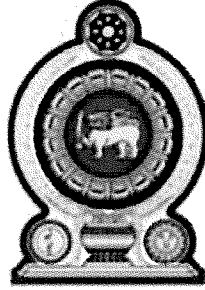


The National Traditional Medicine Policy of Sri Lanka



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2024 - 2034

Department of Ayurveda

Ministry of Health

2024

List of abbreviations:

AC	-	Ayurveda Code
AP	-	Ayurveda Pharmacopoeia
CM	-	Complementary Medicine
DOA	-	Department of Ayurveda
FIM	-	Faculty of Indigenous Medicine
GMP	-	Good Manufacturing Practices
GWUIM	-	Gampaha Wickramarachchi University of Indigenous Medicine
HRH	-	Human Resource for Health
HIMS	-	Health Information Management System
NASTEC	-	National Science and Technology Commission
NCD	-	Non Communicable Diseases
MOH	-	Ministry of Health
PDOA	-	Provincial Department of Ayurveda
PHC	-	Primary Health Care
SDG	-	Sustainable Development Goals
TM	-	Traditional Medicine
TMP	-	Traditional Medical Practitioners
TMK	-	Traditional Medical Knowledge
UHC	-	Universal Health Coverage
USM	-	Unit of Siddha Medicine
WHA	-	World Health Assembly
WHO	-	World Health Organization

Definitions of the Traditional Medicine

WHO definition

Traditional medicine (TM):

Traditional medicine has a long history. It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.

(<http://www.who.int/medicines/areas/traditional/definitions/en/>).¹

Ayurveda Act 1961 No 31, amended by the Ayurveda Act (Amendment) No. 19 of 2023

“Ayurveda” definition According to the Act:

“Ayurveda” includes the Ayurveda, Siddha, Unani and Desiya Chikitsa systems of medicine and surgery and any other system of medicine indigenous to Asian countries and recognized as such by the Governments of such respective countries;”²

“Traditional Medicine” definition according to the National Traditional Medicine Policy of Sri Lanka:

Considering the standard definitions of the term Traditional Medicine, the definition for the **National Traditional Medicine Policy of Sri Lanka** is derived as follows;

Traditional Medicine” encompasses Ayurveda, Siddha, and Unani, Desiya Chikitsa, systems of medicine & surgery, and any other system of medicine indigenous to Asian countries and recognized as such by governments of such respective countries. Apart from that, it further consists of the Homeopathy system of medicine.

¹ WHO Traditional Medicine Strategy 2014-2023, Geneva World Health Organization, Page no 15

² Ayurveda Act 1961 No 31, amended by the Ayurveda Act (Amendment) No. 19 of 2023, Section 89

1. Policy Name: The National Traditional Medicine Policy of Sri Lanka

2. Effective Date:

To be decided upon approval of the Cabinet of Ministers. The policy shall be applicable for the notified period of 10 years starting from the year 2024. Most of the provisions of the policy would require concurrent and coordinated action by the central government, provincial councils, and local authorities in partnership with the industry stakeholders. Specific roles and responsibilities of different stakeholders will further be spelled out in the detailed schemes, guidelines, and action plans to be prepared for the implementation of the Policy from time to time.

3. Introduction

I. Background

Traditional medicine is a holistic health care system in Sri Lanka with an exclusive health belief system and positive stream of social behavior based on culturally honoured, ethnocentric, patient-centred, personalized, humanistic and value-based professionalism.

Traditional Systems of Medicine of Sri Lanka are enriched with Ayurveda, Siddha, Unani, Deshiya Chikitsa, and other complementary medical systems. Sri Lanka is a dignified highly civilized nation with a great cultural heritage. It was believed that, the story of the Sri Lankan traditional medical knowledge lasting over more than 3000 years in the documented history following the representation of the Irshi Pulasti in the Bharatha Irshi Congress. Ancient cultures respected the curative powers of healing plants, illustrated by findings from the excavation in Sri Lanka that have shown that the Balangoda man (Homo sapien balangodayaniv/ balangoda Manawayaya) used plants for medicinal purposes, about 30,000 years ago³.

The association of “Ceylon Social Reform Society” had done the preliminary work for the preservation of traditional medical knowledge in 1915. ⁴Thereafter “Ayurveda Sammelana Sabha” was established in 1928. Another milestone in the field of the indigenous medical system was the enactment of Indigenous Medical Ordinance Nos. 17 of 1941 was replaced by the Ayurveda Act No. 31 of 1961. The Ayurveda Act No. 31 of 1961 institutionalized the Traditional Medical systems and

³ Perera, D.L., 2004. Truth and Myth of Green Piracy.

⁴Uragoda, C.G. (1978), A History of Medicine in Sri Lanka-from the Earliest Times to 1948, Colombo: The Sri Lanka Medical Association

gradually enriched with the Ayurveda and Indigenous identity. Act Nos, 31 Of 1961 Ayurveda Act is the act to provide for the establishment of a department of Ayurveda; for the registration of Ayurveda hospitals, Ayurveda pharmacies, Ayurveda dispensaries, and Ayurveda stores. The Ayurveda Education and Hospital Board is constituted under Section 22 (I) of the Ayurveda Act No. 31 of 1961.

Other than the above legal provisions, the national traditional medical system was not having a formulated or government accepted policy (from 1961 to date). The first-ever national traditional medicine policy of Sri Lanka was drafted in 2000. The current policy is drafted considering the previously identified issues, contemporary issues and issues forecasted to develop the traditional medical systems.

With the decentralization as per the 13th amendment of the constitution of Sri Lanka in 1987, a certain segment of the western medical system and all of the traditional medical system were assigned to the provincial administrative system. With the power structure, it was observed that certain provinces developed their own practices within the province. With these structural changes, certain incoordination of the practices existed specially within the Traditional Medical system. Therefore, a national policy for the traditional medical system was a long-felt need of the country.

II. Need for a National Traditional medicine policy.

The Sri Lankan traditional medical system is a unique doctrine with many distinct inherent traditions and practices before the advent of the allopathic system of medicine. The Sri Lankan population relied on traditional medicine as a primary healthcare system to effectively manage the healthcare needs of the local community.

At present, the practices of the traditional medical system are isolated due to a multitude of causative factors and the absence of a national policy for traditional medicine in order to conserve this invaluable system for future generations. Therefore, it is an extreme need, for a National Traditional medicine policy for sustainable usage and future conservation of this unique tradition. Thus, during the last few decades, many initiatives have been taken to formulate a National Policy for the Traditional Medical sector by the Government of Sri Lanka. This sector should be regulated and empowered with administrative support and funding. The National Policy should address the issues among the traditional medical systems currently practiced in Sri Lanka.

III. Purpose & Context

There are a number of gaps and numerous challenges in this sector with fundamental limitations. This prevailing context intensifies the following specified areas;

- i. The obstacles impending in the service delivery and thereby setting up a single accountable organization representing for traditional medical services, products and practitioners providing universal health coverage.
- ii. Apparent lack of well-defined legislation in managing health systems and resources for efficient and effective service delivery of primary, secondary, and tertiary care services.
- iii. Gaps in partnerships and integration of traditional medical services in national health systems and private sectors to protect the quality of such services to ensure the sustainability of the industry.
- iv. Lack of supporting industries and agencies to mitigate the technology transfer and commercialization of the sector towards the economic development of the country.
- v. Vulnerability of the pedigrees of the traditional medical practitioners (TMP), traditional medical knowledge and practices of the traditional medical system.
- vi. Hindrances in production, manufacturing, and cultivation towards biodiversity conservation and sustainable harvesting.

Addressing the said weaknesses coincides with the opportunities the following policy objectives are presented and these policy objectives, depict the purpose, context, and objectives of the National Traditional medicine policy of Sri Lanka. These objectives shall collectively ensure that there will be improved alignment, complementarity, and synergies with the ministries and other stakeholders, toward achieving the National Traditional medicine policy goals.

- i. To Strengthen the universal health coverage through promotive, preventive, curative, and rehabilitative care services and continuity of care for all communities through accessible,

affordable and equitable services which ensure quality, safety, rational and standard use of traditional medicine by regulating products, services, practices, and practitioners.

- ii. To Manage the Health System Resources for efficient and effective service delivery of primary, secondary and tertiary care services.
- iii. To strengthen partnerships and Integration of Traditional Medical services in national health systems and the private sector to maintain and protect the quality of such services.
- iv. To develop the Traditional Medical industry in addressing the socio-economic development of the country.
- v. To conserve pedigrees of traditional medical practitioners and traditional medical knowledge and practices of the traditional system of medicine.
- vi. To develop and standardization of the production, manufacturing of drugs and sustainable cultivation.

IV. Rationale

Due to the various issues and challenges, the traditional medical system is not aligned with the current requirements of the country. In ancient times, Susruta, the father of surgery, mentioned over 300 surgical procedures, 125 surgical instruments, para-surgical procedures and anaesthesia used to treat patients in need. Ancient Sri Lanka also embraced its own indigenous/traditional healthcare system based on a series of ola leaf manuscripts brought forward from generations over about 3000 years. Demand for Sri Lankan traditional medicine increased over the past decades significantly due to its holistic healing approach. There is a significant gap in the validation methods and legal framework to sustain these service standards.

The alteration of the socio-demographic pattern of the country and rapid urbanization are the key factors behind the epidemiological transition. Which causes significant premature deaths which is having a significant impact on the development of the country. Increasing the expenditure on the management of the non-communicable diseases (NCDs) is a huge burden to the country. The development of the national traditional system and integration with the other medical system will reduce the overburden of the health expenditure.

The global market for traditional medicine has grown over the recent years. Therefore, Sri Lanka needs to strengthen more desired policies to govern the traditional medical sector and measures to improve the quality of traditional medical service delivery. As Sri Lanka is required to achieve

globally competitive traditional medical services, national policy is inevitable to ensure the safety, efficacy, and quality of the service delivery.

Understanding the standards, rights, patents, laws and rights, trademark registration, and protection of intellectual properties should ensure the smooth functioning of the traditional medical sector. Over-exploitation, absence of policies and unplanned utilization of medicinal herbs and plants cause an alarming threat to the sustainability of biodiversity and the ecosystem of the country. Diminishing natural resources also contributes to the rapid disappearance of the traditional medical sector that has been carried forward through folk knowledge for thousands of years with the support of the natural ingredients. Setting and implementing national traditional medicine policy is contributing to ensure the sustainability of the biodiversity and the ecosystem.

In 2002 World Health Assembly (WHA) drew attention to the sustainable use of Traditional Medicine by urging member states to utilize the traditional medical practices in strengthening the Primary Health Care.

In light of all the above facts and comprehensive analysis justify the rationale to formulate a national policy for the traditional medical sector to achieve the universal health coverage.

4. Vision

A healthier nation

5. Mission

To promote a healthier nation by adopting the excellence of traditional medical systems with all other medical systems ensuring the Sustainable Development of the country.

6. Policy Goals

A strengthened traditional medical System that overcomes barriers to the effective delivery of health services, efficiently responds to the health and well-being of the people of Sri Lanka within the National Healthcare System and recognizes the importance of attaining the targets of Sustainable Development Goals (SDGs).

7. Scope & Applicability

The scope of the National Traditional Medicine Policy should ultimately accomplish one health approach and cover all multidimensional critical domains of Ayurveda, Siddha, Unani, Desheeya Chikitsa, Vadda Tribal Medicine and other systems of medicine indigenous to Asian country's

recognized traditional medical systems of respective countries and Homeopathy. The scope of the policy covers all crucial domains notably Legal, Administrative, Financial, Technical, Intellectual, and Clinical spheres.

Further, the policy will be addressed the social and personal responsibilities of the citizens ensuring community participation. The scope also covers every vital focus starting from the elementary ground level up to the top decision-makers. Precisely the key areas to be concerned as follows;

Legal Framework:

The legal framework with regard to this policy should be to strengthen and enact the new laws for the sector to ensure Institutional responsibility.

Entire Service System (Administrative/ Financial/ Technical / Clinical):

The scope of the policy covers the maintenance of timely services with the standards in keeping with public requirements.

Community Participation and Responsibility:

The policy will be addressed to enhance the social and personal responsibilities of the citizens ensuring the community participation.

Stewardship and Management:

Promoting the stewardship of the relevant ministry and other stakeholder engagement in the field of traditional medicine.

Institutional Development and Capacity Building:

Optimizing efficiency and productivity of the services by mobilizing the strengths and opportunities in the traditional medical sector.

Research & Development:

Promoting research and development in the traditional medical sector.

Conservation of Traditional Medical Knowledge and Heritage:

Conservation of the traditional medical knowledge and heritage with technological advancement.

Funding and Resource Allocation:

Further, the scope covers ensuring the financial allocation and resource allocation.

8. Policy Thrust Themes:

Table 1 – Synthesis of Thrust Themes and Drivers of Transformative Change

Policy Thrust Theme	Quality Service delivery	Managing Health System Resources	Stronger Partnerships/ Integration	Traditional Medicine with Growing Economic Importance	Intellectual property rights of indigenous people and local communities.	Cultivation Production, and Manufacturing of drugs
Drivers of Transformative Change	Promotive & preventive health services	Human Resources for Health	Strengthen the partnerships for traditional medical services to achieve universal health coverage.	Creating a demand for Traditional Medical practices and practitioners in the global context	Strengthening, conserving local wisdom, preserve hereditary traditional medical knowledge and practices of the indigenous peoples and local communities.	To harness the potential contribution of the Cultivation of medicinal plants in a sustainable manner.
	Curative services	Physical Resources, Infrastructure for Quality and Safety	Integrate traditional medical services in the national health system and private sector for effective services and to achieve universal health coverage.	Stimulating investment promotion and industry.	Strengthening and preserving hereditary and traditional medical knowledge and practices of pedigrees in Sri Lanka who are registered as practitioners of the government.	To ensure the continuous, safe and standard production and sustainable supply of traditional medical drugs to achieve health, wellness and person-centred health care.

	Rehabilitat ive services	Sustainable Health Financing		Establishing a mechanism to regulate the Traditional Medical product development.	Strengthening and preserving hereditary and traditional medical knowledge and practices of pedigrees in Sri Lanka who are not registered as practitioners of the government.	
	Leadership and Governanc e	Health Information Management System				To ensure the good manufacturing practices in the manufacturing of the traditional medical products.
		Medicines and Health Supplies				
		Diagnostic services				

9. Policy Principles

Policy principles that shed light on the governance capacity of government agencies and local authorities directly or indirectly involved in collective actions in achieving the National Traditional Medicine policy. Objectives are as follows;

1. Equity

The policy recognizes that the issues related to health well-being and their impact on segments of the population are influenced by the national demographics, geographical distribution and the socio-economic status of the population. Therefore, interventions and resources required to meet these needs of the population are to be necessarily different. These needs shall be addressed in an equitable and equal manner.

2. Person-centered& Quality of Care:

The policy recognizes that the age and gender-sensitive, effective, safe and convenient healthcare services are to be provided with dignity and confidentiality.

3. Universality:

The policy ensures the prevention of exclusions on social, economic or current health status against this backdrop, systems, and services are envisaged to be designed to cater for the entire population.

4. Professionalism, Integrity, and Ethics:

The National Traditional Medicine policy commits itself to the highest professional standards, integrity and ethics to be maintained in the entire system of health care.

5. Accountability:

The policy assures financial and performance accountability, transparency in decision-making elimination of corruption in Traditional medical healthcare systems in both the public and private sectors.

6. Dynamism and Adaptiveness:

The policy constantly improves the dynamic organizations of Traditional Medical health care based on new knowledge and evidence with learning from the communities and national and international knowledge partners.

7. Decentralization:

The policy recognizes and focuses on improved collaboration, ownership and commitment of the different government sectors and sub-structures to ensure no one is left behind in the attainment of good health, community participation and health promotion.

10. Policy Statements

The following policy statements are derived from policy thrust areas followed by major policy objectives and specific objectives.

Policy Objective 1: Quality Service Delivery.

To strengthen the health service organizations with new paradigms of quality service delivery and stewardship for effective Traditional Medical services and Universal Health Coverage.

Specific Objective 1: Universal Health Coverage through Promotive, Preventive, Curative and Rehabilitative Services of Traditional Medical practices in ensuring universal health coverage for all communities through effective, affordable comprehensive delivery of Traditional Medical services.

Policy Statement 1:

Ensure health determinants are improved by defining and providing guiding principles for the delivery of traditional medical practices through promotive, Preventive, Curative, and Rehabilitative Services to improve the well-being of all Sri Lankans and continuity of care for all communities through effective, affordable public hospital services which ensures quality assurance, safety, proper use and effectiveness of traditional medicine by regulating products, practices and practitioners.

Specific Objective 1.1: Promotive & preventive health services

To strengthen the service delivery to achieve preventive health goals.

Policy Statement 1.1:

Enhanced service delivery to achieve the preventive health goals in ensuring improved health determinants and reduced health inequities through inter-sectoral collaboration and development of community health structures to effectively deliver the health promotion and foster the community participation.

Specific Objective 1.2: Curative services

To strengthen the service delivery through appropriate and accessible high-quality and equity curative care for all Sri Lankan citizens.

Policy Statement 1.2:

Legal reforms will be introduced by the government to ensure and strengthen the service delivery through appropriate and accessible high-quality curative care for all Sri Lankans.

Specific Objective 1. 3: Rehabilitative services

To strengthen the service delivery and promotion of equitable access to quality rehabilitation care.

Policy Statement 1.3:

Steps will be taken to formulate a development and regulatory process required to provide strengthened service delivery and promotion of equitable access to quality rehabilitation care.

Specific Objective 2: Leadership and Governance

To strengthen the stewardship of the traditional medical sector to provide an enabling environment for effective service delivery and health system development.

Policy Statement 2:

- a) Ensure effective oversight of the traditional medical health sector guided by long-term strategic frameworks and institutionalize appropriate governance mechanisms at every level of the health system and points of care.
- b) Ensure the development of institutional capacity and structures to effectively manage and develop the traditional medical health system.
- c) Provide an enabling legal environment and regulatory frameworks that support the development of a strong health system and health service delivery. State sponsorship will be given wherever necessary for effective, constitutional, policy and legal enforcement in the

fields relevant to the traditional medical system regarding development, management, resource allocation and administration.

- d) Institutionalize quality of care and safety measures in health service delivery in all health facilities are provided to improve the health outcomes ensuring the safety and protection of patients, staff and communities.
- e) A legal mechanism could be institutionalized to stabilize the Intellectual Property Rights regarding the traditional medicine practices and the benefits of commercial applications pertaining to traditional medical knowledge.
- f) Legal reforms will be introduced with the object of stabilizing and strengthening the institutional structure and functions regarding the conservation, management, development and regulation pertaining to traditional medicine.
- g) Actions will be taken to institutionalize civil society with regard to the popularization and promotion, extension of utilization, applications and practices of traditional medicine as well as organize and empower community activities regarding traditional medicine.
- h) Communities and/or their representatives shall be empowered and actively sought to be involved and participate in the design and implementation of health interventions.

Policy objective (2): Managing Health Resources

To strengthen health service organizations with improved resources ensuring a sustainable health financing system and enhanced Information Management System for effective and equitable delivery of Universal Health Coverage.

Specific Objective 2:1: Human Resources for Health

To restructure and strengthen the management and development of the Human Resources for Health required for the effective delivery of traditional medical services.

Policy Statements 2.1:

- a) Ensure adequate and appropriately skilled staffing of health institutions, equitably distributed throughout the country and well-motivated for effective delivery of traditional medical services.
- b) A strong system and a mechanism are in place through enabling legal environment and regulatory frameworks that support the professional development of service providers.
- c) Human resource development, on timely needs and determinants of the sector, aiming the professional competency and proficiency in every sector at each level, will be implemented in a planned and methodical manner.
- d) All aspects of research in traditional medical practices shall be given priority attention and steps to increase capacity and capability in the area of traditional medical research and development shall be addressed.

Specific Objective 2.2: Physical Resources, Infrastructure for Quality and Safety

To develop essential health infrastructure to ensure the quality and safety of health services delivery.

Policy Statements 2.2:

- a) Infrastructure development required for institutionalizing the healthcare service network through traditional medicine more efficiently and productively will be realized on a systematic and methodical plan to support the delivery of quality health services.
- b) Ensure commitment of funds to develop health infrastructure that supports the delivery of quality and safe health services.

Specific Objective 2.3: Sustainable Health Financing

To secure sustainable healthcare financing that fosters universal health coverage.

Policy Statement 2.3:

- a) Expand health financing mechanisms and progressively increase public expenditure in health by increasing budget allocation as initial steps for universal health coverage.
- b) Ensure budget discipline, efficiency, transparency and accountability in planning, implementation and use of funds.
- c) Adequate funding from central and local government budgets shall be allocated to ensure proper integration of traditional medicine in the national health care delivery system.

Specific Objective 2.4: Health Information Management System

To set up a robust information system that generates strategic information for timely decision-making, monitoring and evaluation of the traditional medical system.

Policy Statement 2.4:

- a) Intervene in establishing a traditional medical Information Management System, to generate reliable information for management and assessment of health sector performance; health system performance, determinants of health and health status.

Specific Objective 2.5: Medicines and Health Supplies

To ensure equitable access and rational use of quality essential medicines, health supplies are consistent with the delivery of traditional medical services.

Policy Statements 2.5:

- a) Ensure adequate quantities of quality essential medicines and health supplies are stocked according to the level of health facilities rationally used to deliver the traditional medical Services.

- b) Adopt efficient methods of procurement, storage, and distribution of medicines and health supplies to health facilities.
- c) Regulate the pharmaceutical sector for assurance of quality, protection of the population and public health.

Specific Objective 2.6: Diagnostic services

To develop diagnostic services appropriate for every level of care.

Policy Statement 2.6:

- a) Ensure adequate quantities of quality essential diagnostic equipment and health supplies are stocked according to the level of health facilities rationally used to deliver the traditional medical services.

Policy Objective 03: Stronger Partnerships and Integration of Services

To strengthen the partnerships and integration of traditional medical services in the national health system and private sector to protect the quality of such services and to attain universal health coverage

Specific Objective 3.1:

To strengthen the partnerships for traditional medical services to achieve universal health coverage.

Policy Statements 3.1:

- a) Ensure health partnerships are aligned with the national health development framework which is relevant to traditional medical practices as laid in the national health policy and health sector strategic framework.
- b) Explore mechanisms for inter-sectoral collaboration and public-private partnership for traditional medical services for efficient use of health resources and complementary attainment of health and economic goals.
- c) Develop partnerships with institutions to contribute to the development of a strong health system.
- d) A national program will be launched to provide necessary facilities for organizing non - governmental traditional medical health care providers at the local level and to recognize the active representation of such organizations.

- e) The importance and benefits of technical cooperation with other countries/ agencies shall be emphasized, and mechanisms to facilitate this cooperation shall be developed.

Specific Objective 3.2:

To integrate traditional medical services in the national health system and private sector for effective services and to achieve universal health coverage.

Policy Statements 3.2:

- a) A model of Healthcare Service with capacity and feasibility will be introduced for providing the maximum services in an integrated and synergistic manner entirely within the National Health System. The National Mission of reconstituting the Healthcare System with a more humanitarian approach in a co-existed culture according to the responsiveness of the clientele, and the procedures pertaining to it will be encouraged.
- b) The existing expertise and activities in the relevant government ministries/ other policies shall be harnessed and coordinated with other ministries.
- c) A dialogue-vice basis will be formulated to build up cooperation and co-existence with other homogenous systems of medicine based on natural and holistic principles.
- d) A continuous effort of building productive and rational linkages with national and international centers of excellence for strengthening research, academic and education programs, with the objective of developing the traditional medical systems will be carried out.

Policy Objective 04: Traditional Medical System with Growing Economic

Importance

To harness the potential contribution of the traditional medical sector in the economic development of the country addressing to prevailing global financial constraints and use of the traditional medicine for health promotion, self-health care and disease prevention in reducing the health-care cost.

Specific Objective 4.1:

To create a demand for traditional medical practices and practitioners in the global context.

Policy Statements 4.1:

- a) There shall be an increased effort on industrial development and quality products and devisers of the traditional medicine from the abundant natural resources for the local consumption and export.
- b) Education and a skilled workforce of a country play a productive role in economic development. In an increasingly globalized world, traditional medical practitioners are needed to ensure professional consistency and safety. Therefore, the education system of traditional medicine shall be reformed considering the market needs.
- c) Steps will be taken to formulate a development and regulatory process required to provide a quality service through the establishment, operating in the tourist sector for foreigners who patronize them due to the international recognition of the traditional medical systems of medicine.
- d) Regulate and accredit standardized traditional medical services and practices promoting the medical and wellness tourism in harnessing the economic benefits to the country.

Specific Objective 4.2:

To stimulate investment promotion and industry.

Policy Statement 4.2:

- a) The government shall assist by providing various financial and entrepreneurial incentives and support for local and foreign investment promotion in the development of industries based on traditional medicine.

Specific Objective 4.3:

To establish a mechanism to regulate traditional medical product development.

Policy Statement 4.3:

- a). Established a regulatory mechanism required for supplying quality products according to the standards, especially in the export market.

Policy Objective 05: Intellectual Property Rights of Indigenous People and Local Communities.

To Strengthen, conserve local wisdom, and preserve hereditary and traditional medical knowledge and practices of the indigenous people and local communities. This refers to the specific knowledge among the indigenous people and local communities being registered as practitioners of the government and not registered as practitioners.

Specific Objective 5.1: To Strengthen, conserve local wisdom and preserve hereditary traditional medical knowledge and practices of the indigenous people and local communities.

Policy Statement 5.1:

- a) A strong system and mechanism are to be in place for the protection and preservation of the hereditary and traditional medical knowledge and practices.

Specific Objective 5.2: To strengthen and preserve hereditary and traditional medical knowledge and practices of pedigrees in Sri Lanka who are registered practitioners of the government.

Policy Statement 5.2:

- a.) Well-developed mechanism established for preserving the healthcare heritage while ensuring the access to the traditional medical practices and services and fostering research, development and innovation following the global strategies and plan of action on public health, innovation and intellectual property.
- b) Recognize the importance of traditional medical knowledge practices supporting the revival of local wisdom in the main health care delivery system in the achievement of the health sector goals.

- c) Ensure the conservation, formal transmission and popularizing of the use of the non-formal knowledge based on the indigenous and traditional knowledge systems.
- d) The social security system is established and directed at the social, economic and personal welfare of the traditional medical practitioner community who protect the indigenous knowledge as their heritage.

Specific objective 5.3: To strengthen and preserve the hereditary and traditional medical knowledge and practices of pedigrees in Sri Lanka who are not registered as practitioners.

Policy statement 5.3:

- a) Necessary steps will be taken for the conservation, formal transmission and popularizing of the use of the non-formal knowledge based on which the traditional knowledge systems regarding the traditional medicine are based.
- b) Management of knowledge across the country to facilitate knowledge sharing, for explicit and tacit knowledge, as local wisdom within the bodies of individual practitioners rather than in the textbook.

Policy Objective 06: Large-scale Cultivation of Medicinal Plant, Production and Manufacturing of Drugs

To harness the potential contribution of the Cultivation, Production and Manufacturing of Traditional Medical drugs to health, wellness, and person-centered health care.

Specific objective 6.1:

To harness the potential contribution of the Cultivation of the medicinal plants in a sustainable manner.

Policy statements 6.1:

- a) Ensure the safety, efficacy and quality of cultivation of the medicinal plants by expanding the knowledge base, and providing the guidelines on regulatory mechanisms and quality standards.
- b) Guarantee biodiversity conservation and sustainable harvesting.
- c) Promote technology transfer and commercialization in the sustainable cultivation.

Specific objective 6.2:

To ensure the continuous, safe and standard production and sustainable supply of the traditional medical drugs to achieve health, wellness and person-centered health care.

Policy statements 6.2:

- a) Optimized Private Sector Partnership in order to develop the traditional medical productions and necessary linkages will be strengthened for the promotion.
- b) Traditional medical practitioners shall be required to disclose vital information on their products before registration.
- c) Ensure continuous financial support to improve the safety, quality and efficacy of the traditional medical products. Testing centres should be regulated.
- d) Promote technology transfer and commercialization for standard production.

Specific objective 6.3:

To ensure the good manufacturing practices in the manufacturing of the traditional medical products.

Policy statements 6.3:

- a) Promote safe and effective use of the traditional medicine production sector by regulating, researching and integrating traditional medicine products, producers and practices into the health systems.
- b) Promote therapeutically sound manufacturing of the traditional medical drugs and use of appropriate traditional medicine by practitioners and consumers.

- c) Promote technology transfer and commercialization in the manufacturing of the traditional medical products.

11. Policy Implementation.

I. Strategies, Responsibility & Authority

The strategy has been developed to aid the indigenous sector in determining and prioritizing their needs, providing for effective delivery of services and developing appropriate regulations to ensure the safe use of the traditional medical products and practices. Strategies aligned with the policy thrust areas, policy statement and specific objectives. (Annexure-I)

II. Monitoring and Evaluation

The Commissioner General of the Department of Ayurveda is committed to implement, monitor and evaluate the policy strategies and will disseminate as broadly as possible.

12. Glossary

Main References and Supportive Documents are given in Annexure II

Annexure I

Strategies

	Strategies	Responsibility & Authority
1.	Promotive & preventive health services	
1.1	Establish adequate facilities for <i>Swastha Vritta</i> and Yoga / <i>Tahaffuzi wa Samaji Tibb</i> services for health enhancement, CD & NCDs prevention, and protect the community by guiding them in preventive health practices	MOH*, DOA*, PDOA, * FIM* GWUIM, * USM*
1.2	Development of guidelines, tools, and action plan to implement integrated delivery of a package of essential preventive services related to CKDs	MOH, DOA, PDOA, FIM GWUIM, USM
1.3	Ensuring the Practice of Traditional food and Nutrition in all citizen	MOH, DOA, PDOA,
1.4	Uplift the health status and quality of life of elderly people (Geriatric care)	MOH, DOA, PDOA, FIM GWUIM, USM
1.5	Strengthen the use of medicinal plants in primary health care through TM	MOH, DOA, PDOA,
1.6	Establish adequate facilities for the <i>Rasayantantra</i> services unique potentiality to retard the process of ageing, promote rejuvenation to improve the lifespan, and increase the life expectancy of the citizens.	MOH, DOA, PDOA, FIM GWUIM, USM
1.7	Establish adequate facilities for <i>Vajikarana Tantra</i> services to improve the sexual health of the population, and empower them with the capacity for procreation and generation.	MOH, DOA, PDOA, FIM, GWUIM, USM
2.	Curative services	
2.1	Provide comprehensive <i>Kayachikitsa</i> and <i>Panchakarma/Moalejat wa Ilaj Bit Tadbeer/Pothu Maruthuvam</i> care services in an equitable and accessible manner with adequate hospital facilities, clinic facilities, and medicines	MOH, DOA, PHM, PDOA, FIM GWU, USM
2.2	Ensure the <i>Kaumara Bhryta/Atfall/Pillai Pini Maruthuvam</i> care facilities with adequate service delivery in addressing the conception of the fetus until late adolescence prenatal and postnatal baby care and childhood diseases.	MOH, DOA, PHM, PDOA, FIM GWU, USM
2.3	Ensure the <i>Stree Roga & Prasuti Tantra/Amraz e Niswan wa Qabalat/Mahalar Maruthuvamum Mahaperriyalum</i> care facilities with adequate service delivery in addressing women's reproductive health, infertility and gynaecological disorders preconception, method of a healthy progeny, preparation for natural labor, Antenatal and postnatal care method of conception, choosing the sex of the child, maternal care, for the needy categories in the population.	MOH, DOA, PHM, PDOA, FIM GWU, USM
2.4	Made available the specialized facilities for <i>Shalya Tantra/Jarahat/Aruvai Maruthuvam</i> services throughout the country and validated methods and legal framework to practice these cost-effective surgical and para-surgical procedures.	MOH, DOA, PHM, PDOA, FIM GWU, USM

2.5	Establish adequate provision of the <i>Shalakyia Tantra</i> services for the wider community at all levels by providing all the necessary resources and consumables.	MOH, DOA, PHM, PDOA, FIM GWU, USM
2.6	Establish adequate facilities for <i>Agadatantra/Vishagra Vairodh Tantra/Ilmus sumoom/Nanchchiyal</i> services for the wider community to minimize the consumption of toxins through food items and improve the well-being of the citizens.	MOH, DOA, PHM, PDOA, FIM GWU, USM
2.7	Ensure the <i>Desheeya Chikitsa</i> care facilities with adequate service delivery in addressing different pedigrees. <i>Sarvanga Sarpavisha, Kadum Bidum, Gedi Vana Pilika, Nila vedakama, Charma Roga, Daum Pillissum, Unmada and As (eye) Vedakama.</i>	MOH, DOA, PHM, PDOA, FIM GWU, USM
2.8	Promote <i>Bhuta Vidya</i> care with rituals, beliefs <i>Shanthy karma</i> as a safer acceptable practice with proper standards and training.	MOH, DOA, PHM, PDOA
2.9	Establish adequate facilities for the practice of <i>Vrikshayurveda</i> , the ancient Indian science of plant life that deals with various trees and plant species and ensures healthy growth and productivity.	MOH, DOA, PHM, PDOA, FIM GWU, USM
2.10	Establish adequate facilities for the practice of <i>Sattva Ayurveda</i> (Ayurveda in Veterinary Medicine).	MOH, DOA, PHM, PDOA, FIM GWU, USM
2.11	Develop SOPs, guidelines, and tools for all the branches of curative services	MOH, DOA, PHM, PDOA
3.	Rehabilitative services	
3.1	Establish the Ayurveda/Siddha/Unani/Homeopathy rehabilitative centers and increase the duration of the follow-up period	MOH, DOA, PHM, PDOA, FIM GWU, USM
3.2	Upgrade the rehabilitation service on respective branches of curative services for chronic, non – communicable diseases and its complications	MOH, DOA, PHM, PDOA
3.3	Improve the geriatric and mental rehabilitation service	MOH, DOA, PHM, PDOA
3.4	Establish the non-pharmacological and non-invasive treatment procedures for rehabilitative centers	MOH, DOA, PHM, PDOA
3.5	Provide equitable, efficient, and quality stroke care to needy patients with a multi-disciplinary approach and medium/long-term plans	MOH, DOA, PHM, PDOA
3.6	Develop and expand responsive mental health services with structural and process changes in different settings	MOH, DOA, PHM, PDOA
4.	Leadership and Governance	
4.1	Develop and update the prerequisite strategic frameworks; policies, strategies, guidelines, SOPs, and protocols, to guide the overall and long-term development of the TM system.	MOH, DOA, PHM, PDOA, FIM GWU, USM
4.2	Advocate and present itself for stronger governance by the oversight committees of the National and Provincial Councils.	MOH, DOA, PHM, PDOA
4.3	Strengthen the governance of health facilities and institutions by establishing management committees for health centers and management boards for hospitals and health institutions.	MOH, DOA, PHM, PDOA

4.4	Develop and strengthen the administrative structure. / National governing system / legal frame of TM system	MOH, DOA
4.5	Review the organizational structure of the health system to be consistent with the policy and the strategic plan for improved effectiveness, outlining the roles, responsibilities, and relationships within and between the different levels of the TM system.	MOH, DOA, PHM, PDOA
4.6	Build the capacity of health system managers at all levels of the health system; for planning, supervision, and strategic information for monitoring the implementation of health interventions.	MOH, DOA, PHM, PDOA
4.7	Delegate administrative authority to National Referral and Teaching hospitals for self-governance as semiautonomous bodies; define the role of hosting units; and the roles of the Ministry of Health.	MOH, DOA
4.8	Necessary legal provisions will be introduced to further strengthen the re-structured institutional network and the National Council for TM Systems of Medicine with advisory, investigatory, and supervisory powers will be established. An institutional structure will be established representing all sectors of the TM sector proportionately and justifiably in this Council.	MOH, DOA
4.9	Support the development of relevant bills for the parliament and provide guidance for the formulation of ordinances and by-laws that promote health and protect public health.	MOH, DOA
4.10	Reinforce the work of professional councils, health inspectors, and local authorities in protecting public health through appropriate legislation and enforcement of health laws.	MOH, DOA, PHM, PDOA
4.11	Ensure the acceptance, on principle, of the continuance of the Ministry of Indigenous Medicine playing the role of custodianship of TM.	MOH, DOA
4.12	Establish quality assurance and continuous quality improvement mechanisms to ensure compliance with set quality standards and improve quality through innovation.	MOH, DOA
4.13	A database, on TM within a consolidated organizational network in keeping with and according to the Sri Lankan legal system regarding TM knowledge, and local wisdom	MOH, DOA, PHM, PDOA
4.14	The consumer rights of the clients are protected by establishing a subsidiary mechanism to be used to implement the said legal provisions	MOH, DOA, PHM, PDOA
4.15	Social responsiveness to health as well as personal responsibility and accountability to improve the contribution and participation of community-based organizations for the national mission of enhancing the quality of life of the people	MOH, DOA
5.	Human Resources for Health	
5.1	Ensure the establishment of robust professional development schemes through preserving training and work-based continuous professional development to produce human resources for health required for delivery of the TM services.	MOH, DOA

5.2	Restructure the TM service administration.	MOH, DOA
5.3	Establish the national institute of training and establish and develop an integrated health professional's council for comprehensive regulation of professions, professional development, and practice; including TM practitioners, nurses, masseurs, pharmacists, dispensers, and attendants, and also open to Allied Health Professionals.	MOH, DOA, PHM, PDOA
5.4	Strengthen the BMARI to conduct ethical standards clinical research, and drug research that adhere to international standards on TM systems of medicine	MOH, DOA
6.	Physical Resources Infrastructure for Quality &safty	
6.1	Provide detailed specifications for buildings, equipment, furniture, transport, communication, water, electricity, and waste management in hospitals to assure the quality of care, as well as patient, staff, and attendant safety and privacy concerns	MOH, DOA
6.2	Advocate for every level of government to finance health infrastructure with funds transferred by the Central Government to improve health infrastructure	MOH, DOA
6.3	Construct and consolidate health infrastructure development to increase access to the TM services and improve the quality of health services	MOH, DOA
6.4	Ensure incinerators are constructed for the final disposal of hazardous medical waste and expired medicines	MOH, DOA
7	Sustainable Health Financing	
7.1	Ensure harmonization and alignment of development assistance for health funding with national policies, strategies, and priorities	MOH, DOA
7.2	Explore options for pre-payment schemes to hasten the achievement of universal coverage where insurance options such as; private insurance, social insurance, insurance for specialized care, community health insurance etc. shall be considered.	MOH, DOA
7.3	Strengthen public financial management systems within the health sector to promote transparency, efficiency, and accountability	MOH, DOA
7.4	Project planning	MOH, DOA, PHM, PDOA
7.5	New sources of funding	MOH, DOA, PHM, PDOA
7.6	Income generation through customized institutionalized models	MOH, DOA, PHM, PDOA
7.7	Optimum utilization of resources through PPP	MOH, DOA, PHM, PDOA
7.8	Heath finance Planning with economists.	MOH, DOA, PHM, PDOA
7.9	Financial planning/procurement and purchasing	MOH, DOA, PHM, PDOA
8	Health Management Information System	
8.1	Support and strengthen all health service delivery points to generate and report data through the national MIS that is complete, timely, and accurate	MOH, DOA, PHM, PDOA

8.2	Invest in appropriate ICT, mobile applications, and web-based systems to improve reporting, analysis, dissemination, and use of data within the. TM services	MOH, DOA, PHM, PDOA
8.3	Explore the use of ICT for voice communication, social media, disease surveillance, telemedicine, distance learning, patient follow-up in chronic care, and feedback from communities among others.	MOH, DOA, PHM, PDOA
9	Medicines and Health Supplies	
9.1	Institute measures for the rational use of medicines and guide procurement and donations of medicines in public and private health facilities	MOH, DOA, PHM, PDOA
9.2	Engage hospitals with Provinces, and districts to quantify, forecast, and plan for medicines and health supplies to guide procurement for sustained stock levels	MOH, DOA
9.3	Institute measures for the rational use of medicines and guide procurement and donations of medicines in public and private health facilities.	MOH, DOA
9.4	Strengthen the capacities at the Department of Ayurveda for efficient procurement, storage, and distribution of essential medicines in line with the respective mandates	MOH, DOA
9.5	Strengthen the stock management systems in CMS, and health facilities to minimize expiries, damages, pilferage, and wastage	MOH, DOA, PHM, PDOA
9.6	Integrate parallel supply chain systems for efficiency and economies of scale	MOH, DOA, PHM, PDOA
9.7	Strengthen the capacity of the Department of Ayurveda to register products and practices license premises and inspect manufacturing in the pharmaceutical sector	MOH, DOA, PHM, PDOA
9.8	Strengthen laboratory capacity for drug standardization, quality control, and Pharmacovigilance	MOH, DOA
9.9	Establish a center and system for monitoring, and regulating the products and practices	MOH, DOA
9.10	Institute mechanisms for the management and safe destruction of expired medicines in health facilities	MOH, DOA
10	Diagnostic Services	
10.1	Establish the diagnostic services where essential with supportive laboratory services and other services to introduce the technology to ease the service delivery of TM.	MOH, DOA
11	Strengthen Stronger Partnerships for Traditional Medical services to achieve UHC and integrate Traditional Medical system.	
11.1	Appropriate measures to develop mechanisms for incorporating TM into the existing health care delivery system/ Allopathic system including health policy	MOH, DOA, PHM, PDOA
11.2	Establish a structural frame to obtain the support of health development partners to finance and align funding with the strategic plan and sign the commitments into a health compact.	MOH, DOA, PHM, Education, Agriculture
11.3	A sustainable and transparent program implemented to channel local and foreign aid and obtain sponsorships for the development of the TM while safeguarding the identity of the Indigenous Systems of Medicine	MOH, DOA, PHM, PDOA, Education, Foreign Affairs

11.4	Provide leadership for inter-ministerial and inter-sectorial collaboration for addressing the determinants of health	MOH, DOA, Education, Finance, Housing, Environment, water and sanitation, Agriculture, gender, culture, Wildlife
11.5	Develop a public-private partnership including delegation, contracting, and collaboration among other forms of partnerships for TM policy to harness the complementary benefits of the private health sector.	MOH, DOA
11.6	Collaborate with universities to establish a platform for carrying out research, dissemination of knowledge, and sharing academic work	MOH, DOA, Education, Foreign Affairs, Finance
11.7	Establish structural body to stimulate and regulate research and formation of statutory bodies for research	MOH, DOA, Education,
11.8	Upgrade Research institutions and research hospitals	MOH, DOA,
11.9	Coordination will be strengthened among Ministries	Health, Agriculture, Environment, Social Services, Science and Technology, Culture and Tourism, Education, and any other relevant Ministry.
11.10	Recognize societies and associations of the learned professionals engaged in Indigenous Systems of Medicine and evaluate in an upgrading manner to move forward with contemporary scientific and academic advancements.	MOH, DOA, Environment, Social Services, Science and Technology, Culture and Tourism, Education
11.11	The regulatory mechanism for alternative and complementary medicine in different countries is recognized.	MOH, DOA, Foreign Affairs
12	Create Demand in the global context, Investment Promotion and Industry Development	
12.1	People-Centric Tourism Industry through TM	
	Wellness Tourism	
12.1.1	Expanding quality and facilities of the authentic wellness centers in luxury hotel chains mainly focusing on an international clientele.	MOH, DOA, Commerce, Finance, Foreign Affairs, Tourism
12.1.2	Establish standardized private wellness centers regulated under the Department of Ayurveda	MOH, DOA, Commerce, Finance, Foreign Affairs, Tourism
12.2	Introducing Medical tourism through TM	
12.2.1	Establishing treatment facilities in selected government Ayurveda hospitals and registered private Ayurveda hospitals focusing on foreign communities.	MOH, DOA, Commerce, Finance, Foreign Affairs, Tourism
12.2.2	Establishment of a private Ayurveda hospital system in Sri Lanka to address the burden problems of targeting foreigners worldwide.	MOH, DOA, Commerce, Finance, Foreign Affairs, Tourism
12.2.3	Initiate an insurance reimbursement mechanism for TM treatments.	MOH, DOA, Commerce, Finance, Foreign Affairs, Tourism
12.3	Generate revenue for Cultural diversity with Human wisdom	

12.3.1	Establishing a cultural heritage and an identity <i>Ōla</i> leaf texts evidence the knowledge of sophisticated agricultural practices and food preparations that appreciate the intricacies of health and nutrition basis of foods.	MOH, DOA, Commerce, Finance, Industry, Science and Technology, Wildlife, Agriculture,
12.4	TM Education/ Locally and Globally demanded skilled workforce	
12.4.1	Increase TM education opportunities available for international students at postgraduate, undergraduate, Diploma, and certificate levels.	MOH, DOA, Education, Higher Education, Commerce, Finance, Foreign Affairs, SLBFE
12.4.2	Catering Trained and NVQ /SLQF qualified TM service providers focusing on the foreign job market.	MOH, DOA, Education, Higher Education, Commerce, Finance, Foreign Affairs, SLBFE
12.4.3	Catering qualified practitioners/Medical officers focusing on the foreign job market.	MOH, DOA, Education, Higher Education, Commerce, Finance, Foreign Affairs, SLBFE
12.5	Expanding TM products/Raw Materials to the global market	
12.5.1	Encourage entrepreneurs to export TM products, Raw materials, Processed Plant materials & Ayurveda preparations	MOH, DOA Commerce, Finance, Foreign Affairs
12.5.2	Encourage entrepreneurs to invest in expanding market opportunities	MOH, DOA Commerce, Finance, Foreign Affairs
12.5.3	Establishing proper mechanisms for the export of TM products and raw materials	MOH, DOA Commerce, Finance, Foreign Affairs
12.6	Create a sleepless Trade Zone for Traditional medicine in Sri Lanka	MOH, DOA Commerce, Finance, Foreign Affairs
12.7	Development of tourist attractions to the Herbal Gardens in Sri Lanka	MOH, DOA Commerce, Finance, Foreign Affairs
13	Intellectual property rights of Indigenous people and local communities	
13.1	Explore a mechanism for protecting the pedigree registered	MOH, DOA, PDOA, FIM GWU, USM, NIPO
13.2	Explore and strengthen mechanisms in organizing practices of pedigrees registered and practitioners into associations	MOH, DOA, PDOA, FIM GWU, USM, NIPO
13.3	Establish a set for the Gurukula education system	MOH, DOA, PDOA, FIM GWU, USM, NIPO
13.4	Set-ups for mainstreaming the technology and best practices pertaining to TM knowledge systems.	MOH, DOA, PDOA, FIM GWU, USM, Culture, Science and Technology
13.5	Mechanism for improving the cultural, social, national, and environmental factors required for protecting the traditional resources pertaining to TM	MOH, DOA, PHM, PDOA, FIM GWU, USM, Culture, Science and Technology
13.6	Setups for preserving existing indigenous knowledge and technology used by indigenous peoples and local communities through documentation	MOH, DOA, PHM, PDOA, FIM GWU, USM, Culture, Science and Technology

13.7	Structural body for socio-economic plans to corroborate the ownership of the practices, especially among the indigenous medical practitioners of the new generation.	MOH, DOA, PHM, PDOA, NIPO
13.8	Set up the structural body for the Intellectual property rights (IPR) protection for pharmacopeia, other TM document, and knowledge (traditional wisdom)	MOH, DOA, PHM, PDOA, NIPO
14	Large scale Cultivation of Medicinal Plant, Production and Manufacturing of drugs	
14.1	Establish a structure for the regulatory body and quality control mechanism for TM products, and food and supplements including cultivation, harvesting, storage, production, packing, and marketing	MOH, DOA, PHM, PDOA, FIM GWU, USM
14.2	Set up regulatory institutions for medicines and devices; drug authority body for TM. Draft TM Drugs Act for Sri Lanka Set up a registration system for drug collectors, re-sellers, distributors Establish price control mechanism for TM products and services	MOH, DOA, PHM, PDOA, FIM GWU, USM
14.3	Restructure the drug formula committee empowered with specialities and obtain technical consultancy from internationally recognized institutions, when necessary.	MOH, DOA, PHM, PDOA, Law, Science, and Technology
14.4	Introduce modern technology for harvesting, cultivation, collection, and storage of medicinal plants and production of TM products or procedures of production	MOH, DOA, PHM, PDOA, Science and Technology, Agriculture, Commerce
14.5	Draft Standard Operational Procedures (SOP) to follow the Good Agricultural Practices (GAP) / Good Manufacturing Practices (GMP) and Hazard Analysis of critical control points.	MOH, DOA, PHM, PDOA, Science and Technology, Agriculture,
14.6	Publish updated and legalized Pharmacopeia and endemic plant monograph and establish pharmacopoeia commission	MOH, DOA, PHM, PDOA, FIM GWU, USM, Science and Technology
14.7	Regulatory status of herbal medicines, regulation requirements, number of registered herbal medicine products, and quality control requirements.	MOH, DOA, Law, Commerce
14.8	Establish mechanisms and a structured body for the collaboration with government and private sectors as well as collaboration with the local and international institution	MOH, DOA, Law, Commerce, Industry
14.9	Develop large-scale economy-based herbal cultivation and animal products to export raw materials, finished products, and value-added products to enhance the country's economy	MOH, DOA, PHM, PDOA, Education, Industry, Science and Technology
14.10	Establish well-equipped drug manufacturing centers with skilled manpower	MOH, DOA, Education, Industry, Science and Technology
14.11	Establish mechanisms for maintaining continuous supply chain management and develop strategies for the sustainable use of medicinal plant	MOH, DOA, Education, Industry, Science and Technology, Agriculture

14.12	Develop a mapping system for herbal cultivation according to the area and establish protocols to conserve endemic and red-listed medicinal plants	MOH, DOA, IT, Industry, Science and Technology, Agriculture
14.13	Upgrade regulatory status of herbal medicines, regulation requirements, number of registered herbal medicine products, and quality control requirements	MOH, DOA, PHM, PDOA
14.14	Establish organizational body for the post, marketing surveillance, and Pharmacovigilance unit	MOH, DOA, PHM, PDOA, IT, Science, and Technology
14.15	Promote collaborative novel research in TM drug and related fields adhere to international guidelines and reversed pharmacology	MOH, DOA, PHM, PDOA, Education, IT, Science, and Technology
14.16	Establish a botanical repository center and herbal information center with sophisticated facilities	MOH, DOA, PHM, PDOA, Education, IT, Science, and Technology
14.17	Set up a mechanism to import ingredients and annexures for production through business collaborations with foreign countries	MOH, DOA, Finance, Foreign Affairs, Commerce, Science, and Technology
14.18	Promote research publications in scientific and indexed journals	MOH, DOA, PHM, PDOA, Education, IT, Science, and Technology
14.19	Establish an international promotion platform (exhibitions, forums, etc...) for Sri Lankan TM products and services. Establish brands for Sri Lankan TM products	MOH, DOA, Finance, Foreign Affairs, Commerce, Science, and Technology
14.20	Improve Rasashastra as a specialized branch dealing mainly with ' <i>Rasa Dravyaas</i> '; the processing of metal and mineral products/ therapeutic formulations dealt under this discipline is an important component of Ayurvedic therapeutics	MOH, DOA, Education, Science, and Technology

MOH*, - Ministry of Health

DOA*, - Department of Ayurveda

PDOA,*, - Provincial Department of Ayurveda

FIM* - Faculty of Indigenous Medicine

GWUIM,*, - Gampaha Wickramarachchi University of Indigenous Medicine

USM*, - Unit of Siddha Medicine

PHM*, - Provincial Health Ministry

Annexure II

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