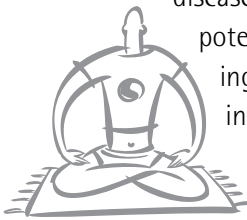


Strategy and plan of action
2002–2005

Reducing excess mortality, morbidity and disability, especially in poor and marginalized populations is one of WHO's strategic directions for 2002–2005.⁶⁰ Since TM is a highly accessible and affordable form of health care in many low-income countries, WHO is promoting its inclusion – where proven safe and effective – in plans for improving health status.

At the same time, global population ageing is bringing greater incidence of chronic disease and TM/CAM offer a



potential means for managing such disease. Indeed, in developed countries, more and more people are using TM/CAM – in combination with or instead of allopathic medicine – to help relieve chronic pain and/or to improve quality of life.

But several objectives must be attained to ensure optimal use of TM/CAM. At the same time, WHO's resources are limited and its efforts must be directed towards securing the greatest public health gains for the greatest number. Specific objectives in TM/CAM for 2002–2005 are accordingly to support countries to:

- integrate TM/CAM with national health care systems, as appropriate,^j by developing and implementing national TM/CAM policies and programmes

- promote the safety, efficacy and quality of TM/CAM by expanding the knowledge-base on TM/CAM, and by providing guidance on regulatory and quality assurance standards
- increase the availability and affordability of TM/CAM, as appropriate, with an emphasis on access for poor populations
- promote therapeutically sound use of appropriate TM/CAM by providers and consumers.

Each of these objectives incorporates two or three components, with expected outcomes (Table 13). A critical indicator has also been included for each objective and will be used to help evaluate WHO's work in this area. Additionally, several surveys relating to TM/CAM policy, and regulation and use of TM/CAM, will be carried out in cooperation with Member States and NGOs to assess progress.

Over the next four years, WHO will make the first two objectives – development and implementation of national TM/CAM policies, and promoting the safety, efficacy and quality of TM/CAM – a priority. This will include work on regulation of herbal and other TM/CAM products. It will also include focusing on strengthening research methodologies, and on increasing the

^j "Appropriate" is taken to refer to TM/CAM health care that does not cost more and which is no less safe and efficacious than recommended allopathic care for the disease or health problem.

quality, quantity and accessibility of clinical evidence to support claims for TM/CAM effectiveness.

“The wealth of accumulated clinical experience and knowledge within traditional medicine deserves to be acknowledged and combined with methodologically sound research into the extent and limitations of traditional practice. Patients, governments, traditional practitioners and practitioners of modern medicine all stand to benefit from evidence-based practice of traditional medicine. The support of the scientific community and practitioners of modern medicine will be needed if traditional medicine is to be brought into mainstream health services.”⁶¹

5.1 Policy: Integrate TM/CAM with national health care systems, as appropriate, by developing and implementing national TM/CAM policies and programmes

Components

- Recognition of TM/CAM. Help countries to develop national policies and programmes on TM/CAM.
- Protection and preservation of indigenous TM knowledge relating to health. Help countries to develop strategies to protect their indigenous TM knowledge.



WHO strategy

WHO will encourage governments to recognize the important contribution certain forms of TM/CAM can make to improving and maintaining health. It will also strengthen collaboration between its Headquarters and Regional Office TM programmes, in order to elaborate and carry out common tasks effectively and efficiently. It will continue to cooperate with other relevant UN agencies and explore the possibility of working with new partners. This will include organizing a series of regional and interregional workshops for national health authorities on policy and use of TM/CAM.

Most importantly, WHO will help Member States to develop and implement national TM/CAM policies and regulations, and to promote safe and effective forms of indigenous TM in accordance with WHO guidelines. WHO will also facilitate information sharing on TM/CAM among countries.

Critical indicator

Strategy objective	Number of WHO Member States reporting a national TM/CAM policy/ Total number of WHO Member States	1999 status	2005 target
WHO Member States with national policy on TM/CAM	25/191	13%	25%

Expected outcomes for 2002–2005

- Increased government support for TM/CAM, through comprehensive national policies on TM/CAM.
- Relevant TM/CAM integrated into national health care system services.
- Increased recording and preservation of indigenous knowledge of TM, including development of digital TM libraries.

Table 13

WHO Traditional Medicine Strategy 2002–2005 – objectives, components and expected outcomes

Objectives	Components	Expected outcomes
POLICY: Integrate TM/CAM with national health care systems, as appropriate, by developing and implementing national TM/CAM policies* and programmes	1. Recognition of TM/CAM Help countries to develop national policies and programmes on TM/CAM	1.1 Increased government support for TM/CAM, through comprehensive national policies on TM/CAM 1.2 Relevant TM/CAM integrated into national health care system services
	2. Protection and preservation of indigenous TM knowledge relating to health Help countries to develop strategies to protect their indigenous TM knowledge	2.1 Increased recording and preservation of indigenous knowledge of TM, including development of digital TM libraries
SAFETY, EFFICACY AND QUALITY: Promote the safety, efficacy and quality of TM/CAM by expanding the knowledge-base on TM/CAM, and by providing guidance on regulatory and quality assurance standards	3. Evidence-base for TM/CAM Increase access to and extent of knowledge of the safety, efficacy and quality of TM/CAM, with an emphasis on priority health problems such as malaria and HIV/AIDS	3.1 Increased access to and extent of knowledge of TM/CAM through networking and exchange of accurate information 3.2 Technical reviews of research on use of TM/CAM for prevention, treatment and management of common diseases and conditions 3.3 Selective support for clinical research into use of TM/CAM for priority health problems such as malaria and HIV/AIDS, and common diseases
	4. Regulation of herbal medicines Support countries to establish effective regulatory systems for registration and quality assurance of herbal medicines	4.1 National regulation of herbal medicines, including registration, established and implemented 4.2 Safety monitoring of herbal medicines and other TM/CAM products and therapies
	5. Guidelines on safety, efficacy and quality Develop and support implementation of technical guidelines for ensuring the safety, efficacy and quality control of herbal medicines and other TM/CAM products and therapies	5.1 Technical guidelines and methodology for evaluating safety, efficacy and quality of TM/CAM 5.2 Criteria for evidence-based data on safety, efficacy and quality of TM/CAM therapies
	6. Recognition of role of TM/CAM practitioners in health care Promote recognition of role of TM/CAM practitioners in health care by encouraging interaction and dialogue between TM/CAM practitioners and allopathic practitioners	6.1 Criteria and indicators, where possible, to measure cost-effectiveness and equitable access to TM/CAM 6.2 Increased provision of appropriate TM/CAM through national health services 6.3 Increased number of national organizations of TM/CAM providers
	7. Protection of medicinal plants Promote sustainable use and cultivation of medicinal plants	7.1 Guidelines for good agriculture practice in relation to medicinal plants 7.2. Sustainable use of medicinal plant resources
RATIONAL USE: Promote therapeutically sound use of appropriate TM/CAM by providers and consumers	8. Proper use of TM/CAM by providers Increase capacity of TM/CAM providers to make proper use of TM/CAM products and therapies	8.1 Basic training in commonly used TM/CAM therapies for allopathic practitioners 8.2 Basic training in primary health care for TM practitioners
	9. Proper use of TM/CAM by consumers Increase capacity of consumers to make informed decisions about use of TM/CAM products and therapies	9.1 Reliable information for consumers on proper use of TM/CAM therapies 9.2 Improved communication between allopathic practitioners and their patients concerning use of TM/CAM

* With the exception of China, the Democratic People's Republic of Korea, the Republic of Korea and Viet Nam, such integration has nowhere taken place. This underlines the fact that in some countries national assessment is needed to ascertain which TM/CAM modalities can be best integrated with the national health care system.

5.2 Safety, efficacy and quality: Promote the safety, efficacy and quality of TM/CAM by expanding the knowledge-base on TM/CAM, and by providing guidance on regulatory and quality assurance standards

Components

- Evidence-base for TM/CAM. Increase access to and extent of knowledge of the safety, efficacy and quality of TM/CAM, with an emphasis on priority health problems such as malaria and HIV/AIDS.
- Regulation of herbal medicines. Support countries to establish effective regulatory systems for registration and quality assurance of herbal medicines.
- Guidelines on safety, efficacy and quality. Develop and support implementation of technical guidelines for ensuring the safety, efficacy and quality control of herbal medicines and other TM/CAM products and therapies.

WHO strategy

WHO will strengthen and expand its existing global expert TM/CAM network, members of which include WHO Collaborating Centres, national health authorities, academic and scientific institutions, and other relevant international agencies such as EMEA, the European Pharmacopoeia, FAO, the Organization of African Unity and UNIDO. Working with these partners it will continue to develop technical guidelines and scientific information, particularly on herbal medicines. The Organization will also expand its TM/CAM evidence-base, with a view to identifying which TM/CAM therapies are of proven safety and efficacy, and to generate greater public health credibility for TM/CAM. It will do this through technical review of clinical use of TM/CAM in the prevention, treatment and management of common diseases and conditions, and

further support to clinical research into the safety and efficacy of TM/CAM.

WHO Headquarters and Regional Offices will establish a global regulatory network of safety monitoring systems on herbal medicines and other TM/CAM therapies. This will include helping countries establish post-marketing surveillance for herbal medicines. WHO will continue to cooperate with relevant professional associations and academic institutions to develop and provide guidelines for basic training in certain manual therapies. It will also organize training programmes and workshops for national authorities to upgrade their knowledge of safety and efficacy issues regarding herbal medicines.

Critical indicator

Strategy objective	Number of WHO Member States reporting laws and regulations on herbal medicines/Total number of WHO Member States	1999 status	2005 target
WHO Member States with laws and regulations on herbal medicines	65/191	34%	40%

Expected outcomes for 2002–2005

- Increased access to and extent of knowledge of TM/CAM through networking and exchange of accurate information.
- Technical reviews of research on use of TM/CAM for prevention, treatment and management of common diseases and conditions.
- Selective support for clinical research into use of TM/CAM for priority health problems such as malaria and HIV/AIDS, and common diseases.
- National regulation of herbal medicines, including registration, established and implemented.

- Safety monitoring of herbal medicines and other TM/CAM products and therapies.
- Technical guidelines and methodology for evaluating safety, efficacy and quality of TM/CAM.
- Criteria for evidence-based data on safety, efficacy and quality of TM/CAM therapies.

5.3 Access: Increase the availability and affordability of TM/CAM, as appropriate, with an emphasis on access for poor populations

Components

- Recognition of role of TM/CAM practitioners in health care. Promote recognition of role of TM/CAM practitioners in health care by encouraging interaction and dialogue between TM/CAM practitioners and allopathic practitioners.
- Protection of medicinal plants. Promote sustainable use and cultivation of medicinal plants.

WHO strategy

Most countries that suffer from widespread malaria, HIV/AIDS and other common communicable diseases have less than US\$ 15 per capita per year to spend on health. In some countries only US\$ 0.75 per capita per year is available for drugs expenditure. WHO will explore the potential for using accessible and affordable TM/CAM resources to combat common communicable diseases. This will include research into the most effective herbal medicines, and encouraging governments to develop strategies for protecting wild populations of medicinal plants and sustainable cultivation of such plants. (This will contribute not only to

access to health care, but also to protecting the environment and generating income.) Protection of indigenous TM knowledge relating to health and equitable sharing of its benefits will be promoted within the context of any research undertaken.

WHO will also encourage dialogue and interaction between TM/CAM practitioners and allopathic practitioners to promote recognition of the role of TM/CAM in health care provision. In developing countries it will work with TM practitioners associations and NGOs so that the role of TM practitioners in preventing and managing common communicable diseases is optimized.

Critical indicator^k

Strategy objective	Number of WHO African Member States reporting professional recognition of TM practitioners/Total number of WHO African Member States	1999 status	2005 target
African WHO Member States with professional recognition of TM practitioners	21/46	45%	60%

Expected outcomes for 2002–2005

- Criteria and indicators, where possible, to measure cost-effectiveness and equitable access to TM.
- Increased provision of appropriate TM/CAM through national health services.
- Increased number of national organizations of TM providers.
- Guidelines for good agriculture practice in relation to medicinal plants.
- Sustainable use of medicinal plant resources.

^k Data is available for the African region only.

5.4 Rational use: Promote therapeutically sound use of appropriate TM/CAM by providers and consumers

Components

- Proper use of TM/CAM by providers. Increase capacity of TM/CAM providers to make proper use of TM/CAM products and therapies.
- Proper use of TM/CAM by consumers. Increase capacity of consumers to make informed decisions about use of TM/CAM products and therapies.

"...we must broaden the knowledge base of CAM and conventional health care practitioners to encompass the full repertoire of safe and effective health care practices — truly expanding the horizons of health care. These practices can then be integrated into optimal interdisciplinary treatment plans developed in cooperation with patients. These imperatives dictate serious efforts in research, training, education and communication..."⁴⁵

WHO strategy

WHO will encourage countries to organize training programmes for allopathic practitioners to enable them to acquire basic knowledge of TM/CAM and to promote licensed practice of therapies.

WHO will continue to develop authoritative references for Member States, such as the *WHO Monographs on Selected Medicinal Plants*. It will also develop information and education materials (including translations) and a TM/CAM web-site to raise awareness of the need for rational use of TM/CAM, and to guide the public in their safe use.

Critical indicators

Strategy objective	Number of WHO Member States with national research institute ¹ for TM/CAM/Total number of WHO Member States	1999 status	2005 target
WHO Member States with national research institute for TM/CAM	19/191	10%	18%

Expected outcomes for 2002–2005

- Basic training in commonly used TM/CAM therapies for allopathic practitioners.
- Basic training in primary health care for TM practitioners.
- Reliable information for consumers on proper use of TM/CAM therapies.
- Improved communication between allopathic practitioners and their patients concerning use of TM/CAM.

¹ A national research institute is here defined as a government-supported national research institute.