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

LOK SABHA
UNSTARRED QUESTION NO. 729
TO BE ANSWERED ON 26TH JULY, 2024

NEW STRAINS OF COMMUNICABLE DISEASES

729. SHRI PUTTA MAHESH KUMAR:

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

(a) whether the Government has conducted any rese arch/study/initiative into new developing strains of communicable diseases emerging across the world and if so, the details thereof;

(b) whether the Government has introduced any schemes for the purposes of preventing possible outbreaks of such communicable diseases in the country and if so, the details thereof;

(c) whether the Government has taken any steps to safeguard the country from highly contagious communicable diseases such as COVID-19 strains so as to prevent possible pandemic-like situations in future and if so, the details thereof including fund allocated and utilised during the last five years, year-wise;

(d) whether the Government has considered setting up a monitoring unit in regard to strains of such highly communicable diseases and if so, the details thereof; and

(e) whether the Government has taken any activity/campaign to raise awareness of highly contagious communicable diseases in the country, if so, the details thereof?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)

(a): Indian Council of Medical Research (ICMR), an autonomous body under the Department of Health Research (DHR), has informed that over the past few decades, various epidemics and pandemics of zoonotic origin have culminated into public health emergencies of international concern (PHEIC). Examples include Nipah virus outbreaks in India and Bangladesh (2001 onwards), SARS in Hongkong (2002- 03), H5N1 avian Influenza (2005 onwards); H1N1 in 2009, MERS in 2012, Zika in 2014, and SARS- CoV-2 in 2019 which subsequently caused the COVID-19 pandemic. These epidemics originated from a non-human source and crossed over to humans at the animal-human interface, highlighting the importance of a One Health approach that integrates human, animal, and environmental health.

The Prime Minister’s Science, Technology and Innovation Advisory Council (PM-STIAC) reviewed the ongoing activities for pandemic preparedness across agencies and recognised the need for a unified effort in pandemic preparedness through a "National One Health Mission (NOHM)" to address gaps and enhance coordination among multiple sectors. Thirteen Ministries/Departments coordinate and synergise their

activities to realise the objectives of the NOHM, which is steered by the Office of the Principal Scientific Advisor to the Government of India along with key stakeholders.

Key pillars of the NOHM are:

i. Technology enabled integrated surveillance across sectors.
ii. National network of Biosafety Level 3 (BSL-3) laboratories (for testing high risk or unknown pathogens).
iii. Collaborative and integrated R&D for medical countermeasures including vaccines, diagnostics and therapeutics for human-animal-wildlife-livestock health.
iv. Data integration across sectors.
v. Training and capacity building in all spheres related to One Health.

Following work has been undertaken:

i. A national network of BSL-3 laboratories has been established with operational labs from various sectors.
ii. The Ministry of Health & Family Welfare has notified a National Joint Outbreak Response Team connecting human, livestock, and wildlife sectors.
iii. An Epidemiology training program has been launched.
iv. A multi sectoral response to the Nipah outbreak in Kerala was provided where National Centre for Disease Control (NCDC) provided surveillance support, ICMR provided mobile BSL3 for lab diagnostics and Department of Animal Husbandry and Dairying (DAHD) conducted surveillance in pigs and Ministry of Environment, Forest and Climate Change (MoEFCC) conducted bat surveillance.

(b): National Centre for Disease Control (NCDC), Department of Health and Family Welfare has informed that the Integrated Disease Surveillance Programme (IDSP) since 2004 is mandated with surveillance & response to 33 plus outbreak prone communicable diseases. IDSP is implemented in all 36 States/UTs. The States have designated laboratories like District Public Health Laboratories (DPHLs), State Referral Laboratories (SRLs) under IDSP for investigation and surveillance of these diseases. IDSP also performs media scanning & verification of print and electronic media to strengthen the event-based surveillance. It helps in health preparedness of the authorities in the State for early detection and quick response to a possible outbreak.

The Government has approved a 'Programme for strengthening Research & Development towards integrated disease control and pandemic preparedness for the National One Health Mission' for 386.86 Crore. The components of scheme include frameworks for integrated disease surveillance across sectors, targeted R&D for fast-tracking medical counter measures, data integration, capacity building and to foster global linkages for pandemic preparedness.

(c): The Ministry of Health & Family Welfare supports the States with technical guidance on outbreak investigation, laboratory diagnosis, advising on appropriate public health measures and providing logistics support in terms of human and material resources, wherever required. To support the States to enhance disease surveillance activities, Union Ministry of Health has strengthened the Integrated Disease

Surveillance Programme (IDSP), which allows for a decentralized system of surveillance and response through trained multi-disciplinary Rapid Response Team (RRTs) at district and State level to institute requisite public health control and containment measures to epidemic prone diseases.

IDSP has been further strengthened with the use of Integrated Health Information Platform (IHIP) which enables real time data reporting and the use of advanced data analytical tools, which is accessible at all levels and implemented in all States.

In terms of laboratory strengthening, Department of Health Research (DHR) has established a network of more than 150 Viral Research and Diagnostic Laboratories (VRDLs) for strengthening of nation-wide network of laboratories for timely laboratory-based diagnosis of viruses.

Further, States are supported in strengthening the laboratory network at districts with establishment of Integrated Public Health Laboratory network under National Health Mission.

With the long-term goal to prepare the country against public health emergencies, Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) has been launched to enhance the capacity of primary, secondary and tertiary health care facilities and institutes for identifying and managing any new and emerging diseases. Some of the key activities under this initiative is directed towards preparedness against future pandemics, which includes establishment of Critical Care hospital blocks, strengthening of National Centre for Disease Control (NCDC), establishment of regional NCDCs, setting up of a network of Bio-Safety Level-3 (BSL-3) laboratories, strengthening of public health units at Points of Entry, establishment of Health Emergency Operation Centres, Bio-security preparedness, strengthening pandemic research for One Health etc.

Under the scheme, the total financial outlay for the scheme period (2021-22 to 2025-26) is Rs. 64180 crores.

The year-wise financial allocation under PM-ABHIM and the details of the funding to the IDSP, NCDC allocated and utilized during the last five-years are mentioned in Annexure.

(d): For timely detection of newer mutant variants of SARS-CoV-2 virus, Whole Genomic Sequencing of SARS-CoV-2 is carried out by the Indian SARS-CoV-2 Genome Sequencing (INSACOG) network in the country.

(e): Under the PM-ABHIM scheme and ‘Programme for strengthening Research & Development towards integrated disease control and pandemic preparedness for the National One Health Mission’, there is a provision for community engagement and risk communication and capacity building including trainings and workshops of the stakeholders.

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Annexure

Year-wise financial allocation and utilisation for Department of Health Research under PM-ABHIM

			As on 23.07.2024 (Amount in Crore)
S. No.	**Financial year**	**Estimates**	**Expenditure**
1	2021-22	₹ 140.00	₹ 116.00
2	2022-23	₹ 378.27	₹ 125.84
3	2023-24	₹ 262.86	₹ 254.43
4	2024-25	₹ 212.21	₹ 53.05

Year-wise financial allocation and utilisation for Department of Health and Family Welfare under PM-ABHIM

(Rs. in Crore)

Sl. No.	**Scheme/Programme/Institute**	**BE 2021-22**	**RE 2021-22**	**Actual 31/03/22**	**BE 2022-23**	**RE 2022-23**	**Actual 31/03/23**	**BE 2023-24**	**RE 2023-24**	**Actual 31/03/24 (Prov.)**	**BE Interim 2024-25**	**BE Regular 2024-25**
	Central Sector Schemes/Projects											
1.	PM-ABHIM (Health)		315.00	177.07	978.87	281.68	314.10	645.86	200.21	169.55	468.00	556.57
	Centrally Sponsored Schemes/Projects											
2.	Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) (NHM)		585.00	584.04	4176.84	1885.45	1228.35	4200.00	2100.00	1805.77	4107.68	3200.00
	Total-PM-ABHIM (Health)		**900.00**	**761.11**	**5155.71**	**2167.13**	**1542.45**	**4845.86**	**2300.21**	**1975.32**	**4575.68**	**3756.57**

Details of the funding to the IDSP, NCDC allocated and utilized during the last five-years

Integrated Disease Surveillance Programme (Central Surveillance Unit), NCDC (Amount in Thousands)			
S. No.	**Financial year**	**Budget Estimates**	**Budget Utilized**
1	2020-21	₹ 55,450.00	₹ 35,625.00
2	2021-22	₹ 63,200.00	₹ 32,368.00
3	2022-23	₹ 1,07,634.00	₹ 32,400.00
4	2023-24	₹ 45,454.00	₹ 25,657.00
5	2024-25	₹ 55,500.00	₹ 6709.59 till June,2024

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