

Institutional changes may mean more resources for Indian scientists

India has launched a new department within its health ministry that promises to grant more funds and autonomy to medical researchers and foster more international collaborations.

The new Department of Health Research will oversee the 97-year-old Indian Council of Medical Research (ICMR), the primary funding agency for biomedical research in India. At the department's launch on 4 October, India's health minister Anbumani Ramadoss said that he hoped the department would have funds about five times higher than the ICMR's current budget, which is about \$58.50 million for 2007–2008.

The head of the new department will be authorized to make independent decisions about international collaborations and partnerships with private firms without seeking further government approval, which is on par with the powers given to heads of the country's atomic and space departments and the Council of Scientific and Industrial Research, a network of 38 labs that have a broad focus on research.

The director general of the ICMR had in



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The Department of Health Research will have an unprecedented degree of independence.

the past been required to seek the approval of the health secretary—the highest official in the health ministry and invariably a bureaucrat—for every matter, from research projects to minor travel grants. In his statement, Ramadoss acknowledged that the ICMR had been limited in its ability to translate the benefits of its research into policy and action because it had no “governmental authority.”

“As the head of [the new department] will also look after the ICMR, things will move faster and with larger budgets,” says ICMR director general Nirmal Kumar Ganguly, who has been tapped to head the department.

“It will also be possible to consolidate health research, which is currently fragmented in the country, with each research group working in isolation,” Ganguly told *Nature Medicine*, adding that the new department would be able to interact freely with state governments during epidemics and natural calamities.

Recommendations to revamp India's medical research system had been gathering dust for more than 20 years. “A lack of will and vision for the organization's growth by its past directors has led to this state of affairs,” says Pushp Bhargava, former director of the prestigious Centre for Cellular and Molecular Biology in Hyderabad.

The government finally acted on the latest recommendation—a 2005 report from a five-member board headed by space scientist Krishnaswamy Kasturirangan—that

reviewed the ICMR's functioning.

In addition to suggesting the formation of the new department, the board recommended restructuring the health research system in India by setting up a separate, autonomous commission on health—similar to existing commissions on space and atomic energy—that would define India's health research policy, set yearly and longer-term goals, and oversee foreign and private partnerships.

The board also called for increasing funds allocated for health research to at least two percent of the country's total health expenditure (about \$1.25 billion) between 2007 and 2012 and lifting a freeze on the recruitment of scientists, bringing at least 500 scientists into the country by 2010.

The changes may help cut back on India's notorious bureaucracy to some extent, says Pratap Narain Srivastava, a former member of India's Planning Commission who recommended autonomy for the ICMR in the 1980s. “But just having another department will not improve the quality of medical research that is inherently weak in the country,” notes Srivastava, professor emeritus of Jawaharlal Nehru University's School of Life Sciences.

Most faculty members at Indian medical colleges only teach or see patients, and few do any research, Srivastava says. “Basically, the teaching in medical colleges in India will have to change and any good teaching has to be accompanied by research.”

T. V. Padma, New Delhi



Anbumani Ramadoss.