At its thirty-sixth session in 1985, the Regional Committee adopted resolution WPR/RC36.R6 on traditional medicine, calling for further action in the areas of programme formulation, training, research and information exchange, particularly on herbal medicine and acupuncture. Traditional medicine was also the topic of the Technical Discussions held in conjunction with the same session of the Regional Committee.

This report reviews the progress made during the biennium, reexamines the problems and proposes future activities for the further development of the traditional medicine programme.

The Committee’s attention is also drawn to resolution WHA40.33, adopted by the World Health Assembly in May 1987, which is attached as Annex 2.
1. INTRODUCTION

The Western Pacific Region is considered to have a long history of traditional medicine and is believed to have rich resources at its disposal.

To serve as a policy basis for the WHO traditional medicine programme, the World Health Assembly has adopted a number of resolutions: resolutions WHA29.72 and WHA32.42 support the use of traditional health workers in primary health care; resolution WHA30.49 urges Member States to utilize and promote their traditional medical care systems; resolution WHA31.33 draws attention to the importance of medicinal plants in the health care systems of developing countries.

The Sub-Committee of the Regional Committee on Technical Cooperation among Developing Countries, meeting in July 1985, noted that, while the WHO programme on traditional medicine had made considerable progress in the area of acupuncture, not much had been achieved in herbal medicine. Following the recommendation of the Sub-Committee, the Regional Committee adopted resolution WPR/RC36.R6, calling for further action in the areas of programme formulation, research, training and information exchange (See Annex 1).

Traditional medicine was also discussed at the Technical Discussions held in conjunction with the thirty-sixth session of the Regional Committee, where it was noted that the situation with regard to traditional medicine in the Region was generally encouraging.

2. PROGRESS

Significant progress has been made during the past few years in the integration of traditional medicine into the health services, as well as in research, training and information exchange, particularly on herbal medicine and acupuncture.

2.1 Integration of traditional medicine into the health services

Countries in the Region have continued to strengthen their traditional medicine activities. WHO collaborated in the conduct of national workshops on the integration of traditional medicine in primary health care in Fiji, Papua New Guinea, the Republic of Korea and Viet Nam in 1984 and 1985. The workshops reviewed the status of traditional medicine, determined training needs and discussed appropriate research methodologies with a view to developing national policies on the integration of traditional medicine into the health services.
In early 1987, following these workshops, coverage under the national health insurance scheme in the Republic of Korea was extended to include the practice of acupuncture and use of twenty-six traditional formulas. In Viet Nam where traditional medicine is already one of the key elements of the national health services, a national workshop in November 1986 reported on the successful application of traditional medicine in the fields of internal medicine, surgery, gynaecology and ophthalmology.

A WHO-sponsored interregional seminar was held in Guangzhou, China, in October 1985 at which participants learnt about experience in integrating traditional medicine in primary health care in China. The State Administration of Traditional Chinese Medicine was set up in China in 1986 to promote the further development of traditional medicine.

2.2 Herbal medicine

A meeting of the Scientific Group on Herbal Medicine Research was held in Tokyo in March 1986 to discuss appropriate methodology to be applied in herbal medicine research. Three priority areas for research were defined: (a) identification of useful medicinal plants, especially those suitable for use in primary health care; (b) establishment of quality standards; and (c) validation of the safety and efficacy of herbal drugs based on the concepts of both modern medicine and traditional medicine. A national workshop on herbal medicine research was also held in Hanoi in January 1987.

Inventory surveys of medicinal plants have been carried out in the South Pacific. As a result of surveys in Fiji, Papua New Guinea, Samoa and Vanuatu in December 1985, a model list of twenty widely used medicinal plants in tropical Pacific areas was developed to serve as a basis for regional/subregional herbal formularies. An inventory survey of medicinal plants was also conducted in Cook Islands in October 1986.

In the Philippines, five essential medicinal plants were the subject of toxicological studies, including mutagenicity tests and clinical controlled trials. These have been shown to be safe and effective in their respective analgesic, antitussive, anticolic, diuretic or antihelminthic action.

In Japan the Pharmaceutical Affairs Division of the Ministry of Health and Welfare issued new regulations in 1985, setting quality control standards for ready-to-use traditional drugs. Traditional drugs of standard quality became available on the market a year later, and are now being used by more than 40% of the physicians in their routine practice.

Information exchange on herbal medicine has been further strengthened through support for academic meetings on traditional medicine. In cooperation with WHO, the Fourth International
Conference of Oriental Medicine was held in Kyoto, Japan, in October 1985, at which research on herbal medicine therapies for pain, bronchial asthma, hypertension and other diseases was reported. Most notable of these reports was the one on Rhei rhizoma as a urea-nitrogen decreasing agent, in addition to its traditional use as a purgative.

2.3 Acupuncture

Efforts have continued to develop the programme on acupuncture. The second and third Regional Working Groups on the Standardization of Acupuncture Nomenclature were held in Hong Kong and Seoul in July 1985 and June 1987, respectively, to further develop a standard acupuncture nomenclature. A standard nomenclature was developed for seventeen extra acupuncture points located outside of the fourteen meridians. So far 48 extra acupuncture points have been adopted, including the nomenclature of eight extra meridians and basic technical terms in acupuncture.

In the Philippines, acupuncture has been successfully integrated into the national health services. A WHO-supported national evaluation workshop on acupuncture training, held in Manila in February 1987, assessed the skills and knowledge of about eighty physicians who had attended a basic acupuncture course conducted by graduates of the previous year's advanced training course. It was shown that these graduates were capable of training others in acupuncture.

Extensive acupuncture research has been carried out, particularly in China and Japan, where activities have focused on the meridian phenomenon and neuropharmacological and neurophysiological approaches.

3. PROBLEMS

3.1 Social factors

The following social factors have impeded efforts to integrate traditional medicine into the health services:

- slow recognition of the value of traditional medicine by workers in the modern health sector;
- lack of the political, legal, material and other support needed from both governments and institutions/associations of modern medicine;
- fears that integration may threaten the status, income or freedom of action of those involved;
- lack of mutual respect and understanding between practitioners of modern and traditional medicine.
3.2 Information

Information is lacking in the following areas:

- existing traditional medical practices, the needs addressed by these practices and their potential resources, particularly in the South Pacific;
- safety and efficacy of traditional medicine;
- cost-effectiveness of traditional medicine.

Dissemination and exchange of information are also not well developed because of the existence of different systems of traditional medicine and language barriers.

3.3 Resources

Resources are lacking in a number of areas:

- managers and field workers in the health services capable of pioneering effective programmes;
- organizations representing traditional practitioners, especially of the simple systems of traditional medicine, e.g. folk medicine;
- financial resources, infrastructural facilities, particularly for transport, storage, communications and supplies such as traditional drugs.

Generally speaking, there is an unequal distribution of resources within countries between the centre and the periphery, where needs are greatest and resources the most lacking.

4. FUTURE DIRECTION

The following activities are proposed aimed at the further promotion of traditional medicine and its integration into the health services.

4.1 Development of an effective policy on the integration of traditional medicine into the health services

If traditional medicine and its practitioners are to become effectively integrated into the health services, a clear and positive policy, backed up by appropriate legislation, is needed. Development of such a policy depends upon recognition of the value of traditional medicine and the role of its practitioners.
4.2 Research promotion

The value of traditional medicine will be validated within the scientific framework. Evaluation of the efficacy and safety of traditional medicine is more important than investigation of the mechanisms of its therapeutic effects. This is because the former is of direct relevance to promotion of the use of traditional medicine in the health care services.

Research on existing traditional medical practices, including inventory surveys of medicinal plants, as well as on cost-effectiveness will also be promoted with a view to further utilization of resources.

4.3 Development of training

Training of different categories of personnel will be strengthened, such as programme managers, traditional medicine doctors, acupuncturists, herbalists and modern physicians.

In those countries where there are no training activities, national training programmes will be developed based on appropriate guidelines. International sharing of resources and transfer of technology can play a significant part in the development of training activities.

4.4 Information exchange

Information exchange will be strengthened, both within and between countries, on what is known and considered useful in the practice of traditional medicine, particularly as regards the integration of traditional medicine in the health services. Information plays an important role in promoting cooperation between the groups concerned and should be disseminated through all available media. Increased use will be made of information provided by collaborating centres, other United Nations agencies such as UNESCO, FAO, UNIDO and UNICEF and nongovernmental organizations.
SUB-COMMITTEE ON TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES: TRADITIONAL MEDICINE

The Regional Committee,

Having considered the report of the Sub-Committee on Technical Cooperation among Developing Countries;¹

Recalling resolution WPR/RC35.R3;

Noting resolution WHA38.23 on technical cooperation among developing countries in support of the goal of health for all;

Recognizing that traditional medicine practices, particularly those of herbal medicine and acupuncture, constitute appropriate technologies which could be integrated into the national health strategies;

Noting that herbal medicine and acupuncture are subjects which lend themselves particularly well to technical cooperation among Member States of the Region;

1. THANKS the Sub-Committee on Technical Cooperation among Developing Countries for its work;

2. URGES Member States:

(1) to review the status of herbal medicine and acupuncture in the light of the needs arising out of their health strategies and, where necessary, to initiate programmes for their development;
(2) to undertake research in herbal medicine and acupuncture as indicated by the status of development of these technologies;

(3) to share freely with each other their experiences in this field as well as information available on the subject, including their national formularies and the results of completed research;

(4) to incorporate relevant aspects of herbal medicine and acupuncture in the training of their health workers;

(5) to ensure the maintenance of high standards of training and practice in the field of traditional medicine, through such measures as licensing or the keeping of adequate records;

3. REQUESTS the Regional Director:

(1) to intensify efforts to promote among Member States greater awareness and recognition of the value of herbal medicine and acupuncture;

(2) to collaborate with Member States in the formulation and implementation of programmes for the development of herbal medicine and acupuncture;

(3) to support the exchange of information among Member States, including collaboration in the documentation of experiences, preparation of national herbal medicine formularies, or updating of existing ones;

(4) to encourage and support the conduct of research, including the investigation and evaluation of the efficacy and safety of herbal therapies;
(5) to strengthen national institutions and to designate them, where appropriate, as collaborating centres, with a view to their active participation in technical cooperation activities with other countries, including training courses, research and sharing of expertise;

(6) to mobilize further resources in support of herbal medicine and acupuncture in anticipation of the expansion of the traditional medicine programme.

Fifth meeting, 18 September 1985
WPR/RC36/SR/5
TRADITIONAL MEDICINE

The Fortieth World Health Assembly,

Aware that traditional systems of medicine play an important role in preventive, promotive and curative aspects of health, particularly in developing countries;

Noting that there exists a vast reservoir of practitioners of traditional systems of medicine and an almost untapped wealth of medicinal flora;

Recalling the earlier resolutions of the Assembly concerning health manpower (WHA29.72), training and research in traditional medicine (WHA30.49) and medicinal plants (WHA31.33) and the related recommendations of the Alma-Ata Conference;

1. URGES Member States:

   (1) to utilize optimally practitioners of their traditional systems of medicine in primary health care, whenever possible and appropriate;

   (2) to initiate comprehensive programmes for the identification, evaluation, preparation, cultivation and conservation of medicinal plants used in traditional medicine;

   (3) to ensure quality control of drugs derived from traditional plant remedies by using modern techniques and applying suitable standards and good manufacturing practices;

   (4) to support research into traditional ways of treating ailments and promoting family health, nutrition and well-being;

   (5) to extend cooperation and exchange of experts, skills and training in traditional systems of medicine and related fields, particularly between countries with a similar cultural background;

2. REQUESTS the Director-General:

   (1) to mobilize extrabudgetary funds to assist Members in implementing these activities; and

   (2) to promote intercountry seminars to improve mutual understanding, the dissemination of knowledge and the exchange of experience.