Brief introduction on global traditional and complementary medicine

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Traditional and Complementary Medicine
Overview of my presentation

- Current situation of traditional and complementary medicine (T&CM)
- What has been done on T&CM by WHO
- WHO priorities on T&CM in the near future
Traditional and Complementary Medicine

**Medication**
- Medicinal plants
- Mineral materials
- Animal materials

**Non-medicinal**
- Acupuncture
- Manual therapies
- Qigong, Taiji, Yoga
- Physical, mental, spiritual and mind-body therapies
Main Popular Disciplines/therapies of T&CM

- Traditional Chinese Medicine
- Indian Ayurveda Medicine
- Unani Arabic Medicine
- Homeopathy
- Chiropractic
- Osteopathy
- Naturopathy
Diversity of Traditional and Complementary Medicine

African TM

Indonesia Jamu

Lao TM

European CM

Mongolia TM
Diversity of Traditional and Complementary Medicine

- Arabic TM
- Latin American TM
- Thai TM
Progress since WHO TM Strategy 2002-2005 (review of the indicators)

Figure 1: Number of MS with TM policy and MS regulating herbal medicines
Progress since WHO TM Strategy 2002-2005 (review of the indicators)

Figure 2: Number of MS with national research institute in TM/CAM
Current situation: regulation on providers

Regulations on T&CM providers
Source: country report

- With regulations on T&CM providers: 56 (43.5%)
- With no regulations on T&CM providers: 56 (43.5%)
- Not answered: 17 (13%)
Current situation: education

Member States that provide T&CM education at university level
Source: country report

- No T&CM education at university level: 72 (56%)
- With T&CM at university level: 39 (30%)
- Not answered: 18 (14%)

Total: 129
### Challenges

**Difficulties faced by Member States with regard to regulatory issues related to the practice of T&CM**

*Source: country report*

<table>
<thead>
<tr>
<th>Issue</th>
<th>Number of Member States</th>
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<tbody>
<tr>
<td>Lack of research data</td>
<td>105</td>
</tr>
<tr>
<td>Lack of mechanisms to control and regulate TM/CAM advertising and claims</td>
<td>83</td>
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<tr>
<td>Lack of appropriate mechanisms to control and regulate herbal products</td>
<td>78</td>
</tr>
<tr>
<td>Lack of appropriate mechanisms to monitor and regulate TM/CAM providers</td>
<td>75</td>
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<td>Lack of financial support for research on TM/CAM</td>
<td>68</td>
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<td>Lack of expertise within national health authorities and control agencies</td>
<td>67</td>
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<tr>
<td>Lack of mechanisms to monitor safety of TM/CAM practice</td>
<td>65</td>
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<tr>
<td>Lack of cooperation channels between national health authorities to share information about TM/CAM</td>
<td>63</td>
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<tr>
<td>Lack of mechanisms to monitor safety of TM/CAM products, including herbal medicines</td>
<td>60</td>
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<tr>
<td>Lack of education and training for TM/CAM providers</td>
<td>58</td>
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<tr>
<td>Other</td>
<td>15</td>
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</table>
The type of support for T&CM issues that Member States are interested in receiving from WHO

Source: country report

- General technical guidance for research and evaluation of TM/CAM related to safety, quality and efficacy: 65 (Great need), 29 (Some need), 7 (No need)
- Information sharing on regulatory issues: 58 (Great need), 39 (Some need), 6 (No need)
- Seminar/workshop about integration of TM/CAM in the primary health care context: 55 (Great need), 33 (Some need), 9 (No need)
- Seminar/workshop about national capacity building on safety monitoring of herbal medicines: 55 (Great need), 29 (Some need), 10 (No need)
- Provision of research databases: 54 (Great need), 35 (Some need), 8 (No need)
- Seminar/workshop about national capacity to establish regulations on TM/CAM practice: 54 (Great need), 34 (Some need), 17 (No need)
- Seminar/workshop on developing national policy and programmes for TM/CAM: 51 (Great need), 32 (Some need), 19 (No need)
- Seminar/workshop about national capacity to establish regulations for herbal medicines: 51 (Great need), 28 (Some need), 17 (No need)
- Provision of guidelines or minimum requirements for basic training of TM/CAM providers: 50 (Great need), 36 (Some need), 11 (No need)
- Arrangement of global meetings: 47 (Great need), 37 (Some need), 7 (No need)
- Provision of technical support to promote safe and effective use of indigenous traditional medicine in Primary Health Care: 45 (Great need), 39 (Some need), 14 (No need)
- Provision of cooperation channels between national health authorities: 38 (Great need), 37 (Some need), 12 (No need)
- Provision of guidance on self-care, information for the public in primary health care or at the community level: 29 (Great need), 49 (Some need), 10 (No need)
- Other: 11 (Great need), 5 (Some need), 3 (No need)
WHO Traditional Medicine Strategy 2002-2005

1. **Policy:**
   Integrate TM/CAM with national health care systems

2. **Safety, efficacy and quality:**
   Provide evaluation, guidance and support for effective regulation

3. **Access:**
   Ensure availability and affordability of TM/CAM, including essential herbal medicines

4. **Rational use:**
   Promote therapeutically-sound use of TM/CAM by providers and consumers
WHO strategies and resolutions in supporting integration and regulation

- Exchange, support, collaboration, normative work
- Benchmarks and guidelines: formal process
- Marching orders: WHA strategies and resolutions

- 2002: launch 2002-5 strategy
- 2003: first global survey on TM/CAM policies
- 2008: R&D integrated in global strategy on PH, innovation and intellectual property
What were the priorities and what have been done in the past

Policy and regulation

- 1st WHO global survey on national policy and regulation of TM/CAM
- A worldwide review: legal status of traditional and complementary/alternative medicine
- International Regulatory Cooperation for Herbal Medicines (IRCH)
- Regional guidelines for minimum requirement for regulation of herbal medicine
- Training workshops for drug authority
What were the priorities and what have been done in the past

Technical guidelines for Safety, quality and efficacy of T&CM

- Monographs of medicinal plants
- GMP and GACP for herbal medicine
- Research methodologies
- Safety monitory for herbal medicines

- Monograph for cultivation of artemisia annua L.
Example of Recent Publications

- WHO monographs on medicinal plants commonly used in the Newly Independent States (NIS)
- Safety Issues in the preparation of homoeopathic medicines
- Quality control methods for herbal materials
Example of Basic Training Documents
International Regulatory Cooperation for Herbal Medicines (IRCH)

- IRCH was established in 2006
- Annual meetings have been held
- There are 25 members: 22 member countries, 3 regional/sub-regional bodies
- Link to the International Conference of Drug Regulatory Authorities (ICDRA)
- WHO role: administering membership application, coordinating annual meeting, providing MedNet for communication and monitoring, supporting working groups
A strategy on T&CM for 2014-23: from recognition to regulation and integration

Goals:

● Harness the potential contribution of T&CM to health, wellness and person-centred health care in MS

● Promote safe and effective use of T&CM through regulation, evaluation and integration of products, practitioners and practice

Objectives:

● To build knowledge base to actively manage T&CM through appropriate national policies

● To strengthen the quality, safety and effectiveness of T&CM through regulating products, practice and practitioners

● To promote equitable access to health through appropriate integration of T&CM services in healthcare delivery and self-health care
A strategy on T&CM for 2014-23: from recognition to regulation and integration

- Support Member States on research of T&CM to build the knowledge for management and policy development: practice profile, modalities, resource preservation

- Support Member States on regulation of T&CM: benchmarks, guidelines, terminologies and networks

- Support Member States on integration of T&CM into health systems: access, service delivery models, classifications, education manuals
Timeline

2011: preparation; assemble evidence

2012: drafts and consultations

2013: finalize draft and file report to EB

2014: discussed in EB and WHA
Regulation on T&CM

- Regulation on T&CM products
- Regulation on T&CM practice
- Regulation on T&CM practitioners
- Knowledge based, evaluation
- International regulatory collaboration
Approach to monitor: mission of the centre

- A national monitoring centre was set up in 1996 (sub-centre, Expert committee)

- Monitoring Network: Select and improve the monitoring sites based on statistics
- Indicator System: A set of key indicators for overall evaluation of healthcare quality of TCM hospitals
- Team: Organize a high-level monitoring team
- Software: Develop series of monitoring and analytical software
- Database
- Policy-making Consulting & TCM Researches
Approach to monitor: Sampling of the monitoring sites

Sample: hospital (community)

- East China (50)
  - Province: 11
  - City: 16
  - District: 23

- Central China (26)
  - Province: 4
  - City: 8
  - District: 14

- West China (24)
  - Province: 5
  - City: 6
  - District: 13

- Stratified cluster
- Randomized sampling
Approach to monitor: set up a set of indicators

Major indicators for hospital services:

- Service volumes with different TCM Interventions, Disease spectrum, quality of services, efficacy and cost of services
- Human resources
- Management of hospitals

Major indicators for community services:

- Service volume
- Cost of per-prescription
- Facilities and professionals
Integration of T&CM into National Health System

“The two systems of traditional and western medicine need not clash. Within the context of primary health care, they can blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses in each.”

Dr Margaret Chan
Director-General of WHO
At Opening ceremony of WHO Congress 7th
November 2008, Beijing
Political commitment

Policy dialogue within and beyond health sector

Policy Directions Strategies Plans

Regulation & Management institutions, rules, incentives

Money & Financing

Workforce

Pharmaceuticals Technology Infrastructure

Information

Service Delivery

Comprehensive, integrated, continuous and people-centred care along the life-cycle

"scientific" care services

Complementary / traditional care services

Universal access to close-to-client networks, responsible for a defined population

Outcomes

Health & health security

Health Equity

Social inclusion and participation

Trust in health authorities:
- Fairness
- Protection
- Competence
- Accountability

Global Health Histories Seminar on Traditional Medicine, 13 March 2013, WHO/HQ
Integration of T&CM into National Health System

Modern/Conventional medicine

Traditional and complementary medicine

The patients and the public will obtain health benefits from both