
Global Member States Informal Consultation on Draft Traditional Medicine Strategy 2025-2034

10 March 2025



**World Health
Organization**

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Overview of WHO Traditional Medicine Strategy: 2025 – 2034



Structure of the WHO Traditional Medicine Strategy:2025-2034

Vision			
Goal			
Guiding Principles			
Objective 1	Objective 2	Objective 3	Objective 4
Directions 1.1 and 1.2	Directions 2.1 and 2.2	Directions 3.1 and 3.2	Directions 4.1 and 4.2
Actions	Actions	Actions	Actions

9 Guiding Principles



Strategic Objectives and Directions

1. Evidence base

1.1 High-quality TCIM research

1.2 Appropriate research approaches

2. Regulatory mechanism

2.1 TCIM products

2.2 TCIM practices and practitioners

3. Integration in health system

3.1 Frameworks and policies

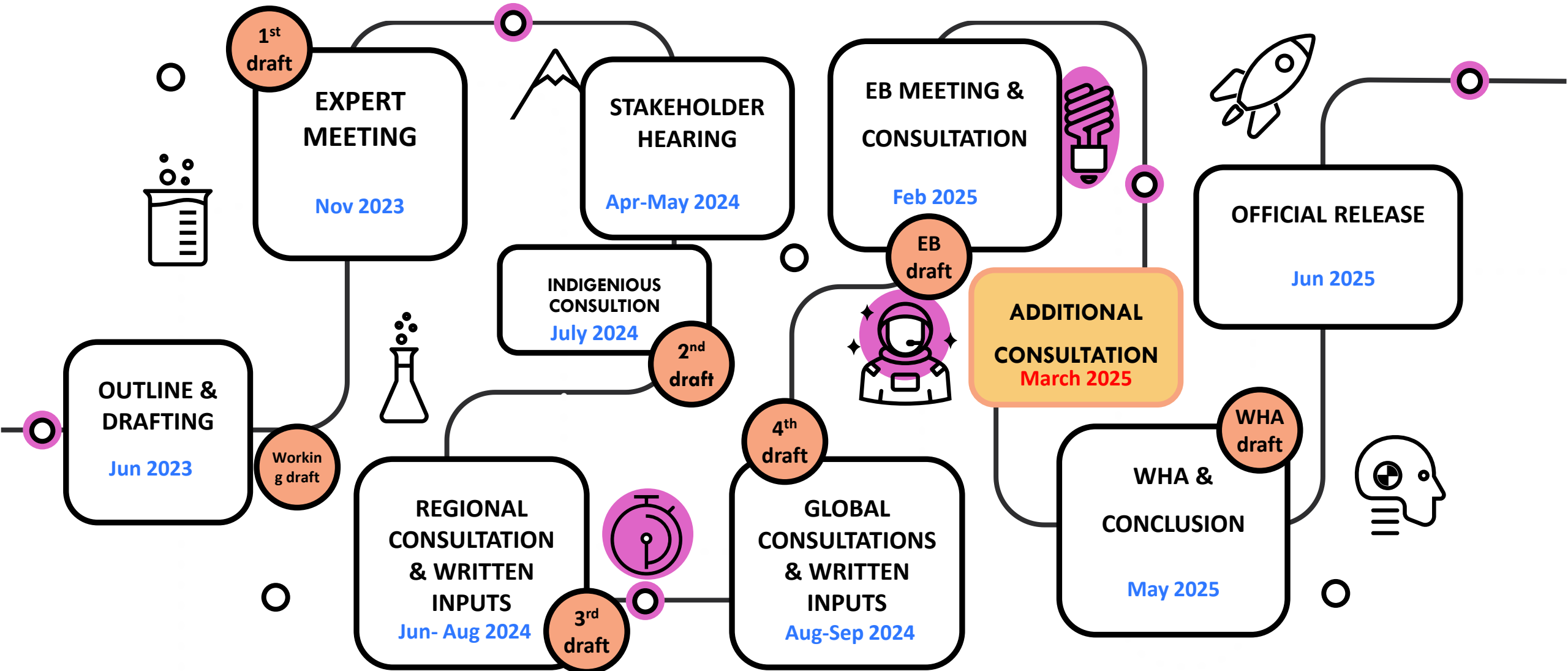
3.2 Care continuum and life course

4. Cross-sector collaboration

4.1 Policies and action plans

4.2 Benefit sharing

Roadmap of development since WHA76(20) in May 2023



Summary table

(April 2024-March 2025)

<i>item</i>	<i>Comments</i>	<i>Track changes</i>	<i>Supporting document</i>
Online global consultation	822	-	22
AFRO	97	159	-
AMRO/PAHO	71	109	2
EMRO	61	23	1
EURO	124	-	-
SEARO	16	-	-
WPRO	Combined para, items and sentence		
GER/Indigenous people's representative	36	186	-
World Intellectual Property Organization (WIPO)	8	38	-
SUM	1,235	515	25

Progress made since EB156



1. Re-affirming strong commitment to science and evidence

- “not to undermine WHO’s **unique status** as a **science** and **evidence-based** organization”
- “**common norms and standards** should be applied without **ambiguity**.”

➤ **Removal of evidence informed**

➤ **p.4: Guiding principles - Evidence-based**

➤ **p.5: SO1 - Establish the evidence base for TCIM**

2. Re-emphasizing the same stringent regulatory mechanism

- “it does not contain sufficient guarantees that it will adhere to the **same principles** of safety, effectiveness and scientific as well as ethical rigor”
- “undermines the distinction between the **rigorous regulatory** processes for approval and... the **use of** traditional and complementary medicine...”

- p.8: “The **same stringent regulatory standards** should apply for TCIM products and services used for **medical purposes** to ensure their safety, quality and effectiveness in clinical settings.”
- p.9: “Explore **approaches** supporting **evidence-based regulatory decision-making** for TCIM products that is inclusive of the principles of reliance and/or recognition.”

3. Restating safe and evidence-based integration

- “When suggesting to integrate TCIM practices into healthcare systems, these should always be labelled as **safe and effective**.”
- “before considering integration of traditional and complementary medicine into health and care services, the **evidence** must be sound”

- **p.11:** Strategic objective 3 - Integrate **safe and effective** TCIM into health systems
- **p.12:** Direction 3.1. Incorporate **safe and effective** TCIM services into national and local health-related frameworks and policies
- **p.13:** Direction 3.2. Facilitate the integration of **safe and effective** TCIM services across the care continuum and life course

4. Reiterating obligations on sustainability and biodiversity

- “should consciously support **environmental sustainability and biodiversity**, thus contribute to the preservation and repopulation of **endangered species**.”
- “...should also ensure the protection of **threatened species**”

- **p.15-** Protect biodiversity and environment **in accordance with international obligations**, while facilitating a **sustainable supply** of raw materials for good quality TCIM products.
- **p.9-** Encourage **sustainable practices in the production, supply, use and disposal** of TCIM products that contribute to the preservation and repopulation of **endangered species**.

Remaining issues and our suggestions

- 
1. Scope
 2. Evidence
 3. Integration
 4. Biodiversity
 5. National context
 6. Funding resources

1. Scope

- “definition (for traditional medicine) is very **broad**”
- “using the **term traditional medicine** for problematic commercial purpose ”

➤ Traditional Medicine (TM)

Sum total of the knowledge, skills and practices based on the **theories, beliefs and experiences**, as well as **its progress with science**, used in the diagnosis, the prevention and treatment of illnesses and to promote health and well-being.

➤ Quote from a Member State

“there is only one type of **medicine based on evidence**”

➤ Key message from the definition

not setting boundaries, but focusing more on **science and evidence**

2. Evidence (1)

- “we need comparative trials...to avoid **delay of standard care**”

➤ p.2: an added “disclaimer”

*7. The strategy is not intended to imply preference of traditional medicine practice over biomedical practice, but to **harness its potential contribution** to health and wellbeing.*

➤ p.14 “cross referrals” added

Develop **clinical guidelines and care pathways** incorporating TCIM approaches, **including timely cross referrals**, for specific health conditions and stages of life.

➤ p.14 an added action

*Highlight the importance of **evidence-based health literacy** on TCIM interventions and on when to seek **critical, life-saving biomedical care** and **to avoid delay**.*

2. Evidence (2)

- “what counts as evidence ”
- “evidence can also be very different”

➤ p.4: Evidence-based

Scientific or research evidence refers to knowledge that is explicit, systematic and replicable, and can be judged by its methodological standards.

Decisions for the use of TCIM should be based on the best available evidence of safety and effectiveness from research and practices.

Robust scientific validation includes the quality of the design of research, the quality of the evidence in the way that research is interpreted in order to ensure safe and effective interventions, and taking into account research ethics, conflicts of interest, and issues such as scalability and sustainability for global health, including through health technology assessments.

These principles are agnostic to which discipline the interventions come from and focus on benefits to people's health based on the most stringent standards of science.

3. Integration

- “advocates **sliming down** documents with passages **calling for the integration** of T&CM into healthcare systems”

p.12: “in line with the **political declaration** of the high-level meeting on universal health coverage adopted by the **United Nations General Assembly** in 2023

*–“Continue to explore ways to integrate, **as appropriate, safe and evidence-based traditional and complementary medicine services** within national and local health systems, particularly at the level of **primary health care, according to national context and priorities, while ensuring safety and quality of care**”*

4. Biodiversity

- “to reinforce the language of **biodiversity** “

➤ **p.4: Principle - Sustainability and One Health**

It can contribute to safeguarding **biodiversity** by promoting sustainable TCIM practices.

➤ **p.10: Actions for partners and stakeholders**

Industry must comply with **biodiversity** and conservation requirements in the production and supply of TCIM products.

➤ **p.17: Actions for Member States**

Facilitate the development of technology to strengthen the conservation of **biodiversity** for the sustainability of medicinal plants and germplasm banks.

5. National Context

- “Member States should therefore implement the strategy based on their specific regional and **cultural** factors as well as their **legal** framework.”
- “traditional and alternative medicine might not be the case for other regions”
- “We approve the fact that this strategy must be in accordance with the national **capacities, priorities, relevant legislation, culture, and circumstances** of the Member-States.”

p.2: “The draft strategy **aims** to support Member States in designing and implementing national **strategic plans in accordance with their national capacities, priorities, relevant legislation, culture and circumstances.**”

p.4: “ Indigenous Peoples’ rights. ... This draft strategy is informed by the United Nations Declaration on the Rights of Indigenous Peoples and the commitment to achieving the ends set forth therein, considering **Member States’ national contexts and priorities and the limitations set out in Article 46.2.**”

6. Financial resources

- “what are the immediate direct and indirect costs”
- “where does the money come from ”
- “It is very important that we need the prioritization exercise and in line with the budget process”

- **Financial implications** of the strategy has been prepared and shared with all MSs during EB156
- Total planned costs are **fully funded** thanks to multiple donation from Member States
- **Prioritization exercise** is ongoing to fit in the context of program budget and efficiency measures

Further improvement

Thank you !