GOVERNMENT OF INDIA
MINISTRY OF AYURVEDA, YOGA & NATUROPATHY,
UNANI, SIDDHA AND HOMOEOPATHY
(AYUSH)

RAJYA SABHA
UNSTARRED QUESTION NO.1604
TO BE ANSWERED ON 9TH March, 2021

AYUSH POLICY FOR THE STATE OF UTTAR PRADESH

1604 **SHRI SYED ZAFAR ISLAM:**
SMT. KANTA KARDAM:

Will the Minister of **AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY** be pleased to state:

(a) whether AYUSH policy is being formulated for the State of Uttar Pradesh and if so, the details thereof and the agencies or institutions from which suggestions are being sought;

(b) whether advice is also sought from people's representatives or doctors of Ayurveda department working in the rural areas and if so, the details thereof; and

(c) the salient features and purpose of the AYUSH policy being formulated and the time by which the said policy is likely to be implemented in Uttar Pradesh, Bihar and Bengal?

ANSWER
THE MINISTER OF STATE (IC) OF THE MINISTRY OF YOUTH AFFAIRS AND SPORTS AND ADDITIONAL CHARGE OF MINISTER OF STATE (IC) OF THE MINISTRY OF AYURVEDA,
YOGA & NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY
(SHRI KIREN RIJIJU)

(a) to (c): No specific policy on AYUSH has been formulated for the State of Uttar Pradesh, Bihar and Bengal by the Central Government. However, National Health Policy -2017 and National Policy on Indian Systems of Medicine & Homoeopathy (ISM & H)-2002 has already been in place in the country. The salient features of mainstreaming of AYUSH under National Health Policy -2017 and National Policy on Indian Systems of Medicine & Homoeopathy-2002 is furnished at **Annexure.**

(i) The salient feature of mainstreaming of AYUSH under National Health Policy -2017 is as follows:

For persons who so choose, this policy ensures access to AYUSH remedies through co-location in public facilities. Yoga would be introduced much more widely in school and work places as part of promotion of good health as adopted in National AYUSH Mission (NAM). The policy recognizes the need to standardize and validate Ayurvedic medicines and establish a robust and effective quality control mechanism for AUSH drugs. Policy recognizes the need to nurture AYUSH system of medicine, through development of infrastructural facilities of teaching institutions, improving quality control of drugs, capacity building of institutions and professionals. In addition, it recognizes the need for building research and public health skills for preventive and promotive healthcare. Linking AYUSH systems with ASHAs and VHSNCs would be an important plank of this policy. The National Health Policy would continue mainstreaming of AYUSH with general health system but with the addition of a mandatory bridge course that gives competencies to mid-level care provider with respect to allopathic remedies. The policy further supports the integration of AYUSH systems at the level of knowledge systems, by validating processes of health care promotion and cure. The policy recognizes the need for integrated courses for Indian System of Medicine, Modern Science and Ayurgenomics. It puts focus on sensitizing practitioners of each system to the strengths of the others. Further the development of sustainable livelihood systems through involving local communities and establishing forward and backward market linkages in processing of medicinal plants will also be supported by this policy. The policy seeks to strengthen steps for farming of herbal plants. Developing mechanisms for certification of “prior knowledge” of traditional community health care providers and engaging them in the conservation and generation of the raw materials required, as well as creating opportunities for enhancing their skills are part of this policy.

(ii) The salient feature of National Policy on Indian Systems of Medicine & Homoeopathy (ISM & H) -2002 is as follows:

(a) To promote good health and expand the outreach of health care to our people, particularly those not provided health cover, through preventive, promotive, mitigating and curative intervention through ISM&H.

(b) To improve the quality of teachers and clinicians by revising curricula to contemporary relevance and researchers by creating model institutions and Centres of Excellence and extending assistance for creating infrastructural facilities.

(c) To ensure affordable ISM&H services & drugs which are safe and efficacious.

(d) To facilitate availability of raw drugs which are authentic and contain essential components as required under pharmacopoeial standards to help improve quality of drugs, for domestic consumption and export.

(e) Integrate ISM&H in health care delivery system and National Programmes and ensure optimal use of the vast infrastructure of hospitals, dispensaries and physicians.

(f) Re-orient and prioritize research in ISM&H to gradually validate therapy and drugs to address in particular the chronic and new life style related emerging diseases.

(g) Create awareness about the strengths of these systems in India and abroad and sensitize other stakeholders and providers of health.

(h) To provide full opportunity for the growth and development of these systems and utilization of the potentiality, strength and revival of their glory.