WORLD HEALTH ORGANIZATION

FIFTY-SIXTH WORLD HEALTH ASSEMBLY A56/18
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Traditional medicine

Report by the Secretariat

GLOBAL SITUATION

1. In the past decade there has been renewed attention and interest in the use of traditional medicine globally.[1] In China, traditional medicine accounts for around 40% of all health care delivered. In Chile 71% of the population, and in Colombia 40% of the population, have used such medicine. In India, 65% of the population in rural areas use Ayurveda and medicinal plants to help meet their primary health care needs. In developed countries, traditional, complementary and alternative medicines are becoming more popular. For example, the percentage of the population that has used such medicines at least once is 48% in Australia, 31% in Belgium, 70% in Canada, 49% in France and 42% in the United States of America.

2. Traditional, complementary and alternative medicines (referred to hereafter as "traditional medicine") are commonly used to treat or prevent disease and chronic illness and to improve quality of life. Some evidence points to promising potential. The efficacy of acupuncture in relieving pain and nausea, for instance, has been conclusively demonstrated and is now acknowledged worldwide. A national expert panel of the United States National Institutes of Health concluded in 1997 that there is clear evidence that needle acupuncture treatment is more effective and has fewer side-effects for certain symptoms than conventional treatments. In Germany and in the United Kingdom of Great Britain and Northern Ireland, 70% and 90%, respectively, of pain clinics use acupuncture.

3. Traditional medicine has also been used in the treatment and care of such life-threatening illnesses as malaria and AIDS. In Ghana, Mali, Nigeria and Zambia, herbal medicines are the first line treatment for more than 60% of children with high fever. Studies in Africa and North America have shown that up to 75% of people living with HIV/AIDS use traditional medicine alone or in combination with other medicines for various symptoms or conditions.

CHALLENGES

4. As of 2000, only 25 countries reported having a national policy for traditional medicine, even though regulation or registration procedures for herbal products exist in nearly 70 countries.

[1] In some countries where traditional medicine has not been incorporated into the national health care system, it is often termed "complementary", "alternative" or "nonconventional" medicine.

5. Many consumers use traditional medicine as self-care because there is a wide misconception that "natural" means "safe". They may be unaware of potential side-effects, and how and when herbal medicines can be taken safely. In most countries, either no safety monitoring system exists or the existing safety monitoring system excludes herbal medicines. Because of lack of quality control and of improper use by consumers, cases of misuse of herbal preparations have been reported. For instance, in 1996 more than 50 people in Belgium suffered kidney failure after taking a herbal preparation which contained *Aristolochia fangchi* (a toxic plant) instead of *Stephania tetrandra* or *Magnolia officinalis*.

6. Although traditional medicine has long been used, there is little systematic evidence regarding its safety and efficacy. The evolution of traditional medicine has been influenced by cultural and historical conditions, making systematic evaluation difficult, since factors such as the philosophy and theory which underlie its use must be taken into account. Absence of evaluation has in turn slowed down development of regulation and legislation. In addition, there is a lack of cooperation and sharing of information among countries as to regulation of herbal products on the market.

7. Traditional medicine is easily available and affordable in low-income countries, but with increasing globalization, knowledge holders are concerned about the erosion of traditional lifestyles and cultures through external pressures, including loss of their knowledge and reluctance of younger members of the community to maintain traditional practices. Other causes of concern are misappropriation of natural resources, preservation of biodiversity and protection of medicinal plant resources for the sustainable development of traditional medicine.

8. Two main obstacles hamper the rational use of traditional medicine: lack of appropriate training for providers and of proper qualification and licensing schemes, which make it difficult for national authorities and consumers to identify qualified providers. There is also a lack of organized networks of traditional practitioners.

A STRATEGY FOR TRADITIONAL MEDICINE

9. In order to meet the growing demand, WHO issued a strategy paper on traditional medicine in 2002.[1] This strategy describes the commonly used traditional therapies and therapeutic techniques, including Ayurveda, Chinese, Arabic, Unani and indigenous medicine. A number of WHO Member States and partners in traditional medicine (organizations of the United Nations system, international organizations, nongovernmental organizations, and global and national professional associations) contributed to preparation of the strategy and have expressed their willingness to participate in its implementation.

10. WHO's role is to broaden the recognition of traditional medicine; to support its integration into national health systems depending on the circumstances of its use in countries; to provide technical guidance and information for the safe and effective use of such medicine; and to preserve and protect medicinal plant resources and knowledge of traditional medicine with a view to its sustainable use.

[1] WHO traditional medicine strategy 2002-2005. Document WHO/EDM/TRM/2002.1. Available in the meeting room.

11. In recent years regional committees for Africa, South-East Asia, the Eastern Mediterranean and the Western Pacific discussed traditional medicine and adopted resolutions on the use of traditional medicine.[1]

Objectives

12. The strategy has four main objectives, in line with those of WHO's medicines strategy:

- to integrate relevant aspects of traditional medicine within national health care systems by framing national traditional medicine **policies** and implementing programmes;
- to promote the **safety, efficacy** and **quality** of traditional medicine practices by providing guidance on regulatory and quality assurance standards;
- to increase **access** to, and affordability of, traditional medicine;
- to promote **rational use** of traditional medicine.

Implementation

13. **Policy.** A national policy is urgently needed in those countries where traditional medicine is popularly used in primary health care, and governments are becoming increasingly aware of it. For instance, in the Western Pacific Region, only four countries had a national policy on traditional medicine in 1994; the number had risen to 14 by 2001. In general, such policy should include a definition of the government's role in developing traditional medicine in the health-care delivery system, and contain a mission as well as goals and objectives. Integration of traditional medicine into the national health system will enable the two systems to work effectively together, to the benefit of the government, patients and consumers.

14. **Safety, efficacy and quality.** Governments need to undertake a series of activities to ensure the safety and efficacy of traditional medicine, including establishment of a national expert committee, formulation of national regulations for herbal medicines, licensing of the practice of traditional medicine, and provision of support for research.

15. Member States are becoming increasingly aware of the importance of the safety and efficacy of traditional medicine. Countries with regulations on herbal medicines have increased from 50 in 1994 to 70 in 2001. National research institutes for traditional medicine have also been established and research funding has increased. For example, in the African Region, 21 out of 46 countries have institutes carrying out research in traditional medicine. In the Western Pacific Region the number of such institutes has risen from four in 1990 to 11 in 2001. In the United States, the budget of the National Center for Complementary and Alternative Medicine has increased from US$ 2 million in 1992 to US$ 113.2 million in 2003.

16. **Access.** Low-income countries need inexpensive and effective treatment for common diseases. The fact that traditional medicine practitioners live and work at community level makes such treatment available and affordable to most of the population. The role of traditional practitioners should be recognized and cooperation between them and community health-workers should be strengthened. In

[1] Resolutions AF/RC50/R3, SEA/RC55/18 Rev.1, EM/RC49/R.9 (D), and WPR/RC52/R4.

Africa, for example, a national body for the management or coordination of traditional medicine activities exists in 17 countries.

17. A recent study on cost-effectiveness of complementary and alternative medicine conducted for the Government of Peru and supported by WHO's Regional Office for the Americas concluded that, of nine selected mild and chronic pathologies, the direct costs incurred in using such medicine were lower than those for conventional therapy, and that its efficacy was higher, with fewer side-effects. Larger studies are required to understand the differences on a broader scale.

18. A key to ensuring access to traditional medicine is the protection of knowledge and sustainable use of medicinal plant resources. WHO provides support to Member States in recording and preserving knowledge of traditional medicine and in compiling a national inventory of medicinal plants to ensure that knowledge is correctly and continuously used over generations. For example, the Ministry of Health in Côte d'Ivoire has conducted a survey among traditional practitioners and recorded more than 2000 traditionally used plants. In India, a database of documented knowledge of Ayurveda and medicinal plants is already in the public domain. The Government of the Islamic Republic of Iran has recorded 2500 medicinal plants out of the 8000 used for medical purposes. The information generated in these inventories should be shared with national patent offices to ensure that the data will be duly considered when processing patent applications.

19. **Rational use.** Traditional medicine is provided not only by traditional practitioners, but also by medical doctors. In Canada, 57% of herbal therapies, 31% of chiropractic and 24% of acupuncture treatment are provided by general practitioners. In the Netherlands, 50% of general practitioners prescribe herbal medicines and provide manual therapies and acupuncture. The communication between doctors and traditional practitioners should be strengthened and appropriate training programmes established. Further, as traditional medicine is mostly used as self-care, health authorities should develop education and training programmes for consumers on its proper use.

REVIEW BY THE EXECUTIVE BOARD

20. The Executive Board at its 111th session (January 2003) reviewed WHO's traditional medicine strategy and expressed support for its four main objectives. It requested WHO to provide support to Member States by drawing up internationally acceptable guidelines and technical standards, providing evidence-based information, and facilitating the sharing of information.

ACTION BY THE HEALTH ASSEMBLY

21. The Health Assembly is invited to consider the draft resolution contained in resolution EB111.R12.

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