

OVERVIEW

Government of India established the Department of Indian Systems of Medicine and Homoeopathy (renamed AYUSH from November 2003) in March 1995 with the main objectives of promoting good health, expanding the outreach of AYUSH healthcare through preventive, promotive, mitigating and curative interventions, improving the quality of teachers and clinicians, ensuring affordable and efficacious AYUSH services and drugs and integrating AYUSH in healthcare delivery system and National Health Programmes.

Policy pronouncements contained in the National Policy on AYUSH-2002 could not be effectively implemented due to poor budgetary support, inadequate monitoring, evaluation and lack of coordination between various implementing agencies and the Ministry. The share of AYUSH in the total health Plan at the Central level was static at 2 per cent during 2000-05 though the policy pronouncement envisaged raising of AYUSH share to 10 per cent with designed growth of 5 per cent in every Five Year plan. The programme also suffered from absence of an effective system of transfer of funds to the implementing agencies. Out of Rs.30.98 crore released to 12 State Governments under Centrally Sponsored Schemes during 2002-05, Rs.16.94 crore were not released to the implementing agencies with delays even upto 36 months.

The Regulatory Councils responsible for prescribing minimum standards of infrastructure in medical institutions, maintaining a centralized database of medical practitioners and monitoring the prescribed standards of medical education had failed in checking the growth of substandard institutions. Most of the 444 colleges of Ayurveda, Unani and Homoeopathy in the country lacked minimum required faculty, attached hospitals and teaching facilities. The central register of practitioners had either not been maintained or had not been updated and revised for very long periods. The independence and autonomy of the regulatory bodies had also been diluted.

Research activities were not undertaken under fixed parameters within specified time period and their results had not been disseminated for the benefit of educationists, researchers, manufacturers and the common man. During the last 25 years, the Councils had obtained patents for only three Ayurveda drugs and did not contribute concrete research findings in the core area of family planning/contraceptive measures.

Pharmacopoeial Committees did not finalise standards in respect of any of the compound formulations in Ayurveda and Unani even after 40 years of their establishment, though the National Policy-2002 had envisaged completion of this work by 2005.

The National Medicinal Plant Board, set up as a nodal agency to oversee policies for conservation and development of medicinal plants at the National and State levels did not have an authentic database on demand and supply of medicinal plants and failed to monitor and evaluate the progress of 1077 projects funded by it at a cost of Rs. 62.16 crore during 2001-04.

Performance Audit report on 'AYUSH'

Highlights

- Ministry's allocation of funding for the programmes under AYUSH was inadequate considering the objectives to be achieved. Ministry allocated 2 per cent of the total Health budget (2000-2005) to AYUSH as against 10 per cent envisaged in the National Policy. State Governments did not transfer Rs. 16.94 crore (55 per cent) to implementing agencies for periods up to 36 months.

(Paragraphs 5.1.2 and 5.1.5)

- Ministry did not maintain any consolidated record of utilisation of grants depriving it of an effective monitoring tool. Thus, Rs. 36.52 crore (72 per cent) remained unutilised with the implementing agencies as of December 2004 out of the grant in aid of Rs. 50.87 crore released to 12 States during 2000-05. Similarly, out of Rs. 4.95 crore released by the Ministry to the states for establishing specialised therapy centres/specialty clinics, ISM&H wings and supply of essential drugs, Rs. 4.90 crore (99 per cent) remained unutilised. An amount of Rs. 53.19 lakh released to the Government of Himachal Pradesh under the Pilot scheme for setting up AYUSH Health Resort Clinics for Tourists also remained unutilised, which defeated the very purpose of attracting tourists.

(Paragraphs 5.1.4, 5.6.6 and 5.6.9)

- None of the 142 colleges whose records Audit test checked, out of total 444 colleges, possessed adequate infrastructural facilities, faculty, attached hospitals with requisite bed strength and OPD/IPD facilities in accordance with the norms laid down by the Regulatory Councils. Five Apex level Institutes set up by the Ministry as centres of excellence for imparting high quality education and research also lacked infrastructural facilities. Ministry did not ensure that the database of practitioners of AYUSH was updated and revised promptly and regularly. Delays in updation ranged between 3 and 22 years in 20 states, which deprived the practitioners of the opportunity of practicing in other states and reduced the outreach of AYUSH Medicare.

(Paragraphs 5.2.4, 5.2.16 and 5.2.13)

- There was neither correlation between the drugs standardised, drugs proved and drugs clinically verified nor any systematic approach to standardisation of drugs as 44 Homoeopathic drugs were taken up for proving and 47 for clinical verification without having been standardised. Besides, out of 66 projects funded at a cost of Rs. 7.13 crore, 59 projects under the scheme 'Extra Mural Research' under 'AYUSH' remained incomplete even after seven years, depriving the people of the benefits accruing out of research.

(Paragraphs 5.3.5 and 5.3.12)

- **Pharmacopoeia Committees, established in 1962-64, on which expenditure of Rs. 7.85 crore was incurred between 2000 to 2005 failed to develop pharmacopoeial standards for formulation of compound drugs in Ayurveda and Unani even after 40 years of their inception as a result of which official pharmacopoeia under the respective system for evolving uniform standards in preparation of AYUSH drugs could not be published. Moreover, only 707 out of 7849 manufacturing units had obtained the mandatory ‘Good Manufacturing Practices’ certificate from Government as of December 2004. Similarly, none of the 61 State Drug Testing Laboratories/Pharmacies, which were provided assistance of Rs. 50.09 crore under the scheme ‘strengthening of DTLs/Pharmacies’, was fully functional as of December 2004.**

(Paragraphs 5.4.7, 5.4.12 and 5.4.8)

- **Ministry did not monitor the progress of implementation of the Centrally Sponsored Scheme of ‘Development of Health care facilities in AYUSH’ by 24 States though assistance of Rs. 33.74 crore was released during 2002-05. Progress of 1077 projects funded under promotional and farming schemes at a cost of Rs. 62.16 crore during 2001-04 was not monitored through State Medicinal Plant Boards. Ministry did not ensure evaluation of progress of demonstrative medicinal plant gardens though financial assistance of Rs. 73.85 lakh was released to 18 institutions during 2000-03. Inordinate delay in completion of 33 projects of development of agro-techniques in respect of 133 medicinal plants and failure to patent and disseminating the research findings resulted in blockade of funds to the tune of Rs. 5.05 crore.**

(Paragraphs 5.6.5, 5.5.3, 5.5.4 and 5.5.5)

Recommendations

Ministry may

- streamline the system and procedures of transfer of funds to States and further allotment by States to implementing agencies by identifying the specific bottlenecks and monitoring the internal procedures closely,
- introduce a computer based tracking system for released grants so that their utilisation improves significantly and also insist on obtaining refund of unutilised balances retained by State Governments for over a year which would help avoid blocking of resources when competing sectors face funds crunch,
- ensure that adequate and identifiable measures are taken to bring in parity in medical education across the country and strengthen the infrastructure in the apex level institutes so as to enable them to function as centers of excellence,
- ensure that permission to open new colleges, starting PG courses and increasing admission capacity are accorded only after minimum standards of infrastructure prescribed by Regulatory Councils are achieved,
- ensure autonomy and independence of the Regulatory Councils for promoting transparency and accountability and arrange to get the Central Registers of

Practitioners updated covering all the States/Union territories through a time bound programme,

- draw appropriate guidelines for taking up research activities under fixed parameters in a time bound manner and ensure that research findings relating to all components of each scheme are finalised, patented and disseminated among the stakeholders. The ongoing projects would need to be completed early and findings disseminated to stakeholders such as educationist, researchers, manufacturers and Government Institutions,
- ensure that reasons for slackness in development of pharmacopoeial standards are investigated and specific bottlenecks for ensuring their expeditious publication in the respective pharmacopoeia are identified. Result oriented supervision would need to be carried out and drug standardisation work done by Research Councils in consultation with the Pharmacopoeia committees monitored by fixing clear areas of responsibility so that efforts are not duplicated and resources not wasted,
- consider introducing suitable penal measures so that the drug manufacturing units strictly adhere to GMPs,
- entrust State Medical Plant Boards with clear and direct responsibility of monitoring and evaluating various plantation schemes and preparing an authentic database of prioritised medicinal plants and
- critically review the status of expansion of outreach of healthcare and introduce appropriate control mechanisms with clearly defined responsibility centres to monitor and ensure optimal utilisation of the existing facilities.