



World Health
Organization

TRADITIONAL AND COMPLEMENTARY MEDICINE IN PRIMARY HEALTH CARE



TECHNICAL 
SERIES
**ON PRIMARY
HEALTH CARE**

TRADITIONAL AND COMPLEMENTARY MEDICINE IN PRIMARY HEALTH CARE

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The role of traditional and complementary medicine in primary health care

Traditional and complementary medicine (T&CM) is a health practice with strong historical and cultural roots, which has global acceptability and applicability (1). The health practices included under the umbrella term of T&CM can vary from country to country and from region to region. T&CM (2) is an important primary health care resource to many populations, and has been recognized as a component of achieving “health for all” since the Declaration of Alma-Ata in 1978 (3).

WHO acknowledges the contribution of T&CM to health, wellness, people-centred health care and universal health coverage and seeks to bring traditional medicine “into the mainstream of health care, appropriately, effectively, and above all, safely” (1, 4, 5).

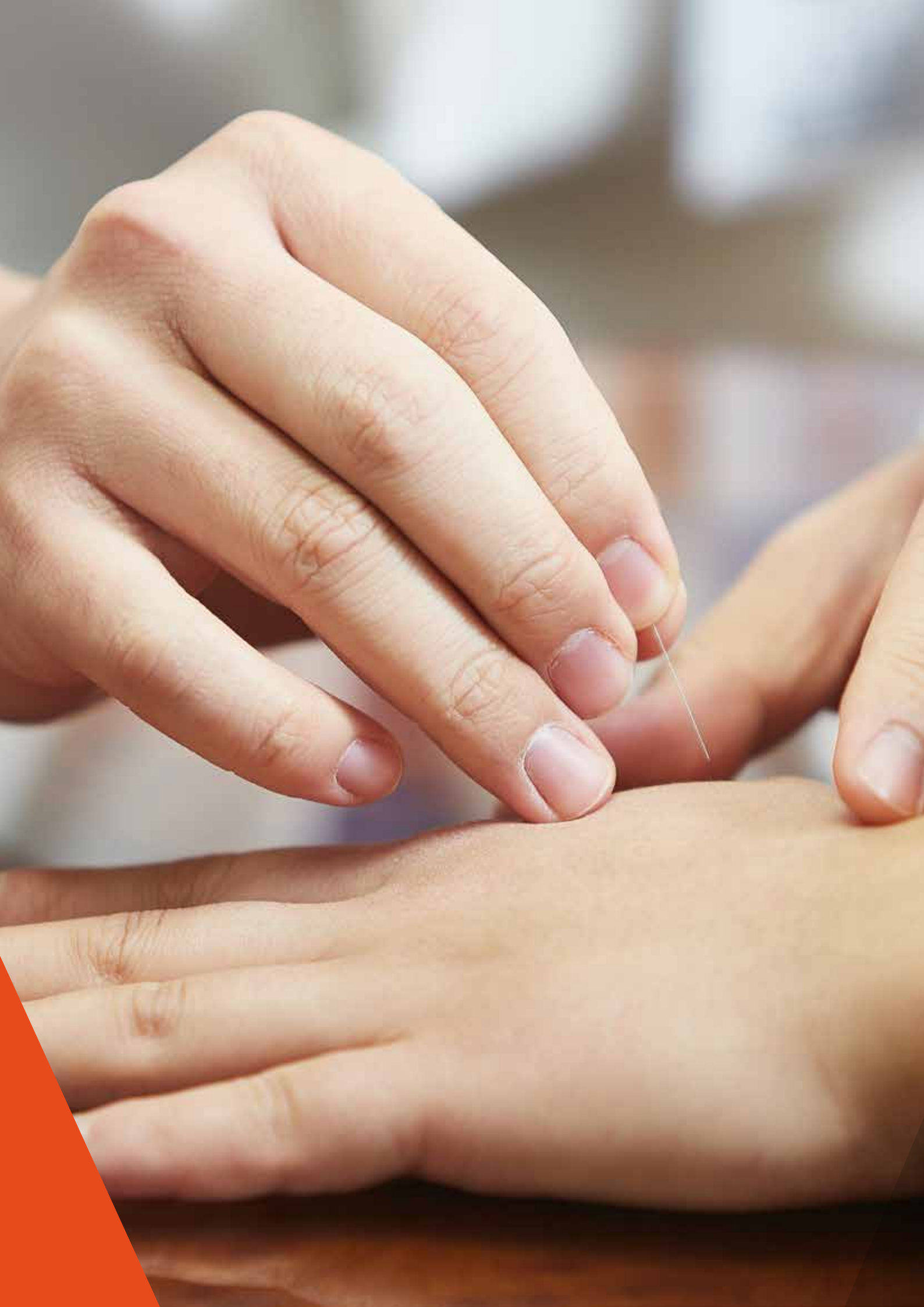
Since the 1970s, the integration of ‘proven’ traditional practices with national health systems has been advocated to improve primary care access and health outcomes through increasing the availability of services as an additional point of contact (6, 7, 8, 9). This acknowledges that, in some areas, traditional practitioners are the first contact and sometimes the only health providers available, and traditional herbal remedies are used for primary health care (10).

The role of T&CM practitioners in educating individuals, families, and communities on health promotion, disease prevention, public health issues, and appropriate care-seeking can also be capitalized on in the search for having healthier populations (11, 12, 13).

The importance of traditional practices in self-care is also highlighted in the UN General Assembly’s resolution on adopting 21 June as the International Day of Yoga which acknowledges yoga’s significance in “building better individual lifestyle” and for “the health of the world population” (14).

Traditional medicine — Traditional medicine has a long history. It is the sum total of the knowledge, skill and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.

Complementary medicine — The terms “complementary medicine” or “alternative medicine” refer to a broad set of health care practices that are not part of that country’s own tradition or conventional medicine and are not fully integrated into the dominant health care system. They are used interchangeably with traditional medicine in some countries (1).





Situation analysis

The interim data in the WHO Global Report on Traditional and Complementary Medicine shows that 87% of all WHO Member States formally acknowledge use of T&CM; 100 Member States have a national policy on T&CM; and 124 Member States have national regulation of herbal medicines. This shows a consistent upward trend in the number of Member States formally engaging with T&CM.

Almost half the population in many industrialized countries now regularly uses some form of T&CM (United States, 42%; Australia, 48%; France, 49%; Canada, 70%), and considerable use of some form of T&CM exists in many developing countries also (Chile, 71%; Colombia, 40%; up to 80% in African countries) (15). In the 2007 United States National Health Interview Survey, respondents reported using T&CM for wellness and disease prevention (16).

The National Health Insurance Service of the Republic of Korea demonstrates that the most frequent reason for visiting Korean health facilities is for musculoskeletal-related diseases, with 138 million visits in 2012 (17).

Successful models of integration

Primary care, with its emphasis on comprehensive, person-centred care and family and community orientation, has a central role in integrating care along the continuum of care. In many countries, primary care is a natural hub for integration with T&CM (18). If traditional and conventional medicine are to work effectively side by side in the health care system and if traditional and complementary medicine are to realize their potential in primary health care and health equity, an evidence-based approach is an important step (19). This evidence can guide decisions around effective modalities of traditional medicine as well as the best methods for integration.

In China, traditional medicine practitioners are allowed to practice both in public and private clinics and hospitals. The public or patients are free to choose traditional medicine or conventional medicine for health care services, or their doctors can provide advice on which therapies may be better suited to their particular health condition. The number of visits to traditional medicine health facilities in China was 907 million in 2009.

In India, all seven traditional systems or modalities of medicine with official recognition (ayurveda, yoga, naturopathy, unani medicine, siddha, sowa rigpa and homeopathy) have institutionalized education systems and research councils. Traditional medicine is also offered as a choice to people seeking health care at primary, secondary and tertiary levels. Services such as education on home remedies, locally available medicinal plants and yoga practice are included in the school health programme for preventive and health promotive care. The current National Health Policy 2017 also prioritizes including traditional medicine personnel to cater to the primary health care needs of urban populations (20, 21, 22).

In Malaysia, T&CM services are integrated in to public health care centres across the country.

In the Republic of Korea, doctors of Korean medicine can serve as public health physicians in a public health centre or sub-centre in a rural village, remote islands, and mountainous area for three years instead of doing the mandatory military service.

The wide utilization of T&CM in primary health care offers new possibilities in dealing with complex emergencies. In 2002, 58.3% of the total severe acute respiratory syndrome (SARS) patients received traditional Chinese medicine treatments (23); and during the great eastern Japan

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