WHO and the Ministry of AYUSH seek Global expertise in setting up educational guidelines for Yoga and Yoga therapy

The World Health Organization (WHO) launched the Traditional Medicine Strategy 2014-2023 to help health care leaders develop solutions that contribute to a broader vision of improved health and patient autonomy. Part of this project is the establishment for educational guidelines for yoga and yoga therapy together with the Indian Ministry of AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy). Michael de Manincor, PhD, reknown yoga teacher (TKV Desikachar) and researcher in Yoga therapy at the Western University of Sydney, former president oft he Australian Yoga teacher Association, took part in strategic meetings in New Dehli and New York this year and gives a brief summary on the outcomes.

Anja Orttmann-Heuser:

Hi Michael, thank you for taking the time to do this interview with us. Let's start with the first meeting earlier this year that was conducted by both the World Health Organisation and the Ministry of Ayush in February in New Dehli. You were invited as part of a group of 11 global experts in the field of yoga to this meeting. What was the primary objective?

Michael de Manincor:

The overall mission of the WHO is to preserve and promote Traditional and Complementary Medicines (T&CM). For that reason they explore what is practiced in different regions of the world and what can be used within a global health system. As there are so many countries in poverty, and with underdeveloped medical resources, the WHO supports the idea to leverage these T&CM for the broader population to increase the overall health. They realize that these regions will still take a long time until they are able to sustain a health care system based on Western medicine, because it is so expensive. On the other hand they also see much value in the traditional medicines, which should be preserved.

Consequently, part of the strategy is to develop benchmarks in training in these areas of T&CM. They already developed guidelines on Traditional Chinese Medicine, Ayurveda, and various forms of European T&CM. They use a similar model across these approaches and now they look into Yoga as complementary medicine. In the meantime the Indian ministry of AYUSH is highly interested in formulating benchmarks and standards for yoga education for India as well as internationally and thereby somehow reclaim the heritage of Yoga in general.

This first meeting initiated by WHO and the Ministry of AYUSH was meant to bring experts in the field of Yoga together to discuss educational standards in Yoga training. It was meant to be global meeting. We were 11 international experts coming from USA, UK, Canada, Brazil, Saudi Arabia, Sri Lanka, Thailand, Japan, Australia and Malaysia.

Anja Orttmann-Heuser:

So there were not many representatives from European countries? Do you know how the participants were selected/invited?

Michael de Manincor:

As far as I know the WHO refers back to a Database on experts in Yoga education. I was invited because I am part of the research team of the Department of Complementary Medicine at the Western University of Sydney and the one who is researching Yoga benefits.

Anja Orttmann-Heuser:

Coming back to the meeting, what was the particular objective here?

Michael de Manincor:

The WHO had drafted a guideline on how to establish standards for Yoga and how to educate professionals working with yoga in health care. Our objective was to finalize this draft with our input. It was established that there is a difference for the requirements for applying **yoga for healthy people and yoga in health care.** During the discussion it became clear that there was a resistance against the term ,yoga therapy' from the Indian side. They felt that is was not accurate/appropriate and the term an invention from North America. They supported the terminology of 'Yoga in Health Care'.

Anja Orttmann-Heuser:

This is interesting. Can you tell a bit more about the requirements/scope discussed for yoga education in this meeting?

Michael de Manincor:

The draft foresees three levels of education:

The application of Yoga for health promotion (prevention) would require 600 h training. The application of Yoga in Health care (Yoga therapist) requires 1200 hours training. And then the paper foresees a university degree for Yoga Health care professionals, which includes a second health care qualification or an University degree in Yoga, which is what you can find at Indian Universities.

Anja Orttmann-Heuser:

What are the next steps after you finalized the draft in New Dehli?

Michael de Manincor:

The WHO plans to send this draft to roughly 200 professionals worldwide to gain some more input. Eventually, the final guidelines will be open to any association, agency to serve as a benchmark to set up an educational system on Yoga.

Anja Orttmann-heuser:

What was the second meeting about? This was not endorsed by the WHO, but held two months later at the offices of the United Nations in New York.

Michael de Manincor:

Yes, that was a different meeting, somehow a follow-up, but now endorsed by The National Assessment and Accreditation Council (NAAC) from India. This council is responsible for assessing and accrediting higher education Institutions (HEIs) in India. The NAAC and the Asia Pacific Quality Network (APQN) both conducted this Global Yoga Accreditation Summit (GYAS) at the Mission of India at the UN. Here we were invited as Representative of

universities all over the world to discuss how to set up an academic program at university level for yoga based on our experience as (Yoga) education provider and based on academic requirements of the respective countries.

Anja Orttmann-Heuser:

This sounds quite exciting, but seems to be a rather challenging project, as all countries have different accreditation programs and guidelines.

Michael de Manincor:

You are right. In Australia, for example, the chances are very small, because the standards in Yoga are so low academically compared to physiotherapy/speech therapy. And secondly more research is needed to demonstrate the positive impact of yoga. And it is not something that the Australian government would support, which would lead to the fact that students would have to pay for this education upfront before they can earn in the profession. On the other hand we in Australia still don't have a big enough market for yoga therapists. Therefore we emphasized the need for further research in yoga therapy in the meeting.

Anja Orttmann-Heuser:

This is a similar situation in Germany. The market for yoga therapy is not big and not supported by the health care system as of yet. Additionally, we are not able to apply yoga therapeutically without being a health care professional such as medical doctor, naturopath, physiotherapist.

Michael de Manincor:

I guess for most countries, the possibility of university level courses and qualifications in yoga teaching and yoga therapy is a long way off, perhaps many years. However, the need is being recognised now, and such aspirational initiatives always have a small beginning, with people who are willing to have the conversations necessary to get things moving. In that sense I fully support this genuine effort to develop a framework for training for yoga and yoga therapy. More so as the guidelines a based on the Indian framework and ourglobal input is needed.

Anja Orttmann-Heuser:

What was the outcome of this meeting?

Michael de Manincor:

We drafted a document which is supposed to be launched as a mission statement/guidelines (?) soon. The guidelines are again meant as benchmark for Yoga education and also to be sent out to interested associations or universities globally to set up a educational course according to the guidelines.

Anja Orttmann-Heuser:

One last question: why was the second meeting held in New York?

Michael de Manincor:

Because the Ministry of AYUSH is planning to set up their own university in the US and because the meeting venue at the United Nations looked impressive on the press release.

Anja Orttmann-Heuser:

Thank you very much for this interview, Michael.

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