

Minutes of the meeting of 'ICMR Tribal Health Forum' held at the Regional Medical Research Center, Port Blair, June 2-3, 2012

A meeting on 'Tribal Health Forum' was organized by RMRC, Port Blair at the RMRC Conference Hall on 2-3 June, 2012. The meeting was chaired by Dr. V.M. Katoch, Secretary DHR and DG, ICMR, New Delhi. The following members attended the meeting:

1. Dr.V.M.Katoch ... *Chairperson*
Director-General, ICMR and
Secretary, Department of Health Research,
Government of India
New Delhi
2. Shri Sanjiv Datta
Financial Advisor, ICMR
3. Lt. Gen. D. Raghunath
Chairman SAC, RMRCT, Jabalpur
4. Dr. Neeru Singh
Director, RMRCT, Jabalpur, MP
5. Dr.Vijayachari
Director, RMRC, Port Blair
6. Directors and Scientists from different ICMR institutes, Chief of ECD and representative of Chief of NCD also attended the meeting (Annexure I).

Dr. Vijayachari welcomed the Secretary, DHR and DG, ICMR, Dr. V.M. Katoch, Mr. Sanjiv Datta, Jt. Secretary, DHR and FA, ICMR, Lt. Gen. D. Raghunath, Chairman, SAC, RMRCT, Jabalpur and other participants for the 'Tribal Health Forum' meeting and requested Dr.V.M.Katoch to chair the meeting and conduct the proceedings. Welcome address was followed by floral tributes to the Father of the Nation and recitation of National Song.

In his opening remarks Secretary, DHR and DG, ICMR Dr. V.M. Katoch provided a brief historical account about the current scenario of burden of disease in the country and marginalization of Tribes in relation to health and economics. He outlined the efforts and timelines (30 months) involved in the process of creation of Tribal health research forum. In this context, he quoted that there is a need for efforts to address the issue of Nutrition, stress and non-communicable diseases prevailing among these marginalized populations. He highlighted the efforts of RMRC, Odisha in acting as the knowledge center to the state Govt. He reiterated the need of all ICMR centers in acting coherently in all states to bring about a change in bringing down morbidity and mortality through the activities of THRF and help in realizing the dream of tribal people. He further insisted upon all centers in making an effort to make an impact in the lives of these people by acting as a knowledge base to the state authorities. He addressed the scientists of ICMR who are involved in the tribal health research to be proactive to monitor the changes occurring during the transition in socio-economic, diet and nutrition in relation to the cultural habits of the community in particular

with tribal population. This would help in identifying risk factors of NCDs among the tribal population.

Lt. Gen. D. Raghunath welcomed all the participants and thanked the DG for inviting him to the forum. He enumerated the issues ailing the tribes. In his view lack of uniformity/homogeneity among tribes demands attention to issues pertaining these communities to be dealt on individual basis. Secondly, these communities due to long periods of neglect have moved away from mainstream and have gained physical and political barriers that need to be tamed through confidence building. Due to their genomic structure they require specific IEC programs that need to be developed based on scientific data prior to their exposure to modern world. Thirdly, their foremost problem relates to inbreeding leading to susceptibility to various diseases and differential response. Finally, these tribes have grown in consonance to environment leading to an anthropological challenge.

Mr. Sanjiv Datta, Financial Advisor, ICMR emphasized that the efforts of the THRF needs to be translated into results and that we are at the 'Report Card stage'.

Dr. Neeru Singh, Director, RMRCT, Jabalpur, Coordinator of the 'tribal health forum' reviewed the outcome of previous meetings on tribal health forum held at different Institutions through the '*action taken report*'.

Comments/ Suggestions

Dr. V. M. Katoch suggested that reports presented need to contain the timeline involved for action. He insisted upon identifying a diagnostic algorithm and development of a protocol for fever was indispensable. He further mentioned that the theme of following meeting be 'Fever'. DG further opined that 'Herbal Medicine' took a long journey and carries a lot of fashion but no substance and lacks any target and commitment from researchers. Future work needs to be carried out on missionary mode and be doable.

Dr. V. M Katoch launched the web page on Tribal Health Research Forum linked to RMRCT, Jabalpur website and released the 2 volumes of Community Biodiversity registers (CBDRs) on Ethno-medicine and health care practices among indigenous communities compiled by RMRC, Port Blair.

PRESENTATIONS ON THE WORK DONE BY DIFFERENT INSTITUTES, ON THE THEME "PRACTICES BY THE TRIBAL PEOPLE WITH REGARDS TO HERBAL"

The project presentations from the participating institutes and the recommendations are as follows.

- 1. National Institute of research in reproductive health (NIRRH) & RMRC, Belgaum**
Dr. S. D. Kholkute, Director, presented the work carried out by RMRC, Belgaum on ethnic medicine in short time of its existence.

Comments/ Suggestions

Dr. V. M. Katoch and other members of the 'tribal health forum' appreciated research studies carried out. Further DG asked the center to focus on building modern laboratories and carry out collaborative studies to match the work of 'Ayush' and improve upon their shortfalls.

- 2. Regional Medical Research Centre (RMRC), Port Blair**

Dr. Vijayachari, Director, presented a detailed outline of the work carried out at RMRC, Port Blair followed by a film produced during an interactive session with herbal healer, preparation of an herbal formulation and its use.

Comments/ Suggestions

Dr. V. M. Katoch recommended that Dr. Vijayachari and his team to identify mosquito repellants used by the tribals. He insisted that while working with Tribals, efforts made should not infringe upon the rights of the people.

3. National Institute of Nutrition, Hyderabad

Dr. B. Sesikeran, Director, presented the progress of efforts by Dr. G. S. Toteja in compiling the Tribal Compendium. Subsequently, he outlined the issues related to usage of herbal medicine with regards to safety and efficacy. He reiterated the need to verify the authenticity of claims by herbal healers/formulations. He further listed the lacunae associated with conducting clinical trials, wherein it may not be feasible to conduct trials on conventional basis. He pointed out the need for having cohorts with low/high doses. In addition, he outlined the variation in active principle arising through seasonal and/or organ/source of plant organs.

Comments/ Suggestions

The DG, Dr. V. M. Katoch recommended that Dr. Sesikeran along with Dr. Kholkute and others should make efforts in formation of guidelines for herbal medicine. Dr. S. Mehandale, also highlighted the shortfalls in traditional medicine practice due to the lack of GLP.

Comments/ Suggestions

Dr. V. M. Katoch and Financial Advisor, ICMR, Mr Sanjiv Datta have agreed in principle to set-up NNMB units in ICMR Institutes, where NNMB is not in operation in that particular state and also agreed to sanction the required budget of Rs.30 lakhs for each unit in the initial year and they suggested Dr. A. Laxmaiah, to submit a detailed proposal in this regard.

4. Regional Medical Research Centre (RMRC), Dibrugarh

Dr. J. Mahanta, Director, presented an overview of tribal medicines that included the details about herbals used for treatment of malaria and jaundice.

Comments/ Suggestions

Dr. V. M. Katoch recommended that Vector Science Forum should also be involved in the activities with groups working on identifying the anti-malarials.

5. Desert Medicine Research Centre, Jodhpur

Dr. Vinod Joshi, Scientist F, presented an outline and proposals of work carried out at DMRC.

Comments/ Suggestions

DG suggested that efforts to work on reverse pharmacology and epidemiology need to be carried out to understand the applications of herbals to human need. He further questioned whether the local doctors in Rajasthan were aware about the prevailing problems associated

with haemoglobinopathies. He insisted upon dissemination of information on haemoglobinopathies to link with clinical utility

6. Division of Non-Communicable of Diseases (NCD), ICMR

Dr. Prashant Mathur, Scientist 'D' presented the efforts made at the HQ on the recommendations made at Tribal forum meeting held at NIN, Hyderabad. He informed the forum that recommendations at task force meeting held on April 19 were being processed and financial recommendations are to taken up in July 2012.

Comments/ Suggestions

DG suggested that IEC must be integral part of all projects of NCD.

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

Dr. Rashmi Arora, Chief ECD presented the background of activities of ECD and enumerated the efforts of ECD to identify the priority areas of Tribal research for multi-centric studies. Dr. Arora also informed the delegates on the recommendation of Expert Group Meeting that Tribal forum may consider to propose MoHFW to formulate a "National Tribal Health Programme".

Dr. Ayan Jha, Scientist C presented the progress made at the Division of ECD in funding the projects related to tribal areas. He further informed on details of recommendations made at the Task force meeting held on May 8 at the HQ wherein focus was aimed at finding the gaps and inadequacies in health interventions. He further mentioned that projects on HIV and STDs will be taken up.

Comments/Suggestions

After careful deliberation, it was opined that the Council was not yet in a position to propose a possible "National Tribal Health Programme" to the Govt. Mr Sanjiv Datta, FA, ICMR stressed that in absence of a "mega-picture" on the health situation of the tribal population of the country, it would be difficult to justify the proposed National Programme at present. Lt. Gen. Dr. Raghunath advised to prepare a framework for coordinated research among Institutes, so as to avoid unnecessary duplication and produce results in real time; such an approach would help provide the baseline for the Council to propose a National Tribal Health Programme in the long run. DG, ICMR endorsed this idea in-principle and emphasized on increased coordination between Institutes. He also said that from the next meeting, a representative from the MoHFW, GoI would be invited to keep the Govt. apprised of the Council's initiatives.

8. Regional Medical Research Centre, Orissa

Dr. Kar, Director, RMRC, Bhubaneswar gave brief introduction prior to presentation by Dr. Dwibedi Scientist C presented the following:

- Protocol on fever survey in tribal population through syndromic approach and report of pretesting of protocol covering all ages.
- Study of epidemics of Measeles and Rota virus in the past 2 months in Rayagada Dist.
- Four new SAC approved proposals planned to be undertaken in tribal field units (Rayagada & Kalahandi).

Comments/ Suggestions

DG, ICMR suggested inclusion of the etiological diagnosis covering pathogens like Virus, Bacteria and parasites. He further highlighted that it will provide guidelines for identifying infections. He insisted that only progress of studies to be presented and no proposals or questionnaire or any related formats/proposals to be presented. Such proposals need to be strictly discussed in the respective SAC meetings only. Dr. Mehandale mentioned that sample size needs to be increased. DG suggested that the sample size can be adjusted in phased manner as presented. Lt. Gen. D. Raghunath, outlined the need for defining 'fever', and duration.

9. National Institute of Immunohaematology, (NIIH)

Dr. Ghosh, Director presented a quick recap and introduction of work at NIIH. Dr. Roshan Colah, Scientist 'F' enumerated the progress made by NIIH in conducting training and workshops on Haematology to Medicos and Para-medicos in the previous 3 months.

Dr. Malay Mukherjee, Scientist enumerated the efforts on identifying and mapping G6PD in relation to malaria.

Comments/ Suggestions

DG recommended impact assessment.

10. Regional Medical Research Centre (RMRC), Jabalpur

Dr. Chakma, Scientist 'F' presented on major health problems of Tribals in Madhya Pradesh. Further, he has also presented new initiatives to tackle the problems sickle cell disease and related disorders. He presented the following aspects:

- Status of Filariasis in Madhya Pradesh
- Drug resistance surveys in Sahariya's of Guna and Gwalior districts
- Diagnostic studies of viral diseases
- Assessment of the effectiveness of intensive intervention measures on malaria control programme in tribal district, Balaghat, and Dindori Madhya Pradesh

Comments/ Suggestions

DG suggested identification of mechanism of transmission knowledge of filariasis, persuade the State to take remedial steps. Increase the number of viruses to about 50 for identification and mentioned that Manipal University is the bench mark with 50 viruses/6 months. He also recommended initiating studies for identification of health seeking behavior of tribals in approaching traditional healers Vs Conventional healers.

11. Vector Control Research Centre (VCRC), Puducheri

Dr. L. K. Das, Scientist 'E' presented on the studies related to vector prevalence and bionomics in relation to transmission of malaria and its containment in Orissa State. The following aspects were discussed. Malaria situation in Laxmipur & Dasmanthapur (Odisha State) and coverage for Nets in the 2 PHCs (97%) were presented. Results of the studies on sensitivity and specificity of bivalent RDK for malaria in Koraput area and on a new focus of cutaneous leishmaniasis in a tribal area of Kerala were also presented.

Comments/ Suggestions

Three ICMR centers must form a coordination committee to discuss and inform the state on various health issues. For Haemoglobinopathies, NIIH must be also involved in the coordination committee to collectively advise the state Govt. Independent evaluation must be carried out. The project on the *C. leishmaniasis* among Kani tribes in Kerala should include a plan for implementation of intervention measures simultaneously.

12. National Institute of Malaria Research (NIMR), New Delhi

Dr. Neelima Mishra presented the progress made in the 3 months on Epidemiology of malaria, comparison of different regimens of primaquine as anti-relapse therapy, development of drug resistance markers etc.

Comments/ Suggestions

DG suggested drastic testing of resistance markers as they do not indicate any information on mutation in 1-2 loci.

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

Dr. Pradeep Das, Director gave a brief introduction on the ongoing work at the center. **Dr.N.Verma**, Scientist presented the following new project proposals on haemoglobinopathies & Study of Haemoglobinopathies in anaemia of Kala-Azar and other cases from Bihar.

Comments/ Suggestions

DG questioned the treatment protocols & outcome on Hypertension and suggested that DGHS has to be involved as Co-PI. He further mentioned that situation, practice analysis needs to be observed and recorded. Tested protocol needs to be followed.

For haemoglobinopathy studies, DG commented that prevalence study should be with IEC of the population for solution of the problem in community. The study should have involvement of IIH, Mumbai and state Govt. doctors of PSM and the clinicians of study area.

14. National Institute of Epidemiology, Chennai

Dr. Sanjay Mehandle, Director, presented a multi-centric project and idea & objectives for their involvement in tribal studies. The studies will be retrospective in nature.

Comments/ Suggestions

DG appreciated the initiative and suggested that change needs to be made; verbal autopsies might provide idea of death but will not provide the correct cause or reason. Therefore a prospective study also needs to be carried out.

15. National Institute of Medical Statistics, New Delhi

Dr.Arvind Pandey, Director NIMS presented the data/statistics on Indian tribes and their survey methodology including Disease burden/estimation, maternal health & child healthcare etc. He proposed to analyze District Level Household Survey (DLHS) data to understand the issues related to health systems in the tribal areas on maternal and child health care and programme implementation viz. JSY and ICDS services. It was said that NIMS could join the study proposed by DMRC, Jodhpur on tribal. In addition, he proposed to study

the usage and acceptance of AYUSH including traditional healers among tribal in selected States of India in collaboration with Institutes like RMRC, Dibrugarh, NIE, Chennai, RMRI, Patna etc.

Comments/ Suggestions

DG suggested that data presented does not indicate the involvement of traditional healers as tribes seek traditional healers and advised to link the AYUSH study with the programme.

16. Centre for Research in Medical Entomology, Madurai.

Dr. B K Tyagi, Director-in-Charge, presented the scope and work of CRME in vector borne disease among tribals and his keenness to pursue further.

Comments/ Suggestions

DG suggested that analytical work related to tribal health is the need of the hour and CRME can carry their work forward.

Dr. A. Laxmaiah, Scientist E & HoD, Division of Community Studies, NIN presented the progress made in response to suggestions given at NIN meeting. He informed about the expansion of NNMB units in 6 centers.

Comments/ Suggestions

DG suggested that ICMR institutes should include Medical colleges and define their responsibility prior to expansion. Lt. Gen. D. Raghunath, in his closing remarks mentioned that 'Herbal medicines' are fascinating; however, prioritization of issues is foremost. Mr. Datta, FA, ICMR observed that cohesiveness, link and synergy in the group is missing and there is a need to branch out and focus on the target. Finally DG, ICMR underscored the need for prioritization as pointed out by Lt. Gen. D. Raghunath. He further indicated that 'needs' are perceived. Major gain needs to be knowledge that can be disseminated to State. Everyone involved needs to deliver best of his/her potential make an impact on diseases like malaria, nutrition etc. We need to define our targets and thrive to achieve tribal improvement.

DG further announced that a forum group to identify the deliverable will be constituted with Lt. Gen. D. Raghunath as the lead person. Lastly, he reiterated the need to gain knowledge, disseminate and to empower the tribals, make efforts to provide information to authorities/politicians to make a societal impact and produce a sustenance plan to reach the ultimate goal.

The Meeting ended with a vote of thanks by Dr. Vijayachari and followed by the National Anthem.

LIST OF THE SCIENTISTS WHO ATTENDED THE MEETING

1. Dr. Rashmi Arora, Scientist G & Head-ECD, ICMR
2. Dr. B. Sesikeran, Director, NIN, Hyderabad, AP
3. Dr.K.Ghosh, Director, National Institute of ImmunoHaematology, Mumbai,
4. Dr.S.K.Kar, Director, RMRC, Bhubaneswar, Orissa
5. Dr. Sanjay Mehendale, Director, NIE, Chennai
6. Dr.J. Mahanta, Director, RMRC, Dibrugarh, Assam
7. Dr. Pradeep Das, Director, Rajendra Memorial Research Centre, Patna
8. Dr. Kolkute, Director, National Institute for Research in Reproductive Health, Mumbai.
9. Dr. Arvind Pandey, Director, National Institute of Medical Statistics, New Delhi.
10. Dr. B.K. Tyagi, Director-In-Charge, Centre for Research in Medical Entomology, Madurai.
11. Dr. Vinod Joshi, Officer-in-Charge, Desert Medicine Research Centre, Jodhpur
12. Dr. Jambulingam, Director, Vector Control Research Centre, Puducherry
13. Dr.P.K.Mohapatra, Scientist F
14. Dr. Roshan Colah, Scientist F
15. Dr.Tapas Chakma, Scientist F
16. Dr.K.Gunasekaran, Scientist F
17. Dr. A. Laxmaiah, Scientist E
18. Dr.L.K.Das, Scientist, E
19. Dr.Neena Varma, Scientist E
20. . Dr. B.N. Nagapal, Scientist-E
21. 19. Malay Mukherjee, Scientist D
22. Dr.Neelima Mishra, Scientist D
23. Dr. Prasanth Mathur, Scientist D
24. Dr.Raja Subramaniam, Scientist D
25. Dr.Ayan Jha, Scientist C
26. Dr. C. S. Lal, Scientist C
27. Dr. Mallikarjuna Rao, Scientist-C
28. Dr. B. Dwibedi, Scientist-C
29. Dr.A.N.Shriram, Scientist B