

Exploring Governmental Integrative Health Recommendations and Policies: A Comparative Analysis of India, France, and the United States





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Introduction

Integrative Health (IH) plays a vital role in global healthcare systems, with varying degrees of incorporation into national health policies. However, research on the operational integration of IH within these frameworks remains limited. This paper analyses government health policies and recommendations on IH in India, France, and the United States, and also examines alignment with WHO's evolving strategy on Integrative Medicine(IM) comparing regulatory approaches, government support, and public health implications.

Methodology

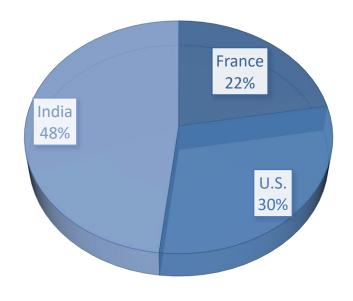
A thematic analysis of policy documents, government reports and peer-reviewed literature (2011–2024) identified similarities and differences in policy approaches. Key areas examined included regulatory frameworks, institutional support, public accessibility, and alignment with WHO guidelines. Data was sourced from official governmental agencies, including the Ministry of AYUSH(India), the National Center for Complementary and Integrative Health (NCCIH), the French national regulatory agency (ANSM), and health authority (HAS).

Results: India demonstrates an extensive governmental support for IM, with the Ministry of AYUSH actively promoting Ayurveda, Yoga, Unani, Siddha, and Homeopathy (AYUSH). India integrates traditional medicine into national health strategies, emphasizing research, education, and public healthcare access. France adopts an evolving stance, regulating homeopathy and herbal medicine under pharmaceutical laws while incorporating acupuncture and osteopathy into conventional healthcare. Since 2011, France has recognized aspects of IM for its benefits in prevention, pain management, chronic disease care and mental health in various reports from HAS (Haute Authorité de Santé) and the national health strategy (Stratégie Nationale de Santé). The United States prioritizes scientific validation through NCCIH; the U.S. department of Veteran's Affairs (VA) recommends an evidence-based approach for its extensive IM offerings. The WHO's objectives, including the development of evidence-based regulatory frameworks and cross-sector collaboration, resonate with ongoing efforts in all three countries. Public access and insurance coverage for IM vary widely, with India offering the most accessibility, while France and the U.S. primarily depend on private insurance and out-of-pocket payments, except for U.S. veterans and some disadvantaged communities.

Conclusion

This comparative analysis reveals significant differences in government health policies regarding IH. India's institutionalized approach aligns closely with WHO's objectives for IH services; France's regulatory model adopts a cautious approach. The U.S. prioritizes research and aims towards comprehensive policy integration. These policy variations shed light on the challenges of optimising IH frameworks globally and offer insights on how to locally adapt advocacy for evidence-based approaches that preserve traditional medical knowledge, in line with WHO's IM Strategy.





Comparative Policy Dimensions for Traditional & Integrative Health Systems (2011–2024) Sources: Ministry of AYUSH (India), NCCIH (USA), ANSM & HAS (France), WHO Traditional Medicine Strategy.

Country	Regulatory Framework	Institutional Support	Public Accessibility	Alignment with WHO Guidelines
India (Ministry of AYUSH)	Strong and formalized (AYUSH systems integrated in national policy)	High (Dedicated ministry, national institutes)	Moderate to High	Aligned (participates in WHO Traditional Medicine Strategy)
USA (NCCIH)	Moderate (part of NIH, some state-level variation)	Moderate (research-focused, not clinical integration)	Moderate	Partial (focus on scientific validation)
France (ANSM, HAS)	Strict (moderate acceptance of complementary therapies)	Low to Moderate	Low to Moderate (selective reimbursement)	Partial (evaluative approach, selective endorsement)

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