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TRADITIONAL MEDICINE AND MODERN HEALTH CARE

Progress report by the Director-General

This report is presented for review in response to resolution WHA42.43 and describes the progress and current status of the traditional medicine programme. It presents the policy basis of the programme and the background to its development. The programme's five major areas of concern are covered and a brief description is given of the activities undertaken in each one: national programme development; health systems and operational research; clinical and scientific investigations; education and training; and exchange of information. The programme's future directions are then outlined in the areas of national policies, medicinal plants and acupuncture.

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I. BACKGROUND

1. The WHO Eighth General Programme of Work, covering the period 1990-1995, defines traditional medicine, which is widespread throughout the world, as comprising therapeutic practices that have been in existence, often for hundreds of years, before the development and spread of modern scientific medicine, and are still in use today. These practices vary widely, in keeping with the social and cultural heritage of different countries.

2. Over the past decade interest has revived in the study and use of traditional systems of medicine in different cultural settings. As a result, countries have sought cooperation from WHO in identifying and using the safe and positive elements of traditional medicine in national health systems.

3. WHO is aware that many elements of traditional medicine are beneficial, but others are not, and some are definitely harmful. In this respect, the Organization encourages and supports countries to identify and provide safe and effective remedies and practices for use in the public and private health services. However, this does not amount to a blind endorsement of all forms of traditional medicine. WHO's role is to ensure that traditional medicine is examined critically and with an open mind.

4. Both WHO and many of its Member States have sought to foster a realistic and pragmatic approach to the subject. This has assured progress in the programme's primary objective of linking proven, useful traditional practices and modern scientific medicine within the national health system.

5. The policy of the traditional medicine programme is based on a number of resolutions adopted by the World Health Assembly and the regional committees. These draw attention to the fact that: (i) most of the world's population depends on traditional medicine for primary health care; (ii) the work force represented by practitioners of traditional medicine is a potentially important resource for the delivery of health care; and (iii) medicinal plants are of great importance to the health of individuals and communities. Moreover, the Declaration of Alma-Ata in 1978 provided for, inter alia, the accommodation of proven traditional remedies in national drug policies and regulatory measures.

6. In May 1988 the Forty-first World Health Assembly drew attention to the Chiang Mai Declaration, "Saving lives by saving plants", and, in resolution WHA41.19, endorsed the call for international cooperation and coordination to establish a basis for the conservation of medicinal plants and to ensure that adequate quantities are available for future generations.

7. Resolution WHA42.43, adopted in 1989, recalled earlier resolutions on traditional medicine[1] and affirmed that together they constituted a comprehensive approach to the study and utilization of medicinal plants in health services. This resolution requested the Director-General to prepare a progress report for consideration by the Forty-fourth World Health Assembly.

8. The activities in traditional medicine that WHO undertakes, in response to requests from Member States, are those that support Member States in their efforts to formulate national policies on traditional medicine; to study the potential usefulness of traditional medicine, including evaluation of practices and investigation of the safety and efficacy of remedies; to upgrade the knowledge and skills of traditional and modern health practitioners; and to educate and inform the community about proven traditional health practices.

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[1] Resolutions WHA29.72, WHA30.49, WHA40.33; WHA31.33, WHA41.19; in addition, a resolution was adopted in 1969 on pharmaceutical production in developing countries (WHA22.54)

9. The traditional medicine programme draws guidance and support from the members of the Expert Advisory Panel on Traditional Medicine and from individuals and institutions that are active in the field. Technical links are maintained with UNIDO, UNDP, UNESCO and the World Bank, as these agencies and other funding and development bodies are financing traditional medicine activities at country level. A recent link has been forged with the World Federation of Proprietary Medicine Manufactures (WFPMM), a nongovernmental organization in official relations with WHO.

10. The activities of the programme have immediate and potential benefits for many of WHO's technical programme areas; for example, the use of traditional remedies in infectious and noncommunicable disease control; the use of medicinal plants for fertility regulation and cancer; the role of traditional health practitioners, especially traditional midwives, in maternal and child health and in the Expanded Programme on Immunization; the development of culture-based mental health services; and the role of traditional health practitioners as health educators in their respective communities. The programme also plays a role in AIDS prevention and control at country level, especially in the African Region where traditional health practitioners are used in health education, counselling and family support activities. Another area is the investigation of traditional remedies and drugs considered to have anti-viral or immunity-enhancing properties or to be useful against opportunistic infections.

11. Since 1985 the programme has received financial support from DANIDA; as from 1989 it has been working closely with WFPMM to implement some of its activities. A major effort is under way to secure additional extrabudgetary support for this important programme.

12. A brief account of the current status of the programme and of its future directions is given below in response to resolution WHA42.43 on traditional medicine and modern health care. Further details of activities are available in documents issued by the programme.

II. PROGRAMME STATUS

13. WHO's priorities in traditional medicine are reflected in the activities listed in the medium-term programme for 1990-1995.[1] These are grouped into five main areas of concern: national programme development, health systems and operational research, clinical and scientific investigations, education and training, and exchange of information.

National programme development

14. In the area of national programme development, WHO collaborates with its Member States in the review of national policies, legislation and decisions on the nature and extent of the use of traditional medicine in their health systems. Activities include cooperation with ministries of health in establishing polices and appropriate mechanisms for introducing traditional remedies and practices into primary health care programmes. Bhutan, Botswana, Cuba, Lesotho, Nicaragua and Sudan are examples of countries that have initiated national activities in traditional medicine in recent times.

15. The primary health care approach calls for, among other things, increased intersectoral planning, programming and delivery, and for a common approach in solving health problems as part of general socioeconomic development. It also emphasizes the need to make maximum use of all available resources. This is why the International Conference on Primary Health Care, in Alma-Ata in 1978, recommended that governments give high priority to the utilization of traditional medicine and the incorporation of proven traditional remedies into national drug policies and regulations. This is the most

[1] Document TRM/MTP/87.1.

appropriate way for governments to ensure that indigenous medicinal plants of value contribute to the availability of safe and efficient medicines for simple therapeutic indications at the primary health care level. The recent decision to make the traditional medicine programme part of the global programme concerned with drug management and policies recognizes the importance of plants as sources of products of medicinal value, and the need for an adequate technological infrastructure to realize this potential.

16. Most developing countries have a wealth of medicinal plants that are used in traditional medicine. However, only a few have taken steps to make a systematic assessment of these resources with a view to using them in their health services. The reasons for this are several and include the lack of a comprehensive national policy on the utilization of endemic medicinal plants and their derivatives, and inadequate coordination and collaboration between health authorities and other bodies working in this field.

17. An example of attempts to strengthen the use of traditional medicine in the health services is a recent meeting of experts from developing countries on traditional medicinal plants that was co-sponsored by WHO (Arusha, 1990). The group explored all practical ways of strengthening overall South-South cooperation on the rational utilization of medicinal plants in the health services. Among other things, the meeting helped to reinforce the recognition of traditional medicinal plant remedies as an important component of primary health care programmes in the countries of the South.

18. Only a fraction of the world's plants has been studied. Yet, from this, humanity has reaped enormous benefits. Thus, the large number of plants that have not been studied constitute a rich resource potential for the world to explore. This is where modern technology can play a useful role. The specific technologies needed are found in the pharmaceutical industry. Therefore, it makes good economic sense, where countries are in the process of building up such an industry, to exploit to their fullest potential the natural resources that they possess in the form of medicinal plants. This is why the recent collaboration with WFPMM is so crucial to the development of essential medicinal plant drugs that could reduce the heavy economic burden that Member States, especially developing countries, face in the provision of essential drugs for their teeming populations.

19. It took several decades for most, if not all, drugs derived from plants to pass from initial, pre-clinical studies to introduction into the medical armamentarium. Today's technology can speed up the process tremendously. The application of modern scientific methods in the cultivation, selection, manufacture and clinical trials of herbal medicines is the most appropriate way to transform traditional practices and trade into a modern industrial process. In this connection, the Chinese and Japanese models, along with other models, are being considered by other countries when developing their own systems.

20. The WHO traditional medicine programme has outlined two basic strategies for the agro-industrial production and use of medicinal plants of standardized pharmacologically active constituents: (1) the application of known and effective technologies to the cultivation, processing and manufacture of herbal medicines for use in public and private health services in order to meet the health needs of the population in accordance with the objectives of self-reliance and cultural acceptability. In addition, known pharmacologically active products (for example tincture of atropine) derived from local plants, as well as pharmaceutical aids (such as starch, which can be locally produced) should be manufactured as import substitutes and used as part of the national essential drug programme; (2) the distribution of seeds, seedlings and/or saplings to individuals and communities to be cultivated in home gardens and consumed as infusions. For example, plants with proven anti-malarial properties could be distributed to communities during the malaria transmission season.

21. Industrial production would require the adoption of suitable agro-industrial technology in order to obtain adequate quantities of medicinal plants of standard physical and chemical quality. There is thus a need to cultivate such plants on a large scale and to devote attention to their genetic improvement. At UNIDO's Third Consultation on the Pharmaceutical Industry (1987), WHO and UNIDO agreed to:

- cooperate with developing countries in conducting pharmacological and clinical trials on plant-derived products to ensure regulatory requirements for safety and quality standards;

- conduct special educational programmes to publicize the proper use of plant-derived herbal medicine; and

- organize consultations at regional level on various facets of the medicinal plant industry, stressing quality standards and safety, with a view to promoting the wider use and acceptability of herbal medicines.

These proposed activities stem from resolution WHA22.54 on pharmaceutical production in developing countries adopted by the World Health Assembly in 1969.

22. As a follow-up to the recommendations made at the UNIDO consultation, a UNIDO Interregional Meeting on Cooperation among Developing Countries on the Development of the Pharmaceutical Industry was held (New Delhi, 1990) to consider the industrial utilization of medicinal plants, including herbal remedies, and ways to promote technical cooperation among developing countries for the development of the plant-derived pharmaceutical industry.

23. There is no doubt that many commercial enterprises have taken advantage of WHO's call to Member States to pay more attention to their traditional forms of medicine, especially medicinal plants. This is evidenced by the ever-growing numbers of pharmaceutical companies in developed and developing countries that are marketing "traditional" remedies for different conditions, with claims that are unverified and without adequate provision for the safety of their products. The only way to minimize charlatanry and to ensure that manufactured medicinal plant products are available for therapeutic indications at the primary health care level, and at a price that people can afford, is for governments to take the initiative, with or without the collaboration of industry, to produce and market safe and effective traditional plant remedies.

24. At the Fourth International Conference of Drug Regulatory Authorities, co-sponsored by the Ministry of Health and Welfare of Japan and WHO (Tokyo, 1986), a workshop was held on traditional herbal medicines. It was acknowledged that in many countries, developed as well as developing, these medicines play an important part in health care. It was noted that truly traditional practices are more amenable to influence through education and training than to statutory control. The workshop also concentrated on the exploitation of traditional medicine through over-the-counter sales of labelled products on a commercial basis and addressed the need for legislation, quality standards and information. Countries are being supported in their efforts to formulate and introduce appropriate national policies, regulations and control measures to ensure the safety of remedies. This was also the subject of a workshop at the Fifth International Conference of Drug Regulatory Authorities (Paris, 1989), which will be followed up by a series of meetings and consultations to draw up guidelines for adaptation by countries.

25. With the great increase in the use of <u>acupuncture</u> that has occurred throughout the world in recent years, the need for a common language - a standard reference nomenclature - has become evident and pressing. WHO has therefore taken the initiative to meet this need, thus facilitating the international exchange of information on the subject. A scientific group on a standard international acupuncture nomenclature (Geneva, 1989) brought together, for the first time, medical and traditional acupuncturists. The scientific group made the following recommendations:

. wide distribution of the standard international acupuncture nomenclature;

. standardization of the nomenclature of auricular acupuncture and of the basic technical terms used in acupuncture;

. preparation of guidelines on the following subjects:

- the regulation of acupuncture by health authorities;

- basic training in acupuncture

- safety in acupuncture practice

- acupuncture research and clinical trials;

. promotion of information exchange on acupuncture.

A Working Group on Auricular Acupuncture Nomenclature will meet in Lyons, France, in November 1990 to review and complete the work that had been initiated by a regional working group (Seoul, 1987) on the standardization of auricular acupuncture nomenclature.

26. In October 1990 WHO and the Council of Europe co-sponsored a workshop in Rome on comparative analysis and harmonization of acupuncture training in Europe. The workshop reviewed the result of a survey on the present state of acupuncture training in Europe, the place of traditional medicine, particularly acupuncture, in health policies in Europe, and the accomplishments of acupuncture research. It also outlined approaches and strategies for implementing postgraduate training of physicians in acupuncture.

Health systems and operational research

27. Research is a broad area of endeavour that includes health systems, clinical and scientific research. Health systems and operational research involves studies on the potential and limitations of the use of traditional health practitioners in primary health care in district health systems; surveys of traditional medical practices; and inventories of medicinal plants and other natural substances. Comparative studies of modern and traditional medicine evaluate the relative advantages of the two systems, such as clinical efficacy and cost-effectiveness, as well as their cultural acceptability to consumers.

28. After a presentation of the traditional medicine programme to the board of WFPMM in 1989, WHO and WFPMM agreed to intensify cooperation in traditional medicines over the next several years. The suggested areas of collaborative work are: medicinal plants in health care, standardization of medicinal plant remedies, and the use of manufactured medicinal plants in self-medication. A survey of the current status of the use of medicinal plants in selected countries is being undertaken by WFPMM on behalf of WHO. The preliminary results show that the number of individuals using medicinal plant remedies is large and on the increase, especially among younger people. The population studied uses traditional remedies responsibly for common therapeutic indications such as colds, insomnia, indigestion, loss of appetite and nervous tension.

29. There are 27 collaborating centres for traditional medicine: five in the African Region, three in the Region of the Americas, one in the Eastern Mediterranean Region, three in the European Region, three in the South-East Asia Region, and twelve in the Western Pacific Region. The meeting of Directors of WHO Collaborating Centres for Traditional Medicine (Beijing, 1987) recommended that a concerted effort be made to orient research efforts and studies to provide solutions to public health problems, particularly at the primary health care level.

Clinical and scientific investigations

30. Clinical and scientific investigations are needed to ensure the safety and efficacy of traditional medicines in the same way as they are for modern medicaments, especially for manufactured products moving in international commerce. Within the context of an overall health research strategy, national research establishments are continuing to investigate the safety and efficacy of many of the remedies used by traditional health practitioners from the point of view of ethnobotany, medical anthropology, experimental pharmacology and clinical practice; they are also conducting epidemiological studies on their use. They also endeavour to standardize and improve traditional formulations such as tablets, capsules, and syrups destined for pharmaceutical production.

31. For viral diseases or syndromes, such as AIDS, for which no vaccines are available, therapeutic agents capable of selectively blocking the replication cycle of the virus are clearly needed. One recent development in the traditional medicine programme is the investigation of traditional medicinal plants considered to have anti-viral properties or activity against opportunistic infections occurring in patients with AIDS.

32. A number of natural products have demonstrated an anti-HIV or anti-reverse transcriptase activity in vitro; for example, castanospermine, derived from the Australian chestnut tree, and glycyrrhizin, derived from liquorice. Such natural products have been tested in limited clinical trials in some countries. A meeting was organized, in collaboration with the biomedical research unit of the WHO Global Programme on AIDS, to consider the systematic and scientific assessment of potential anti-HIV activity for further clinical evaluation.

33. Medicinal plants that have been used as anti-infective agents in the prevailing system(s) of traditional medicine in different geographical areas are being systematically collected in order to evaluate their anti-HIV potential. This is a collaborative project with the WHO Collaborating Centre for Traditional Medicine at the University of Illinois, which has been designated as the coordinator for the preparation of primary extracts for bioassay. The extracts are then sent to the WHO Collaborating Centre for AIDS at the National Bacteriological Laboratory in Stockholm for anti-HIV testing in vitro. Some 36 extracts representing 18 plant species have so far been submitted to this laboratory for evaluation. Extracts from two species have been found to be active and of great interest because of their low toxicity. Two actives in eighteen samples represent a high "hit-rate". Considering the initial project goal of collecting 200 samples by the end of 1990, a projected total of about 11 to 12 active plant species can be expected to serve as candidates for bioassay-directed fractionation and eventual isolation of active principles. It is WHO's policy to ensure that the benefits from the development of drugs as a result of collaborative efforts like this one are, as far as possible, made widely available on an equitable basis.

34. As a further step in the collaboration between the traditional medicine programme and the Global Programme on AIDS, a joint meeting on Traditional Medicine and AIDS: Clinical Evaluation of Traditional Medicines and Natural Products was held in Geneva in September 1990. The meeting elaborated guidelines and protocols for the clinical evaluation of safety and efficacy of traditional remedies. The protocols will provide guidance for the conduct of clinical studies on medicinal plants and serve as a framework for comparison of clinical trial results within and between countries.

Education and training

35. In the area of education and training, WHO promotes the acquisition of new knowledge and skills by all health personnel, including traditional health practitioners. In advocating the training of traditional health practitioners, WHO emphasizes the further development of their competence and skills within the framework of primary health care so as to afford them an opportunity to share their experiences with other health workers. Countries are incorporating elements of traditional medicine into training schemes for modern health workers and communities are being provided with educational material about valid traditional health practices.

36. A consultation on AIDS and Traditional Medicine: Prospects for Involvement of Traditional Health Practitioners was held in July 1990 in Francistown, Botswana. The consultation explored the best ways of involving traditional health practitioners in the prevention and control of AIDS in Africa; drafted guidelines on approaches that countries could use to secure the involvement and continued participation of traditional health practitioners; and examined the need for health services operational research in traditional medicine which is relevant to the formulation and implementation of strategies for AIDS prevention and control and other public health measures. The recommendations of the consultation were brought to the attention of the Regional Committee for Africa at its fortieth session in order to emphasize the need for rapid action in this area.

37. As part of the Organization's efforts to establish the safety of medicinal plants, a series of WHO/DANIDA intercountry workshops on appropriate methodology for selection and use of traditional remedies in national primary health care programmes has been held (Bangkok, 1985; Kadoma, Zimbabwe, 1989). The objective of these workshops is to enable the participants to acquire the methodology needed for the introduction and utilization of natural substances in health services. The workshops address problems of safety and efficacy of traditional remedies, including related issues of standards, stability and dosage formulation.

Exchange of information

38. The exchange of information is an area in which WHO plays a vital role, not only in traditional medicine but also in virtually every aspect of public health. In fulfilling this role it is ably supported by a number of national reference centres and by WHO collaborating centres. The International Traditional Medicine Newsletter, published by the Collaborating Centre for Traditional Medicine of the University of Illinois, provides an opportunity for exchange of information on the subject, reporting both on the work of other collaborating centres and on country experiences. This newsletter has been providing individuals and institutions with a valuable means of keeping in touch with developments in other parts of the world.

39. NAPRALERT is the acronym for Natural Product Alert. This is a computerized database on medicinal uses of natural products and includes ethnomedical, pharmacological and phytochemical profiles. Information is available on request and, in the case of scientists from developing countries, without charge, through special arrangements made between the traditional medicine programme and the University of Illinois at Chicago.

40. In 1990 WHO participated in the International Garden and Greenery Exposition - EXPO '90 - in Osaka, Japan, where a WHO herb garden was on permanent display from 1 April to 30 September. Attention was given to the controlled cultivation of certain medicinal plants and their sustainable use, as well as their conservation in natural habitats, so that they may be preserved unthreatened for future generations in accordance with the theme of the Chiang Mai Declaration, "Saving lives by saving plants". A booklet describing the plants in the WHO Herb Garden and their medicinal and culinary properties was prepared for distribution to people visiting the garden and to the general public in Japan.

41. As a follow-up to the workshop on acupuncture training in Europe (see paragraph 26), WHO and the Council of Europe co-sponsored a forum on the role of non-conventional medicines in European health policy at the approach of the year 1993, held in Rome in October 1990. The purpose of this meeting was to allow a multidisciplinary group of experts to exchange freely information, ideas and opinions on all forms of therapeutic practices extraneous to modern scientific medicine.

42. In recent years there has been a surge of public interest in the use of traditional remedies and practices, especially herbs and other plants. The subject has received extensive coverage in the press and lay publications, much of it uncritical and unverified, and some even dangerous. Therefore, ensuring safety, in the use of medicinal plants and the remedies derived from them, requires not only control measures but also a

substantial effort in public information and professional education. In all countries, developed and developing, the public and health professionals need to be provided with up-to-date and authoritative information on the beneficial properties and possible harmful effect of traditional remedies and practices.

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43. The activities that have been described here have only touched on some aspects of WHO's traditional medicine programme. There are, of course, many other activities going on in different countries. However, the activities described indicate the need for a comprehensive national policy and for the formulation and application of criteria for selecting traditional remedies and practices in the treatment of common ailments in primary health care. The application of selection criteria would significantly reduce expenditure on imported drugs and promote self-reliance in accordance with cultural acceptability.

44. Despite its range of activities, there are limits to the scope of the WHO traditional medicine programme. It receives innumerable requests which, if acted upon, would involve it in activities for which it is not prepared, or which are contrary to its objectives. WHO is often asked to sanction all kinds of traditional and alternative medicine approaches, many of which are of highly dubious value and some of which are outright dangerous. These requests are redirected to the relevant health authorities. The decision to incorporate any form of therapy within national health services is the exclusive prerogative of individual Member States.

45. Researchers approach WHO seeking financial support for their studies. These investigators are directed to specific national institutions that are already actively involved in and collaborating with the programme, with the advice that they should discuss their ideas with these groups in order to ensure that their interest is part of a national research programme in traditional medicine. This prevents any tendency to "reinvent the wheel" and provoke costly duplication of efforts. The programme maintains a list of investigators and institutions, and encourages an active exchange of information. This, too, can only be done to a limited extent, given the scarce resources currently available. The provision of information, free of charge to researchers in developing countries, through arrangements with NAPRALERT, has already been mentioned in paragraph 39.

III. FUTURE DIRECTIONS

46. The Programme's future directions will focus on three main areas of activity: national policies, medicinal plants and acupuncture.

National policies

47. Some countries have already integrated traditional forms of medicine into their national health systems. However, the situation in traditional medicine is not static, and it is necessary to involve other countries making use of traditional forms of medicine in their health systems, or those that are considering doing so, to the greatest extent possible.

48. An Interregional seminar held in China (1985) gave national health policy makers an opportunity to see how traditional medicine is used in the delivery of primary health care. As a result, many countries have introduced measures to make better use of traditional medicine in their health systems. The success of this activity has been instrumental in the decision to plan another seminar, to be held in 1992 in a country where traditional medicine is widely used in the health services. This activity will give those responsible for health policy at national level an opportunity to exchange views and experiences on the utilization of traditional medicine in primary health care, and to discuss and examine the possibility of adopting comparable approaches in the provision of health services in their own countries. This experience will make a

valuable contribution to the formulation of national policies on traditional medicine in other countries.

49. Several countries have requested the collaboration of WHO in organizing and conducting workshops to elaborate national policies on traditional medicine, followed by the promulgation of legislation that defines and standardizes basic elements of traditional practices and remedies. These activities will be carried out within the next few years.

Medicinal plants

50. As part of the series of WHO/DANIDA workshops on appropriate methodology for selection and use of traditional remedies in national primary health care programmes (see paragraph 37), workshops are being planned for English- and French-speaking countries of the African and Eastern Mediterranean Regions in 1991, and for participants from countries of Latin America in 1992. These workshops are intended for national health officers who are directly involved in selecting medicinal plants with a high degree of predictable safety, for use in primary health care. The objectives of the workshops will be to identify the current state and future prospects of the utilization and registration of medicinal plant remedies; to give participants practical experience in methods of accessing and assessing local, national and global information needed for the selection of medicinal plants and other natural products for use in primary health care; and to create a model for the decision-making process in evaluating the safety of traditional remedies.

Acupuncture

51. Although traditional methods of treatment are usually specific to national situations, some of them, such as acupuncture, are used throughout the world. Where acupuncture forms part of the cultural heritage of countries, its use in integrated modern and traditional medicine presents no difficulty. However, in countries where modern medicine is the foundation of medical care, the ethical use of acupuncture requires objective evidence of its efficacy under controlled clinical conditions.

52. A series of working groups will be held to prepare an authoritative statement on the proven and well-established clinical indications of acupuncture in the major branches of modern clinical medicine. These working groups will be held in close collaboration with the WHO Regional Office for the Western Pacific which has played such an important role in promoting the adoption of the standard acupuncture nomenclature mentioned in paragraph 25 and its recommendation for international use. Efforts will also be made to implement the recommendations made by the scientific group on a standard international acupuncture nomenclature.

IV. CONCLUSION

53. The full and proper use of traditional medicine makes an important and clear contribution to countries' efforts to achieve health for all by the year 2000. The economic crises confronting many developing countries have led to a severe shortage of modern drugs at the primary health care level. This situation has prompted more people to turn to the use of traditional medicine, whether or not this is government policy. In the worst of situations, this has meant an increase in quackery and charlatanry. But where governments intimately link traditional medicine with the essential elements of primary health care, these negative consequences are forestalled to some extent, or at least minimized. Where such links do not exist, economic conditions have created a pattern of health care utilization actually detrimental to the health of the population the national health services are trying to protect.

54. The WHO traditional medicine programme will make a special effort to collaborate closely with countries that are introducing measures to utilize proven traditional remedies and practices to achieve a greater coverage of their populations with basic and

essential health care. However, the resources available under the WHO regular budget are not sufficient to cover all the activities heeded. Extrabudgetary resources will therefore, have to be sought and obtained if collaboration with Member States in this field is to be successful. The limited resources available from the regular budget will be used largely in a catalytic way.

55. The activities required to implement a cohesive traditional medicine programme in countries have been described above. Additional extrabudgetary resources will be required for their completion, and Member States will need to seek financial support from international and multinational agencies and nongovernmental organizations committed to the achievement of health for all through primary health care.

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