

# Note on QCI's Interventions in the AYUSH Sector

(Note prepared by the PAD Division, Quality Council of India)



## 1. Voluntary Certification Scheme for Medicinal Plant Produce

- 1.1. The QCI, at the behest of the National Medicinal Plant Board (NMPB), GoI, has developed and designed a voluntary certification scheme for medicinal plant produce (VCSMPP).
- 1.2. The VCSMPP Scheme internalizes the best practices in the medicinal plant sector and introduces Good Agriculture Practices (GAP) and Good Field Collection Practices (GFCP) for medicinal plants to enhance confidence in the quality of India's medicinal plant produce among the buyers and consumers.
- 1.3. Medicinal plants are at the core of providing livelihood and health security to a large segment of the Indian population since they account for around 90% of AYUSH formulations.
- 1.4. Currently, we have 6 Certification Bodies that can certify projects for VCSMPP.
- 1.5. We have the Himalaya Drug company certified under the VCSMPP for over 25 species of medicinal plants.
- 1.6. The scheme has been presented to the SAARC Agriculture Centre, Dhaka for considering it as a regional scheme.
- 1.7. The NMPB has made provisions for the promotion and marketing of Scheme through the QCI.

## 2. AYUSH Mark Scheme

- 2.1. Shri Suresh Prabhu, Minister of Railways, stressed on mainstreaming the Indian System of Medicine and integrating the AYUSH infrastructure into the healthcare system in imparting preventive, promotive and holistic healthcare to the people.
- 2.2. QCI at the behest of the then Department of AYUSH, designed and developed a voluntary certification scheme - AYUSH Mark to certify the quality aspect of Ayurvedic formulation through a combination of process check and testing, and to enhance consumer confidence.
- 2.3. The Scheme has two levels of certification: Standard and Premium. As on date, there are 4,584 products covered under the AYUSH Mark (Standard Mark – 1,370, Premium Mark – 3,214) and counting.
- 2.4. A total of 56 manufacturers have been granted AYUSH Mark (38 - Premium mark and 19 Standard mark; one has both marks.)
- 2.5. The AYUSH Mark Scheme is now widely accepted in international markets which is evident by the number of products carrying the AYUSH Premium Mark. It is a testimony to the trust it lends to global buyers in terms of quality of formulations coming from Indian manufacturers.

2.6. A recent study has revealed that the AYUSH industry is expected to grow in double digits and the government is aiming a three-fold increase in the AYUSH sector by 2022. The Scheme will be handy in driving the quality while pursuing the indicated growth.

### 3. **Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCS-TCHP)**

- 3.1. The National Health Policy<sup>1</sup>, 2017 called for ‘developing mechanisms for certification of “prior knowledge” of traditional community healthcare providers and engaging them in the conservation and generation of the raw materials required, as well as creating opportunities for enhancing their skills’.
- 3.2. In harmony with this, QCI and FRLHT’s Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCS – TCHPs) offers a uniform and standardized assessment framework for TCHPs who manage various streams of health services based on their traditional knowledge, experience, and expertise, namely - jaundice, common ailments, poisonous bites, bone setting, arthritis, and traditional birth attendants.
- 3.3. The framework for Third Party Certification has been designed by broadly following the International norms as per ISO 17024 for Personnel Certification, through a multi-stakeholder consultative process.
- 3.4. The aim of the scheme is to recognize the unflagging efforts of the TCHPs, and help document, preserve and promote these traditions of healthcare, by ensuring quality in personnel competence.
- 3.5. Under this scheme, till date, 12 certification cycles have been conducted pan-India. Nearly 175+ TCHPs have been certified across different states i.e. Assam, Chhattisgarh, Madhya Pradesh, Nagaland, Punjab, Rajasthan, and Tripura.
- 3.6. The scheme contributes to all three strategic sectors proposed for Member States in the WHO Traditional Medicine Strategy<sup>2</sup> (2014-2023): “(i) *build a knowledge base..;* (ii) *strengthen the quality assurance..;* (iii) *promote universal health coverage...*”
- 3.7. Certified TCHPs report an enhanced sense of self confidence to provide quality healthcare services; in the long term, the scheme can help formulate effective and efficient strategies to provide low cost primary health care to every villager, moving a step forward towards achieving Universal Health coverage in the country.
- 3.8. In the wake of the current healthcare crisis, the VCS-TCHP holds the potential to aid in laying down strong risk management strategies within India’s health policy landscape to deal with epidemics.

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<sup>1</sup> [https://www.nhp.gov.in/nhpfiles/national\\_health\\_policy\\_2017.pdf](https://www.nhp.gov.in/nhpfiles/national_health_policy_2017.pdf)

<sup>2</sup> [https://www.who.int/medicines/publications/traditional/trm\\_strategy14\\_23/en/](https://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/)