Application from the World Federation of Chinese Medicine Societies for admission into official relations with WHO

1. Year of establishment of the organization: 2003

2. (a) Address of the headquarters of the organization.

Room 505, Building A
Wealth Garden
19 Xiao Ying Street
Chaoyang District
Beijing 100101
China
Website: http://en.wfcms.org/wfcms/Englishpage/Englishindex.jsp

(b) Contact information, name(s) and titles of officer(s) who may speak and correspond authoritatively on behalf of the organization.

Mr Li Zhenji  
Vice-Chairperson and Secretary General
Ms Zou Jianhua  
Chief, Department of Academic Exchange

Ms Li Xinxue  
Project Coordinator

Room 505, Building A
Wealth Garden
19 Xiao Ying Street
Chaoyang District
Beijing 100101
China

3. Aims (or purposes, objectives) of the organization as they appear in its constitution, by-laws or equivalent document. The World Federation of Chinese Medicine Societies seeks to promote exchange and cooperation among Chinese medicine societies, as well as cooperation between Chinese medicine and other medicines of the world. In order to inherit and develop Chinese medicine and pharmacy, the Federation seeks to promote the professional level of practitioners of Chinese medicine by strengthening academic exchanges, the dissemination of information and exchanges of information on achievements. It seeks to introduce Chinese medicine and pharmacy into the health care systems of other countries by accelerating the process of modernization, internationalization and
standardization of Chinese medicine, in order to make a greater contribution to improving human health.

4. **Main fields of work of the organization.** Pharmaceuticals/health technology, lifestyle, and traditional and complementary medicine.

5. **Main types of activities of the organization.** Conferences, data collection/surveillance, education/training, research and standard-setting.

The organization has activities in the following countries: Australia, Brazil, Canada, China, France, Germany, Italy, Japan, Malaysia, Republic of Korea, Russian Federation, Singapore, South Africa, Spain, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America.

6. **Membership information.**

<table>
<thead>
<tr>
<th>Type of member</th>
<th>Total number</th>
<th>Voting status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Institutions, such as hospitals, research laboratories, schools and churches</td>
<td>234</td>
<td>234</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>238</td>
</tr>
</tbody>
</table>

Members in the following countries and areas: Argentina, Australia, Austria, Belgium, Bolivia (Plurinational State of), Brazil, Bulgaria, Canada, Chile, China, Colombia, Congo, Czech Republic, Denmark, Egypt, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Hungary, India, Indonesia, Iran (Islamic Republic of), Ireland, Israel, Italy, Japan, Latvia, Lithuania, Mexico, Mongolia, Mozambique, Nepal, Netherlands, New Zealand, Nigeria, Norway, Pakistan, Peru, Philippines, Poland, Portugal, Republic of Korea, Russian Federation, Singapore, South Africa, Spain, Suriname, Sweden, Switzerland, Thailand, Tunisia, Turkey, Uganda, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America, Zimbabwe.

Other areas: China, Macao Special Administrative Region.

7. **Name, composition, function and frequency of meetings of the main, or if applicable, the two main decision-making bodies.**

Name: Members’ Congress

Composition: Representatives of member institutions, for which a quota based on the number of members of each institution is applied. In addition, senior individual members, members cooperating on projects and honorary members can be representatives upon recommendation by the immediate past President, but their number must not exceed 10. The Congress is only held if it has a quorum of representatives.

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1 For an explanation of the types of activities, please see the Annex to the application.
Function: The Members’ Congress is the main governing body of the Federation. In particular, it is responsible for:

(i) formulating and revising the constitution;
(ii) deliberating and approving the work report and financial report of the preceding Council;
(iii) electing members and standing members of the Council, President, Vice-President, Secretary General, Treasurer, President and Vice-President of the Board of Supervisors, and Executive Committee members;
(iv) deliberating the work plan of current Board of Supervisors; and
(v) deliberating and deciding on other affairs established in the Members’ Congress agenda.

Frequency of meetings: Every four years, either together with the World Congress of Chinese Medicine, or as a stand-alone meeting.

Name: Council and Standing Council

Composition: President, Vice-President, Secretary General, Executive Committee members of the Presidium of China, and members and standing members of the Council.

Function: When the Members’ Congress is not in session, the Council and the Standing Council operate with the authority of the Members’ Congress. The Council is accountable to the Members’ Congress.

The duties of the Council are:

(i) to carry out the function of the Members’ Congress, when it is not in session:
   (a) of selecting the organizer and location of the next Members’ Congress; and
   (b) of electing the personnel in higher level positions than Council members and Executive Committee members of the Board of Supervisors when vacancies arise;
(ii) to assess and approve the international standards relevant to Chinese medicine and pharmacy organizations that are formulated by the Federation;
(iii) to assess and approve the list of awards;
(iv) to make decisions on the major issues regarding the international development of Chinese medicine and pharmacy, and on the development of the Federation, by analysing its situation and researching strategy options; and
(v) to implement other matters of importance decided by the Council.

The duties of the Standing Council are:

(i) to assess applications to become new members;
(ii) to evaluate and approve the plans proposed by each professional committee;
(iii) to assess planned major projects; and
(iv) to implement other matters decided by the Standing Council.
Frequency of meetings: When the Members’ Congress is not in session, the Council and the Standing Council operate with the authority of the Members’ Congress. The Council is accountable to the Members’ Congress and holds at least one plenary meeting annually. The Standing Council also holds at least one meeting annually, which may be held together with the Council meeting, as a stand-alone meeting, or as a virtual conference. Ad hoc physical or virtual emergency meetings can also be held.

8. Human resources of the organization.

Number of paid staff at headquarters/secretariat: 59
Number of volunteer staff at headquarters/secretariat: 9
Number of paid staff worldwide (including staff at headquarters/secretariat): 59
Number of volunteers worldwide (including staff at headquarters/secretariat): 9

9. Financial information on the organization.¹

Annual income and expenditure in the range US$ 2 million to US$ 5 million

10. Formal relations with organizations and bodies in the United Nations system and nongovernmental organizations.

The Federation is in special consultative status with the United Nations Economic and Social Council and is in relations with UNESCO.

11. Collaboration with WHO.

(a) Activities carried out jointly with WHO during the working relations period.

The Federation submitted a report on the development of traditional Chinese medicine worldwide to WHO in order to support the updating of the WHO traditional medicine strategy: 2014–2023. It has prepared a report on the general situation of the international development of traditional Chinese medicine and proposals to WHO about formulating a global strategy, in which different aspects of the development of traditional Chinese medicine worldwide were presented, such as the preliminary formation of international traditional Chinese medicine health care institutions and the development of different types of traditional Chinese medicine worldwide. The Federation has also made proposals to WHO on updating its traditional medicine strategy, such as by supporting the development and participation of international nongovernmental organizations working in the field of traditional medicine, reassessing the categorization of traditional medicine, promoting legislation related to traditional Chinese medicine in all countries, strengthening the formulation of, and disseminating, traditional medicine standards, and making education a priority of the strategy while emphasizing cultural differences. The outcomes of these recommendations were incorporated, where relevant, in the WHO traditional medicine strategy: 2014–2023, which was published in 2013.

¹ In order to facilitate comparison, nongovernmental organizations are requested to express their annual income and expenditure in United States dollar equivalents, and to provide estimates of these annual figures in cases where their accounts cover different periods.
The Federation is preparing to submit a report to WHO on the global status of practitioners of manipulative therapy. The secretariat of the Federation held the inaugural conference of the Specialty Committee of Chinese Medicine Manipulations and the first international academic forum on traditional Chinese medicine manipulation (22–24 June 2012). The Specialty Committee now includes 326 individual members from China and other countries. The discussions and preparations for the report have begun, and will continue during 2015 and 2016, with the report expected to be submitted to WHO in 2016.

(b) Planned collaborative activities with WHO for the coming three-year period.

The Federation will support WHO in the promotion and implementation of the WHO traditional medicine strategy: 2014–2023, through the three levels of meetings of the Federation, namely the World Congress of Chinese Medicine, conferences for regional cooperation, and conferences of the Federation’s specialty committees. The conferences are good platforms for the promotion of the traditional medicine strategy. The Federation will also support WHO in the development of a global report on manual therapy by using the Federation’s academic members and its Specialty Committee of Chinese Medicine Manipulations as sources for the information required. It will support WHO in the development of technical documents, including those detailing benchmarks, guidelines and standards on traditional and complementary medicine. It will also collaborate with WHO on collecting and analysing information on traditional Chinese medicine.
ANNEX

EXPLANATION OF TYPES OF ACTIVITIES

**Advisory** – the organization regularly advises governments, nongovernmental organizations and institutions, intergovernmental bodies, or the media on matters within its competence.

**Advocacy** – the organization regularly undertakes campaigns, or its main purpose is, to influence decision- or policy-makers, or individual or societal behaviours or attitudes.

**Conferences** – the organization regularly holds scientific conferences, or other forums, excluding governing body meetings.

**Data collection/surveillance** – the organization, for example, maintains a register of specific diseases, up-to-date data about the number of people in a particular profession, etc.

**Education/training** – the organization, or its members, regularly provides educational or training courses for individuals or organizations (governmental and nongovernmental), is an examining or licensing body, or develops curricula.

**Funding/donations** – the organization funds the work of others and/or donates goods to others, for example, hospital equipment and pharmaceuticals.

**Journals/publications/media** – the organization regularly publishes a peer-reviewed professional or scientific journal and/or regularly produces and revises books and other media, e.g. CDs and videos, and maintains a publications/resources catalogue.

**Research** – the organization undertakes commissions or funds research as a regular activity.

**Service delivery** – the organization provides, commissions or is contracted on a long-term basis to provide services to non-members, for example, child counselling/protection, hospital care, suicide prevention services and delivery of food aid.

**Sponsoring** – the organization maintains a sponsorship programme, for example, for children, the elderly or young scientists.

**Standard-setting** – the organization formulates standards, ranging from professional conduct to goods and services.