



सत्यमेव जयते

Ministry of Ayush
Government of India



National Ayush Mission (NAM) Conclave

18th - 19th May, 2023
Vigyan Bhawan, New Delhi

Organised by:
Ministry of Ayush, Govt. of India





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BACKGROUND

AYUSH SECTOR

Ayush stands for traditional systems of medicine and healthcare such as Ayurveda, Yoga, and Naturopathy, Unani, Siddha, Sowa Rigpa and Homoeopathy. The separate Ministry of Ayush was formed on 9th November 2014. Prior to those traditional systems of medicine were under the purview of the Ministry of Health and Family Welfare. The manufacturing industry in Ayush has been growing at a CAGR of 17% every year since 2014 projected at a market size of over ₹1900 Crore in 2022, showing an 8 times growth in the period between 2014-2022 from ₹ 245 Crore in 2013 *. Ayush has provided direct employment to 1 million people and indirect jobs to 25 million persons, as of 2020. Total Ayush export in India was US\$ 1.54 bn in 2020.

This industry has seen a recent surge owing to rising consumer awareness of the long and short-term effects of chemical treatments and products, and due to the shift towards holistic wellness and traditional medicine, post-pandemic. India is one of the top exporters of alternative medicines in the world. Major export destination includes US and European countries like Germany and France. The Government is also supporting the industry with investment in scientific research in Ayush, building the necessary infrastructure and regulatory framework. It has also allowed 100 percent foreign direct investment in the Ayush sector.

NATIONAL AYUSH MISSION

Public health and welfare have also been one of the primary focal points for the Ministry of Ayush. Keeping that in mind, the Ministry of Ayush launched the Centrally Sponsored Scheme of the National Ayush Mission (NAM) on 15.09.2014 for implementation through States/UTs. The National Ayush Mission (NAM) was approved for its further continuation till March 2020 by Cabinet in 2017. As per the DoE O.M. dated 10th January 2020, the ongoing Schemes were approved for interim extension up to 31.03.2021. Union Cabinet also approved the operationalization of 12,500 Ayush Health and Wellness Centres (AHWCs) component under AYUSHMAN BHARAT for implementation through National Ayush Mission with a financial outlay of Rs. 3399.35 Crore for 5 years upto 2023-24. Further, NAM has been approved for continuation from 2021-22 to 2025-26 with a total financial implication of Rs. 4607.30 Crore (Rs. 3000.00 Crore as Central Share and Rs. 1607.30 Crore as State Share). The NAM comprises the components of Ayush Services and Ayush Educational Institutions in addition to newly introduced Ayush Public Health Programs.

National Ayush Mission was launched to achieve the following objectives: -

- To provide Ayush health care services throughout the country by strengthening and improving Ayush health care facilities.
- To establish a holistic wellness model through Ayush Health and Wellness Centres focusing on preventive and promotive health care based on Ayush principles and practices, to reduce the disease burden and out of pocket expenditure.
- To provide informed choice to the needy public through co-location of Ayush facilities at PHCs, CHCs and DHs resulting in medical pluralism.
- To emphasize the role of Ayush in Public Health as per NHP 2017.
- To enhance and strengthen the infrastructure of Ayush educational institutions.

Further substantiating the focus of the Government on public health in the Ayush sector, is the fact that the allocation for the National Ayush Mission increased to ₹1200 crore in 2023-24 from ₹78.32 crore in 2014-15.



WAY FORWARD

Going forward, the following are expected to be the areas of improvement and focus with National Ayush Mission and Public Health in perspective: -

Enhanced efficiency in budget absorption under NAM and institutionalization for improved execution of the scheme:

- Better utilization of allocated budgets through future planning- atleast 1 quarter prior preparation and submission of utilization plans based on realistic and focussed perspective Annual Action plans submitted by respective implementing agency
- End-to-end linkage mechanism and timeline for tying together realistic planning & budget submissions, leading to prior planning for utilization, timely release of funds to positively impact planned focus areas
- Development of timely program rollout strategy, including HR perspective to contribute to budget planning exercise- linked at front end to PFMS monitoring (which will also capture legacy data)
- Program & project rollouts and execution to cover capacity building and infrastructure suitably- which requires identification of proposed land areas/belts, matching with available land resources, land and infrastructure proposed & available should be meeting need or outcome of programme, creation of required posts and ecosystem for suitable/required training & skilling.
- Mechanism for immediate actioning & utilisation of small amounts so that critical needs maybe met in a timely manner

Enabling better supply of Medicines to Ayush Health Facilities:

- Supply chain integration and efficient management. Supply chain initiatives enabled by IT to automate and increase the efficiency of tendering, inventory matching, and integration of R&D into the supply chain to increase gross value-added.
- For strengthening the supply chain of medicines- IMPCL, CPSUs, PSUs, and state agencies to ideate/define best practices and models used, to further shape required guideline changes and implementation of best practices & successful state models.
- Smooth direct procurement (in Kind) model, allocated against a certain fixed budget portion with every disbursement. Roadmap and mechanism for same to be finalized and maybe communicated to States as advisory.
- Other supply chain, logistics, demand-supply, and inventory-related constraints of State/UT Governments which result in supply shocks and make inventory management difficult for Ayush public health facility providers.
- Supply chain-related impacts on the functioning of OPD/IPD-related facilities. Ayush health facilities rely on timely and qualitative supply of required medicines, to ensure that patients and practitioners are not constrained by drug supply.
- Manufacturers of medicines also need to do demand-supply analysis to reduce the gestation period and make sure end-to-end linkages are within the prescribed time frame by identifying geography-specific constraints/gaps in raw material supply and demand.
- Similarly licensing authorities and drug testing authorities promote and encourage more resources in the value chain by easing out existing processes and at the same time ensuring the best quality.



National Ayush Mission

- Utilisation of geo-tagging and drone mapping, fed into GIS mapping-based information systems to better capture raw material and demand factors and ensure disbursements of drugs in a timely, efficient, and phase-wise manner to the remotest places.

Capacity building for Ayush and upgradation of AHWCs:

- Along with the smooth supply of essential medicines using an integrated and tech-enabled supply chain, the other crucial support system for the success of NAM & AHWCs is the availability of abundant, competent manpower. This, in turn, is enabled using world-class capacity building through the upgradation/creation of capacity-building infrastructure and manpower initiatives.
- National Ayush Mission may support the creation of new, world-class infrastructure for capacity building, as well as support the upgradation of existing infrastructure. At present a schematic provision for capacity building is under the component of Ayush Educational Institutions. States may support ensuring the availability of appropriate land parcels and agencies to execute the same. Creating a dedicated institute at State and National levels for all kinds of capacity building in Ayush can be explored.
- Capacity building infrastructure to be supported by strengthened reporting & evaluation mechanism-state integration and timeliness to be a core focus, with the end goal of timely progress reports to State Ayush Departments, feeding into Central monitoring & evaluation framework and eventually better budgeting decisions & outcomes.
- Better exposure and competence-building through face-to-face interventions for orientation and skilling initiatives, exposure visits of students and practitioners to NIs, states with successful models of Ayush public healthcare delivery, for transfer of knowledge.
- Skill enhancement of CHOs in leadership roles and IT-enabled data management.
- Orientation of CHOs on Public health delivery with a focus on Ayush wellness Interventions, NCDs, Communicable diseases, elderly and palliative care, Pregnancy care and care of infants and children, Ophthalmic and common ENT problems, and first aid.
- AHWC's manpower and infrastructure to seek learnings through training integrations with NIs & RCs, specifically NIH (for Homeopathy), RAV (for Guru Shishya model to utilize teachers for effective skill deployment), NCISM & NCH for education and training in Ayush practice (linked to internships to be made available for students and marked credits), NHRSC-aligned policy and strategy development in the provision and mobilization of Ayush healthcare under NAM, CME training, etc. to improve public health outcomes.
- State-level institute infrastructure maybe utilized for capacity building of Manpower.
- Skilling may be explored for integration with NSDC initiatives (such as the NSQF framework) and PMKVY frameworks.
- HSSC co-branded NAM skilling & capacity building, through integration with initiatives such as CEP (competency enhancement program) which allows industry-led competency programs in partnership with HSSC.
- NSDC is the implementation agency for PMKVY and also PMKKs (Pradhan Mantri Kaushal Kendra). PMKK aims to establish Model Training Centres (MTCs) in every district of the country- learnings and integration from these for training under NAM maybe considered.
- The deployment of ASHAs in Ayush HWCs for Ayush-based community outreach activities maybe improved in most of the States due to the absence of enabling directions at the implementing level or pre-occupations of ASHAs.



- Devise ways to reward best-performing CHOs/MoS/SMOs/CMOs on different National days on various Ayush systems.
- Colocation of Ayush healthcare facilities with Primary healthcare facilities by enabling specific treatment modalities to enhance the scope of Ayush towards Public health may also be considered and all these efforts collectively may result in Ayush Health & Wellness Centres becoming health Transformation Centres at the Community Scale which will also improve the status of public health in Ayush.
- There is and will be continuous demand for Ayush physicians and other Ayush paramedics in different States/UTs. Hence, to match the demand and supply of human resources there is a need for integration with the HSSC/Skill India and also eLMS to meet the requirements of the State and UT in PMU and also in creating health and education facilities. eLMS portal can be customized for such requirements including campus placement drives using the alumni database.

Strengthening the education ecosystem in Ayush to strengthen Public Health:

- Adopt a value-chain approach to education; ensuring a roadmap for education to begin at school (under education for basic sciences in the school curriculum), flowing through to higher education and professional qualifications/skills. The value chain approach ensures- there is a continuum in Ayush education rather than fragmentation.
- Value add at every level through curriculum integration of Ayush as a science and success stories/history of Ayush, school and college events for students already studying Ayush disciplines and students who may take up Ayush in the future, and quizzes/competitions at the level of school, higher, and professional education in alignment with State Govt. (in state-operated education ecosystem)
- Move away from offering selective opportunities for taking up Ayush education and offer Ayush chapters in standard curriculum from primary/secondary level, electives at senior secondary and higher education level, credit based opportunities, internships and vocation across the education lifecycle- so that students can make informed choices about future trajectory of their education & career at every point as a preference, rather than choosing Ayush as an 'alternate' option
- Stronger linkages between State and Centre's employment opportunities in Ayush and Ayush education, along with more awareness around the same to ensure improvement in uptake of seats across government and private institutions at the level of higher/professional education
- Develop concept of Central Ayush University in alignment with stakeholders from National Institutes and States to ensure standardisation and benchmarking across National Institutes, affiliation, infrastructure, curriculum, opportunities etc.
- Infrastructural development/up gradation of Ayush Under-Graduate Institutions and Post-Graduate Institutions.
- Establishment of new Ayush Colleges in the States where the availability of Ayush teaching institutions is inadequate in the Government Sector.
- The strengthening of education in Ayush to result in the supply of a competent, required number of personnel for Ayush healthcare, which also enables the creation of adequate supply to meet the rising demand for Ayush healthcare and wellness systems globally & domestically- a goal for 'Heal in India, Heal by India'.
- The Learning Management system and various efforts that have been made for Ayush students which include Ayush ID, Software integration for BAMS, a Teacher management system, and an Awareness program for digitalization for registrars under the leadership of NCISM & NCH.



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Technological Integration for research and quality assurance in Ayush public healthcare:

- Efficient demand supply of resources matching to be further facilitated by AI and Technology in logistics. Utilisation of drones, tech-enabled warehousing and storage of medicinal plants, other raw materials, and output- leading to lower wastage, higher and source-sink specific utilisation, better inventory management for medicine manufacturers, leading to more stable supply for Ayush public healthcare facilities.
- Fully operationalize and integrate AHMIS, further focussed integration with Ayushman Bharat
- Inclusion of States/UT, by providing them HMIS in the form of a cloud-based model, free of cost to the states. AHMIS can be offered to all the states, and UTs as per their requirement (as an API service) to facilitate hospital data management and documentation.
- Facilitate all collegiate hospitals with AHMIS to facilitate hospital data management and documentation. Daily data of each college maybe accessible to MARBH
- Better focus on Clinical outcome measurement by focusing on social outcomes, which depends on improving accessibility and enabling cost efficiency in Ayush systems.
- Building a comprehensive Ayush clinical case repository for use cases that can help capture and institutionalise learnings & techniques, and front-end integration with e-clinical portals such as portal of Amrita Vishwa Vidyapeetham (funded by RAV)
- Integration with Research Consortiums (such as National Ayush Research Consortium and others that support public health, drug development, clinical practice, supply chain management, disease research, etc.) and institutions such as DBT and DST that provide benchmark R&D.
- ABDM integration for putting personal health data on Ayush grid and enabling data flow from allopathy to Ayush and back.
- Linkages between ongoing R&D and required R&D to be developed using industry alignment instead of siloed research by the government.
- CHOs expertise and utilisation of R&D initiatives to be enhanced through linkage with required training initiatives.
- Channels to be identified and utilised for public propagation of clinical health outcomes of ongoing R&D in the sector.



AGENDA

National Ayush Mission Conclave

18th-19th May, 2023 at Vigyan Bhawan, New Delhi

Event at a glance		
Programme Details		
Day-ONE (18.05.2023)		
Inaugural Session 10:00 AM to 11:00 AM		Venue: Plenary Hall
11:00 AM–11:30 AM	Tea Break	
11:30 AM–01:00 PM	Round Table Discussion among the Ministers: Strengthening the Ayush services in the country through National Ayush Mission	Venue: Hall no. 1
	Sensitization to States/UTs on entry level certification by National Accreditation Board for Hospitals & Healthcare Providers (NABH), Quality Council of India	Venue: Hall no. 6
01:00 PM–02:00 PM	Lunch	
02:00 PM–03:30 PM	Enhancing the efficiency in budget absorption under NAM – Invited speeches followed by discussion	
03:30 PM–04:00 PM	Tea Break	
04:00 PM–05:30 PM	Orientation on Ayush CHOs on delivery of Public Health Programs	
Day-TWO (19.05.2023)		
09:00 AM–11:00 AM	Showcasing the best practices under NAM – Experience sharing from 05 States/UTs-followed by discussion	
11:00 AM–11:30 AM	Tea Break	
11:30 AM–01:00 PM	Leveraging the procurement system and supply chain management – Panel discussion among CPSU, PSU, GEM and State Representatives	
01:00 PM–02:00 PM	Lunch	
02:00 PM–03:30 PM	Role of teaching institutions in strengthening the Ayush contribution in Public health – National Commissions, National Institutes and State Representatives	
03:30 PM–04:00 PM	Tea Break	
04:00 PM–05:30 PM	Research, Quality Assurance and use of IT platform in augmenting Public Health care through Ayush – Research councils , Ayush Grid, NABH & NHA	
Valedictory Session 05:30 PM-06:00 PM		



SESSION BRIEF

DAY-1

02:00 PM–03:30 PM

**SESSION: ENHANCING THE EFFICIENCY IN BUDGET ABSORPTION UNDER NAM –
INVITED SPEECHES FOLLOWED BY DISCUSSION**

BACKGROUND

Ministry of Ayush launched the Centrally Sponsored Scheme of National Ayush Mission (NAM) on 15.09.2014 for implementing through States/UTs. The National Ayush Mission (NAM) was approved for its further continuation till March 2020 by Cabinet in 2017. The Union Cabinet also approved operationalization of 12,500 Ayush Health and Wellness Centres (AHWCs) component under Ayushman BHARAT for implementation through National Ayush Mission with a financial outlay of Rs. 3399.35 Crore for 5 years upto 2023-24. Further, NAM has been approved for continuation from 2021-22 to 2025-26 with a total financial implication of Rs. 4607.30 Crore (Rs. 3000.00 Crore as Central Share and Rs. 1607.30 Crore as State Share). The year-wise allocation increasing every year and hence, allocation of funds in an efficient manner is extremely important fulfilling the conditions of Govt. of India regarding Centrally Sponsored Schemes.

DISCUSSION POINT

- Dedicated Mission Director at State level along with SPMU/DPMU with adequate staff to strengthen the institutional mechanism of public health in Ayush.
- Training and Capacity building of the SPMUs/ DPMUs and others associated with financial matters to ensure strict implementation of the guideline issued by Department of Expenditure, Ministry of Finance time to time i.e. refund of interest, legacy data, mapping of minor heads etc. For any support CPMU and State PFMS may be contacted.
- End-to-end linkage mechanism and timeline for tying together realistic planning prior to 1st quarter & timely budget submissions, leading to prior planning for utilisation, timely release of funds to positively impact planned focus areas.
- Program & project rollouts and execution of infrastructure activities which requires identification of proposed land areas/belts, matching with available land resources, land and infrastructure proposed & available should be meeting need or outcome of programme, creation of required posts and ecosystem for suitable/required training & skilling.
- The State AYUSH Mission make provision for multiple governing body meeting, so that States/UTs may timely submit their plan in time bound manner and also to review the implementation of the scheme.
- Timely release of fund from treasury to SNA to avoid delay in implementation of scheme.
- Allocation of realistic drawing limits as per absorbing capacity of implementing agencies.
- Allocation of funds for improving public health in Ayush through upgradation of healthcare facilities, development of research & education in public health and enablement of better supply of medication to AHWCs.



- Periodic field visit /monitoring mechanism by State and district officials to see work at ground specially infrastructure related and reporting of various activities to ensure that the funds provided are being utilized for the said purpose only. This will also avoid parking of funds.
- Regular Internal Audit
- Submission of Utilization Certificates (UCs) in appropriate format with all relevant documents for timely liquidation without returning back for further requirements. This will help States/UTs to fulfil the eligibility criteria of UCs for considering further release.

EXPECTED OUTCOMES

- With the dedicated Mission Directorate/ Director & adequate manpower at SPMU/DPMU will lead to smooth planning & execution of activities with effective use of funds.
- Training and knowledge sharing will improve the team building as well as build up the confidence to take the appropriate decision quickly.
- Regular end-to-end linkages will support better understanding in between various stake holders to reach to the logical conclusion in a faster way.
- Improved accountability and transparency in budget allocation can result in better monitoring and evaluation of public health programs and increased public trust in the system.
- Better data collection, analysis, and use of data for informed decision-making on budget allocation and resource utilization in Ayush public health.
- Prior planning for the execution of projects which includes the identification of land and availability of land resources, feasibility of the project and other aspects such as recruitment of manpower would help in timely utilisation of fund.
- Proper time management for various activities may be achieved by States/UTs by following the calendar program like
 - Training of SPMU/DPMU **twice** in a year
 - Orientation of CHO **thrice** in a year
 - Field visits **thrice** in a year
 - **Quarterly** review meetings with stake holders like treasury, construction agencies, medicine supplier and others.



National Ayush Mission

DAY-1

04:00 PM–05:30 PM

SESSION: ORIENTATION ON AYUSH CHOs ON DELIVERY OF PUBLIC HEALTH PROGRAMS

BACKGROUND

Acknowledging the potential of Ayush in delivering universal health coverage, National Ayush Mission (NAM) was launched as part of 12th Plan by Government of India. NAM envisages better access to Ayush services through an increase in the number of Ayush Hospitals and Dispensaries, ensuring the availability of Ayush drugs and trained manpower. To mainstream services of Ayush with public health care services, the co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs), and District hospitals (DHs) are being implemented under NAM and National Health Mission. The government has also approved the operationalization of 12,500 Health and Wellness Centres of the Ayushman Bharat Scheme through the Ministry of Ayush under the existing Centrally Sponsored Scheme of NAM to upgrade them as Ayush Health and Wellness Centres. Ministry is also running Central Sector schemes like AYURSWASTHYA Yojana with components of Ayush and Public Health, Ayush in sports medicine, and up-gradation of facilities to Centre of excellence and Champion Service Sector Scheme for the Establishment of Ayush Super Specialty Hospitals/ Day Care Centres for Medical Tourism. Ayush services are also being made available in Railways and Army hospitals. All newly established AIIMS are having Ayush department. The Ayush department is mandated to undertake clinical activities like OPD and IPD services in these Institutions and to Collaborate with other departments for developing integrative protocols, undertake collaborative research, and so on.

A Community Health Officer is deployed for every Ayush Health and Wellness Centre. The role of a CHO would be to promote health care access to the community public.

DISCUSSION POINT

- Understand the present Public health delivery mechanism and issues pertaining to the same.
- Ways to strengthen the institutional mechanism for National Ayush Mission to ensure better execution and better healthcare access to the public.
- Better public health delivery mechanisms through enhanced roles of CHOs.
- Dedicated Mission Director at the Central and State level is inescapable to properly guide CHOs to strengthen the Public Health system in Ayush.
- The deployment of ASHAs in Ayush HWCs for Ayush-based community outreach activities is compromised in most of the States due to the absence of enabling directions at the implementing level or pre-occupations of ASHAs. There is a need for the active engagement of peripheral health workers for strengthening the Ayush community outreach activities.
- Skill enhancement of CHOs in leadership roles and IT enabled data management.
- Orientation of CHOs on Public health delivery with a focus on Ayush wellness Interventions, NCDs, Communicable diseases, elderly and palliative care, Pregnancy care and care of infants and children, Ophthalmic and common ENT problems, and first aid.



- Devise ways to reward best-performing CHOs/MoS/SMOs/CMOs on different National days on various Ayush systems.
- Capacity building infrastructure to be supported by strengthened reporting & evaluation mechanism-state integration and timeliness to be a core focus, with end goal of timely progress report to State Ayush Departments, feeding into Central monitoring & evaluation framework and eventually better budgeting decisions & outcomes.
- The engagement of Ayush Doctors/ paramedics and their training is supported by the Department of Health & Family Welfare, MoHFW, while the support for Ayush infrastructure, equipment/furniture, and medicines are provided by the Ministry of Ayush under NAM. The coordination mechanism between NHM and NAM/Ayush directorates is generally weak. The same is required to be strengthened for the effective Mainstreaming of Ayush.
- Better exposure and competence-building through face-to-face interventions for orientation and skilling initiatives, exposure visits of students and practitioners to NIs, states with successful models of Ayush public healthcare delivery, for transfer of knowledge.
- AHWC's manpower and infrastructure to seek learnings through training integrations with NIs & RCs, specifically NIH (for Homeopathy), RAV (for Guru Shishya model to utilise teachers for effective skill deployment), NCISM & NCH for education and training in Ayush practice (linked to internships to be made available for students and marked credits), NHRSC-aligned policy and strategy development in the provision and mobilization of Ayush healthcare under NAM, CME training, etc. to improve public health outcomes.
- Yoga is an integral part of all 1.5 Lakhs HWCs, however, wellness rooms are largely not available for Yoga sessions and there are also issues related to the non-availability of Yoga experts or adequate training to the existing staff. Discussions can be undertaken to find solutions to the same.
- State level institute infrastructure maybe utilised for capacity building of Manpower.
- Skilling to be integrated with NSDC initiatives (such as NSQF framework) and PMKVY frameworks
HSSC co-branded NAM skilling & capacity building, through integration with initiatives such as CEP (competency enhancement program) which allows industry-led competency programs in partnership with HSSC.
- NSDC is the implementation agency for PMKVY and also PMKKs (Pradhan Mantri Kaushal Kendra). PMKK aims to establish Model Training Centres (MTCs) in every district of the country- learnings and integration from these for training under NAM maybe considered.
- Colocation of Ayush healthcare facilities with Primary healthcare facilities by enabling specific treatment modalities to enhance the scope of Ayush towards Public health may also be considered and all these efforts collectively may result in Ayush Health & Wellness Centres becoming health Transformation Centres at the Community Scale which will also improve the status of public health in Ayush.



National Ayush Mission

EXPECTED OUTCOMES

- CHOs with clear orientation in leadership roles and IT-enabled data management.
- CHOs empowered with a sound awareness on Public health delivery with a focus on Ayush wellness Interventions, NCDs, Communicable diseases, elderly and palliative care, Pregnancy care and care of infants and children, Ophthalmic and common ENT problems, and first aid.
- Effective coordination mechanism between NHM and NAM/Ayush Directorates needs to be evolved for fulfilling the objectives of Mainstreaming of Ayush under NHM. This will result in better implementation and monitoring of the co-location of Ayush units in public health facilities under NHM.
- New programs under NAM like Vayomitra, Prevention, and Management of OA and other Musculoskeletal disorders, Ayurveda, and others, need to be operationalized in a time-bound manner by the States/UTs, mainly targeted to specific groups like the elderly, children, adolescents and others. Similarly, the Supraja component for strengthening the delivery points in Ayush teaching institutions will also significantly enhance the contribution of Ayush in MCH.
- Activities related to the promotion of Yoga and Ayurveda lifestyle advocacies in school, colleges, and workplaces needs to be expanded.
- Provisions for periodic capacity building and skill training to Ayush HR need to be made.
- Linking Ayush systems with ASHAs, Jana Arogya Samitis (JAS)s, and Village Health and Sanitation Nutrition Committee (VHSNC)s is an important policy mandate and still needs to be achieved, which is very crucial, especially for preventive and promotive healthcare and wellness.
- Teleconsultation for Ayush in all Health & Wellness Centres being operationalized by MoHFW. Identification of Hubs and strengthening and linkages with spokes.
- Development of SOPs for ensuring strong referrals between modern medicine and Ayush professional in public healthcare system, as well as referral from Sub-centres to Ayush dispensaries or hospitals.



SESSION BRIEF

DAY-2

09:00 AM–11:00 AM

**SESSION: SHOWCASING THE BEST PRACTICES UNDER NAM –
EXPERIENCE SHARING FROM 07 STATES/UTS-FOLLOWED BY DISCUSSION**

BACKGROUND

The National Ayush Mission has been instrumental in successfully establishing a framework for the development and propagation of Ayush systems in various states of the country. A noteworthy practice implemented by the states under the mission is the successful establishment of AHWCs and dispensaries, making Ayush systems more accessible to the general public.

NAM also has a flexi-pool component, under which States are allowed to undertake innovative activities, based on their assessment of needs of the State Ayush & public healthcare needs, demand, and goals. Moreover, some states have also shown commendable planning & utilization of budgets, creation & operationalization of large-scale infrastructure and workforce, a consistent supply chain of essential Ayush drugs, and devising implementation mechanisms that are models for other states to follow.

The effectiveness of NAM is also contingent upon the PMU of the State- which is a key factor in the implementation strategy, and comprises skilled and knowledgeable technical experts in the areas of management, public health, IT, finance/accounts, planning, and more. To ensure consistent and systematic monitoring and evaluation, continuous guidance and supportive supervision is provided by some states, and should be provided by all states at the district level. These best practices of various states under NAM have resulted in significant advancements in some states, benefiting the health and well-being of the population at large and showcasing exemplary performance and implementation, which has learnings for all.

Under NAM, Grant-in-aid is being provided to State/UT Governments for development and promotion of Ayush as per their proposed State Annual Action Plans (SAAPs). States are also encouraged to develop & implement innovative ideas for better implementation and improvement of public health, and include such action items as part of the SAAP formulation.

DISCUSSION POINT

- Presentations by 7 States- Uttar Pradesh, Gujarat, Kerala, Tamil Nadu, Chhattisgarh, Rajasthan, and Uttarakhand, to showcase best practices of implementation, innovative ideas & practices, planning & utilization of budgets, enhanced public health delivery etc.
- Effective utilization of flexi-pool component, undertake innovative activities, based on their assessment of needs of the State Ayush & public healthcare needs, demand, and goals.
- Showcase their own planning & utilization of budgets, creation & operationalization of large-scale infrastructure and workforce, a consistent supply chain of essential Ayush drugs, and devising implementation mechanisms, in a way that are models for other states to follow.
- Ensuring consistent and systematic monitoring and evaluation, along with immediate resolution of bottlenecks through continuous guidance and supportive supervision of State PMU.



National Ayush Mission

SPEAKERS

1. Uttar Pradesh
2. Gujarat
3. Kerala
4. Tamil Nadu
5. Chhattisgarh
6. Rajasthan
7. Uttarakhand

EXPECTED OUTCOMES

- Knowledge sharing and exchange of best practices followed in various states for the successful implementation of NAM.
- Raise points/have discussions that can further help in developing SOPs and/or implementation strategies for planning & utilization of budgets, creation & operationalization of large-scale infrastructure and workforce, a consistent supply chain of essential Ayush drugs, and other key components/goals of NAM.
- Highlight ways to improve utilization of flexi-pool component, undertake innovative activities, based on their assessment of needs of the State.
- Collaboration and partnerships with various executing agencies to facilitate micro-planning, prioritization, and realistic estimation of the needs of the state.



DAY-2

11:30 AM–01:00 PM

**SESSION: LEVERAGING THE PROCUREMENT SYSTEM AND SUPPLY CHAIN MANAGEMENT –
PANEL DISCUSSION AMONG CPSU, PSU, GEM AND STATE REPRESENTATIVES**

BACKGROUND

Ayush systems of healthcare play a significant role in providing preventive, promotive and curative care which is easy to access, cost-effective and traditionally accepted. The Ministry of Ayush through its centrally sponsored scheme of the National Ayush Mission for supporting States/UTs since 2014 envisages strengthening the Ayush healthcare ecosystem in the country through increased access to an enhanced number of healthcare facilities providing Ayush services, trained manpower, improvement in Ayush Education through added and well equipped Ayush educational institutions, to reduce disease burden through targeted Public Health programs by leveraging the strengths of Ayush systems of medicine.

In order to make available quality Ayush drugs grant-in-aid is provided to the State/UT Governments under NAM, as per the proposals submitted by them through State Annual Action Plans (SAAPs) for the supply of essential Ayush medicines to Ayush Hospitals, Dispensaries, Educational Institutions, integrated Ayush hospitals, Ayush Health & Wellness Centers and co-located Ayush facilities at PHCs/CHCs/DHs. For this purpose, Grant-in-aid of Rs. 3.00 lakhs per annum for Ayush dispensary, Rs. 5.00 lakhs per annum for Ayush Hospital, Rs. 15.00 lakhs per annum for teaching institutional Ayush hospital, Rs. 3.00 lakhs for PHCs, Rs. 5.00 lakhs for CHCs and Rs. 5.00 lakhs for DHs is provided. Such financial assistance from the Government of India in the form of contractual engagements, infrastructure development, capacity building, and supply of medicines for better implementation of the program through effective coordination and monitoring is envisaged under NAM. In the period from 2014-22, 2614 PHCs, 773 CHCs, and 330 DHs have been supported under co-location for recurring assistance of medicines and contingency on an average in each year.

Guidelines for procurement of essential ASU&H medicines under NAM:

- (i) Essential drugs and medicines required for the implementation of the Mission will have to be procured from the Essential Drugs List (EDL) of Ayurveda, Unani, Siddha, and Homoeopathy published by the Ministry of AYUSH, Government of India.
- (ii) At least 50% of the Grant-in-aid provided should be used for procuring medicines from M/s Indian Medicine Pharmaceutical Corporation Limited (a Central Public Sector Undertaking) or from other Central Public Sector Undertakings (CPSUs) or from Public Sector undertakings, Pharmacies, and Co-operatives under State/UT Governments manufactured in their own manufacturing units and having Good Manufacturing Practices (GMP) compliance, keeping in view the need for ensuring the quality of AYUSH drugs and medicines. If Medical Services Corporation for procurement of medicines are already available in the State/UT, they may also explore the feasibility to procure essential AYUSH medicines through these corporations for seamless supply.
- (iii) The remaining Grant-in-aid provided under the Mission for the purchase of medicines may be used for procuring medicines as per the Essential Drugs List (EDL) of Ayurveda, Unani, Siddha, and Homoeopathy published by the Ministry of Ayush, Government of India, from other Good



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Manufacturing Practices (GMP) compliant units having valid manufacturing licenses. States/UTs may also source the essential drugs through GeM or through CGHS rate contracts.

(iv) Random samples of 5% of the medicines being supplied by the vendor at a time may be picked up for quality testing.

(v) If the samples are not found of standard quality, the States/UTs may take action against the vendor/manufacturing unit as per the quality control guidelines. Vendor/manufacturing unit may be blacklisted for a year if more than five medicines supplied by them are found not of standard quality.

(vi) Essential nondrug items like dressing items for first aid etc. may be provided out of the amount sanctioned for medicine/ essential drugs under different components required for achieving the desired objectives subject to a ceiling of five percent of the total amount sanctioned for the purpose.

However, it has often been observed that State/UT Governments are unable to supply Ayush essential medicines to the Ayush health facilities in time bound manner due to delays in the tendering process, and issues related to litigation which ultimately affects the OPD /IPD-related facilities. There are also problems with regard to delays in the supply of medicines way beyond the order placed from the manufacturing units in time bound manner.

Good Agricultural and Collection Practices (GACPs) to provide a sustained supply of quality raw materials and medicines, supporting certification mechanisms for quality standards, support for setting up of clusters through the convergence of cultivation, warehousing, value addition, and marketing and development of infrastructure for entrepreneurs in each cluster, promoting partnership, convergence, and synergy among stakeholders involved in R&D, processing, and marketing in the public as well as the private sector, Adopting an end-to-end approach covering production, post-harvest management, processing, and marketing; with regards to the functionality of Ayush health facilities become major criteria in the successful implementation of NAM. Accordingly, other mechanisms need to be explored to leverage the procurement of medicines and for effective supply chain management.

DISCUSSION POINT

- Procurement of Ayush medicines through GeM.
- Possibility with regard to direct supply of essential medicines to the States/UTs under NAM through IMPCL
- Addressing supply chain issues with technological integration and developing AI-based solutions-ensuring good quality drugs and better factory-to-consumer supplies.
- To develop a portal on the lines of Government E-Marketplace (GeM) for all public procurement of Ayush medicines and link it with the eAushadhi portal for essential documents of manufacturing sites on lines of Digi Locker as an ease of doing business initiative.
- Incentives to the industry so that their procurement of raw material from growers/farmers remains economically beneficial.
- Supply chain integration and efficient management. Supply chain initiatives enabled by IT to automate and increase the efficiency of tendering, inventory matching, demand-supply analysis to identify geography-specific constraints/gaps in raw material supply and output demand, and integration of R&D into the supply chain to increase gross value-added.



- For strengthening the supply chain of medicines- IMPCL, CPSUs, PSUs, and state agencies to ideate/define best practices and models used, to further shape required guideline changes and implementation of best practices & successful state models.
- Smooth direct procurement model, allocated against a certain fixed budget portion with every disbursement. Roadmap and mechanism for same to be finalised and maybe communicated to States as advisory.
- Other supply chain, logistics, demand-supply, and inventory-related constraints of State/UT Governments which result in supply shocks and make inventory management difficult for Ayush public health facility providers.
- Supply chain-related impacts on the functioning of OPD/IPD-related facilities. Ayush health facilities rely on timely and qualitative supply of required medicines, to ensure that patients and practitioners are not constrained by drug supply.
- Manufacturers of medicines also need to do demand-supply analysis to reduce the gestation period and make sure end-to-end linkages are within the prescribed time frame by identifying geography-specific constraints/gaps in raw material supply and demand.
- Similarly licensing authorities and drug testing authorities promote and encourage more resources in the value chain by easing out existing processes and at the same time ensuring the best quality.
- Utilisation of geo-tagging and drone mapping, fed into GIS mapping-based information systems to better capture raw material and demand factors and ensure disbursements of drugs in a timely, efficient, and phase-wise manner to the remotest places.
- Pan-India level Quality Assurance by issuing mandatory certification to Ayush Drug Testing Laboratories associated with Ayush drug manufacturers as well as functioning as standalone units.
- To regulate the CoPP licensing for WHO-GMP compliance in association with CDSCO.
- Monitoring Post-market safety and efficacy of the Ayush drugs via active participation in the National Pharmacovigilance Programme in association with AIIA.
- On similar lines with CDSCO, a separate Board dedicated to regulating Ayush Drug Testing Laboratories may be established with a legal mandate under the auspices of PCIM&H.

EXPECTED OUTCOMES

- Strengthening institutional public delivery mechanism.
- Addressing constraints in the value chain from procurement to front-end delivery by establishing an expanded and integrated ecosystem.
- Quality assurances, price variability, and sustained supply mechanism should be established.
- Develop a portal on the lines of the Government E-Marketplace (GeM) for all public procurement of Ayush medicines and link with the e-Aushadhi portal.
- Keeping continuous information flow is paramount.
- Bringing about the desired resilience through transformative policy interventions and state-of-the-art technology.



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DAY-2

02:00 PM–03:30 PM

SESSION: ROLE OF TEACHING INSTITUTIONS IN STRENGTHENING THE AYUSH CONTRIBUTION IN PUBLIC HEALTH – NATIONAL COMMISSIONS NATIONAL INSTITUTES AND STATE REPRESENTATIVES

BACKGROUND

Ayush educational institutions have grown significantly over the past ten years, with undergraduate colleges experiencing a growth of about 50% and postgraduate schools experiencing a growth of more than 100%. Around 50% more universities will be offering Ayush Undergraduate programs in 2020 than there were in 2011. Under the various Ayush systems, post-graduate education makes up a sizeable portion of educational institutions. As of April 2020, there were 229 Ayush Post Graduate Colleges with a total enrolment capacity of 7068 students (including ten exclusive Post Graduate institutions with their respective enrolment capacities of 447 students). There are ten exclusive postgraduate colleges and institutions, each with a 335-student maximum and a 447-student admission capacity.

The National Commission of Indian System of Medicine, formerly known as the Central Council of Indian Medicine (CCIM), is a statutory body established by the "Indian Medicine Central Council Act of 1970" that establishes, through several regulations, the standards for medical education in Ayurveda, Siddha, and Unani. Like this, under the "Homoeopathy Central Council Act, 1973," the National Commission for Homeopathy (formerly known as the Central Council of Homoeopathy, or CCH) is responsible for regulating homeopathy medical education. While this highlights the improvements and scale of the Ayush education infrastructure in the country- the potential for improvement in public healthcare and competency of manpower in Ayush leaves open a plethora of opportunities to improve this Ayush educational infrastructure and link it strongly to Ayush in public health.

DISCUSSION POINTS

- Adopt a value-chain approach to education; ensure a roadmap for education to begin at school (under education for basic sciences in the school curriculum), flowing through to higher education and professional qualifications/skills. The value chain approach ensures- there is a continuum in Ayush education rather than fragmentation.
- Value add at every level through curriculum integration of Ayush as a science and success stories/history of Ayush, school and college events for students already studying Ayush disciplines and students who may take up Ayush in the future, and quizzes/competitions at the level of school, higher, and professional education in alignment with State Govt. (in state-operated educated ecosystem)
- Move away from offering selective opportunities for taking up Ayush education and offer Ayush chapters in standard curriculum from primary/secondary level, electives at senior secondary and higher education level, credit based opportunities, internships and vocation across the education lifecycle- so that students can make informed choices about future trajectory of their education & career at every point as a preference, rather than choosing Ayush as an 'alternate' option
- Stronger linkages between State and Centre's employment opportunities in Ayush and Ayush education, along with more awareness around the same to ensure improvement in uptake of seats across government and private institutions at the level of higher/professional education



- Develop concept of Central Ayush University in alignment with stakeholders from National Institutes and States to ensure standardisation and benchmarking across National Institutes, affiliation, infrastructure, curriculum, opportunities etc.
- Infrastructural development/up gradation of Ayush Under-Graduate Institutions and Post-Graduate Institutions.
- Establishment of new Ayush Colleges in the States where the availability of Ayush teaching institutions is inadequate in the Government Sector.
- The strengthening of education in Ayush to result in the supply of competent, required personnel for Ayush healthcare, which also enables the creation of adequate supply to meet the rising demand for Ayush healthcare and wellness systems globally & domestically- a goal for 'Heal in India, Heal by India'. The Learning Management system and various efforts that have been made for Ayush students which include Ayush ID, Software integration for BAMS, Teacher management system, and Awareness program for digitalization for registrars
- Utilization & alignment of National Education Policy 2020, with the manpower & competency needs of National Ayush Mission. Keeping the goals of NEP,2020 in mind, discussions can take place on the inclusion of Ayush systems in the curriculum of Primary and Secondary education. A dialogue and a well-rounded effort to integrate Ayush education into the curriculum right from primary and secondary education will provide the strong feeder required at the level of higher education and employment, to fulfill the needs of Ayush healthcare in the country.
- The need of the hour is for a positive attitude to promoting India's own medical legacy. An ongoing effort to revive and disseminate India's own medical legacy for the benefit of society at large is possible through an education system that can teach students and practitioners to go beyond the promise of Ayush and realise its value. To further this, the upgradation of Ayush institutions with the right infrastructure and with the integration of technology is a key agenda for the Ministry of Ayush, which can be a key point for deliberations.
- To achieve the objective of making education Ayush education truly global in terms of standards, benchmarks, and opportunities globalization of the processes and infrastructure of Ayush education is a key requirement. Discussions can happen on the same to find ways for expanding Ayush education globally and to make Ayush education global from the point of view of meeting global demand, global benchmark needs, and providing global competencies/exposure to students & practitioners.
- There are a lot of students who are interested in one of the professional disciplines represented by Ayush—Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa Rigpa, and Homoeopathy. However, the creation of more job opportunities in Ayush and the promotion of them is important. Hence, deliberations on the creation of employment in Ayush can be a key agenda for the session. NAM itself can directly provide multiple employment opportunities in the Ayush sector, and help in the creation of an ecosystem that can make Ayush a competent supplier of global healthcare manpower (indirect employment creation).
- Better exposure and competence-building through face-to-face interventions for orientation and skilling initiatives, exposure visits of students and practitioners to NIs, states with successful models of Ayush public healthcare delivery, for transfer of knowledge.
- AHWC's manpower and infrastructure to seek learnings through training integrations with NIs & RCs, specifically NIH (for Homeopathy), RAV (for Guru Shishya model to utilize teachers for effective skill deployment), NCISM & NCH for education and training in Ayush practice (linked to internships to be



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made available for students and marked credits), NHSRC-aligned policy and strategy development in the provision and mobilization of Ayush healthcare under NAM, CME training, etc. to improve public health outcomes.

EXPECTED OUTCOMES

- Institutions that can be upgraded for the creation of a better infrastructure have already been identified, however, a roadmap for the same still needs to be formulated. During the session, discussions can lead to building a plan for the same
- Targeted outcome of linking improvement in higher/professional education and training in Ayush to increase the number, quality, credibility, and opportunities of manpower in Ayush.
- Deliberations to strengthen the importance of the inclusion of Ayush in the school curriculum can be a part of the session's discussion. The deliberations may also identify linkages for ensuring the Ayush education continuum across the school, higher education, and professional competency/upskilling/training courses.
- For ensuring clear delegation and tasking of improvement in Ayush education, the role of National Commissions, State Governments, National Institutes, Councils, and other departments across the ecosystem of Govt. of India to be identified, with chalking out of NAM-focused education reforms required, and implementation support required from these stakeholders.
- Details of higher/professional Ayush education such as curriculum, infrastructural needs, affiliations, employment opportunities, disease/condition-specific training & upskilling, etc. maybe discussed under education, skilling & vocation initiatives of Ayush, leading to better public health outcomes for NAM, in alignment with National Commissions, State Governments, National Institutes, Councils, and other departments across the ecosystem of Govt. of India.



DAY-2

04:00 PM–05:30 PM

SESSION: RESEARCH, QUALITY ASSURANCE AND USE OF IT PLATFORM IN AUGMENTING PUBLIC HEALTH CARE THROUGH AYUSH-RESEARCH COUNCILS, AYUSH GRID, NABH & NHA

BACKGROUND

Digital technologies are reshaping the relationship between patients, healthcare providers, and the health system. The World Health Organization (WHO) advocated for the potential role of digital technologies in promoting and protecting the health of all by “improving the accessibility, quality, and affordability of health services”. Looking beyond the pandemic, digitization of healthcare will enhance existing national health systems and strengthen health service delivery models, making them more effective and sustainable as the population ages.

In India, the government launched the 'Digital India' campaign as one of its flagship programs to transform India's economy. Digitization of healthcare began with a proposal by the National Institute of Transforming India (NITI Ayog) in 2018 for the development of a digital platform called 'National Health Stack' to create electronic health records for all citizens of India. In July 2019, NITI Ayog released India's National Digital Health Blueprint (NDHB) encompassing the National Digital Health Ecosystem (NDHE) that proposes to “support Universal Health Coverage in an efficient, accessible, inclusive, affordable, timely and safe manner through the provision of a wide range of data, information and infrastructure services.”

Keeping in line with the vision of Digital India Mission and Ayushman Bharat Digital Mission (ABDM), Ministry of Ayush is taking several rigorous steps for the promotion of Ayush services with ancient wisdom and modern technology. In 2019, MoA proposed a landmark project called the 'Ayush Grid' that intends to transform healthcare delivery at all levels, including academics, research, and drug regulation in the Ayush sector by incorporating IT enablement in all spheres of the sector.

DISCUSSION POINTS

- Efficient demand-supply matching to be further facilitated by AI and Technology in logistics. Utilisation of drones, tech-enabled warehousing and storage of medicinal plants, other raw materials, and output-leading to lower wastage, higher and source-sink specific utilisation, better inventory management for medicine manufacturers, leading to more stable supply for Ayush public healthcare facilities.
- Effective usage of Ayush standardized terminologies, morbidity codes available on the National Ayush Morbidity and Standardized Terminologies Electronic (NAMASTE) Portal, and double coding practice with WHO-ICD 10/11 for pragmatic data collection and reporting.
- Fully operationalize and integrate ABHA-compliant Ayush Hospital Management Information system (AHMIS),
- Seamless longitudinal personal health records for all NAM beneficiaries by utilizing ABHA-based registration to enable data flow from allopathy to Ayush and back.



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- Inclusion of States/UT, by providing them AHMIS in the form of a cloud-based model, free of cost to the states. AHMIS can be offered to all the states, and UTs as per their requirement (as an API service) to facilitate hospital data management and documentation.
- Facilitate all collegiate hospitals with AHMIS to facilitate hospital data management and documentation. Daily data of each college maybe accessible to MARBH
- Better focus on Clinical outcome measurement by focusing on social outcomes, which depends on improving accessibility and enabling cost efficiency in Ayush systems.
- Building a comprehensive Ayush clinical case repository for use cases that can help capture and institutionalise learnings & techniques, and front-end integration with Ayush Clinical Case Repository (<https://accr.ayush.gov.in/>) mirrored with AyurCeL (<https://ayurcel.org/>) portal developed by Amrita Vishwa Vidyapeetham (funded by RAV)
- Integration with Research Consortiums (such as National Ayush Research Consortium and others that support public health, drug development, clinical practice, supply chain management, disease research, etc.) and institutions such as DBT and DST that provide benchmark R&D. Focus areas for public health from Ayush can be musculoskeletal Disorders, Women & Child Health Care include Anaemia in children, sickle cell anemia, pre-diabetes, etc.
- Linkages between ongoing R&D and required R&D to be developed using industry alignment instead of siloed research by the government.
- CHOs expertise and utilisation of R&D initiatives to be enhanced through linkage with required training initiatives.
- Channels (IEC material, awareness lectures, Camps) to be identified and utilised for public propagation of clinical health outcomes of ongoing R&D in the preventive, promotive healthcare viz. hygiene, lifestyle and nutrition, management of NCDs, etc.
- Using eSanjeevani telemedicine system to better the healthcare services delivered to a larger population, increased availability of information globally via online portals, and promoting Medical Value Travel with the availability of services of all Ayush doctors, hospitals, and wellness centers accessed on a single AI backed portal.
- Effective utilization of the Ayush Research Portal (<http://ayushportal.nic.in>) [a repository of all Ayush-related studies and research done worldwide by researchers, students, and practitioners for reference to fast-track developments in the sector greatly.](#)
- Utilize digital technologies to improve public perception on Ayush can take place.

EXPECTED OUTCOMES

- Deliberations to strengthen the use of digital initiatives that aim to reform the Ayush healthcare sector and improve education, quality of research, and accessibility of Ayush healthcare service can be discussed.
- Current attempts should focus on providing further evidence rather than creating basic interest in Ayush, since that would ignore the extent of utilization of Ayush domestically and internationally, and its growing importance and viability in the field of medicine.
- Creation of an advanced data repository of data generated from Ayush-related studies and research done worldwide for the utilization of data mining, AI/ML programs. The same will be utilised as a ready



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reference for researchers, students, and practitioners for reference and set the stage for developing cutting-edge AI-based tools for the Ayush sector.

- Executing initiatives to promote awareness and a positive impact on Ayush to dissolve the divide between Modern Medicine and Ayush through digital technologies for enabling pragmatic and organic Integrative practice for the public good.



सत्यमेव जयते

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