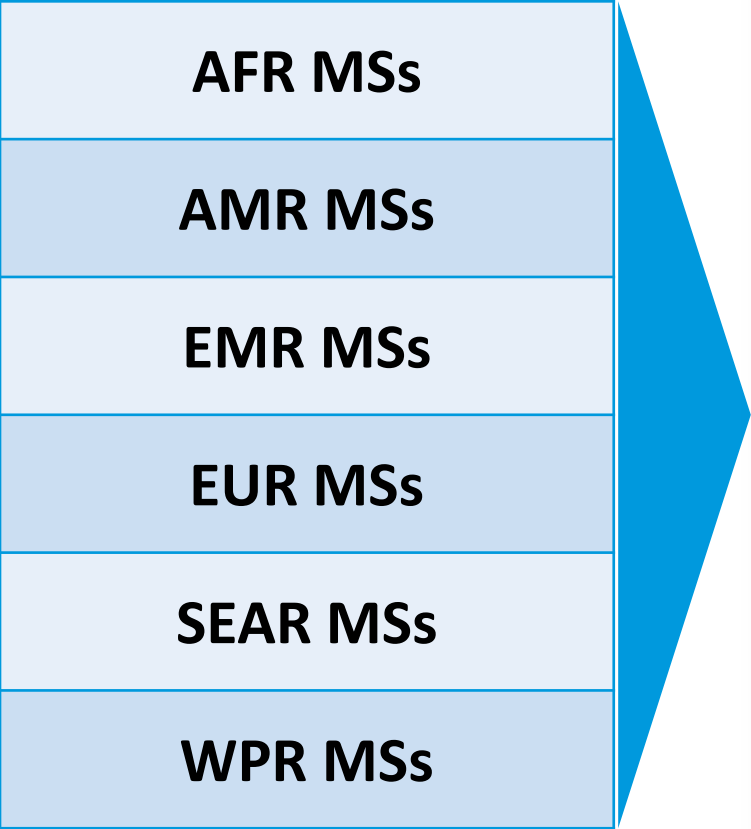

Global Member States Informal Consultation on Draft Traditional Medicine Strategy 2025-2034

19 March 2025

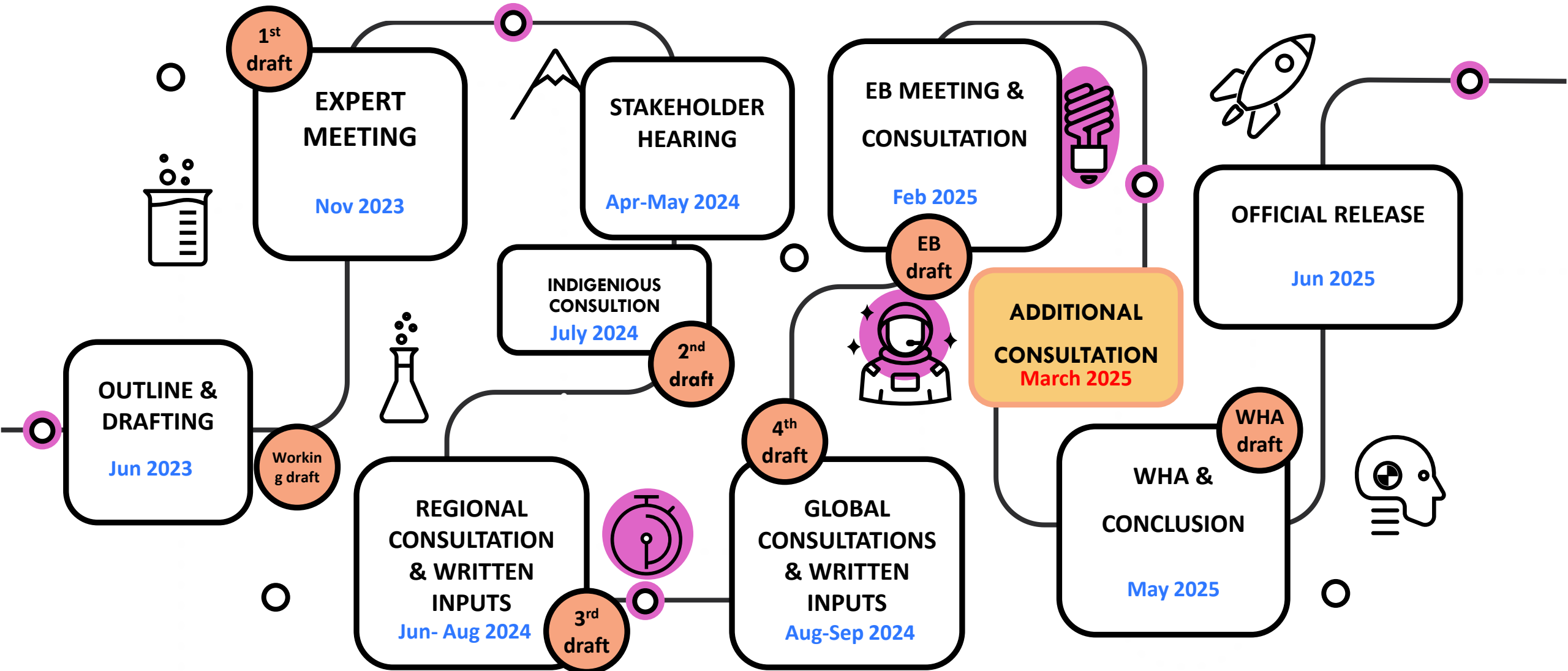
Contents

- **Global situation of TCI**
- **Actions being taken since last global consultation**
- **Your concerns and our suggestions**
- **Way forward till WHA 78**

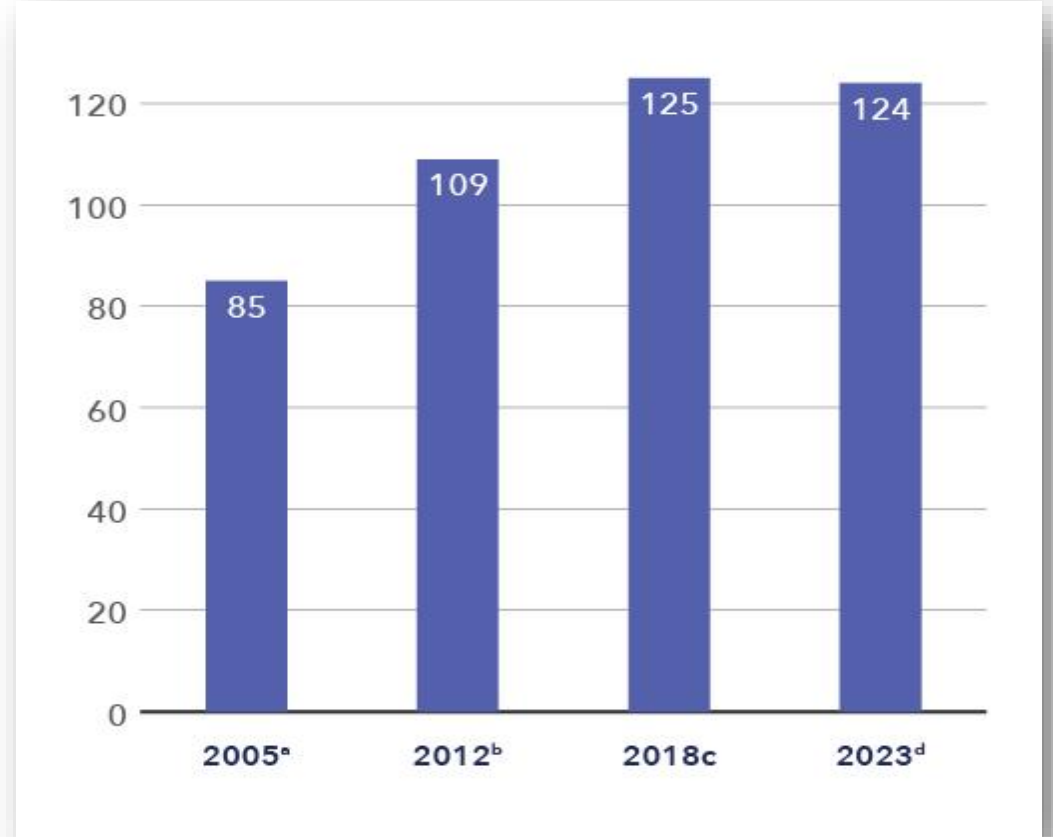
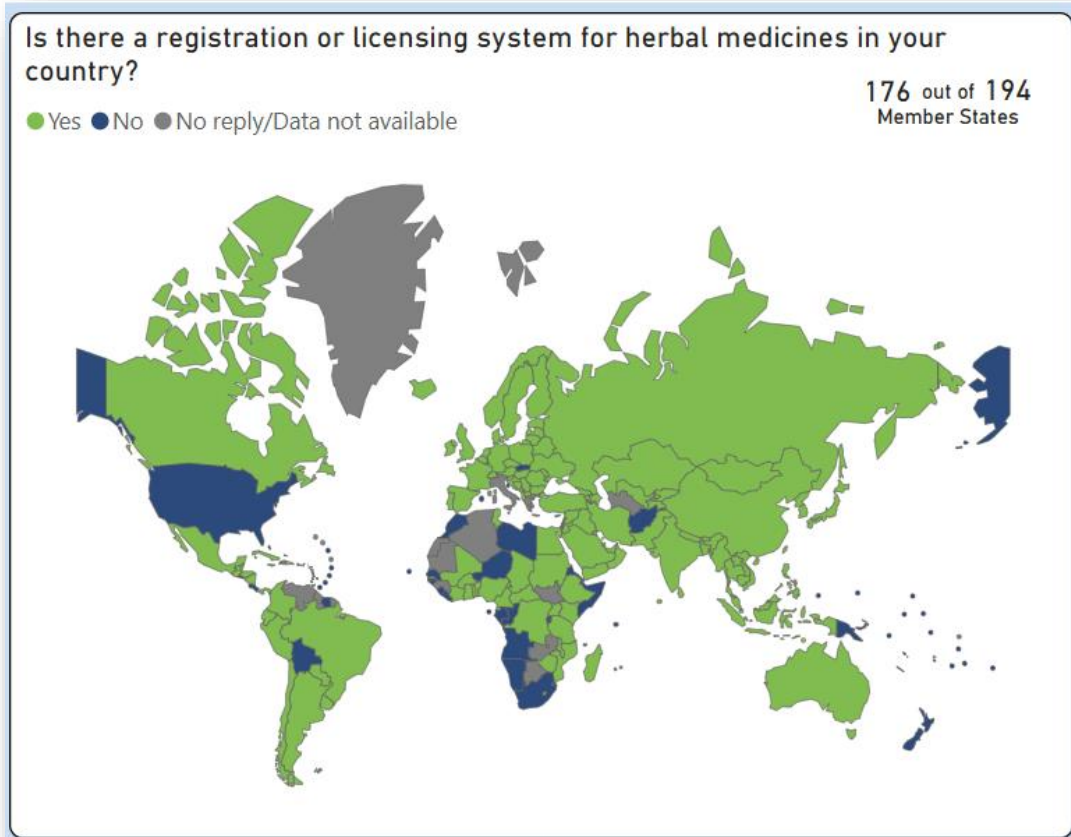
Decision WHA76(20) in 2023



Roadmap of development since WHA76(20) in May 2023

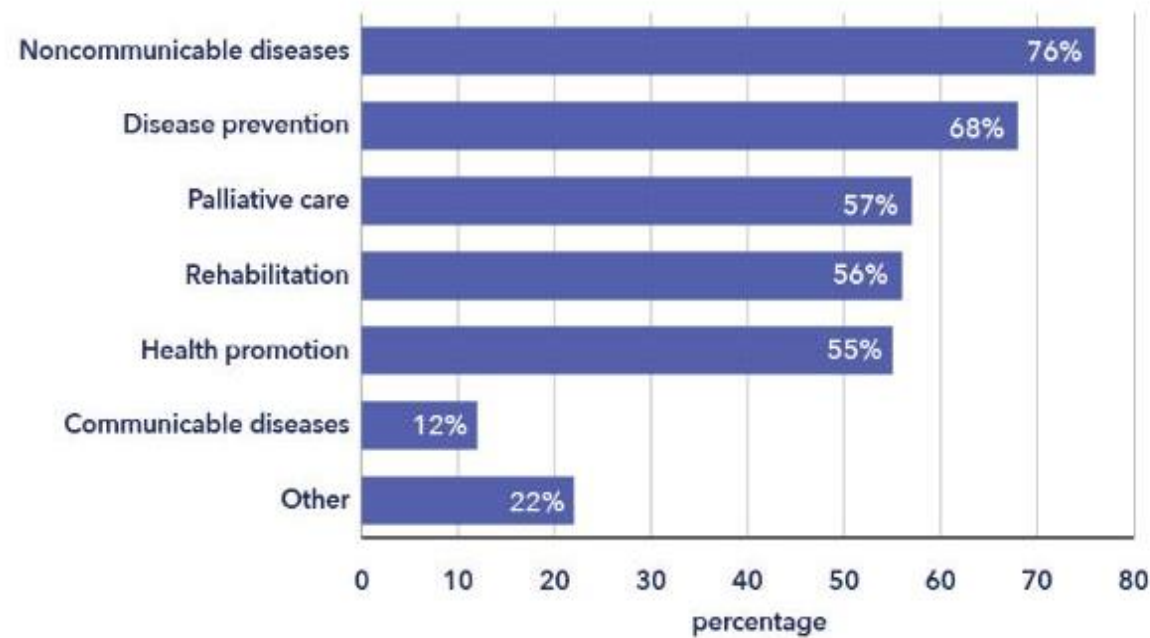


Registration or licensing system for herbal medicines



Third WHO Global Survey (2023)

Main reasons for seeking TCIM

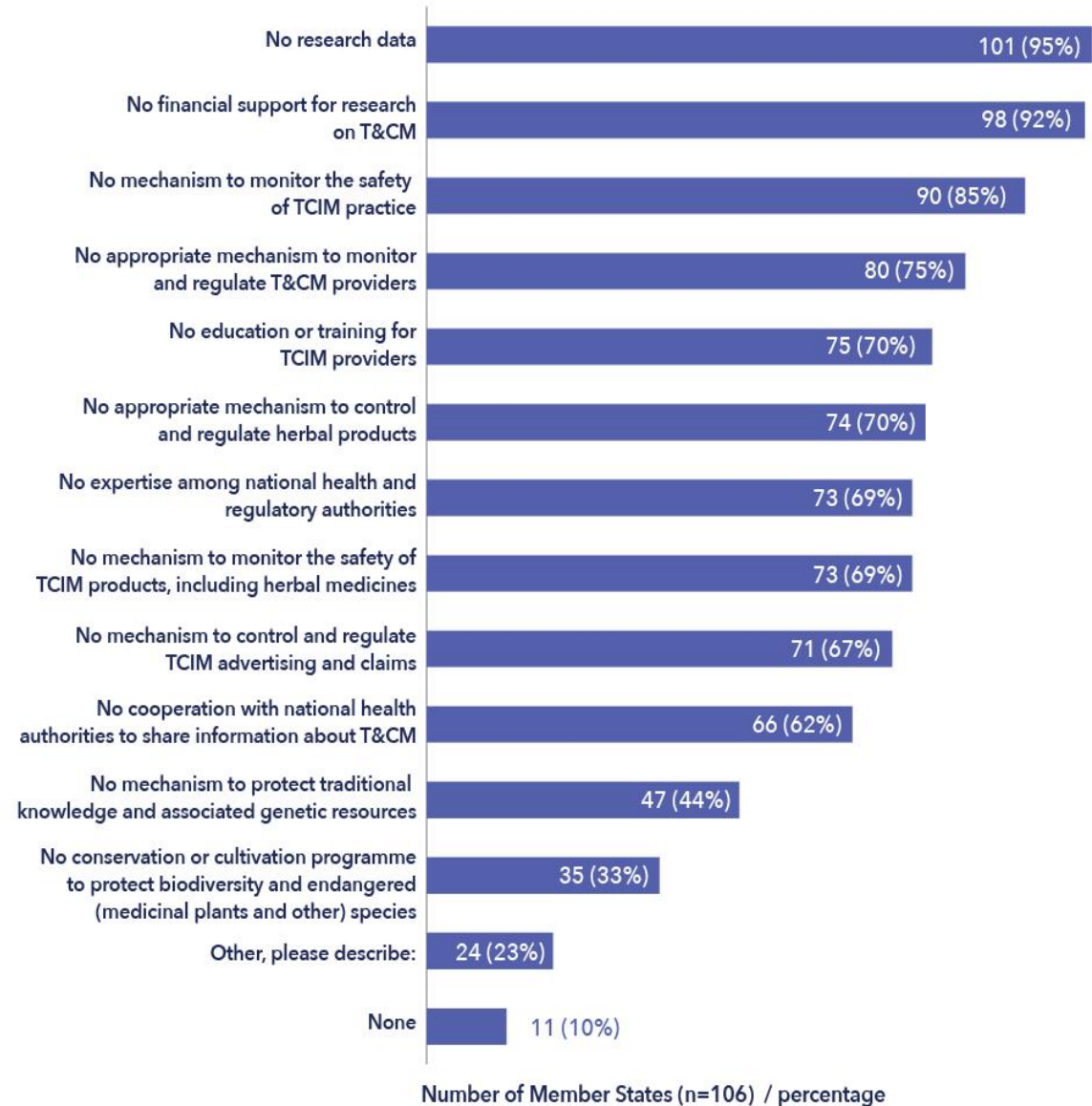


Note: Total number of Member States that responded to the third global survey is 106; 96 out of 106 Member States responded to this question. These percentages show the proportion (of the 96 Member States that responded to this question) that acknowledged these reasons for seeking TCIM.

Third WHO Global Survey

It asked Member States to highlight their main difficulties with regard to TCIM

DIFFICULTIES FACED BY MEMBER STATES



Based on the third WHO global survey respondents (n=106).

Actions being taken since last consultation



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Actions being taken since last consultation on **10 March 2025**

1

- Prepare transcript of your comments
- Collect your written comments till **15 March**

2

- Map your comments against draft strategy
- Review your comments one by one (**10-15 March**)

3

- Propose solutions to address your comments
- Discuss solutions with relevant WHO teams (**13-15 Mar**)

Your concerns and our suggestions

1. Definition
2. Evidence
3. Regulation
4. Health literacy
5. Risk-based approach
6. Local context
7. Indigenous/local people's Rights



World Health
Organization

1. Definition of TCIM

- “We have concerns with the definition of TCIM. We need more clarity on what we are talking about ”
- “We share the concerns of not having a clear definition or a clearly defined scope for traditional medicine ”
- “We ask for a more precise definition of TCIM”

➤ P.3: Traditional Medicine

*Traditional medicine refers to codified or non-codified systems for healthcare and well-being comprising practices, skills, knowledge and philosophies originating in different historical, cultural contexts, that are distinct from and pre-date biomedicine, **evolving scientifically for current use from an experience-based origin**. It emphasizes nature-based remedies and holistic, personalized approaches to restore balance of mind, body and environment.*

➤ P.3: Complementary Medicine

*Complementary medicine refers to additional healthcare practices that are **not part of a country's mainstream medicine**. Evidence-based complementary medicine has the potential **to support mainstream medicine** and more comprehensively support people's health and well-being needs.*

➤ P3: Integrative Medicine (in footnote)

an **interdisciplinary** and **evidence-based approach** to health and well-being by using **a combination** of biomedical, and traditional and/or complementary medical knowledge, skills and practices.

2. Highest scientific standards

- “We are concerned by the lack of categorization of different TCIM practices or clear references to standardized methods for assessing effectiveness “
- “Different standards or different approaches or methods that can be applied to TCM. So, we make a firm plea to have the same approach.”

➤ p.4: Principle- Evidence-based

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

*As with all health sciences, traditional medicine **should incorporate the highest scientific standards** by employing rigorous and robust research methods.*

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

3. Stringent regulatory mechanism

- “we highly appreciate the clear assurance from secretariat that TCIM needs to meet the same goals and standards as conventional medicine.
- “we have a responsibility towards patients as member states and as WHO to make sure that the same standards are applied as they are to regular medicine.”

p.9: SO2- Rational

The *highest standard of science and stringent regulatory provisions, as appropriate to national requirements*, should apply for TCIM products and services used for medical purposes to ensure their safety, quality and effectiveness in clinical settings.

4. Combatting misinformation & Health literacy

- “WHO has a key role to play to combat misinformation, promote **health literacy** and trust in science”
- “**misinformation** could be addressed in one of the action points or recommendations”

p.4: added disclaimer

*The WHO emphasizes the **principle of "do no harm"** and consistently refutes any claims that are not supported by scientific evidence*

p.10: actions for partners/stakeholders

Support ethical advertising and promotion to avoid any **misleading or unsubstantiated claims** regarding TCIM.

p.14: actions for member states

Promulgate educational materials and public information explaining TCIM modalities, **benefits and risks**, including for appropriate self-care options.

p.14: actions for member states

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.

5. Risk-based approach

- “we share the same concerns on mitigating possible risks of traditional medicine “
- we propose to add “take into account the benefit/risk balance”

➤ p.9: SO2 - Rationale

A **risk-based regulatory approach** is well suited to TCIM, tailoring regulatory requirements to the specific type of TCIM products or services based on safety and efficacy.

➤ p.10: Actions for Member States

Consider an evaluation of TCIM products utilizing a **risk-based approach** to ensure that they are indicated appropriately for use.

➤ p.10: Actions for partners / stakeholders

Industry and practitioners should cooperate and participate in monitoring and surveillance systems for the **risk management** of TCIM products.

6. National Context & Preference

- “implementation in accordance with national context, etc. is in the Director-General's report to the Executive Board, but not in the strategy itself. Therefore, asks the secretariat to also include this paragraph in the strategy.”
- “we need comparative trials...to avoid delay of standard care”

p.4: Introduction

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: Introduction

The strategy is **not intended to imply preference of TCIM practice over biomedical practice**, but to harness its evidence-based contribution to health and well-being.

7. Indigenous Peoples' rights

- “the following elements are essential to harmonizing the strategy, defining the rights of indigenous peoples to their medicine, and positioning their practitioners .”
- “the actions pursuant to this draft strategy need to respect the rights of Indigenous people”

p.5: Principle - Indigenous Peoples' rights

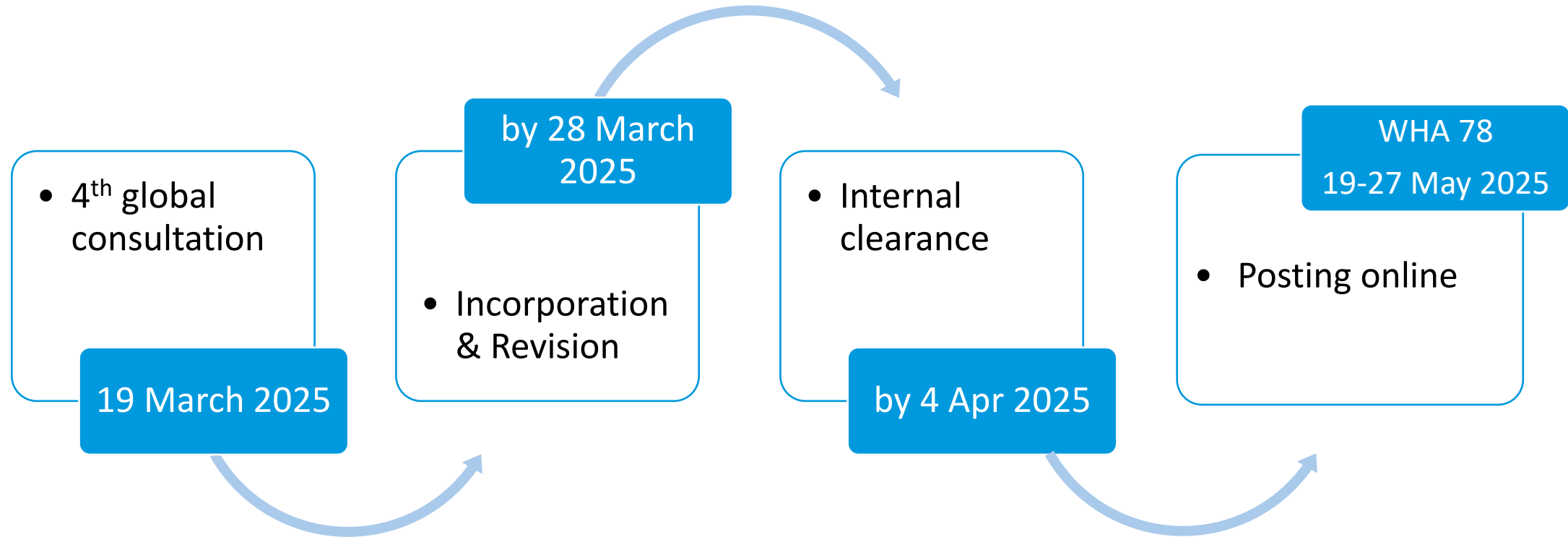
Indigenous Peoples have the right to their traditional medicines and to maintain their health practices See resolution WHA76.16.

This draft strategy recognizes the role of Indigenous traditional medicine and the need to uphold the autonomy and rights of Indigenous Peoples through appropriate legislation, funding and fair engagement within their Member States' national context.

It 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.

Way forward till WHA 78

Way forward till WHA 78



Thank you !