

International and national resources for traditional medicine

Maximizing the potential that TM/CAM offers for improving health status worldwide is a daunting task, covering a diverse range of activities and demanding many types of expertise. Fortunately, the

“The recognition by governments of the importance of traditional medicine for the health of the populations in the Region and the creation of an enabling environment are the basis for the optimization of the use of traditional medicine. Sustainable political commitment and support from policy-makers, traditional medicine practitioners, NGOs, professional associations, the community, teaching and training institutions and other stakeholders, created through advocacy and utilization of social marketing and participatory methods are required.”²

number of organizations working on TM/CAM issues, and whose assistance WHO can call upon, is growing. Some of these organizations are described below. An indication is also given of any collaboration between these organizations and WHO that has already taken place.

4.1 UN Agencies

The Convention on International Trade in Endangered Species of Flora and Fauna (CITES) (<http://www.cites.org/index.html>) entered into force in July 1975 and now has a membership of 125 countries. These countries act by banning commercial exploitation of an agreed list of endangered species of flora and fauna, and by regulating and monitoring trade in others that might become endangered. The Secretariat of the Convention is administered by the United Nations Environment Programme and helps countries to implement CITES by providing interpretation of its provisions, and implementation advice. The Secretariat also runs projects to help improve implementation, such as training seminars, and to examine the status of species in trade, to ensure that their exploitation remains within sustainable limits.

The mandate of the Food and Agriculture Organization of the United Nations (FAO) (<http://www.fao.org/>) is to raise levels of nutrition and standards of living, improve agricultural productivity, and better the conditions of rural populations. A specific priority of the organization is to encourage sustainable agriculture and rural development, including a long-term strategy for the conservation and management of natural resources. Since the 1980s, FAO's Forestry Department has been producing a series of documents on non-wood forest products – some of which include medicinal plants – with information on national

policies, conservation, and related research data and activities. FAO has collaborated with WHO on developing the latter's *Monographs on Selected Medicinal Plants* by providing research data.

The principal goals of the **United Nations Conference on Trade and Development (UNCTAD)** (<http://www.unctad.org/>) are to maximize the trade, investment and development opportunities of developing countries, and to help them face challenges arising from globalization. Many of the world's products are based on traditional knowledge and represent major sources of income, food and health care. Likewise, most plant genetic resources and other forms of biodiversity originate from or are found in developing countries. UNCTAD is accordingly heavily involved in the issue of protection of traditional knowledge. Currently, it is responding to concern that TM knowledge is at times misappropriated. Collaboration between UNCTAD and WHO is still at an early stage but in 2000 included WHO attendance at UNCTAD's Expert Meeting on Systems and National Experiences for Protecting Traditional Knowledge, Innovations and Practices, and UNCTAD representation at the WHO Interregional Workshop on Intellectual Property Rights in the Context of Traditional Medicine, held in Bangkok.

The **United Nations Industrial Development Organization (UNIDO)** (<http://www.unido.org/>) helps developing countries and transition economies to pursue sustainable industrial development. In particular, it seeks to address concerns relating to competitive economy, sound environment and productive employment at the policy, institutional and enterprise levels. In 1986, a UNIDO meeting of experts recommended that research, development and distribution of herbal medicines be widely encouraged and incorporated into health delivery systems, especially in developing countries.

The UNIDO Third Consultation on the Pharmaceutical Industry, in 1987, recommended that UNIDO support industrial use of medicinal plants, including factory production of herbal medicines, improved technology for producing herbal medicines, and development of technology for standardizing production of herbal medicines. UNIDO currently supports developing countries in their efforts to build industrial capacity to produce herbal medicines. UNIDO has participated in a WHO consultation to develop the *WHO Monographs on Selected Medicinal Plants*.

The **World Intellectual Property Organization (WIPO)** (<http://www.wipo.org/>) is "dedicated to promoting the use and protection of works of the human spirit." It administers 21 international treaties dealing with different aspects of intellectual property protection. In 1998, WIPO Member States requested the Organization to initiate a work programme on intellectual property and traditional knowledge. Since then, WIPO has conducted the Asian Regional Seminar on Intellectual Property Issues in the Field of Traditional Medicine (in New Delhi, in October 1998), and worked with UNEP on two case studies on the role of intellectual property rights in the sharing of benefits arising from use of medicinal plants and associated TM knowledge. It has also undertaken fact-finding missions on intellectual property and traditional knowledge (1998–1999) and conducted two roundtables on intellectual property and traditional knowledge. It has also developed a sample Traditional Knowledge Digital Library (TKDL), including information on about 50 medicinal plants and associated traditional knowledge. WIPO has invited WHO to participate in its meetings and requested WHO cooperation in developing TKDLs.

4.2 International organizations

The Commonwealth Secretariat (<http://www.thecommonwealth.org/>) is the principal organization of the Commonwealth, a voluntary association of independent sovereign states, including both developed and developing nations. As well as seeking to promote democracy and good governance, and serving as a platform for global consensus building, the Commonwealth is a source of practical help for sustainable development. This last has recently included promotion of production of herbal medicines. The Secretariat has provided limited funds to support African Anglophone countries in manufacturing herbal medicines and in late 2000 organized a Medicinal Plants Forum in Cape Town, South Africa. The Forum explored ways of improving and encouraging cultivation and conservation of plants in order to increase production of herbal remedies to provide affordable medicine, particularly in Africa. The Forum also covered trade-related issues such as non-tariff barriers, regulation and licensing, patents and quality. The Secretariat launched *A Guide to the European Market for Medicinal Plants and Extracts* at the Forum. Detailing the growth and development of the European herbal industry, the guide includes practical information for producers and exporters of medicinal plants.

The European Agency for the Evaluation of Medicinal Products (EMA) (<http://www.emea.eu.int/>) contributes to the protection and promotion of public and animal health through its efforts to: ensure high-quality evaluation of medicinal products; develop efficient and transparent procedures to facilitate timely access by users to innovative medicines; and control the safety of medicines for human and

animals, particularly through its pharmacovigilance network. In 1997, EMA established an Ad Hoc Working Group on Herbal Medicinal Products. The group acts as a forum for Member States to exchange information and experience regarding herbal medicinal products. It also promotes the development of a common interpretation of existing legislation in this area and provides guidance for national drug regulatory authorities on herbal medicines issues. Additionally, the Group is preparing proposals for revising and developing new guidance and requirements for ensuring the quality, safety and efficacy of herbal medicinal products.

Founded in 1989, the European Scientific Cooperative on Phytotherapy (ESCOP) (<http://info.ex.ac.uk/phytonet/escop.html>) aims to advance the scientific status of phytomedicines^h and to assist with the harmonization of their regulatory status at the European level. ESCOP's Scientific Committee has completed a number of European monographs summarizing the medicinal uses of plants (including their safety). ESCOP considers this activity essential for harmonization. Fifteen monographs had been published by 1992. Since then, attention has focused on producing summaries of product characteristics on individual plant drugs, primarily those for which European or national pharmacological monographs already exist. The sequence of topics in each summary is designed to highlight clinical aspects of the relevant plant drugs, including pharmacodynamics, pharmacokinetics and pre-clinical safety data.

The European Union (EU) (<http://userpage.chemie.fu-berlin.de/adressen/eu.html>) is a union of 15 independent states based on the European Communities and was

^h ESCOP defines phytomedicines as "medicinal products containing as active ingredients only plants, parts of plants or plant materials, or combinations thereof, whether in the crude or processed state".

founded to enhance political, economic and social co-operation. Member States delegate sovereignty for certain matters to independent institutions which represent the interests of the EU as a whole, its member countries and its citizens. The EU focuses on two aspects of TM/CAM: policy and regulation, and research into "non-conventional" medicine. A recently completed COST (European Cooperation in the field of Scientific and Technical research) project examined differences between so-called conventional and non-conventional medicine in terms of concepts, research and practice, reasons for the growing popularity of non-conventional medicine and the implications of these for conventional medicine, and the current state of research in non-conventional medicine.

The **World Bank** (<http://www.worldbank.org/>) is the world's largest source of development assistance, providing nearly US\$ 17 thousand million in loans annually to its client countries. Using its financial resources, staff and knowledge-base it seeks to help developing countries attain stable, sustainable and equitable growth in the fight against poverty. Currently, this includes assisting a number of developing countries with policies and strategies for medicinal plant conservation, cultivation, processing and marketing. Additionally, the Bank operates an Indigenous Knowledge (IK) Program (see <http://www.worldbank.org/afr/ik/index.htm>), which aims to mainstream indigenous/traditional knowledge in agriculture, health care, food preparation, education, natural resource management and many other areas of concern to communities, into the activities of development partners. Different strategies are being used to achieve this goal. They include a database on indigenous/traditional knowledge and practices, and a series of "IK Notes". The Program also supports resource centres

across Africa that focus on identification and dissemination of indigenous/traditional knowledge and practices. Working with governments and local partners, the Program has also begun to help mainstream the application of IK in World Bank projects and in national development programmes.

The **World Trade Organization (WTO)** (<http://www.wto.org>) is the international organization charged with setting the legal ground rules for international trade. Although WTO became officially operational only in January 1995, it is the successor to the General Agreement on Tariffs and Trade multilateral trading system founded in 1947. Its objectives are to promote: non-discrimination; progressive liberalization of barriers to trade; predictable policies and transparency; competition; and special provisions for developing countries. WTO's Council for the Agreement on Trade-Related Aspects of Intellectual Property Rightsⁱ accorded WHO observer status on an ad hoc basis. WHO can now monitor all relevant issues under discussion at the WTO that may have implications for the health sector. (As of May 1999 WHO was mandated to monitor and analyse the public health implications of trade agreements on pharmaceuticals.) In 2000, WHO and WTO held an international workshop on Differential Pricing and Financing of Essential Drugs.

4.3 Nongovernmental organizations

Worldwide, many nongovernmental organizations (NGOs) are working on TM/CAM. Only a few examples are given below.

By preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions, the **Cochrane Collaboration** (<http://hiru.mcmaster.ca/cochrane/>) aims to help people

ⁱ The Agreement is commonly known as "TRIPS".

make well-informed decisions about healthcare. Cochrane Fields are Cochrane groupings that focus on dimensions of health care other than health problems, such as the setting of care (e.g. primary care), the type of consumer (e.g. older people), the type of provider (e.g. nurses), or the type of intervention (e.g. physical therapies). People working in a Field hand-search specialist journals, help to ensure that priorities and perspectives in their field of interest are reflected in the work of collaborative review groups, compile specialist databases of reviews, coordinate activities with relevant agencies outside the Collaboration, and comment on systematic reviews relating to their particular area. The Cochrane Complementary Medicine Field was established in 1996 to produce, maintain and disseminate systematic reviews on TM/CAM topics.

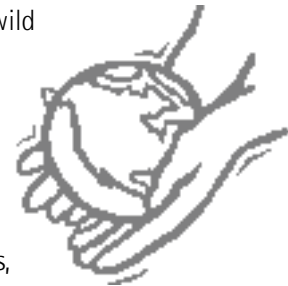
The mission of the Ford Foundation (<http://www.fordfound.org/>) is to "decrease poverty and promote justice throughout the world". It supports NGOs, schools, universities, research institutes, cultural groups and government organizations. It is particularly concerned about the HIV/AIDS epidemic in Africa, and believes that the AIDS epidemic in Africa cannot be addressed without the active involvement of traditional healers and TM organizations. One of its major grantees is PRO.ME.TRA (see below), with which it works to carry out TM activities in anglophone and francophone Africa.

Based in Dakar, Senegal, and with offices in Benin, Cameroon and the USA, PRO.ME.TRA – the Association for the Promotion of Traditional Medicine (<http://www.prometra.org>) – works to advance the use and acceptance of TM. As well as running an association of 450 certified healers and a research treatment clinical site in Fatick, Senegal, it produces health education information for the fight against HIV/AIDS. Its communications strategy incorporates

use of print, electronic media and digital satellite technology and is being implemented with the help of Foundation du Présent in Geneva, Switzerland and the World Space Foundation in the USA.

The World Wide Fund for Nature (WWF) (<http://www.panda.org/>) is the world's largest independent conservation organization. Like the World Conservation Union (IUCN) (<http://www.iucn.org/>), WWF works to assist societies throughout the world to conserve the integrity and diversity of nature, and to ensure that any use of natural resources is equitable and ecologically sustainable. This includes projects and research on sustainable management of non-timber forest products, which commonly include medicinal plants. Both organizations have shown how the massive demand for bark, roots, and whole plants from wild

populations of medicinal plants can cause critical declines in the population numbers of some species, potentially leading to extinction. Highlighting such concern the two Organizations have brought conservationists and resource users together to investigate possible solutions and to research sustainable harvesting of medicinal plants. Both Organizations have developed guidelines on how to conserve medicinal plants.



4.4 Global professional associations

The Liga Medicorum Homeopathica Internationalis (LMHI) (International Homeopathic Medical League) (LMHI) (<http://www.lmhi.net/>) was established in 1925 and represents about 8000 homeopathic practitioners in 50 countries. Its objectives are to: support member countries

in their efforts to secure legal recognition of homeopathy; create links among licensed homeopaths with medical diplomas; and provide help and support to national homeopathic organizations on education in homeopathy, research into homeopathy and documentation of homeopathic practices. It also promotes reimbursement of homeopathic treatment within health insurance schemes.

Established in 1987, the **World Federation of Acupuncture-Moxibustion Societies (WFAS)** (<http://www.who.int/ina-ngo/ngo/ngo194.htm>) has nearly 60 000 members from 73 acupuncture organizations from 40 countries in several regions. Of those members, 70% (35 000) are either medical doctors, or have graduated from TM colleges and universities that are officially recognized by national government (as in China, the Republic of Korea and Viet Nam). The remaining members are acupuncturists who are licensed to practise. WFAS promotes understanding and cooperation among acupuncture-moxibustion groups throughout the world, strengthens international academic exchanges on acupuncture-moxibustion and contributes to the development of the science of acupuncture-moxibustion. WFAS has worked with WHO to develop WHO technical guidelines and international standards relating to acupuncture-moxibustion. This has included contributing to a number of WHO technical documents on acupuncture.

The **World Federation of Chiropractic (WFC)** (<http://www.wfc.org/>) works with national and international organizations to provide information and other assistance in the fields of chiropractic and world health; promotes uniform high standards of chiropractic education, research and practice; works to develop an informed public opinion among all peoples with respect to chiropractic; and upon request provides advice on appropriate legislation for chiropractic in member countries. Current

activities with WHO include research on low back pain and collection of information on the regulation and registration of the practice of chiropractic by countries. The latter will assist WHO in reviewing and documenting the legal status of TM.

A federation of 54 member associations, the **World Self-Medication Industry (WSMI)** (<http://www.wsmi.org/guide.html>) was founded in 1970, and represents manufacturers and distributors of nonprescription medicines – that is, over-the-counter medicines, a large proportion of which are herbal medicines. Many companies that develop, manufacture and market herbal medicines belong to WSMI's member associations. WSMI encourages the development of self-medication industry associations to promote the understanding and development of responsible self-medication. Indeed, it requires member associations to develop and implement voluntary codes of advertising practice and encourages consumer-friendly labelling. WSMI has been in official relations with WHO since 1977 and worked with the Organization to develop guidelines for assessing herbal medicines, and methodology for research and evaluation of herbal medicines. It has also contributed research data to support development of the *WHO Monographs on Selected Medicinal Plants*.

4.5 International and national professional associations

Many different international professional associations support WHO activities. The **Islamic Organization for Medical Sciences (IOMS)** (<http://www.who.int/ina-ngo/ngo/ngo192.htm>), for example, plans to work with WHO on preparation of a manual on the use of medicinal plants. Islamic medicine incorporates modern Western medicine but its fifth criterion of "utilizing all useful resources" means that it is also willing to consider any potentially useful treatment

therapies, including TM/CAM therapies, such as treatment with herbal medicines. IOMS established the Centre for Research on Herbal Medicine in Kuwait. A non-profit organization it extends its services to all those who seek treatment with herbal medicines and other products.

Many national professional organizations also work with WHO. National professional organizations include TM practitioners associations in Africa and Asia. For example, there are 22 TM practitioners associations in sub-Saharan Africa. In China, national professional associations exist for those who practise both allopathic medicine and TM, for practitioners of manual therapy, and for specialists in nutrition and health foods. In India, professional associations have long existed for practitioners of ayurveda, unani, sidha and homeopathy.

4.6 Specific initiatives

The Global Initiative for Traditional Systems (GIFTS) of Health (<http://users.ox.ac.uk/~gree0179/>) is supported by the Commonwealth Secretariat (see Section 4.2). It seeks to raise international awareness of the role of traditional health systems and to promote policy development to ensure their continued use. This work includes developing linkages between traditional health systems, biodiversity conservation and economic development.

The Research Initiative on Traditional Antimalarial Methods (RITAM) (http://mim.nih.gov/english/partnerships/ritam_application.pdf) was launched in 1999 as a collaboration between WHO, the Global Initiative for Traditional Systems of Health (GIFTS), the University of Oxford, and researchers and others throughout the world who are investigating or interested in the antimalarial properties of plants, with a view to developing or validating local herbal medicines to prevent and/or treat malaria. RITAM held its inaugural meeting in December 1999 in Moshi, Tanzania.

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