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USE OF TRADITIONAL PRACTITIONERS OF
MEDICINE IN PRIMARY HEALTH CARE ACTIVITIES

(Paper presented by the Government of Sri Lanka)

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1. INTRODUCTION

Traditional medicine in this region, as anywhere else in the world, is deeply rooted in the civilization of the particular area. As a result, the practitioners of the systems of traditional medicine have a natural empathy with the population, particularly in the rural areas. Therefore, this could be considered a potential resource to be utilized in primary health care activities of the countries of this region.

2. THE NEED FOR AND ADVANTAGES OF USING TRADITIONAL MEDICINES IN PHC

The need to utilize this resource could also be viewed in the context of the present international economic crisis which has made it necessary to look for alternative approaches for health care in view of the escalating costs of the present health care delivery systems in almost all the countries. This is the direct result of concentration of attention and investments in the development of institutional services of modern medicine. This leads to a trend towards highly specialized services which require, for their continued existence and future expansion, an expensive package of inputs ranging from skilled manpower and imported drugs and equipment to up-to-date facilities such as buildings and transport. Therefore, the use of traditional practitioners of medicine, at least in the primary health care activities, will be a timely intervention to ease the situation.

A third reason to pursue this approach would be the intrinsic value of some of the traditional systems of medicine practised in certain countries of the Region. For example, Deshiya Chikitsa in Ayurveda is not only inexpensive but also very effective in regard to specific ailments and what is more, easy to understand. These systems have well developed measures for prevention and control of certain diseases too. These include measures pertaining to personal hygiene and maintenance of minimum standards of sanitation.

Finally, it is noted that there is an abundance of manpower in traditional medicine in this region. The practitioners, of course, are not of a uniform standard of competence. Some have inherited practices from their forefathers; others have acquired their knowledge and skills, in varying degrees, at the feet of master-physicians; yet others have had some training in institutions, recognized by their respective governments or not. Properly motivated, managed and directed, these cadres could supplement the personnel already engaged in primary health care activities.

3. ACTIVITIES TO BE UNDERTAKEN

The primary task for governments in the Region in order to utilize the traditional systems of medicine in national health development in general and PHC in particular, is to recognize the potential of these systems and adopt them as a matter of national health policy. Thereafter, legislative, institutional and financial backing can be given so that these systems could operate within the framework of the national health services of the country. Perhaps, most countries in the Region have already taken similar steps, as is the case with Sri Lanka.

With regard to PHC itself, the participation of practitioners/workers of traditional systems of medicine could be arranged through the following measures:

- (1) Dissemination of information on primary health care and motivation for family health care;
- (2) Offer of services in family health care;
- (3) House-to-house visits with offer of advice and services;
- (4) Health education programmes for schools; and
- (5) Health education programmes for under-served segments of the population.

It is to be noted that, in some countries, there may already be programmes directed towards the above in their national health services. Therefore, it is very necessary to ensure that these activities will not be unnecessarily duplicated, resulting in wastage of manpower and other resources. Instead, the contribution of the traditional systems of medicine should be well co-ordinated with the rest of the national health services, so that they operate harmoniously.

Some of the programmes of action that could be initiated to bring about the above measures are indicated below:

- (1) an active propaganda drive;
- (2) monetary and other incentives;
- (3) training programmes, both formal and informal, including seminars and workshops;
- (4) recruitment of practitioners of traditional medicine into the national health services and their deployment in the rural and other under-served areas; and,
- (5) provision of logistical support to the practitioners so deployed.

Among the programmes of action outlined above, training of traditional medical practitioners in primary health care needs special consideration. The objective of such a programme of action may be the following:

- the technical capability of all the eligible practitioners of traditional medicine needs to be improved as required so that they may participate effectively in the national health care delivery system, attending to cases of common ailments;
- their knowledge in the cultivation, collection, preservation and use of medicinal herbs should be improved, and,

- the practitioners should be familiar with elementary practices of personal hygiene, sanitation and other methods of disease prevention and control which transcend the boundaries of 'traditional' and 'western' systems of medicine.

An action programme for the training of practitioners of traditional systems of medicine as outlined above will necessarily need activities such as the following:

- (1) Setting up of training divisions in the central organizations responsible for traditional medicine and equipping them adequately;
- (2) Preparation of appropriate syllabi and other curricula;
- (3) Preparation of manuals, including their translation into different languages used in the country;
- (4) Provision of logistical support, and
- (5) Development of mechanisms for monitoring and evaluation.

It may be necessary to have time-bound programmes, appropriately processed and approved by national authorities, together with pledges of support obtained from international agencies and other sources of foreign funding.

The objective of the discussion of this subject at the thirty-fifth session of the WHO Regional Committee for South-East Asia should be to:

- reaffirm its continued interest in and support for traditional medicine in general and the involvement of traditional medicine in PHC activities;
- provide leadership to Member countries in their endeavours on the above, and
- decide on the practical steps to be taken to achieve these aims and objectives.