

## **Updates and future reporting**

### **Traditional medicine**

#### **Report by the Director-General**

1. In May 2014, the Sixty-seventh World Health Assembly adopted resolution WHA67.18 on traditional medicine,<sup>1</sup> in which it urged Member States to adapt, adopt and implement, where appropriate, the WHO traditional medicine strategy: 2014–2023<sup>2</sup> and requested the Director-General, inter alia, to facilitate, upon request, Member States' implementation of the strategy. It also requested the Director-General to continue to provide policy guidance to Member States on how to integrate traditional and complementary medicine services within their national and/or subnational health care system(s), as well as the technical guidance that would ensure the safety, quality and effectiveness of such traditional and complementary medicine services with emphasis on quality assurance; and to continue to promote international cooperation and collaboration in the area of traditional and complementary medicine in order to share evidence-based information, taking into account the traditions and customs of indigenous peoples and communities.

2. Through resolution WHA67.18, the Director-General was further requested to report to the Health Assembly periodically, as appropriate, on progress made in implementing the resolution. Accordingly, a progress report on the implementation of resolution WHA67.18<sup>3</sup> was submitted to the Seventy-second World Health Assembly in May 2019.

3. The WHO traditional medicine strategy: 2014–2023 will expire in the year 2023. This report is submitted in response to decisions EB148(9) (2021)<sup>4</sup> and WHA74(17) (2021)<sup>5</sup> in the context of the WHO governance reform process related to specifying end dates for reporting on governing bodies mandates with unspecified reporting requirements and providing the governing bodies with an opportunity to decide on future reporting requirements.

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<sup>1</sup> See document WHA67/2014/REC/1, resolution WHA67.18.

<sup>2</sup> WHO traditional medicine strategy: 2014–2023. Geneva: World Health Organization; 2013 (<https://apps.who.int/iris/handle/10665/92455>, accessed 1 March 2022).

<sup>3</sup> Document A72/59.

<sup>4</sup> See document EB148/2021/REC/1, decision EB148(9) and Annex 4.

<sup>5</sup> See document WHA74/2021/REC/1, decision WHA74(17).

## CONTEXT

4. The WHO traditional medicine strategy: 2014–2023 was developed in response to resolution WHA62.13 (2009)<sup>1</sup> on traditional medicine, 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.

5. The WHO traditional medicine strategy: 2014–2023 has two key goals: to support Member States in harnessing the potential contribution of traditional and complementary medicine to health, wellness and people-centred health care, and to promote the safe and effective use of traditional and complementary medicine through the regulation of products, practices and practitioners.

6. The strategy lays out three main strategic objectives, each of which contains strategic directions and specific actions to guide Member States, partners, stakeholders and the Secretariat in positioning traditional and complementary medicine within countries' health systems and to help health care leaders to develop solutions that contribute to a broader vision of improved health and patient autonomy.

## IMPLEMENTATION

7. A steady and progressive trend has been observed in the global implementation of the WHO traditional medicine strategy: 2014–2023 and resolution WHA67.18. As at the year 2018, 170 WHO Member States had acknowledged their use of traditional and complementary medicine.

### **Strategic objective 1: To build the knowledge base for active management of traditional and complementary medicine through appropriate national policies.**

8. According to the WHO global report on traditional and complementary medicine 2019, the number of countries with a legal and regulatory framework for traditional and complementary medicine increased from 79 in the year 2012 to 109 in the year 2018 and is continuing to increase. A number of countries have enacted or expanded existing legislation and policies relating to this sphere or are in the process of doing so. Infrastructure for the governance of traditional and complementary medicine at the country level has also improved significantly. The number of countries with a national office for traditional and complementary medicine increased from 89 in the year 2012 to 107 in the year 2018.

9. The number of countries with a national research institute for traditional and complementary medicine that is either fully or partially funded by the government also increased, from 58 in the year 2005 to 75 in the year 2018.

10. Research on traditional and complementary medicine use in relation to coronavirus disease (COVID-19) has also been conducted at the global level. The WHO International Clinical Trials Registry Platform shows that 1054 traditional medicine-related clinical trials have been conducted on COVID-19 to date,<sup>2</sup> while the WHO COVID-19 database of global literature on coronavirus disease

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<sup>1</sup> See document WHA62/2009/REC/1, resolution WHA62.13.

<sup>2</sup> Based on the total number of published articles on traditional medicine listed in the WHO International Clinical Trials Registry Platform as at 6 January 2022.

lists 3803 research articles on traditional medicine.<sup>1</sup> A WHO guidance document on clinical research in traditional medicine is currently being finalized and should be published by early 2023.

**Strategic objective 2: To strengthen quality assurance, safety, proper use and effectiveness of traditional and complementary medicine by regulating products, practices and practitioners.**

11. Between the years 2012 and 2018, the growth of national policies and regulations for traditional and complementary medicine providers outstripped that for herbal medicines, indicating that Member States focused greater attention on the establishment of comprehensive policy and regulatory systems relating to traditional and complementary health services than to policies and regulations focused on herbal medicines. As at the year 2018, 124 countries (64% of Member States) reported having in place laws or regulations on herbal medicines and 78 countries reported having in place regulations on traditional and complementary medicine providers, while 45 countries reported that traditional and complementary medicine was covered by health insurance (both private and public).

**Strategic objective 3: To promote universal health coverage by integrating traditional and complementary medicine services into health care service delivery and self-health care.**

12. The number of Member States with a national programme for traditional and complementary medicine increased from 58 in the year 2012 to 79 in the year 2018. Countries continue to make efforts to integrate traditional and complementary medicine into all levels of health service delivery, including through minimum packages of primary services, wellness clinics, pain clinics and the use of locally manufactured herbal medicines. The 2018 Declaration of Astana on primary health care acknowledges the need to include traditional medicine knowledge and technologies in the delivery of primary health care. The significant increase in the regulation of traditional and complementary medicine products, practices and practitioners has created better conditions for integrating traditional and complementary medicine services into health care service delivery and self-health care.

13. The importance of traditional practices in self-health care is highlighted in United Nations General Assembly resolution 69/131 (2014), which proclaimed 21 June as the International Day of Yoga and acknowledged the contribution of yoga to best practices aimed at building better individual lifestyles. In United Nations General Assembly resolution 74/2 (2019) on universal health coverage, Heads of State and Government and representatives of States and Governments in recommitting to achieve universal health coverage by 2030, committed to, inter alia, exploring “ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services within national and/or subnational health systems, particularly at the level of primary health care, according to national context and priorities”.

**SUPPORT PROVIDED BY THE SECRETARIAT**

14. Traditional medicine has been discussed in many WHO resolutions and action plans, such as those on strengthening integrated, people-centred health services, patient safety, primary health care, biodiversity and nutrition, and public health, innovation and intellectual property.<sup>2</sup> These resolutions

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<sup>1</sup> Based on the total number of research articles on traditional medicine cited in the WHO COVID-19 database of global literature on coronavirus disease as at 6 January 2022.

<sup>2</sup> Relevant resolutions of the World Health Assembly include WHA69.24, WHA72.6 and WHA72.7.

and action plans provide guidance to Member States on how to integrate traditional and complementary medicine into their health systems, as appropriate to the national context.

15. The Secretariat has been working continuously since the year 2014 on the development of norms and standards, technical documents,<sup>1</sup> international terminologies<sup>2</sup> and tools<sup>3</sup> to guide Member States and stakeholders on minimum reference standards for the delivery of safe, quality and effective traditional, complementary and integrative medicine services.

16. Recent WHO publications include four benchmarks for training in acupuncture, tuina, Ayurveda and Unani medicine, four benchmarks for the practice of acupuncture, tuina, Ayurveda and Unani medicine, a technical document on the interaction of herbal medicines with other medicines, a technical document on traditional and complementary medicine in primary health care and an mYoga mobile application. A document on international standard terminologies on traditional Chinese medicine has recently been published.<sup>4</sup> Development of additional technical documents and tools, such as the WHO International Herbal Pharmacopoeia, is under way. Several technical products are expected to be published within the biennium 2022–2023, such as additional benchmarks for training in and practice of different modalities in traditional, complementary and integrative medicine, a package of tools and guidance for ensuring the safety and improving the quality of acupuncture, and a project on integrating traditional and complementary medicine into health systems, including the development of related concept and assessment tools. In addition, country studies have been conducted on models for the appropriate integration of traditional and complementary medicine into health systems; traditional, complementary and integrative medicine rehabilitative care; and regulatory requirements for herbal medicines. The regional framework for harnessing traditional and complementary medicine for achieving health and well-being in the Western Pacific<sup>5</sup> has also been approved.

17. One highly significant achievement is the inclusion of a chapter on traditional medicine in the Eleventh Revision of the International Statistical Classification of Diseases and Related Health Problems. Furthermore, two traditional and complementary medicine indicators were listed in the WHO 2018 Global reference list of 100 core health indicators (plus health-related SDGs).

18. The first comprehensive WHO global report on traditional and complementary medicine,<sup>6</sup> published in the year 2019, was developed with inputs from 179 Member States. The report addresses the challenge related to the paucity of reliable, credible and official data in this area. It provides information not only on policy and regulation but also on traditional and complementary medicine products, practices and practitioners.

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<sup>1</sup> Such documents include the WHO guidelines for selecting marker substances of herbal origin for quality control of herbal medicines, the WHO guidelines on good herbal processing practices for herbal medicines and the WHO guidelines on good manufacturing practices for the manufacture of herbal medicines.

<sup>2</sup> Terminologies relating to the Ayurveda, Siddha and Unani systems of medicine are at different stages of development; their publication is expected during the biennium 2022–2023.

<sup>3</sup> Tools such as benchmarks for training in anthroposophic medicine, Tibetan medicine, traditional Chinese medicine and yoga, and for practice in cupping, Nuad Thai and traditional Chinese medicine are at different stages of development.

<sup>4</sup> WHO international standard terminologies on traditional Chinese medicine. Geneva: World Health Organization; 2022.

<sup>5</sup> See resolution WPR/RC72.R2 of the Regional Committee for the Western Pacific.

<sup>6</sup> During the period 2016–2018, a survey was conducted to update the second WHO global survey on traditional medicine, conducted in 2010–2012, in order to analyse global trends and obtain an overview of the current situation. The WHO global report on traditional and complementary medicine 2019 reflects the findings of both these surveys.

19. On 25 March 2022, WHO and the Government of India signed an agreement to establish the WHO Global Centre for Traditional Medicine. The onsite launch of the new Centre in Jamnagar, Gujarat, India will take place on April 21, 2022. The Centre will aim to amplify global efforts on research capacity-building and evidence synthesis for people's and planetary health. Data also showed that WHO traditional and complementary medicine products were among the top five most downloaded products from the WHO website in the year 2020.

## COLLABORATION WITH MEMBER STATES AND PARTNERS

20. The Secretariat, Member States and non-State actors are collaborating to develop national, regional and global knowledge platforms providing evidence-based information on traditional and complementary medicine. Such platforms include ObservaPICS,<sup>1</sup> the Brazilian Academic Consortium for Integrative Health<sup>2</sup> and the Acupuncture-Moxibustion Clinical Trial Registry.<sup>3</sup>

21. With WHO as its secretariat (since late 2017), the WHO International Regulatory Cooperation for Herbal Medicines network of members has increased from 35 in the year 2019 to 47 in the year 2021. The network of WHO Collaborating Centres for Traditional, Complementary and Integrative Medicine has expanded by nine institutions since the adoption of the WHO traditional medicine strategy: 2014–2023 and currently comprises 27 institutions, with new proposals for designation under review. Each WHO Collaborating Centre serves as a major technical resource covering subject areas spanning from herbal medicines to non-medicine interventions, and with collaborative activities ranging from research, capacity-building and technical advice to policy implementation.

22. Since the year 2014, 11 interregional training sessions have been organized on traditional, complementary and integrative medicine, involving 350 government-nominated officers. WHO has also collaborated with partners on the Self-Care Readiness Index<sup>4</sup> and the Global Review of Osteopathic Medicine and Osteopathy.<sup>5</sup> The Regional Expert Advisory Committee on Traditional Medicine for COVID-19 for the African Region was established in the year 2020. Regional workshops on pharmacovigilance, regulation of practitioners and clinical research methodologies, and a progress review of traditional medicine have also been conducted in the South-East Asia and Western Pacific Regions.

## CHALLENGES REPORTED BY MEMBER STATES

23. Member States have reported the lack of research data as the greatest difficulty they face in implementing the WHO traditional medicine strategy: 2014–2023. Other significant challenges include

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<sup>1</sup> National Observatory of Traditional, Integrative and Complementary Health Knowledge and Practices in Brazil.

<sup>2</sup> Launched with support from the Brazilian Ministry of Health through the Latin American and Caribbean Center on Health Sciences (BIREME), the project aspires to form the basis of a regional network of collaboration for research on traditional and complementary medicine.

<sup>3</sup> Acupuncture-Moxibustion Clinical Trial Registry a secondary platform under the Chinese Clinical Trial Registry (a primary registry under the WHO International Clinical Trials Registry Platform) is a collaborative initiative between the World Federation of Acupuncture and Moxibustion Societies, the China Academy of Chinese Medical Sciences and the China Association of Acupuncture-Moxibustion. It was officially approved by WHO in March 2018..

<sup>4</sup> For further information, see the Self-Care Promise website (<https://selfcarepromise.org/self-care-readiness-index/>, accessed 1 March 2022).

<sup>5</sup> Available at: <https://oialliance.org/the-oia-global-report-global-review-of-osteopathic-medicine-and-osteopathy-2020/#:~:text=The%20OIA%20Board%20of%20Directors,in%20the%20past%20seven%20years> (accessed 16 March 2022).

the lack of financial support for research on traditional and complementary medicine; lack of mechanisms to monitor the safety of traditional and complementary medicine practice; lack of education and training of traditional and complementary medicine providers; and lack of expertise within national health authorities and control agencies. Member States also identified the following challenges: lack of appropriate mechanisms to monitor and regulate traditional and complementary medicine providers; and lack of appropriate mechanisms to control and regulate herbal medicines.

24. Member States have requested technical guidance from the Secretariat, including on research into and the evaluation of traditional and complementary medicine, information-sharing on regulatory issues, workshops on national capacity-building, and the provision of research databases.

## **PROPOSED WAY FORWARD**

25. The expansion of the global landscape of traditional medicine demonstrates its impact on broader determinants of health, such as interculturalism, nature and even trade. Consequently, an evolving need is emerging, as expressed by an increasing number of Member States, for comprehensive policy and technical support from the Secretariat for establishing relevant platforms and enhancing cross-sectoral coordination and collaboration for sustainable development.

26. It is imperative to harness the full potential of traditional and complementary medicine in order to achieve the triple billion targets of the Thirteenth General Programme of Work, 2019–2023, universal health coverage and the Sustainable Development Goals.

27. The Secretariat will continue to: provide policy and technical guidance to Member States through the implementation of the WHO traditional medicine strategy 2014–2023; and learn from and build on the progress achieved in the development of traditional, complementary and integrative medicine.

28. In 2020, in decision WHA73(15), the Health Assembly requested that the Director-General systematically include as substantive items on the agenda of meetings of the WHO governing bodies any global strategies or action plans that are scheduled to expire within one year in order to allow Member States to consider whether the strategies or action plans have fulfilled their mandates, should be extended and/or need to be adjusted. Pursuant to that decision, a report on the WHO traditional medicine strategy: 2014–2023 will be submitted to the Executive Board at its 152nd session in January 2023. With that in mind, it is proposed that the final report on implementation of resolution WHA67.18 should be aligned with reporting under decision WHA73(15), and that a single, consolidated report should be submitted to the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session.

## **ACTION BY THE HEALTH ASSEMBLY**

29. The Health Assembly is invited to note the report and to consider the following draft decision:

The Seventy-fifth World Health Assembly, having considered the report by the Director-General,

Decided to request the Director-General to submit a final report on progress made in the implementation of resolution WHA67.18 (2014) to the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session, by means of a consolidated document that responds also to the request made in decision WHA73(15) (2020) in respect of global strategies or action plans that are scheduled to expire within one year.

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