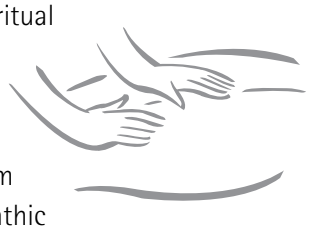
Key points: WHO Traditional Medicine Strategy 2002–2005

Traditional, complementary and alternative medicine attract the full spectrum of reactions – from uncritical enthusiasm to uninformed scepticism. Yet use of traditional medicine (TM) remains widespread in developing countries, while use of complementary and alternative medicine (CAM) is increasing rapidly in developed countries. In many parts of the world, policy-makers, health professionals and the public are wrestling with questions about the safety, efficacy, quality, availability, preservation and further development of this type of health care.

It is therefore timely for WHO to define its role in TM/CAM by developing a strategy to address issues of policy, safety, efficacy, quality, access and rational use of traditional, complementary and alternative medicine.

What is traditional medicine?

"Traditional medicine" is a comprehensive term used to refer both to TM systems such as traditional Chinese medicine, Indian ayurveda and Arabic unani medicine, and to various forms of indigenous medicine. TM therapies include medication therapies – if they involve use of herbal medicines,[a] animal parts and/or minerals – and non-medication therapies – if they are carried out primarily without the use of medication, as in the case of acupuncture, manual therapies and spiritual therapies. In countries where the dominant health care system is based on allopathic medicine, or where TM has not been incorporated into the national health care system, TM is often termed "complementary", "alternative" or "non-conventional" medicine.[b]



Widespread and growing use

TM is widely used and of rapidly growing health system and economic importance. In Africa up to 80% of the population uses TM to help meet their health care needs. In Asia and Latin America, populations continue to use TM as a result of historical circumstances and cultural beliefs. In China, TM accounts for around 40% of all health care delivered.

Meanwhile, in many developed countries, CAM is becoming more and more popular. The percentage of the population which has

[a] Herbal medicines include herbs, herbal materials, herbal preparations and finished herbal products, that contain as active ingredients parts of plants, or other plant materials, or combinations thereof.

[b] Accordingly, in this document, "traditional medicine" is used when referring to Africa, Latin America, South-East Asia, and/or the Western Pacific, whereas "complementary and alternative medicine" is used when referring to Europe and/or North America (and Australia). When referring in a general sense to all of these regions, the comprehensive TM/CAM is used.

used CAM at least once is 48% in Australia, 70% in Canada, 42% in USA, 38% in Belgium and 75% in France.

In many parts of the world expenditure on TM/CAM is not only significant, but growing rapidly. In Malaysia, an estimated US$ 500 million is spent annually on this type of health care, compared to about US$ 300 million on allopathic medicine. In the USA, total 1997 out-of-pocket CAM expenditure was estimated at US$ 2700 million. In Australia, Canada and the United Kingdom, annual CAM expenditure is estimated at US$ 80 million, US$ 2400 million and US$ 2300 million respectively.

Why such broad use?

Accessible and affordable in developing countries

In developing countries, broad use of TM is often attributable to its accessibility and affordability. In Uganda, for instance, the ratio of TM practitioners[c] to population is between 1:200 and 1:400. This contrasts starkly with the availability of allopathic practitioners, for which the ratio is typically 1:20 000 or less. Moreover, distribution of such personnel may be uneven, with most being found in cities or other urban areas, and therefore difficult for rural populations to access.

TM is sometimes also the only affordable source of health care — especially for the world's poorest patients. In Ghana, Kenya and Mali, research has shown that a course of pyrimethamine/sulfadoxine antimalarials can cost several dollars. Yet per capita out-of-pocket health expenditure in Ghana and Kenya amounts to only around US$ 6 per year. Conversely, herbal medicines for treating malaria are considerably cheaper and may sometimes even be paid for in kind and/or according to the "wealth" of the client.

TM is also highly popular in many developing countries because it is firmly embedded within wider belief systems.

An alternative approach to health care in developed countries

In many developed countries popular use of CAM is fuelled by concern about the adverse effects of chemical drugs, questioning of the approaches and assumptions of allopathic medicine, and greater public access to health information.

At the same time, longer life expectancy has brought with it increased risks of developing chronic, debilitating diseases such as heart disease, cancer, diabetes and mental disorders. For many patients, CAM appears to offer gentler means of managing such diseases than does allopathic medicine.

Uncritical enthusiasm versus uninformed scepticism

Many TM/CAM providers seek continued — or increased — recognition and support for their field. At the same time many allopathic medicine professionals, even those in countries with a strong history of TM, express strong reservations and often frank disbelief about the purported benefits of TM/CAM. Regulators wrestle with questions of safety and efficacy of traditional herbal medicines, while many industry groups and consumers resist any health policy developments that could limit access to TM/CAM therapies. Reports of powerful immunostimulant effects for some traditional medicines raise hope among HIV-infected

[c] TM practitioners are generally understood to be traditional healers, bone setters, herbalists, etc. TM providers include both TM practitioners and allopathic medicine professionals such as doctors, dentists and nurses who provide TM/CAM therapies to their patients — e.g. many medical doctors also use acupuncture to treat their patients.

individuals, but others worry that the use of such "cures" will mislead people living with HIV/AIDS and delay treatment with "proven" therapies.

So together with growing use of TM/CAM, demand has grown for evidence on the safety, efficacy and quality of TM/CAM products and practices. Interestingly, much of the scientific literature for TM/CAM uses methodologies comparable to those used to support many modern surgical procedures: individual case reports and patient series, with no control or even comparison group.

Nevertheless, scientific evidence from randomized clinical trials is strong for many uses of acupuncture, for some herbal medicines, and for some of the manual therapies.

In general, however, increased use of TM/CAM has not been accompanied by an increase in the quantity, quality and accessibility of clinical evidence to support TM/CAM claims.

Challenges in developing TM/CAM potential

To maximize the potential of TM/CAM as a source of health care, a number of issues must first be tackled. They relate to: policy; safety, efficacy and quality; access; and rational use.

Policy: basis of sound action in TM/CAM

Relatively few countries have developed a policy on TM and/or CAM – only 25 of WHO's 191 Member States. Yet such a policy provides a sound basis for defining the role of TM/CAM in national health care delivery, ensuring that the necessary regulatory and legal mechanisms are created for promoting and maintaining good practice, that access is equitable, and that the authenticity, safety and efficacy of therapies are assured. It can also help to ensure sufficient provision of financial resources for research, education and training.

In fact, many developed countries are now seeing that CAM issues concerning safety and quality, licensing of providers and standards of training, and priorities for research, can best be tackled within a national policy framework. The need for a national policy is most urgent, however, in those developing countries where TM has not yet been integrated into the national health care system, even though much of their population depends on TM for health care.

An increased number of national policies would have the added benefit of facilitating work on global issues such as development and implementation of internationally accepted norms and standards for research into safety and efficacy of TM/CAM, sustainable use of medicinal plants, and protection and equitable use of the knowledge of indigenous and traditional medicine.

Safety, efficacy and quality: crucial to extending TM/CAM care

TM/CAM practices have developed within different cultures in different regions. So there has been no parallel development of standards and methods – either national or international – for evaluating them.

Evaluation of TM/CAM products is also problematic. This is especially true of herbal medicines, the effectiveness and quality of which can be influenced by numerous factors. Unsurprisingly, research into TM/CAM has been inadequate, resulting in paucity of data and inadequate development of methodology. This in turn has slowed development of regulation and legislation for TM/CAM.

National surveillance systems to monitor and evaluate adverse events are also rare. So although many TM/CAM therapies have promising potential, and are increasingly used, many of them are untested and their use not monitored. As a result, knowledge of their potential side-effects is limited. This makes identification of the safest and most effective therapies, and promotion of their rational use more difficult. If TM/CAM is to be promoted as a source of health care, efforts to promote its rational use, and identification of the safest and most effective therapies will be crucial.

Access: making TM/CAM available and affordable

Although many populations in developing countries are reported as depending heavily on TM to help meet their health care needs, precise data are lacking. Quantitative research to ascertain levels of existing access (both financial and geographic), and qualitative research to clarify constraints to extending such access, are called for. The focus should be on treatments for those diseases which represent the greatest burden for poor populations.

Also, if access is to be increased substantially, the natural resource base upon which certain products and therapies depends must be protected. Raw materials for herbal medicines, for instance, are sometimes over-harvested from wild plant populations.

Another major challenge concerns intellectual property and patent rights. The economic benefits that can accrue from large-scale application of TM knowledge can be substantial. Questions about how best these benefits can be shared between innovators and the holders of TM knowledge have not yet been resolved though.

Rational use: ensuring appropriateness and cost-effectiveness

Rational use of TM/CAM has many aspects, including: qualification and licensing of providers; proper use of products of assured quality; good communication between TM/CAM providers, allopathic practitioners and patients; and provision of scientific information and guidance for the public.

Challenges in education and training are at least twofold. Firstly, ensuring that the knowledge, qualifications and training of TM/CAM providers are adequate. Secondly, using training to ensure that TM/CAM providers and allopathic practitioners understand and appreciate the complementarity of the types of health care they offer.

Proper use of products of assured quality could also do much to reduce risks associated with TM/CAM products such as herbal medicines. However, regulation and registration of herbal medicines are not well developed in most countries, and the quality of herbal products sold is generally not guaranteed.

More work is also needed to raise awareness of when use of TM/CAM is appropriate (and cost-effective) and when it is not advised, and why care should be taken when using TM/CAM products.

The current role of WHO

WHO's mission in essential drugs and medicines policy is to help save lives and improve health by closing the huge gap between the potential that essential drugs have to offer and the reality that for millions of people — particularly the poor and disadvantaged — medicines are unavailable, unaffordable, unsafe or

improperly used. It does this by carrying out a number of core functions: articulating policy and advocacy positions; working in partnership; producing guidelines and practical tools; developing norms and standards; stimulating strategic and operational research; developing human resources; and managing information.

In terms of TM/CAM, WHO carries out these functions by:

- *Facilitating integration of TM/CAM into national health care systems*

  by helping Member States to develop their own national policies on TM/CAM.

- *Producing guidelines for TM/CAM*

  by developing and providing international standards, technical guidelines and methodologies for research into TM/CAM therapies and products, and for use during manufacture of TM/CAM products.

- *Stimulating strategic research into TM/CAM*

  by providing support for clinical research projects on the safety and efficacy of TM/CAM, particularly with reference to diseases such as malaria and HIV/AIDS.

- *Advocating the rational use of TM/CAM*

  by promoting evidence-based use of TM/CAM.

- *Managing information on TM/CAM*

  by acting as a clearing-house to facilitate information exchange on TM/CAM.

But the challenges described earlier demand that WHO activities in this area be extended and increased.

Framework for action

The *WHO Traditional Medicines Strategy 2002–2005* reviews the status of TM/CAM globally, and outlines WHO's own role and activities in TM/CAM. But more importantly it provides a framework for action for WHO and its partners, aimed at enabling TM/CAM to play a far greater role in reducing excess mortality and morbidity, especially among impoverished populations. The strategy incorporates four objectives:

1. Policy — Integrate TM/CAM with national health care systems, as appropriate, by developing and implementing national TM/CAM policies and programmes.

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.

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

4. Rational use — Promote therapeutically sound use of appropriate TM/CAM by providers and consumers.

Implementation of the strategy will initially focus on the first two objectives. Achieving the safety, efficacy and quality objective will provide the necessary foundation for achieving the access and rational use objectives.

Strategy implementation

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, WHO has established a global TM/CAM network, members of which include national health authorities, experts of WHO Collaborating Centres and research institutes, as well as other UN agencies and nongovernmental organizations working on TM/CAM issues, and whose assistance WHO can call upon. Many organizations have contributed to development of the *WHO Traditional Medicine Strategy 2002–2005*, and many of them have agreed to be our partners in its implementation.

Use of critical indicators will facilitate monitoring of country progress under each of the strategy objectives.