The purpose of this series of briefs on the ENZCAM web-site is to provide reliable information for healthcare professionals, researchers, funders and policy-makers about traditional, complementary and integrative medicine.

This brief deals with World Health Organization (WHO) policy with regard to traditional and complementary medicine. The WHO said in 2005:\(^1\): “Traditional, complementary and alternative medicine attract the full spectrum of reaction, 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.”

1. TM and CAM Terminology

There are many definitions of traditional and complementary medicine but it is helpful to use the WHO definitions in order to standardise on a common terminology. Quoting directly from the WHO Traditional Medicine Strategy 2002–2005:\(^1\):

“‘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\(^b\), 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. 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 TM/CAM is used.”

“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,

\(^a\) See also the WHO site devoted to Traditional Medicine which includes TM and CAM: [http://www.who.int/medicines/areas/traditional/en/index.html](http://www.who.int/medicines/areas/traditional/en/index.html)

\(^b\) 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.
CAM is becoming more and more popular. The percentage of the population which has used CAM at least once is 48% in Australia, 70% in Canada, 42% in USA, 38% in Belgium and 75% in France.

Quoting from the WHO Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review:

“‘Allopathic medicine’ refers to the broad category of medical practice that is sometimes called Western medicine, biomedicine, scientific medicine, or modern medicine. This term has been used solely for convenience and does not refer to the treatment principles of any form of medicine. [M]edical providers and practices are ... described as traditional, complementary/alternative, or allopathic. ‘Provider’ and ‘practitioner’ are used interchangeably.”

The WHO distinguishes between TM/CAM therapies and the therapeutic techniques that are used by those therapies. The table below shows four categories of therapeutic techniques, namely herbal medicines, acupuncture/ acupressure, manual therapies and spiritual therapies, for a number of therapies.

Table 1: Commonly used TM/CAM Therapies and Therapeutic Techniques (Source: WHO)

<table>
<thead>
<tr>
<th>Chinese medicine</th>
<th>Ayurveda</th>
<th>Unani</th>
<th>Naturopathy</th>
<th>Osteopathy</th>
<th>Homeopathy</th>
<th>Chiropractic</th>
<th>Others</th>
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<tbody>
<tr>
<td>Herbal medicines</td>
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<td>Acupuncture/ acupressure</td>
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<td>Manual therapies</td>
<td>Tuina</td>
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<tr>
<td>Spiritual therapies</td>
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<tr>
<td>Exercises</td>
<td>Oigong</td>
<td>Yoga</td>
<td>Relaxation</td>
<td>Hypnosis, healing, meditation</td>
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</tbody>
</table>

“As the terms ‘complementary’ and ‘alternative’ suggest, they are sometimes used to refer to health care that is considered supplementary to allopathic medicine. However, this can be misleading. In some countries, the legal standing of complementary/alternative medicine is equivalent to that of allopathic medicine, many practitioners are certified in both complementary/alternative medicine and allopathic medicine, and the primary care provider for many patients is a complementary/alternative practitioner.”

“The terms ‘complementary medicine’ and ‘alternative medicine’ are used interchangeably with ‘traditional medicine’ in some countries. Complementary/alternative medicine often refers to traditional medicine that is practised in a country but is not part of the country’s own traditions.”
“Traditional medicine includes a diversity of health practices, approaches, knowledge, and beliefs incorporating plant, animal, and/or mineral-based medicines; spiritual therapies; manual techniques; and exercises, applied singly or in combination to maintain well-being, as well as to treat, diagnose, or prevent illness. The comprehensiveness of the term ‘traditional medicine’ and the wide range of practices it encompasses make it difficult to define or describe, especially in a global context. Traditional medical knowledge may be passed on orally from generation to generation, in some cases with families specializing in specific treatments, or it may be taught in officially recognized universities. Sometimes its practice is quite restricted geographically, and it may also be found in diverse regions of the world. However, in most cases, a medical system is called ‘traditional’ when it is practised within the country of origin.” [emphasis added]

The WHO explains the difference between allopathic medicine and TM/CAM as follows¹:

“…Allopathic medicine is based on Western culture. Practitioners therefore emphasize its scientific approach, and contend that it is both value-free and unmarked by cultural values. TM/CAM therapies have developed rather differently, having been very much influenced by the culture and historical conditions within which they first evolved. Their common basis is a holistic approach to life, equilibrium between the mind, body and their environment, and an emphasis on health rather than on disease. Generally, the practitioner focuses on the overall condition of the individual patient, rather than on the particular ailment or diseases from which he or she is suffering.”

2. WHO Strategy and Objectives

The WHO Traditional Medicines Strategy 2002–2005 reviews the global status of TM/CAM and outlines the WHO’s role and activities in TM/CAM. Quoting directly from that document¹:

“The [Strategy] … 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 knowledgebase 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.”

“TM/CAM has many positive features including: diversity and flexibility; accessibility and affordability in many parts of the world; broad acceptance among many populations in developing countries; increasing popularity in developed countries; comparatively low cost; low level of technological input; and growing economic importance. These can all be seen as opportunities to be maximized. But other features of this type of health care can be regarded as challenges to be overcome. They include: the varying degree with which it is recognized by governments; the lack of sound scientific evidence concerning the efficacy of many of its therapies; difficulties relating to the protection of indigenous TM knowledge; and problems in ensuring its proper use.” Table 2 shows the challenges viewed by the WHO with respect to teach of these four objectives.
Dr Zhang Qi, the head of the WHO programme on TM/CAM, announced in a series of slides in November 2009³ that development of an updated WHO traditional medicine strategy was a priority in 2010-2011. The following updated priority areas were indicated in the presentation:

1. Capitalizing on the potential contribution of Traditional Medicine to self-care and to people-centred primary care. To provide better advice to Member States on:
   - the potential of developing and adopting multiple appropriate models and forms in the use of traditional medicine, and its contribution to primary care, based on accessibility, affordability and availability at the community level;
   - appropriate self-care using TM, particularly at the community level.

2. Modality for integration of Traditional Medicine into health systems. To provide better advice to Member States on:
   - how to integrate traditional medicine into their health systems, formulating national policies, regulations and standards as part of comprehensive national health plans;
   - how to establish regulation and licensing practices for TM/CAM therapies, so as to include TM/CAM services in the health system in accordance with national capacities, priorities, relevant legislation and circumstances;
   - how to promote the active participation of health workers through better communication between conventional and traditional medicine providers, including through diversified models and forms of training.
3. Promoting agreement and consensus on criteria for endorsement, integration, and evaluation of Traditional Medicine as a subsystem of national health systems. To provide better guidance to Member States on:
   - the extent to which traditional medicines should be integrated into their lists of essential medicines;
   - the extent to which TM, as a delivery system, should be supported and/or integrated;
   - the extent to which traditional medicine provides an untapped potential for improved service delivery, better outcomes, and better response to expectations.

4. Strengthening research to promote the quality, safety and efficacy of traditional medicines and products. To provide better guidance to Member States on:
   - the use of appropriate research methods and approaches for developing traditional and herbal medicines;
   - establishing appropriate standards and requirements to ensure and endorse the quality, safety and efficacy of traditional medicines and products;
   - implementing the Global strategy and plan of action on public health, innovation and intellectual property, particularly the parts related to traditional medicine in the plan of action.

3. Legal Status of TM/CAM Worldwide

A comprehensive analysis of the legal status of TM/CAM in 123 countries around the world was released by the WHO in 2001, the Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review. Information is included on:

- The situation as regards the use of TM/CAM;
- The regulatory situation of TM/CAM remedies and practitioners;
- Health insurance coverage of TM/CAM; and
- Education and training of practitioners of TM/CAM.

“[It provides] summaries of the policies enacted in different countries and indications of the variety of models of integration adopted by national policy-makers. Through country-specific sections ... it is designed to facilitate the sharing of information between nations as they elaborate policies regulating TM/CAM and as they develop integrated national health care systems.”


“Through global and regional maps and tables, the map volume provides a visual representation of topics such as the popularity of herbal/traditional medicine, Ayurveda, Siddha, Unani, traditional Chinese medicine, homeopathy, acupuncture, chiropractic, osteopathy, bone-setting, spiritual therapies, and others; national legislation and traditional medicine policy; public financing; legal recognition of traditional medicine practitioners by their area of therapy; education and professional regulation; conventional health-care practitioners who are entitled to provide various traditional, complementary and alternative therapies; and many other aspects.”
“The text volume expands and supplements the map volume through detailed accounts of the development of traditional, complementary and alternative medicine in 23 countries across the world, as well as overviews of the status in each of the six WHO Regions.”

Dr Zhang Qi of the WHO announced in November 2009³ that a second global survey of the status of TM/CAM was planned in 2010/2011.

4. Training Standards for TM/CAM Practitioners

In 2010 the WHO began releasing a series of documents on benchmarks for training in TM and CAM therapies⁵.

“In 2003, a WHO resolution (WHA56.31) on traditional medicine urged Member States, where appropriate, to formulate and implement national policies and regulations on traditional and complementary and alternative medicine to support their proper use. In 2009, resolution WHA62.13 further urged Member States to consider, within their national context, the inclusion of traditional medicine in their national health systems and establishing systems for the qualification, accreditation or licensing of practitioners of traditional medicine.

“These documents are] part of the implementation of the WHO resolutions. The benchmarks for training describe models of training for trainees with different backgrounds, and include training of practitioners and training for dispensers and distributors of. The benchmarks reflect what the community of practitioners in each practice regards to be reasonable practice when training professionals to practice, taking into consideration that consumer protection and patient safety are core to professional practice. [These documents are] intended to:

- Support countries in establishing systems for the qualification, accreditation or licensing of practitioners of traditional medicine;
- Support countries in establishing systems for the qualification, accreditation or licensing of practitioners of traditional medicine;
- Facilitate better communication between providers of conventional and traditional care, as well as other health professionals, medical students and relevant researchers, through appropriate training programmes; and
- Support integration of traditional medicine into the national health system.”

There are documents for Ayurveda, Naturopathy, Nuad Thai (Thai traditional massage), Osteopathy, Traditional Chinese Medicine, Tuina (a manual technique in TCM) and Unani Medicine. The documents provide a very useful and peer-reviewed summary of each therapy and have extensive reference lists of core material.

In addition, see the WHO web-site on traditional medicine teaching resources⁴.

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5. TM/CAM Medicines and Research

Initially the WHO focussed on research on herbal medicines and acupuncture. There are several documents available on the methodologies for research and on specific herbal remedies, including:

- General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine
- WHO/IUCN/WWF Guidelines on the Conservation of Medicinal Plants
- WHO Guidelines on Good Agricultural and Collection Practices (GACP) for Medicinal Plants
- WHO Guidelines on Good Manufacturing Practices (GMP) for Herbal Medicines
- WHO Guidelines on Safety Monitoring of Herbal Medicines in Pharmacovigilance Systems
- WHO Monographs on Selected Medicinal Plants – Volumes 1, 2, 3 and 4
- Guidelines for Clinical Research on Acupuncture
- Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials

WHO plans for 2010/2011 include supporting member states to include herbal medicines into the national essential medicines for primary healthcare. It is also planned to complete a number of technical documents related to medicines and research:

- Quality control methods for finished herbal products
- Good processing practices for herbal medicines
- Safety of herbal medicines: interaction with other medicines
- Research methodologies for clinical study in TM/CAM
- Technical review on clinical study of Phytotherapy.


International Regulatory Cooperation for Herbal Medicines (IRCH)

The WHO facilitated the establishment of the International Regulatory Cooperation for Herbal Medicines (IRCH) is a global network of regulatory authorities responsible for regulation of herbal medicines, established in 2006. The mission of the IRCH is to protect and promote public health and safety through improved regulation for herbal medicines. There were 23 country and regional members as of January 2010.


HerbalNet Institutional Repository

HerbalNet Digital Repository is a collection of digital intellectual materials on herbal and traditional medicine from WHO offices and WHO partner institutions in the South-East Asia Region. The objectives of HerbalNet include promoting institutional collaboration in the area of herbal medicine and promoting the safety, efficacy and quality of herbal medicines by exchanging information on national norms and standards. A key objective is to share evidence-based information and country experiences in the use of herbal medicine in primary health care.

http://herbalnet.healthrepository.org/

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*Available at: [http://apps.who.int/medicinedocs/en/cl/CL1.1.1.3.1/clmd,50.html#hlCL1_1_1_3_1](http://apps.who.int/medicinedocs/en/cl/CL1.1.1.3.1/clmd,50.html#hlCL1_1_1_3_1)*
6. Incorporation of TM/CAM into National Health Systems

The WHO has defined three types of health system\(^1\) to describe the degree to which TM/CAM is officially recognized part of the national health system:

- **Integrative systems**: “TM/CAM is officially recognized and incorporated into all areas of health care provision. This means that TM/CAM is included in the relevant country’s national drug policy; providers and products are registered and regulated; TM/CAM therapies are available at hospitals and clinics (both public and private); treatment with TM/CAM is reimbursed under health insurance; relevant research is undertaken; and education in TM/CAM is available.”

Worldwide, only China, the Democratic People’s Republic of Korea, the Republic of Korea and Viet Nam were considered to have attained an integrative system in 2002.

- **Inclusive systems**: recognize TM/CAM, but have “not yet fully integrated it into all aspects of health care, be this health care delivery, education and training, or regulation. TM/CAM might not be available at all health care levels, health insurance might not cover treatment with TM/CAM, official education in TM/CAM might not be available at university level, and regulation of TM/CAM providers and products might be lacking or only partial. That said, work on policy, regulation, practice, health insurance coverage, research and education will be under way.”

“Countries operating an inclusive system include developing countries such as Equatorial Guinea, Nigeria and Mali which have a national TM/CAM policy, but little or no regulation of TM/CAM products, and developed countries such as Canada and the United Kingdom which do not offer significant university-level education in TM/CAM, but which are making concerted efforts to ensure the quality and safety of TM/CAM. Ultimately, countries operating an inclusive system can be expected to attain an integrative system”. Australia is listed as one of the countries with an inclusive system. Although New Zealand is not mentioned, it is likely to fall in the same category.

- **Tolerant systems**: “In countries with a tolerant system, the national health care system is based entirely on allopathic medicine, but some TM/CAM practices are tolerated by law.”

The first WHO Congress on Traditional Medicine was held from 7-9 November 2008, in Beijing, China\(^1\). At that meeting, the "Beijing Declaration" was adopted, promoting the safe and effective use of traditional medicine. It calls on WHO Member States and other stakeholders to take steps to integrate traditional medicine (TM) and complementary and alternative medicine (CAM) into national health systems.

There have been several Executive Board and World Health Assembly resolutions on traditional medicines\(^8\). The most recent was at the 62nd session of the World Health Assembly in May 2009. Resolution WHA62.13\(^5\) recognizes “traditional medicine as one of the resources of primary health care services that could contribute to improved health outcomes, including those in the Millennium Development Goals”.

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The Resolution “URGES Member States, in accordance with national capacities, priorities, relevant legislation and circumstances:

1. to consider adopting and implementing the Beijing Declaration on Traditional Medicine in accordance with national capacities, priorities, relevant legislation and circumstances;

2. to respect, preserve and widely communicate, as appropriate, the knowledge of traditional medicine, treatments and practices, appropriately based on the circumstances in each country, and on evidence of safety, efficacy and quality;

3. to formulate national policies, regulations and standards, as part of comprehensive national health systems, to promote appropriate, safe and effective use of traditional medicine;

4. to consider, where appropriate, including traditional medicine into their national health systems based on national capacities, priorities, relevant legislation and circumstances, and on evidence of safety, efficacy and quality;

5. to further develop traditional medicine based on research and innovation, giving due consideration to the specific actions related to traditional medicine in the implementation of the Global strategy and plan of action on public health, innovation and intellectual property;

6. to consider, where appropriate, establishing systems for the qualification, accreditation or licensing of traditional medicine practitioners and to assist traditional medicine practitioners to upgrade their knowledge and skill in collaboration with relevant health providers, on the basis of traditions and customs of indigenous peoples and communities;

7. to consider strengthening communication between conventional and traditional medicine providers and, where appropriate, establishing appropriate training programmes with content related to traditional medicine for health professionals, medical students and relevant researchers; and

8. to cooperate with each other in sharing knowledge and practices of traditional medicine and exchanging training programmes on traditional medicine, consistent with national legislation and relevant international obligations.
ENZCAM is based within the Health Sciences Centre, University of Canterbury, Christchurch, New Zealand. The Centre was established in 2005 with the aim to research the efficacy and safety of Complementary and Alternative Medicine (CAM), with a particular focus on CAM in the New Zealand setting. The centre acts as a focal point to develop novel research ideas in the field of CAM and foster partnerships with researchers both within New Zealand and overseas.

http://www.hsci.canterbury.ac.nz/enzcam/

As the purpose of this series is to put in the public domain material and evidence that will progress the integration of complementary medicine into health systems, we would be delighted if you make use of it in other research and publications. All material produced for ENZCAM and made available on the web-site may be freely used, provided the source is acknowledged. The material is produced under a Creative Commons Attribution-Noncommercial-Share Alike licence.

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References