Editorial

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ICMR, established in 1911, has entered its 100th year of service to the nation and is thus among the oldest science bodies of the world. It started as Indian Research Fund Association (IRFA) and was renamed as Indian Council of Medical Research (ICMR) after independence. At the time of independence, human survival in India was difficult due to the ravages of plague, cholera, small pox, malaria, and tuberculosis, malnutrition et al. Epidemics of fatal diseases visited the country year after year killing and maiming the hapless population. At that time agriculture and industry were primitive. Natural resources were going waste. Life expectancy at birth in 1951 was 37.2 years for males and 36.2 years for females.

ICMR is a part of newly created Department of Health Research (DHR) in MOHFW. Of the ten business allocated to DHR, nine are new and mainly deal with infrastructure, human resource development and research governance, ICMR is the tenth and most important activity. While the oldest Institute of ICMR, National Institute of Nutrition (NIN) was started as a Unit in 1918, all the remaining 30 Institutes have been created during post-independence period and are symbolic of the commitment as well as determination of Government of India to nurture medical research in this Country. National Institute of Research in Environmental Health (NIREH) in Bhopal was established in 2010. National Institute of Disease Informatics has been recently established in 2011 at Bangalore. Starting with a staff of five persons, today it employs more than 5,000 scientific and other personnel. Besides 31 national and

regional Institutes it has over 100 field/specialized research units across the country. Besides its own Institutions it supports over 1,000 extramural as well as equal number of student fellowships.

Before independence ICMR contributed mainly in nutrition as well as malaria and kala-azar two important parasitic diseases. Over the years it has contributed significantly to nutritional science as well as the epidemiology of malaria, kala-azar, tuberculosis, leprosy, diarrheal diseases and large number of viral diseases. Development of new diagnostics for paragonimiasis is the most recent contribution in the arena of parasitic diseases. The contributions of ICMR institutions and research extramurally funded on polio, cancer, food and drug toxicology, heart diseases peculiar to the developing society, genetic disorders and reproductive health are also widely acknowledged. Several diagnostic tests for viral diseases (hepatitis, JE, etc.), oral dehydration therapy for childhood diarrhea, the concept of intermittent short course therapy for tuberculosis, common uniform regimen for all types of leprosy cases have also emanated from ICMR institutions.

Over the years, ICMR continues to focus on diseases of poverty such as, leprosy, kala-azar, tuberculosis, etc. More than 60% of the funding for research on the neglected diseases in India is from ICMR during the recent years. This reflects the real focus of the research of ICMR which keeps the poor and marginalized people at the centre of its priorities.

The flagship journal of the Council, The *Indian Journal of Medical Research* continue to be the top medical journal in India with high impact factor. The Journal is now available full text free-to-access since inception (1913) and has totally web-based editorial management. ICMR has many other important documents on medicinal plants as well guidelines on various diseases to its credit.

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This decision of the Government of India to create the Department of Health Research has given greater authority and autonomy to the health research in the country. The DHR aims to bring modern health technology to the people by translating the innovations into products/processes by facilitating evaluation/testing in synergy with other departments of MOH&FW as well as other science departments and introducing these innovations into public health service through health systems research. As DHR has main mandate of taking the technology to people, ICMR as a fulcrum of new department is focusing on knowledge generation and is now concentrating on translational programmes. It has embarked on a programme to develop leads into new tools for vector control, diagnostic methods for various infectious diseases including dengue and chikungunya, lung fluke, tuberculosis; new treatment methods to improve the treatment of tuberculosis, leprosy, cancer and many other conditions. ICMR institutions are partnering with other for testing of anti-malarial drugs, vaccines for different infectious diseases, reagents for

H1N1 diagnostics and more recently affordable diagnostic methods for diabetes. ICMR and DHR continue to play important role at the time of national crisis like tsunami, pandemics like H1N1, emergence of multi drug resistance and also at the time of introduction of new technology like stem cell therapy.

Average life span in India has now reached nearly 70 years. ICMR has contributed to this achievement by the empowerment of medical and public health community in a significant way. Clearly there will be more focus on non-communicable diseases but role in containing infectious will even remain important for ICMR.

The Indian Society for Parasitology has benefitted immensely from the contributions made by the ICMR in understanding biology and control of parasitic diseases of man and animals. In appreciation of the services of ICMR to the nation, the Indian Society for Parasitology proudly dedicates this issue of the Journal of Parasitic Diseases to the Indian Council of Medical Research.