Final report of the AYUSH TASK force

Submitted to
Ministry of AYUSH, Govt of India
October 12, 2015
FINAL REPORT OF THE AYUSH TASK FORCE

The Government of India constituted a Task Force consisting of fourteen members to deliberate on important issues concerning the Ministry of AYUSH. The Task Force was given nine specific terms of reference and was required to offer specific recommendations. The Government notification to this effect is attached in Annexure 1.

Members:

1. Dr H R Nagendra, Chancellor, S-VYASA Yoga University, Bengaluru (Chairman)
2. Vaidya Rajesh Kotecha, Vice Chancellor, Gujarat Ayurveda University, Jamnagar
3. Dr Ramaswamy, Director General, Central Council for Research in Siddha, Govt. Anna Hospital Campus, Arumbakkam, Chennai
4. Shri Darshan Shankar, Vice Chancellor, Trans-Disciplinary University, No 74/2, JarakabandeKaval, Bengaluru
5. Dr Khalid Siddiqui, Former Director General, Central Council for Research in Unani Medicine, New Delhi
6. Dr Issac Mathai, Medical Director, SOUKYA – Dr Mathai’s International Holistic Health Centre, Bengaluru
7. Prof Bhushan Patwardhan, Interdisciplinary School of Health Sciences, SavitribaiPhule Pune University, Pune
8. Dr Prashant Shetty, Principal and Chief Medical Officer, SDM College of Naturopathy and Yogic Sciences, Ujire, Karnataka
9. Shri Jayakumar A, Secretary General, Vijnana Bharati, A-357Defense Colony, New Delhi
10. Shri O P Tiwari, Kaiwalyadhama, Lonavala, Maharashtra
11. Shri Pradeep Multani, Chairman Multani Pharmaceuticals Ltd, H 36, Connaught Place, New Delhi
12. Shri Keshav Desiraju, Ex-Secretary, Ministry of Health and Family Welfare, New Delhi was removed owing to his regret participating in the task force
13. Shri Anil Jauhari, Quality Council of India, Institutes of Engineers Building, Bahadurshah Zafar Marg, New Delhi.
14. Dr Jitendra Sharma, Joint Secretary, Ministry of AYUSH, was replaced by Shri Anurag Shrivastav, Joint Secretary, Ministry of AYUSH, Government of India, New Delhi.
As per the TOR given to the Chairman of the committee, the following members were incorporated into the task force.

1. Dr D Nagaraja, Former Director, NIMHANS, Bangalore
2. Prof. B N Gangadhar, Department of Psychiatry, NIMHANS, Bangalore
3. Dr I Basavareddy, Director, Moraji Desai National Institute of Yoga
4. Dr M A Siddiqi, Director, National Institute of Unani, Bangalore

The secretarial assistance was provided by HPC/PCIM section under Dr. Anupam Srivastav, Ministry of AYUSH, Government of India and Dr Manoj Nesari, Ministry of AYUSH, Government of India.

Preamble

The global trends in health seeking behavior of citizens provide enough evidence of pluralistic choices being exercised for fulfilling different health needs. The era of integrative medicine and healthcare appears to have commenced. Politicians, policy makers, medical institutions and the education sector need to recognize this reality of “Integrative healthcare in the 21st century”. India has adopted the approach of pluralistic system medicine with western medical system commonly known as allopathy, and AYUSH systems being the recognized systems of medicine. The AYUSH systems incorporates Ayurveda, Unani, Siddha, Sowa Rigpa, Homeopathy along with Yoga and naturopathy as the drugless therapies. A few decades from now, single knowledge system based medical hospitals, clinics and even medical colleges, will become relics and even AYUSH systems will not be any exception. The best way ahead seems to be for AYUSH systems and modern medicine to collaborate on sound footing of scientific evidence base, in the best interest of public health.

Strengthening AYUSH sector in education, research, services, industry and public health is critical to prepare the country for its journey towards integrative healthcare. It is worth to note that there are some serious efforts from Ministry of AYUSH by establishing several Institutions in the above areas. National Institute of Ayurveda, Jaipur; Institute for PG Teaching & Research in Ayurveda (Gujarat Ayurved University), Jamnagar; All India Institute of Ayurveda, New Delhi; National Institute of Siddha Medicine, Chennai; National Institute of Unani medicine, Bangalore; National Institute of Naturopathy, Pune; Rashtriya Ayurveda Vidyapith, New Delhi; National Institute of Homeopathy, Kolkata; North East Institute of Ayurveda and Homeopathy, Shilong; Central Council for Research in Ayurveda Sciences, Central Council for Research in Homeopathy and Central Council for Research in
Unani Medicine etc. Faculty of Ayurveda at BHU also needs mention here. These Institutes / organizations are doing their best in their respective areas. However, there is a need of thinking from different directions for better utilization of funds and human resources available with AYUSH.

India has over the last two centuries imbibed modern medicine and biomedical science to global standards. Indian systems of medicines like Ayurveda, Yoga are the rich heritage and strong holds of the country. Country has the advantage of contribution of these systems in the public health for past thousands of years, and also has the specialty to integrate this ancient wisdom with modern science and technology to develop novel approach for promotion of health, prevention of diseases, mother and child health as well as effective management of commonly encountered disease in primary health care, non communicable diseases, over all physical and mental wellbeing and longevity. Unfortunately, AYUSH systems have suffered State neglect for almost 200 years and even post-independence they occupy a marginal space in India’s public health system. This neglect also resulted in so called research stagnancy as per conventionally accepted methodology and standards. This situation must be changed.

Revitalizing the AYUSH sector with its rich repository of knowledge and practices can make India a global leader in “integrative healthcare in the 21st century”. Integrative healthcare must respect the indigenous knowledge embodied in parent disciplines. It certainly does not suggest diluting the sophisticated, theoretical foundation, knowledge and practices of Indian Knowledge Systems. It implies epistemologically informed and equitable relationships with modern sciences and technology.

Indian leadership in integrative primary as well as tertiary healthcare has to be earned. The earning will come from enlightened vision and successful mainstreaming AYUSH into the public health system. This vision must be translated into strategies; structures and action plans supported by evidence based clinical practices, research, education and industry initiatives. Smart and wise investments during the next decade will be needed to strengthen AYUSH.

The report of this taskforce may help India to take further steps towards achieving Universal Health Coverage through strengthening the Public Health care systems by integrating AYUSH systems and towards achieving global leadership in the emerging integrative healthcare movement in the best interest of patients and the global community.
Process adopted

The Task force decided to work in participatory, transparent and inclusive fashion. Considering the nature of diverse tasks, it was decided to form various sub committees for specific tasks by involving key stakeholders and experts from various disciplines. The task force and subcommittees had several meetings in Delhi, Bangalore and other places. The task force also convened consultative meetings with various stakeholders, reputed education institutions, research organizations, scientists and other experts regarding expected improvements in quality and innovation in education, research, industry and clinical practice.

Following Sub-committees were formulated with specific tasks and sub-committee members were identified by the Co-ordinator.

1. Task 1: Initiatives that can promote strategic, high impact research that has the potential to transform global healthcare.
   **Co-ordinator:** Dr BN Gangadhar
   **Members:** Dr. Ashok Vaidya, Dr. Bhushan Patwardhan, Dr KS Dhiman, Dr GG Gangadharan, Dr Ishwar Acharya, Dr NK Manjunath, Dr Manoj Nesari, Dr. Nagaraja, Dr Narendra Bhatt, Dr R Nagaratna, Dr Rajesh Kotecha and Dr RK Yadav

2. Task 2: Operational systems based on DST, DBT, DRDO and other best management practices for approval, monitoring, evaluation and appraisal of AYUSH schemes.
   **Co-ordinator:** Dr. D Nagaraja
   **Members:** Dr. Ashok Vaidya, Dr. Bhushan Patwardhan, Dr BN Gangadhar, Dr KS Dhiman, Dr GG Gangadharan, Dr Ishwar Acharya, Dr NK Manjunath, Dr Manoj Nesari, Dr Narendra Bhatt, Dr R Nagaratna, Dr Rajesh Kotecha and Dr RK Yadav,

3. Task 3: Strategies for creating world-class AYUSH knowledge institutions, on the lines of Indian Institutes of Technology and Indian Institute of Science by building upon existing institutions, which already have creditable track records.
   **Co-ordinator:** Shri Jayakumar
   **Members:** Shri Darshan Shankar; Dr. Issac Mathai; Shri Keshav Desiraju; Vaidya Rajesh Kotecha
4. Task 4: Reforms in Central Council of Indian Medicine in order to promote both transparency and innovation in the AYUSH education system  
   **Co-ordinator:** Dr Ramaswamy  
   **Members:** Dr B Ramakrishna, Dr D Nagaraja, Dr I Basavaraddi, Dr R Nagarathna, Dr Ranjit Roy Chaudhury, Dr Ahalya Sharma

5. Task 5: Improving quality standards in industry and service sector, including education and also regarding insurance cover for AYUSH systems.  
   **Co-ordinator:** Shri Anil Jauhri,  
   **Members:** Shri Pradeep Multani, Shri Krishnamurthy, Dr Ramachandra Bhat, Shri JSD Pani, Dr. Manoj Nesari

6. Task 6: Strategy and road map for international promotion of AYUSH  
   **Co-ordinator:** Dr O P Tiwari  
   **Members:** Dr Issac Mathai, Dr Prashanth Shetty, Dr Darshan Shankar

7. Task 7: Inter-departmental strategies for promoting AYUSH schemes in conjunction with related Departments of Government of India.  
   **Co-ordinator:** Dr Darshan Shankar  
   **Members:** Dr D Nagaraja, Dr I Basavareddy, Shri Ramadoss, Shri Keshav Desiraju, Dr Ranjit Roy Choudhary, Shri Jayakumar, Dr. Manoj Nesari

8. Task 8: Creating entrepreneurship/job/business opportunities in AYUSH sector  
   **Co-ordinator:** Dr Issac Mathais,  
   **Members:** Dr B Ramakrishna, Dr N K Manjunath, Dr Acharya Balakrishna

   **Co-ordinator:** Dr. I Basavaraddi,  
   **Members:** Dr. D Nagaraj, Sh. O. P Tiwari, Dr. Prashant Shetty, Dr. I N Acharya, Sh Krishnamurty
TASK-1
To recommend initiatives that can promote strategic, high impact research that has the potential to transform global healthcare.

1.1 Current Status.
There are a large number of AYUSH institutions in India 495 under graduate (UG) Colleges, 106 post graduate (PG) colleges, 11 National Institutes, 5 state universities and 2 privately funded universities but they do not appear to have sufficiently impacted either domestic or global health.

Research to limited extent happens in all these institutions. The Government of India has also established 5 research councils: CCRYN is the major agency for research in Yoga & Naturopathy; CCRAS has mandate for research in Ayurveda; CCRS for Siddha; CCRUM for Unani and CCRH for homeopathy. A large part of research supported by councils is in-house (intramural) research. Extramural research grants forms less than 10% of research expenditure. During 2010-2015, the CCRAS’s extra mural research expenditure was less than Rs 25crore.

As per the data in TKDL, there are about 200,000 herbal formulations in Ayurveda, Siddha, Unani (ASU) texts. However about 500formulations are manufactured for contemporary practice. In the context of global acceptance, efficacious ASU drugs suffer because few have been evaluated in well-designed clinical trials or researched for their mode of action. Randomized controlled trials (RCTs) constitute less than 10% of published AYUSH research.

A PubMed search on each of the terms ‘Ayurveda’ Yoga, Siddha, Unani and Homeopathy yielded following numbers of hits. ‘Ayurveda’ (4042) Yoga (3144), Siddha (234), Unani (354) and Homeopathy (5078).Globally, hardly 5% of Homeopathy and 20% of Yoga research is from India. As compared to Traditional Chinese Medicine (36630) and Acupuncture (22947) quality and quantity of scientific research on Ayurveda, Yoga, Siddha and Unani systems of medicine is limited.

1.2. Goals underlying the recommendations:

1. To establish safety and efficacy of AYUSH treatments for diseases of national and global importance using internationally accepted research methods and designs.
2. To promote collaborative clinical and basic research that has potential to transform healthcare, involving reputed AYUSH and modern medical institutional partners in India and abroad.

3. To develop patents, novel products, services and biological concepts including tissue engineering and nano engineering medical products that have potential to impact global health.

4. To undertake strategic and systematic capacity building for scholarship and innovation at the levels of academia and institutions.

5. To support strategic meta-research, policy institute /projects that can contribute to global positioning of AYUSH, influence national AYUSH policies and advocacy.

6. To support high quality publications as well as peer-reviewed, indexed, high impact journals.

1.3. Specific Recommendations:
The committee decided that the recommendations need not be detailed as long term and short term action-plans/projects because the responsibility of the taskforce was seen to identify strategies that could make quality research happen. Accordingly the recommendations are formulated below.

1.3.1. Recognize selected existing reputed autonomous health science institutions from public or private sectors, engaged in basic / applied research, clinical practice and community outreach with a track record of minimum 15 years of innovative work and possess the legal status of universities or centers of excellence and upgrade them into institutes of national importance. Such institutions whether in public or private sector should have autonomy to engage in innovative research and education. These institutes will also be expected to publish high quality publications as well as, peer-reviewed, indexed, high impact journals.

1.3.2. Support large scale multi-centric clinical research involving reputed AYUSH and modern medical colleges, universities, hospitals and research institutions both in the public or private sector. These studies should be undertaken mainly public or private sector conforming to globally accepted guidelines and suitable reporting standards (such as CONSORT, STROBE, ARRIVE etc) based on both International classification of diseases (ICD) and AYUSH classification system with novel and epistemologically sensitive methods and designs.
1.3.3. Support establishment of Advanced Research Units in reputed AYUSH, modern scientific, medical and social science institutions both in the government and non-government sector. These units may be located in research centers, universities, hospitals, social science and policy institutes. They may be supported to engage in clinical practice, public health, basic research and policy studies focused on AYUSH knowledge systems. These units should receive generous support for various types of research, fellowships, human resources, infrastructure and equipment. A few of the Advanced Research Units particularly in meta-research, social science and policy institutes may be encouraged. Others may focus on programs that result in patents, novel products, services and biological concepts that have potential to impact global health.

1.3.4. Create and support Research Fellowships in AYUSH (JRF, SRF, RAs, PDF etc) to be housed at reputed institutions including accredited ones / laboratories of ICMR / DBT / CSIR /DSTetc/ Universities/ AYUSH PG colleges both in the public and private sectors, to build intrans-disciplinary research capacity for innovation in the country, focused on AYUSH. This funding should support at least 250 JRF & SRF and 50 PDFs per year in order to impact. Fellowships holders will necessarily be expected to work on AYUSH related research problems.
1.4. Financial Outlay Recommended:

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<tr>
<th>Sl No</th>
<th>Scheme</th>
<th>Recommended outlay</th>
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<tr>
<td>1</td>
<td>Researches in Institutes of national importance, eminent institutes / Universities</td>
<td>250cr/year</td>
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<tr>
<td>2</td>
<td>Basic research, product development, therapeutic solutions, applied &amp; clinical research on basic concepts and diseases of national and global importance</td>
<td>400cr/year</td>
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<tr>
<td>3</td>
<td>Advanced Research Units at reputed AYUSH and modern scientific and medical institutions</td>
<td>50cr/year</td>
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<tr>
<td>4</td>
<td>250 Fellowships for AYUSH related research at reputed Institutes including accredited ones, national laboratories and institutions of AYUSH, ICMR, DBT, CSIR, DST etc.</td>
<td>50cr/year</td>
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<td><strong>Total</strong></td>
<td><strong>Rs 750 cr/year</strong></td>
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1.5. Selection, monitoring, evaluation and appraisal mechanism

There is a need to create a research evaluation board in addition to the steering committee for implementation of tasks under terms of reference of Task Force as suggested at the end of report consisting of eminent members from AYUSH, modern medicine, basic sciences, thought leaders, policy makers and a senior officer from Ministry of AYUSH. The board should have five-year term with a visionary scientist as chair. This board should be responsible to frame scheme documents, invite applications, select, monitor, evaluate and appraise all the programs funded through this scheme and empowered to take decisions. This board should be independent from any existing structure / bodies.
TASK-2

To recommend operational systems based on DST, DBT, DRDO and other best management practices for approval, monitoring, evaluation and appraisal of AYUSH schemes.

2.1. Current status
Administrative officers within the department manage most of the planned schemes of the department. The academic experts and professionals have only advisory role. This system may be conducive for managing government implemented health services programs, however in order to bring required paradigm shift it is necessary to bring knowledge, innovation and science predominantly into the process of management.

2.2 Goals underlying the recommendations:
To bring objectivity, transparency, competence, efficiency in selection, monitoring, evaluation and appraisal of programs

2.3. Specific Recommendations:
Ministries of science and technology, space and defense organizations have for decades adopted a system for selection, monitoring, evaluation and appraisal through empowered committees of eminent academician, scientist and professionals independent of the government. Off course, administrative officers of the government should facilitate this process.
AYUSH should adopt such systems for better governance including legal framework. This change in the governance structure is very crucial and necessary to ensure objectivity and speed in R & D, innovation and translation.

2.4. Financial Outlay Recommended:
No major financial implications, marginal enhancement of the AYUSH administrative budget may be necessary.

2.5 An independent empowered committee chaired by an eminent scientist including a senior officer from Ministry of AYUSH should be established comprising all stakeholders in consultation with Steering Committee as suggested at the end of the report.
TASK-3

To recommend strategies for creating world-class AYUSH knowledge institutions, on the lines of Indian Institutes of Technology and Indian Institute of Science by building upon existing institutions, which already have creditable track records.

3.1. Current status

Today AYUSH sector has 495 UG Colleges, 106 PG Colleges, 2 State Legislated Private Universities, 5 State Government Financed Universities, 5 research councils and 11 National Institutes. All these institutions in the AYUSH sector in comparison with institutions of modern medicine and life sciences are sub-critically funded.

3.2. Goals underlying recommendations

1. To recognize and upgrade autonomous institutions that have potential to achieve excellence the status of reputed Indian institutions like IITs, IIMs and IISc, so that they have the resource and freedom to excel in research, education, clinical practice, public health and community outreach.

3.3. Specific Recommendations:

3.3.1. Support merit based institutions, which have the potential to transform into globally competitive institutes in a transparent and competitive manner. Selection should be on the basis of their track record as well as a special proposal, which embodies their vision. Such institutions may be engaged in research and or education and or clinical practice and / or public health and/or community outreach.

3.4. Financial Outlay Recommended:

1. Rs 500 cr. / year up to 10 institutes for 5 years
2. Funds may be used for Human Resources, Infrastructure, Equipment (related to thematic areas of core competence), development of novel education programs, research and upgrading clinical facilities. Utilization of funds by the selected institutions should be flexible and as per needs of the institutions.
3.5. Selection, monitoring, evaluation and appraisal mechanism

A selection committee will comprise visionary & credible, and eminent experts from AYUSH, biomedical sciences, natural and social sciences, industrialists, educationists and policy makers. This committee should be responsible to frame scheme documents and to proactively select and mentor promising institutions and continuously monitor and evaluate their performance. The committee should be formed in consultation with Steering Committee as suggested at the end of the report.
TASK-4

To recommend reforms in Central Council of Indian Medicine in order to promote both transparency and innovation in the AYUSH education system

4.1. Current status
The teaching system is didactic teacher centric, memorization based with minimal training in practical & communication skills, involves minimal engagement of students, uses outdated technology & minimal gadgets and hardly emphasizes professional ethics and code of conduct. Students thus do not have opportunity to the exposed to the contemporary clinical practice to reputed research organizations and industry. They do not have critical understanding of health policies and statutory provisions in relevant Acts.

There are inadequate programs for capacity building of faculty.

4.2. Goals underlying the recommendations

4.2.1. To recognize and confer autonomous college/university status on selected institutions that can take the lead to develop innovative models for UG and PG education, in respect of content (including inter AYUSH integration), teaching methods and evaluation systems without diluting the principles and science underlying the classical disciplines.

4.3. Recommendations:

4.3.1. There should be an objective and transparent process for appraisal and selection of innovative proposals from colleges and universities seeking autonomous status for design and implementation of UG and PG programs alongside a scheme of seed funding for a 5 year period for the selected proposal. The institutions should be selected on the basis of their track record and/or accreditation, infrastructure, human resources and a detailed vision statement and proposal. This proposal should be reviewed on merits by a multi-disciplinary committee of eminent and visionary educationists. While majority of colleges and universities may be regulated based on the uniform CCIM curriculum, it is essential to make legal provision in CCIM Act for recognizing few meritorious ones as autonomous colleges and universities on the lines of University Grant Commission (UGC) provisions for the same. Autonomous
colleges/universities may also develop programs that promote Integration within the AYUSH systems.

**4.3.2.** Creation of Faculty Development Centers for capacity building of young teachers and clinicians on the lines of Vaidya Scientist Program and Scientist Vaidya Programsin AYUSH institutions should be supported. These centers may also be entrusted to organize continuing medical education programs, refresher courses and re-orientation programs for faculty and courses for paramedics. These centers may have the following responsibilities:

1. Development of appropriate pedagogy, education–technology, academic tools, curriculum designing, instructional methods, evaluation and assessment methods etc.
2. Development of appropriate research methods relevant to AYUSH-Biomedicine interface
3. Preparing and publishing resource books, publishing peer-reviewed multi-authored textbooks.
4. Making authentic Ayurveda and Siddha literature available on social media and knowledge database like Wikipedia.
5. Design and implementation of faculty development program for paramedic, community health workers, (Dai, traditional healers, bone setters and yoga instructors)

**4.3.3** There is an urgent need for revision of the CCIM and other AYUSH councils act and rules specifically with reference to the following issues:

- Constitution of council to reflect proportionate participation of various stake holders including academia, practitioners, industry, researchers, policy experts etc.
- Use of third party assessment for monitoring compliance to regulations
- To ensure transparency, use of IT should be made mandatory in all its functions.
- To increase representation of professional experts by nomination
- The council members should not be in the inspection team
- Review of Minimum Standard Regulation (MSR) to make it more realistic and dynamic.

**4.3.4** To establish a High Level Working Group (HLWG) with a visionary chair, empowered to recommend amendments in the CCIM and other relevant central and state acts which
appear to prevent AYUSH graduates and post graduates to engage in ethical clinical practice to the extent of their training and submit the same within a time frame of 12 months to State governments, parliament and state assemblies for necessary legislation. (TRANSFERRED FROM 5.2.8 AS IT IS MORE RELEVANT HERE. PLEASE REMOVE THIS BRACKET NOTE WHILE EDITING)

4.3.5 To improve quality of education of AYUSH, Ministry may introduce aptitude tests for the graduates and post graduates like the GATE in which percentile performance of graduates of the institutes should become benchmark of the level of education of those institutes / colleges. For initial 3 to 5 years, such test could be optional and gradually it should become mandatory for all graduates of AYUSH. This will also bring in the kind of healthy competition among the institutes / colleges to excel in education standards.

4.4. Financial Outlay Recommended:

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<th>Description</th>
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<tr>
<td>1</td>
<td>Autonomous Colleges/Universities</td>
<td>Rs 50cr/yr</td>
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<tr>
<td>2</td>
<td>Faculty Development Centers</td>
<td>Rs 50cr/yr</td>
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<tr>
<td>3</td>
<td>Education Innovation Tools &amp; Resources</td>
<td>Rs 25cr/yr</td>
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<td></td>
<td><strong>Total</strong></td>
<td><strong>Rs 125cr</strong></td>
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4.5. Selection, monitoring, evaluation and appraisal mechanism
A visionary multi-disciplinary committee of educationists, constituted for a 5-Year term formed in consultation with Steering Committee as suggested at the end of the report, should appraise the innovation plan of institutions applying for autonomous status and applicants for Faculty Development Centers. This committee should be responsible to frame scheme documents, the members should be reputed educationists from not only AYUSH sector but also eminent persons from biology, medicine, life sciences and social sciences. This committee should be empowered to select, monitor, evaluate and appraise proposals.
TASK-5
To make recommendations regarding improving quality standards in industry and service sector, including education and also regarding insurance cover for AYUSH systems.

5.1. Current status

5.1.1 Industry

The AYUSH industry is currently regulated under the Drugs & Cosmetics Act that also regulates the modern medicine industry. It is observed that the regulator is focused more on modern medicine than on AYUSH regulation. This may be due to the size of the pharma industry and the many pressing issues facing it. Consequently, the AYUSH industry regulation gets neglected with many states not even having suitably qualified manpower for AYUSH regulation and hence on the ground the consumer does not get access to quality products as intended under the regulation. Further, there is poor inflow of samples to AYUSH labs for testing quality and the labs set up by investing considerable funds by the Ministry of AYUSH, function poorly. While international standards for GMP have been prescribed by WHO for herbal medicines, the AYUSH regulation is still short of international standards like GMP as per Schedule T and therefore AYUSH products are not globally competitive.

There is also concern about the slow pace of certifying eligible AYUSH industries under CoPP as per WHO GMP. Thus may be due to lack to time for AYUSH sector in DCGI. This is hindering its capacity to export AYUSH medicines.

In addition, there is the voluntary certification scheme for AYUSH products in line with WHOGMP designed by the Quality Council of India at the behest of the Ministry of AYUSH in 2009 especially the Premium Mark, which was intended to demonstrate to overseas regulators India’s capability to manufacture as per international standards. This scheme has not had great response in the absence of sufficient incentives and promotion.

5.1.2 Services

1. Regulation (enforcing minimum acceptable standards by law) in any sector is necessary in public interest like health, safety, prevention of deceptive trade practices
etc. There is a need for regulation in public interest and to ensure minimum acceptable standards under a legislative instrument. Examples of services essential to be regulated are education, hospitals, and wellness centres.

2. Law regulates hospitals and educational institutions, but the regulatory systems are not very effective or are too prescriptive to allow for innovation. The concept of promoting excellence does not exist in the education sector. In hospitals voluntary certifications/accreditations system through NABH has recently begun.

3. There are also a few services in AYUSH sector that have schemes for voluntary certification like Yoga instructors and traditional folk healers.

In the professional services like education, the regulatory acts like CCIM, MCI and the State practitioners act are ambiguous and unclear on legal scope of practice, despite formal training. For example, AYUSH doctors although they are trained in general surgery or child births it is in clear if they can legally utilize their professional training in clinical practice.

5.1.3 Insurance
Currently the AYUSH sector is very poorly covered by insurance. Only two companies one in the public sector and other in the private sector cover AYUSH treatments to the extent of 25% of insurance amount.

5.2 Goals:

1. To educate stake holders about the difference between regulation, which is for enforcing minimum acceptable standards enforced by law and excellence which is through voluntary certifications/accreditations.

2. To make the Indian AYUSH industry globally competitive

3. To propose alternative mechanisms for regulation in both industry and services to make them more efficient, effective and decentralized.

4. To recommend coherent strategy for dealing with service sector with focus on education.

5. To provide for a framework for certifying competence of individual and professionals as community health providers especially with the aim of promoting self-reliance of rural
and urban households in primary healthcare and creating employable workforce at paramedical level.

6. To make recommendations to facilitate insurance cover for AYUSH sector

5.3 Recommendations:

5.3.1 Industry

1. There is a need for effective and independent regulatory mechanisms for AYUSH products and services under Ministry of AYUSH.

2. Following the worldwide practice now adopted in India, independent regulator(s) separate from the government like FSSAI, TRAI, IRDA etc. should be set up.

3. The regulation should explicitly place onus on manufacturers to demonstrate compliance and the accepted means of demonstrating compliance especially using third party assessments/audits should be prescribed.

4. The definition of Drug of AYUSH origin is very strict and only classical formulation can be considered as drug in regulation. It should be amended in a way so that it can include new drugs and formulations of natural origin either from classics, ethno-botany origin or from the research outcomes.

5. The regulations should be upgraded to align with international standards wherever they exist like GMP and contaminants in a time bound fashion giving reasonable time to the industry to upgrade itself. Tax incentive for such upgraded industry should be offered.

6. The regulation should be amended to make a provision for use of 3\textsuperscript{rd} party inspection/testing/certification for more effective enforcement of regulations; such third party bodies need to be duly accredited as per international system of accreditation.

7. In line with growing worldwide trend, the regulation should also take cognizance of voluntary quality initiatives by the industry like AYUSH Mark certification and provide for reduced regulatory oversight.

8. The issue of CoPP through 3\textsuperscript{rd} party audits is possible and should be immediately implemented. In this context AYUSH Premium Mark, which is based on compliance to WHO GMP should be accepted for issue of CoPP.
9. The recognition of AYUSH Premium Mark should also be promoted in the domestic market for more informed choice for the consumer.

10. The public lab infrastructure is in dismal state and there is need to think of PPP model for their operation. Also rather than create labs in government sector except well managed referral labs, more and more labs in non-governmental and private sectors should be notified.

11. There is a need for upgradation of public labs by prescribing NABL accreditation as a requirement to upgrade our regulatory framework to international standards. Only accredited labs should be used under the D&C Act – this can be done right away.

12. There is a need to promote excellence through voluntary certifications like AYUSH premium Mark which should be promoted and incentivized e.g. by prescribing in public purchase, reimbursement of costs to MSME sector by Ministry of MSME, publicity among consumers, promotion among industry, and as means of demonstration of compliance to regulations of the importing countries

13. Government Procurement policy of AYUSH products should encourage good quality products. To achieve this, it is recommended as below:
   - The product should have AYUSH premium mark OR
   - The manufacturer should have an in-house drug testing laboratory which should be approved by AYUSH and have NABL accreditation

14. The government should provide financial assistance for upgradation of AYUSH units in MSME sector to implement WHO GMP / AYUSH Premium Mark by bringing in schemes like TuF as in Textiles or MFPI’s scheme for implementation of food safety which covers infrastructure / building also.

15. The AYUSH industry needs high quality medical plants and therefore, the Medicinal plant certification scheme of NMPB-QCI needs to be promoted.

16. The cultivation of medicinal plants by AYUSH manufacturers based on GAP should be incentivized.

17. There is a need for a scheme to encourage establishment of semi processing industries for supply of quality raw / semi processed material including those managed by community based enterprises.
18. To create research, development & entrepreneurship fund for new and existing AYUSH industry

19. Tax holiday for newly established AYUSH industry should be implemented.

5.3.2 Services

1. The regulations should be based on international standards, if available, and to this end, all existing regulations should be reviewed and upgraded to such standards in a time bound manner keeping in view the relevant industry’s preparedness.

2. The regulations should make a provision for 3rd party assessment for more efficient enforcement of regulations as is the growing worldwide practice.

3. The regulation in education should switch to certification model from inspection model given the fact that inspection model has not been found to be effective. This would imply provision for third party certification based on continuous oversight over the approved institutions.

4. The excellence in regulated areas and other areas not amenable to regulation should be promoted through voluntary certification/accreditation like hospital accreditation by NABH, or accreditation of training institutions by NABET.

5. Regulation and accreditation/certification should be clearly separated and housed independently.

There are examples of voluntary initiatives like AYUSH mark scheme for drugs; NABH accreditation of hospitals and wellness centers; AYUSH college project with QCI; Yoga Teacher certification scheme etc.

6. The voluntary initiatives need to be incentivized by measures such as use by government of only certified/accredited services, provision of insurance for AYUSH healthcare, financial assistance or subsidy to MSME sector or individuals, funding for promotional activities etc.

7. There is a need to implement the competence model for various professionals by defining knowledge and skills needed and having a system of evaluation and certification in identified professions where individual competence is key. The
competence models may be based on international standards ISO 17024, as recently done for Yoga teacher certification by Ministry of AYUSH with QCI, and certification of Traditional Health Practitioners (initiated by Ministry of AYUSH and pilots done by IGNOU-QCI-FRLHT). These models are especially relevant for paramedical work force.

8. To establish a High Level Working Group (HLWG) with a visionary chair, empowered to recommend amendments in the CCIM and other relevant central and state acts which appear to prevent AYUSH graduates and post graduates to engage in ethical clinical practice to the extent of their training and submit the same within a time frame of 12 months to State governments, parliament and state assemblies for necessary legislation.

5.3.3 Insurance cover
The department of AYUSH should commission an agency like QCI to design and develop a strategy to prepare a viable proposal for insurance cover to AYUSH sector.

5.3.4 Tax holiday for newly established AYUSH manufacturing and service industry should be implemented.

5.4 Financial Outlay Recommended:
- Research, Development & Entrepreneurship fund of Rs. 250 crore per year is required.
- Incentive fund for AYUSH premium mark would be Rs. 100 crore per year
- Setting up and upgradation of labs including appropriate human resource to NABL accreditation level would be Rs. 100 crore per year
- Skill development for AYUSH professionals to make them employable would need 50 crore a year

5.5 Appraisal, selection, monitoring and evaluation mechanism:
Recommendations under this task relating to industry, services, Insurance should be regularly reviewed and monitored by a high level standing committee constituted for a 5-Year term of eminent persons representing industry, health services and educational institutions formed in consultation with Steering Committee as suggested at the end of the report. QCI should form
the secretariat for this committee. This committee should be responsible to advice on strategies to improve the regulatory framework for AYUSH sector. This committee should be empowered to, monitor progress and make recommendations for execution by the department.
6.1. Current status
The government has MoUs with several foreign countries viz., China, Malaysia, Trinidad & Tobago, Hungary, Bangladesh, Nepal, Mauritius, Mongolia and Mexico for cooperation related to AYUSH education and research. Professorial chairs for Ayurveda have been created in two Universities, one in Trinidad and Tobago and the other in Hungary. One chair for Unani has been established in South Africa. However a great deal of work is needed to effectively operationalize these MoUs. Countries like Russia has already given legal recognition to Ayurveda and in Hungary and in some Middle East countries there are provisions to permit AYUSH graduates to work in the category of a health practitioner. Currently in the main investment 12th FYP the total budget for IC is Rs. 40 Crore. The annual expenditure on IC in 2014-15 was Rs. 2.30 Crore. The expenditure under IC is largely towards international exchange of experts and participation in meetings, conferences and trade events. Currently IC initiatives are adhoc and not guided by long-term goals or a strategy.

6.2. Goals:
6.2.1. To achieve global leadership in management of chronic, lifestyle diseases and wellness and obtain legal recognition for AYUSH systems

6.2.2. To introduce UG, PG education, Certificate and Diploma programs in selected countries and in India for foreign students.

6.2.3. To promote long-term collaborative research between Indian institutions in both government and nongovernment sectors with reputed medical schools in foreign countries, in areas of national and global importance.

6.2.4. To effect legal acceptance of AYUSH practice, products and clinical establishments in selected countries
6.2.5. To promote health education and community health initiatives based on AYUSH knowledge systems via international cooperation between nongovernment organizations in India and abroad

6.3. Recommendations:

6.3.1. Countries for IC may be prioritized based on objective parameters and in consultation with MEA for introducing educational programs and legal acceptance of AYUSH products and health services.

6.3.2. Formulate a long term action plan and strategy for international cooperation by creation of a 7-9 member council for IC with the 5 year term. The council should have visionary persons with leadership in institution building, diplomacy, policy making, commercial law, medical research, education, politics and industry.

6.3.3. The AYUSH ministry should view IC not only as government to government initiatives but given the influence of civil society organizations on governments, the ministry should also support reputed nongovernment organizations in India and foreign countries who have the capacity, credibility and competence to promote long term IC in the AYUSH sector. Organizations should be selected objectively, based on the merit of their proposals pertaining to any of the goals of IC articulated above. Proposals may also include pilot projects, study tours, preparation of data bases, websites, online courses, workshops, surveys and studies that would facilitate long term International Cooperation.

6.3.4. Invite global competitive bidding for creation of online content of high quality so that the AYUSH programs can be made available for global students on the lines of Massive Open Online Courses (e.g. EDX and Coursera).

6.3.5. Invite global competitive bidding for cutting edge research based on AYUSH knowledge system

6.3.6. Collaboration like AYUSH chairs should be established at top Universities and not unknown ones.

6.3.7. Efforts should be made to have a permanent representative of AYUSH at WHO HQ.
6.3.8 An inter-ministerial standing committee at senior officer Additional Secretary level should be set up to coordinate between ministries of AYUSH, Commerce and External Affairs for international acceptance of AYUSH products and services

6.4. Financial Outlay Recommended:
Rs 100 cr/year to seed innovative collaborative programs with foreign ministries of health, leading medical schools like Harvard, MIT, MDACC, University of London, etc and civil society organizations in the prioritized countries in line with the long term goals of IC.

6.5. Selection, monitoring, evaluation and appraisal mechanism:
The council of visionary persons with demonstrated leadership in institution building, diplomacy, policy making, commercial law, medical research, education, politics and industry should be appointed for a 5 year term should be formed in consultation with Steering Committee as suggested at the end of the report and empowered to appraise, select, monitor and evaluate programs. This council should be responsible to frame scheme documents.
**TASK-7**

To recommend inter-departmental strategies for promoting AYUSH schemes in conjunction with related Departments of Government of India.

7.1. **Current status**

The most important inter-departmental scheme is related to NRHM/NHM. Currently the Department of AYUSH does not have effective interface with other departments like commerce, MEA, tourism, DST, DBT, CSIR and Tribal development and Women and Child Development.

7.2. **Goal**

To develop effective inter-departmental interface for promoting AYUSH schemes in Government of India programs

7.3. **Recommendations:**

7.3.1 The directorate of AYUSH at the state level should be directly involved in administering, funding and monitoring of AYUSH programs through co-location and co-posting in all States, under NRHM/NHM.

7.3.2 At least 10 well-designed Pilot projects, implemented by reputed NGOs/colleges/universities should be supported by AYUSH mission, for demonstrating effective models for integrative healthcare in selected rural Talukas.

7.3.3 AYUSH Ministry in collaboration with NHM should fund and manage a major innovative program for demonstration of viability and effectiveness of an ICT enabled fourth, non-institutional, community based, tier in India’s public health system. Reputed NGOs/colleges/universities should implement this program. This fourth tier should promote Yoga, home remedies, preventive health, self-help health practices for millions of households, school children and village based folk healers. This program should engage with agencies like QCI to develop competence based, certification and accreditation schemes, for all the non-institutional health providers in this fourth tier.

7.3.4 A budget line of Rs 50 cr/yr for “inter-departmental cooperation” should be created and a Standing Committee established chaired by Secretary AYUSH with JS level representation from commerce, MEA, Tourism, DST, DBT, CSIR, TD and WCD. This committee should review invited proposals from AYUSH sector which involve co-financing with the above
departments the proposals should be aimed at enhancement of the growth of herbal industry, exports, promotion of scientific research, demonstration of models for herbal healthcare in tribal areas, demonstration of AYUSH solutions for health of women and children and nutrition.

7.3.5 To restore promotion of AYUSH health services and encourage purchase of AYUSH products by all Government ministries and departments as it was practiced earlier including Railways, P & T, Defense, GMSD, CGHS etc.

7.4. Financial Outlay Recommended:

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Scheme</th>
<th>Recommended outlay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pilot projects at Taluka level for demonstrating models for integrative healthcare</td>
<td>50cr/year</td>
</tr>
<tr>
<td>2</td>
<td>Support for innovative ICT enabled training programs, including content development, instructional design, certification and accreditation, for non-institutional health providers in areas like Yoga, home remedies, different streams of folk healing and preventive and promotive health, to create the fourth community based tier in the public health system</td>
<td>100cr/year</td>
</tr>
<tr>
<td>3</td>
<td>Schemes for inter-departmental cooperation related to innovative projects that can enhance the growth of herbal industry, exports, promote scientific research, demonstrate models for herbal healthcare in tribal areas, demonstration of AYUSH solutions for health of women and children and nutrition.</td>
<td>50cr/year</td>
</tr>
</tbody>
</table>

7.5. Selection, monitoring, evaluation and appraisal mechanism

A standing committee consisting of eminent institution leaders, industry representatives, scientists, physicians, statisticians should be constituted for a 5 year term should be formed in consultation with Steering Committee as suggested at the end of the report, to select, monitor, evaluate and appraise the program. This committee should be responsible to frame scheme documents.
TASK-8

To recommend on creating entrepreneurship /job /business opportunities in AYUSH sector

The Department of AYUSH has an innovative program for providing common R & D facilities to cluster of industries. It also supports organization of trade fairs in India and abroad. Unlike DBT and DST the AYUSH sector as thus far not established any scheme for incubation of enterprise.

8.2. Goal underlying recommendations
To create a high quality environment and ecosystem for incubation of AYUSH enterprise that are globally competitive. The assumption underlying this goal is that the AYUSH sector in order to grow must be driven by enterprise. AYUSH enterprises may be in the form of health services and health products.

8.3. Recommendations
Establish an AYUSH enterprise incubation center as part of BIRAC in DBT. BIRAC has already demonstrated effective strategies for incubation of innovative enterprises in biotechnology that are transforming the sector. It is wise therefore to use the BIRAC system as a ready platform for incubating AYUSH enterprises instead of creating an independent AYUSH incubation program in a vacuum. The BIRAC system has standardized process to identify and evaluate innovation, mentor budding entrepreneurs, support them to the proof of concept stage and then link enterprises to venture capital.

8.4. Financial support
- Seed capital of Rs 300crore to establish an AYUSH wing in BIRAC.

8.5. Selection, monitoring, evaluation and appraisal mechanism
- A committee consisting of eminent institution leaders, industry leaders, scientists, physicians should be constituted for a 5-year term in consultation with Steering Committee as suggested at the end of the report, to select, monitor, evaluate and
appraise the program. This committee should be responsible to frame scheme documents.

9. Overarching recommendation of Task Force: While the Task Force has recommended several committees for different Terms of reference of the Task Force, it is further recommended to constitute a high level Steering Committee to oversee implementation of all the recommendations of the Task Force and suggest mid course corrections as may be necessary. This Steering Committee should be consulted while forming the suggested committees for the implementation of different tasks of the terms of reference of Task Force. This Steering committee should be assigned a budget and empowered to appoint sub committees, undertake surveys / studies to evaluate the impact of the implementation of recommendations.

In the area of AYUSH integration in Public health and providing a model of integrative health care in our country, there was another task force under the chairmanship of the present chairman of this task force. The report was submitted in due course and that report also needs to be implemented effectively. Hence, it is suggested that AYUSH integration in Public health delivery system should also be one of the mandate of the proposed steering committee of this task force and the recommendations of the earlier report of Task Force should be used for this purpose.
TASK-9

To make recommendations regarding central regulatory body for assessment and standardization of various courses in Yoga and Naturopathy, registration of Y & N Practitioners and the accreditation of institutes.

9.1. Current status: Yoga and Naturopathy have been recognized as the part of AYUSH systems as drugless therapies. Degree course of ‘Bachelor of Naturopathy and Yoga sciences (BNYS) is being conducted in some of the States in India. However, At present there is no Central legislation for regulation of education and practice in Yoga and Naturopathy systems. The Ministry of AYUSH (The then Dept. of AYUSH under Ministry of Health and Family Welfare) had asked State Governments in 2006 to enact comprehensive legislation for the regulation of Naturopathy covering registration of Practitioners, medical education, etc. Further it was recommended that in the meantime a system be set up for the registration of Practitioners and the accreditation of institutes on the basis of guidelines formulated and issued. Government has undertaken discussion with the stakeholders on feasibility of regulation of Yoga and Naturopathy education and practice for maintaining quality and uniform educational standards and preventing the growth of fraudulent and fake institutions.

Comments/ views of the various stakeholders including State/ UT Governments, Principals of BNYS degree colleges/ degree colleges (Yoga) and Vice Chancellors of Medical universities in all states/ UTs were invited for formulating regulatory authority at the Central level.

The task force recommends to set up a National Board for formulation of policies and programmes related to Yoga & Naturopathy, co-ordination of matters relating to promotion, development, standardization and accreditation of both Yoga as well as, Naturopathy practices, training and therapies. This Body shall be named as “National Board for Promotion and Development of Yoga & Naturopathy” under the Chairmanship of Secretary AYUSH, Govt. Of India.

9.2 Goals:

i. To enhance the quality of Yoga & Naturopathy education, training, therapy & research
ii. To develop human resource in Yoga & Naturopathy;
iii. To develop standards for Yoga & Naturopathy training and practices for voluntary adoption;
iv. To promote and develop accreditation framework relating to Yoga and Naturopathy for voluntary implementation by institutions including drafting of curriculum and syllabus for various degrees, diploma and programmes;

v. To promote & propagate Yoga & Naturopathy at International level;

vi. To institute national awards for outstanding contribution to Yoga & Naturopathy;

vii. To suggest various mechanism for mainstreaming of Yoga & Naturopathy for employment;

viii. To develop methods of competence, evaluation and registration of Yoga & Naturopathy practitioners;

ix. Measures for safeguarding & protecting Yoga & Naturopathy to formulate and implement the scheme for promotion of both Yoga & Naturopathy

x. Any other item relating to development & promotion of Yoga & Naturopathy

9.3 Recommendations:

National Board for Promotion and Development of Yoga & Naturopathy

The Body shall be named as “National Board for Promotion and Development of Yoga & Naturopathy” under the Chairmanship of Secretary AYUSH, and comprising of following members:

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of the Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Secretary (AYUSH) Chairperson, Ex-Officio</td>
</tr>
<tr>
<td>2</td>
<td>AS &amp; FA (AYUSH) Member, Ex-Officio</td>
</tr>
<tr>
<td>3</td>
<td>Director (CCRYN) Member, Ex-Officio</td>
</tr>
<tr>
<td>4</td>
<td>Director (MDNIY) Member, Ex-Officio</td>
</tr>
<tr>
<td>5</td>
<td>Director (NIN) Member, Ex-Officio</td>
</tr>
<tr>
<td>6-10</td>
<td>5 eminent Yoga Experts to be nominated by the Chairperson of the Board Members</td>
</tr>
<tr>
<td>11-15</td>
<td>5 eminent Naturopathy Experts to be nominated by the Chairperson of the Board Members</td>
</tr>
<tr>
<td>16</td>
<td>Secretary, M/o HRD or his nominee (not below the rank of Joint Secretary) Member</td>
</tr>
<tr>
<td>17</td>
<td>Secretary, M/o Health &amp; Family Welfare or his nominee (not below the rank of Joint Secretary) Member</td>
</tr>
<tr>
<td>21</td>
<td>One Member from the UGC nominated by the Chairman, UGC and not below the rank of Joint Secretary Member</td>
</tr>
<tr>
<td>22</td>
<td>Joint Secretary (AYUSH) Member Secretary</td>
</tr>
</tbody>
</table>
Activities of National Board for Promotion and Development of Yoga & Naturopathy will be fully funded by Government of India through Ministry of AYUSH.

**Aims and objectives of the Board will be as under:**

i) To enhance the quality of Yoga & Naturopathy education, training, therapy and research;

ii) To develop human resource in Yoga & Naturopathy;

iii) To develop standards for Yoga & Naturopathy training and practices for voluntary adoption;

iv) To promote accreditation framework relating to Yoga and Naturopathy for voluntary implementation by institutions including drafting of curriculum and syllabus for various degrees, diploma and programmes;

v) To promote & propagate Yoga & Naturopathy at International level;

vi) To institute national awards for outstanding contribution to Yoga & Naturopathy;

vii) To develop methods of competence, and evaluation of Yoga & Naturopathy practitioners;

viii) Any other item relating to development & promotion of Yoga & Naturopathy

**The Board shall be assisted by following Committees:**

A. Committee on Yoga & Naturopathy comprising of following Sub-Committee will assist the Board:

a) Sub- Committee on Yoga

b) Sub Committee on Naturopathy

(a) The Sub- Committee on Yoga will comprise of the following:

i) Joint Secretary (AYUSH) - Chairperson

ii) Director, CCRYN - Member

iii) & iv) 2 experts of Yoga from the Board to be nominated by the Chairperson out of which one shall be from the educational institution of Yoga - Members

v) Director, MDNIY - Member Convener

(b) The Sub-Committee on Naturopathy will comprise of the following:

i) Joint Secretary (AYUSH) - Chairperson

ii) Director, CCRYN - Member
iii) & iv) 2 experts of Naturopathy from the Board to be nominated by the Chairperson out of which one shall be from the educational institution of Naturopathy
- Members

iv) Director, NIN - Member Convener

9.4 Financial Outlay Recommended:
- All expenditure pertaining to the National Board for promotion of Yoga and Naturopathy will be borne by the Ministry of AYUSH from its budgetary provision.
- The Board shall be provided minimum of Rs. 200 Cr. /Year

9.5 Appraisal, selection, monitoring and evaluation mechanism:
A visionary multi-disciplinary committee of educationists, Social workers, Eminent Yoga Masters and Naturopathy experts shall be constituted and should appraise the progress of the Board.

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### 9.8. Summary of Financial Implications of Taskforce Recommendations

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Recommendation</th>
<th>Financial implications (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Researches in Institutes of national importance, eminent institutes / Universities</td>
<td>250cr/year</td>
</tr>
<tr>
<td></td>
<td>Basic research, product development, therapeutic solutions, applied &amp; clinical research on basic concepts and diseases of national and global importance</td>
<td>400cr/year</td>
</tr>
<tr>
<td></td>
<td>Advanced Research Units at reputed AYUSH and modern scientific and medical institutions</td>
<td>50cr/year</td>
</tr>
<tr>
<td></td>
<td>250 Fellowships for AYUSH related research at reputed Institutes including accredited ones, national laboratories and institutions of, AYUSH, ICMR, DBT, CSIR, DST etc.</td>
<td>50cr/year</td>
</tr>
<tr>
<td>2</td>
<td>No major financial implications, marginal enhancement of the AYUSH administrative budget may be necessary</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>To create World class AYUSH Institutions 50 crore for upto 10 institutes / year</td>
<td>500 cr/year</td>
</tr>
<tr>
<td>4</td>
<td>• Autonomous Colleges/Universities&lt;br&gt;• Faculty Development Centers&lt;br&gt;• Education Innovation Tools &amp; Resources</td>
<td>50 cr/year&lt;br&gt;50 cr/year&lt;br&gt;25 cr/year</td>
</tr>
<tr>
<td>5</td>
<td>• Research, Development &amp; Entrepreneurship fund&lt;br&gt;• Incentive fund for AYUSH premium mark&lt;br&gt;• Setting up and upgradation of labs including appropriate human resource to NABL accreditation&lt;br&gt;• Skill development for AYUSH professionals to make them employable</td>
<td>250 cr/year&lt;br&gt;100 cr/year&lt;br&gt;100 cr/year&lt;br&gt;50 cr/year</td>
</tr>
<tr>
<td>6</td>
<td>• Rs 100 cr/year to seed innovative collaborative programs with foreign ministries of health, leading medical schools like Harvard, MIT, MDACC, University of London, etc and civil society organizations in the prioritized countries in line with the goals of IC.</td>
<td>100 cr/year</td>
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<tr>
<td>7</td>
<td>• Pilot projects at Taluka level for demonstrating models for integrative healthcare</td>
<td>50cr/year</td>
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<tr>
<td></td>
<td>• Support for innovative ICT enabled training programs, including content development, instructional design, certification and accreditation, for non-institutional health providers in areas like Yoga, home remedies, different streams of folk healing and preventive and promotive health, to create the fourth community based tier in the public health system</td>
<td>100cr/year</td>
</tr>
<tr>
<td></td>
<td>• Schemes for inter-departmental cooperation related to innovative projects that can enhance the growth of herbal industry, exports, promote scientific research, and demonstrate models for herbal healthcare in tribal areas, demonstration of AYUSH solutions for health of women and children and nutrition.</td>
<td>50cr/year</td>
</tr>
<tr>
<td>8</td>
<td>• Seed capital of Rs 300cr to establish an AYUSH wing in BIRAC.</td>
<td>300cr one time</td>
</tr>
<tr>
<td>9</td>
<td>National Board for Promotion and Development of Yoga &amp; Naturopathy</td>
<td>200cr/year</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Total</strong></td>
<td><strong>2675 cr</strong></td>
</tr>
</tbody>
</table>
ACKNOWLEDGMENTS

We thank the Ministry of AYUSH and all the officer bearers who have helped during the process of Task Force work. We thank all the subcommittee members, experts, stakeholder representatives who have actively participated in consultative meetings. We thank all institutions who hosted various meetings of committees. We also thank all the support staff and many others who directly and indirectly helped the Task Force.