

**REPORT OF
STEERING
COMMITTEE ON
AYUSH FOR 12TH
FIVE YEAR PLAN**

ST 2- AYUSH

REPORT

OF THE

STEERING COMMITTEE

ON

AYUSH

FOR 12TH FIVE YEAR PLAN

(2012-17)



सत्यमेव जयते

Health Division
Planning Commission
Government of India

Contents

Chapter No.	Subject	Page No.
	Office Order Constituting Steering Committee	4-7
	Foreword	8-9
1	Introduction	10-11
2.	Review of the progress and performance of AYUSH schemes in the 11th Five Year Plan	12-20
3	Macro-societal context of 12 th Five Year Plan	21-26
4	Overarching recommendations for 12 th Five Year Plan	27-31
5	Cross cutting recommendations on AYUSH in Education, Research, Health Services and National Health Goals	32-36
6	Recommendations on various Thrust Areas	37-47
7	New Components/Schemes	48-58
8	Monitoring & evaluation of AYUSH schemes	59
9	Monitorable Indicators	60
<u>Annexures</u>		
Annexure I	Constitution of Drafting Committee	61
Annexure II	Year wise Plan expenditure (2007-12)	62-65
Annexure III	Abstracts of Policy statements 1920 – 2011	66-69

**No. 2(8)/2011- H&FW
Government of India
(Planning Commission)
(Health & Family Welfare Division)**

Yojana Bhawan, Sansad Marg
New Delhi.

Date: 4th May 2011

OFFICE ORDER

Subject: Constitution of Steering Committee on AYUSH for the Twelfth Five-Year Plan (2012-2017)

With a view to formulate the Twelfth Five Year Plan (2012-2017) for the Health Sector, it has been decided to constitute a **Steering Committee on AYUSH** under the Chairpersonship of Dr. (Ms) Syeda Hameed, Member, Planning Commission, Government of India.

Composition and Terms of Reference of the Steering Committee is as follows:

1.	Dr. (Ms.) Syeda Hameed , Member, Planning Commission, Govt. of India	Chairperson
2.	Dr. R.A Mashelkar , Member, Scientific Advisory Committee to the PM, CSIR Bhatnagar Fellow & President, Global Research Alliance National Chemical Laboratory, Pune	Co-Chairperson
3.	Secretary , Department of AYUSH, Ministry of Health & Family Welfare, Government of India	Member
4.	Dr. R.H. Singh , Former Vice Chancellor, Rajasthan Ayurveda University	Member
5.	Dr. Manoranjan Sahu , Former head of Surgery, BHU, Varanasi	Member
6.	Dr. G.N. Qazi , Vice Chancellor, Jamia Hamdard New Delhi	Member
7.	Director , National Institute of Unani Medicine, Ministry of Health & Family Welfare, Govt. of India, Bangalore	Member

8.	Director , National Institute of Siddha, Ministry of Health & Family Welfare, Govt. of India, Chennai	Member
9.	Director , National Institute of Homeopathy GE Block, Salt Lake, Kolkata	Member
10.	Dr. B. Srinivas Prasad , Principal KLE Ayurveda Medical college, Belgaum	Member
11.	Dr H.R Nagendra , VC, S-VYASA Yoga University, Bangalore	Member
12.	Director , Bihar School of Yoga, Munger, Bihar	Member
13.	Shri B.S. Sajwan , IFS, Pr. Chief Conservator of Forests, A P	Member
14.	Dr. Bhushan Patwardhan , Vice Chancellor, Symbiosis University, Pune,	Member
15.	Prof. Rajeev Sangal , Director IIIT, Hyderabad	Member
16.	Ms. Sudha Gopalkrishnan , Executive Director, SAHAPEDIA, New Delhi	Member
17.	Dr. Meera Sadgopal , Principal investigator Jeeva Project, Nandurbar, Maharashtra	Member
18.	Dr. Ravi Narayan , Community Health Advisor, Society for Community Health Awareness, Research and Action, (SOCHRA), Bangalore	Member
19.	Dr. D.B.A. Narayana , Hon. Chairman Herbal Pharmacopeia Committee, Ministry of Health & Family Welfare, Govt. of India	Member
20.	Shri Ranjit Puranik , Former Secretary, Ayurvedic Drug Manufacturing Association (ADMA), Mumbai	Member
21.	Principal Secretary , H&FW Government of Gujarat	Member
22.	Principal Secretary, H&FW Government of Karnataka	Member
23.	Principal Secretary, H&FW, Government of Himachal Pradesh	Member
24.	Principal Secretary, H&FW Government of Maharashtra	Member
25.	Shri. Darshan Shankar, Hon. Adviser (ISM) Planning Commission	Member Secretary

Terms of Reference

1. The Steering Committee will make recommendations about specific schemes that can develop and modernize the AYUSH sector outlining their scope, objectives, budget outlays, strategies as well as mechanisms for their effective implementation.
2. The Steering Committee will focus on the subjects listed in this order. The Committee may, however, identify new subjects that it considers to be of strategic importance for the development of the AYUSH sector.
 - (i) Review of the progress & performance of AYUSH schemes of the 11th FYP.
 - (ii) AYUSH: Non-communicable diseases. (Preventive Health Care & AYUSH especially in reducing Anemia, Malnutrition and Non-communicable diseases such as diabetes, cardio-vascular etc.).
 - (iii) AYUSH & Mental Health.
 - (iv) Educational reform (UG, PG, Doctoral, and Paramedical)
 - (v) Research both clinical and fundamental
 - (vi) International Cooperation
 - (vii) Medical Manuscripts and Literary research
 - (viii) Information Technology in AYUSH
 - (ix) AYUSH and Public Health
 - (x) Pharmacopeia and Pharmacy Research
 - (xi) Medicinal plant conservation, cultivation and repositories
 - (xii) AYUSH and NRHM
 - (xiii) AYUSH Industry
 - (xiv) National Surveys on status of AYUSH
 - (xv) Local Health Traditions
 - (xvi) Strategy for securing AYUSH Insurance
 - (xvii) Special All India Coordinated Initiatives viz; High Impact Projects, Surgery, Ophthalmology, Orthopedics, Acupressure.
3. The committee is empowered to appoint sub-committees on specific subjects in order to work out details about specific schemes outlining their scope, objectives, budget outlays, strategies as well as mechanisms for their effective implementation.
4. The Chairperson may constitute various Specialist Groups/Sub-groups/task forces etc. as considered necessary and co-opt other members to the Steering Committee for specific inputs.

5. Steering Committee will keep in focus the Approach paper to the 12th Five Year Plan and monitorable goals, while making recommendations.
6. Efforts must be made to co-opt members from weaker sections especially SCs, Scheduled Tribes and minorities working at the field level.
7. The expenditure on TA/DA etc. of the official members in connection with the meetings of the Steering Committee will be borne by the respective Government / Department / Institutions to which the member belongs. Non-official Member(s) of the Committee will be entitled to travel by Executive Class by Air India and their expenditure towards TA/DA (as admissible to Grade I officers of the Government of India) will be paid by the Planning Commission.
8. The Steering Committee would submit its draft report by 30th September, 2011 and final report by 31st October, 2011.

(Shashi Kiran Baijal)
Director (Health)

Distribution:

Chairperson & all Members of the Steering Committee

Copy to:

1. PS to Deputy Chairman, Planning Commission
2. PS to Minister of State (Planning)
3. PS to all Members, Planning Commission
4. PS to Member Secretary, Planning Commission
5. All Principal Advisers / Sr. Advisers / Advisers / HODs, Planning Commission
6. Director (PC), Planning Commission
7. Administration (General I) and (General II), Planning Commission
8. Accounts I Branch, Planning Commission
9. Information Officer, Planning Commission
10. Library, Planning Commission

(Shashi Kiran Baijal)
Director (Health)



डॉ. सईदा हमीद
Dr. Syeda Hameed

सत्यमेव जयते

सदस्य
योजना आयोग
योजना भवन
नई दिल्ली-110 001
MEMBER
PLANNING COMMISSION
YOJANA BHAWAN
NEW DELHI-110 001

Foreword

The Twelfth Five Year Plan process is yet another opportunity to review the health system of our country, but more importantly, to redeem our commitments to health and to lives lived with dignity. The Report seeks to lay out some of these commitments and also present a systemic plan for their fulfillment. Our foremost commitment is towards evolving Universal Access to Essential Health Care and medicines, so that the disparities in access to health care, particularly those faced by the disadvantaged and underserved segments of the population, would hopefully be corrected.

AYUSH and Allopathic, both systems, often provide solutions to a common set of problems. Many times both systems complement each other also. Our endeavor during the 12th Five Plan period will be that both systems expand and progress together, based on their core competencies and inherent strengths. We must ensure that the **Health care delivery system** in the country is designed and developed in such a way that, both, AYUSH and allopathic systems are available to every patient and the **choice of system of treatment** is the **patient's choice**, based, of course, on set protocols.

AYUSH has presence in all parts of the country. In addition it has near universal acceptance, available practitioners and infrastructure. The strength of AYUSH system lies in preventive & promotive health care, diseases and health conditions relating to women and children, non-communicable diseases, stress management, palliative care, rehabilitation etc. AYUSH has very little side effect, has a soft environmental footprint and is engrained in local temperament. It can play an important role in achieving the **National Health Outcome Goals** of reducing **MMR, IMR, TFR, Malnutrition, Anemia, Population Control and skewed child sex ratios**. Its huge resource of hospitals beds (62,000), and health workers (7.85 lakhs) need to be efficiently utilized to meet the National Health outcome Goals.

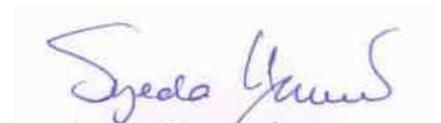
AYUSH needs to make strategic interventions in schemes such as **Janani Suraksha Yojana (JSY-AYUSH)**, **ICDS-AYUSH**, **Reproductive Child Health (RCH)**, early breastfeeding, growth monitoring of children, ante and post natal care, etc.

While the contribution of AYUSH is in preventive, promotive or curative care, its importance of 'public health' cannot be overemphasized. The AYUSH system is based on old traditions of Public service. It has huge pool of health workers (Dais, RMPs) who for hundreds of years have provided support and care to whole village and community. The proposed Public Health Cadre can utilize these ubiquitous health human resources both at the village and community levels.

The Report is organized into Chapters. Chapter 1 presents background and role of the AYUSH sector in health care delivery system. Chapter 2 reviews the progress and performance of the schemes being implemented by the Department of AYUSH. Chapter 3 gives a Macro-societal context to AYUSH; Chapter 4 presents the overarching recommendations for the 12th Five Year Plan. Chapter 5 lists the cross cutting recommendations in Education, Research, Health Services and National Health Goals. Chapter 6 presents the recommendations. Chapter 7 presents proposed new components / schemes. Chapter 8 & 9 present Monitoring & Evaluation and the need to develop Monitorable indicators for all AYUSH schemes.

The Twelfth Five Year Plan adopts a broad approach to health, including as 'key determinants of health', a range of resources like food supply chains and nutrition, drinking water and sanitation. It takes the view that health would entail a 'continuum of care' across sectors. Accordingly, the health policy & programmes will encourage a multi-sectoral approach to health. It also recommends strategic changes to the existing health programmes and schemes, such that they work in conjunction with each other and collectively contribute to building a comprehensive health system. Thus it brings into focus a systemic approach to health, while recognizing the importance of the individual programmes.

I hope and pray that we are together able to rise to the challenge and join hands to help fight disease, promote well-being, and transform India into a model for a cost-effective and efficient health system.



Syeda Hameed
Chairperson,
Steering Committee on AYUSH & Member in Charge Health,
Planning Commission of India

Chapter 1

Introduction

In order to formulate the Twelfth Five Year Plan (2012-2017), the Planning Commission constituted two Steering Committees, one each on Health and AYUSH under the **Chairpersonship of Dr. Syeda Hameed, Member Planning Commission**. The two Committees were supported by seven Working Groups, which deliberated on the issues of (1) Progress and Performance of NRHM (2) Tertiary care institutions (3) Disease Burden (4) Drugs & Food Regulations (5) Health Research (6) AIDs Control and (7) AYUSH. Reports of all the seven Working Groups have been submitted and are available on the Planning Commission website. Further, a High Level Expert Group (**HLEG**) on **Universal Health Coverage (UHC)** was constituted to propose strategies for the next ten years. The report of the **HLEG** has been submitted and is also placed on the Planning Commission website.

The first meeting of Steering Committee on AYUSH was convened on June 17, 2011 & the second meeting on October 25, 2011. A third meeting was held on 29 – 30 November, 2011 where Departments of Health & Family Welfare (H&FW) and AYUSH were invited to discuss cross-cutting themes such as mainstreaming of AYUSH. A Working Group under the Chairpersonship of Secretary, AYUSH and 6 Sub-groups with Mr. Darshan Shankar as Convener were formed to assist the Steering Committee in its deliberations. The reports are annexed. A drafting group was formed under the Chairpersonship of Secretary, AYUSH to finalize the Committee's Report.

Dr. Syeda Hameed, the Chairperson of the Steering Committee has identified four major thrust areas for AYUSH in the 12th Five Year Plan viz. (a) Educational reforms (b) Health services (c) Development and Implementation of quality standards and (d) Research with emphasis on effective **game changing strategies** and **innovative programs** of significant size and scale. The Plan would also strongly advocate the identification and publicity of monitorable outcomes, regular monitoring and periodic independent evaluations.

Dr. R A Mashelkar, the Co-chair urged the AYUSH sector to demonstrate 21st century standards in education so as to attract the best students. He suggested to the AYUSH Department to design creative initiatives to mainstream AYUSH with focus on

speed, scale and sustainability. Innovation in technology, upgrading of existing infrastructure and scaling up of successful models would form the key strategies.

Strategic shift in the Twelfth Plan

The Steering Committee has observed that the focus of the AYUSH Department should be to utilize its available resources to create a health care delivery system which meets outcomes that are pre-defined, measurable and monitorable. To this end, the Department should align its programmes and policies with the **National Health outcome Goals** of reducing IMR, MMR, TFR, Malnutrition, Anemia, Population Control and Child Sex Ratio, etc. The Department of AYUSH must also contribute to ongoing schemes of other departments such as Janani Suraksha Yojana (JSY-AYUSH), ICDS-AYUSH, Reproductive Child Health (RCH), early breastfeeding, growth monitoring of children, ante and post natal care, etc. Interventions of AYUSH may either be in the form of preventive, promotive or curative care. Additionally, the infrastructure available with AYUSH, such as hospital beds (62,000), health workers (7.85 lakhs) etc. should be consolidated and efficiently utilized before it is expanded.

The Steering Committee has advocated that all ongoing schemes need to be periodically evaluated by independent agencies. The Department of AYUSH should undertake evaluations of all its ongoing schemes and based on the findings introduce in-built systems of regular monitoring and strengthen the existing monitoring and evaluation (**M&E**) mechanisms. Further, the Department must spell out monitorable goals corresponding to each scheme and make the same available in the public domain. These monitor-able indicators should also be reviewed periodically.

The strength of the **AYUSH** system lies in promotive, preventive & rehabilitative health care, diseases and health conditions relating to women and children, mental health, stress management, problems relating to older person, non-communicable diseases etc. While AYUSH should contribute to the overall health sector by meeting National health outcome Goals, the Department should retain primary focus on its above mentioned core competencies.

Chapter 2

Review of the Progress & Performance of AYUSH

In order to achieve greater convergence among schemes with similar objectives and improve the efficacy and efficiency of Plan spending, a Zero Based Budgeting (**ZBB**) exercise was undertaken at the beginning of the Eleventh Five Year Plan. There were 8 Central Sector schemes (CS) and 3 Centrally Sponsored Schemes (CSS) in the 11th Five Year Plan.

Schemes under Department of AYUSH

Ministry/ Department	Number of schemes towards the end of Tenth Plan	Weeded, Transferred towards the end of Tenth Plan	continued during Eleventh Plan	New Schemes during leventh Plan	Total Schemes during Eleventh Plan
Central Sector Schemes (CS)					
AYUSH	10	0	5 <small>(Ongoing Schemes clubbed as 5 Schemes)</small>	3	8
Centrally Sponsored Schemes (CSS)					
AYUSH	3	0	1 <small>(Ongoing Schemes merged into 1 Scheme)</small>	2	3

The approved outlay for Department of AYUSH was increased from Rs. 775 crore in the 10th FYP to Rs. **3988 crore in the 11th Plan**. Year wise BE, RE and AE for the 2007-08 to 2011-12 is given in the table below.

Year	BE			RE			Expenditure			% w.r.t. BE			% w.r.t. RE		
	Plan	Non-Plan	Total	Plan	Non-Plan	Total	Plan	Non-Plan	Total	Plan	Non-Plan	Total	Plan	Non-Plan	Total
2007-08	488.00	75.88	563.88	390.00	84.34	474.34	383.38	80.15	463.53	78.56	105.63	82.20	98.30	95.03	97.72
2008-09	534.00	89.00	623.00	475.00	127.00	602.00	471.12	122.64	593.76	88.22	137.80	95.31	99.18	96.57	98.63
2009-10	734.00	188.00	922.00	680.00	183.00	863.00	678.59	182.54	861.13	92.45	97.10	93.40	99.79	99.75	99.78
2010-11	800.00	164.00	964.00	888.00	177.00	1065.00	865.64	167.83	1033.47	108.21	102.34	107.21	97.48	94.82	97.04
2011-12 (16.09.111)	900.00	188.00	1088.00				93.25	67.18	160.43	10.36	35.73	14.75			

Scheme-wise financial details for the 11th Five Year Plan period 2007-12 are at Annexure II. **Scheme –wise Performance of the AYUSH Sector is as follows:**

Central Sector Schemes

- (1) **System Strengthening:** The Scheme has six ongoing sub schemes namely, Strengthening of Department of AYUSH, Statutory Institutions, Hospitals & Dispensaries, Strengthening of Pharmacopoeial Laboratories, IEC and AYUSH & Public Health.

a) Strengthening of Department of AYUSH

This sub scheme is for engagement & maintenance of Secretariat Social Services in the Department of AYUSH to run the administration and for supporting Pharmacopeia Committees of Ayurveda, Siddha and Unani and strengthening of Pharmacopeia Commission of Indian Medicine.

The major achievements during the 11th Plan are:

- Publication of pharmacopoeial standards and Standard Operating Procedures (SOPs) of 152 Ayurvedic formulations.
- Publication of pharmacopoeial monographs of 101 single plant drugs and 21 minerals.
- Publication of macro & microscopic and TLC atlases of 172 drugs.
- Development of eight community herbal monographs in the format given by European Medicines Evaluation Agency (EMA) for submission to EU.

b) Statutory Institutions

The sub-scheme '**Statutory Institutions**' in the 11th Plan comprise of three components under which financial grant is given to the Regulatory Bodies- Central Council of Indian Medicine (CCIM), Central Council of Homeopathy (CCH) and Pharmacy Council of Indian Medicine & Homeopathy. The salient achievements during 11th Plan are:

- Revision of course curricula.
- Publication of Central Register of Homeopathy

- Organisation of twelve workshops on quality education issues and revision of course curricula including the one for principles of postgraduate colleges.

c) Hospitals & Dispensaries

Under this sub scheme three components are included (i) **All India Institute of Ayurveda (AIIA), New Delhi** (ii) **CGHS expansion of AYUSH dispensaries** and (iii) **CGHS Ayurveda Hospital, New Delhi**. OPD facility in **All India Institute of Ayurveda (AIIA), New Delhi** has started.

d) Strengthening of Pharmacopoeial Laboratories

This scheme is meant for supporting Pharmacopoeial Laboratory of Indian Medicine (PLIM)-Ghaziabad, Homeopathic Pharmacopoeia Laboratory (HPL) - Ghaziabad and Public Sector Drug Manufacturing Undertaking–Indian Medicines Pharmaceutical Corporation Limited (IMPCL), Mohan (Uttarakhand).

11th Plan achievements include:

- Development of identity and quality standards of 256 ASU & 92 homeopathic drugs, quality testing of 1342 ASU and 3709 homeopathic samples and conduct of 31 workshops/training programs by the Pharmacopoeia Laboratories.
- Implementation of detailed capacity enhancement project of IMPCL.

e) Information, Education and Communication (IEC):

The scheme on IEC provides for awareness building and public education about the AYUSH systems and their potential strength areas. The achievements include:

- 30 National and State level Arogya melas and 23 multi-media campaigns on individual and collective strength areas of AYUSH.
- Development and nationwide dissemination of publicity materials in different languages.

f) AYUSH and Public Health:

This scheme is aimed at supporting innovative proposals of government and non-government organisations to promote AYUSH interventions in public health care and encourage AYUSH practitioners in taking up public health programs on project-basis at district, taluka or block level.

(2) Educational Institutions: Eleven sub-schemes fall under the head 'Educational Institutions' and these are meant to support ten institutions working under the administrative control of Department of AYUSH and other sub scheme is for development of AYUSH Centers of Excellence in non-governmental/private sector in the area of AYUSH education, research, drug development, folk medicine etc.

- i) **IPGTRA, Jamnagar:** 179 postgraduates and 68 Ph.Ds of Ayurveda passed out, organised 21 health check-up camps for school children, 42 medical camps, 8 workshops, 36 CME/Re-orientation Training programs and 25 pharmacovigilance trainings, under consideration to be designated as WHO Collaborating Centre for Traditional Medicine.
- ii) **NIA, Jaipur:** Total 318 graduates, 332 postgraduates, 33 Ph.Ds and 110 diploma holders, Ayurvedic treatment provided to 1638330 patients in the OPD and 165977 patients hospitalised, organised 115 mobile camps, Panchakarma facilities expanded.
- iii) **RAV, New Delhi :** Training of 717 Ayurveda students under *Guru-Shishya Parampara*, 7 workshops, 10 publications and nationwide implementation & monitoring of CME/Re-orientation Training Programs.
- iv) **NIS, Chennai:** 168 scholars admitted for post-graduation in Siddha, 13.54 outdoor patients and 1.36 lakh indoor patients given Siddha treatment.
- v) **NIH, Kolkata:** 258 graduates & 81 postgraduates of Homeopathy passed out, three PG departments added, 20 CME/ROTPs conducted, 9.76 lakh outdoor patients and 5297 indoor patients treated with homeopathy.

- vi) **NIUM, Bangalore:** 106 scholars admitted for post-graduation in Unani Medicine, Unani treatment of 1.81 lakh outdoor patients and 39547 indoor patients, 10 CME/Re-orientation Training programs.
- vii) **MDNIY, New Delhi:** 413 students admitted for diploma course in Yoga Science, Diploma Course for medicos started, conducted certificate course for 9 batches, 42 Foundation courses, 230 camps, 5 orientation training programs, started school health program in 385 districts and under consideration for the designation of WHO Collaborating Centre in Traditional Medicine.
- viii) **NIN, Pune :** 5963 Naturopathy programs, 956 treatment cum awareness programs, 16 Re-orientation training programs, 9240 Yoga training programs and 5 food fairs conducted, 1.97 lakh patients attended institute's OPD for naturopathic treatment.
- ix) **NEIAH, Shillong:** OPD services started.
- x) **NEIFM, Passighat:** Land has been allotted.
- xi) **Centers of Excellence:** 30 projects for upgrading infrastructure & functioning of private AYUSH centers supported.

(3) (i) Research & Development including Medicinal Plants: Central AYUSH Research Councils and National Medicinal Plants Board (NMPB) are funded through this scheme.

(ii) National Medicinal Plants Board Support was provided to 39 projects about medicinal plants cultivation, 86 projects on Storage Godowns & Joint Forest Management Committees (JFMCs), for conservation of medicinal plants on 26158 hectares of land, 67 R&D projects, 85 capacity building & IEC activities and for setting up 3123 school/home herbal gardens.

(4) HRD (Training Programs/Fellowships/Exposure Visits/Up-gradation of skills etc.)

National Institutes, Model Colleges, Central Research Institutes , Universities, Central/State Resource Training Centres, State AYUSH Directorates /Boards,

Open Universities, Distant Education Centres etc., are supported through this scheme to undertake HRD activities like CME, Re-orientation training etc. of AYUSH personnel.

11th Plan achievements under the scheme up to 2010-11 include:

- 406 re-orientation training programs for AYUSH teachers and 10 for paramedics
- 311 CME programs
- 38 other HRD activities

(5) Cataloguing, Digitization of Manuscripts and AYUSH IT Network

The activities undertaken through this scheme are of national importance to protect AYUSH knowledge imbibed in rare manuscripts and engage in relevant literary research and publication.

In 11th Plan period, major achievements of scheme implementation include-

- Acquisition/digitization and publication of 23 manuscripts
- Publication/translation of 14 books and manuscripts.

(6) International Co-operation

In accordance with the National Policy, promotion and propagation of AYUSH abroad is facilitated through this scheme by supporting International exchange Programmes/Seminars/Workshops on AYUSH and International Cooperation activities including market development / workshops /seminars /conferences /exhibitions/trade fairs /road shows etc.

The key achievements are-

- Deputation of AYUSH experts and officers in 95 international events.
- 17 foreign delegations hosted to explore opportunities of international collaboration.
- Support provided to 38 experts for presentation of scientific papers in international conferences.

- AYUSH entrepreneurs were supported to participate in 17 international exhibitions/fairs, road shows etc.
- 12 conferences/research collaborations supported through Indian Missions.
- 16 fellowships granted to foreign students for studying AYUSH in India.
- One AYUSH Information Cell set up in Malaysia.
- 2 AYUSH books translated and published in foreign languages.
- Indo-US Centre for Research in Indian Systems of Medicine has been set up in the University of Mississippi, USA to undertake scientific validation and development of scientific information on ASU medicines through collaborative research and advocacy.
- MoUs drawn/entered in to with China, Russia, SAARC and ASEAN Countries.
- Eight community herbal monographs prepared and submitted to EU.

(7) Development of AYUSH Industry

This scheme supports development of common facilities for AYUSH industry clusters and for providing incentives to industry for participation in fairs and conduct of market studies.

The major achievements are-

- Development of common facilities of quality control, manufacturing and storage of drugs approved for industry clusters in Maharashtra, Karnataka, Tamil Nadu, Kerala, Andhra Pradesh, Orissa, Rajasthan and Punjab and three others for Uttarakhand, Gujarat and Assam are targeted.
- 275 industrial units were given incentive to participate in fairs/exhibitions.

Funding of NGOs engaged in local health traditions, midwifery practices etc. under NRHM: This scheme is for supporting project-based NGOs' activities focused at revitalization, propagation, documentation and validation of local health traditions, midwifery practices etc. During the plan period 37 proposals have been supported.

(B) Centrally Sponsored Schemes

(1)) Promotion of AYUSH: The scheme has three sub schemes

a) **Development of Institutions:** 120 proposals of AYUSH teaching institutions supported including mainly that for infrastructural development of UG/PG colleges, starting add-on pharmacy/paramedical courses and development of model colleges.

b) **Hospitals & Dispensaries:** 1933 PHCs, 260 CHCs and 83 District Hospitals supported for setting up AYUSH facilities; 6359 state health units given financial support for meeting recurring costs; 31894 dispensaries/co-located AYUSH units supported for purchase of medicines, 370 AYUSH hospitals given assistance for up-gradation of infrastructure and 394 for meeting recurring costs; and 23 State Program Management Units supported for meeting recurring expenditure.

c) **Drugs Quality Control:** 12 State Drug Testing Laboratories, 17 Pharmacies, 34 State Drug Licensing Authorities, 62 proposals of strengthening enforcement mechanism for ASU drugs, 11 proposals of strengthening in-house quality control laboratories of drug manufacturers supported.

(2) New Initiatives:

(a) Development of Tertiary Care AYUSH Facilities in PPP mode

The aim of the scheme is development of AYUSH health care facilities in PPP Mode.

(b) National Mission on Medicinal Plants

Under this head the National Medicinal Plants Board is implementing a Centrally Sponsored Scheme during 11th Plan. The scheme is primarily aimed at supporting market driven medicinal plants cultivation on private lands with backward linkages for establishment of nurseries for supply of quality planting materials and forward linkages for post-harvest management, processing, marketing infrastructure,

certification and crop insurance in project mode. This is being achieved by cultivation of medicinal plants in identified zones/clusters within selected districts of States having potential for cultivation of certain medicinal plants and promotion of such cultivation following good agricultural practices through Farmers, Cultivators, Growers' Associations/ Federations, Self Help Groups, Corporates, and Cooperatives.

The achievements under the scheme include-

- Setting up of 636 nurseries of medicinal plants
- Coverage of 51308 hectares of land for cultivation of medicinal plants
- Support provided to 25 post-harvest infrastructure units
- Putting in place 5 processing units and 2 market promotion units.

Chapter 3

Macro-societal context of AYUSH in the 12th Five Year Plan

Alignment with National Health Outcomes

The Chapter on Health in the Approach Paper to the 12th Five Year Plan underlines the need to re-strategize, in order to achieve faster, sustainable and inclusive growth. Seven specific measurable outcomes have been identified. These are reduction in infant mortality rate (IMR), maternal mortality ratio (MMR), total fertility rate (TFR), under – nutrition among children and anemia among women and girls, provision of clean drinking water for all and raising the sex-ratio for age group 0 – 6 years. Apart from these priorities, the 12th Plan proposes to promote convergence among all the existing National Health Programs such as mental health, AIDS control, deafness control, care of elderly, cancer control, tobacco control, oral health, cardiovascular diseases, fluorosis, human rabies control, and leptospirosis. The 12th FYP will also focus on infectious diseases such as TB and malaria and on non-communicable diseases (NCDs) including diabetes and chronic respiratory diseases.

In this context, it is important that the AYUSH sector contributes to the above mentioned national health outcomes by utilizing its impressive infrastructure of 7.85 lakh registered AYUSH practitioners, 3277 hospitals, 24289 dispensaries and bed strength of 62,649 in the government and government aided sectors. It is equally important that the mainstream health system integrates its health delivery strategies with AYUSH in a meaningful way.

It may be noted that if 10,000 beds out of the total 62,649 available in AYUSH facilities are used for safe delivery under the **Janani Suraksha Yojana (JSY)** scheme, the AYUSH department would be providing services to about 10 lakh mothers & 10 lakh children and contribute to safe delivery, immunization, ante & post natal care, growth monitoring of children malnutrition, anemia, etc. The figures have been derived on the assumption that one hospital bed is used by a patient for three days on an average, totaling to approximately 100 mothers & children in a year.

The NRHM has now begun to co-locate AYUSH practitioners in PHCs and CHCs. Public health schools in the country have opened their courses to AYUSH graduates. AYUSH registered practitioners can therefore provide a range of services and overcome the existing shortage in health workers. A lot however remains to be done. In the Indian context, the Integration of health knowledge systems is the most rational policy route for providing holistic health care. The Steering Committee suggests promotion of integrated health care systems. Focused initiatives should be taken to make the non- AYUSH medical sector more understanding of the strengths of AYUSH and the AYUSH sector more aware of public health and primary health care challenges so that it can contribute to the National Health Mission. To this end, the AYUSH department should draw up a strategic action plan in consultation with other departments of the Ministry of Health & Family Welfare.

Public demand for complementary healthcare

Growing public demand both nationally and internationally for safe, quality and efficacious, integrative and complementary healthcare, makes it imperative for AYUSH to urgently take steps in the fields of education, research, clinical medicine, public health, pharmacopeial standards, health products & services and improve regulatory mechanisms.

AYUSH drugs are primarily made from medicinal plants. The greatest challenge to widespread acceptance of AYUSH drugs remains quality assurance. Across the world, all organizations want to be able to trace raw materials to their source which is the most important factor in determining quality.. Hence, maintaining the highest standards while collecting, cultivating and post-harvest handling of raw material is critically important for quality assurance of AYUSH products.

Legal framework to facilitate medical pluralism

Health seeking behavior studies, suggest that the majority of consumers seek healthcare from different systems of medicine for specific needs. This public behavior prevails perhaps because it is being realized that no single system of medicine has the best solutions to all contemporary health needs.

The NRHM is India's largest government sponsored initiative which has a declared policy of promoting "pluralistic healthcare" by involving alongside the allopathic system, the AYUSH systems including local health traditions in its operational mission. The private sector health services in the country, to a much smaller extent, have also adopted pluralistic approaches to healthcare. Trans-disciplinary *research*, which bridges different healthcare systems, is being undertaken in India for the past few decades.

However a legal framework outlining the scope and limits for complementary healthcare has not been created. Norms for *cross referrals* between different healthcare providers have not been developed. The education system also doesn't have an explicit policy on teaching and practice of integrative healthcare. Although complementary medicine is a complex subject and an arbitrary mix may destroy the integrity of individual medical knowledge systems, yet the demand for pluralism in healthcare makes it imperative for government to evolve a framework for medical pluralism. This is a task not just for the AYUSH Dept. but for the entire health sector.

In the 12th FYP it is necessary to effectively take these concepts forward so as to create a balanced, national framework for medical pluralism, which is the future direction of healthcare in the 21st century.

New evolving Research frameworks

New holistic research perspectives, frameworks and tools are required_for:

- a) Clinical research that focuses on *therapeutic outcomes and multi-pronged, individualized, interventions*, rather than single and uniformly applied drugs,
- b) Trans-disciplinary and bridging research strategies that correlate AYUSH concepts of health, pathogenesis, nutrition, physiology, pharmacology with bio-medical concepts, thus creating new knowledge that has potential to improve the quality of life of the masses,
- c) Fundamental research that also uses IT tools and Indian epistemological perspectives to uncover the depth and width of highly sophisticated "original AYUSH concepts" referenced from dozens of literary sources on different dimensions of health and disease.

- d) Identification and scientific development of selected Indian medicinal plants that would meet global market needs, wherein scientific evidence related to their efficacy and safety through rigorous scientific assessment would be taken up in order to meet the emerging global demands for registration under food additives/health supplements/ traditional herbal medicinal products /phyto-medicinal ingredients.

Urgency for Conservations / Augmentation of natural medicinal resources

It is important to urgently enhance availability and ensure long term conservation of the natural resources, flora, fauna, metals and minerals that form the resource base of AYUSH. This will support continued access to AYUSH raw materials by key end users viz industry, the AYUSH physician and rural households. Further, this should be supplemented with a sustained supply of resources that promote the use of organic agriculture, scientific collection, drying, storing and sterile packaging technologies. Backward linkages that provide income and employment to local communities and the rural poor should be strengthened.

New Technology development platforms for innovation in Pharmaceutics

Modernization of pharmaceutical technology in order to standardize the natural resources and production processes that are used by AYUSH and scaling up of production to enlarge markets of AYUSH products via R&D interventions in the AYUSH-pharma sector will be a priority in the 12th Plan. Modernization may be achieved through supporting a *nationally coordinated program* that creates new *pharma-technology* development platforms in "several" knowledge institutions, viz; reputed colleges, universities and AYUSH research centers and institutes to standardize raw materials, processes and products and their pharmaco-dynamics and kinetics by building upon the traditional quality standards that are achieved, through home scale production.

Access to IT Tools

Information Technology tools would be applied to significantly improve quality of education, research, health services and manufacturing via meta databases, search

engines and research for development of standardized software for several functions. Examples include clinical documentation, indexing, cataloguing, semantic analysis, cloud sourcing, encyclopedias, E-learning modules, E-books, graphic, entity relationship maps, portals and websites.

Rich community health traditions and traditional knowledge

There are estimated to be around a million village-based, traditional AYUSH community health workers who possess healthcare knowledge related to various streams like midwifery, primary healthcare and bone setting, etc. There are also more than 100 million households which possess knowledge of home remedies, ethnic foods and nutrition. The documentation of the traditional knowledge associated with medicinal plants is very important not only to preserve it for posterity but also to contest bio-piracy and bio-prospecting. A project based on methodology would help in deciding future strategy and course of action and may lead to development of new drugs and therapies with benefits from it accruing to the knowledge holder. The 12th FYP is an opportunity to expand the scheme for accreditation and certification of these knowledge streams (initiated by the Dept. of AYUSH in the 11th FYP).

Shortage of paramedics and post graduates

Currently there is concern about the fact that little attention is paid to proper training of high quality paramedics in the AYUSH sector. Very few competent AYUSH institutions that focus on paramedical education exist. Paramedics can serve as therapists, nurses, pharmacists, midwives and community health workers. Similar concern has been expressed about the small number of students that complete their post graduation every year (2,400 students from all the six AYUSH systems). This number is inadequate for the country's requirement of teachers, specialty clinicians and researchers. The exact shortfall is unknown due to the absence of systematic studies that map human resource needs of this sector. It is imperative for the 12th FYP to address these concerns. More institutions should introduce dedicated post graduate programs, while adhering to existing Government regulatory provisions.

Advances in communication technology and strategies

Sophisticated communication methods, tools and strategies for effective “health education” on preventive and promotive healthcare should be introduced. This will allow linking the investment made in communication campaigns and ICT on healthcare with anticipated behavioral changes in the community. This result oriented approach would lead to careful selection of such ICT providers which would pay attention not only to developing “reliable content” but also effective forms of dissemination, that would result in measurable social impact.

Expectations of quality assurance

The use of national and global experience in the development of well-designed strategies for mandatory and voluntary *quality certification and accreditation* of raw materials, educational programs, health services and manufacturing units and products is envisaged in the 12th Plan. This would achieve both minimum standards through regulations and laws, as well as, excellence through voluntary schemes of accreditation.

India’s Strength in Medicinal Plants

India has a unique distinction of possessing about 6198 medicinal plants, found in its Himalayan region, around its coastline, the deserts and the rain forest eco-systems. It possesses a vast network of infrastructure required for the plants’ promotion, propagation and testing, etc. It also has one of the oldest, richest and most diverse cultural traditions associated with the use of medicinal plants. About 2400 plant species are reported to be used in the codified Indian Systems of Medicines like Ayurveda, (1587 species), Siddha (1128 species), Unani (503 species) and Sowa-Rigpa (253 species)- with overlap of species across systems. In addition, around 4000 species are used in local health care and tribal traditions.

Willingness to act

The Government, autonomous organizations, industry and the non-government sector institutions of AYUSH and allied fields should increase engagement with education, research, health services, manufacturing, media and IT to support the growth and modernization of AYUSH.

Chapter 4

Overarching recommendations for 12th Five Year Plan

Recommendation 1: Enhancing quantum of funding

AYUSH has received consistent historical support in policy statements right from 1920 up to 2011 (**Annex III**). For the 12th Plan, the Steering Committee recommends that enhanced allocation be provided to the AYUSH Sector, depending on the absorption capacity of the Department and State Governments. The total allocations could be up to 10% of the total budget of the Health Sector.

A three-tiered approach should be used for funding small, medium and large scale projects for all major schemes. Small projects (upto Rs. 1 crore) could be pilot projects to establish proof of concept. There could also be preparatory planning grants of up to Rs.25 lakhs, for the purpose of preparing medium or large scale projects. The Deptt of AYUSH may however determine the appropriate financial limits for implementation of projects under such a three-tiered approach.

Recommendation 2: Mainstreaming AYUSH to achieve the National Health Outcome Goals

The AYUSH system can play a major role in promotive, preventive, rehabilitative and social (community) health care. AYUSH medicines play a significant role in developing the immune system and increasing resistance to diseases. The strength of AYUSH lies in non-communicable diseases like diabetes and preventive cardiology, care of older persons and health problems/issues related to women and children. The 12th Plan strongly advocates mainstreaming of AYUSH so that it can contribute to achieving the National Health Outcome Goals. An enabling framework for integrating AYUSH in medical education, health research and health services should accordingly be developed.

The Steering Committee notes that during the 11th Five Year Plan, the AYUSH sector was not involved in most ongoing schemes such as Janani Suraksha Yojana (JSY), Integrated Child Development Scheme (ICDS), Institutional delivery, Promotion of early breast feeding, etc. The Steering Committee recommends that in the 12th FYP, the Dept. of AYUSH should seek involvement in such national efforts. Suitable provisions should also be made in all relevant schemes to suit the interests of differently abled persons.

While its impact is immense, the sector continues to have a lot of infrastructure that remains unutilized such as hospital beds, health human resource, AYUSH hospitals and dispensaries, etc. Its network of 3277 hospitals with 62649 beds and 24289 dispensaries across various States only engages in clinical medicine as per local needs. All efforts should now be made to consolidate and fully utilize the existing available resources and orient them to achieving the national health outcome goals. In the 12th FYP, the Department of AYUSH should consider providing State Governments untied funds for hospitals and dispensaries based on specific Project Implementation Plans (PIPs) to help them develop innovative programs that meet measurable targets to achieve the national health outcome goals. Targets may be set related to IMR, MMR, TFR, provision of clean drinking water, reduction in Non Communicable Diseases, child nutrition and so on in specific geographies where the AYUSH sector has its infrastructure and presence. Necessary administrative, legal, institutional and financial provisions should be evolved to facilitate outcome-oriented involvement of AYUSH in health care delivery at primary, secondary and tertiary levels. Existing infrastructure should also be made differently-abled friendly.

Similarly, the Central Councils may devote a part of their research funds towards research on efficacy of AYUSH interventions on national health problems. The CCIM or the proposed National Commission for AYUSH Human Resource Development may be charged with the task of developing modules on AYUSH interventions for national health outcome goals and introducing these modules into all AYUSH institutions during the first two years of the 12th Five Year Plan.

Recommendation 3: Supporting systemic improvements

During 12th Plan period, all the schemes should put the goals, anticipated outputs and outcomes of every major scheme in the public domain and create a budget line for periodic independent evaluations. In the planning process as it prevails, the five year budget for the AYUSH sector is approved with short titles of schemes/programs with a budget outlay allocated for each scheme/program for the entire plan period. Subsequently, every year an annual budget estimate (BE) is made for every scheme and this financial target for the year is monitored and if necessary revised (RE) around October each year and at the end of every financial year, the actual expenditure incurred (AE) is recorded.

There is, however, no detailed supplementary benchmark document available in the Planning Commission or to stakeholders that *clearly explains* the goals, specific objectives, scope & range of activities eligible to be supported, anticipated outputs & outcomes of each scheme which can be used for purposes of monitoring progress and for mid-term evaluation. There is, however, a publicly accessible document on schemes of each department for potential applicants. There is also a "results framework matrix" in which the annual performance of every department is reported, but this template provides very sketchy information. In practice it is only expenditure that is monitored and the percentage of utilization of annual budgets is used as the indicator to assess performance. Evidently this scheme of assessment provides a limited picture *of the overall performance* of planned schemes.

There is a need to further improve the monitoring of various schemes. The Steering Committee notes that the Deptt of AYUSH has already invited expressions of interest from outside parties for evaluation of its major schemes. The Steering Committee supports this initiative and recommends that under the budget head "Systems Strengthening" which is largely applied to administrative functions of the Department of AYUSH, a budget line be specially created for '*independent evaluations of major schemes*'. It is important that evaluations are seen not as a tool to punish or axe programs but essentially as a means to improve their quality and thus encourage them to rise to greater heights. This budget line can be creatively utilized for conducting periodic peer evaluations of major schemes.

Recommendation 4: Quality Assurance Initiatives

As an initiative to promote quality in the AYUSH Sector, strategies should be developed in the 12th FYP for mandatory as well as voluntary accreditation and certification of its different components viz. (i) raw materials (ii) education programs (iii) manufacturing units, (iv) health services and (v) AYUSH products. This would help achieve both minimum standards that are enforceable by law and inculcate excellence.

This recommendation is based on the imperative to usher in a culture of quality into the AYUSH sector which is a pre-requisite for its sustained growth. For developing the AYUSH industry, we should follow the following two-pronged strategy:

- (i) Prescribe minimum standards as given above and enforce them through regulations.
- (ii) Create an enabling framework for excellence by promoting higher standards through voluntary certification with incentives to those who achieve excellence.

NABH is working with the Ministry of Health and Family Welfare on the Clinical Establishment Act under which minimum regulatory standards in services are being defined for AYUSH Hospitals, clinics and wellness centers, among others. AYUSH Colleges have regulations defined by CCIM and CCH and AYUSH Products have defined regulations in Drugs & Cosmetic Act. The Department of AYUSH in collaboration with QCI has already taken a lead by initiating the following schemes:

- An Accreditation Scheme for AYUSH Hospitals under which Accreditation and Structural Standards for AYUSH Hospitals have been released and a Mark of Excellence is provided to the accredited organizations. NABH is also running Accreditation scheme for Wellness centers which is also being supported by Ministry of Tourism.
- QCI is running a Voluntary Certification Scheme for AYUSH Products under which manufacturers who achieve international standards like WHO GMP can get AYUSH Premium Mark.

- The National Medicinal Plants Board (NMPB) has in collaboration with QCI launched a voluntary certification scheme for medicinal plants produce (VSCMPP) which is based on WHO GAP and GCP guidelines.

- QCI is in the process of forming Accreditation Standards for AYUSH Colleges.

Traceability of raw material is the biggest challenge to quality assurance. Voluntary certification schemes for Organic cultivation, Sustainability, Proper storage and handling is recommended to assure consumers of the quality of the raw material used in the finished product.

It is recommended that under the CS budget line “Systems Strengthening” the Department of AYUSH introduce a new sub budget line, called “Support for Quality Initiatives”.

Chapter 5

Crosscutting themes

The Steering Committee recommends the following crosscutting themes to be addressed with focused approach-

- i) **Health Research:** high priority must be accorded to validation of classical drugs listed in respective AYUSH formularies through clinical studies; development of clinical management protocols; conduct of controlled studies using conventional standards of care to validate the safety and efficacy of drugs and therapies; aligning research areas to national priorities; and competitive grant funding for research institutes for increasing quality and impact of health research activity in AYUSH.

- ii) **AYUSH quality and standards:** Thrust may be given to complete the work of standardization of classical AYUSH drugs and therapies for priority disease conditions, inclusion of evidence-based AYUSH drugs in the National Essential Drugs List and improvement in governance of Drugs and Quality Control with robust quality certification mechanisms and self-regulation.

- iii) **AYUSH practice:** The roadmap, guidelines and an enabling framework of implementation with appropriate modification in the laws governing medical practice of AYUSH is required. This is important for positioning AYUSH practitioners in the primary health network as well as in all public health programs. It is also felt necessary to develop an informed code of conduct with scope and limitations for cross-system referrals based on understanding of the strengths and limitations of modern medicine and AYUSH.

- iv) **IEC and International Cooperation:** Both IEC and International Cooperation activities need to be restructured and strengthened through suitable mechanisms and anchored for promoting behavior change aligned with Indian needs and international developments respectively. A mechanism should be developed to

document health statistics from AYUSH hospitals, dispensaries and private practitioners and incorporate them in the health management information system.

- v) **Human Resource Development:** Establishing AYUSH Chairs in Medical Colleges; inclusion of AYUSH elements in the in-service trainings of ASHAs, ANMs, Medical Doctors; and assigning territorial responsibility to AYUSH colleges for key health outcome goals should be facilitated to integrate AYUSH in health services. Emphasis needs to be given to open career pathways for AYUSH graduates by offering post-graduate courses in public health and non-clinical subjects and engaging them in public health programs. Developing orientation of medical students and doctors about basic concepts, applications and scientific developments of AYUSH is the need of the hour in order to dispel ignorance and foster cross-system referral systems. Relevant AYUSH modules should therefore be instituted in medical course curricula and in the CME program for medical practitioners.
- vi) **National Health Outcome Goals:** There is an urgent and immediate need for utilizing the strengths of AYUSH for achieving the seven national health outcome goals of the country. The national health priorities seek to correct the imbalance of unmet needs and improve health outcomes. AYUSH should contribute on this front and build health services in accordance with its strengths, infrastructure and trained human resource. Progress in meeting the country's health outcome goals will be faster with focused involvement of AYUSH in achieving the given targets. The Eight national health outcome goals are as follows-
- i) Reduction in Infant Mortality Rate (IMR)
 - ii) Reduction in Maternal Mortality Ratio (MMR)
 - iii) Reduction in Total Fertility Rate (TFR)
 - iv) Reduction in under-nutrition among children
 - v) Reduction in anemia prevalence among women and girls
 - vi) Raising child sex ratio for the age group 0-6 years.
 - vii) Prevention and Reduction of burden of diseases
 - viii) Reduction of households' out-of-pocket expenditure

Specific Interventions

Keeping in view the wide ranging discussions and useful suggestions that emerged during the two-day exercise in the Planning Commission, the Steering Committee has identified the following 25 specific interventions to achieve the above objectives :-

1. As health is a state subject, the cross cutting issue of integrating AYUSH in education and health delivery needs to be put before the Central Council of Health & Family Welfare for a clear direction regarding effective use of AYUSH workers in addressing national Health outcome goals.
2. Evolution of enabling framework and provisions (legal, administrative, institutional and financial) at central and state levels for training and use of AYUSH workforce in the delivery of essential health/medical services intended at achieving national health outcome goals.
3. Orientation training of basic concepts and strength areas of AYUSH may be introduced for medical students, in-service doctors and private practitioners.
4. Post graduation in non-clinical bio-medical subjects and public health should be opened to AYUSH graduates with equal opportunities for employment.
5. Establishment of the National Commission for Human Resources in AYUSH (NCHRA).
6. AYUSH chairs should be introduced in medical colleges with ToRs for inculcating scientific basis of AYUSH in medical education, health care and postgraduate research.
7. AYUSH components to be included in the pre-service and in-service trainings and kits of ANMs, ASHAs and AWWs.
8. AYUSH to be included in the CME program for medical doctors.

9. Enabling provisions should be introduced in the Central and State laws for practice by AYUSH doctors, define their responsibilities.
10. Services of AYUSH doctors with qualifications in Public Health to be utilized in national health programs, NRHM and public health functionaries as part of the public health cadre.
11. AYUSH facilities to be integrated at primary, secondary and tertiary care levels in institutions under the Ministry of Health & FW and other Ministries like Railways, Labour, Home Affairs and under NUHM at the central level and in state governments.
12. Tertiary health care services in government sector (at State and central level including AIIMS and AIIMS-like institutions) must be integrated with AYUSH as done in reputed private hospitals to provide comprehensive and holistic health package in clinical conditions and for post treatment rehabilitation and health restoration.
13. Territorial responsibility to be assigned to AYUSH colleges for their roles and responsibilities in contributing towards achieving the national health outcome goals.
14. Composite National Essential Drug List containing both Allopathic and AYUSH medicines to be developed; practitioners should be able to prescribe the same in all Primary Health Care settings.
15. Joint behavior change plan incorporating AYUSH-based lifestyle guidelines for RCH, Adolescent Health, Geriatric Care, Mental Health, Non-communicable Diseases, Anemia, and Nutrition and health promotion to be developed and linked with National AYUSH Health Program as recommended in the WG Report.
16. Clinical management protocols with algorithms to be developed and implemented.
17. Standardization of Classical Formulations, AYUSH therapies and Yoga practices to be given due focus.

18. Joint Advisory Group for AYUSH Research Councils to be set up to steer system-strength-based clinical research in the identified clinical challenges as also to prevent duplication.
19. A joint ICMR-AYUSH decision making body with representation of all Research Councils to be set up for promoting interdisciplinary research in medical areas of national interest.
20. Validation of classical drugs that are relevant to current health needs with interdisciplinary approaches should be geared up.
21. Bio-medical research training to AYUSH researchers to be facilitated.
22. AYUSH experts to be included in all Committees/Expert Groups set up by the Government for Health issues.
23. AYUSH data to be incorporated in HMIS.
24. AYUSH to be integrated in health-related IEC activities.
25. Standards of services, infrastructure and staffing in AYUSH functionaries to be clearly defined.

Chapter 6

Recommendations on various Thrust Areas

1. AYUSH Education (Educational reform)

The Steering Committee recommends the following:

- I. Establishment of a ***National Commission for AYUSH Human Resource Development*** to regulate AYUSH education. Faculty requirements of AYUSH and Health Sciences Universities need to be met urgently in order to promote on campus AYUSH education and research, to undertake effective curricular reforms and conduct examinations for their constituent and affiliated colleges. Presently, there are five independent Ayurved/AYUSH Universities and half a dozen Health Sciences Universities. About one third of all AYUSH colleges are affiliated to the latter. Rests of the colleges are affiliated to general universities. The Universities are the main agency to update the syllabi and examination systems and are as such responsible for the overall standard of education, which continues to be extremely poor.
- II. Introduction of **Post Graduate (MD)** Programs in new disciplines like *Community Medicine and Public Health*. Support be provided for post graduate and doctoral fellowships/residencies in the 12th FYP. The numbers should be decided based on the available infrastructure and other critical factors.
- III. Introduction of a scheme for supporting meritorious UG students, (starting from 1st year to final year), selected through a competitive process, by providing merit scholarships to reputed AYUSH UG educational institutions.
- IV. Establishment of seven online national libraries for each of the seven components of AYUSH through an all India coordinated program. Support to be provided to competent nodal agencies to host AYUSH libraries of different knowledge systems (Ayurveda, Siddha, Unani, Yoga, Sowa-rigpa, Homeopathy and Naturopathy) through a distributed database network (which may include several supporting institutions) with a common front end which should be hosted by the nodal agencies. The on-line national libraries are

expected to be co-operative efforts of a number of AYUSH institutions led by nodal agencies to provide students and teachers, a one stop online source of books, journals, technical reports and other educational resources on AYUSH systems.

- V. Core support for the establishment of a network of para-medical education centers for all AYUSH systems in existing government and non-government AYUSH institutions based on a competitive selection process. The paramedical programs may be for panchakarma therapy and should develop *integrative content* for Nursing, Pharmacy and training AYUSH community health workers in primary health care.
- VI. Establishment of new *public health* research-cum-outreach departments for documentation, participatory clinical and pharmacological research and revitalization of local health traditions in the community including initiating accreditation and certification of folk healers on the IGNOU, QCI and the North-East Institute of Folk Medicine (NEIFM) model.
- VII. One-time grants to AYUSH colleges with good track record to upgrade their hospital infrastructure, equipment, pharmacy, library, etc. in order to make them *model* colleges.

2. Cataloguing and digitization of medical manuscripts

The Steering Committee recommends the following:

- I. Establishment of a **National Mission on Medical Manuscripts** with operational and Financial Autonomy/ independence: To function in Mission mode, be time-bound, flexible, possess the ability to network with other sectors which have a similar mandate. The Mission should support a single national nodal agency, network of medical manuscript resource centers, Vaidya-Manuscriptologist Fellowships, training programs in medical manuscriptology, surveys – within India and abroad, in-situ conservation of manuscripts, cataloguing, digitization, microfilming, critical editions, translations, publications, development of education modules on manuscriptology for AYUSH medical colleges and universities.

- II. Development of Core Metadata Standards for Indexing, collating, cataloguing (Primary and Descriptive) and other allied aspects for OCR, digital voice database etc. (building upon existing technology) and speech recognition program (building upon existing technology).
- III. Support for research on development of Software through a single agency/consortium - which links with domain experts - for semantic analysis, Inter-operability for more advanced features, development of protocols for access and dissemination. Hardware environment for development and deployment, involvement of AYUSH colleges and AYUSH fraternity in collaborative annotation to existing content and creation of new content, and lastly, software development.
- IV. Support for creation of global digital repository on AYUSH Medical Manuscripts

3. Contemporary Museums

The Steering Committee recommends creation of high quality travelling exhibitions of international standards on India's Medical Heritage. In addition we need to create a permanent national museum. The content (for both traveling and virtual museums) should include History, sociology, practice (oral traditions, codified traditions, surgery, pharmacy, therapy, dietetics, and prevention), literature, music, botanical art, martial arts, Ayurveda, Unani, Siddha, Yoga, Sowa-rigpa and folk streams.

4. Health Research:

The Steering Committee recommends the following:

- I. Enhanced funding for both intra and extra-mural research on a competitive basis. The program should support well-designed, coordinated projects across India. These should include projects on Public Health and problems of national priority which are in line with the measurable health outcome goals of 12th Five Year Plan.
- II. Support for health systems research including programs for establishing a network of rural health research centers.

- III. Support for establishing a national registry of all AYUSH research studies.
- IV. Support for Ph. D. & Post-Doctoral fellowships for research in AYUSH institutions, University departments and National laboratories.
- V. Support for an all India coordinated research program on selected clinical conditions of high social relevance, using the *whole systems* approach of ASU in the clinical research designs.
- VI. Support for establishing a network of advanced centers in specialized fields like: clinical research, surgery, ophthalmology, gastroenterology, dermatology, management of burns and nutrition
- VII. Introduction of a National Eligibility Test (NET) for AYUSH teachers /research fellows/ young post-graduates. Persons who have qualified NET should be preferred for various research schemes such as JRF/SRF/RA/ROs etc.

5. Health Services:

The Steering Committee recommends the following:

- I. Consolidation of the *entire* existing infrastructure by utilizing the 3277 hospitals with 62649 bed strength and 24289 dispensaries across the country in actively implementing standardized treatment protocols for management of health conditions derived from the national health outcome goals set for the health sector in the 12th Five Year Plan.
- II. Strong support for a network of hospitals in rural and urban areas as along the lines of the support provided to government institutions. These hospitals should be encouraged to focus on specialty areas of AYUSH like surgery, “mother & child care”, mental health, geriatrics, gastroenterology, ophthalmology, muscular and skeletal disorders, dermatology and general medicine.
- III. Establishment of a **National AYUSH Mission**, focused on “delivering health for all.” The Mission should co-ordinate programs related to NRHM-AYUSH and AYUSH,

hospitals and dispensaries and also public health programs implemented by government health services. Under the National AYUSH Mission, enhanced support should be given to all AYUSH dispensaries and hospitals for infrastructure, drugs, personnel and for in service training to medical officers and paramedics. Enhanced AYUSH funds under the CSS for hospitals and dispensaries should be released like the NRHM mission funds to an AYUSH health society, structured like the state level NRHM sponsored health society and substantial support should be provided to states for setting up AYUSH hospitals at state capital, district headquarters etc.

6. AYUSH and Public Health:

The Steering Committee recommends the following:

- I. Support for nationally coordinated projects on public health priorities like anemia, provision of clean drinking water, under nutrition among children, reduction of maternal & infant mortality.
- II. Support for an all-India innovative program called *AYUSH Gram* through government institutional networks to plan, design and implement, location specific AYUSH public health interventions in a district, taluka or a particular cluster of villages. The AYUSH interventions on health care should be supported with suitable *baseline* and subsequently *end-line* data to demonstrate the impact of the intervention.
- III. Support for a network of reputed colleges and research institutes including institutions specializing in public health, to design & organize in service training for medical officers and paramedics in clinical medicine and public health.

7. Local Health Traditions:

- I. Support to R&D organizations to research specialized aspects of folk healing like pulse diagnosis, effects of special massages, management of fractures and bandaging, management of snake bites, and so on.

8. Natural Resources: Medicinal Plants

The Steering Committee recommends the following:

- I. Establishment of national and regional scientific repositories of raw drugs with their botanical and trade names along with their genetic, morphological, microscopic and phyto-chemical profiles as may be relevant for the purposes of their identification and authentication. The materials and data in these repositories may also be digitized to improve access.
- II. Support for a comprehensive, demand- supply study of medicinal plants in order to set priorities for conservation and cultivation of species for the 12th Five Year Plan.
- III. Initiation of long term measures by NMPB for sustainable supply of medicinal plants that are classified as endangered species by CITES, Wild Life Boards (WLB) and other such notifications via State Forest Departments/Corporations, TRIFED, Tribal Cooperatives etc. with quantitative targets that match demand.
- IV. Support for an all-India coordinated project to establish the taxonomic identity of controversial medicinal plants in trade, through systematic co-relation of descriptive identities given in traditional medical texts and subsequently through objectively verifiable markers using chromatography and DNA profiling.
- V. Establishment of a reliable and dynamic data-base on the traded medicinal plants of India with trade names co-related to botanical and vernacular names of the materials in all languages. This data-base should provide every raw drug a unique ID Code. Industry should be encouraged to use the ID codes for their labels on AYUSH products. The data-base should also have photographic illustrations of the raw drugs.
- VI. Support for programs on expanding the in-situ conservation network of traded and threatened species in their natural forest habitats. Medicinal Plants Conservation Areas (MPCA) Network.

- VII. Support for collaboration with State Forest Departments and joint forest management committees, including an all-India project for sustainable harvest of selected medicinal plants from the wild.
- VIII. Support for undertaking large scale plantations of medicinal trees- in high volume trade- by forest departments.
- IX. Support for a coordinated R&D Program focusing on high volume traded and exported species to develop appropriate technologies for scientific collection, drying, semi-processing and sterile packaging of medicinal plants using zero or low energy systems.
- X. Support for R&D on nursery techniques and multi-centric agro technologies for high priority traded species and establishment of a network of centers for supply of quality planting materials.
- XI. Support an Indian program for organic certification and sustainable wild harvest with international standards based on ISSC-Map, GACP, GAP and GFCP.
- XII. Support for a nationwide network of home and community herbal gardens to support health security needs of rural and urban households.
- XIII. Support for manufacturers, farmers, gatherers etc. for establishing fair and just forms of sustainable raw material supply chain.
- XIV. Support for R&D on raw drug substrates, bio-activity guided fractionalization, genetic and chemical finger printing and preparation of plant monographs.
- XV. Support for registration of Indian herbs and extracts in foreign markets with necessary assistance for technical and logistics needs.
- XVI. Provision of staff and infrastructure support to State Medicinal Plant Boards

- XVII. Support for Medicinal Plants Processing Clusters (MPPC) to reduce the high wastage (30%) of raw material that takes place due to poor processing practices which also impact quality. The clusters may be supported with infrastructure for ware housing, drying, grading, storage and transportation. APEDA has set up Agri Export Zones (AEZs) for medicinal and aromatic plants in the states of Kerala and Uttarakhand. Based on the experience gained in the implementation of AEZs, the proposal is to support infrastructure for processing and post harvest management in the different medicinal plant rich regions of the country i.e. all identified clusters/zones which are well endowed with R&D infrastructure and with facilities for marketing/trading.
- XVIII. Ensuring Minimum Support Price (MSP) to Medicinal Plants for preventing exploitation of farmers at the hands of traders and other middlemen.
- XIX. Establishment of market access for collection clusters to benefit the landless and rural poor. Medicinal plants sector can provide sustainable employment opportunities and fair prices to rural poor around the year, thereby ensuring well distributed livelihood systems. Owing to lack of market access, the collectors get approximately one third of the market price. There are examples from states, where the State Forest Development Corporation has started both fixed and floating *mandis* which procure MAPs from the doorstep of gatherers, thus entirely eliminating middlemen as also ensuring remunerative prices. Such efforts could be replicated in other states too.

9. Manufacturing: Raising profile of AYUSH Industry:

The Steering Committee recommends the following:

- I. Industry to be encouraged to go for voluntary quality assurance certification and requisite up-gradation of laboratory and manufacturing infrastructure by way of incentives, grants and soft loans. This would help meet norms stipulated for AYUSH Standard and Premium Marks including the ones specified by overseas regulators.

Support to AYUSH industries

- II. Support for a *coordinated program* to establish *pharma-technology* development platforms in "several" institutions, viz reputed colleges, universities and research institutions to standardize selected processes and products and their pharmacodynamics and kinetics, by building upon the well documented, traditional quality standards, that were achieved traditionally, through home scale production. Research on standardization of *Bhasmas* should be one of the agendas of this program.
- III. All the State Governments should be required to obtain NABL accreditation. Support to R&D Centers for collaborative work with industry to publish definitive technical monographs for raw materials (botanical, mineral, metal, animal bi-products and marine products), in processed and finished formulations.
- IV. Support for studies, surveys and macro data to develop a firm and complete Statistical Identity for the AYUSH Sector and all its aspects including Knowledge Attitude and Practices studies and trade data for domestic purposes India and exports.
- V. Support for a program to compile a computerized national *licensed drug list* with unique product codes for both classical and propriety drugs. This program should be facilitated by developing uniform national software for drug licensing, harmonized for use by all State agencies in the country.
- VI. Support for AYUSH R&D Centers and reputed colleges, for training and skill development on quality control, manufacturing standards, labeling and technology applications to staff in small scale AYUSH industry.
- VII. Promotion of a National Laboratory Network programme coordinated by PLIM to bring about a Pharmacopoeia compliant quality assurance ethos accessible by all stakeholders – industry, raw material traders, collectors, farmers, students and practitioners, within the country. This programme entails subsidized test fees and

support for NABL accredited laboratories on campuses of AYUSH teaching institutions.

VIII. Support for academia and hospitals to implement industry oriented research should be provided both by department of AYUSH and industry. The scheme can be flexible in terms of the proportion of support from government and industry on a case to case basis on the merits of the proposal.

IX. Supplementing of the *drugs* inspection machinery, which suffer from paucity of resources. These are available with the State Governments. The States may be supported to utilize professional inspection bodies whose competence to inspect establishments for compliance to AYUSH regulations can be established by way of their accreditation by NABCB to the applicable international standards, ISO 17020. Such accredited inspection bodies can then be formally approved by the Drug Regulator and the industry given a choice to get itself inspected by any of these bodies at a prescribed frequency. Following this the organizations may submit reports confirming compliance to regulators. In case of any non-compliance, the regulator can initiate suitable action against the erring unit. A system can be developed whereby the establishments are advised to go to accredited inspection bodies by rotation and the accredited inspection bodies can be made to submit reports directly to the regulator. All this while, the regulator shall retain the right to directly inspect the manufacturing unit for any valid reason.

10. Regulations and Standards (Setting pharmacopeia standards):

The Steering Committee recommends the following:

- I. Development of new scientific monographs and revision of already published monographs in the 12th Plan.
- II. Selection of priority drugs with high market potential by the *Pharmacopoeia Commission of Indian Medicine* and development of AYUSH drug dossiers to facilitate entry of AYUSH drugs in the international market.

- III. Support for Shelf life studies, development of Phyto-chemical marker compounds, safety studies, Biological activity studies and efficacy/ effectiveness of 500 ASU drugs.

11. Applications of Information Technology:

- I. Development of a standardized web based clinical documentation software, which can be used by Ayurvedic clinics and hospitals all over the country for generation of “clinical evidence” arising out of the clinical outcomes of accredited clinics, nursing homes and hospitals. This will generate large scale evidence, which will serve to enhance the credibility of the efficacy of Ayurvedic management in the public mind. The software with its back-end data base should be hosted centrally. Tried and tested ways are available to sustain the evolution of such a program.
- II. Support for Academia: AYUSH Informatics Fellowships should be provided to individuals to help prepare e-learning materials, online CME, online webinars, searchable e-books (multimedia learning tools), digital library for printed books and journals. Support for cross-lingual search and translation of AYUSH material, preparation of graphic entity relationship maps of human body as viewed from the AYUSH perspective should also be extended.
- III. Support for National Knowledge Network Connectivity to AYUSH colleges.
- IV. Support for creation and networking of knowledge warehouses to support education, Clinical practice and research and extend it to the public at large.

Chapter 7

New Components/Schemes proposed in the 12th Five Year Plan

1. Universal Coverage of AYUSH under NRHM:

- I. Mainstreaming of AYUSH under NRHM has been one of the important thrust areas to improve the quality and outreach of health care and attain integration of health services. In the 11th Five Year Plan, public health facilities (PHCs, CHCs and District Hospitals) have been supported for co-location of AYUSH doctors, creation of necessary infrastructure and supply of AYUSH medicines.
- II. However, the coverage so far is not significant. Only 24.6% of the public health facilities could avail central assistance for AYUSH medicines and 8.7% PHCs, 5.8% CHCs and 13.9% District Hospitals availed the relevant centrally sponsored scheme for setting up the infrastructure required for co-location of AYUSH facilities. *The Department of Health & Family Welfare has been releasing funds for the human resource component out of NRHM-Flexipool, while the Department of AYUSH released funds for medicines and infrastructure out of its existing Centrally Sponsored Scheme for Hospitals & Dispensaries, which is subsumed under NRHM. Such a dual arrangement necessitates that in order to streamline the release of funds for the purpose of integrating AYUSH in the health network from one source, the actions with regard to mainstreaming of AYUSH under NRHM should be implemented by the Department of AYUSH.*
- III. It is recommended that NRHM-AYUSH may have *an enhanced NRHM-AYUSH Flexipool within the Hospitals & Dispensaries Scheme*. Under this, the department would be able to support state proposals for funding specific interventions, including the creation of necessary administrative setup for AYUSH, extension of support to PHCs/CHCs and DHs for AYUSH facilities/doctors and paramedics, supply of medicines and other integration-facilitating activities. The program may include training of ANMs, ASHAs etc, *provisioning of AYUSH drug kits in sub-centers, etc.*

2. **Repositioning AYUSH for meeting National Health Outcome Goals, especially relating to Reproductive & Child Health (RCH) programmes:**

- I. The Department of AYUSH should align its programmes and policy with the **National Health Outcome Goals** of reducing IMR, MMR, TFR, Malnutrition, Anemia, Population Control and Child Sex Ratio etc.
- II. The Department should utilize and contribute in all ongoing schemes of other departments such as Janani Suraksha Yojana (JSY-AYUSH), ICDS-AYUSH, Reproductive Child Health (RCH), early breastfeeding, growth monitoring of children, ante and post natal care etc. For this purpose the AYUSH stand-alone hospitals & dispensaries as well as the collocated PHCs/CHCs/District Hospitals should be mobilized.
- III. The focus of the Department should be to utilize all its available resources to create a health care delivery system which provides **measurable outcomes**. (Monitorable Indicators).

3. **National AYUSH Health Program**

- I. AYUSH systems are culture-friendly and known for robust health, promotive guidelines and a holistic approach. This inherent potential of AYUSH needs to be tapped for the control of non-communicable diseases and their public health implications.
- II. During the 11th Plan, the Department of AYUSH identified specific strengths of AYUSH and initiated national campaigns with the involvement of States on geriatric health care, anemia control, mother and child health care, management of ano-rectal disorders through AYUSH systems. As a result of these campaigns peoples' awareness has been built up about the role AYUSH can play in improving health status of populations with lifestyle interventions and management of chronic diseases. **It is proposed to launch AYUSH Health Program with the objective of promoting AYUSH practices of geriatric care, mental health, nutritional care and health promotion, etc.**
- III. The program may be implemented like a Centrally Sponsored Scheme involving State AYUSH Directorates, Public Health facilities, AYUSH colleges etc. Needful linkages may

be attempted with the National Non-Communicable Disease Control Program in implementing health promotion strategies of AYUSH.

4. Setting up of Referral hospitals in 8 National Institutes

- I. The credibility of the AYUSH streams is impinging on evidence-based quality health care. The National AYUSH Institutes being the premier institutions in the country attract large number of patients, including the referred ones. Necessarily, these institutions should provide outstanding patient care services in their particular systems.
- II. The standards and upkeep of hospitals attached to National Institutes are not encouraging, mainly due to neglect & poor investment and they continue to be just like general hospitals.
- III. It is, therefore, proposed to strengthen and upgrade the hospitals facilities in eight National institutes like IPGTRA, NIA, NIUM, NIS, NIH, AIIA, NEIAH, NEIFM and two National Institutes of Yoga and Naturopathy with state of art facilities and NABH accreditation for secondary & tertiary level health care to provide adequate diagnostic & investigative facilities, machineries, equipment, skilled health workers including specialized therapies & consultation services and infrastructure for clinical research.

5. Setting up of Research and Quality Control Laboratories in 8 National Institutes

- I. There is a scarcity of accredited laboratories for quality testing in the country. Very few laboratories exist in the private sector, which are GLP compliant and have the mandate for testing of natural products like ASU&H medicines. In the Govt. sector there is only one NABL accredited laboratory for ASU drugs i.e. the laboratory of Capt. Srinivas Murthi Drug Research Institute, Chennai under Central Council of Research in Ayurvedic Sciences (CCRAS).
- II. National institutes are the ideal locations to have Quality laboratories in the concerned system to undertake drug testing and research. The facilities shall be of NABL standard.
- III. It is proposed to develop laboratories for drug testing and research in National Institute of Ayurveda- Jaipur; National Institute of Homoeopathy-Kolkata; National Institute of Unani

Medicine- Bangalore; National Institute of Siddha- Chennai; Institute of Post Graduate Training and Research in Ayurveda- Jamnagar, North Eastern Institute of Ayurveda & Homoeopathy- Shillong (one for Ayurveda and another for Homoeopathy); All India Institute of Ayurveda, New Delhi.

IV. Such an arrangement will help expand quality testing facilities in the country for ASU&H products as well as for their utilisation in research and training activities at the institutional level.

6. Setting up of Hi-Tech Quality Control Labs under Research Councils at regional level with NABL accreditation

- I. The need for improving quality testing of ASU&H drugs has been raised from different forums. State Licensing Authorities have raised time and again where to send the samples picked up under the provisions of Drugs & Cosmetics Act for testing as the state laboratories are not equipped except in Maharashtra and Gujarat states, where the government drug-testing facilities are common for allopathic and ASU drugs.
- II. Drug Manufacturers, who are supplying medicines to Govt. dispensaries & hospitals and exporting to other countries, also find it difficult to get the products tested and certified from an authentic source. Drugs Consultative Committee has realized the need to address this problem.
- III. In order to expand the quality control base of highest standards as per the requirement of Drugs & Cosmetics Act, 1940 and for the testing of exported/imported ASU&H drugs and for R&D purpose, it is proposed to set up **hi-tech quality control laboratories under AYUSH Research Councils**.
- IV. To start with five laboratories from amongst the four Research Councils (two of CCRAS and one each of CCRUM, CCRH and CCRS) will be identified to develop as the regional laboratories. These would be notified as the extended arms of PLIM & HPL to fulfill drug testing requirements at the regional level and facilitate quality research in drugs.
- V. The proposed laboratories will be equipped with hi-tech quantitative & qualitative analytical tools & machinery and adequately trained human resource to meet the drug

testing requirement not only of the Research Councils but also for the purpose of development of pharmacopoeial standards and testing of drug samples received from industry and state licensing authorities.

7. Central Drug Controller for AYUSH drugs

- I. It is proposed that a separate Central Drug Controller for ASU drugs may be created. Presently, the demand for traditional Indian medicine i.e. Ayurveda, Siddha, Unani and other herbal products has increased tremendously in India and abroad.
- II. The world herbal market is estimated to be \$62 billion out of which the share of China is \$19 billion and that of India \$1billion (PHARMAXECIL). There are around 10000 ASU Drugs manufacturing units in the country at present.
- III. To facilitate the increased acceptability of ASU medicines within the country and abroad, the core issue is the quality and standardization of ASU products and effective enforcement of the provisions of the Drugs & Cosmetic Act.

8. Setting up an All India Institute of Yoga

- I. In view of the emerging demand for Yoga training and education, a dedicated institute at national level is required to undertake teaching & research programs and project strengths of Yoga with scientific data and evidence-based approaches, particularly in the area of psychosomatic and lifestyle diseases, where conventional medical approach does not provide effective solutions.
- II. The space required for this purpose is neither adequate nor geographically conducive in the present premises of Morarji Desai National Institute of Yoga, New Delhi. It is proposed to set up another National level institute of Yoga with distinct mandate and state of the art infrastructure near the national capital in the 12th Plan.

9. Setting up All India Institute of Unani Medicine

- I. Keeping in view the growing demand and interest in the Unani System of Medicine, it is proposed to set up an All India Institute of Unani Medicine (AIUM) with high class

treatment facilities in the Unani System, research facilities on modern parameters and high quality U.G. and P.G. education.

- II. This Institute would have facilities for world class treatment in the system as per the Indian Public Health Standards (IPH), providing adequate diagnostic and investigative facilities through modern diagnostic equipments, machineries and human resource, specialist consultation services and an upgraded research wing. This would help extend the status of a referral hospital to it, making its facilities comparable with the secondary/tertiary health care hospitals in conventional systems, leading to the enhancement of the credibility of the Unani System of Medicine.

10. Setting up All India Institute of Homeopathy

- I. Homeopathy in India has established itself more than anywhere else in the world. It is regulated through Central Acts and Statutory regulatory body and a large infrastructure in the form of registered practitioners, teaching institutions, dispensaries and hospitals.
- II. Being cost effective, palatable, safe and effective for the management of such diseases/disease-conditions as are considered untreatable in other systems of medicine, the demand for homeopathy has grown phenomenally.
- III. To fulfill the emerging interest of scientists for research in homeopathy and inculcate an interdisciplinary understanding for promoting evidence-based use of homeopathy, it is proposed to set up a premier institute equipped with postgraduate education and research facilities and tertiary care hospital services. This will help explore the scientific basis of homeopathic medicine and build up its credibility for the benefit of masses and mainstream it in the health care delivery system.

11. AYUSH Gram

- I. AYUSH Gram is a concept wherein one village per block will be selected for AYUSH interventions of health care. The overall health checkup of the entire population will be done by AYUSH doctors based on AYUSH systems and they will be provided basic knowledge for promotion of health and prevention of diseases.

- II. The communities will be educated about healthy practices and advantages of traditional food items used locally and their medicinal properties. The AYUSH doctors will also undertake health checkup camps at schools in and around the selected villages. AYUSH training will also be imparted to ASHAs, Anganwadi workers, school teachers etc. Awareness building activities would be conducted through gram panchayats involving schools, anganwadis, self-help groups and other community organizations.
- III. The villages near PHCs that have road connectivity will be selected for this program. Treatment for sick people will be provided through the PHC. This kind of program is already being implemented in Chhattisgarh and Gujarat states and has been found to be successful in AYUSH and community health promotion. Based on best AYUSH practices being adopted in different states, it is intended to propagate the concept of AYUSH Gram nationwide and support the proposals through the central scheme of “AYUSH and Public Health”.

12. Setting up Homeopathic Medicines Pharmaceutical Corporation Limited (HPCL)

- I. Presently, the Homoeopathic industries participating in Govt. supplies by and large are not GMP-compliant and are not equipped with qualified technical staff or quality control facilities. This amounts to violation of Drugs & Cosmetics Act and it is very difficult to ensure the quality of medicines supplied to Govt. dispensaries & hospitals.
- II. The other important factor is that private industries mainly manufacture patent & proprietary medicines discouraging classical pharmacopeial products. There is only one unit in Govt. sector i.e. Kerala Co-operative Homoeopathic Manufacturing Unit having annual turnover of Rs.10 crore which is not sufficient to meet the requirement of Government Departments and supplies under NRHM.
- III. It is therefore felt necessary to set up an IMPCL like public sector enterprise for manufacturing of homeopathic medicines to ensure quality & timely supplies to CGHS, State dispensaries and Homeopathic facilities under NRHM.

13. Setting up National AYUSH Library & Archives

- I. A national library and archives with documentation centre & museum is proposed to be set up to preserve, project and disseminate important AYUSH articles of heritage

including literary, official documents/records and tools/instruments of all systems and to undertake publication of AYUSH newsletter, journals, etc.

14. AYUSH Telemedicine Services

- I. Medicine assisted with new communication technology i.e Telemedicine has facilitated the outreach of health services to remote rural populations settled particularly in difficult terrains.
- II. The Department of AYUSH facilitated a pilot project of Tele-Homoeopathy in Tripura to provide health care through 10 centers coordinated by the State Homoeopathic Hospital, Agartala. There being no enabling provision in any of the 11th Plan Schemes to support such a project, the financial support was provided by the National Institute of Homoeopathy, Kolkata from its own funds. Another such telemedicine project is being run in Bihar where patients with eye diseases are provided Ayurvedic treatment. This project is undertaken through CCRAS to enable patients to walk into the kiosk at any time of the day and consult a PHC or Hospital based doctor on video. In this way, the first line of treatment is immediately provided to patients.
- III. It is proposed to introduce AYUSH Telemedicine nationwide during the 12th plan for covering the remote areas of the country including NE and Hilly states.

15. AYUSH Fellowship Scheme

- I. Fellowships are an integral part of professional education and are important to support meritorious students and encourage them to excel in their scientific endeavors. While this provision is available for students of most subjects, no such provision is available for AYUSH education and research. It has been observed that the demand for AYUSH education and research is increasing and meritorious students are motivated to pursue AYUSH as a professional career.
- II. An institutional mechanism should be put in place to identify the institutions, research topics and scholars that are to be admitted in the scheme. The fellows under the scheme will be subjected to rigorous mentoring by peer experts of related subject. The approach

shall be to encourage interdisciplinary research on specific AYUSH issues that may augment scientific basis of AYUSH and provide tangible leads for further work.

16. National Commission for Human Resources in AYUSH

The Commission will provide an institutional framework to address issues related to regulation, shortage, quality assurance and inequitable availability of AYUSH professionals & work force. The Commission shall undertake workforce study, formulate action plans and ensure inter-sectoral coordination to promote availability of Quality Human Resources in AYUSH including that of Yoga & Naturopathy, which are so far not regulated /accredited in the country. The issues related to AYUSH paramedical education, HR development and regulation will also be dealt with under this arrangement.

17. Central Council for Research in Sowa-Rigpa

- I. Sowa-Rigpa system of medicine has recently been recognised as part of AYUSH and efforts are being made to strengthen its various aspects. Presently, an institute for research in Sowa-Rigpa with a limited mandate is functioning at Leh (Jammu & Kashmir) under the aegis of Central Council for Research in Ayurveda & Siddha. This Institute is yet to develop linkages or collaborate with other scientific institutions because of its geographical location. The activities undertaken are therefore not very contributory for scientific development of the system.
- II. Unlike other Indian systems of medicine and homeopathy, the Sowa-rigpa has not been explored scientifically to its full potential and standards of drugs, therapies, procedures, etc are lacking.
- III. It is, therefore, proposed to develop an organisational set up, mandated with scientific validation and standardization of Sowa-Rigpa to facilitate research in literary, drug, clinical areas and medicinal plants. The Sowa-Rigpa Research Council can initially be started from the CCRAS headquarters with the present institute as the key unit to coordinate the implementation of the project till its completion. The proposed institute may be enlisted under the Central Scheme for Research & Development including medicinal plants.

18. National Institute of Sowa-Rigpa

- I. The educational system of Sowa-Rigpa is presently run by the Tibetan bodies in trans-Himalayan region of India. However, the infrastructural facilities there are not sufficient to meet the aspirations of the students who choose to study Sowa-Rigpa for a professional career.
- II. As Sowa-Rigpa has been accorded state patronage, a dedicated institute of the system is required that may lead to develop benchmark standards of education, patients' care and postgraduate research and impart professional training to produce skilled human resource.
- III. A National Institute of Sowa-Rigpa is proposed to be set up with facilities of UG & PG education, paramedical training and provision of clinical services. This will be done through a well-equipped hospital. The possibility to acquire the one Sowa-Rigpa institute that is supported by the Department of Culture and to upgrade it to the level of the proposed National Institute may be explored.

19. Medicinal Plants Processing Clusters (MPPC)

It is estimated that as high as 30% of the raw material that reaches the manufacturers is of poor quality and is, therefore, rejected. Cultivation of medicinal plants, therefore needs to be supported with infrastructure for warehousing, drying, grading, storage and transportation. These facilities are essential for increasing the marketability of the medicinal plants, adding value to the produce, increasing profitability and reducing losses. APEDA has set up Agri Export Zones (AEZs) for medicinal and aromatic plants in the states of Kerala and Uttarakhand. Based on the experience gained in implementation of AEZs on medicinal plants in these States, the proposal seeks to support infrastructure for processing and post harvest management in the different regions of the country in identified clusters/zones which are well endowed with infrastructure of marketing/trading centres, have a tradition of medicinal plants as a farming option and have R&D institutions/SAUs for technology dissemination and capacity building. While the AEZs scheme implemented by APEDA has primary focus on exports, the MPPC seeks to add value to the medicinal plants that are cultivated/ collected and meet the large domestic requirement of the AYUSH industry i.e. extracts, nutraceuticals,

herbal cosmetics, etc. Additionally, the species that have export markets would also be covered with a view to increasing the share of value added items in the exports of herbal/AYUSH products.

The species targeted for export should be finalized after assessing their export market. The units in the clusters have to be geographically proximate to each other so that all members of the cluster are in the position of easily utilizing the common facilities. The facilities being created would be shared by all shareholders and may be open to others on payment basis.

20. Minimum Support Price (MSP) to Medicinal Plants

Minimum Support Price for medicinal plants is important for preventing exploitation of farmers at the hands of middlemen. The Ministry of Panchayati Raj had constituted a Committee on ownership, price fixing, value addition and marketing of minor forest produce. The Committee has recommended MSP for minor forest produce through a process as described below:

- The minimum support price should be fixed at the national level by a specially constituted Central Price Fixation Commission, comprising one chairperson who will be an expert in the field of tribal and rural development and three other members with experience in the relevant field. The broad functions of the Commission would be the following:-
 - i. Fixation of minimum support price as bench-mark and setting quality standards.
 - ii. Formulation of broad guidelines for effective implementation of the MSP scheme.
 - iii. Monitoring and evaluation of the aforementioned scheme; suggesting corrective measures from time to time.
- There is need to provide minimum support price for medicinal plants to save farmers and collectors from the exploitation of middlemen. The NMPB would implement a new scheme through State Government Agencies and State Medicinal Plants Boards.

Chapter 8

Monitoring & Evaluation of AYUSH Schemes

As per the Planning Commission guidelines, all ongoing schemes need to be periodically evaluated by independent agencies. The Department of AYUSH therefore needs to ensure that all its schemes are evaluated on a regular basis.

The Steering Committee recommends that the Department of AYUSH shall develop a robust system of independent mentoring and evaluation for all its major schemes.

Chapter 9

Monitor able indicators of AYUSH Sector:

The Steering Committee recommends that the Department of AYUSH shall develop appropriate input, process and outcome oriented indicators for all its schemes. These indicators should also be monitor-able.

Annexure I

A drafting committee for finalizing the Steering Committee report was constituted. The members of the Committee are as follows:

1. Secretary, AYUSH
2. Sh. Ambrish Kumar Adviser (Health) Planning Commission Convener
(ambrish.kumar@nic.in)
3. Joint Secretary, Dept. of AYUSH
4. Dr. Bhushan Patwardhan (bpatwardhan@gmail.com)
5. Dr. DBA Narayanan (dba.narayana@gmail.com)
6. Dr. Ravi Narayan (chcravi@gmail.com)
7. Dr. RH Singh (rh_singh2001@yahoo.com)
8. Sh. Ranjit Puranik (ranjit.puranik@gmail.com)
9. Sh. Darshan Shankar, (darshan.shankar@frlht.org)

Annexure II

DEPARTMENT OF AYUSH : YEAR WISE BREAK-UP OF PLAN EXPENDITURE (2007-12)

(Rs. in crore)

Sl. No	Scheme / Programmes	11th Plan 2007-12	2007-08			2008-09			2009-10			2010-2011			2011-2012
			BE	RE	AE	BE	RE	AE	BE	RE	AE	BE	RE	AE	BE
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	CENTRAL SECTOR SCHEMES														
1	System Strengthening	282.75	31.48	19.32	16.27	47.59	33.20	28.24	64.64	55.23	53.41	85.44	108.47	95.77	119.51
a)	Strengthening of Department of AYUSH	47.00	6.50	6.70	6.94	7.15	10.10	8.84	13.82	11.61	11.20	14.62	14.62	15.86	13.50
1	Secretariat-Social-Services	35.00	5.00	5.17	5.49	5.50	8.22	7.38	10.06	10.85	9.91	11.00	11.00	12.83	11.50
2	Pharmacopoeia Committees on ASU and Strengthening of Pharmacopoeia Commission of Indian Medicine (PCIM).	12.00	1.50	1.53	1.45	1.65	1.88	1.46	3.76	0.76	1.29	3.62	3.62	3.03	2.00
b)	Statutory Institutions	2.95	0.65	0.55	0.24	0.94	0.38	0.38	0.93	0.43	0.43	0.93	0.43	0.49	0.43
1	Grant to Central Council of Indian Medicine, New Delhi	0.70	0.20	0.10	0.19	0.39	0.31	0.31	0.34	0.34	0.34	0.34	0.34	0.34	0.34
2	Grant to Central Council of Homoeopathy, New Delhi	0.25	0.05	0.05	0.05	0.05	0.07	0.07	0.09	0.09	0.09	0.09	0.09	0.15	0.09
3	Central Pharmacy Council of Indian Medicine & Homoeopathy	2.00	0.40	0.40	0.00	0.50	0.00	0.00	0.50	0.00		0.50	0.00	0.00	
c)	Hospital & Dispensaries	162.80	12.00	1.60	0.54	27.50	11.74	7.84	11.30	6.30	5.72	26.30	33.80	25.64	55.42
1	All India Institute of Ayurveda(AIIA), New Delhi	150.00	10.00	0.50	0.00	25.00	9.24	7.24	10.00	5.00	5.00	25.00	33.00	25.00	54.12
2	CGHS Expansion in Dispensaries	6.30	1.00	0.60	0.41	1.30	1.30	0.57	1.30	1.30	0.72	1.30	0.80	0.64	1.30
3	CGHS Ayurveda Hospital	6.50	1.00	0.50	0.13	1.20	1.20	0.03	0.00	0.00	0.00	0.00	0.00	0.00	
d)	Strengthening of Pharmacopoeial Laboratories	25.00	3.33	2.22	1.86	4.00	3.65	2.45	5.54	3.39	2.66	6.54	12.97	12.22	27.16
1	Pharmacopoeial Laboratory of Indian Medicine, Ghaziabad	17.00	1.83	1.33	1.13	3.50	2.49	1.39	4.47	2.45	1.76	4.47	2.04	1.32	2.22
2	Homoeopathic Pharmacopoeia Laboratory, Ghaziabad	3.00	1.50	0.89	0.73	0.50	1.16	1.06	1.07	0.94	0.90	1.07	0.93	0.90	0.94
3	Strengthening of PLIM/HPL	0.00						0.00	0.00						
4	Public Sector Undertaking (MPCL, Mohan, UP)	5.00						0.00	0.00	0.00		1.00	10.00	10.00	24.00
e)	Information, Education and Communication	25.00	7.00	6.25	6.01	5.00	4.50	5.92	30.00	30.00	29.91	30.00	40.00	34.91	15.00
1	Information, Education & Communication	25.00	7.00	6.25	6.01	5.00	4.50	5.92	30.00	30.00	29.91	30.00	40.00	34.91	15.00
f)	Ayush & Public Health	20.00	2.00	2.00	0.68	3.00	2.83	2.81	3.05	3.50	3.49	7.05	6.65	6.65	8.00

2	Educational Institutions	410.68	89.02	63.46	55.06	76.19	77.36	67.27	109.15	92.75	92.47	121.15	173.57	159.13	145.00
1	IPGTR, Jamnagar	10.00	7.00	7.00	6.97	5.66	3.50	2.99	10.00	10.00	9.91	10.00	14.00	14.00	12.00
2	NIA, Jaipur	49.18	14.82	7.25	8.50	8.20	8.06	8.20	12.00	12.00	13.50	12.00	18.52	18.52	15.00
3	RAV, New Delhi	5.00	1.00	0.88	0.60	0.96	0.95	0.91	1.05	1.05	2.22	1.05	11.05	10.05	4.50
4	NIS, Chennai	20.00	8.00	4.00	6.00	7.50	10.74	10.74	13.00	13.00	11.00	13.00	15.00	15.00	15.00
5	NIH, Kolkata	45.00	19.00	19.00	16.98	17.00	18.74	18.74	20.00	20.00	20.00	20.00	32.00	32.00	22.00
6	NIUM, Bangalore	25.00	10.00	6.73	5.38	8.00	8.76	8.65	11.00	11.00	8.76	11.00	10.50	10.10	13.00
7	MDNIY, New Delhi	20.00	3.12	3.12	1.52	3.43	3.43	2.83	3.80	3.80	3.29	3.80	6.20	4.19	5.50
8	Vishwayatan Yogashram, New Delhi	1.00	0.20	0.20	0.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	NIN, Pune	13.50	3.88	3.28	2.98	4.25	4.37	4.37	5.30	5.30	5.30	5.30	6.30	6.30	6.00
10	North Eastern Institute of Ayurveda and Homoeopathy, Shillong	81.00	8.00	9.00	3.00	10.50	2.10	0.00	10.00	6.00	6.00	17.00	24.00	17.00	19.00
11	North Eastern Institute of Folk Medicine, Passighat	41.00	7.00			6.69	6.69	0.00	3.00	0.60	0.60	3.00	6.00	3.00	8.00
12	Assistance to accredited AYUSH Centres of Excellence in non-governmental/private sector engaged in AYUSH education/drug development & research/clinical research/folk medicine etc.	100.00	7.00	3.00	3.00	4.00	10.02	9.84	20.00	10.00	11.89	25.00	30.00	28.97	25.00
3	Research & Development including Medicinal Plants	719.57	143.95	118.77	118.19	117.07	142.40	145.98	193.76	180.87	179.37	193.76	211.56	224.85	210.50
	RESEARCH COUNCILS	359.50	63.95	68.59	68.04	74.07	99.40	103.22	143.76	140.87	139.51	143.76	157.06	170.91	152.50
1	CCRAS, New Delhi	105.00	20.00	23.99	23.99	27.00	37.38	37.33	59.00	59.00	59.00	59.00	59.00	59.00	56.00
2	CCRUM, New Delhi	85.00	16.70	18.72	18.70	18.00	28.00	27.98	31.00	31.00	30.95	33.39	39.39	39.64	33.00
3	CCRYN, New Delhi	20.00	4.00	4.22	3.50	5.00	5.66	10.66	12.50	12.50	12.50	12.50	17.50	32.75	20.00
4	CCRH, New Delhi	70.00	11.55	11.55	11.41	13.43	20.75	20.75	30.87	30.87	29.85	30.87	33.17	33.92	32.00
5	CCRS, Chennai														6.00
6	Central Councils' Combined Building Complex	10.00	1.70	1.70	1.53	2.14	2.11	2.14	2.39	1.00	1.00	0.00	0.00	0.00	0.00
7	Extra Mural Research Projects through Research Institutions etc.	60.00	8.00	7.25	7.75	7.00	4.00	3.11	5.50	4.00	3.96	5.50	5.50	3.60	3.00
8	Patent Cell for ISM&H intellectual property rights (in TKDL)	4.50	1.00	1.00	1.00	1.00	1.00	1.00	2.00	2.00	2.00	2.00	2.00	1.00	2.00
9	Survey on Usage & acceptability of ISM&H Systems.	5.00	1.00	0.16	0.16	0.50	0.50	0.25	0.50	0.50	0.25	0.50	0.50	1.00	0.50
	MEDICINAL PLANTS	360.07	80.00	50.18	50.15	43.00	43.00	42.76	50.00	40.00	39.86	50.00	54.50	53.94	58.00
1	National Board for Medicinal Plants	360.07	80.00	50.18	50.15	43.00	43.00	42.76	50.00	40.00	39.86	50.00	54.50	53.94	58.00
4	HRD (Training Programme/ Fellowship /Exposure visit/Up gradation of skill etc.)	30.00	3.00	2.25	1.94	9.00	9.60	8.94	12.20	11.20	10.98	9.80	9.80	9.80	2.00

1	Re-orientation Training Programme of AYUSH Personnel/Continuing Medical Education (ROTP/CME)	25.00	2.00	2.00	1.94	8.00	9.00	8.90	9.80	9.80	9.73	9.80	9.80	9.80	2.00
2	Programme for training / fellowship / exposure visit / up-gradation.	5.00	1.00	0.25		1.00	0.60	0.04	2.40	1.40	1.25	0.00	0.00		
5	Cataloging, Digitisation of Manuscripts & AYUSH IT Network	40.00	2.25	2.25	2.00	1.85	1.73	1.72	2.55	2.55	2.52	2.55	2.55	1.22	2.00
1	Cataloging, digitisation and AYUSH IT Network	20.00	1.00	2.00	2.00	0.00		0.00	0.00				0.00		
2	Scheme for Acquisition, Cataloguing, Digitization and Publication of Text Books & Manuscripts	20.00	1.25	0.25		1.85	1.73	1.72	2.55	2.55	2.52	2.55	2.55	1.22	2.00
6	International Co-operation	40.00	4.00	1.65	1.18	5.00	4.86	1.39	20.80	8.95	6.14	21.40	11.40	4.92	5.00
1	International Exchange Programmes / Seminars /Workshop on AYUSH.	10.00	2.00	1.40	1.18	4.00	2.40	1.18	19.00	6.50	4.13	21.40	11.40	4.92	5.00
2	Assistance for International Co-operation activities for promotion of AYUSH including market development/ workshops/seminars /conferences/ exhibitions/trade fairs/Roadshows, etc.	30.00	2.00	0.25		1.00	2.46	0.21	1.80	2.45	2.01	0.00	0.00		
7	Development of AYUSH Industry	505.00	27.30	9.30	0.13	22.30	6.30	6.18	25.35	10.35	17.09	25.35	25.75	20.50	25.35
1	Development of common facilities for AYUSH industry clusters.	500.00	27.00	9.00		22.00	6.00	5.88	25.00	10.00	16.54	25.00	25.00	19.75	25.00
2	Incentives to AYUSH industry for participation in fairs/conducting market study for creating a developing market opportunity	5.00	0.30	0.30	0.13	0.30	0.30	0.30	0.35	0.35	0.55	0.35	0.75	0.75	0.35
8	Funding of NGOs engaged in local health traditions/midwifery practices etc. under AYUSH	25.00	5.00	3.00	0.54	5.00	1.21	1.20	1.55	1.55	1.52	1.55	1.55	1.55	1.00
	TOTAL : A (Central Sector)	2053.00	306	220	195.31	284.00	276.66	260.92	430.00	363.45	363.50	461.00	544.65	517.74	510.36
B	CENTRALLY SPONSORED SCHEMES														
1	Promotion of AYUSH	1400.00	177	169.90	188.05	215.00	186.71	180.79	247.00	244.55	243.41	282.00	293.15	282.26	333.00
	a) Development of Institutions	550.00	47	47.00	43.37	65.00	36.71	40.00	45.00	20.00	20.00	45.00	45.00	44.17	50.00
	b) Hospitals And Dispensaries(under NRHM)	625.00	120	107.90	128.78	120.00	140.00	130.53	197.00	224.05	223.06	232.00	244.00	234.14	275.00
1	Scheme for AYUSH Hospitals	365.00	65	68.50	94.55	60.00	85.00	85.00	142.00	199.05	199.05				
2	Scheme for AYUSH Dispensaries	260.00	55.00	39.40	34.23	60.00	55.00	45.53	55.00	25.00	24.01				

3	Development of AYUSH Hospitals & Dispensaries and Mainstreaming of AYUSH											232.00	244.00	234.14	275.00
	c) Drugs Quality Control	225.00	10.00	15.00	15.90	30.00	10.00	10.26	5.00	0.50	0.35	5.00	4.15	3.95	8.00
	New Initiatives	535.00	5.00	0.10	0.00	35.00	11.63	29.42	57.00	72.00	72.06	57.00	50.20	48.44	56.64
2	Public-private partnership for setting up of speciality clinics/IPDs	50.00	5.00	0.10		5.00	0.05	0.00	7.00	2.00	2.12	7.00	0.20	0.20	0.50
3	National Mission on Medicinal Plants	485.00				30.00	11.58	29.42	50.00	70.00	69.94	50.00	50.00	48.24	56.14
	TOTAL : B (Centrally Sponsored Schemes)	1935.00	182.00	170.00	188.05	250.00	198.34	210.21	304.00	316.55	315.47	339.00	343.35	330.70	389.64
	TOTAL CENTRAL PLAN OUTLAY (A+B)	3988.00	488.00	390.00	383.36	534.00	475.00	471.13	734.00	680.00	678.97	800.00	888.00	848.44	900.00

Abstracts of Policy statements 1920 – 2011:

- It is 91 years since the Nagpur session of the Indian National Congress (1920) recommended that

“there should be an Integrated System of Medicine and Research which should be combination of both our Ayurveda, Unani, Tibb, Siddha, and Modern medicine system choosing the best out of all and thus supporting one system by another to serve mankind to its best”

- It is 65 years since the Bhole committee in 1946 recorded that

“ Services of persons trained in the indigenous systems of medicine should be freely utilized for developing medical relief and public health work in the country. (minority view).”

- It is 50 years since the post-independence Health Survey and Planning Committee (Mudaliar Committee 1961) recommended

“ Training of AYUSH in the (orthodox) traditions; chairs of Indian Systems of Medicine in all medical colleges, training in preventive medicine, obstetrics and surgery for all ‘AYUSH’ graduates; research in indigenous medicine by separate central institutes of Medicine and in medical colleges; post graduate training to be available to medical men from both systems and so on”

- It is 36 years since the Report of the Group on Medical Education and Support Human resource

(The Srivastava Report 1975) recommended

“the need to evolve a national system of medicine for the country by the development of an appropriate integrated relationship between modern and indigenous systems of medicine”.

- It is 33 years since the country inspired by this report (Srivastava, 1975) produced the first integrated Community Health Workers Manual –1978) which had chapters on minor ailment treatment and advise by Ayurveda, Yoga, Unnai, Siddha, Homeopathy, Naturopathy and Medicinal plants.
- It is 30 years since the Indian council of Social Sciences Research and the Indian Council on Medical Research through its joint study group (1981) on Health for All – an alternative strategy recommended

“an alternate model of health care bringing together the best of the traditional and modern science into an integrated preventive, promotive, curative, democratic, decentralized, participatory, community rooted, economical and equitable model of health care building on the values from our tradition of the ashrama concept of life; non consumerist approaches; individual and community responsibility; yoga and simple effective care through herbs, naturopathy and games and sport.....”

- It is 28 years since the first National Health Policy (1983) called for initiating

“organized measures to enable each of these systems- Ayurveda, Unani, Siddha, Homeopathy, Yoga and Naturopathy to develop in accordance with their own genius with planned efforts to dovetail the functioning of the practitioners”.

- It is 22 years since the National Education Policy for Health Sciences (Bajaj Report 1989) noted that

“a healthy and mutual respect for qualified practitioners of medicine, irrespective of the system is an essential pre-requisite for effective health human resource utilization and suggested that they be involved in disease prevention, health promotion, health education, drug distribution for national control programmes; motivation for family welfare and immunization and control of environment problems”.

- It is 15 years since the Report of the Expert Committee of Public Health Systems (1996) recommended that

“the practitioners of Indian system of Medicine can be gainfully employed in the area of National Health Program within the health care system and that Indian system of medicine and homeopathy should be appropriately involved in strengthening further the public health system of the country”.

- It is 11 years since the Indian People’s Health Charter was evolved at the first National Health Assembly of Civil Society organizations in the country (2000) which strongly endorsed that.

“support be provided to traditional healing systems including local and home based healing traditions for systematic research and community based evaluation with a view to developing the knowledge base and use of these systems along with modern medicine as a part of the holistic healing perspective”.

- It is decade since the National Health Policy of 2002, which noted that

“Under the overarching umbrella of the national health frame work, the alternative systems of medicine Ayurveda, Unani, Siddha, and Homeopathy have a substantial untapped potential of India and build up credibility ... by encouraging evidence based research to determine their efficiency, safety and dosage and also encourage certification and quality marking of products to enable a wider popular acceptance of these system of medicine”.

- It is also a decade since the National Policy and Programmes on Ayurveda, Yoga, and Naturopathy, Unnai, Siddha and Homeopathy (AYUSH) 2002 was put in place which further strengthened the AYUSH department created in 1995. Two of the major objectives of this policy are recalled in the context of our current deliberations,

“to promote good health and expand the outreach of health care to our people particularly those not provided health care through preventive, promotive, mitigating and curative intervention through AYUSH

Integrated AYUSH in health care delivery system and national programs and ensure optimal use of the vast infrastructure of hospitals, dispensaries, and physicians”.

“The same policy under clause ix, extended policy support to the revitalization of local health traditions.”

- 2011: symbolizes the completion of the first five years of the National Rural Health Mission in which **mainstreaming AYUSH** and involvement of community based local health traditions were both key explicitly stated components of NRHM strategy.