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A public-private partnership model for sustainable employment of Ayurveda graduates through wellness tourism in Sri Lanka

J.A.B.T Jayakody

Aliya Resort & Spa, Sigiriya, Sri Lanka

Corresponding Author: buwanakathisura@gmail.com

https://orcid.org/0000-0003-0806-0529

Abstract

Sri Lanka produces graduates in Ayurveda, Siddha, and Unani medicine through publicly funded education, yet their professional competencies are not always fully utilized within coordinated public wellbeing and wellness tourism systems. The issue is not only graduate unemployment, but also limited formal public-sector absorption, fragmented employment pathways, weak regulation, and insufficient use of graduate knowledge in clinical care, medicine-related activities, research, rehabilitation, and community health. At the same time, global demand for wellness tourism and holistic healthcare continues to expand. This concept paper proposes a public–private partnership model for sustainable employment and meaningful professional utilization of Ayurveda graduates through wellness tourism in Sri Lanka. The study adopts a conceptual policy analysis approach based on secondary sources related to Ayurveda workforce utilization, wellness and health tourism, public–private partnerships, herbal product development, rehabilitation, community health, and traditional medicine policy. The proposed framework links Ayurveda graduates with regulated Ayurveda wellness centres, Panchakarma and specialized traditional therapy units, Ayurveda pharmacies, herbal product development, wellness tourism services, research and evidence generation, rehabilitation, and community-based preventive care. The originality of the model lies in organizing existing and underdeveloped Ayurveda-related opportunities into a coordinated, quality-assured, and financially oriented public–private partnership structure. The model may support sustainable employment, professional recognition, public wellbeing, wellness tourism development, and local value addition. However, as the framework is conceptual, further stakeholder consultation, financial feasibility assessment, pilot implementation, and empirical evaluation are required before national-scale application.

Keywords: Ayurveda graduates, wellness tourism, public–private partnership, sustainable employment, traditional medicine policy, Sri Lanka

Introduction

Traditional medical systems, including Ayurveda, Siddha, and Unani, represent a long-standing component of Sri Lanka's healthcare system and cultural heritage. These systems contribute to disease prevention, rehabilitation, health promotion, and the management of chronic conditions. In recent decades, global health trends have shown increasing interest in natural therapies, lifestyle-based interventions, and holistic approaches to health and well-being. As a result, the global wellness economy and the health and wellness tourism sector have become important areas for health-related service development (Global Wellness Institute, 2024, 2025; World Health Organization, 2019, 2025).

In this paper, the term "Ayurveda graduates" refers to university-qualified graduates in Ayurveda, Siddha, and Unani medicine within the Sri Lankan indigenous medicine sector. These graduates are trained in areas such as clinical assessment, Ayurveda, Siddha and Unani treatment procedures, medicine preparation, preventive health, rehabilitation, and community health. Therefore, their professional role is broader than general wellness service delivery or spa-related work.

Despite the increasing global demand for traditional and complementary medicine services, Sri Lanka faces a significant challenge in the effective utilization of Ayurveda graduates. This issue should not be understood only as unemployment, because many Ayurveda, Siddha, and Unani graduates engage in private practice, corporate-sector work, self-employment, or entrepreneurial activities after internship. However, such employment does not always ensure the appropriate use of their full professional competencies in clinical care, treatment procedures, medicine preparation, preventive health, rehabilitation, research, and community wellbeing. Since these graduates are trained through public investment, their knowledge and skills should be more systematically directed toward public service, regulated wellness services, medicine production, and national health development.

At present, limited formal public-sector absorption, irregular recruitment opportunities, inadequate institutional support, medicine shortages in some Ayurveda institutions, overcrowding in certain rural dispensaries, weak regulation of unqualified practitioners, and insufficient control over medicine purchasing and service quality reduce the effective contribution and social recognition of qualified Ayurveda graduates. Therefore, the central issue addressed in this paper is not simply graduate unemployment, but the underutilization of

publicly funded Ayurveda human resources within regulated, quality-assured, and socially beneficial service pathways.

Sri Lanka also possesses several strategic advantages that can support the expansion of Ayurveda-based services. These include a well-established indigenous medical knowledge base, favourable environmental conditions for therapeutic and herbal practices, biodiversity suitable for medicinal plant cultivation, existing Ayurveda hospitals and central dispensaries, and a tourism industry with potential for diversification into wellness and medical tourism (Jayawardena et al., 2013; Sri Lanka Tourism Development Authority, 2024, 2025; World Bank, 2020). However, these opportunities require institutional coordination, regulation, and stronger links between graduate employment, public wellbeing, and tourism development.

The development of Ayurveda as a recognized medical system requires more than individual private practice or isolated wellness services. It requires state-supported regulation, institutional coordination, quality assurance, reliable medicine supply, professional recognition, research support, and structured career pathways. A public-private partnership model can support this process by combining government oversight and public health priorities with private-sector investment, tourism infrastructure, innovation, product development, and service delivery capacity. Such a model may help Ayurveda graduates contribute more effectively to public wellbeing while also supporting wellness tourism and sustainable economic development.

Definition of key terms

The following operational definitions are used to maintain conceptual clarity throughout the manuscript.

Table 1: Operational definitions

Term	Operational meaning in this study
Ayurveda graduates	University-qualified graduates in Ayurveda, Siddha, and Unani medicine within the Sri Lankan indigenous medicine sector.
Public-private partnership model	A structured collaboration between public institutions and private-sector actors, with defined responsibilities for governance,

Term	Operational meaning in this study
	investment, service delivery, professional employment, revenue sharing, quality assurance, monitoring, and accountability.
Integrated model	In this study, "integrated" refers to the coordinated connection of Ayurveda graduate employment with wellness tourism, public wellbeing services, medicine-related activities, research, rehabilitation, community health, regulation, and public-private governance. It does not primarily refer to clinical integration with allopathic medicine.
Wellness tourism	Tourism activities mainly focused on maintaining, promoting, or enhancing wellbeing through preventive, lifestyle-oriented, relaxation, yoga, diet, mind-body, and holistic health practices.
Health tourism	A broader category that may include wellness, therapeutic, rehabilitative, or medically supervised services.
Ayurveda wellness tourism	Wellness or health-related tourism services based on Ayurveda, Siddha, Unani, yoga, dietetics, lifestyle guidance, traditional therapies, and related wellbeing practices delivered under appropriate professional supervision.
Panchakarma	A specific category of classical Ayurveda therapeutic procedures requiring professional assessment, proper patient selection, preparation, monitoring, and follow-up. It should not be used as a direct synonym for general detoxification or spa

Term	Operational meaning in this study
	cleansing programmes.
Detoxification	A commonly used wellness tourism term. In this manuscript, it is used cautiously and only where the service meaning is clearly explained.

To maintain conceptual clarity, this manuscript distinguishes between wellness-oriented, therapeutic, and rehabilitative services. Wellness-oriented services refer to preventive, relaxation, lifestyle, yoga, diet, and wellbeing programmes. Therapeutic services refer to Ayurveda, Siddha, or Unani interventions requiring professional assessment, diagnosis, treatment planning, monitoring, and follow-up. Rehabilitative services refer to structured support for pain management, mobility, disability care, post-injury recovery, and long-term functional improvement. This distinction is important because not all wellness tourism services should be presented as clinical treatment, and not all traditional therapeutic procedures should be marketed as general spa or detoxification services.

Originality and aim of the study

The originality of this paper lies not in presenting Ayurveda wellness services or graduate employment pathways as entirely new practices, but in organizing existing and underdeveloped opportunities into a coordinated public-private partnership model. At present, Ayurveda graduates may enter private practice, corporate-sector work, wellness services, medicine-related activities, entrepreneurship, or government service through fragmented pathways. However, these pathways are not sufficiently coordinated to ensure professional recognition, quality assurance, public benefit, financial sustainability, and systematic contribution to wellness tourism development.

The aim of this study is to propose a conceptual public-private partnership model for the sustainable employment and meaningful professional utilization of Ayurveda graduates in Sri Lanka through wellness tourism and related public wellbeing services.

The specific objectives are to:

1. identify key areas where Ayurveda graduates' professional competencies can be more effectively utilized;
2. develop a conceptual model linking Ayurveda graduate employment with wellness tourism, medicine production, research, rehabilitation, and community health services;
3. propose a public-private partnership mechanism for coordinated implementation, quality assurance, professional recognition, and financial sustainability; and
4. identify practical considerations for phased implementation and future empirical validation.

Materials and Methods

Study design

This study used a conceptual policy analysis design to develop a public-private partnership model for the sustainable employment and meaningful professional utilization of Ayurveda graduates in Sri Lanka. The purpose was not to test the model empirically, but to synthesize available secondary information, sectoral observations, and policy-relevant service needs into a practical framework linking Ayurveda graduate utilization with wellness tourism, medicine-related activities, research, rehabilitation, community health, and public wellbeing services. The methodological structure was informed by literature review and conceptual framework development approaches (Arksey & O'Malley, 2005; Creswell & Creswell, 2018; Jabareen, 2009; Snyder, 2019).

Sources of information

The framework was developed using secondary sources relevant to Ayurveda graduate utilization, wellness tourism, health tourism, public-private partnerships, herbal medicine development, rehabilitation, and community-based preventive healthcare. The reviewed sources included national policy and administrative documents, academic literature, institutional and sectoral reports, WHO and international reports on traditional medicine and wellness tourism, tourism and economic reports, and available information on Ayurveda hospitals, central dispensaries, wellness centres, rehabilitation services, and herbal product markets.

The secondary sources were grouped into seven categories:

1. national policy, administrative, and recruitment-related documents relevant to Ayurveda and indigenous medicine services in Sri Lanka;
2. academic literature on wellness tourism, health tourism, Ayurveda tourism, and sustainable tourism;
3. WHO and international reports on traditional, complementary, and integrative medicine;
4. literature on public-private partnerships and health service delivery models;
5. institutional and service-delivery information related to Ayurveda hospitals, central dispensaries, wellness centres, and tourism-linked Ayurveda services;
6. literature on herbal medicine, Ayurveda pharmacies, product development, quality control, and pharmacovigilance; and
7. literature on community health, preventive care, non-communicable disease prevention, rehabilitation, and digital health.

Inclusion and exclusion criteria

Sources were included if they were relevant to at least one of the following areas: Ayurveda graduate employment, indigenous medicine workforce utilization, wellness tourism, health tourism, public-private partnerships, herbal product development, research and innovation, preventive healthcare, rehabilitation, community health, or Sri Lankan Ayurveda service delivery. Preference was given to sources published within the last five to ten years, while older sources were retained where they provided foundational definitions or widely cited conceptual background.

Sources were excluded if they did not contribute to the development of the framework, were unrelated to Ayurveda or indigenous medicine systems, focused only on general tourism without relevance to health or wellness services, or addressed employment without relevance to professional health-service utilization.

Analytical process

The analysis was conducted in four stages. First, the workforce utilization problem was reframed as a mismatch between publicly funded Ayurveda graduate training, limited formal public-sector absorption, uneven public service capacity, and insufficiently regulated professional service pathways. Second, potential employment and service-delivery pathways were mapped across Ayurveda wellness centres, specialized traditional therapy units, wellness

tourism services, Ayurveda pharmacies and herbal product development, research and innovation, rehabilitation services, and community-based preventive healthcare. Third, these pathways were examined according to their relevance to economic sustainability, social sustainability, public wellbeing, health-system strengthening, regulatory feasibility, and tourism development. Fourth, the components were synthesized into a public-private partnership model with proposed mechanisms for governance, training, quality assurance, revenue generation, monitoring, and phased implementation.

Framework development

The proposed framework was developed by connecting three elements: the professional competencies of Ayurveda graduates, the unmet or underdeveloped needs within public wellbeing and wellness tourism systems, and the institutional roles of public and private stakeholders. Public institutions were considered essential for regulation, quality assurance, medicine supply standards, professional recognition, public health priorities, and monitoring. Private-sector actors were considered important for investment, tourism infrastructure, service innovation, market access, product development, and operational scalability. The framework was therefore designed to combine public accountability with private-sector participation while maintaining the professional and social value of Ayurveda graduates.

Methodological limitations

As this is a conceptual study based on secondary sources and sectoral analysis, it does not include primary data from Ayurveda graduates, policymakers, patients, tourists, private-sector providers, pharmacy owners, manufacturers, or community stakeholders. The proposed model has not yet been tested through field implementation, financial feasibility analysis, or outcome evaluation. Therefore, the framework should be interpreted as a policy-oriented conceptual proposal that requires further validation through stakeholder consultation, pilot implementation, and empirical assessment.

The overall process used to develop the conceptual framework is summarized in Figure 1.

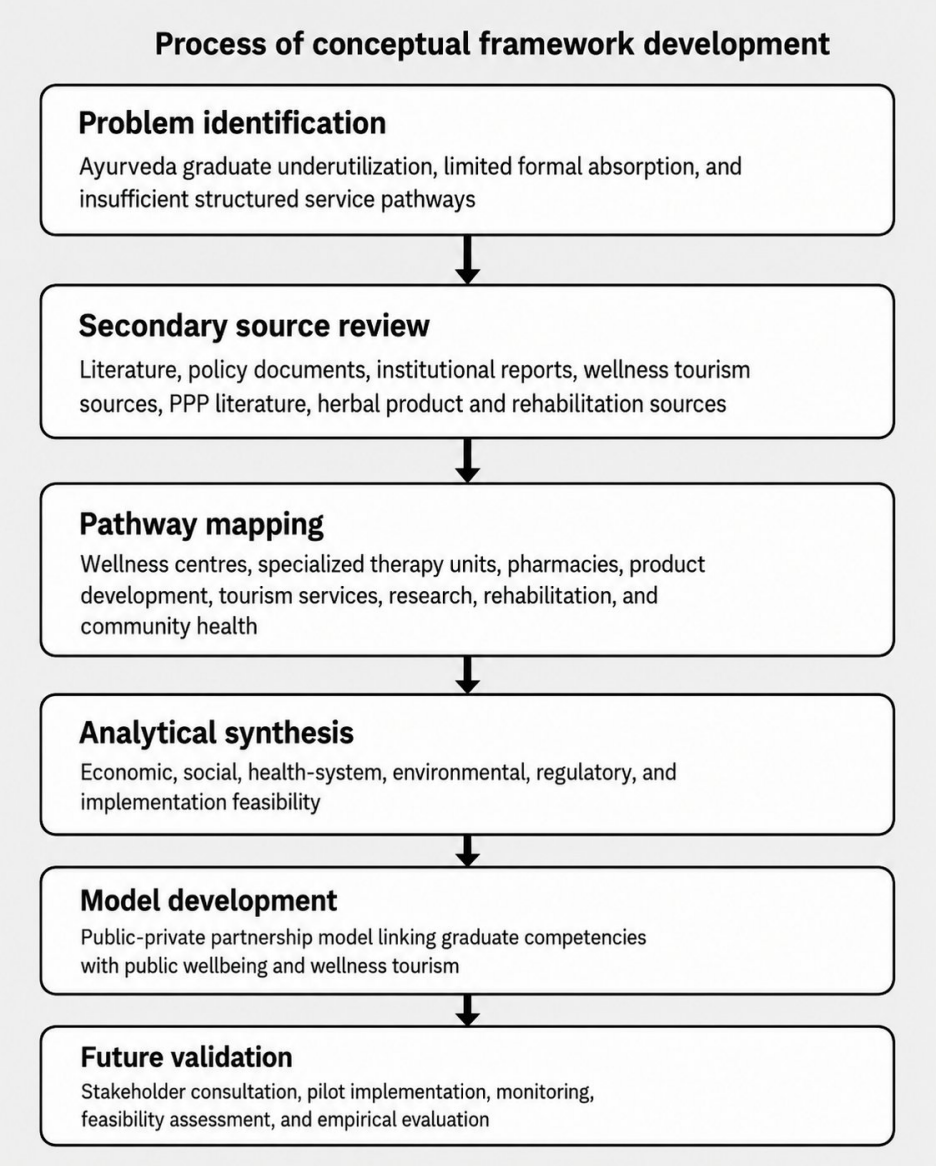

Figure 1. Process of conceptual framework development. The figure illustrates the sequential process used to develop the proposed public-private partnership model.

Results: Proposed public-private partnership model

The proposed framework is designed as a coordinated public-private partnership model for the meaningful professional utilization of Ayurveda graduates through wellness tourism and related public wellbeing services. The model does not claim that Ayurveda wellness centres, private practice, pharmacies, herbal product development, research activities, rehabilitation services, or community-based services are entirely new. Rather, its contribution is to organize these existing and underdeveloped opportunities into a structured system with defined roles

for public institutions, private-sector partners, Ayurveda graduates, tourism stakeholders, research institutions, and regulatory bodies.

The framework combines healthcare service delivery, wellness tourism, specialized traditional therapies, medicine-related activities, research, rehabilitation, and community health services within a quality-assured and financially oriented implementation structure. It is intended to create diversified career pathways while also strengthening professional recognition, service regulation, public wellbeing, and the development of Ayurveda as a medical system in Sri Lanka. The conceptual structure of the proposed public-private partnership model is presented in Figure 2.

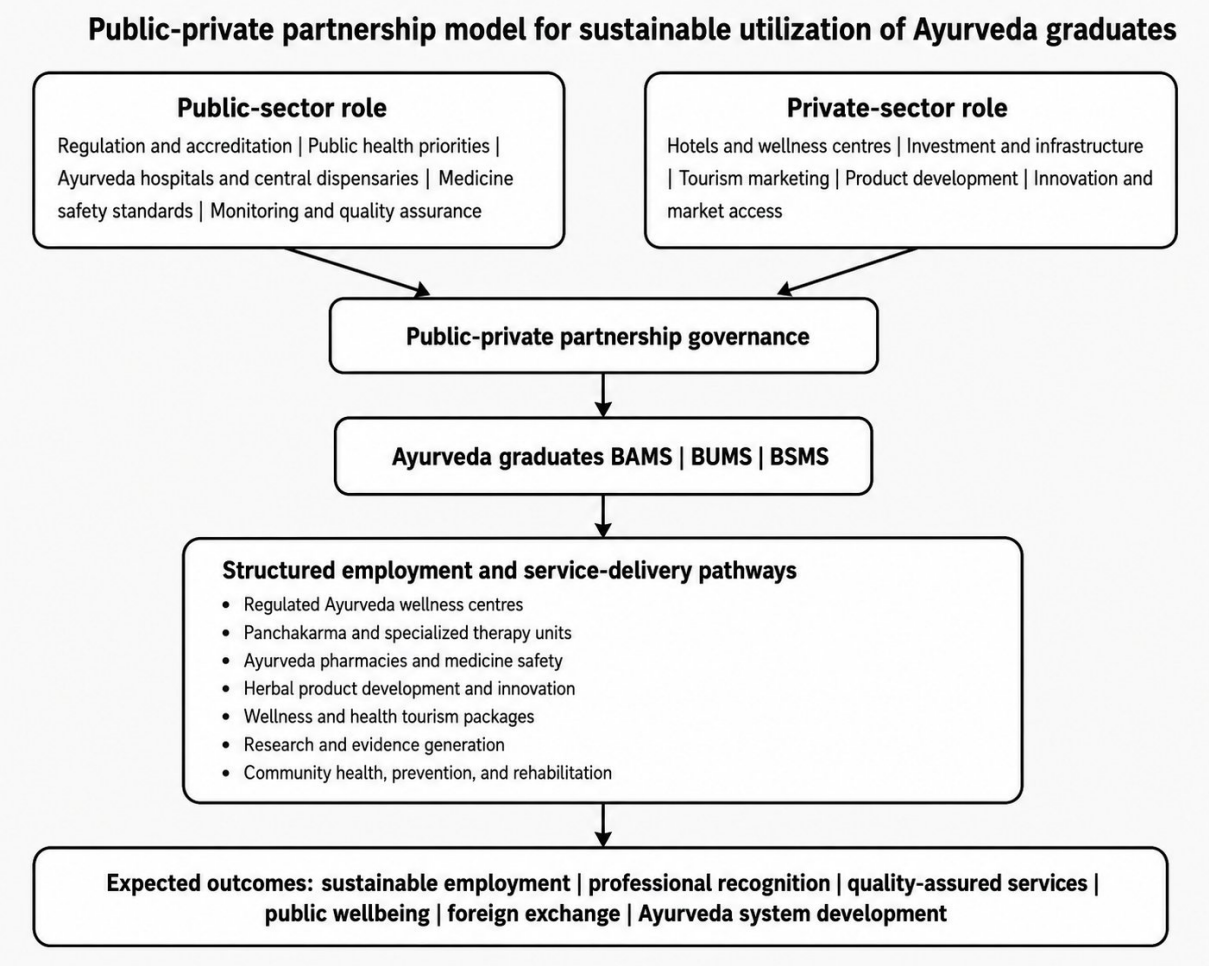

Figure 2. Public-private partnership model for sustainable utilization of Ayurveda graduates through wellness tourism. The model links public-sector regulation and service priorities with private-sector investment, infrastructure, tourism capacity, and innovation to create structured employment and service-delivery pathways for Ayurveda graduates.

The framework demonstrates that sustainable employment is not limited to job creation alone, but also depends on professional regulation, meaningful utilization of graduate competencies, quality assurance, public accountability, and integration with wellness tourism and public wellbeing services. The main components of the framework are described below.

Regulated Ayurveda wellness centres

Ayurveda wellness centres already operate in Sri Lanka through hotels, resorts, private clinics, and wellness facilities. However, service quality and professional supervision vary considerably, and some centres operate without adequate involvement of qualified Ayurveda doctors. This limits client safety, reduces the professional visibility of Ayurveda graduates, and weakens the credibility of Ayurveda-based wellness tourism.

The proposed model recommends the development of regulated Ayurveda wellness centres through public-private partnerships involving government institutions, private hotels, wellness providers, tourism stakeholders, and qualified Ayurveda graduates. These centres should provide preventive, lifestyle-oriented, and selected therapeutic services under appropriate professional supervision. Graduate roles may include Ayurveda consultation, clinical screening, treatment planning, Panchakarma supervision where appropriate, lifestyle counselling, dietary guidance, yoga and meditation coordination, client follow-up, documentation, and safety monitoring.

To ensure quality, centres should operate with defined service protocols, doctor-to-client supervision requirements, standard pricing guidelines, client consent procedures, referral pathways, and monitoring mechanisms. This would allow wellness tourism to generate employment while protecting public trust and professional standards.

Panchakarma and specialized traditional therapy units

Panchakarma and specialized traditional therapy services are already offered in some Ayurveda hospitals, private centres, and wellness tourism facilities. However, Panchakarma is not a simple spa or detoxification service. It requires proper patient selection, assessment of strength, disease condition, digestive capacity, contraindications, treatment sequencing, close monitoring, and follow-up. In some cases, patients may require inpatient or short-stay observation.

The proposed model therefore recommends that Panchakarma and specialized therapy units should function under qualified Ayurveda medical supervision rather than as stand-alone commercial wellness packages. Ayurveda graduates can be employed as clinical officers responsible for patient assessment, treatment planning, daily monitoring, complication identification, documentation, and referral where necessary.

Public-private partnerships can support the establishment of such units in selected hospitals, Ayurveda central dispensaries, tourist zones, and wellness centres, while maintaining safety standards, ethical marketing, and clinical accountability. Service packages should be classified according to purpose, clinical risk, and required level of professional supervision rather than only by duration. Short-stay packages may focus on relaxation, stress reduction, introductory Ayurveda consultation, lifestyle guidance, and basic wellness education. Longer-stay packages may include supervised Ayurveda care, rehabilitation support, chronic disease risk reduction, post-illness recovery, and monitored lifestyle modification programmes.

Ayurveda pharmacies and medicine safety services

Ayurveda pharmacies already serve as important access points for traditional medicines. However, inadequate regulation in medicine dispensing, self-medication, and the sale of preparations without professional assessment may create safety risks and reduce public trust. Some medicines may require careful monitoring, appropriate dosage, or prescription-based use, particularly where there is potential for misuse, dependency, adverse effects, or inappropriate long-term consumption. Traditional medicine safety and pharmacovigilance are important issues in health service delivery and product use (Ekor, 2014; World Health Organization, 2007).

The proposed model recommends structured roles for Ayurveda graduates in pharmacy-based services, including prescription review, patient counselling, medicine selection, dosage guidance, pharmacovigilance, quality control, and public education. Graduates can also support the development of medicine purchasing guidelines, standard dispensing protocols, and reporting mechanisms for adverse events or unsafe products.

Through public-private partnership mechanisms, Ayurveda pharmacies in urban areas, tourist zones, hospitals, and community settings could be upgraded into regulated professional service points rather than functioning only as retail outlets. This would improve medicine safety,

strengthen public confidence, and increase the professional value of graduate-level Ayurveda training.

Herbal product development and innovation

Herbal product development is already active in Sri Lanka, including medicines, oils, skincare products, supplements, and wellness products. However, many products are developed with limited research, insufficient standardization, weak documentation, and inadequate safety or efficacy evaluation. This reduces scientific credibility and limits access to international markets. Good agricultural and collection practices, quality control, and safety monitoring are important for the development of reliable medicinal plant products (Barnes et al., 2016; World Health Organization, 2004).

The proposed model encourages government-supported and private-sector-funded research partnerships for developing evidence-informed Ayurveda, Siddha, and Unani products. Ayurveda graduates can contribute to classical literature review, formulation development, raw material identification, product documentation, safety monitoring, quality assurance, clinical observation, and consumer education.

Partnerships with universities, research institutions, manufacturers, and tourism-sector actors can support product innovation while creating employment pathways in research and development, quality control, regulatory documentation, and export-oriented value addition. This component can also support local medicinal plant cultivation, organized supply chains, and the development of standardized products for domestic and international markets.

Wellness and health tourism services

Sri Lanka already promotes Ayurveda, yoga, spa, and wellness experiences within the tourism sector. However, the quality and professional supervision of Ayurveda-based wellness services vary across facilities. In some wellness centres, Ayurveda-related services are delivered without adequate involvement of qualified Ayurveda doctors, which can affect client safety, professional credibility, and the international reputation of Sri Lankan Ayurveda tourism. Wellness tourism should therefore be distinguished from general spa services and should be guided by professional standards where Ayurveda-based claims are made (Dillette et al., 2021; Smith & Puczkó, 2014).

The proposed model positions qualified Ayurveda graduates as essential professional actors in wellness and health tourism. Their roles may include pre-treatment assessment, service package design, clinical supervision, lifestyle counselling, risk screening, tourist health education, treatment documentation, and referral when needed.

The model also recommends collaboration with tourism authorities, hotels, travel agencies, and private wellness providers to establish accreditation standards, ethical marketing guidelines, minimum staffing requirements, and doctor-supervised service packages. This would help distinguish authentic Ayurveda wellness tourism from general spa services and may support Sri Lanka's positioning as a quality-assured wellness destination.

Research and evidence generation

Ayurveda, Siddha, and Unani classical texts describe numerous formulations and treatment approaches that continue to be used in practice. However, many of these medicines and interventions have not been systematically documented, evaluated, or validated through contemporary research methods. This limits their wider acceptance, international registration, and evidence-informed integration into health and wellness markets. The global development of traditional medicine increasingly requires evidence generation, safety monitoring, regulation, and appropriate research methods (Mukherjee et al., 2017; World Health Organization, 2019, 2025).

The proposed model creates structured research roles for Ayurveda graduates in classical literature review, clinical outcome documentation, observational studies, product evaluation, pharmacovigilance, and collaborative research with universities and national research institutions. Practice-based knowledge can be converted into researchable questions, documented case series, observational data, and controlled studies where appropriate.

Public-private partnerships can support funding for research on priority medicines, chronic disease management, rehabilitation, wellness outcomes, and product innovation. This can improve scientific credibility while creating graduate employment in research, documentation, and evidence generation.

Community health, preventive care, and rehabilitation

Community health, preventive care, and rehabilitation represent important areas for expanding the public value of Ayurveda graduates. Existing public Ayurveda services already provide

community-level care, but graduate roles in structured prevention, non-communicable disease risk reduction, elderly care, school and workplace wellness, disability care, and long-term rehabilitation remain insufficiently organized.

The proposed model recommends deploying Ayurveda graduates into community wellbeing programmes, mobile clinics, school health promotion, workplace wellness, elderly care, rehabilitation centres, and chronic disease prevention initiatives. Their roles may include lifestyle counselling, diet guidance, pain management support, mobility and functional recovery support, health education, follow-up, and referral. These activities are relevant to broader public health needs, including prevention and long-term management of non-communicable diseases (World Health Organization, 2023a, 2023b).

This component strengthens the public-service justification of the model by ensuring that publicly funded graduate knowledge contributes not only to tourism income but also to local community wellbeing. Rehabilitation-related roles may also support pain management, mobility improvement, disability care, and long-term functional recovery where appropriate professional supervision and referral systems are available (World Health Organization, 2021).

Governance and implementation mechanism

Effective implementation requires a governance mechanism that balances public accountability with private-sector participation. Public-sector institutions should lead regulation, accreditation, professional standards, medicine safety, monitoring, and alignment with national health priorities. Private-sector partners may contribute investment, infrastructure, tourism marketing, technology, product development, and operational management. Public-private partnerships in health and service delivery require clear role definition, accountability, and risk-sharing mechanisms (Roehrich et al., 2014; World Bank, 2017).

The partnership agreements should define graduate roles, salary structures, service standards, medicine supply responsibilities, revenue-sharing mechanisms, client safety procedures, reporting systems, and monitoring indicators. This is particularly important because unregulated practice, inconsistent salaries, medicine shortages, and weak service supervision are major barriers to the professional utilization of Ayurveda graduates.

Implementation should begin with pilot projects in selected locations rather than immediate national expansion. Pilot sites may be selected from areas with existing Ayurveda infrastructure, tourism demand, public service need, and private-sector willingness to

collaborate. Monitoring should assess graduate employment outcomes, income stability, service quality, client satisfaction, medicine availability, safety incidents, revenue generation, and public wellbeing contribution. The model can then be refined and expanded in phases.

Discussion

Contribution of the proposed model

The proposed model contributes to the existing Ayurveda and wellness tourism discourse by shifting the focus from simple graduate employment generation to meaningful professional utilization within regulated public-private service systems. Several Ayurveda-related employment opportunities already exist in Sri Lanka, including private practice, wellness centres, pharmacies, herbal product enterprises, tourism-linked services, rehabilitation services, and community care. However, these pathways remain fragmented and are not consistently supported by regulation, quality assurance, standardized employment conditions, research, or public-sector coordination.

The proposed model addresses this gap by connecting Ayurveda graduate competencies with wellness tourism, medicine regulation, product development, rehabilitation, research, and public wellbeing through a structured public-private partnership mechanism. The central gap is not the complete absence of opportunities, but the absence of a coordinated system that converts existing Ayurveda-related opportunities into regulated, professionally recognized, and public-benefit-oriented employment pathways for Ayurveda graduates.

Economic and employment sustainability

The economic sustainability of the model depends on its ability to generate revenue while maintaining professional standards and public accountability. Potential revenue streams include doctor-supervised wellness services, Panchakarma and specialized therapy packages, Ayurveda pharmacies, herbal product development, wellness tourism packages, rehabilitation services, and training programmes. These income streams may support salary structures for graduates and reduce exclusive dependence on government appointments.

However, financial sustainability cannot be assumed. It requires realistic pricing, sufficient client demand, transparent revenue-sharing agreements, medicine supply planning, cost control, and monitoring of service quality. For Ayurveda graduates, the model may create more structured employment than irregular private-sector or corporate wellness roles, particularly if

minimum salary scales, service-based incentives, benefits, and professional responsibilities are clearly defined. This is important because employment outside the public sector does not always ensure appropriate use of graduate-level clinical, pharmaceutical, and preventive health competencies.

Professional regulation and service quality

Professional regulation is central to the proposed model. The social value of qualified Ayurveda graduates may be weakened when unqualified practitioners provide similar services, when Ayurveda pharmacies dispense medicines without adequate professional assessment, or when wellness centres operate without qualified Ayurveda doctors. These conditions can reduce public trust, create safety risks, and lower the perceived value of graduate-level training.

The proposed model therefore requires clear standards for practitioner registration, facility accreditation, doctor supervision, medicine dispensing, prescription control, adverse-event reporting, treatment documentation, and ethical marketing. Panchakarma and specialized traditional therapies require particular attention because they may involve intensive procedures, patient monitoring, and, in some cases, short-stay or inpatient care. A regulated public-private partnership structure could help ensure that service expansion does not compromise safety, professional credibility, or the integrity of Ayurveda as a medical system.

Health-system and public wellbeing contribution

The public value of the model lies in its potential to channel publicly funded professional knowledge back into public wellbeing. Ayurveda graduates are trained not only for wellness services but also for clinical assessment, treatment planning, medicine preparation, preventive care, rehabilitation, and community health. Their underutilization represents a loss of public investment and a missed opportunity for strengthening public health services.

In rural areas, some Ayurveda hospitals and central dispensaries experience overcrowding and medicine shortages, while community-level preventive services remain insufficiently developed. The proposed model could support public wellbeing by deploying graduates into preventive health programmes, non-communicable disease risk reduction, elderly care, school and workplace wellness, rehabilitation, and medicine safety activities. However, these contributions require institutional support, adequate medicine supply, supervision, and integration with existing public health priorities

Wellness tourism and foreign exchange potential

Wellness tourism provides an important opportunity for Sri Lanka to position Ayurveda as a professionally supervised, culturally rooted, and quality-assured health and wellbeing service. However, the expansion of Ayurveda tourism should not be based only on commercial spa packages. If wellness centres operate without qualified doctors or if terms such as Panchakarma and detoxification are used loosely, the credibility of Sri Lankan Ayurveda may be weakened.

The proposed model can support higher-value wellness tourism by requiring qualified Ayurveda graduate involvement in assessment, programme design, supervision, counselling, documentation, and safety monitoring. It may also create demand for locally produced herbal medicines and wellness products. Nevertheless, tourism-linked revenue is vulnerable to seasonal demand, global travel disruptions, economic instability, and international competition. Therefore, the model should combine tourism income with domestic public wellbeing services, pharmacies, product development, and research activities.

Environmental sustainability

Ayurveda-based services and herbal product development have potential links with environmental sustainability because they depend on medicinal plants, natural resources, and culturally rooted health practices. However, increased demand for herbal products may also create pressure on plant resources if cultivation, harvesting, and supply chains are not properly managed. Therefore, environmental sustainability should not be assumed only because the services are traditional or plant based.

The proposed model should promote organized medicinal plant cultivation, good agricultural and collection practices, sustainable sourcing, quality control, and local value addition. Partnerships with community growers, research institutions, and manufacturers can help protect medicinal plant resources while supporting rural livelihoods and product standardization. This component is relevant to responsible production, sustainable tourism, and long-term development of the Ayurveda sector.

Policy relevance

The framework aligns with several Sustainable Development Goals, including SDG 3 on good health and well-being, SDG 8 on decent work and economic growth, and SDG 12 on responsible production and consumption. It also supports the broader policy direction of

strengthening traditional medicine through evidence generation, regulation, safety, and health-system relevance (World Health Organization, 2025).

For policy implementation, the model requires supportive regulations, accreditation mechanisms, structured post-intern or early-career employment pathways, incentives for private-sector participation, medicine supply planning, and mechanisms to protect public access to services. The role of the state remains important because Ayurveda cannot develop as a medical system only through isolated private practice or commercial wellness activities. Government support is necessary for professional recognition, regulation, public trust, research, and service quality.

Practical feasibility and implementation challenges

Several implementation challenges should be considered before national scale-up. First, the model requires clear governance arrangements among public institutions, private hotels, wellness centres, pharmacies, manufacturers, universities, tourism authorities, and Ayurveda regulatory bodies. Second, financial feasibility depends on service demand, pricing, revenue sharing, salary structures, medicine supply costs, facility maintenance, and private-sector investment. Third, graduates may require additional training in hospitality communication, medical tourism ethics, digital documentation, research methods, entrepreneurship, pharmacovigilance, and service quality management.

Fourth, regulation is essential to prevent unqualified practice, unsafe dispensing of medicines, unsupported therapeutic claims, and inconsistent service quality. Fifth, public-sector facilities such as Ayurveda hospitals and central dispensaries may already be overcrowded or under-resourced, so their use for tourism-linked services should not reduce access for local patients. Sixth, herbal product development requires research funding, laboratory support, raw material standardization, safety testing, and market regulation.

For these reasons, implementation should begin with carefully selected pilot sites. Pilot evaluation should measure graduate employment outcomes, income stability, professional role clarity, service quality, patient and client satisfaction, medicine availability, safety incidents, revenue generation, and public health contribution before national expansion.

Limitations and future research

This study is limited by its conceptual design and reliance on secondary sources. It does not include primary data from Ayurveda graduates, policymakers, patients, tourists, private-sector providers, pharmacy owners, manufacturers, or community stakeholders. The proposed model has not yet been tested through financial feasibility assessment, pilot implementation, or outcome evaluation. Therefore, the findings should be interpreted as a policy-oriented conceptual proposal rather than evidence of effectiveness.

Future research should include stakeholder interviews, graduate employment surveys, institutional capacity assessments, financial feasibility studies, pilot implementation, and outcome evaluation. Priority indicators may include number of graduates employed, salary stability, professional role clarity, service utilization, medicine availability, client safety, public satisfaction, tourist satisfaction, revenue generation, and contribution to community wellbeing.

The model's value therefore depends not only on creating employment opportunities, but on converting fragmented Ayurveda-related services into regulated, professionally supervised, financially viable, and public-benefit-oriented pathways for Ayurveda graduates.

Conclusions

Sri Lanka's Ayurveda graduate workforce represents a publicly funded professional resource that remains insufficiently utilized within coordinated public wellbeing and wellness tourism systems. This paper proposed a conceptual public-private partnership model to support the sustainable employment and meaningful professional utilization of Ayurveda graduates through regulated wellness tourism services, specialized traditional therapy units, Ayurveda pharmacies, herbal product development, research, rehabilitation, and community-based preventive care.

The main contribution of the model is its attempt to organize existing and underdeveloped Ayurveda-related opportunities into a structured system with clearer governance, professional supervision, quality assurance, revenue generation, and public accountability. However, as this study is conceptual and based on secondary sources, the proposed model should not be interpreted as an empirically tested solution. Further stakeholder consultation, financial feasibility assessment, pilot implementation, and outcome evaluation are required before national-scale application. With appropriate regulation and phased implementation, the model

may help strengthen Ayurveda graduate utilization, public wellbeing, wellness tourism development, and the professional recognition of Ayurveda as a medical system in Sri Lanka.

Ethical approval

Ethical approval was not required because this conceptual study used secondary sources and did not involve human participants, patient data, or primary data collection.

Data availability statement

No primary datasets were generated or analysed during the current study. The manuscript is based on secondary sources and conceptual synthesis.

Declaration of AI use

During the preparation of this work, the authors used Perplexity.ai and ChatGPT to improve language clarity and support manuscript revision. After using these tools, the author reviewed and edited the content and takes full responsibility for the final version.

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