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Ayush Vaibhav

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– Growth and Excellence of the Ayush Sector

FITM Industry and Trade Newsletter

Ayush's Transformative Journey towards A Data-driven Healthcare Science Model

Ayush has been progressively moving towards embracing the format of a data-driven and digitally networked health system. National policies such as the Ayush Grid, National Digital Health Mission (NDHM), and the Ayushman Bharat Digital Mission (ABDM) have created the architecture for India's digital health transformation. The WHO Traditional Medicine Strategy 2025–2034 has rearticulated the pertinence of standardized, evidence-based and technology-enabled systems of Traditional Medicine (TM). Today, Ayush looks over a transformational period where digital intelligence coordinates the engagement of TM with research, trade and health-systems delivery.

Creating the foundation

There has been a rapid growth in India's digital health infrastructure. Over 568 million ABHA (Ayushman Bharat Health Account) beneficiaries have been registered as of early 2024. This is in addition to over 350 million health records that have been integrated into the national digital health ecosystem. The Ayush Grid, an Ayush-centric digital platform, launched by the Ministry of Ayush in 2018, oversees the integration of services, education, research, drug licensing, citizen access and state-layer modules.

These digital frameworks will help facilitate the alignment of Ayush to align with priorities of the national health system such as Universal Health Coverage (UHC), health-data sharing and national health data observatory. It additionally also enables the embedding of Ayush systems within the broader workflows of the national health system workflows such as referral-linkages, outcome monitoring, data for the purpose of trade and regulatory compliance.

Implications on Ayush Industry and Trade

For the trade and industry sub-sectors of Ayush, this digital transformation not only adds on to efficiency but also brings in enormous multi-dimensional value. It paves the way for a shift towards commerce in TM that is transparent, traceable, and evidence-based. This can help in the enabling of traceability of medicinal-plant raw materials that is end-to-end, across the cycle of cultivation and collection and subsequently to formulation, testing, packaging, and export . International regulators such as EU's European Medicines Agency (EMA) and ASEAN authorities under the Harmonized Herbal Product Guidelines (2023) have been increasingly demanding the same. The National Medicinal Plants Board (NMPB) in India had recorded over 75,000 metric tonnes of raw materials having been transferred to the Ayush industry in 2023–24,

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FITM Forum on Indian Traditional Medicine

Country Focus | Poland

Recognition, Administration and Procedures

Poland recognizes Traditional and Complementary Medicine (T&CM). Over 2 million Poles use herbal remedies regularly. There are a lot of TCM associations in Poland, and many Universities' Confucius Institutes have set TCM courses. In fact Acupuncture, from the Traditional Chinese Medicine (TCM) has been included in the Public Medical Insurance system. While Acupuncture enjoys official recognition, other T&CM practices exist in a grey area. Herbalism, for example, has a long history in Polish folk medicine and some practitioners operate, but regulations regarding their training and practice vary. While regulations for various aspects of T&CM in Poland are still evolving, there are existing frameworks. The Ministry of Health regulates herbal products, and specific laws address complementary and alternative medicine practitioners.

Regulation and Facilitation

The Ministry of Health is the primary entity for regulating medicines, including herbal products used in T&CM in Poland. It sets quality standards, approval processes, and safety requirements. The enforcement of regulations set by the Ministry of Health, conducting inspections, and granting marketing authorizations for herbal products happens through the Chief Pharmaceutical Inspectorate . The Office for Registration of Medicinal Products, Medical Devices and Biocidal Products is responsible for evaluating applications for registering herbal products. The support of research and development of medicinal plants used in T&CM practices is facilitated by the Ministry of Agriculture and Rural Development, while the National Medicines Institute conducts research on the safety and efficacy of herbal products and traditional remedies.

Digital Health

Through an Act of 15 April 2011 on medical activity, Poland regulates telemedicine allowing services through ICT systems. Projects like the "Electronic Platform for Collection, Analysis and Sharing of Digital Resources on Medical Occurrences" introduced e-prescriptions and a Patient Internet Account (IKP).

Registration and Raw Material Procurement

Herbal products follow a rigorous process for registration. The authorities who are responsible for the same are the Ministry of Health, Chief Pharmaceutical Inspectorate, and National Medicines Institute. The Chief Pharmaceutical Inspectorate regulates herbal products while the Ministry of Health ensures quality. The Sanitary Inspectorate oversees trade. The cultivation of botanical species involves the Ministry of Agriculture and Rural Development (MARD) and local inspectorates.

Manufacture and sale

The Chief Pharmaceutical Inspectorate (CPI) has a major role in this process. It oversees herbal product production. The Ministry of Health lays down the regulations while local authorities issue permits for other T&CM practices. The CPI oversees marketing and sales and the regulations for such advertising are framed by the Ministry of Health . Local authorities conduct inspections for which the fees vary.

The CPI issues Marketing Authorization and the Local Sanitary Inspectorate grants a Wholesale Trade License. The GMP compliance part falls under the purview of the CPI. The licensing process commences with an understanding of the key factors such as :

(1) T&CM Category— Obtaining a clarity on whether the application is dealing with herbal products (regulated as medicinal products) or other practices (acupuncture, massage, etc.) with less formalized regulations.

(2) The character of the business structure— Whether it is a sole proprietorship, partnership, or limited liability company (LLC). For herbal products, the licenses listed are namely:

- Marketing Authorization (Through the Chief Pharmaceutical Inspectorate)- The process involves the submission of a comprehensive dossier with safety, efficacy, and quality data. The fees is variable and the time period for the same is up to 2 years.
- Wholesale Trade License (Through the Local Sanitary Inspectorate)- The process involves forwarding an application with business details and product information. The fees are variable and the time period for the same may take 2–3 months).
- GMP Compliance (Through the Chief Pharmaceutical Inspectorate) - The process involves the implementation of GMP standards in facilities. The fees for the same are variable coupled with ongoing costs and this process mandates continuous compliance.

Export

For export of products which faces potential shortages, there is an objection and reporting mechanism overseen by the Chief Pharmaceutical Inspectorate. A report to this effect with a separate form filled in for each product is required. Within 30 days of receiving the report of the intent to export or sell outside the Republic of Poland products facing potential shortages, the CPI may decide to object to the intent to export or sell. The objecting decision of the CPI would be published in the Public Information Bulletin of the Chief Pharmaceutical Inspector. As espoused in Article 37av (4 and 5), as of the objection publication in the Public Information Bulletin, the decision to object is deemed as duly served. This decision is thereafter made immediately enforceable. The objection of the CPI imposes a mandatory obligation on the business entity to restrict the sale of the medicinal products / foodstuff for particular nutritional uses /medical devices within the Republic of Poland, only in amounts that have been specified in the objection, in order to provide health care services in the country.

saaraansh
(Concise Updates)

WHO and Government of India sign Memorandum of Understanding to host the second Global Summit on Traditional Medicine in New Delhi

(who.int, October 1, 2025)

In a significant step toward advancing global collaboration on traditional medicine, WHO and the Government of India signed a Memorandum of Understanding to co-host the Second WHO Global Summit on Traditional Medicine. The Summit will take place in New Delhi from 17–19 December 2025.

The MoU was signed in the presence of Shri Prataprao Jadhav, Union Minister of State (Independent Charge) for the Ministry of Ayush and Minister of State in the Ministry of Health and Family Welfare, and Vaidya Rajesh Kotecha, Secretary to the Government of India at the Ministry of Ayush. Senior officials from WHO and the Ministry were also present.

The memorandum was signed by Dr Shyama Kuruvilla, Director ad interim of the WHO Global Traditional Medicine Centre and Ms Monalisa Das, Joint Secretary in the Ministry of Ayush, following the Second Summit Planning Group Meeting to monitor preparations for the event.

Earlier this year (May 2025), the World Health Assembly (WHA-78) had adopted the Traditional Medicine Strategy 2025-2034. With India now co-hosting the Global Summit on Traditional Medicine, it provides the nation an opportunity to influence and set the agenda for the integration of Traditional Medicine into Primary Health Care (PHC). There also exists a potential opportunity to align national schemes such as NAM with the strategy pillars of WHO.

India Showcases Leadership in Herbal Medicine Regulation at the 16th WHO–IRCH Annual Meeting in Jakarta, Indonesia

(Press Information Bureau, October 15 , 2025)

The 16th Annual Meeting of the World Health Organization – International Regulatory Cooperation for Herbal Medicines (WHO–IRCH) was held in Jakarta, Indonesia, from 14th to 16th October 2025. The event brought together global regulatory authorities and experts to strengthen international cooperation and harmonisation in the regulation of herbal medicines.

India made a significant contribution to the meeting, with an active delegation led by Dr. Raghu Arackal, Advisor (Ayurveda) and Deputy Director General (I/c), Ministry of Ayush, Government of India. The delegation played a key role in the technical sessions held on the second day of the event.

Dr. Raghu Arackal presented the Workshop Report on "Efficacy and Intended Use of Herbal Medicines (Working Group-3)", highlighting India's evolving regulatory framework and evidence-based policy initiatives in traditional medicine.

Dr. Raman Mohan Singh, Director, Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIM&H), presented the Workshop Report on "Safety and Regulation of Herbal Medicines (Working Group-1)", and delivered a separate presentation on "Safety and Regulation of Herbal Medicines – Indian Perspective."

Both workshops were jointly organised by the World Health Organization and hosted by the Ministry of Ayush, Government of India, with support from PCIM&H. They were held from 6th to 8th August 2025 in Ghaziabad, India, and served as key preparatory inputs for the WHO–IRCH meeting.

The WHO International Regulatory Cooperation for Herbal Medicines is a WHO-convened network of national regulators, established in 2006, to promote regulatory convergence and information sharing on herbal medicines. Such convergence could have implications for multiple stakeholders. For traders and exporters, this could lead to the alignment of their product dossiers with evolved common standards for quality, pharmacopeial monographs etc. This would also be anticipated to bring in a stronger scrutiny to Good Agricultural and Collecting Practices (GACP), Access and Benefit Sharing (ABS) , traceability etc., thereby mandating stronger supply-chain documentation.

Ayush Ministry, FSSAI Release Ayurveda Aahara list to boost holistic nutrition, support Startups

(DD News, October 16, 2025)

On the occasion of World Food Day 2025, the Ministry of Ayush and the Food Safety and Standards Authority of India (FSSAI) unveiled a comprehensive list of approved Ayurveda Aahara products, marking a significant step toward integrating traditional Indian dietary wisdom into global nutrition systems.

The list, developed in consultation with Ayurvedic experts and based on classical texts, is intended to serve as a definitive reference for authentic Ayurvedic dietary preparations. It is expected to drive innovation, build consumer trust, and provide clarity to food businesses interested in Ayurvedic nutrition.

Union Minister of State for Ayush and Health, Shri Prataprao Jadhav, said the initiative aligns with this year's World Food Day theme, "Hand in Hand for Better Foods and a Better Future".

"Ayurveda Aahara is not merely food—it is a philosophy rooted in health, sustainability, and harmony with nature," he said. "Our aim is to make it an integral part of global nutrition for a disease-free future."

With the release of this definitive list coupled with prior FSSAI registration, market clarity for the industry and mitigation of ambiguity in relation to regulation of functional foods/ start-ups is expected to ensue. This could also spur the expansion of product pipelines and smoothen out the process of label approvals. With the harmonization of definitions and documented categories, export readiness is anticipated to be aided through consultations and discussions on equivalence with overseas regulators as well as retailers.

ITRA hosts International Conference on Geriatric care through Ayurveda

(Times of India, October 13, 2025)

A three-day international conference - Ayur Geriacon-2025 - focusing on developing a structured framework, policies and guidelines for geriatric care through Ayurveda was organized on October 15 at the Institute of Teaching and Research in Ayurveda (ITRA) in Jamnagar, functioning under the Ministry of Ayush.

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Editorial

Ayush's leap from Traditional Wisdom to Intelligent Systems (Artificial Intelligence)

The Ayush sector is witnessing an unprecedented digital transformation. Artificial Intelligence (AI)—which remained on the fringes of health policy—now positions itself as a bridge between traditional knowledge and contemporary evidence. As per global statistics, the AI in healthcare market has been projected to reach USD 208 billion by 2030, with a growth rate of over 45 percent CAGR . It is within this expanding digital frontier that the Ayush ecosystem finds itself as unable to assume a mere observational role. The call for it is to embrace an algorithmic, data-driven, and globally interoperable approach.

Fortunately, in India, there exists fertile policy momentum. The enabling framework and operational architecture are provided by the National Digital Health Mission (NDHM) and the Ayush Grid. The NITI Aayog's 2025 Departmental Summit on National Ayush Mission had explicitly articulated the call for "IT-enabled digital services and interoperable registries" to align with the Ayushman Bharat Digital Mission. Building on the same, the Ministry of Ayush has well-initiated pilots that integrate AI-assisted diagnostic support for Nadi-Pariksha, personalized diet and lifestyle counselling, and analytics in relation to pharmacovigilance. These models, when operated on structured and high-quality data, could help map different response patterns to Ayurvedic formulations, predict herb-drug-user interactions, and assist in real-time quality control across supply chains.

The implications that these could have on Ayush research are nothing less than transformative. The WHO Traditional Medicine Strategy 2025–2034 has pointed out "data, standards and measurement" as the critical and central pillars of TM credibility. Multiple AI tools can contribute to the fulfilment of that mandate by data mining of electronic medical records that have been coded under ICD-11 TM Module, subsequently distinctly quantifying and defining outcomes for varied Ayurveda, Siddha, and Unani interventions. It is anticipated that the Global Traditional Medicine Centre (GTMC) in Jamnagar—established and supported by a commitment of US $250 million by the Government of India would serve as a global hub for the harmonization of such AI-enabled data as well as support multi-country registries that employ comparable taxonomies and standards of evidence.

From an industry and trade perspective, AI-enabled quality intelligence for botanical identification, raw-drug authentication, lowering batch variability in herbal extractions etc. can directly aid compliance with WHO-GMP and EMA Guidelines on Herbal Medicinal Products. This in turn would improve export acceptability across global markets and mitigate rejections by customs or overseas regulators.

At the level of policy and human workforce , it becomes important to mandate digital competence alongside clinical, pharmaceutical, and regulatory competence. A new cadre of "Ayush data practitioners" need to be nurtured through the introduction of AI literacy into the Postgraduate curricula of Ayurveda, Unani and Siddha disciplines, as well as earmarking training in analytics modules within National Ayush Mission training. The Gujarat Declaration (2023) urges member states to develop digital public goods for Traditional Medicine. AI paves a translational pathway for the fulfilment of that aspiration.

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According to the ITRA's estimates, more than 500 medical experts and scholars from around the world participated and presented research papers. About 10 international and national speakers addressed various subtopics, including participants from Argentina, Italy, Bhutan, and Sri Lanka. Six workshops were organised to discuss and develop various guidelines.

A digital application for Clinical Geriatric Ayurveda Practitioners was also launched.

Through this event, an Action Plan and Guidelines for Geriatric Health for the next five years will be prepared and implemented soon. In the near future, a Regional Care Centre based on Ayurvedic treatment will also be established at ITRA, where elderly patients will receive specialised care.

With India's steepening ageing curve, a dedicated Ayush geriatrics vertical with tools and an action plan can feed into pilots within state programs, specific clinical protocols as well as CPD—thereby creating a structured demand for Ayush geriatric services and products.

Ministry of Ayush Confers National Dhanwantari Ayurveda Awards 2025

(DD News , October 2, 2025)

The Ministry of Ayush has announced the recipients of the prestigious National Dhanwantari Ayurveda Awards 2025, honouring Prof. Banwari Lal Gaur, Vaidya Neelakandhan Mooss E.T., and Vaidya Bhavana Prasher for their significant contributions to the field of Ayurveda across academia, traditional practice, and scientific research.

Prof. Banwari Lal Gaur, a distinguished scholar and academician, was recognized for his extensive work in Ayurvedic education and Sanskrit literature. Vaidya Neelakandhan Mooss E.T., head of the Vaidyaratnam Group in Kerala, was recognized for his role in sustaining and expanding a 200-year-old family tradition of Ayurvedic healing. Vaidya Bhavana Prasher, a scientist at CSIR–Institute of Genomics and Integrative Biology (IGIB), received the award for her pioneering work in Ayurgenomics—a field that bridges Ayurveda with modern genetic science.

The awards, considered among the highest recognitions in the field of traditional Indian medicine, were presented to individuals who have demonstrated excellence in promoting, preserving, and innovating within Ayurveda.

The 2025 awardees represent three vital dimensions of Ayurveda: classical scholarship, living traditional practice, and scientific innovation. Their contributions reflect the evolving nature of Ayurveda while remaining rooted in its foundational principles.

The national Dhanwantari awards transcend beyond mere symbolism and ceremony. They represent the Ministry's emphasis on three pillars for the sector's growth viz.,academics and pedagogy, practice and industry as well as scientific innovation and research. The sector could be additionally benefitted by the meaningful engagement of the pool of the awardees, by the Ministry, within platforms such as national taskforces, missions or committees constituted to work on varied dimensions of the sector .

Ministry of Ayush and ICMR hosts National Seminar on "Hepatobiliary Wellness through Ayurveda"

(Press Information Bureau, October 24, 2025)

Taking forward its commitment to evidence-based traditional medicine, the Ministry of Ayush, through the Central Council for Research in Ayurvedic Sciences (CCRAS) and its Central Ayurveda Research Institute (CARI), Bhubaneswar, in collaboration with the Indian Council of Medical Research (ICMR) and its Regional Medical Research Centre (RMRC), Bhubaneswar, hosted a two-day National Seminar on "Hepatobiliary Wellness through Ayurveda: Bridging Traditional Wisdom with Contemporary Science", from 25th to 26th October 2025 in Bhubaneswar.

The seminar, themed "Yakrut Suraksha, Jiveeta Raksha" (Protect the Liver, Preserve Life), marks a significant initiative towards advancing integrative, research-backed solutions for liver and biliary health—an area that demands collaborative inquiry between Ayurveda and modern biomedical science.

Highlighting the significance of the initiative, Prof. Rabinarayan Acharya, Director General, CCRAS noted, "Ayurvedic Sciences offer a holistic framework for hepatobiliary wellness, emphasizing prevention, balance, and sustainable healthcare. Through collaborative research, we are scientifically validating Ayurveda principles and formulations to better understand their mechanisms and clinical relevance. Such integrative efforts not only strengthen Ayurveda's global credibility but

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Event Info

India at the 16th WHO–IRCH Annual Meeting

The 16th Annual Meeting of the World Health Organization's International Regulatory Cooperation for Herbal Medicines (WHO–IRCH) was convened in Jakarta from 14–16 October 2025. India's representation in the same was registered through the Ministry of Ayush, Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), and National Medicinal Plants Board (NMPB). Representatives from the above provided technical contributions to different Working Groups in the meeting - Working Group-1 (Safety & Regulation) and Working Group-3 (Efficacy & Intended Use) and participated in domestic capacity-building workshops that fed into the meeting's agenda.

IRCH was established in 2006 and is WHO's platform linking regulators to regulators. The intent is to nurture convergence in the regulation of herbal medicines cutting across quality, safety, and evidence requirements. The WHO has noted that the IRCH enables information-sharing and joint work among national authorities thereby creating a common language for dossiers, monographs and benefit–risk evaluations. In this backdrop, the Jakarta meeting could be considered as an important reference point for anticipated expectations regarding substantiation of intended use claims within countries (For ex., the minimum amount of data that would be needed to support new indications, or the acceptable real-world evidence in relation to clinical trials), and the manner in which safety pharmacovigilance would be documented. IRCH has also a harmonization mission with an emphasis on regulatory status updates and workplan alignment across members/observers.

There was a broad representation across WHO regions and a hybrid format of attendance. India's presentation dwelt on regulatory perspectives, quality control/standardization, and sustainability (NMPB).

India's presentations help in showcasing Indian pharmacopoeial standards (PCIM&H) and Good Agricultural & Collection Practices (GACP) as structural units that other global regulators can employ for mapping. This could mitigate friction for exporters who align labels, specifications, and safety files with WHO-IRCH requirements. It also promotes in a more clearer manner mutual understanding as well as occasional reliance between agencies, even without formal Mutual Recognition Agreements (MRAs) owing to comparability between dossier formats and test methods.

It could be anticipated that moving ahead, a rising emphasis on purposive clinical evidence and real-world data that is matched to specific intended uses and the application of the safety-regulation lenes could emerge, reflecting the themes that India led (WG-3 and WG-1). Also, the sustainability focus brought in by NMPB is indicative of a stronger scrutiny of traceability/ABS and GACP documentation which has now become a routine demand by regulators and buyers.

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also pave the way for innovative, evidence-based solutions that can transform liver care and public health outcomes."

India has been having a progressively high burden of Non-Alcoholic Fatty Liver Disease (NAFLD) as well as Metabolic Dysfunction- Associated Steatotic Liver Disease (MSLD), leading to its official inclusion as a target disease under the National Program for Non-Communicable Diseases (NPNCD). In this backdrop, a formally structured Ayush–ICMR research framework could prioritize adjunct trials on aspects such as dietetics, lifestyle, herbal formulations, in relation to NAFLD/MASLD, with validated outcomes, for transferability in integrative healthcare clinical settings .

3rd World Congress on Traditional, Complementary & Integrative Medicine (WCTCIM)

From 15–18 October 2025, the 3rd WCTCIM was held in Rio de Janeiro (Riocentro), co-hosted by the Brazilian Academic Consortium for Integrative Health (CABSIN), the European Society for Integrative Medicine (ESIM) and partners. The news note by WHO explicitly stated the positioning of the Congress within the rollout of the WHO Traditional Medicine Strategy 2025–2034 (adopted by the World Health Assembly-78 in May 2025). On 17 October, the Pan American Health Organization/ The Latin American and Caribbean Center on Health Sciences Information (PAHO/BIREME) used the Congress platform to pre-launch the WHO Traditional Medicine Global Library (TMGL)—a discovery portal for TM evidence and policy documents.

The linking of a research-policy Congress with a WHO/PAHO knowledge infrastructure milestone is a pivotal move. TMGL is designed to collate and standardize literature on TM of a heterogeneous nature (clinical studies, policy frameworks, monographs), towards improving findability and comparability. This aims to address long-standing bottlenecks to evidence-discovery that impact the development of guidelines, Health Technology Assessment (HTA) reviews, and payer assessments. WHO's description of WCTCIM 2025 as aligned to the new TM Strategy indicates its shift from a conversational/narrative mode to an operationalization mode with data, standards, and measurement being the levers for integration.

The scale and scope of India's exports will depend on the availability of evidence and its acceptability by regulatory authorities. As TMGL evolves into a primary reference repository, multiple Ayush stakeholders (research councils, teaching hospitals, accredited private providers) will have access to a global platform for high-quality studies and pharmacopoeial work. This will improve citation and uptake by external regulators.

Global Ayurveda Day Celebrations

From the current year (2025) onwards, Ayurveda Day has been fixed to be observed on a regular calendar date, 23rd September. This year's theme was "Ayurveda for People & Planet." This was formalized by the Ministry of Ayush situating Ayurveda within a planetary-health lens and facilitating uniform planning by states and Indian Missions abroad. Events were organized at several Indian embassies globally in connection with the same.

The Embassy of India in Antananarivo (Madagascar) organized the celebration of Ayurveda Day 2025 under the theme "Ayurveda for People and Planet", on 23 September 2025. The day also marked the observance of "Swasth Bharat" in the Mission. The event was graced by the presence of Minister of Public Health of Madagascar H.E. Professor Zely Arivelo Randramanantany. Several Members of Parliament, Representative from Ministries and members of the Indian Community and Friends of India also participated in the event.

In the Embassy of India, Prague Ambassador Raveesh Kumar touched upon the growing popularity of Ayurveda in Czechia and its relevance in today's world. This was followed by a presentation by Veda Chaitanya (Shri Ajay Bobade) – Founder & Head Teacher of Yoga Surya International School on Ayurveda for everyday living, highlighting how its principles of balance can be applied in modern life to harmonize mind, body, and lifestyle.

Consulate General of India, Edinburgh, in collaboration with Patanjali Yog Peeth Trust - UK and Mother Earth Hindu Temple Glasgow celebrated the 10th Ayurveda Day on 20 September 2025 in Glasgow with the theme "Ayurveda for People and Planet." The event featured expert sessions on Ayurveda, Yoga, Workshops, Ayurvedic products and cultural activities.

The celebrations across Indian Missions is an important step towards broadening India's Ayush diplomacy efforts by the opening of channels for training, research and service delivery, through curated events and the involvement of local Ministries and communities.

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indicative of the potential scale of challenges with respect to supply-chain governance (Ministry of Ayush, 2024 Annual Report). Raw materials apart, the data streams of Ayush Grid as well as digital health records enable the creation of real-world evidence (RWE) that validates Ayush treatments and interventions, critical for global acceptability, inclusion within global health-insurance systems, and the diversification of trade within the wellness, clinical, and pharmaceutical domains.

Implications on Policy & Health-Systems

This period of digital transformation of Ayush, reflective of modernization, is also at the same time a systemic re-definition of the architecture of India's Public Health ecosystem and the interface of Traditional Medicine with it. Interoperability has been mandated through the National Digital Health Mission (NDHM) and the Ayushman Bharat Digital Mission (ABDM) , by the creation of unique ABHA IDs, exceeding 568 million registrations nationwide and enabling the creation of patient-centric longitudinal records. The Ministry of Ayush has pro-actively embedded Ayush facilities within this framework, and firmly consecrated its services within the digital public-goods infrastructure of our nation. This will provide for Ayush clinics, dispensaries, and hospitals becoming prominent and visible nodes in the national health data exchange pathway that would enhance accountability, quality monitoring, and outcome evaluation under the National Ayush Mission (NAM).

The Ayush Grid plays the role of a vertical integrator through the interlinkages of domains such as education, research, regulation, and citizen services. Through the provision of real-time dashboards on practitioner registration, medicine licensing, and program performance, it promotes evidence-based governance. The purposive convergence of the policy of Ayush Grid with the ABDM , creates a transformation for Ayush from a stand-out sector into one which is pertinently embedded within health-system functionality, and can contribute measurable data to Universal Health Coverage (UHC) indicators. This format of digital governance of India's Traditional Medicine aligns well with the WHO Traditional Medicine Strategy 2025–2034, which has laid down the prioritization of governance, evidence, and information systems as core pillars for integration of TM within national health systems and global benchmarking.

Strategic Focus Areas and Challenges

The journey of the digital transition of the AYUSH ecosystem despite its promise of efficiency and transparency, has its own foundational

challenges which would warrant calibrated policy support. An important one amongst them deals with data standardization. Biomedical systems employ uniform diagnostic codes and structured Electronic medical Records (EMRs). However Ayush practices have plural diagnostic and treatment frameworks. It would be essential to create terminologies mapped to ICD-11's Traditional Medicine Module (WHO ICD-11 TM, 2023) towards ensuring interoperability between the Ayush Grid, Ayushman Bharat Digital Mission (ABDM) and multiple state Ayush HMIS platforms.

Another important issue is in relation to capacity and infrastructure. Only a small fraction of rural dispensaries in India possess reliable connectivity or trained personnel for digital record-keeping. A 2024 Ministry of Ayush assessment had noted that digital-readiness was below 40 percent in NAM-funded facilities. Another important challenge lies in evidence generation by translating routine Ayush practice data into real-world evidence (RWE) for global uptake. This would warrant the deployment of longitudinal follow-up, quality assurance and would also require standardised outcomes,.

Apart from the above, the fragmentation of supply-chain traceability (from medicinal-plant sourcing to product export) continues as a challenge. NMPB's pilot GACP clusters have been a welcome intervention in this regard, but would not suffice to negate the above. It is important that there is a shift of focus towards capacity building, investments in digital infrastructure, strong governance, data-security frameworks, and standards for multi-stakeholder interoperability , for a credible and globally benchmarked digital evolution of Ayush.

The Gujarat Declaration spells out the need for inclusive methods and repositories as along with a strategy of routine monitoring inside health systems. In industrial parlance, , this would translate to creation of pragmatic trials, registration of studies within relevant registries and post-market surveillance that has an alignment with ICD-11 and national pharmacovigilance standards.

Impact on providers and exporters

To begin with, documentation would become a critical determinant. Buyers and regulators would be keen to prioritize firms which produce WHO-GMP/quality alignment and ICD-aware safety/outcomes data. While building region-specific dossiers such as for ASEAN, Middle-East, EU or Africa, the pairing of pharmacopoeial specifications and stability data with ICD-coded Real World Evidence from pilots that have been carried out in India or partner countries would be extremely beneficial. The Declaration's call for research repositories and the strategy's emphasis on UHC-aligned monitoring can cause a bloom in the creation of such repositories or 'data rooms'. It is to be understood that TM coding in itself does not amount to any form of an endorsement of efficacy but rather a tool for counting and comparison. The WHO strategy espouses that integration should be firmly rooted in patient safety, equity and ethics.

Given that India now has a major convening power with the presence of the GTMC, this should be leveraged to host multi-site registries along with counterparts from different regions, that would publish display positive as well as negative outcomes/data in a transparent fashion collectively. This promotes confidence within regulators and enables more quicker and easier decisions with respect to coverage.

Conclusion

The move of the Ayush ecosystem to a data-driven, global-ready health service system, apart from upgrading technology , boosts quality credentials, enables trade and acts as a regulatory differentiator. This is an important and laudable policy step for embedding Ayush within the national health architecture and align it with UHC pathways, digital interoperability and health-data governance. The extent to which digital-divides can be bridged, data flows can be standardized, workforce capability can be enhanced and integrating supply-chain transparency can be integrated will determine success. However, this is a rewarding path to be pursued as it may turn out to be the most important determinant in crafting an Ayush ecosystem that is globally competitive, locally relevant and digitally empowered

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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.