

The current role of WHO

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HO's principal, current objectives in TM/CAM are to provide normative and country programme support so that Member States can:

- ▶ develop their own TM/CAM and integrate it into their national health care systems, as appropriate, and
- ▶ ensure appropriate, safe and effective use of TM/CAM.

It also seeks to:

- ▶ increase access – among Member States, the scientific community and the public – to accurate information on TM/CAM issues.

Some of WHO's achievements and current activities aimed at meeting these objectives are outlined below.

In carrying out its TM/CAM activities, WHO not only works directly with Member States, national and international organizations and regional bodies, but also with its network of Collaborating Centres.

3.1 Developing TM/CAM and integrating it into national health care systems

WHO is particularly active in supporting development of TM in Africa, South-East Asia and the Western Pacific. This includes helping Member States to develop national policy and regulations, facilitating regional information exchange on these issues, and

supporting efforts to ensure product safety, and availability of trained, qualified human resources.

Africa

As mentioned in Chapter 2 the WHO Regional Committee for Africa adopted a resolution, in 2000, on *Promoting the Role of Traditional Medicine in Health Systems: a Strategy for the African Region*.² The resolution recognized the importance and potential of TM for the achievement of *Health for All* in the African Region, and recommended accelerated development of local production of traditional medicines. The resolution further urged Member States to translate the strategy into realistic national TM policies, backed up with appropriate legislation and plans for specific interventions at national and local levels, and to collaborate actively with all partners in its implementation and evaluation.

Concrete results as a result of development of the strategy are now beginning to be seen. They include legal frameworks for TM in 16 African countries.

Americas

In 1999 an AMRO working group reviewed the situation and use of TM (including national policy and regulation) in its region, and proposed two meetings – on regulation of herbal products and research into indigenous medicine. The Regional Meeting on Regulatory Aspects of Herbal Products –

organized by WHO Headquarters and AMRO – was held in 2000 and analysed issues relating to national policy, economics, and regulation and registration of herbal products. Additionally, WHO guidelines for assessing the safety and efficacy of herbal medicines were introduced, and participants adopted a proposal on common requirements of registration of herbal products. The latter will facilitate further integration of TM into national health care systems in the Americas. Regulation and registration of herbal medicines, in particular, have been established in: Bolivia, Chile, Colombia, Costa Rica, Ecuador, Honduras, Guatemala, Mexico, Peru and Venezuela. The second meeting, on research into indigenous medicine, was held in March 2001 in Guatemala.

"Health policy-makers worldwide are recognizing that traditional medicine and the use of herbal medicinal plants continue to be a strong part of a country's culture, history and beliefs, and that those practices in most parts ought to be analysed as being part of the country's health system."⁵⁸

Europe

More than 12 Western European countries have established or revised their regulation on herbal medicines in accordance with the *WHO Guidelines for Assessment of Herbal Medicines*. WHO is increasingly active in advising European countries on regulation of TM/CAM and how to evaluate their safety and efficacy.

South East Asia

TM is widely used and respected throughout South-East Asia. In 1998, the South-East Asian Meeting of Ministers of Health recommended that this "rich heritage" and

"important resource" be used more effectively in implementing primary health care in the countries of the region. In response, SEARO organized a regional consultation on development of traditional medicine, in the following year. The consultation focused on strengthening national TM programmes, and the role of TM expertise in improving district health systems. Additionally, information on national policy and regulations on TM was shared. SEARO continues to actively support individual countries in their efforts to develop national policy on TM and to integrate TM into their national health care systems.

In particular, WHO has supported the activities of the Department of Indian Systems of Medicine and Homeopathy, which was established within India's Ministry of Health and Family Welfare in 1995. During 1998 and 1999, the Department increased efforts to standardize and promote quality control of ayurvedic, unani, siddha and homeopathic medicines. It also finalized good manufacturing practice guidelines for ayurvedic medicines and promoted education in Indian TM.

Western Pacific

The Western Pacific also has a rich TM heritage, which its countries are keen to optimize. At the 1997 and 1999 Meetings of Ministers of Health of the Western Pacific, participants iterated their full support for the wider application and development of TM in efforts to improve health status.

The Regional Office for the Western Pacific (WPRO) not only supports countries in drafting national TM policy and regulations, but also facilitates integration of TM into health service systems. For example, WHO helped draft legislation, signed on 8 December 1997, that created the Philippine Institute of Traditional and Alternative Healthcare. It also assisted Papua New Guinea in preparing a national TM policy that has since been

incorporated into the country's 2001–2010 health plan. This policy identifies research into TM as a top priority. In Singapore, the Traditional Chinese Medicine Practitioners Act – incorporating a number of recommendations made by WPRO on regulation of practitioners – was passed by Parliament in 2000.

“More and more governments from countries and areas within the Region [WHO's Western Pacific Region] have shown a willingness to promote the proper use of traditional medicine and bring it into the formal health service system... There are now 14 countries and areas in the Region that have developed official government documents which recognize traditional medicine and its practice. This is in contrast to a few years ago, when only four countries (China, Japan, the Republic of Korea and Viet Nam) officially recognized the role of traditional medicine in formal health care systems.”⁵⁹

Meanwhile, full-time TM degree courses are being offered at universities in Australia, China, Hong Kong (China), Japan, the Republic of Korea and Vietnam, many of which have benefited from WPRO input.

Other WPRO activities have included development, in 1997, of *Guidelines for the Appropriate Use of Herbal Medicine*, to promote appropriate use of herbal medicines by countries in the region. The guidelines can be used to help formulate national policies and programmes on herbal medicines. Creation and implementation of national TM policies is in fact an area in which WPRO is becoming more and more involved. In 1999, a WHO workshop on developing national TM policies reviewed

the role of TM in the Western Pacific and identified problems in drafting relevant government policy. In late 1999 a WHO consultation on TM and allopathic medicine examined how to harmonize the two types of health care to achieve maximum health impact. In 2000, a WHO regional workshop on TM practice and health sector development drafted an action plan on traditional medicine for the 20 Pacific Island countries.

3.2 Ensuring appropriate, safe and effective use of traditional medicine

TM/CAM therapies often develop within a very specific cultural environment. Yet, increasingly, they are transferred to other cultural environments. This raises safety and efficacy issues. For instance, are the transferred therapies applied with the same degree of training, skill and knowledge as in their original environment? Acupuncture is a case in point. Now widely practised in many countries other than China

– its country of origin – acupuncture has probably become one of the world's most popular TM/CAM therapies. WHO has accordingly worked with experts in acupuncture to propose a standard international nomenclature. This is now widely accepted. WHO has also developed *Guidelines on Basic Training and Safety in Acupuncture* and *Guidelines for Clinical Research on Acupuncture*. These guidelines strongly encourage national health authorities to regulate acupuncture practice and research.

Similarly, TM/CAM products, particularly herbal medicines, are now traded inter-regionally and internationally. Many health authorities are concerned as to whether they are used rationally and safely, particularly if relevant regulations are lacking, and



the quality and safety of these products cannot be assured. WHO has responded by producing reference documents such as *Quality Control Methods for Medicinal Plant Materials*, to not only facilitate the technical work of drug regulatory authorities but also to encourage countries to undertake quality control of herbal medicines.

WHO tools and assistance

In most developing countries, national TM institutes have been established – as in China, the Democratic People's Republic of Korea, Ghana, India, Indonesia, the Lao People's Democratic Republic, Mali, Madagascar, Nigeria, the Republic of Korea, Sri Lanka, Thailand and Viet Nam. WHO provides not only guidelines and scientific information to support their research, but also grants for research into the safety and efficacy of use of TM/CAM. In Africa, WHO is supporting a total of 21 countries in their



research into TM therapies. For example, it has provided research grants to support clinical research on herbal antimalarials that is being carried out by Kenya's Medical Research

Institute, Ghana's National Centre for Scientific Research into Plant Medicine, and Nigeria's National Institute for Pharmaceutical Research and Development. The research is following the *WHO General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine*.

Collaboration with other organizations

WHO's work to promote appropriate, safe and effective use of TM/CAM benefits from technical input from a number of organizations, both national and international. NCCAM in the USA, for example, was designated a WHO Collaborating Centre for Traditional Medicine in 1996. It has provided not only technical comments on developing the

WHO Monographs on Selected Medicinal Plants and Guidelines on Basic Training and Safety in Acupuncture, but also financial support for development of documents such as the *General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine*.

At European level, collaboration has taken place with EMEA's Ad Hoc Working Group on Herbal Medicinal Products. The group has assisted with the preparation of *WHO Monographs on Selected Medicinal Plants, General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine*, and *Guidelines for the Assessment of Herbal Medicines*. As a result, European countries are further encouraged to use WHO technical documents on TM/CAM.

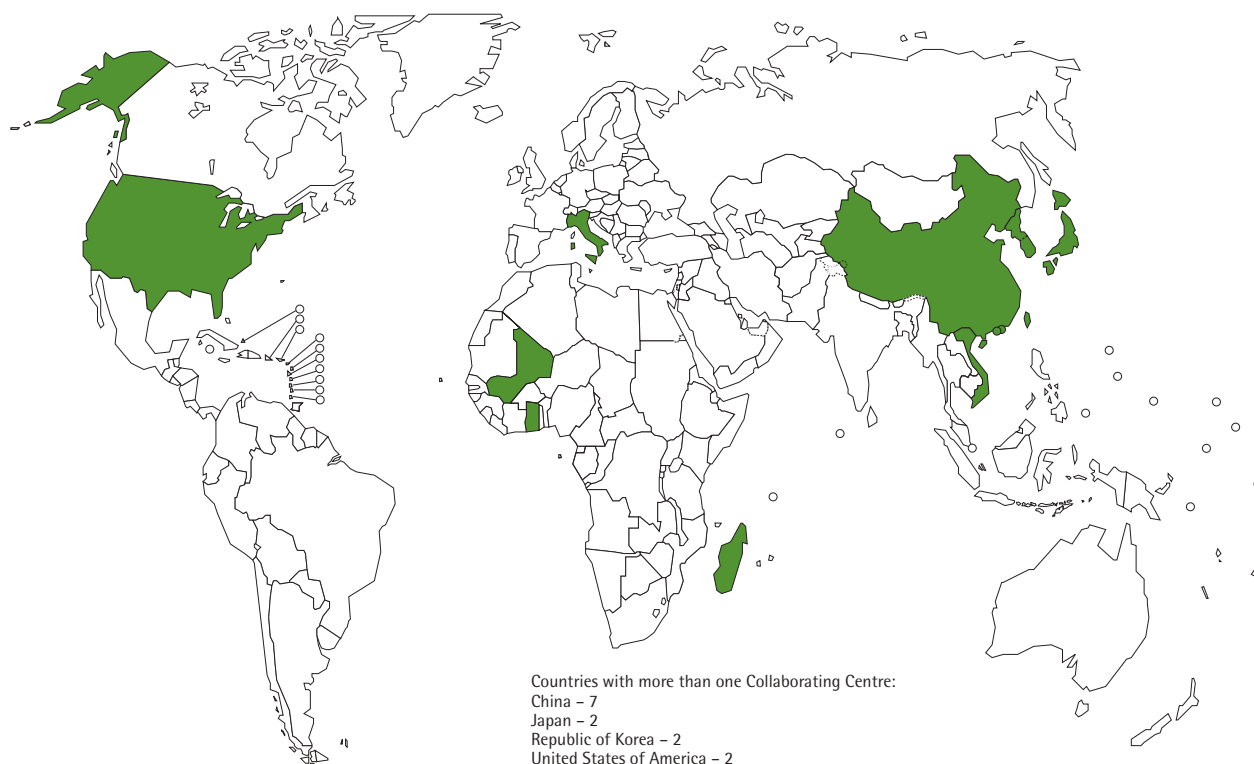
WHO also works with its Collaborating Centres for Traditional Medicine to carry out national, regional and global activities. (A full list of these WHO Collaborating Centres is given in Annex 1.) WHO Collaborating Centres for Traditional Medicine agree to promote their national TM through their research and training programmes (Figure 12). They also agree to provide technical comments and information to support development of WHO technical guidelines and documents, and to provide training, at WHO's request, for experts in acupuncture and on research skills for investigating the safety and efficacy of herbal medicines.

3.3 Increasing access to TM/CAM information

With 191 Member States, involvement in a range of TM activities and direct access to expertise on many TM issues, WHO is well placed to help increase access to accurate information on TM. This includes producing authoritative reference works – for example on medicinal plants – and guidance on

Figure 12

WHO Collaborating Centres for Traditional Medicine – a growing resource



national policy, training, good practice, and selection and use of therapies (see Annex 2). The Organization also increasingly facilitates information exchange.

Authoritative information

The *WHO Monographs on Selected Medicinal Plants* provide scientific information on the safety, efficacy and quality control of widely-used medicinal plants. This includes concise summaries of the botanical features of medicinal plants, listings of the plants' major chemical constituents and instructions on how to ensure quality control of herbal materials derived from the plants. The *Monographs* also summarize medicinal use in three categories: pharmacology; posology; contraindications; and precautions against potential adverse reactions. A key reference for national health authorities, scientists and pharmaceutical companies, they are also used by lay persons to guide them in rational use of herbal medicines. Additionally, WHO Member States as diverse

as Benin, Mexico, South Africa and Viet Nam have used the *Monographs* as a model when developing their own national monographs or formularies. Volume 1 has been recommended by the European Commission to its own Member States as an authoritative reference.

Although overall responsibility for the content and production of the *Monographs* rests with WHO, they nevertheless represent a collaborative effort which has enhanced their accuracy and reliability. To date, more than 200 experts, in addition to members of WHO's Expert Advisory Panels on Traditional Medicine and more than 50 national drug regulatory authorities, have been involved in their preparation. Volume I of the *Monographs* was published in 1999 and has since been widely distributed. Volume II was published in 2001 and Volume III was finalized in late 2001.

The Regulatory Situation of Herbal Medicines: Worldwide Review was also a collaborative

effort – between WHO and many of its Member States. Providing information from 50 countries on the regulation of herbal medicines, this reference work serves as a guide to health authorities in other countries now seeking to develop their own systems for regulation and registration of herbal medicines. Research institutes and the pharmaceutical industry also find the *Review* helpful. *Quality Control Methods for Medicinal Plant Materials* is another key reference recently produced by WHO.

Facilitating information exchange

In addition to making its own publications and documents widely available, WHO also facilitates information exchange through

The WHO Collaborating Centre for Traditional Medicine at the College of Pharmacy at the University of Illinois at Chicago, has a database on medicinal plants that contains coded information on natural products from 150 750 references. These include references relating to ethnomedicine, pharmacology of extracts and pure compounds, and phytochemistry. Since 1994, the Centre has provided valuable assistance for the drafting of all three volumes of the *WHO Monographs on Selected Medicinal Plants*. It has also been providing information free of charge to developing countries. In 2000, it responded to 10 182 requests received from developing countries by WHO Headquarters and WHO Regional Offices by providing 407 840 references (Table 12).

Additionally, WHO Collaborating Centres for Traditional Medicine in China (the Institute of Clinical Science and Information, China Academy of Traditional Chinese Medicine, Beijing), the Republic of Korea (Natural Products Research Institute, Seoul National University) and the USA (The National Center for Complementary and Alternative Medicine, Institutes of Health, Bethesda, Maryland) also maintain databases of information on TM/CAM which play an important and visible role in providing scientific information for both providers and the public.

Last but not least, web-sites on TM/CAM are being established at WHO Headquarters and the WHO Regional Offices to provide information on national TM/CAM policies, regulations governing practice and use of TM/CAM, and research data on the safety, efficacy and use of TM/CAM therapies.



Table 12

Information exchange through WHO Collaborating Centre for Traditional Medicine at the College of Pharmacy at the University of Illinois at Chicago

WHO Headquarters or Regional Office	Number of requests received	Number of references supplied in response
Headquarters	171	17 396
Regional Office for Africa	1 759	31 238
Regional Office for the Eastern Mediterranean	28	1 784
Regional Office for the Americas/Pan American Health Organization	5 135	131 760
Regional Office for South-East Asia	2 801	179 113
Regional Office for the Western Pacific	288	46 549

its Collaborating Centres for Traditional Medicine. Queries received from national health authorities, scientists and the public are responded to in cooperation with these WHO Collaborating Centres.