



WORLD HEALTH ORGANIZATION

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Traditional medicine

Report by the Secretariat

GLOBAL SITUATION

1. In the past decade there has been renewed attention and interest in the use of traditional medicine globally.¹ In China, traditional medicine accounts for around 40% of all health care delivered. In Chile 71% of the population, and in Colombia 40% of the population, have used such medicine. In India, 65% of the population in rural areas use traditional medicine to help meet their primary health care needs. In developed countries, traditional, complementary and alternative medicines are becoming more popular. For example, the percentage of the population that has used such medicines at least once is 48% in Australia, 31% in Belgium, 70% in Canada, 49% in France and 42% in the United States of America.

2. Traditional, complementary and alternative medicines (referred to hereafter as “traditional medicine”) are commonly used to treat or prevent disease and chronic illness and to improve quality of life. Some evidence points to promising potential. The efficacy of acupuncture in relieving pain and nausea, for instance, has been conclusively demonstrated and is now acknowledged worldwide. A national expert panel of the United States National Institutes of Health concluded in 1998 that there is clear evidence that needle acupuncture treatment is more effective and has fewer side-effects for certain symptoms than conventional treatments. In Germany and in the United Kingdom of Great Britain and Northern Ireland, 70% and 90%, respectively, of pain clinics use acupuncture.

3. Traditional medicine has also been used in the treatment and care of such life-threatening illnesses as malaria and AIDS. In Ghana, Mali, Nigeria and Zambia, herbal medicines are the first line treatment for more than 60% of children with high fever. Studies in Africa and North America have shown that up to 75% of people living with HIV/AIDS use traditional medicine alone or in combination with other medicines for various symptoms or conditions.

CHALLENGES

4. As of 2000, only 25 countries reported having a national policy for traditional medicine, even though regulation or registration procedures for herbal products exist in nearly 70 countries.

¹ In some countries where traditional medicine has not been incorporated into the national health care system, it is often termed “complementary”, “alternative” or “nonconventional” medicine.

5. Many consumers use traditional medicine as self-care because there is a wide misconception that “natural” means “safe”. They may be unaware of potential side-effects, and how and when herbal medicines can be taken safely. In most countries, either no safety monitoring system exists or the existing safety monitoring system excludes herbal medicines. Because of lack of quality control and of improper use by consumers, cases of misuse of herbal preparations have been reported. For instance, in 1996 more than 50 people in Belgium suffered kidney failure after taking a herbal preparation which contained *Aristolochia fangchi* (a toxic plant) instead of *Stephania tetrandra* or *Magnolia officinalis*.

6. Although traditional medicine has long been used, there is little systematic evidence regarding its safety and efficacy. The evolution of traditional medicine has been influenced by cultural and historical conditions, making systematic evaluation difficult, since factors such as the philosophy and theory which underlie its use must be taken into account. Absence of evaluation has in turn slowed down development of regulation and legislation. In addition, there is a lack of cooperation and sharing of information among countries as to regulation of herbal products on the market.

7. Traditional medicine is easily available and affordable in low-income countries, but with increasing globalization, knowledge holders are concerned about the erosion of traditional lifestyles and cultures through external pressures, including loss of their knowledge and reluctance of younger members of the community to maintain traditional practices. Other causes of concern are misappropriation of natural resources, preservation of biodiversity and protection of medicinal plant resources for the sustainable development of traditional medicine.

8. Two main obstacles hamper the rational use of traditional medicine: lack of appropriate training for providers and of proper qualification and licensing schemes, which make it difficult for national authorities and consumers to identify qualified providers. There is also a lack of organized networks of traditional practitioners.

A STRATEGY FOR TRADITIONAL MEDICINE

9. In order to meet the growing demand, WHO issued a draft traditional medicine strategy paper in 2002.¹ A number of WHO Member States and partners in traditional medicine (organizations of the United Nations system, international organizations, nongovernmental organizations, and global and national professional associations) contributed to preparation of the strategy and have expressed their willingness to participate in its implementation.

10. WHO's role is to broaden the recognition of traditional medicine; to support its integration into national health systems depending on the circumstances of its use in countries; to provide technical guidance and information for the safe and effective use of such medicine; and to preserve and protect medicinal plant resources and knowledge of traditional medicine with a view to its sustainable use.

11. In recent years regional committees for Africa, South-East Asia, the Eastern Mediterranean and the Western Pacific discussed traditional medicine, and three have adopted resolutions on the use of traditional medicine.²

¹ WHO traditional medicine strategy 2002-2005. Document WHO/EDM/TRM/2002.1. Available in the Executive Board room.

² Resolutions AF/RC50/R3, EM/RC49/R.9 (D), and WPR/RC52/R4.

Objectives

12. The strategy has four main objectives, in line with those of WHO's medicines strategy:
- to integrate relevant aspects of traditional medicine within national health care systems by framing national traditional medicine **policies** and implementing programmes;
 - to promote the **safety, efficacy** and **quality** of traditional medicine practices by providing guidance on regulatory and quality assurance standards;
 - to increase **access** to, and affordability of, traditional medicine;
 - to promote **rational use** of traditional medicine.

Implementation

13. **Policy.** A national policy is urgently needed in those countries where traditional medicine is popularly used in primary health care, and governments are becoming increasingly aware of it. For instance, in the Western Pacific Region, only four countries had a national policy on traditional medicine in 1994; the number had risen to 14 by 2001. In general, such policy should include a definition of the government's role in developing traditional medicine in the health-care delivery system, and contain a mission as well as goals and objectives. Integration of traditional medicine into the national health system will enable the two systems to work effectively together, to the benefit of the government, patients and consumers.

14. **Safety, efficacy and quality.** Governments need to undertake a series of activities to ensure the safety and efficacy of traditional medicine, including establishment of a national expert committee, formulation of national regulations for herbal medicines, licensing of the practice of traditional medicine, and provision of support for research.

15. Member States are becoming increasingly aware of the importance of the safety and efficacy of traditional medicine. Countries with regulations on herbal medicines have increased from 50 in 1994 to 70 in 2001. National research institutes for traditional medicine have also been established and research funding has increased. For example, in the African Region, 21 out of 46 countries have institutes carrying out research in traditional medicine. In the Western Pacific Region the number of such institutes has risen from four in 1990 to 11 in 2001. In the United States, the budget of the National Center for Complementary and Alternative Medicine has increased from US\$ 2 million in 1992 to US\$ 113.2 million in 2003.

16. **Access.** Low-income countries need inexpensive and effective treatment for common diseases. The fact that traditional medicine practitioners live and work at community level makes such treatment available and affordable to most of the population. The role of traditional practitioners should be recognized and cooperation between them and community health-workers should be strengthened. In Africa, for example, a national body for the management or coordination of traditional medicine activities exists in 17 countries.

17. A recent study on cost-effectiveness of complementary and alternative medicine conducted for the Government of Peru and supported by WHO's Regional Office for the Americas concluded that, of nine selected mild and chronic pathologies, the direct costs incurred in using such medicine were

lower than those for conventional therapy, and that its efficacy was higher, with fewer side-effects. Larger studies are required to understand the differences on a broader scale.

18. A key to ensuring access to traditional medicine is the protection of knowledge and sustainable use of medicinal plant resources. WHO provides support to Member States in recording and preserving knowledge of traditional medicine and in compiling a national inventory of medicinal plants to ensure that knowledge is correctly and continuously used over generations. For example, the Ministry of Health in Côte d'Ivoire has conducted a survey among traditional practitioners and recorded more than 2000 traditionally used plants. In India, a database of documented knowledge of traditional medicine is already in the public domain. The Government of the Islamic Republic of Iran has recorded 2500 medicinal plants out of the 8000 used for medical purposes. The information generated in these inventories should be shared with national patent offices to ensure that the data will be duly considered when processing patent applications.

19. **Rational use.** Traditional medicine is provided not only by traditional practitioners, but also by medical doctors. In Canada, 57% of herbal therapies, 31% of chiropractic and 24% of acupuncture treatment are provided by general practitioners. In the Netherlands, 50% of general practitioners prescribe herbal medicines and provide manual therapies and acupuncture. The communication between doctors and traditional practitioners should be strengthened and appropriate training programmes established. Further, as traditional medicine is mostly used as self-care, health authorities should develop education and training programmes for consumers on its proper use.

ACTION BY THE EXECUTIVE BOARD

20. The Executive Board is invited to consider adoption of the following draft resolution:

The Executive Board,

Having considered the report on traditional medicine,¹

RECOMMENDS to the Fifty-sixth World Health Assembly the adoption of the following resolution:

The Fifty-sixth World Health Assembly,

Recalling resolutions WHA22.54, WHA29.72, WHA30.49, WHA31.33, WHA40.33, WHA41.19, WHA42.43 and WHA54.11;

Noting that the terms “complementary”, “alternative” or “nonconventional” medicine are used to cover many types of nonstandard health services which involve varying levels of training and efficacy;

Noting that the term “traditional medicine” covers a wide variety of therapies and practices which vary greatly from country to country and from region to region;

¹ Document EB111/9.

Being aware that traditional, complementary, or alternative medicine has many positive features, and that traditional medicine and its practitioners play an important role in treating chronic illnesses, and improving the quality of life of those suffering from minor illness or from certain incurable diseases;

Recognizing that traditional medicinal knowledge is the property of communities and nations where that knowledge originated, and should be respected accordingly;

Noting that the major challenges to the use of traditional medicine include the lack of organized networks of traditional practitioners, and of sound evidence of the safety, efficacy and quality of traditional medicine; and the need for measures to ensure proper use of traditional medicine and to protect and preserve the traditional knowledge and natural resources necessary for its sustainable application, and for training and licensing of traditional practitioners;

Noting further that many Member States have taken action to support the proper use of traditional medicine in their health service systems,

1. ENDORSES WHO's strategy for traditional medicine, and its four main objectives of framing policy, enhancing safety, efficacy and quality, ensuring access, and promoting rational use;
2. URGES Member States:
 - (1) to adapt, adopt and implement, where appropriate, WHO's traditional medicine strategy as a basis for national traditional medicine programmes or work plans;
 - (2) to draft and implement national policies and regulations on traditional and complementary and alternative medicine in support of the proper use of traditional medicine, and its integration into national health care systems, depending on the circumstances in their countries;
 - (3) to recognize the role of traditional practitioners as one of the important resources of primary health care services, particularly in low-income countries;
 - (4) to set up or expand and strengthen existing national drug-safety monitoring systems to monitor herbal medicines;
 - (5) to provide due support for systematic research on traditional remedies, particularly relating to chronic illnesses, malaria and care of people living with HIV/AIDS;
 - (6) to take measures to protect and preserve traditional medical knowledge and medicinal plant resources for sustainable development of traditional medicine;

(7) to promote sound use of traditional medicine and complementary and alternative medicine by consumers and providers;

3. REQUESTS the Director-General:

(1) to facilitate the efforts of interested Member States to draft national policies and regulations on traditional and complementary and alternative medicine;

(2) to provide technical support, including for development of methodology, preparation of guidelines, and promotion of exchange of information;

(3) to collaborate with other organizations of the United Nations system and nongovernmental organizations in various areas related to traditional medicine, including research, protection of traditional medical knowledge and conservation of medicinal plants resources.

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