Need for this report?

• Traditional and Complementary medicine (T&CM) faces a challenge from the lack of credible data and reliable official information that can be used by Member States to understand the global landscape of T&CM and their position in it.

• With contribution from 179\textsuperscript{1} WHO Member States, this report provides valuable information for policy-makers, health professionals and the public for capitalizing on the potential contribution of T&CM to health and well-being.

• Monitoring health trends helps support countries in generating evidence-based policies and strategic plans to strengthen the role T&CM plays in their health system.

\textsuperscript{1}179 represents the number of Member States for which WHO has information through an official response to at least one of the three WHO surveys.
What makes this report unique?

- It is the **most comprehensive** report on T&CM, with 179 of the 194 Member States officially contributing information.

- It **captures the three phases of progress** made by Member States (1999 to 2018); that is,
  - before and after the first WHO Traditional Medicine Strategy (1999–2005)
  - from the first global survey to the second global survey (2005–2012) and
  - from the second survey to the most recent update survey (2012–2018).

- It is the first WHO global report to **cover all the three facets of traditional medicine** which are- products, practices and practitioners.

- It is the **most current and up-to-date report**, based on information from most Member States across the six WHO regions.

- Information sources: Information came from three main sources: the first and second WHO global T&CM surveys, the most recent update survey and additional sources.
Key indicators from the report
Use of Traditional and Complementary medicine by Member States

As at 2018, **170 WHO Member States acknowledged their use of T&CM.**

**Use of T&CM acknowledged by Member States, 2018**

- 88% Use T&CM
- 12% No information available

T&CM: traditional and complementary medicine (which here includes indigenous traditional medicines). N=194

Sources:
Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016-2018).
Note: In the second survey, Member States that left this question blank (or replied “No”), but replied “Yes” to any of the indicators for T&CM (i.e. national policy, laws or regulations; national office, programme, expert committee or research institute; herbal medicines regulation; regulation of indigenous TM or T&CM providers; health insurance coverage of indigenous TM or T&CM) were assumed to use T&CM if it was clear from these affirmative responses that T&CM was not prohibited. For example, in a country that replied “No” to T&CM use but responded “Yes” to having a national policy, law, national programme, office and expert committee for T&CM; it was concluded that T&CM is used in that country.
There was a consistent increase in the number of WHO Member States having a national policy on T&CM. By 2018, more than 50% of the 194 Member States, had a national policy on T&CM.

Fig. 1.1. Growth in the number of Member States with a national policy on T&CM, 1999–2018

Sources:
- c Includes Member States who 1) responded “Yes” to the second survey on T&CM, and 2) responded “Yes” to the first survey but did not respond to the second survey (N=170; i.e. 141 +29, the 29 being respondents exclusive to the second survey).
- d Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016–2018).
As at 2018, **109 Member States reported the presence of a legal or regulatory framework** for T&CM. In many Member States, the national laws and regulations for T&CM are integrated into the national drug or medicine laws (similar to integration of national policy).

For some countries, the **T&CM legal framework is the responsibility of state, provincial or territorial jurisdictions**, and regulation varies from jurisdiction to jurisdiction.
As at 2018, **55% of all Member States** reported the presence of a national office for T&CM. For most of the Member States, the national office for T&CM formed part of the Ministry of Health, which looked after all policy-related matters, whereas regulation of herbal medicines came under the purview of the food and drug regulatory authorities.

**Fig. 1.11. Growth in the number of Member States with a national office for T&CM, 1999–2018**

Sources: As for Fig. 1.1.
Member States were asked about the presence of a research institute for T&CM that is either fully or partially funded by the government. As at 2018, a total of 75 Member States (almost 40%) reported the presence of a national research institute for T&CM.

Fig. 1.17. Growth in the number of Member States with a national research institute for T&CM, 1999-2018

Sources:
b National policy on traditional medicine and regulation of herbal medicines – report of a WHO global survey (N=141).
c Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016-2018).

Note: The national research institute figure for 2012 could not be verified conclusively, so it has not been shown here.
Regulation of herbal medicines

As of 2018, **124 Member States (64%)** responded presence of laws or regulations for herbal medicines.

**Fig. 2.1. Growth in the number of Member States with regulation of herbal medicines, 1999-2018**

Sources:
- c Includes Member States who 1) responded “Yes” to the second survey on T&CM, and 2) responded “Yes” to the first survey but did not respond to the second survey (N=170; i.e. 141 +29, the 29 being respondents exclusive to the second survey).
- d Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016–2018).
As of 2012, **110 Member States** reported the use of a **pharmacopoeia** that includes herbal medicines; and **93 Member States** reported use of **monographs**.

**Fig. 2.8. Number of Member States using pharmacopoeias and monographs, 2005-2012**

Sources:
b includes Member States who 1) responded “Yes” to the second survey on T&CM, and 2) responded “Yes” to the first survey but did not respond to the second survey (N=170; i.e. 141 +29, the 29 being respondents exclusive to the second survey).
Registration system for herbal medicines vis-à-vis their inclusion in NEML

Fig. 2.15. Number of Member States with a herbal medicines registration system compared with the number including herbal medicines in their NEML, 2005–2018

Sources:
a National policy on traditional medicine and regulation of herbal medicines – Report of a WHO global survey (N=141).
b Includes Member States who 1) responded “Yes” to the second survey on T&CM, and 2) responded “Yes” to the first survey but did not respond to the second survey (N=170; i.e. 141 +29, the 29 being respondents exclusive to the second survey).
c Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016-2018).
Regulation of T&CM providers

78 Member States reported regulation of T&CM providers as at 2018, up from 67 in 2012.

Fig. 3.5. Number of Member States with regulation of T&CM providers, 2012–2018

Sources:
a Based on the second WHO global survey respondents only (N=133).
b Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016-2018).
As of 2012, **63 Member States reported** availability of some form of **T&CM education**. Of these, 41 countries provided **T&CM education at university level**, and 36 provided **non-university training programmes** that were officially recognized by the government.

**Fig. 3.8. Availability of T&CM education, 2012**

- **T&CM education is available at university level**: 41
- **T&CM training programmes are available (officially recognized by the government)**: 36

*Based on the second WHO global survey respondents only, 2012 (N=133)*
Types of T&CM practices used in Member States

Acupuncture was the most common form of practice (reported by 113 Member States), closely followed by herbal medicines (110) and indigenous TM (109).
Health insurance and T&CM

As at 2018, **45 Member States reported the coverage of T&CM by health insurance (public and/or private)**, with the majority indicating there was partial coverage only.

Fig. 3.11. Number of Member States with health insurance cover for T&CM, 2012–2018

Sources:
a Based on the second WHO global survey respondents only (N=133).
b Includes 1) 2012 data and 2) additional Member States who responded “Yes” to the update survey, but either replied “No” or did not reply to the first and second surveys or responded “Yes” through additional data sources (e.g. regional reports and data verification during 2016-2018).

T&CM: traditional and complementary medicine (which here includes indigenous traditional medicine).
Challenges expressed by Member States

Member States were asked to share the difficulties they face with regard to regulatory issues related to the practice of T&CM.

Fig. 4.1. Difficulties faced by Member States

- Lack of research data: 99
- Lack of financial support for research on T&CM: 86
- Lack of mechanisms to monitor safety of T&CM practice: 75
- Lack of education and training for T&CM providers: 73
- Lack of expertise within national health authorities and control agencies: 70
- Lack of appropriate mechanisms to monitor and regulate T&CM providers: 69
- Lack of appropriate mechanisms to control and regulate herbal products: 64
- Lack of cooperation channels between national health authorities to share information about T&CM: 63
- Lack of mechanisms to monitor safety of T&CM products: 63
- Lack of appropriate mechanisms to control and regulate T&CM advertising and claims: 62
- Others: 20

Source: Based on the second WHO global survey respondents only (N=133).
Way forward for T&CM
WHO’s 13th General Programme of Work (GPW13) came into effect this year for 2019–2023.

As a strategic priority, GPW13 sets an overarching goal of reaching 3 billion more people, to move towards Sustainable Development Goal 3 (SDG 3) – ensuring healthy lives and promoting well-being for all at all ages – by achieving universal health coverage (UHC), addressing health emergencies and promoting healthier populations.

Traditional and complementary medicine (T&CM) can make a significant contribution to the goal of UHC through PHC and by being included in the provision of essential health services.
• Countries aiming to integrate the best of T&CM and conventional medicine would do well to look not only at the many differences between the two systems, but also at areas where both converge to help tackle the unique health challenges of the 21st century.

• In an ideal world, traditional medicine would be an option offered by a well-functioning, people-centred health system that balances curative services with preventive care.

• WHO is halfway through implementing the WHO Traditional Medicine Strategy 2014–2023.

• Our current focus is to develop norms, standards and technical documents and to take the leadership to support Member States in providing safe, qualified and effective T&CM services and their appropriate integration into health systems for achieving universal health coverage and the Sustainable Development Goals.
Thank you!