

Ayush Vaibhav

POLICY | INDUSTRY | INTERNATIONALISATION

– Growth and Excellence of the Ayush Sector

FITM Industry and Trade Newsletter

Preservation and Promotion of Sowa-Rigpa through the National Ayush Mission



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Introduction

Sowa-Rigpa Medicine as one of the last recognized traditional medicinal systems of India under Ministry of Ayush, is often termed as ‘science of healing’ that is prevalent in the Indian Himalayan Region (IHR) from Ladakh in the North to Arunachal Pradesh in the North East. While the system is prevalent across the larger Himalayas including Tibet in China, Mongolia, Bhutan, Nepal, and Central Asia, in Indian Himalayan Region-IHR (specifically in Ladakh, Himachal Pradesh, Uttarakhand, Sikkim, Hill stations of West Bengal, and Arunachal Pradesh), the system is practiced and passed down from one generation to the next within the same family. This rendered the preservation of the system in IHR to continue the traditional medicine system independent of any institution. However, with the fall of feudal system in the Himalayas and the rise of modern-state system and arrival of modern medicine, Sowa-Rigpa medicine witnessed a major downfall within IHR until the establishment of National AYUSH Mission in 2014, four years after the recognition of Sowa-Rigpa medicine by the Government of India in 2010.

Promotion of Integrative Approach

Prior to establishment of National Ayush Mission, Sowa-Rigpa Medicine healthcare and practice was limited only within the institutions and clinics primarily operated by the Tibetan Government in Exile such as Men-Tsee Khang. While the role of Men-Tsee Khang in formally establishing and preserving Sowa-Rigpa medicine within IHR and other parts of India is commendable, it is constrained by legal and structural limitations and compartmentalized functioning. Establishment of National Ayush Mission in IHR such as UT-Ladakh and Arunachal Pradesh witnessed an integrative

approach towards Sowa-Rigpa medicine and healthcare system along with modern medicine through the system of ‘Co-location.’

The system of Co-location ensures that Sowa-Rigpa Medical Officers and healthcare workers are deployed along with the allopathic Medical Officers and healthcare workers at various Health Centers including District Hospitals, Community Health Centers, Primary Health Centers, and Sub Centers. These health centers are therefore also called co-locations. This integrative approach through National Ayush Mission ushered a new path to the Sowa-Rigpa practitioners in terms of exchange of ideas and expertise with modern counterparts and also made Sowa-Rigpa health care system easily accessible to the people especially in the remote and far-flung mountainous and hill regions. Further, in case of UT-Ladakh, there are rising number of cross-referencing at these co-locations where modern and Sowa-Rigpa and modern medical doctors refer each other’s patient whenever necessary. For instant, cases of paralyses, migraine, and neurological disorders are being referred to Sowa-Rigpa medical doctors by allopathic medical doctors.

Sowa-Rigpa Medicine Support

The National Ayush Mission at state or UT level supply Sowa-Rigpa Medicine to all these co-locations in order to support the patients at these centers. In case of UT-Ladakh, most of the medicine is supplied once a year during annual supply where bulk of the medicine is supplied to the respective health centers where Sowa-Rigpa medical doctors and Healers operate. Owing to the extreme geographical conditions, at some locations, the supply takes weeks to reach the destination.

Apart from the annual supply, whenever required Sowa-Rigpa medicines are also

supplied to co-locations after case by case consideration.

Training and Development

National Ayush Mission promotes active training and development of the AYUSH workforce which also includes the Sowa-Rigpa manpower. The Mission encourages Continuous Medical Education (CME) trainings through institutions such as National Institution of Sowa-Rigpa (NISR), Leh, Ladakh and Central Institute of Buddhist Studies (CIBS), Leh, Ladakh. Further at mission level, there states engage in training and development of the Sowa-Rigpa Medical Officers and staff whenever required. In UT Ladakh, with the learning from COVID-19 and other emergency events, a comprehensive three day workshop and training was organized on the theme of integrating Sowa-Rigpa medicine with modern medicine in the month of August 2025. Apart from technical training such as those on moxibustion, venesection, and cupping, the workshop provided training on Cardiopulmonary Resuscitation (CPR) and Basic Life Support (BLS) to the Sowa-Rigpa Medical Doctors and students.

Provision for Establishment of Dispensaries and Hospitals

The National Ayush Mission provides financial grant to construct and run new Ayush Hospitals/ dispensaries in consultation and collaboration with the respective state/UT administration. While many Ayush hospitals and dispensaries have been established in the country with the grant, the presence of Sowa-Rigpa medicine in these are limited. Furthermore, as of today many IHR states are yet to establish Sowa-Rigpa dedicated hospital or dispensary under National Ayush Mission including UT Ladakh.

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Country Focus

Ecuador



Traditional and Complementary Medicine (T&CM), is recognised in Ecuador and that the country has its own T&CM practices, with commonly cited modalities including acupuncture, shamans and healers, plant medicine, and Kallpay. According to the World Health Organization (WHO), up to 80% of the population in Ecuador uses traditional medicine. A key policy anchor in the country is the Buen Vivir Plan, described as seeking to incorporate ancestral medical knowledge, experience, and beliefs of traditional healers into formal health services. Ecuador's intercultural health orientation is linked to the Model of Integral Health, Family, Community and Intercultural Care (MAIS-FCI) and the National Plan for Good Living 2013–2017, which is the guiding implementation of public policy on T&CM.

Administrative and technical structure

There are institutional nodes that shape T&CM's governance and technical work in Ecuador. Of these, the National Directorate of Intercultural Health and Equity has a role focused on culturally relevant policies, access, respect for diversity, and integration of traditional and alternative medicine. Additionally, the National Institute of Agricultural Research (INIAP) conducts research on medicinal plants (including their uses and potential toxicity) and provides technical assistance to communities practising traditional medicine. From a regulatory standpoint, the ARCSA—the National Agency for Regulation, Control and Sanitary Surveillance—is the authority responsible for applying and enforcing the regulatory framework for human medicines, biologicals, and medical devices.

Infrastructure and ecosystem support

Ecuador prioritizes traditional medicine through elements such as INABIO, Loja's Popular Medicine Museum, botanical gardens, and university programs in ethnobotany and traditional medicine. Ecuador has a rich tradition of using medicinal plants and natural products for healing.

Research and Development

Ecuador's traditional medicine R&D is regulated under ARCSA. The approach involved includes

community engagement and safety proof (inclusive of clinical trials) along with authorized advertising. The pathway for securing a research proposal commences from defining the research area and literature review, followed by identifying potential funding sources, including MSP (Ministry of Public Health) and SENESCYT (Secretariat of Higher Education, Science, Technology and Innovation), as well as international organizations and universities/NGOs. MSP regulates the use of medicinal plants and natural products, establishing quality standards, controlling commercialization of herbal remedies, and overseeing clinical research related to traditional medicine.

Clinical Trials

The relevant authorities for the same, include ARCSA, the Intercultural Health Agency (AISPI), and MSP. A regulatory framework exists via Ministerial Agreement 0075-2017, which exercises the function of regulating approval, development, monitoring, and control of clinical trials. The steps for registering a clinical trial with ARCSA would involve preparing an application package (protocol, CVs, consent forms, GCP certificates, insurance coverage, and other documents depending on risk), using ARCSA's virtual platform for electronic submission, responding to requests for clarifications, and receiving a decision.

Registration of T&CM Products

Traditional medicine registration is governed by the General Health Law (HL) and its regulations, which defines traditional/complementary/alternative medicines as “natural” with active ingredients formed from natural medicinal resources (or combinations), with further clarifications on exclusions (e.g., if combined with chemically defined actives) and limiting routes of administration to oral or topical.

Raw Material Procurement

Relevant authorities such as the Ministry of Environment and Water Management (MAE) and INIAP, emphasize securing permits by first identifying the raw material (plant/animal, wild/cultivated/protected) and then meeting permit requirements.

Manufacturing

Manufacturing of traditional medicines is managed through ARCSA compliance, which

includes product registration, adherence to Good Manufacturing Practices (GMP), labeling requirements, and post-market safety monitoring (pharmacovigilance). The corollary expectations are good storage/distribution/transportation practices (GSP/GDP/GTP), along with correct labeling.

Sale and Licensing

In order to obtain authorization for sales, the products have to be registered with ARCSA as a prelude to commercialization, label and packaging review/approval, along with the creation of preparedness for inspections, and record-keeping for audits. There is no unified licensing system in the nation and the MSP continues to work on regulations for registration, production, and the sale of traditional medicines, with the regulatory framework still under development. The responsible authority is identified depending on the product characteristics and intended use, common documents (such as application form, product description/composition, manufacturing details, evidence of traditional use and safety, lab analyses as applicable) are gathered, they are submitted with fees, and response to the review is further awaited.

Export Regulations

Exports involve ARCSA registration and additional documents such as a MAG phytosanitary certificate, ARCSA certificate of free sale, an MDI export license, and compliance with target market regulations.

Penal Actions and Regulatory Enforcement

Penalties can include revocation of marketing authorization, closure of facilities, and fines. There are timelines for correction and suspension/withdrawal for non-compliant advertising. Criminal penalties would be imposed where advertising/promotional deception occurs (including imprisonment and fines) and sanctions shall fall in place where health advertising threatens health or induces harmful behaviors (including fines and closure). Violations tied to licensing, import/export, regulatory compliance, and intellectual property rights can trigger penalties such as fines, seizure, closure, revocation, and legal action.

(Source: Ayushexcil)



India includes traditional medicine in free trade agreement with Oman

(The Economic Times, December 18, 2025)
India’s free trade agreement with Oman has, for the first time, included the country’s traditional medicine systems, a move expected to significantly expand market access for Ayush products in the Gulf nation.

The Comprehensive Economic Partnership Agreement (CEPA), signed on Thursday, includes a dedicated annexe recognising trade in health-related and traditional medicine services. An official statement described this as a landmark provision, noting that Oman’s commitment to traditional medicine spans all modes of supply — the first such comprehensive commitment made by any country — and opens up new opportunities for India’s Ayush and wellness sectors in the region.

The agreement provides for cooperation in areas such as licensing and qualification procedures, digital conduct of licensing examinations, facilitation of medical value travel, capacity building, harmonisation of standards, and joint research.

This is a significant victory in global Ayush diplomacy. Given the binding nature of FTAs , the recognition of Ayush as a legitimate trade good and an instrument of cross-border health cooperation by Oman, opens up a major regional entry point for Ayush services, wellness services and trade products.

India strengthens global leadership in Traditional Medicine through bilateral meetings with 16 nations

(Press Information Bureau, December 18 , 2025)
Union Minister, Shri Prataprao Jadhav held bilateral talks with delegations from Nepal, Sri Lanka, Micronesia, Mauritius, and Fiji, while higher officials from the Ministry of Ayush engaged with the remaining countries, on the sidelines of

the Second WHO Global Summit on Traditional Medicine at Delhi (17-19 December 2025). In total, the Ministry of Ayush conducted sixteen bilateral meetings with delegations from Brazil, Malaysia, Nepal, Sri Lanka, Micronesia, Mauritius, Fiji, Kenya, the United Arab Emirates, Mexico, Vietnam, Bhutan, Suriname, Thailand, Ghana, and Cuba, aimed at strengthening international cooperation in Traditional Medicine.

These bilaterals hold the promising potential of further translation into MoUs, joint working groups, education exchanges, and critical discussions on mutual recognition and market access—key drivers to the globalization of Ayush.



India and Cuba strengthen cooperation in traditional medicine

(Press Information Bureau, December 18 , 2025)

India and Cuba strengthened their cooperation in the field of Ayurveda on the occasion of the World Health Organization (WHO) Global Summit on Traditional Medicine.

Representatives from both countries signed a memorandum of understanding to strengthen collaboration in Ayurveda through a Joint Working Group led by the All India Institute of Ayurveda

(AIIA). The aim is to promote collaboration in curriculum development, integration into public health, Panchakarma training, and regulatory coherence in Ayurveda, according to authorities from the South Asian nation.

This step is linked to the South Asian country’s efforts to continue global cooperation in traditional medicine, which has been promoted at the WHO member states meeting in Delhi through bilateral meetings with representatives from 16 nations.

The cooperation with Cuba, positions Ayurveda in close alignment with public health and integrative clinical medicine in the country. It is an important expression of South-South health cooperation, independent of Western pathways for validation.



PM Modi launches Ayush Mark, setting global quality benchmarks for India’s traditional medicine

(BioSpectrum, December 19, 2025)

In a historic and visionary move that marks a defining moment for India’s traditional medicine ecosystem, Prime Minister, Shri Narendra Modi launched the Ayush Mark in New Delhi, establishing a globally aligned quality certification framework for Ayush products and services.

The launch, held on the national stage, reinforces India’s resolve to position its ancient systems of medicine—Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy—as trusted, science-backed, and internationally credible healthcare solutions.

Industry leaders across the country hailed the Ayush Mark as a transformational reform that will reshape the future of the Ayush sector, strengthen global trust, and unlock new export opportunities.

The Ayush Mark has been conceptualised as a gold standard of quality, safety, and compliance, aligned with global regulatory benchmarks and WHO-recommended practices. With two levels of certification, the Ayush Standard Mark for domestic assurance and the Ayush Premium Mark for international markets, the initiative addresses long-standing challenges of quality perception, regulatory acceptance, and consumer confidence.

Editorial

The role of Ayush in disaster preparedness and health emergencies

India’s commitment to resilient health systems under the National Disaster Management framework and the National Policy on Disaster Management, must acknowledge that the role of Ayush systems of medicine cannot be limited to routine health services delivery and wellness care. There must be a vision for planning, training and financing Ayush as an integral component of emergency-ready health services.

The Covid-19 pandemic clearly demonstrated this potential. Accessible documentation showcases how the Ministry of Ayush mobilised guidelines for prophylaxis, home isolation, and post-Covid recovery, in addition to advisories on Ayurveda, Unani and other Ayush systems for self-care and adjuvant use. Empirical work from Kerala, for example, describes the embedding of District and Regional Ayurveda COVID-19 Response Cells into the state’s broader pandemic response framework, which coordinated the prophylactic outreach, triage and follow-up care under government programmes. These should be recognized as early templates on the systematic positioning of Ayush within disaster and emergency medicine.

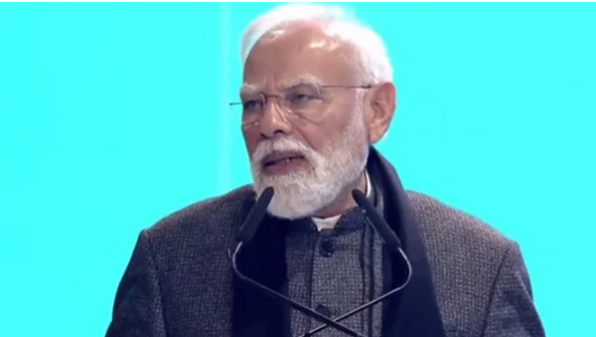
The National Disaster Management Authority’s guidelines on biological disasters and medical preparedness emphasise surveillance, rapid health assessment, triage, and continuity of essential services. It however, remains devoid of a description and consideration of how Ayush personnel, facilities and supply chains can be leveraged for deployment and supervision within these roles. This sort of omission makes Ayush health human resources in a vulnerable zone for ad hoc mobilisation wherein they are reached out to in crises, but without clear roles in incident command systems, referral pathways or risk communication chains.

Despite this, there are, however, positive signals emerging from institutions of Ayush. Ayush’s tertiary facilities are beginning to adopt structured emergency preparedness—such as mock drills, disaster codes, safe exit plans and incident reporting aligned with contemporary hospital safety standards. The All India Institute of Ayurveda’s hospital safety manual and emergency-code protocols reflect the same. These become critical internal reforms for Ayush hospitals to be taken seriously as nodes in mass-casualty management, quarantine, and step-down care for biological and climatic events.

The second WHO Global Summit on Traditional Medicine in New Delhi in December 2025 has positioned TM as an integral part of the “resilient health systems” agenda, by explicitly linking evidence-based traditional practices with Universal Health Coverage and emergency preparedness. Thus, for India, which hosts a large public Ayush infrastructure, it would be a missed strategic opportunity in not mainstreaming Ayush into disaster planning.

It is important to explicitly define Ayush roles across the continuum of preparedness–response–recovery, inclusive of surge outpatient capacity, community-based prophylaxis, mental-health and rehabilitation support, and continuity of care for non-communicable diseases. Additionally, the evidence from Covid-19 and other emergencies should be subject to a systematic synthesis—for understanding what worked, for whom, and at what cost. Last, but not the least, the Government must invest in training Ayush professionals in disaster medicine, triage, risk communication and infection-prevention control.

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Ayush Mark is a significant step in creating a national, harmonised quality benchmark endorsed by the State, for operationalising quality assurance at scale and thereby strengthening India’s compliance with the WHO Traditional Medicine Global Strategy 2025-2034. It could influence trade in a big way by potentially mitigating safety concerns and skepticism of product standards in different regions of the world and easing market entry. Domestically, it could further motivate the industry to push a renewed focus on quality in manufacturing. Its success would certainly depend on its enforcement.

UP govt to launch Ayush App; healthcare services just click away

(The Economic Times, December 21, 2025)

The Uttar Pradesh government is set to launch the Ayush app, developed in collaboration with the IIT-Kanpur, to offer patients online OPD services and access all necessary information about AYUSH, an official statement issued said.

“A state-of-the-art Ayush app is being developed

in collaboration with IIT Kanpur, offering patients online OPD services and access to all important information about Ayush. This initiative will make Ayush healthcare more accessible to the public and ensure greater transparency in medical services,” Ayush Principal Secretary, Ranjan Kumar said. He said that the chief minister aims to make Ayush systems available to everyone.

This initiative helps in aligning Ayush services in the state with Ayushman Bharat Digital Mission (ABDM) standards and by contributing to reducing geographic inequities and bridging deficit of Ayush doctors in remote areas.

Nearly 45 % vacant posts in Ayush autonomous institutions nationally

(The New Indian Express , December 23, 2025)

Responding to questions raise in Parliament, the Ministry of Ayush replied that India’s Ayush sector, the government arm for traditional and alternative medicine, is running with nearly half of its posts unfilled across key national institutes.

Of 5,553 sanctioned posts at 19 autonomous bodies, about 2,512 are vacant and only 3,041 are currently filled, leaving a vacancy rate of roughly 45 per cent nationwide, the Ministry of Ayush told Parliament on 5 December 2025.

The Standing Committee on Health and Family Welfare’s 165th Report, published by the Rajya Sabha Secretariat on 12 March 2025 and laid before the Lok Sabha the same day, had earlier highlighted thousands of unfilled positions across

research, academic, technical and paramedical cadres in Ayush bodies.

Workforce shortages across the reported 19 Ayush autonomous institutions are reflective of a foundational constraint in scaling Ayush research, regulation, and tertiary care. They weaken the governance loop and hinder activities such as education reform, integrative care pilots, evidence synthesis and standard-setting.

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Conclusion

National Ayush Mission, under the Ministry of Ayush, has been playing a pivotal role in preservation and promotion of Sowa-Rigpa medicine and healthcare in the country. The traditionally Sowa-Rigpa medicine prevalent regions of IHR have been receiving a major boost in Sowa-Rigpa with the promotion of integrative approach, supply of Sowa-Rigpa medicines and continuous training and development of Sowa-Rigpa medical doctors and staffs under National Ayush Mission.

However, the provisions under National Ayush Mission towards further uplifting Sowa-Rigpa Medicine must be fully utilized by the states/ UT. Construction of Sowa-Rigpa hospitals and dispensaries should be the next priority of the IHR states towards development of Sowa-Rigpa system and healthcare in the country.

(The author is State Programme Manager, National Ayush Mission- NAM , UT Ladakh)

Event Info

Second WHO Global Summit on Traditional Medicine



The second WHO Global Summit on Traditional Medicine, held in New Delhi from 17–19 December 2025, marked a significant milestone in the integration of Traditional Medicine (TM) into health systems through evidence, regulation and digital innovation, at a global scale. Hosted jointly by WHO and the Ministry of Ayush, the Summit brought together over 800 delegates from more than 100 countries, with more than 16,000 online participants, including health ministers, scientists, Indigenous leaders, regulators and practitioners.

The Summit was anchored in the theme “Restoring balance: The science and practice of health and well-being”. It linked traditional medicine to current global challenges: non-communicable diseases, climate stress, health inequities and overstretched health workforces. The Plenary and parallel sessions highlighted “balance” as a health-systems agenda for addressing imbalances in knowledge, access, governance, financing and governance and leadership of the health ecosystem. Multiple technical tracks covered research methodologies that were aligned with complex traditional systems, their integration

into primary health care, knowledge governance and benefit-sharing, Biodiversity and One Health, digital health, investment and innovation, and the science of well-being, including meditation and mind–body practices.

A dedicated event of the Summit was the side session on Ashwagandha (*Withania somnifera*), titled “Ashwagandha: From Traditional Wisdom to Global Impact – Perspectives from Leading Global Experts.” This session was organized by the WHO Global Traditional Medicine Centre (WHO-GTMC), Jamnagar, in collaboration with the Ministry of Ayush, Government of India.





Panel experts for the session underscored the need for rigorous preclinical and clinical research, robust safety assessment, pharmacovigilance and standardization with respect to Aswagandha. Global benchmarks for identity, quality testing and therapeutic applications of the drug were discussed. Insights into Europe’s evolving regulatory landscape showcasing an increasing acceptance of Ashwagandha when backed by evidence and quality assurance were shared. The importance of methodological rigor and robust evidence to inform regulatory decision-making in diverse jurisdictions were deliberated upon. The panel discussion concluded with a consensus on sustained international cooperation for harmonizing standards, ensuring reproducible efficacy, and fostering collaborative research to advance evidence-based Ashwagandha formulations.

In his inaugural address, Union Minister, Shri Prataprao Jadhav said, “India’s collaboration with

the World Health Organization reflects a shared commitment to bring traditional medicine into the mainstream of global healthcare through science, standards, and evidence. He also added that India continued to expand its international cooperation in the field of Traditional Medicine through education, research, and capacity building. The country offers 104 scholarships annually to foreign nationals, has signed 26 country-level MoUs, collaborates with over 50 institutions worldwide, and has established Ayush Chairs in 15 universities and Ayush Information Cells in 43 countries.

A major outcome of the Summit was the Delhi Declaration on Traditional Medicine, which is framed as an important roadmap for implementing the WHO Global Traditional Medicine Strategy 2025–2034. The Declaration encapsulates four principal commitments by Member States and stakeholders. These are:

1. Strengthening the evidence base through ethical, pluralistic research and investment, including support for the new WHO Traditional Medicine Global Library.

2. Improving safety, quality and public confidence through risk-based regulation and pharmacovigilance.

3. Integrating proven traditional medicine into health systems, especially at the primary care level. This is to be backed by standards, clinical guidelines as well as workforce development.

4. Advancing progress through better data, stronger international collaboration, and meaningful participation and benefit-sharing with communities and indigenous people.

The Summit witnessed the launch of several institutional and digital innovations that would operationalize this roadmap aided by the Strategic and Technical Advisory Group on Traditional, Complementary and Integrative Medicine (STAG-TM), a 19-member independent expert body tasked with guiding the strategy, setting research priorities, advising on standards and supporting integration into health systems. WHO also officially launched the Traditional Medicine Global Library (TMGL), developed by BIREME/PAHO and the WHO Global Traditional Medicine Centre. TMGL aggregates over 1.6 million records—including more than one million full-text documents and 112 databases—across traditional, complementary and integrative medicine, collated into global, regional and country portals and thematic pages (with an initial focus on traditional birth assistance and seven Ayush-focused thematic pages). TMGL incorporates evidence maps, database catalogues and an AI tool, TMGL GPT, which positions it as



a global public good to support regulation, policy, clinical practice and research, especially in low- and middle-income countries.

The Summit additionally showcased Health & Heritage Innovations (H2I), a new initiative to nurture “frontier” projects that connect traditional practices with AI, genomics, digital health and other technologies. From over 1,000 submissions, 21 finalists were selected into a year-long acceleration programme that will provide scientific and regulatory mentoring, as well as links to policymakers and investors.

The Summit also enabled ministerial roundtables and country-to-country dialogues intended to explore cooperative research, regulatory alignment, pharmacopoeial harmonisation and shared frameworks for TM evidence generation, thereby, reinforcing India’s leadership role in Traditional Medicine diplomacy and creating a momentum for future formal bilateral health agreements. There were also high-level meetings between India’s leadership and WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, which point out to ongoing collaborations and policy alignment on TM strategy implementation and health system integration.

India utilized the Summit to consolidate and project its leadership in Traditional Medicine. At the closing ceremony at Bharat Mandapam, Prime Minister, Shri Narendra Modi emphasized that balance which is central to Ayurvedic thought is now a global health requisite in the face of lifestyle

diseases and ecological stress. India and WHO jointly inaugurated the new WHO South-East Asia Regional Office complex in New Delhi, envisioned as a hub for research, regulatory cooperation and capacity-building, and highlighted the WHO Global Centre for Traditional Medicine in Jamnagar as a key pillar of the emerging TM architecture.

India also launched several Ayush initiatives that were aligned with the outcomes of the Summit such as the My Ayush Integrated Services Portal (MAISP), which is being conceived as the master digital portal of the Ayush Grid; the Ayush Mark, a quality benchmark for AYUSH products and services; a commemorative Ashwagandha postage stamp; the WHO technical report on yoga training; and the book “From Roots to Global Reach: 11 Years of Transformation in Ayush.”

It would be interesting to observe as to how the 26 Member State commitments and around 60 pledges from academic, professional, civil-society and private actors which are focused on research, regulatory reform, integration and data translate into funded programmes, revised laws, interoperable information systems and measurable gains, particularly in primary health care and for underserved populations.

(Sources: Press Information Bureau (PIB); WHO: Second WHO Global Summit on Traditional Medicine official portal; Pan American Health Organization (PAHO) portal; India Page – United Nations Portal; Traditional medicine Summit Portal (<https://tm-summit.org>))



RIS

Research and Information System
for Developing Countries

विकासशील देशों की अनुसंधान एवं सूचना प्रणाली

RIS specialises in issues related to international economic development, trade, investment and technology. It is envisioned as a forum for fostering effective policy dialogue and capacity-building among developing countries on global and regional economic issues. The focus of the work programme of RIS is to promote South-South Cooperation and collaborate with developing countries in multilateral negotiations in various forums. Through its following centres/forums, RIS promotes policy dialogue and coherence on regional and international economic issues.



The word “DAKSHIN” (दक्षिण) is of Sanskrit origin, meaning “South.” The Hon’ble Prime Minister of India, Shri Narendra Modi, inaugurated DAKSHIN – Global South Centre of Excellence in November 2023. The initiative was inspired by the deliberations of Global South leaders during the Voice of the Global South Summits. DAKSHIN stands for Development and Knowledge Sharing Initiative. Hosted at the RIS, DAKSHIN has established linkages with leading think tanks and universities across the Global South and is building a dynamic network of scholars working on Global South issues.



AIC at RIS has been working to strengthen India’s strategic partnership with ASEAN in its realisation of the ASEAN Community. AIC at RIS undertakes research, policy advocacy and regular networking activities with relevant organisations and think-tanks in India and ASEAN countries, with the aim of providing policy inputs, up-to-date information, data resources and sustained interaction, for strengthening ASEAN-India partnership.



CMEC has been established at RIS under the aegis of the Ministry of Ports, Shipping and Waterways (MoPS&W), Government of India. CMEC is a collaboration between RIS and Indian Ports Association (IPA). It has been mandated to act as an advisory/technological arm of MoPSW to provide the analytical support on policies and their implementation.



FITM is a joint initiative by the Ministry of Ayush and RIS. It has been established with the objective of undertaking policy research on economy, intellectual property rights (IPRs) trade, sustainability and international cooperation in traditional medicines. FITM provides analytical support to the Ministry of Ayush on policy and strategy responses on emerging national and global developments.



BEF aims to serve as a dedicated platform for fostering dialogue on promoting the concept in the Indian Ocean and other regions. The forum focuses on conducting studies on the potential, prospects and challenges of blue economy; providing regular inputs to practitioners in the government and the private sectors; and promoting advocacy for its smooth adoption in national economic policies.



FIDC, has been engaged in exploring nuances of India’s development cooperation programme, keeping in view the wider perspective of South-South Cooperation in the backdrop of international development cooperation scenario. It is a tripartite initiative of the Development Partnership Administration (DPA) of the Ministry of External Affairs, Government of India, academia and civil society organisations.



FISD aims to harness the full potential and synergy between science and technology, diplomacy, foreign policy and development cooperation in order to meet India’s development and security needs. It is also engaged in strengthening India’s engagement with the international system and on key global issues involving science and technology.



As part of its work programme, RIS has been deeply involved in strengthening economic integration in the South Asia region. In this context, the role of the South Asia Centre for Policy Studies (SACEPS) is very important. SACEPS is a network organisation engaged in addressing regional issues of common concerns in South Asia.



Knowledge generated endogenously among the Southern partners can help in consolidation of stronger common issues at different global policy fora. The purpose of NeST is to provide a global platform for Southern Think-Tanks for collaboratively generating, systematising, consolidating and sharing knowledge on South South Cooperation approaches for international development.



DST-Satellite Centre for Policy Research on STI Diplomacy at RIS aims to advance policy research at the intersection of science, technology, innovation (STI) and diplomacy, in alignment with India’s developmental priorities and foreign policy objectives.