



## **Role of Traditional Medicinal Systems in Enhancing India-ASEAN Partnership**

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*Traditional medicines offer ways to prevent and manage lifestyle diseases and over time have recognized as an alternative to the modern healthcare systems. Indian traditional medicinal systems have a very rich history of their effectiveness and are increasingly becoming popular across the world including ASEAN countries. This commentary tries to point out that India and ASEAN have ample scope in practising traditional medicines together as they have similar chronic disease burdens. Moreover, using the strength of Indian traditional medicines, a huge business can be created across the world for herbal medicines, medicinal plants, other traditional drugs, etc. Therefore, such healthcare cooperation on traditional medicinal systems can be beneficial for both India and ASEAN.*

### **1. Introduction**

The rapid economic development and the advancement of modern technology in the last few decades have contributed to the enhancement of living standards in almost every corner of the world. This has also brought about a dramatic change in lifestyle and an increase in environmental pollution. As a result, while physical activity has declined, mental activity has significantly increased resulting in higher mental stress, anxiety, etc. This has caused a major shift in the disease pattern throughout the world from the prevalence of communicable diseases to non-communicable (heart disease, stroke, cancer, obesity, diabetes, and chronic lung disease, etc.) and lifestyle diseases (blood pressure, blood sugar, stress, anxiety, etc.)<sup>1</sup>. The non-

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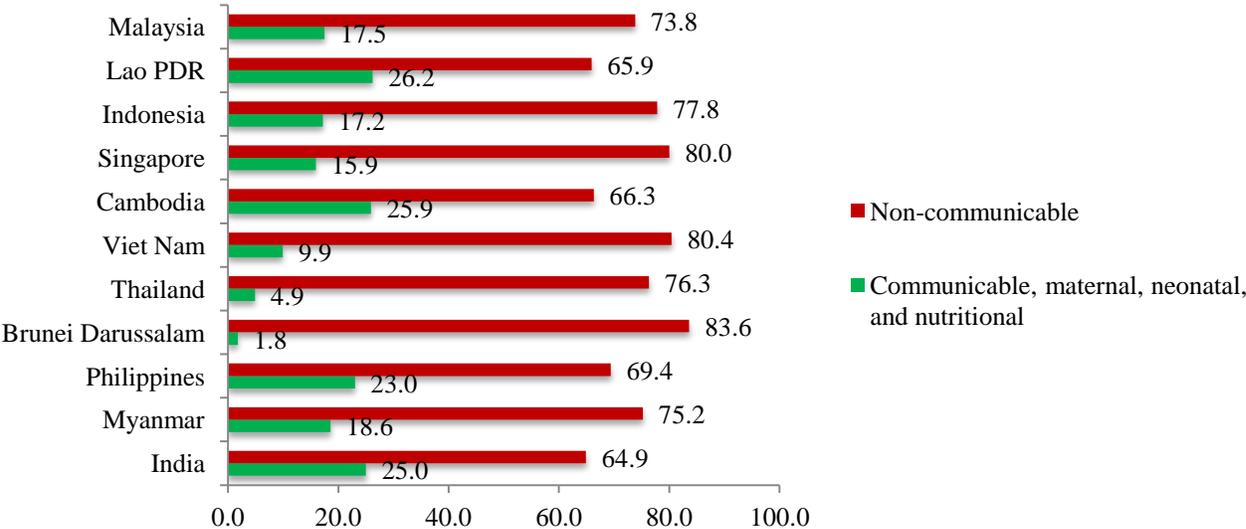
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communicable diseases and lifestyle diseases are different from communicable diseases in at least two ways – first, it has become apparent that modern medicines cannot cure most of them, can only contain the intensity. This has created frustration towards modern medicines among many people. Second, since these diseases are related to lifestyle, a change into a more disciplined lifestyle and regular physical activity like Yoga can make a significant difference in human health. Therefore, the change in disease prevalence and the frustration towards modern medicines have forced people to search for alternatives. Fortunately, traditional medicines are found to be effective in curing most of these diseases arising from lifestyle and environmental factors and providing sustainable solutions to deal with the complications of the modern world.

## 2. Need of Traditional Medicines

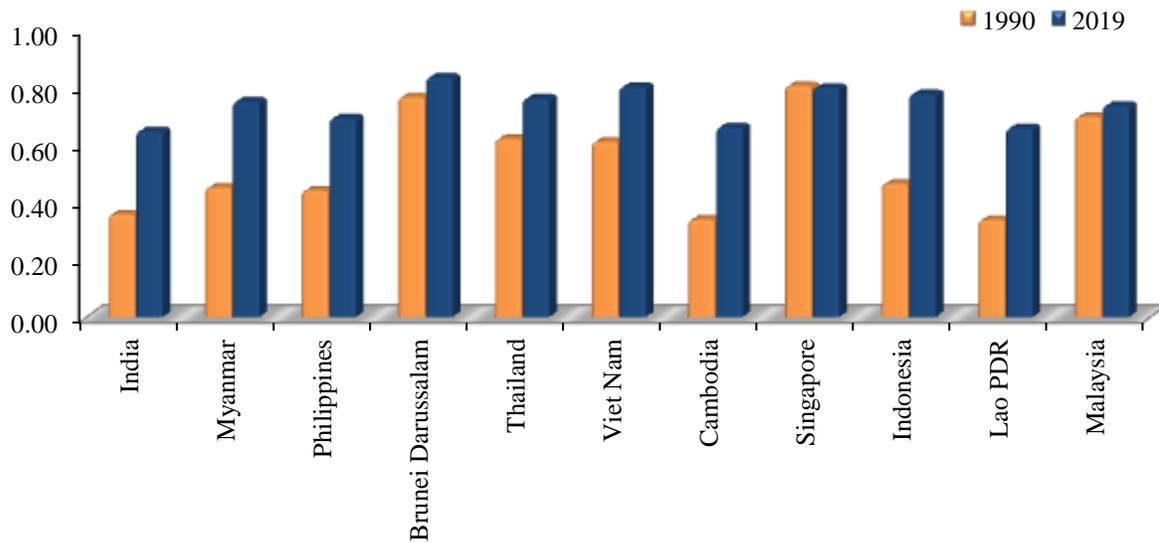
While the emergence of non-communicable and lifestyle diseases has become a major threat to human survival all over the world, India and ASEAN<sup>2</sup> countries are no exceptions. India has reported 64 percentages of non-communicable diseases including 27 per cent of cardiovascular disease, followed by 12 per cent of respiratory disease, 7 per cent of stroke, and 5 per cent of diabetes as a major cause of mortality in 2019<sup>3</sup>. Similar challenges are faced by the ASEAN countries as well, where non-communicable diseases are much prevalent as compare to communicable diseases in 2019 (Figure 1). Moreover, the trend of mortality due to non-communicable diseases has also significantly increased in almost all the ASEAN countries (except Singapore) including India between 1990 and 2019 (Figure 2). Hence, identifying a sustainable solution or good health practice is the prime concern of the citizens in these countries.

**Figure 1: Causes of Mortality in India and ASEAN, 2019**



Source: Global Burden of Disease Study, 2019; Note: Figures are in percentages.

**Figure 2: Trend of Non-communicable Disease Burden in India and ASEAN**



Source: Global Burden of Disease Study, 2019.

Traditional medicines can play an important role to solve this problem. The Indian traditional medicinal systems have a very rich history of their effectiveness, which have also described the ways to prevent and manage lifestyle disorders. The traditional therapies not only make people responsible for their health; it also helps people to regulate the occurrence of lifestyle diseases by regulating blood glucose level, keeping the cardiovascular system healthy, etc. It is also found to have important psychological benefits. The practice of Yoga while helping to increase kindness and positive feelings, also decreases negative feelings of aggressiveness, depression, anxiety, etc. This is delivering an effective approach to wellness based on natural, low-tech, safe, and relatively inexpensive alternatives. The traditional medicinal systems, especially Yoga and Ayurveda, have become popular across the world.

### **3. What India can Offer?**

India has a diverse medicinal system. A number of them have developed in the country itself while the others have come from outside. There is seven recognized and distinctive system of medicines viz. Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa, and Homoeopathy (Ministry of AYUSH, Government of India). Ayurveda is considered the oldest comprehensive medicinal system in India which contains information about natural remedies. The Siddha system of medicine has originated from the Tamil culture. While it resembles Ayurveda in many respects, it has its philosophy, concept, approach, and lifestyle orientation. Although Sowa-Rigpa (commonly known as Amchi) has a close similarity with Indian Ayurveda, it influences Chinese traditional medicine and Tibetan folklore. Unani, Homoeopathy, Naturopathy have foreign origins. However, they have assimilated with the Indian culture centuries ago. Unani system of

medicine is originated in ancient Greece. This involves the use of herbal remedies, dietary practices, and tries to address the prevention and treatment of disease. Homoeopathy uses tiny amounts of natural substances, like plants and minerals with the belief that this small amount can stimulate the healing process of the body. Naturopathy medicine has the foundation of medicinal practice by using nature where nature is considered to be the ultimate cure for any kind of illness in the body (Ravishankar and Shukla, 2007; Kaley-Isley *et al.*, 2010; Yadav, 2012). Yoga is different from the other medicinal systems because it does not prescribe any medicine, but recommends physical exercise, breath control, meditation, etc. intending to create a disease-free strong body. This involves practices different Asanas, Pranayam, Surya Namaskar, etc., which focuses on bringing harmony between mind and body and improves circulation of blood to make the body healthy.

India has launched a full-fledged department of the Indian System of Medicine and Homoeopathy (ISM&H), under the [Ministry of Health and Family Welfare](#), which was established in 1995, later renamed as AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy) in 2003. The Ministry of AYUSH is a core member of the ‘World Health Organisation (WHO) Traditional Medicine Strategy 2014–2023’ to boost cooperation and collaboration in all fields of traditional medicine. Moreover, India has made diplomatic efforts to promote Yoga globally. The United Nations has adopted 21<sup>st</sup> June as ‘International Day of Yoga’ to encourage physical activity to tackle the obesity problem and increase the overall fitness of the population in different countries.. The Indian government is supporting and initiating networks and forums for Yoga and Meditation beyond the border (Press Information Bureau, Government of India, 2017, 2020; SME Street Desk, 2020).

Moreover, the Government of India has around 57 universities where Indian traditional medicines are being studied and a large number of research councils (like The Central Council for Research in Ayurvedic Sciences, CSIR, CDRI, etc.) to carry out research in different traditional medicines. The country has over 4035 traditional hospitals. Indian pharma currently contributes around 20 per cent of the worlds’ generics and 62 per cent of the global vaccines. India has also successfully developed Standardised Terminologies and National Morbidity Codes for uniform usage of terminologies of respective AYUSH systems of medicine in line with the International Classification of Diseases of WHO (Lavaniya *et al.*, 2017; Press Information Bureau, Government of India, 2020). The Ministry of AYUSH is taking several parallel measures to spread the awareness and uptake of AYUSH internationally. The Government through the Indian Council for Cultural Relations (ICCR) is offering as many as 104 scholarships every year to foreign nationals from 98 countries for pursuing undergraduate (UG), postgraduate (PG), and Ph.D. courses related to AYUSH in premier Indian institutes to encourage practising and popularising India’s traditional medicines and health practices beyond the country.

#### **4. ASEAN-India Enhanced Cooperation in Traditional Medicines**

The relation between India and ASEAN stands on a strong foundation of shared geographical, historical, and civilizational links. The ASEAN attaches great significance from various points of view, especially the intense practice of Yoga and Ayurveda, which is playing a significant role in creating awareness of its overall spiritual and physical benefits. The ancient medical science of India is closely related to ASEAN which is evident in the historical facts. During the current COVID-19 pandemic, ASEAN and India are efficiently working together to control the spread of the virus, and rebound the economy subsequently. In such a situation, learning from the best practices of each other would help the countries to build sustainable health and community practice.

The two regions, India and ASEAN are facing similar health challenges with the changing pattern of diseases from communicable to non-communicable and lifestyle diseases. Indian traditional medicines can provide a solution to this. Ayurveda medicines comprise herbs, minerals, and animal products which are natural and cost-effective due to the usage of environmental products. ASEAN countries are rich in natural resources which can be used as raw materials to produce and consume traditional medicines. Thus, both regions can get the benefit of practising traditional medicines together. There is a long history of people from different ASEAN countries coming to India to learn and practice Yoga for their long-run health benefits. Therefore, dependence on traditional medicinal practices, such as believing in natural therapies, consuming traditional medicines, and practising Yoga, are in high demand in the entire region. Therefore, the ASEAN countries can learn and practice Indian traditional medicine with the guidance of the AYUSH Ministry to cure many diseases in natural ways which are increasing in recent years. Ayurveda and Yoga can be packaged together to provide benefit to the people in the ASEAN countries.

The Delhi Declaration on traditional medicine in 2013 saw the commitment of the countries of the South-East Asian region in the field of research and development of traditional medicine. The cooperation aims to seek collaboration from member states in exchanging information by organising workshops, seminars, etc., seeking to recognise educational qualifications of practitioners of traditional medicine in various member countries, integration of traditional medicine into the mainstream healthcare systems, etc. As of now, the Ministry of AYUSH signed memorandums of understanding (MOU) for Cooperation in the field of Traditional Medicine and Homoeopathy with 23 countries (including Malaysia from ASEAN). Moreover, 13 MOUs have been signed for setting up AYUSH Academic Chairs with foreign institutes where Thailand, Malaysia, and Indonesia are included (Press Information Bureau, Government of India, 2020; 2021a). The Ministry of AYUSH has so far set up 33 information cells in 31 countries to disseminate authentic information about AYUSH systems. The ASEAN countries, where these cells are established, included one in Malaysia, and two cells in Indonesia. The Ministry of

AYUSH has deputed two experts (Ayurveda and Siddha) to the Ministry of Health, Malaysia under the Indian Technical and Economic Cooperation (ITEC) Programme of the Ministry of External Affairs for providing their services at Port Dickson Hospital, and Cheras Rehabilitation Hospital (Press Information Bureau, Government of India, 2020). In February 2021, the Ministry of AYUSH and the WHO’s South-East Asia Regional Office (SEARO) has signed a Letter of Exchange (LoE) to strengthen the regional traditional medicine practices with particular emphasis on safe and effective use of traditional medicine services, including Ayurveda, and its appropriate integration into national health care systems (Press Information Bureau, Government of India, 2021b). Institutionalized collaboration between India and ASEAN is expected to enable two-way knowledge-sharing, exchange of technical expertise, and transfer of best practice norms for the mutual benefit of these countries.

India holds the third-largest market share of Asia and ASEAN Herbal Medicines production (after China and Japan) and is followed by Indonesia, Malaysia, and Cambodia. India is the fastest-growing market in the forecast period (2018-2023) with an estimated CAGR of 10.84 per cent (IndustryARC, 2019). A significant part of this comes from the ASEAN countries. In recent decades, there is a significant change in the export of medicaments (HS 3004) and plants and parts of plants (HS 1211) from India to ASEAN countries. There is a major shift in the export of medicaments in Myanmar, Philippines, Thailand, and Vietnam, to name a few. Besides, there is an increase in demand for pants and parts of pants to Thailand, Vietnam, and Malaysia (Table 1). Similarly, there is increased demand for lac; natural gums, resins, gum-resins, and oleoresins (HS 1301) in India coming from Indonesia. In recent years, India’s import from ASEAN has increased for the vegetable saps and extracts as well as beauty preparation products (HS 1302 and HS 3304, respectively). A large amount of pants and parts of plants (HS 2122) are being imported from Vietnam and Indonesia in recent years (Table 1). The rise in India’s export in HS 3004 is more explicit in post ASEAN-India FTA period.

**Table 1: Decadal Trade between India and ASEAN Countries on Natural Products**  
(US\$ million)

Country	Export to					
	1999-2000	2009-2010	2019-2020	1999-2000	2009-2010	2019-2020
	HS 3004			HS 1211		
Myanmar	5.33	49.33	205.89	0.03	0.08	0.39
Philippines	6.17	43.93	203.29	0.04	0.86	1.78
Thailand	10.33	23.22	105.73	0.27	0.64	2.37
Viet Nam	22.68	91.46	110.24	NA	3.22	19.93
Cambodia	2.01	15.46	42.67	0.00	0.09	0.04
Singapore	11.35	12.80	71.88	0.40	0.40	0.85
Indonesia	1.85	7.79	10.94	0.12	1.62	1.24
Lao PDR	0.05	0.32	1.94	NA	NA	NA
Malaysia	4.20	25.79	54.34	0.27	2.58	3.68
	Import from					
	HS 1301			HS 1302		
Thailand	1.02	9.89	8.09	0.01	0.02	0.03

<b>Viet Nam</b>	2.98	0.06	1.00	NA	NA	2.61
<b>Singapore</b>	0.43	0.17	0.33	0.14	0.17	3.84
<b>Indonesia</b>	1.59	5.40	13.65	0.15	0.01	1.40
<b>Malaysia</b>	0.05	0.01	0.25	0.84	0.05	0.16
	<b>HS 1211</b>			<b>HS 3304</b>		
<b>Thailand</b>	0.01	0.01	0.24	0.11	7.53	4.88
<b>Viet Nam</b>	0.02	0.92	12.67	NA	0.23	0.18
<b>Singapore</b>	0.06	0.00	0.10	0.01	0.30	6.38
<b>Indonesia</b>	0.28	1.17	12.67	0.01	0.09	1.73
<b>Malaysia</b>	0.00	0.02	0.02	0.01	1.39	2.61

Notes: HS 3004 represents Medicaments (excluding goods of heading 3002, 3005 or 3006) consisting of mixed or unmixed products for therapeutic or prophylactic uses, put up in measured doses (including those in the form of transdermal administration systems) or in forms or packings for; HS 1211 represents Plants and parts of plants (including seeds and fruits), of a kind used primarily in perfumery, in pharmacy or for insecticidal, fungicidal or similar purpose, fresh or dried, whether or not cut, crushed or powdered; HS 1301 represents Lac; natural gums, resins, gum-resins and oleoresins (for example, Balsams); HS 1302 represents Vegetable saps and extracts; pectic substances, pectinates and pectates; agar-agar and other mucilages and thickeners, whether or not modified, derived from vegetable products Vegetable saps and extracts; and HS 3304 represents Beauty or make-up preparations and preparations for the care of the skin (other than medicaments), including sunscreen or suntan preparations; manicure or pedicure preparations.

Source: Compiled by authors from the Export-Import Databank, Department of Commerce, Government of India.

**Table 2: Trends in India's Trade of Ayurvedic System with ASEAN Countries**

(US\$ Million)

Country	2017-18		2018-19		2019-20	
	HS 30039011	HS 30049011	HS 30039011	HS 30049011	HS 30039011	HS 30049011
<b>Export to</b>						
<b>Myanmar</b>	0.00	0.66	0.00	0.62	0.01	0.69
<b>Philippines</b>	0.02	1.20	0.01	1.93	0.03	2.56
<b>Brunei</b>	0.00	0.02	0.00	0.01	0.01	0.01
<b>Thailand</b>	0.01	0.16	0.00	0.30	0.01	0.29
<b>Viet Nam</b>	0.04	0.77	0.04	0.42	0.04	0.51
<b>Cambodia</b>	0.06	0.21	0.05	0.33	0.10	0.21
<b>Singapore</b>	0.10	1.37	0.22	1.46	0.12	3.09
<b>Indonesia</b>	0.00	0.81	0.00	0.65	0.00	0.62
<b>Lao PDR</b>	0.00	0.04	0.00	0.04	0.00	0.01
<b>Malaysia</b>	0.12	2.34	0.11	2.65	0.06	2.37
<b>Import from</b>						
<b>Thailand</b>	0.00	0.00	0.01	0.00	0.00	0.01
<b>Singapore</b>	0.00	0.56	0.00	0.27	0.00	0.90
<b>Indonesia</b>	0.00	0.00	0.00	0.02	0.00	0.00
<b>Malaysia</b>	0.58	0.00	0.28	0.00	0.00	0.00

Note: HS 30039011 represents Medicaments of Ayurvedic System; HS 30049011 represents Medicaments of Ayurvedic System.

Source: Compiled from Department of Commerce, Government of India.

Indian traditional medicine, particularly Ayurveda, has a growing global market that comprises billion dollars. In recent years, there is a huge upsurge in the use of Indian traditional medicines, especially Ayurveda in Singapore, Vietnam, the Philippines, Cambodia, and Malaysia (Table 2). In Malaysia, people spent more on traditional medicine than on modern drugs, followed by Singapore (among older adults), the Philippines, Cambodia, Vietnam, Thailand, and Indonesia (Peltzer and Pengpid, 2015). Moreover, there is a huge demand for medicinal plants as raw materials from India and Malaysia. By trading, natural resources, and herbal products both India and ASEAN can dominate the global market. At present, while there is a huge and growing demand for these medicines, only a small part of them is supplied by the Indian pharmaceutical industry. Similarly, Siddha Medicine also has huge potential but has yet to enter into the ASEAN market. The growing demand of the ASEAN countries can be met by the Indian manufacturers in the coming days.

## **5. Way Forward**

The economic burden of non-communicable and lifestyle diseases is impossible to ignore. To treat the root causes of these diseases and to be successful in prevention, a strong focus must be placed on traditional medicines. Traditional medicines offer ways to prevent and manage lifestyle disorders and are recognized as an alternative to the modern healthcare systems. These herbal formulations have helped people to increase their immunity and set up the evidence before the world to follow Indian traditional medicine. Practising Indian traditional medicines can be a sustainable solution for disease cure and long-run physical wellness.

India and ASEAN have historical ties and civilizational linkages. Over time the bonding has flourished in economic, political, and cultural practices. India can contribute to preventing the disease burden in the ASEAN countries by enhancing cooperation in the Indian traditional medicinal practices. The Covid-19 pandemic has highlighted the importance of Yoga. ASEAN countries have seen a surge in Yoga practitioners. Many ASEAN countries import traditional medicines from abroad other than India. India's cooperation with ASEAN could enhance India's trade in traditional medicines with ASEAN countries. This can be done by joint projects in innovation, research, and development of these medicines and expanding the market of these products. In 2003, BIMSTEC<sup>4</sup> summit in Thailand, member countries have agreed to expand cooperation in the areas of public health especially promoting traditional medicine to protect biodiversity and traditional knowledge on medicine. Myanmar and Thailand are part of this cooperation with India. Like ASEAN, BIMSTEC member countries are blessed with an abundance of variety of medicinal plants and other natural products. Hence, BIMSTEC member countries are lending hand to ensure the safety, efficacy, and quality of the medical practices and herbal medicinal products. Also, this cooperation initiated the 'BIMSTEC Network of National Centers of Coordination in Traditional Medicine' in each member country to improve various

systems related issues, namely, provision of service, education and training, and regulation, etc.<sup>5</sup> This offers further scope for ASEAN and India to initiate such network in traditional medicine.

However, there are several challenges for Indian traditional medicines to enter into the ASEAN market and elsewhere. There are quality, processing and harvesting, standardization of raw material, and regulatory and controlling concerns, to name a few. The Indian government has already taken several steps in the right direction. For example, HS codes of products of traditional medicines have been standardized. The harmonization of regulatory standards of traditional medicinal products is another key issue in trade between India and ASEAN. Ayurveda and other traditional medicine products mostly get shipped from India as food supplements and the food regulations in the ASEAN impact their trade. Therefore, the regulations regarding health supplements need to be examined to understand the trade obstacles. Since some of the hurdles have been removed, cooperation between ASEAN and India in traditional medicines is expected to increase, leading to cure diseases in the region. Moreover, using the strength of Indian traditional medicine, a strong market can be created across the world for herbal medicine, medicinal plants, other traditional drugs, etc. Such healthcare cooperation between India and ASEAN on traditional medicinal systems can uphold the trade and business environment of the Southeast Asian region by reducing the chronic disease burden.

#### **Endnotes:**

1. Refer, Global Burden of Disease Study, 2019
2. Association of Southeast Asian Nations (ASEAN)
3. Ibid
4. Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC)
5. Refer, <https://www.ftm.edu.bt/bimstec>

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विकासशील देशों की अनुसंधान एवं सूचना प्रणाली

Considering the work of the ASEAN-India Eminent Persons Group (AIEPG), and its Report with recommendations for forging a closer partnership for peace, progress and shared prosperity, the Heads of the State/Government of ASEAN and India at the ASEAN-India Commemorative Summit 2012, held at New Delhi on 19-20 December 2012, recommended the establishment of ASEAN-India Centre (AIC), which was formally inaugurated by the Hon'ble External Affairs Minister of the Government of India on 21 June 2013 at RIS. AIC serves as a resource centre for ASEAN Member States and India to fill the knowledge gaps that currently limit the opportunities for cooperation. AIC is closely working with the Ministry of External Affairs (MEA), Government of India to undertake and disseminate evidence-based policy research and provide policy recommendations.

*AIC Commentary Series Editor: Dr Prabir De, AIC, RIS*

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