

Minutes of the meeting on Stakeholder Consultations on Tribal Health Issues held on April 11, 2016 at ICMR Head Quarters.

1 Meeting began with welcome address and brief update on Tribal Health Research Forum (THRF) activities by Dr. Neeru Singh, Coordinator, THRF and Director, National Institute for Research in Tribal Health (NIRTH), Jabalpur. In presentation she highlighted issues on Sickle Cell Disease, Malaria, Flourosis, TB and malnutrition. She further noted about dwindling population of Khairwar community of Sidhi District of Madhya Pradesh. She also informed that NIRTH was involved developing Tribal health policy under chairmanship of Dr. Abhay Bhang, (Director, SEARCH, Gadchiroli).

2 Dr. Soumya Swaminathan, DG, ICMR and Secretary DHR, Govt. of India enumerated role of THRF and urged need for concerted effort on malnutrition. She further emphasized participation and support of all concerned departments, for Leprosy and Kala Azar elimination. She highlighted that issues with 'Tribal Health' are related to poor Implementation and ICMR is involved in the Knowledge generation.

3 Dr. Shyam Agarwal, Secretary, Ministry of Tribal Affairs (MoTA) requested ICMR for providing health related information against Performance parameter (as a base) for effective policy intervention and its implementation. Actionable information from ICMR would enable speedier action at all levels. He requested ICMR to provide State wise work load so that that fund allocation will be automatically considered by Project Appraisal Committee (PAC) of MoTA in May / June 2016. For this quantified deficits with remedial measures and costing need to be provided. All proposals need to enumerate details of local area, State and Nation as a whole.

4 Presentations:

4.1 Sickle Cell Anemia:

Dr. Manisha Madkaikar, Director-in-charge, National Institutes of Immunoheamatology (NIIH)-Mumbai presented (Annexure 1) various activities relating to hemoglobinopathies being conducted by ICMR institutes on New Born Screening, Prenatal Diagnosis, G6PD deficiency

and mobile follow up of identified cases. She informed that screening had identified many cases of Sickle Cell Anemia in several states, but no access to medical care is available to identified patients. Moreover, health professionals are also unaware of treatment regimens and strategies.

Suggestion: Dr. Shyam Agarwal indicated that analysis of areas with more than 15% - 20% (depending upon distributional) Sickle cell anemia in tribal areas may be drawn on national basis for necessary action.

4.2 Malaria:

Dr. Neeru Singh, Coordinator THRF and Director, NIRTH, Jabalpur presented (Annexure 2) National picture on Tribal Malaria along with stratified information of high abundance of malaria and reasons for its presence in specific areas. She further outlined success of multi-factorial intensive intervention strategy in control of malaria in Dindori District of Madhya Pradesh and indicated this model can be replicated in other similar areas.

Suggestion: Dr. Shyam Agarwal suggested listing of prioritized state wise information of affected Tribal districts with target area for implementation. One model district from each state may be selected on pilot basis for replication of Dindori Model.

4.3 Nutrition:

Dr. Laxmaiah, Scientist F at National Institute of Nutrition (NIN), Hyderabad presented (Annexure 3) ICMR activities relating to Nutrition carried out nationally across different states. Relevant guidelines, calories and constituents for improving nutritional status in Tribal schools, may be sent along with next course of action.

4.4 Tuberculosis:

Dr. Beena Thomas, Scientist E, National Institutes of Research and Tuberculosis (NIRT), Chennai presented (Annexure 4) highlights of Tribal TB research and risk factors associated with TB among Tribal population.

Suggestion: Available data is quite generic and lacks specificity. Stratification of TB data and risk factors need to be made available to MoTA with specific information on housing,

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electrification and other parameters particularly for Saharia project. Regarding housing, it needs to be incorporated in the proposal to MoTA as it may take up the issue with other Govt Departments for comprehensive management.

4.5 Reproductive / Maternal Child Health:

Dr. Smitha Mahale, National Institute for Research in Reproductive Health (NIRRH), Mumbai presented (Annexure 5) research carried out by Reproductive Child Health (RCH) and NIRRH, Mumbai.

DG, ICMR reiterated need for imparting vocational training for adolescents and employment to improve status of teen pregnancies prevalent in Tribal communities.

4.6 Health Systems:

Dr. Prabhdeep Kaur, Scientist D, National Institutes of Epidemiology (NIE), Chennai presented (Annexure 6) ongoing and completed study findings related to health systems particularly for Non communicable diseases.

5 Secretary, MoTA requested ICMR to Prioritize areas of mutual interest for effective implementation. Projects communicated to MoTA for implementation need to contain budgetary requirements. He further informed that when proposals are prepared for submission to MoTA these proposals need to address all issues, as any lacuna may be later indicated as shortfall in the ineffective implementation. Proposals need also to adhere to Performance parameters for synergy and actionable agenda.

Meeting ended with a proposal of vote of thanks by Dr. S. Rajasubramaniam, Scientist E, NIRTH, Jabalpur



Dr. Shyam Agarwal
Secretary, Ministry of Tribal Affairs
New Delhi.



Dr. Soumya Swaminathan
Secretary DHR &
Director General, ICMR, New Delhi