

15.1 Traditional medicine

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In focus at WHA67

The Assembly will be presented with a Secretariat paper, [A67/26](#) (considered by the EB as [EB134/24](#)) which describes and refers to the [revised WHO traditional medicine strategy](#) plus the recommended resolution from the EB, [EB134.R6](#). The resolution simply endorses the strategy and seeks follow up on its implementation.

The discussion at the Assembly will canvass the issues and principles covered in the revised strategy as well as the commitments carried within the draft resolution.

Background

At the EB134 in January 2014 the Secretariat presented, 'for noting', a [revised WHO traditional medicine strategy](#). The authority for this new strategy derives from a 2009 resolution ([A62.13](#)) which requested the Director-General "to update the WHO traditional medicine strategy 2002–2005, based on countries' progress and current new challenges in the field of traditional medicine". There was nothing in the resolution which required any further consideration of the issue by either the EB or the WHA.

The Secretariat paper commences with a review of progress and challenges in the field of traditional and complementary medicine (T&CM). It then proceeds to introduce in summary form the revised strategy, reviewing Objective 1 on the knowledge base, Objective 2 on regulation of T&CM for quality assurance, safety, utilisation and effectiveness, and Objective 3 which aims to integrate T&CM into universal health coverage.

In addition to the Secretariat paper the EB considered a draft resolution proposed by China, Malaysia and the Republic of Korea which was circulated as [EB134/CONF./2](#) which was adopted as [EB134.R6](#). This resolution essentially asks MSs to implement the Strategy and asks the DG to help them to do so.

Notes of EB debate [here](#)

PHM Comment

The new strategy provides useful guidance to member states in relation to knowledge about traditional and complementary healing (T&CM) and the regulation of T&CM.

The new strategy is strongly influenced by the East Asian, South Asian, and 'Western' experience (especially Europe and North America). The vibrant and challenging Indigenous health movement in Latin America is virtually ignored.

The emphasis on formalising and aggregating the knowledge base of T&CM contrasts with the failure to address the differing epistemological assumptions which underpin allopathic and T&CM and the wider philosophical and ecological implications of those differences. The focus on 'evidence' (which appears to mean empiricist and reductionist constructions of evidence) risks losing much of value in the T&CM traditions, and does not address the debate on the different epistemological paradigms.

In many parts of Latin America indigenous healing traditions are associated with powerful challenges to the materialism, consumerism and eco-destruction of Western hegemonies. These associations should not be neglected simply because they do not fit within frameworks derived from the allopathic tradition.

The strategic directions and actions proposed in relation to the integration of T&CM within broader health system frameworks are quite limited. The integration of traditional and western medicines in the context of China in the 1950s meant both that traditional Chinese medicine would be respected *and* that it would also provide the backbone of primary care, public health campaigns, immunisation and family planning.

In contrast, the current strategy ([A67/26](#)) is all about integrating T&CM into mainstream health care systems but there is no mention in this paper of the least developed countries, many of whom have very few Western trained physicians, and how they might harness the workforce of T&CM to strengthen the health system as a whole, nor a recognition of the role of traditional practitioners in extending the reach of life saving allopathic interventions and public health strategies. Traditional medicine should be integrated in other WHO's strategies in order to strengthen the health systems, with reference to the paradigm of interculturality of health practices.

The proposed strategy is quite selective in its dealing with traditional medicine, given WHO's rejection of traditional birth attendants for 'trained birth attendants' in the field of birthing. Traditional birth attendants, like many T&CM practitioners face recurrent challenges to their legitimacy, including from WHO. It seems surprising that this 'strategy' was not submitted for the consideration of the governing bodies before it was published as a strategy.

PHM raises awareness that it is important to clarify goals in term of implementation and how the strategy has to be operationalized at the country, regional and hq levels. Also increase integration between regional offices strategies and headquarters – there are weak traditional medicine representations on Regional Offices level as in African Region, PAHO, EURO; hq should support coordination within and across regions.

PHM policy priorities

There are significant epistemological and ontological differences between the T&CM traditions and the allopathic tradition. There is a need for a dialogue between these different paradigms; not for T&CM to be evaluated and classified in accordance with the empiricist tradition.

There are values and benefits in the T&CM traditions which go beyond simple questions of instrumental efficacy. These include different resources for living with pain, grief, disability and anxiety. They include different ways of understanding humans' relationship to our wider environment. There is much which allopathy can learn from these traditions.

WHO should be exploring how T&CM might be integrated into other WHO strategies such as NCD and PHC.

T&CM practitioners are widely trusted in many different societies. As such they can assist in extending the reach of modern public health, where they are treated as collaborators rather than discounted as quacks.

Notes from WHA67

Documents

- [A67/26](#) (Traditional medicine)
- EB134/2014/REC/1
- Resolution [EB134.R6](#)
- [A67/B/CONF./3](#) Draft resolution contained in resolution EB134.R6 incorporating amendments by Member States

Floor open

Iraq: Affirm the importance of the use of models for using new technologies, strategic planning. We affirm the integration between traditional medicine and basic medicine applying traditional medicine should be based on evidence. Practicing the traditional medicine should require certification and should be added to the curricula of medical schools.

Bahrain: on behalf of EMRO; compl med practised widely in EMR; largely herbal treatments; such practices lack the reg framework to gov their prac; many trad med instns not subj to regs re sale of herbal prods; advertising on satellite channels; so in the EMRO call for impl of WHO trad med strat and importance of nat policies re comple med and appr legn; and call on sect to provide tech support for regulatory framework; support draft resolution

Bolivia: Traditional medicine in Bolivia is a part of the family medicine policy and intercultural policy. State promote research in the traditional medicine as safeguard; traditional medicine is related to the indigenous groups that is why it is important in Bolivia; proper use through

regulation of products, practice and practitioners. Consumers can make fundamental choices while dealing with their health.

PRChina: thanks sect for report; in the past few years incr interest in trad med; need to ack new challenges; global survey of status quo of trad med; 120 MS; WHO has analysed these reports, collected further information; three goals, six directions and actions; clear targets and actionable action plans; this strategy will help us to respond to new challenges

Tanzania: aligns itself with Afro statement; Tanzania support the potential role of traditional medicine in the health system and the importance of the regulation re products, practices and practitioners. Application of the intellectual property right. Despite the progress, problems: lack of regulations, research work, application of IPR. Harrmonization need, national policies for traditional medicine. Support the resolution.

Indonesia: 30% of the indonesian population use traditional medicine. Indonesia is imposing regulations to ensure the safety of the traditional medicine. Regulation of practices and practitioners and products. Integration of the traditional medicine into the national health system. especially at the service level to complement the efforts towards the UHC. IPR. Support the strategy, however we request the consideration of country needs and context.

Vietnam: expr appr for WHO and MS for the rep and res; support WHO trad med strat and resolution; share our opinion section 2(1) agree that MS should adopt and maintain but each country has their own context; MS do not have the same situation so impl of WHO strat should be based on local circumstances; suggest that countries should rep to WHO every two years and WHO should publish summary every 5 yrs; providing support, learning from country experience and summing up

Senegal: On behalf of Afro. 53 members has been promoting traditional medicine within the framework of the national health system. 40 countries introduces national policies on traditional medicine. 13 countries, there is authorization for practicing traditional medicine. 13 countries National framework for IPR to protect the local knowledge; the implementation of the WHO strategy will be basis for the national programs and plans.

Ethiopia: supp statement from Senegal for Afro; agrees to consider challenges and strategies to integrate traditional into PHC; appreciates new strategy and keen to work with Sect; needs incre collaboration in standardisation, integration and regulation of trad med

Thailand: Welcome the strategy and the resolution. Concerns: the strategy recommend implementing the traditional medicine within the framework of the national HS. we should not lose support for the traditional healers. They should appear in the strategy. however, monitoring should be also applied to ensure the safety. The importance of indicators to monitor the progress

Japan: welcomes strategy and resolution; trad practices prev for a long time and still widely used; need to have efficacy and safety assured; request and expect WHO to engage in

research and evidence base; Japan has conducted studies on integrative med; Japan's knowledge will be useful for other MSs

Kuwait supporting the strategy of the WHO and the resolution; Supporting the four objectives. Aware of the challenges that face the traditional and complementary medicine; We need a new methodology for the traditional and complementary medicine; we stated effort to promote the complementary medicine; We have guidelines for the complementary and traditional medicine; established a committee to look at these guidelines

Zimbabwe: aligns with Senegal; trad med reg in Zim since 1981; supp resolution; need to protect IPRs for trad meds

Australia: Welcomes the DG updates, report. Support adoption of the resolution, co-sponsoring and thanks China; Strengthening capacity at national level for the implementation of the strategy.

Mexico: support strategy; a priority in terms of quality and effectiveness through product regulation; Mex part of a group set up to promote regulation; need proper regulation of trad products and recognition of trad med as full health system; respect and support for practitioners of trad med; promote sustainable development of trad meds

India: Congratulate. Very important step. We ask MSs to adapt. We have several systems of traditional medicine. Traditional medicine and alternative medicine approaches have been used in South Eastern Asia region. amendments; India is happy to cosponsor this resolution.

Papua New Guinea: Welcome the report of the secretariat. Notes the draft resolution. WHO traditional medicine strategy and will do best to implement it. We share the IPR concerns raised by other countries. Practices of traditional medicine were stolen. We support the adoption of the resolution supporting China intervention

Canada: add name to list of sponsors to resolution

Malaysia: Way forward to enhance and promote the traditional medicine practice. Takes note of the expected outcomes and support the implementation of indicators. Welcomes the resolution and endorses the WHO strategy. Call for recognition of traditional medicine for people's health.

Korea: importance of promoting safe use of traditional medicines, potential to improve health, challenge in including them into national health systems. should promote integration and use of both traditional and western medicines. hope WHO will propose strategy for inclusion of traditional medicines into health systems, along with technical supports. this should be worked on at regional level also. suggests to adopt the resolution along with such a strategy.

US: We were pleased to participate in the development of this strategy. Thanks Secretariat and recognize China's effort. US supports regulations. Evidence based is mentioned in the strategy, but we want to make sure that it is also enforced in resolution. The reference to the importance

of raise funding and request the director general work on it is not a custom of the Assembly. We feel that this language is not appropriate.

Russia: considers and supports consistency of WHO in achieving progress in this field, along with MS. strategy for 2013-23 focuses on systems and medicines. important strategy and adoptable. Russia is working with professional associations in this field in developing projects and organising scientific congress. We see progress in use of herbal medicines and adopted a law to regulate practice of traditional medicines practitioners. useful guidelines from WHO on developing national policies. appeal on MS to adopt it in the perspective of their own realities.

South Africa: Supports the resolution. Recognizing three areas: strengthening quality assurance, integration of the traditional medicine within the health system, and knowledge base. Knowledge base is important to keep the practitioners updated.. The quality assurance and safety by regulating the practices and practitioners. Establish a council like other professions to regulate the practitioners. Integration will complement the coverage of the health care system.

Togo: Thank for putting this topic on the agenda. supports Senegal on behalf of AFRO. work done by technical group on the subject, as well as regulation of this field have standardised procedures has been moving forward. but still measures needed to include it in health systems fully, which can be based on WHO strategy. including questions of quality and in promotion of UHC. promotes adoption.

Myanmar: Traditional medicine is one of the important areas for member states. Appreciate the strategy. It is important if the strategy can provide knowledge base for the traditional medicine. As developing countries, we wish to receive technical support from the WHO in this field. We request allocation proper budget for implementing the strategy.

Cook Islands: enhanced strategy. there remains an element of mistrust towards traditional medicines practitioners. in our country, this practice considered sacred. We have identified practitioners as allied in national strategy. but they need to take ownership of the proces. this needs to be handled sensitively.

Ghana: Supports the statement of Senegal on behalf of Afro. Likes to add:the legal and political commitments to implement regulations. Integration: we are gradually integrated the traditional medicine into the health system regulatory office as a part of the health system.

New Zealand (su): acknowledges the work and supports the resolution.

Korea: South East Asia region. Call for the adoption of the resolution and strategy. South East Asia countries have a history of using the traditional medicine. Many countries in this region have systems of traditional medicine. Many countries have many regulations for traditional medicine. Harmonized approach to integrate, regulate and promote the traditional medicine. The traditional medicine strategy should acknowledge the national priorities. MSs in the SEA

Region will ensure the implementation of the strategy. WHO should allocate proper budget for the strategy implementation.

Nigeria: has traditional medicines policy, 2007. strategy has been developed along with WHO. traditional medicines are regulated on the basis of safety. bill still to be passed into a law. none of the products are register in LEM because they are not registered with UN.

Brasil: Brazil thanks the secretariat for the strategy . We acknowledge the importance of this Traditional Medicine as a complementary component to the health system. The problem associate to the regulation is that we need to gather data about the practices to protect the population

Iran: endorses and supports. iran has established system in place. in last decade has been regulated as a medical speciality in prestigious universities across country. suggest an amendment. as well as suggest that the fact that miss use of tad med, either overuse or use in an inappropriate way is harmful needs to be added into the draft.

Chinese Taipei: acknowledge the effort of the WHO to prepare the strategy and resolution. CT has been a leader in the field of traditional Chinese medicine.. Law, regulation, are of importance, health insurance system is the first to implement strategy to combine the traditional medicine. We also established traditional Medicine Pharmacopeia; Promote the research in the field of TCM to show the possibilities for further integration of TCM into health system. CT appreciate the support from MSs.

Secretariat: noted request for support and sharing knowledge, happy to interact with ms that will contact them on this topic.

Res [EB134.R6](#) for consideration by assembly.

India: we earlier suggested a change in the introduction of the resolution, but to reach consensus. we withdraw this requested amendment.

Secretariat: Amendments received, requesting the secretariat to prepare a draft for later decision.

Item 15.1 (continued Friday am)

Documents

- [A67/26](#)
- EB134/2014/REC/1
- [EB134.R6](#)
- [A67/B/CONF./3](#)

China: supports suggestion from Australia.

Legal counsel: a technical point flowing from work resolution that progress reports will be considered by WHA directly. so OP3.5 through the EB to be deleted; if there is consensus to include Australia suggestion on reporting time, that is fine. if there is no agreement on open ended time frame, then we would use the timeframe of the strategy (2013-23 or 2014-24)

Australia: I support the suggestion of the legal counsel. Deleting the reference to EB from the resolution. We ask for the report after 5 years if this assist.

Legal Counsel: meant periodic reporting during period of strategy.

Chair: Agreed the resolution with no objection?

US: No objection for the adoption of the resolution. We request allocation of funds to this area of work.

Committee approved the resolution with the proposed amendments.,

See [WHA67.18](#) (Traditional medicine)