Technical matters:

Traditional medicine: Delhi Declaration

Traditional medicine (TRM) is an important, and often underestimated, part of health care. Almost every country in the world has its own form of traditional medicine and demand globally for it is increasing.

WHO has launched its new Traditional Medicine Strategy 2014–2023, which aims to harness the potential contribution of traditional medicine to health, wellness, people-centred health care and universal health coverage. The Strategy also aims to promote best practices in the use of safe and good-quality traditional medicine through the regulation, research and integration of traditional medicine products, practices and practitioners into the health system, as appropriate.

In 2013, the health ministers of the Member States of the WHO South-East Asia Region signed the Delhi Declaration. Therein, all Member States agreed to cooperate, collaborate and provide mutual support to each other in all fields of traditional medicine in accordance with their national situation, priorities and legislation and circumstances.

WHO has supported best practices in the use of safe and good-quality traditional medicine in Member States of the South-East Asia Region through facilitation of information exchange, development of policy and guidelines for the use of traditional medicine in primary care, and convening expert discussions on the appropriate integration of traditional medicine into health systems.

WHO will continue to support Member States in information exchange and the development of policy and regulations for traditional medicine products, practitioners and practices, as well as the appropriate integration of traditional medicine into health systems. Given the current low levels of available financial and human resource, WHO support may be very limited. It is recommended that resources be substantially increased to enable effective support to Member States.

The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi, India, from 14 to 17 July 2014 reviewed the attached working paper and made the following recommendations:
## Actions by Member States

1. Member States should evaluate and report on the implementation of the WHO Global Strategy on Traditional Medicine 2014–2023, and report on progress at 5-year and 10-year intervals.

2. Obstacles to the integration of traditional medicine in conventional health systems should be identified.

3. Quality assurance of traditional medicine products manufacture should be improved.

4. Regulations for improved quality assurance of traditional medicine services should be enacted.

## Actions by the WHO Regional Office

1. The Regional Office should evaluate and report on the implementation of the WHO Global Strategy on Traditional Medicine 2014–2023, and report on progress at 5-year and 10-year intervals.

2. The revised HerbalNet should be continually updated for information exchange.

3. Development of research methodology to evaluate quality of care and integration of traditional medicine into conventional health systems should be facilitated.

4. The country information section of the Secretariat’s working paper for the Regional Committee should be updated.

   The revised and updated working paper and recommendations of the HLP Meeting are submitted to the Sixty-seventh Session of the Regional Committee for consideration.
Introduction

1. Traditional medicine (TRM) is an important, and often underestimated, part of health care. Almost every country in the world has its own form of traditional medicine and demand globally for it is increasing. Traditional medicine of proven quality, safety and efficacy contributes to the goal of ensuring that all people have access to care. Many countries now recognize the need to develop a cohesive and integrated approach to health care, which allows governments, health-care practitioners and patients to access traditional medicine in a safe, affordable and respectful way and where traditional medicine treatments of good quality are delivered according to best practices as defined by the leaders in the traditional medicine discipline concerned.

2. In the WHO South-East Asia Region, all Member States have a long history and rich heritage of traditional medicine that contributes to the health and well-being of their own people. In 2003, the Fifty-sixth session of the Regional Committee adopted resolution SEA/RC56/R6 on traditional systems of medicine, in line with the objectives of the first WHO Global Traditional Medicine Strategy 2002–2005 (launched in 2002). Since then, progress has been made through the implementation of the WHO Traditional Medicine Strategy 2002–2005. However, this progress has been unequal, with more progress made in the regulation of traditional medicine products as compared with the regulation of practitioners and practices.

3. In order to meet the increasing demand for and improve the safety and efficacy of traditional medicine and in line with World Health Assembly resolution WHA62.13, WHO recently updated its traditional medicine strategy. The objectives of the new strategy for 2014–2023 are to: (i) build the knowledge base and formulate national policies on traditional medicine, (ii) strengthen the safety, quality and effectiveness of traditional medicine drugs through regulation, and (iii) promote universal health coverage by appropriate integration of traditional medicine services and self-health care into national health-care systems. The new WHO Global Strategy for Traditional Medicine has been endorsed by resolution WHA67.18 adopted in May 2014.

Current situation in South-East Asia

4. In the past decade, considerable effort has been made at the country and regional levels to promote the safe and effective use of traditional medicine in the Region. Many countries – including India, Bhutan, the Democratic People’s Republic of Korea, Myanmar, Thailand and Sri Lanka – have developed monographs, pharmacopoeias and training manuals on the use of herbal medicine in primary health care with the technical and financial support of WHO.

5. Traditional medicine has been integrated into the national health-care systems to varying degrees and in different ways in different countries. Ten of the eleven Member States of the Region have national policies on traditional medicine, six countries have regulations on traditional medicine practitioners and nine countries have an education system in place for traditional medicine. In some countries, traditional medicine practitioners remain the main
health-care providers for millions of people living in rural areas. A review of government
documents, listed in the footnotes, and previous enquiries with governments via the WHO
country offices provided the following information:

6. Bangladesh

In Bangladesh, the Ayurveda, Unani and Homeopathy schools of traditional medicine are
practised. There are formal degrees issued by Dhaka University and diploma courses offered by
the Board of Traditional Medicine in ayurveda, unani and homeopathy. Posts for traditional
medicine doctors have been created and recruitment for these in district hospitals is underway.
There are as many as 31 000 registered traditional medicine practitioners (2.5 per 10 000
population), with 45 traditional medicine hospitals and centres. Annual market sales in 2009
were US$ 86 million.

7. Bhutan

Bhutan’s traditional medicine system is Sowa Rigpa, which is practised in conjunction with
allopathic medicine, there being 50 health facilities with traditional medicine units. The country
had 174 registered traditional medicine practitioners as of 2013 (2.5 per 10 000 population),
with a national formal educational system for traditional medicine.

8. Democratic People’s Republic of Korea

Democratic People’s Republic of Korea has its own Koryo system of medicine, services for which
coeexist at all health service facilities from the central to the primary health-care level (one central
and 12 provincial-level traditional medicine hospitals, 213 county/district hospitals and 4500
Ri/Dong clinics nationwide). The number of Koryo doctors is about 5000 with another 5000
Koryo pharmacists. More than 50% of the population uses traditional medicine for health care.
There are 11 medical universities, each having a traditional medicine faculty. There is also an
academy of Koryo medicine in Pyongyang.

9. India

India has several traditional medicine systems that are practised, including Ayurveda, Yoga,
Unani, Siddha and Homeopathy (referred to as AYUSH). There were 686 310 registered AYUSH
doctors as on 1 January 2013 (5.5 per 10 000 population), 3204 AYUSH hospitals and 61 583
beds (5 beds per 100 000 population). There are 508 colleges, all recognized by the Union

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1 Data extracted from WHO/SEARO Country Profile on Traditional and Complementary Medicine 2013 and Second
WHO global survey 2010.

2 Data extracted from WHO/SEARO Country Profile on Traditional and Complementary Medicine 2013; Second WHO
global survey 2010; and Conference Proceedings of the International Conference on Traditional Medicine for South-
East Asian countries, 12-14 February 2013, New Delhi, India.

3 Data extracted from WHO/SEARO Country Profile on Traditional and Complementary Medicine 2013; Second WHO
global survey 2010; and Conference Proceedings of the International Conference on Traditional Medicine for South-
East Asian countries, 12-14 February 2013, New Delhi, India.

4 Data extracted from WHO/SEARO Country Profile on Traditional and Complementary Medicine 2013; Second WHO
global survey 2010; Conference Proceedings of the International Conference on Traditional Medicine for South-East
Asian countries, 12-14 February 2013, New Delhi, India; A Manual for Doctors on Mainstreaming of AYUSH under
National Rural Health Mission, Ministry of Health and Family Welfare, Government of India, 2008; Medical Manpower,
government, with an annual admission capacity of 25,586 undergraduate students. There are also five research councils and eight national institutes for education, research and clinical studies. Annual exports of traditional medicine medicines were worth more than US$ 2 billion in 2011.

10. Indonesia

Indonesia’s traditional medicine system is known as Jamu. The country is home to many thousands of medicinal plants due to its unique geographical location and diversity. Indonesia has 30,000 species of plants, of which 9600 species are used as medicine and 300 species are used by industry as raw material for manufacturing traditional medicine. As of 2007, there were 1036 licensed traditional medicine industries in total, and the estimated annual market value of traditional medicine products was over US$ 1 billion. There are also six institutes, nine hospitals and 13 centres dedicated to traditional medicine in the country.

11. Myanmar

Myanmar also has its own traditional medicine system, which includes the Desana, Bhesijja, Netkhatta and Vijadhar systems. There is a Traditional Medicine Council, a Directorate-General in the Ministry of Health and more than 6000 traditional medicine practitioners (1 per 10,000 population), along with 251 traditional medicine hospitals, 10,518 traditional medicine drugs and 1985 registered manufacturers (as of 2011). There is a university to train traditional medicine practitioners and also a number of research institutes for traditional medicine; research has been focused largely on six common diseases (diarrhoea, dysentery, malaria, tuberculosis, hypertension and diabetes).

12. Nepal

In Nepal Ayurveda, Unani, Homeopathy and Amchi are practiced. There are 2350 registered traditional medicine practitioners (0.9 per 10,000 population), 3 traditional medicine hospitals, 75 traditional medicine centres and 391 traditional medicine dispensaries nationwide.

13. Sri Lanka

Sri Lanka practises an indigenous system – Deshiya chikitsa – as well as Ayurveda and Siddha medicine. There are approximately 15,000 registered traditional medicine practitioners (7.3 per 10,000 population) and 164 traditional medicine hospitals and health centres and six traditional medicine institutes nationwide.

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6 Data extracted from WHO/SEARO Country Profile on Traditional and Complementary Medicine 2013; Second WHO global survey 2010; and Traditional Medicine in the Union of Myanmar, ASEAN conference document 2010.


8 Data extracted from WHO/SEARO Country Profile on Traditional and Complementary Medicine 2013; Second WHO global survey 2010; and Conference Proceedings of the International Conference on Traditional Medicine for South-East Asian countries, 12-14 February 2013, New Delhi, India.
14. **Thailand**

Thailand has its own traditional medicine system, certain services of which are covered under the universal health care coverage scheme. There were approximately 47,137 licensed traditional medicine practitioners (covering medicine, pharmacy, midwifery, massage and applied practices) in 2009 (9.4 per 10,000 population). Standards for registered traditional medicine services in the health-care system are defined and all 95 regional hospitals (100%), 689 of 726 community hospitals (94.9%) and 6368 of 9868 health centres (64.5%) have met these standards (66.9% on average).

**Activities conducted by WHO**

15. Since the adoption of resolution SEA/RC56/R6 on traditional systems of medicine, WHO has facilitated information exchange on the deliverance of safe traditional medicine treatments of good quality according to best practices as defined by the leaders in the traditional medicine discipline concerned. WHO provided support for the development of guidelines on the use of traditional medicine in primary health care in some countries, including Bangladesh, Bhutan and Indonesia. The HerbalNet web-based system was set up by WHO for Member States to upload their documents to share them with other countries. Training on the use of this website was provided. Unfortunately, a recent review of the website has found that countries are not using the website and that some material is not suitable. Measures are underway to revise the website, its content, and the manner and scope of information-sharing.

16. In February 2013, the International Conference on traditional medicine was organized in New Delhi by the Government of India with support from WHO. During this conference, the Delhi Declaration on Traditional Medicine for South-East Asia was adopted unanimously by all 11 Member States of the Region. Under the Delhi Declaration, all Member States agreed to cooperate, collaborate and provide mutual support to each other in all fields of traditional medicine in accordance with national priorities, legislation and circumstances.

17. In December 2013, the WHO Regional Office for South-East Asia organized a regional expert group meeting on “Strengthening research capacity on the safety, efficacy and quality of care of traditional medicine”. Recommendations to WHO from this meeting included the following:

- Development of research methodology to evaluate procedure-based therapies.
- Facilitation of the development of standard operating procedures, generic protocols, clinical practice guidelines and benchmarking for the practice of traditional medicine treatments, including procedure-based therapies.
- Provision of technical support for research methodologies to evaluate the quality of care and integration of traditional medicine into health systems.
- Strengthening of pharmacovigilance systems to ensure the safety of traditional medicine.

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9 Data extracted from WHO/SEARO Country Profile on Traditional and Complementary Medicine 2013; Second WHO global survey 2010; and *Traditional Medicine in the Kingdom of Thailand*, ASEAN conference document 2010.
Conclusions and recommendations

18. The new WHO Traditional Medicine Strategy: 2014–2023 aims to harness the potential contribution of traditional medicine to health, wellness, people-centred health care, and universal health coverage. It also aims to promote best practices in the use of safe and good-quality traditional medicine through the regulation, research and integration of its products, practices and practitioners into the health care systems, as appropriate.

19. Member States have committed to supporting the Strategy, having adopted resolution WHA67.18. In 2013, Member States of the South-East Asia Region signed the Delhi Declaration, which has nine recommendations for cooperation, collaboration and mutual support among signatory countries. With very limited resources, WHO has been unable to support all nine areas but has been supporting three, namely:

- the promotion of national policies for equitable development and appropriate use of traditional medicine in health-care delivery;
- development of an institutionalized mechanism for information exchange; and
- exchange of views, experiences and experts for integration of traditional medicine into national health systems in accordance with national policies and regulations.

20. WHO will continue to work in these areas. However, the degree of future WHO support will depend upon future resource allocation (which is currently very low, there being little activity money and no permanent dedicated staff) given to the area of traditional medicine. This report is submitted for consideration by the Sixty-seventh Session of the WHO Regional Committee for South-East Asia.