

Strategies to Facilitate Integration of AYUSH in the Existing Health Set-Up: Program Manager Perspectives

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India is in possession of a wide range of socio-cultural and linguistic variability and is one of the most populous nations of the world [1]. Being a middle-income country with an ineffective public health system (viz. geographical inequitable distribution of health establishments or vacant posts of health professionals, etc.), the masses have been exposed to a range of health concerns [2,3]. However, the impact of all these public health concerns can be remarkably reduced, if quality assured health care services is accessible and available to all [2,4].

Apart from the Allopathic fraternity, distinctive sort of scientifically proven, legally recognized, and acceptable field of medicine such as Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy (AYUSH) are in operation in variable parts of the country [2,5]. Acknowledging the manpower resources and to combat the significant shortage in number of health care professionals, the National Rural Health Mission (now known as National Health Mission) has recommended to mainstream the AYUSH system of indigenous medicine [6,7]. Mainstreaming of AYUSH basically refers to the process of integrating AYUSH system of medicine with the existing health system in the country, at all levels of health care (viz. co-location in all public health establishments), so that preventive, promotive and rehabilitative health care services can be offered to all sections of society [8].

To ensure successful implementation of the process of mainstreaming all across the country, multiple measures such as strengthening of infrastructure – building, equipments and dispensaries; involving state government to decide which system of medicine should be set-up in a specific state; setting up of specialty centers and clinics in district headquarters hospitals and medical colleges; creating a managerial post for ensuring effective supervision and implementation of different activities at district/state level; building linkages with multiple sectors; encouraging cross-referral between allopathic and AYUSH streams; involving AYUSH practitioners to create awareness about their systems; mobilizing existing AYUSH establishments; integrating AYUSH with accredited social health activists (ASHA) workers by training them on relevant aspects of AYUSH; implementing initiatives for ensuring availability of AYUSH drugs at all levels; strengthening quality control mechanism in laboratories to avoid manufacture and sale of counterfeit and sub-standard drugs; streamlining the process of drug standardization so as to determine the drug potency; expanding the existing laws to encompass the manufacture and sale of drugs; and facilitating research work and promoting publications by exploring the local health traditions and traditional drugs used by experienced local health practitioners; have been proposed and implemented with varying range of success [6,8-10].

However, the proposed strategies have not been achieved the desired results owing to the presence of multiple challenges / barriers such as distinct approach for management of a clinical condition; unrelated rationale involved in different systems practice; an unclear policy for cross referral; inadequate or absent infrastructure, assistance and supplies; potential rise in cross practice; shortage of staff; inequitable

emoluments; ethical concerns (viz. no healthy dialogues between practitioners of either system/not disclosing which type of practitioners the patient is seeing); and lack of accountability mechanisms especially at the grassroots levels [8,10-12].

In order to counter the identified challenges, the program managers have come with a comprehensive strategy which includes specific elements like developing/upgrading AYUSH institutes/colleges; conducting re-orientation training program for AYUSH personnel; facilitating international exchange of experts and officers; providing incentives to drug manufacturers, entrepreneurs, AYUSH institutions for international propagation of AYUSH; formulating uniform policy on reimbursement of AYUSH treatment; extending support for international market development and AYUSH promotion-related activities; establishing AYUSH information cells in foreign countries; organizing international fellowships for foreign nationals for undertaking AYUSH courses in premier institutions in India; conducting integrative research to assess the scope of drug formulations or community-based epidemiological studies to assess the utility of AYUSH in health care delivery system; involving pharmacists; and by implementing strategies that have been successfully employed in other countries, to fast-track the process of integrating AYUSH system [9,10,13,14].

To conclude, the program managers have to supervise the process of integration of AYUSH into the existing health system so as to combat the public health concerns of inadequate health professionals and ineffective public health system.

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