Dahanu block of Palghar district Maharashtra.

##### *Comments/ Suggestions*

The proposal on snake bite and scorpion bite entitled, "Prevention and management of snake bite and scorpion bite envenomation including complications within primary health care system in tribal block of Dahanu, Palghar, Maharashtra: An implementation research project" was discussed and accepted to be taken up by ICMR as a new adhoc extramural research project under TSP or THRU grant is to be given.

#### 13. Centre for Research in Medical Entomology (CRME), Madurai

**Dr. Aprup Das, Director, CRME** introduced the efforts of the Centre and presented the details of initiatives on VBDs and efforts to initiate collaborative studies with Tribal Research Centre (TRC), Ooty on genomic studies and mapping.



*Comments/ Suggestions*

It was suggested that earlier studies on genome mapping by Dr. Pichappan need to be consulted prior to newer studies in tribal populations of Nilgiris. It was suggested to submit draft proposal of MoU with TRC to ICMR.

**14. Desert Medicine Research Center (DMRC), Jodhpur**

**Dr. G. S. Toteja, Director, DMRC and Head Division of Nutrition** presented the progress of project activities through Skype.

*Comments/ Suggestions*

It was suggested that prevalence of TB among Saharias need to be conducted and that the THRU work should be independent of DMRC work.

**15. Division of Epidemiology and Communicable Diseases (ECD), ICMR**

**Dr. Harpreet Kaur, Scientist 'E' and Programme Officer for Tribal Health, Div. of ECD** presented the updated progress of salient activities of tribal health research programme in India being implemented in the Div. of ECD under the Tribal Sub Plan.

Apart from the Division of ECD acting as the administrative body for many of the ICMR's centers which functions as a special mandate to carry out research on health problems of tribal population in close collaboration with state health agencies as well as initial establishment the flagship programme of Tribal Health Research Forum (THRF) under the leadership of Director, NIRTH, Jabalpur, she mentioned about the Tribal Health Research Units (THRUs) of different Institutes / Centres, initiated / funded by the Div. of ECD in 2 phases since 2013-14 that carry out specific research activities on identified diseases and health conditions.

Re-iterating the suggestions of Expert Group meeting held in July, 2016 at ICMR Hqrs., in this regard, she urged some of these units especially VCRC, RMRC-Dib and RMRC-PB to ensure to carry out research work to be in line with the mandate assigned to these Units, with no overlap with the Institute work and to promote / provide cohesive information by all the centers of the THRU network. In addition, she highlighted the efforts of the Div. towards further expansion of Tribal TB project in phase 2 to initiate 4-5 new sites in the current F/Y to include clusters from the North East, Himachal Pradesh, J&K, Kerala etc. NIRT, Chennai will continue to act as coordinating Unit for this study. Lastly, she briefly informed the Forum that the Division also supports research studies from Institutes across the country in extramural mode under tribal Sub Plan especially in the areas of  $\beta$ -thalassemia & Sickle cell diseases, G6PD deficiency, HIV-TB, HPV and malnutrition.

*Comments/ Suggestions*

No Specific comments.

**16. Division of Reproductive Biology & Maternal Health (RBMH), ICMR**

**Dr Shalini Singh, Scientist 'E', Div. of RBHM**, presented the summary of ongoing studies in the area of maternal and reproductive health received under a call for proposals and funded under the Tribal Sub Plan.

*Comments/ Suggestions*

It was suggested that socio-demographic, maternal and child health and reproductive parameters may also be collected when a community is being mapped for disease burden. A

common proforma can be made and shared under THRF for this activity. This can help in developing suitable holistic interventions for improvement in health. Perception of communities about health priorities should also be considered while planning studies.

#### 17. Division of Child Health (CH), ICMR

**Dr. Reeta Rasaily Scientist 'F', Div. of CH**, presented the outline of activities and details of proposals received by the Division. Dr. Reeta also highlighted the gaps from the national survey data related to maternal and child health care indicators among tribal population as well as research needs and plans to initiate task force projects to address some these issues.

#### *Comments/ Suggestions*

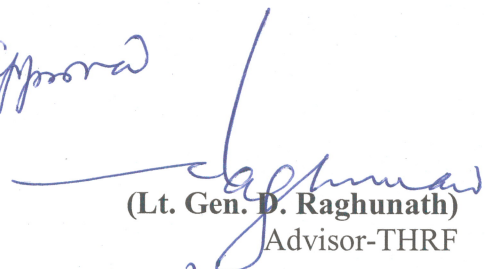
The Chairman indicated that proposals and studies are scattered and hence tribal specific health issues need to be taken up. Real issues need to be detected to bridge the gaps and areas of research should be defined to address the issues in question. Research should target and help in achieving the goals.

During the discussion on MIP project being carried out NIRTH, Jabalpur by PI, Dr. Neeru Singh suggested that a special honorarium to ASHA workers may be granted for bringing pregnant women for follow up as dropout rate was very high. In reply Dr. Shalini Singh suggested that a request with expected budget may be put up for consideration of the PRC. In future research proposals should include such honorariums within the budget head to meet such expenses.

#### General Suggestions and Comments

- Lt. Gen. (Retd.) Dr. D. Raghunath, Advisor, THRF, in the concluding session opined that all THRU's need to have a well defined agenda/theme relevant to their parent institutions. The THRU's in view of limited staff and limited budget should undertake focussed research.
- Efforts to target nutritional and social issues need to be taken up on priority.
- Types of interventions for PVTGs need to be tailor-made and specific to their needs. The Ethical issues- consents should be open, transparent and meticulous.
- The Socio-behavioral activities have to be kept as core activities. It was suggested to use local innovative interventions.
- Reduction in the morbidity and mortality of tribals must be a national priority.
- Efforts to bring tribal social status at par with general populations is most crucial.

Dr. V. G. Rao, Scientist 'G' proposed a vote of thanks.

Approved  
  
(Lt. Gen. D. Raghunath)  
Advisor-THRF  
21/12/16

1. Dr. Harpreet Kaur, Scientist 'E', ECD Division
2. Dr. G. Bulliyya, Scientist 'E', RMRC Bhubaneswar
3. Dr. S.S. Sahu, Scientist 'E', VCRC Puducherry
4. Dr. P.K. Challeng, Scientist 'E', RMRC Dibrugarh
5. Dr. S.L. Hoti, Scientist 'G', RMRC Belagavi
6. Dr. Roshan Kamal Topno, Scientist 'D', RMRIMS, Patna
7. Dr. Smita Mahale, Director NIRRH, Mumbai
8. Dr. Aparup Das, Director CRME, Madurai
9. Dr. P. Vijayachari, Director, RMRC Port Blair
10. Dr. Shalini Singh, Scientist 'E',
11. Dr. Tulsi Adhikari, Scientist 'D', NIMS, New Delhi
12. Dr. Beena Thoma, Scientist 'E', NIRT, Chennai
13. Dr. Neena Verma, Scientist 'F', RMRIMS, Patna
14. Dr. Reeta Rasaily, Scientist 'F'
15. Dr. Malay Mukherjee, Scientist 'E', NIIH, Mumbai
16. Dr. A. Laxmaiah, Scientist 'F', NIN, Hyderabad
17. Dr. Prabhdeep Kaur, Scientist 'E', NIE, Chennai
18. Mr. K. T. Subramaniam, ASHWINI Hospital, Tamilnadu
19. Dr. Mahantu Yalsang, ASHWINI Hospital, Tamilnadu
20. Dr. S. Rajasubramaniam, Scientist 'E', NIRTH Jabalpur

