

## **Traditional medicine**

### **Report by the Secretariat**

1. In 2009 the Sixty-second World Health Assembly adopted resolution WHA62.13, requesting the Director-General, inter alia, to update the WHO traditional medicine strategy: 2002–2005, based on countries' progress and current new challenges in the field of traditional medicine.<sup>1</sup>

2. In line with resolution WHA62.13, WHO organized a broad consultative process, convening experts, Member States and other stakeholders across the six WHO regions to develop the strategic objectives, directions and actions for an updated strategy on traditional medicine for the period 2014–2023.

### **UPDATING THE STRATEGY ON TRADITIONAL MEDICINE**

#### **Progress recorded and challenges identified**

3. In the last decade considerable progress has been made in the field of traditional medicine through the implementation by a number of Member States of the WHO traditional medicine strategy 2002–2005, which was noted by the Health Assembly in resolution WHA56.31. The achievements recorded and challenges faced have informed the WHO traditional medicine strategy 2014–2023,<sup>2</sup> which is also in line with resolution WHA56.31, and the relevant WHO global medicines strategies<sup>3</sup> and regional strategies on traditional medicine.<sup>4</sup>

4. **Progress.** There is clear evidence of the increased involvement of Member States in traditional medicine: between 1999 and 2012 the number of Member States with national policies on traditional medicine increased from 25 to 69, the number of Member States regulating herbal medicines increased from 65 to 119, and the number of Member States with a national research institute in traditional and complementary medicine, including those in herbal medicines, increased from 19 to 73. (Traditional medicine is defined as “the sum total of the knowledge, skill and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.” The terms “complementary medicine” or “alternative medicine” refer to a broad set of health care practices that are not part of that country's own tradition or conventional medicine

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<sup>1</sup> Document WHA62/2009/REC/1.

<sup>2</sup> WHO traditional medicine strategy: 2014–2023. Geneva: World Health Organization; 2013 (<http://apps.who.int/iris/handle/10665/92455>, accessed 27 November 2013).

<sup>3</sup> See documents WHO/EDM/2004.5 and WHO/EMP/2009.1.

<sup>4</sup> See resolutions AFR/RC50/R3 and WPR/RC52/R4.

and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries.)<sup>1</sup>

5. There has been a continuing demand for, and popular use of, traditional and complementary medicine worldwide. In some developing countries, native healers remain the sole or main health providers for millions of people living in rural areas. For instance, the ratio of traditional health practitioners to population in Africa is 1:500, whereas the ratio of medical doctors to population is 1:40 000. In the Lao People's Democratic Republic, 80% of the population live in rural areas; each of the 9113 villages has one or two traditional health practitioners. A total of 18 226 traditional health practitioners provide a large part of the health care services for 80% of the population's health. Over 100 million Europeans are currently users of traditional and complementary medicine. One fifth are regular users; a similar proportion choose health care that includes traditional and complementary medicine. According to a national survey in China, practitioners of traditional Chinese medicine received 907 million visits from patients in 2009, which accounts for 18% of all medical visits to surveyed institutions; the number of traditional Chinese medicine inpatients was 13.6 million, or 16% of the total in all hospitals surveyed.

6. **Changes and challenges.** Much has changed since the last global strategy was presented in 2002. More countries have gradually come to accept the contribution that traditional and complementary medicine can make to the health and well-being of individuals and to the comprehensiveness of their health care systems. Governments and consumers are interested in more than herbal medicines and are now beginning to consider aspects of traditional and complementary medicine practices and whether they should be integrated into health service delivery. For instance, in the African Region, the number of national regulatory frameworks increased from one in 1999–2000 to 28 in 2010, including various instruments such as a code of ethics and a legal framework for practitioners of traditional and complementary medicine. Four countries in the Region included traditional medicines in their national essential medicines lists. The Ministry of Health in Brazil has developed a national policy on integrative and complementary practices. In the Eastern Mediterranean Region, five Member States reported that they had regulations for practitioners, with explicit regulations for different disciplines. Member States in the South-East Asia Region are now pursuing a harmonized approach to education, practice, research, documentation and regulation of traditional medicine. In Japan, 84% of Japanese physicians use Kampo in daily practice. In Switzerland, certain complementary therapies have been reinstated into the basic health insurance scheme available to all Swiss citizens.

7. In general, data reported by Member States show that progress in matters related to the regulation of traditional and complementary medicine products, practices and practitioners is not occurring at an equal pace. Faster progress is being made with regulating herbal medicines, while the regulation of traditional and complementary medicine practices and practitioners is advancing at a slower rate. However, the safety, quality and effectiveness of traditional and complementary medicine services cannot be ensured if there is no appropriate regulation of traditional and complementary medicine practices and practitioners. This situation reflects the challenges for many Member States, where a lack of knowledge about formulating national policy has led to a lack of regulations on traditional and complementary medicine practice and practitioners, as well as a lack of integration of traditional and complementary medicine services into health service delivery and self-health care.

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<sup>1</sup> See Traditional Medicine: Definition [website]. Geneva: World Health Organization; 2013 (<http://www.who.int/medicines/areas/traditional/definitions/en/>, accessed 26 November 2013).

**WHO traditional medicine strategy: 2014–2023**

8. Responding to the needs identified by Member States and building on the work done under the WHO traditional medicine strategy: 2002–2005, the updated strategy for the period 2014–2023 devotes more attention than its predecessor to prioritizing health services and systems, including traditional and complementary medicine products, practices and practitioners. The key objectives of the updated strategy are summarized below.

9. Objective 1: To build the knowledge base for active management of traditional and complementary medicine through appropriate national policies. There is a great diversity of products, practices and practitioners in traditional and complementary medicine. Some confer health benefits, others are associated with risks or are purely commercially driven. In view of their limited resources, Member States should decide where to focus their attention so as to provide consumers with the best and safest form of health care and establish valid and comprehensive baseline data from which to build.

10. The first strategic direction towards this objective is to understand and recognize the role and potential of traditional and complementary medicine. The strategy recommends that Member States acknowledge and appraise, in detail, which types of traditional and complementary medicine are being used by their population and devise their own country profile for traditional and complementary medicine practice. As the marketplace for traditional and complementary medicine becomes more global, harmonization and cooperation will increase in value.

11. The second strategic direction under this objective is to strengthen the knowledge base, build evidence and sustain resources. Member States should strengthen their own knowledge generation, collaboration and sustainable use of traditional and complementary medicine resources, including intellectual and natural resources.

12. Objective 2: To strengthen quality assurance, safety, proper use and effectiveness of traditional and complementary medicine by regulating traditional and complementary medicine products, practices and practitioners. The first strategic element under this objective is to recognize the role and importance of product regulation. Information from the two WHO global surveys of traditional medicine indicates that Member States are increasingly developing and implementing regulatory frameworks for herbal medicines. Though regulatory frameworks are developed at a national and regional level, countries are encouraged to recognize the global nature of this sector. Herbal medicines are now an international phenomenon, with practices and products often being used in a different part of the world from that in which they were originally developed or manufactured. This indicates the importance of dealing with different legislative frameworks in different countries, ensuring that information on quality and safety is shared, and encouraging appropriate use within different cultures.

13. The second strategic direction towards this objective is to recognize and develop practice and practitioner regulations for education and training, skills development, services and therapies in traditional and complementary medicine. As more countries develop policies and regulatory frameworks on traditional and complementary medicine, there is a need to evaluate their effectiveness and identify ways in which challenges regarding practice and practitioner regulations can be addressed by comparison with appropriate reference standards (benchmarking). This can be accomplished both through national audits or reviews as well as by developing and sharing appropriate models at the international level.

14. Objective 3: To promote universal health coverage by integrating traditional and complementary medicine services into health care service delivery and self-health care. One of the most significant questions raised about traditional and complementary medicine in recent years is how it might contribute to universal health coverage by improving service delivery in the health system, particularly primary health care. Insurance coverage of traditional and complementary medicine products, practices and practitioners varies widely, from full inclusion within insurance plans to total exclusion with consumers having to pay for all traditional and complementary medicine out of pocket. Simultaneously, there is emerging evidence that traditional and complementary medicine, when included in plans for achieving universal health coverage, may reduce pressure on the system and diminish costs. This shows why it is important for Member States to consider how to integrate traditional and complementary medicine more comprehensively into their health systems and universal health coverage plans.

15. The first strategic element under this objective is to capitalize on the potential contribution of traditional and complementary medicine to improve health services and health outcomes. Mindful of the traditions and customs of peoples and communities, Member States should consider how traditional and complementary medicine might support disease prevention or treatment, health maintenance and health promotion, consistent with evidence on safety, quality and effectiveness and in line with patient choice and expectations. Based on each country's realities, it is recommended that models for integrating traditional and complementary medicine into national health systems should be explored.

16. The second strategic direction towards this objective is to ensure that consumers of traditional and complementary medicine can make informed choices about self-health care. In many Member States, self-selection of traditional and complementary medicine products accounts for a large part of the traditional and complementary medicine sector. Education of consumers, together with ethical and legal considerations, should support and shape the key aspects of informed choice for traditional and complementary medicine.

17. Participants in a recent WHO high-level meeting (Macao Special Administrative Region (China), October 2013) recognized that the WHO traditional medicine strategy: 2014–2023 provides useful guidance to countries in the formulation and implementation of their respective national policies and regulations and called for the adoption and adaptation of the strategy by Member States.

## **ACTION BY THE EXECUTIVE BOARD**

18. The Executive Board is invited to note the report.

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