Integrating AYUSH
in
Health Research, Teaching and Practice

Dr. D. D. Sharma
Joint Secretary (AYUSH)

Preamble

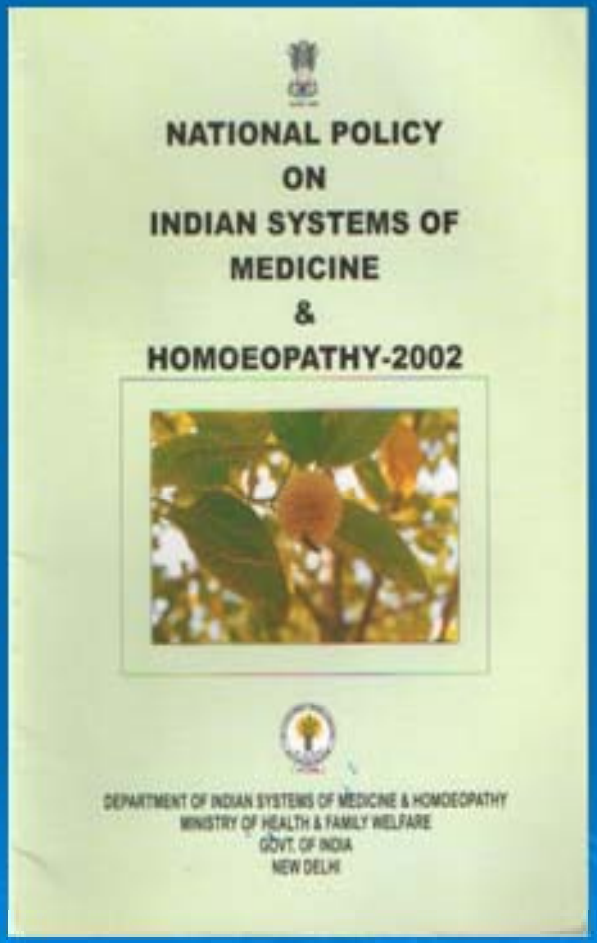
- **AYUSH**: indigenous, time-tested, cultural-friendly, socially acceptable, holds inherent strengths for preventive and promotive health care and holistic approach of treatment.
- Huge institutional network and trained manpower
- Asymmetrical distribution of AYUSH facilities
- Working in isolation
- Not involved in National Health Programs to contribute for achieving health goals
- Inadequate funding

Policy Support

- **National Health Policy 1983:** ISM&H to be utilized in national health programs.
- **National Population Policy 2000**: AYUSH manpower to be used in population stabilization programs.
- **National Health Policy 2002**: Evidence-based application and research of AYUSH shall be promoted.
- **National AYUSH Policy 2002:** Overall development of AYUSH and integration in health services.
- **NRHM Strategy -2005:** Mainstreaming of AYUSH and revitalization of local health traditions**.**

Policy Provisions

- Growth and development of AYUSH systems on their own genius.
- Standardization and quality control
- Integration in health care delivery.
- Sustainable development of medicinal plants.
- Revitalization of Local Health Traditions



Why AYUSH integration ?

- AYUSH is capable to respond to the expressed health needs of the community.
- In many communities only AYUSH is accessible for health care within the physical and financial reach of people.
- AYUSH is the rich resource of Primary Health Care Services that could contribute to improved health outcomes, including those in the Millennium Development Goals.

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- Conventional medical system does not have answers to all health needs/challenges.
- AYUSH offers more personalized care with holistic approach and natural modalities.
- Safe, efficacious and affordable, culture friendly, socially acceptable and makes use of indigenous technologies.
- AYUSH knowledge, infrastructure and workforce unexplored for meeting unmet health needs and for addressing national health challenges.

Integration so far

- AYUSH course curricula have about 30% modern medicine components.
- Regulatory provision exists in some states for integrated practice by AYUSH doctors.
- Public sector AYUSH functionaries in a few states have inter-sectoral convergence with health functionaries in implementing some of the national health programs, SBA-IMNCI - RCH trainings.
- Clinical research in AYUSH is mostly on integrated protocols and assessment parameters.
- Physical integration being promoted through NRHM.

Status of Co-location of AYUSH

Facility	Total Units	Coverage during 11th Plan	
PHCs	23,391	1,948	8.3%
CHCs	4,510	262	5.8%
DHs	604	84	13.9%

Recommendations of Working Group on AYUSH

- Allocation for all the eight Central Sector Schemes be enhanced by 7 times amounting to Rs. 14,613 crore.

- Allocation for the five Centrally Sponsored Schemes be enhanced by 17 times amounting to Rs. 32,923 crore including transfer of Rs. 10,000 crore from NRHM-Flexipool allocation for facilitating mainstreaming of AYUSH activities with focused approach and outcomes.

- The new components/schemes recommended mainly for expanding the role of government institutions to provide affordable and quality health care through AYUSH.

Key new initiatives for enhancing access to AYUSH

1) The "Centrally Sponsored Scheme for Development of AYUSH Hospitals and Dispensaries" to be implemented in 12th Plan in mission mode as **National Mission on AYUSH** with a focus to achieve -
   - Co-location of AYUSH facilities in all PHCs, CHCs and DHs,
   - up-gradation of state AYUSH hospitals and dispensaries
   - Setting up District AYUSH hospitals in NE states, J&K, H.P. and other states.
   - Implementing National AYUSH health program

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2. Introduction of AYUSH Gram concept in villages for promoting AYUSH practices of health promotion and disease-prevention.

3. AYUSH telemedicine services in remote areas including NE and hilly states.

4. Setting up referral hospitals in national institutes

Recommendations for AYUSH integration

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-

   i) meaningful use of AYUSH workforce in addressing national health goals.

   ii) 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 goals.

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HRD

2. Standard modules of essential health/medical package and public health including AYUSH elements be introduced equally in AYUSH & MBBS course curricula.

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 be opened to AYUSH graduates with equal opportunities for employment.

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5. National Commission for Human Resources in AYUSH (NCHRA).

6. AYUSH chairs in medical colleges with ToRs for inculcating scientific basis of AYUSH in medical education, health care and postgraduate research.

7. Include AYUSH components in the pre-service and in-service trainings and kits of ANMs, ASHAs and AWWs.

8. Include AYUSH in the CME program for medical doctors.

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Medical Practice

9. Enabling provisions in the Central and State laws for practice of essential medicine package by AYUSH doctors and their rights, responsibilities and privileges.

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. Integrate AYUSH facilities at primary, secondary and tertiary care levels in institutions under the Ministry of Health & FW in centre and states and other Ministries like Railways, Labour, Home Affairs and under NUHM.

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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 be assigned to AYUSH colleges for their roles and responsibilities in contributing towards achieving health goals.

14. Develop composite National Essential Drug List containing both Allopathic and AYUSH medicines as could be prescribed by all practitioners in Primary Health Care settings

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15. Develop joint behavior change plan incorporating AYUSH-based lifestyle guidelines for RCH, Adolescent Health, Geriatric Care, Mental Health, Non-communicable Diseases, Anaemia, Nutrition and health promotion- could be linked with National AYUSH Health Program as recommended in the WG Report.

Research

16. Develop and implement clinical management protocols with algorithms.

17. Focus on Standardization of Classical Formulations, AYUSH therapies and Yoga practices.

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18. Set up a Joint Advisory Group for AYUSH Research Councils to steer system-strength-based clinical research in the area of identified clinical challenges and prevent duplication.

19. Constitute a joint ICMR-AYUSH decision making body with representation of all Research Councils for promoting interdisciplinary research in medical areas of national interest.

20. Gear up validation of classical drugs relevant to current health needs with interdisciplinary approaches.

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22. Include AYUSH experts in all Committees/Expert Groups set up by the Government for Health issues.

23. Incorporate AYUSH data in HMIS.

24. Integrate AYUSH in health-related IEC activities.

25. Standards of services, infrastructure and staffing in AYUSH functionaries be defined.

Thanks