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WHO Strategy and Activities in Traditional Medicine

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I. Introduction

This brief report focused on the activities and strategies of WHO/WPRO (World Health Organization/ Western Pacific Regional Office) on the traditional medicine including acupuncture. WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. **Figure 1** shows brief history of WHO. It has long history of development since 1851.

WHO organized several international meetings on traditional medicine and provided technical support and advice to governments. WHO organized regional and national activities and developed technical guidelines and standards, and published books and documents on traditional medicines. WHO not only works directly with countries, national and international organizations and regional bodies, but also with its network of Collaborating Centres.

WHO Collaborating Centres for Traditional Medicine in the WPR are listed in **Table 1**. In Japan two institutions for herbal medicine are now designated.

II. Declaration of Alma-Ata

It is actually epoch making statement that WHO and UNICEF organized a meeting for promoting the importance of primary health care in the International Conference on Primary Health Care,

Fig. 1

Table1　WHO Collaborating Centres for TRM in WPR (13/19)

1	Institute of Acupuncture and Moxibustion, CACMS, Beijing, PRC
2	Institute of Clinical Science and Information, CACMS, Beijing, PRC
3	Institute of Chinese Materia Medica, CACMS, Beijing, PRC
4	Institute of Medicinal Plant Development, Beijing, PRC
5	Nanjing University of Chinese Medicine, Nanjing, PRC
6	Institute of Acupuncture Research, Fudan University, Shanghai, PRC
7	Shanghai University of Chinese Medicine, Shanghai, PRC
8	Oriental Medicine Research Centre, Kitasato Institute, Tokyo, Japan
9	Dept of Japanese Oriental Medicine, Toyama Med and Pharmaceutical Univ, Toyama, Japan
10	East-West Medical Research Institute, Kyung Hee Univ., Seoul, Rep. of Korea
11	Natural Products Research Institute, Seoul National University, Seoul, Rep. of Korea
12	National Hospital of Traditional Medicine, Hanoi, Viet Nam
13	Dept of Chinese Med, RMIT Univ, Melbourne, Australia

CACMS: China Academy of Chinese Medical Sciences; PRC: People Republic of China

Alma-Ata, USSR, 6-12 September 1978.

The declaration was as follows:

"Primary Health Care relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community."

The important roles of traditional practitioners in health care were clearly described.

III. What is "traditional medicine"

"Traditional medicine" is a comprehensive term used to refer both to TRM systems such as traditional Chinese medicine, Indian Ayur vedic medicine and Arabic Unani medicine, and to various forma of indigenous medicine. In countries where the dominant health care system is based on western medicine, or where TRM has not been incorporated into the national health care system, TRM is often termed "alternative", "complementary" or "non-conventional" medicine. Accordingly, "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 TRM/CAM is used.

In definition, "Traditional medicine is the knowledge, skills and practices of holistic health-care, recognized and accepted for its role in the maintenance of health and the treatment of diseases. It is based on indigenous theories, beliefs and experiences that are handed down from generation to generation".

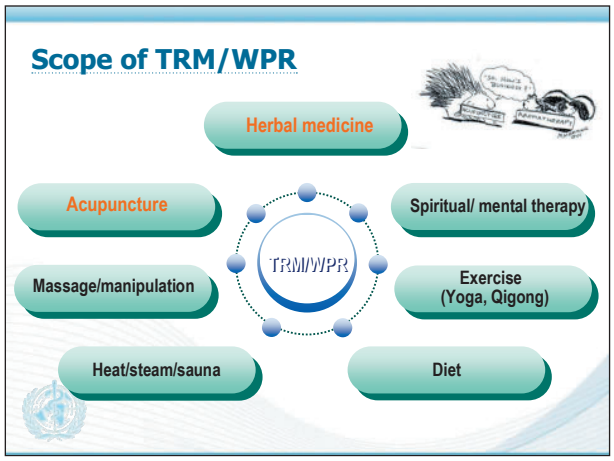

Fig. 2

Figure 2 schematically illustrates the scope of traditional medicine in WPR, which include herbal medicine, acupuncture, massage/manipulation, heat/steam/sauna, diet, exercise (yoga/qigong), and spiritual/mental therapy. It should be noted that there are many traditional medicine, such as Ayurvedic medicine exist in the world outside WPR.

IV. Challenges of TRM

There are a number of major challenges of TRM, which can be summarized as

1)　varying degree with which it is recognized by

governments;

2) lack of sound scientific evidence concerning the efficacy of many of its therapies;
3) difficulties relating to the protection of indigenous TRM knowledge; and
4) problems in ensuring its proper use.

To overcome these challenges, WPRO/WHO developed its "*Regional Strategy for Traditional Medicine in the Western Pacific (2001-2010).*"

It identified seven major strategic objectives, such as:

1) developing a national policy for TRM,
2) promoting public awareness of and access to TRM,
3) evaluating the economic potential of TRM,
4) establishing appropriate standards for TRM,
5) encouraging and strengthening research into evidence-based practice of TRM,
6) fostering respect for the cultural integrity of TRM
7) formulating policies on the protection and conservation of health resources.

To implement the WHO strategies, WPRO/TRM have evolved our foci of plan as policy, regulations, standards, clinical practice, researches, education and information under the theme of "Standardization with evidence-based approaches" as shown in **Figure 3**.

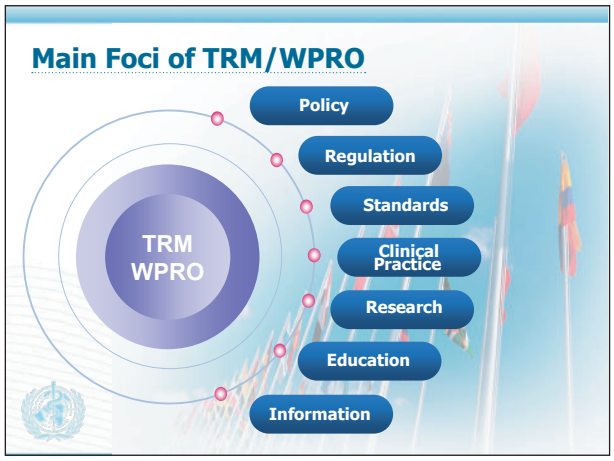

Fig. 3

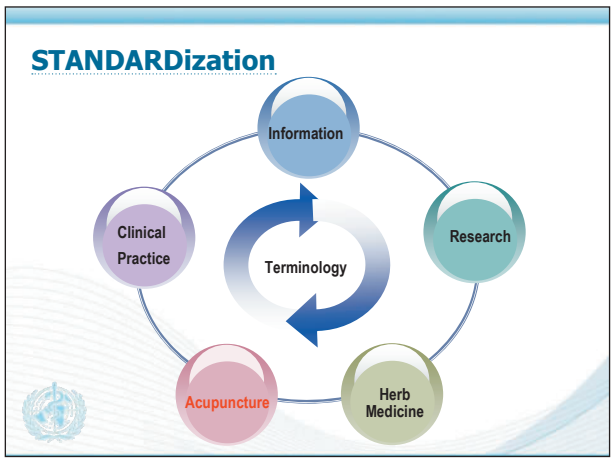

Fig. 4

The roles of standards in traditional medicine are raising levels of quality, safety, reliability, efficiency and interchangeability of traditional medicine, and providing above benefits at an economical cost. **Figure 4** schematically illustrates the standardization among clinical practice, information, research in acupuncture and herbal medicine mediated by common terminology.

The main reasons of WHO's initiative on standardization come from its highest authoritative and reliable international organization in health issues and having wide experiences in international activities, while most of the Member States only have their respective initiatives and lack of experiences in international cooperation in traditional medicine.

V. Standardization Projects

In connection with the theme of "Standardization with evidence-based approaches", WHO/WPRO has conducted a number of standardization projects in traditional medicine such as terminologies, acupuncture point locations, traditional medicine information mainly focused on the International Classification of Traditional Medicine in East Asia (ICTM-EA), and evidence-based clinical practice guidelines in traditional medicine for 27 priority diseases. **Figure 5** indicates a list of 27 priority diseases.

Developing international standard terminologies (IST) in traditional medicine is the first step for the whole project of standardizations. Through hard works and huge amount of contributions from the experts in our Region, we have identified 3,543 international standard terminologies on traditional medicine in the Western Pacific Region. *WHO International Standard Terminology on Traditional Medicine in the Western Pacific Region* (WHO-IST) including English translation and definition has been published in July 2007.

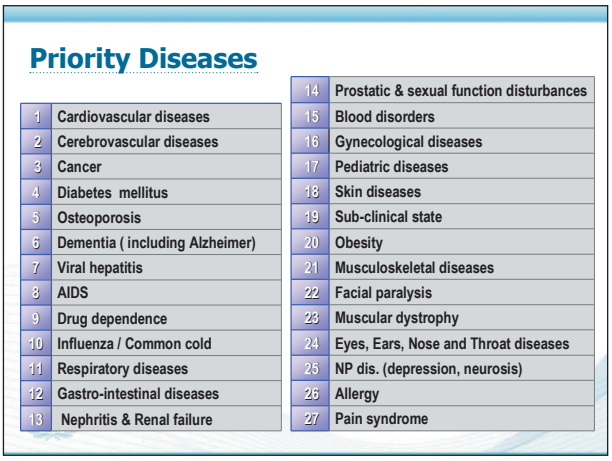

Fig. 5

To standardize the acupuncture point locations, over the last four years, we have convened eleven consecutive meetings and successfully unified 92 controversial acupuncture point locations in November 2006, and published *WHO Standard Acupuncture Point Locations in the Western Pacific Region* in May 2008. The newly developed standard acupuncture point location will provide a firm and reliable basis for education, research and clinical practices in the field of acupuncture. Consequently, there will be a new acupuncture textbook, charts and model based upon newly standardized acupuncture point locations in the near future

For promoting the proper use of traditional medicine, developing the evidence-based clinical practice guidelines in traditional medicine on priority diseases will be the core works. In selecting 27 priority diseases, there were four criteria used as basis, which can prove applying traditional medicine is efficacious, cost-effective, affordable and beneficial for the population than just simple use of western modern medicine. It is considered that there will be significant values of the evidence-based clinical practice guidelines in traditional medicine on priority diseases such as, satisfying demands for globalization among the Member States, shifting from experience to evidence-based traditional medicine, promoting standardization of clinical practice for ensuring reliability and reproducibility, promoting the proper use by upgrading the level of clinical practice with cost-effectiveness, conducting overall assessment of TRM clinical research, facilitating scientific clinical trials, enforcing harmonisations with western modern medicine, promoting TRM-related industrialization, providing higher standards of education and training, and strengthening international cooperation among experts. **Figure 6** shows an example of contents of guideline on TRM

Above mentioned standardization of traditional medicine will enhance the harmonization between western and traditional medicine, and ultimately guide the proper integrative medicine.

WHO traditional medicine strategy and activities will secure the proper use of traditional medicine aiming at "Health for All" which the goal of WHO.

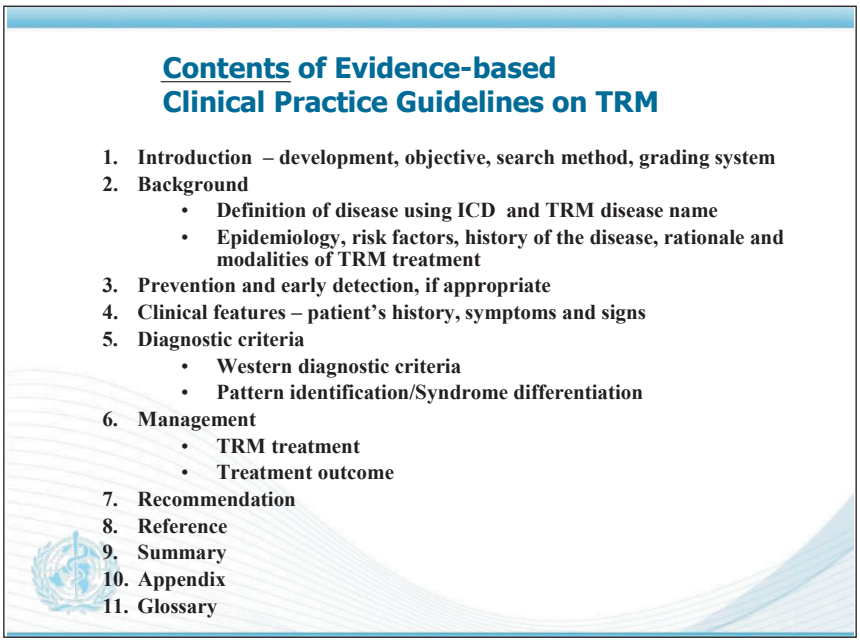

Fig. 6