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WHO STRATEGY FOR TRADITIONAL MEDICINE 2002-2005

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1. INTRODUCTION

The South-East Asia Region has a long history in traditional medicine (TM) as well as in its continuing use. Both at the Regional Committee as well as the Health Ministers Meeting TM has been discussed and WHO requested to assist countries in this area. Some countries have seen the Traditional Medicine sector advancing from individual practitioners in communities who have learnt through apprenticeship, to formal training of practitioners with the possibility of postgraduate training, and commercial production of the remedies.

The WHO Traditional Medicine Strategy, published this year, provides a comprehensive framework for the Organization to collaborate with Member Countries. The strategy was developed through broad consultation with the WHO regional offices and Member Countries, WHO Expert Committees and Collaborating Centres for Traditional Medicine, as well as through work with a broad range of partners with diverse interests in TM. As in the WHO Medicines Strategy, the WHO Traditional Medicine Strategy incorporates four objectives: policy; safety, efficacy and quality; access and rational use.

2. DEFINITION OF TRADITIONAL MEDICINE

With centuries of use throughout the world, it is difficult to give an all encompassing definition but the TM strategy provides a good working definition:

"Traditional medicine includes diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness."

In the SEA Region, the commonly practised systems are *Ayurveda, Unani, Siddha, Yoga, Jamu* (Indonesia), *Koryo medicine* (DPR Korea), and originating from other regions, Chinese medicine, acupuncture and homoeopathy. These varied systems use herbal medicines, manual and spiritual therapies and exercises. Some which had origins in the Region, such as *Ayurveda* and *Yoga* have spread beyond the Region, including to the developed world.

3. TRADITIONAL MEDICINE IN THE DEVELOPED WORLD

Although allopathic medicine is mostly used in of health care in the developed world, some systems of traditional medicine are practised and are often referred to as Complementary and Alternative Medicine (CAM). In the developed world, CAM has raised issues similar to what is discussed below and in addition others, specific to that part of the world. The WHO Traditional Medicine Strategy addresses all these issues, but this paper focuses on issues in the strategy that are related to the SEA Region.

4. POLICY

A policy on TM would provide a sound basis for action. Currently, India, Sri Lanka and Indonesia in the Region have national policies which regulate herbal products, hospitals TM services as well as research and professional councils of the practitioners. Issues such as quality and extent of the training of providers, and standards of the products are best tackled within the framework of a national policy.

A policy would also address the issue of defining the role of TM in national health care delivery; some countries provide traditional medicine alongside allopathic medicine in the same institution, whereas others have separate systems with separate hospitals. Others acknowledge the existence of the system but do not provide significant support. It is for each country to decide where it would place TM in health care and this should be articulated in a TM policy.

The knowledge ingrained in TM has been generated throughout the centuries and has been the result of work by practitioners in treating patients from their own communities. This indigenous knowledge is owned by the community and is to be used for its benefit. Protection and preservation of this knowledge is obviously important and the responsibility of the countries. Protection of this knowledge requires a different system from the current agreement on Intellectual Property Rights which is driven by commercial short-term rewards, such as patents and monopoly rights for the innovator, with the ultimate aim of benefit to the society. Indigenous knowledge requires a different model. It has developed gradually and has no innovator and is owned by the community and should be freely available. However, any commercial product resulting from it should appropriately reward the community too and not only the manufacturer of the product. The development of digital TM libraries is one possible solution for protecting this indigenous knowledge. The TM policy of a country has an important role in the protection of indigenous knowledge.

5. SAFETY, EFFICACY AND QUALITY IN THE TRADITIONAL MEDICINE STRATEGY

Many TM products and practices have been used for a considerable period of time and are therefore thought to be safe and effective. However, with health care systems increasingly demanding evidence of measurable improvements in health before supporting a product or practice, TM too has to be assessed in a similar manner. Promoting research into the safety and efficacy of TM products and practices is the best means of generating this evidence. Most countries in the Region have research institutes for TM: a policy by encouraging appropriate