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**REPORT OF
THE SECOND MEETING OF
DIRECTORS OF
WHO COLLABORATING CENTRES
FOR TRADITIONAL MEDICINE**

BEIJING, PEOPLE'S REPUBLIC OF CHINA
16-20 November 1987



World Health Organization



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INTRODUCTION

The Second Meeting of Directors of WHO Collaborating Centres for Traditional Medicine was held at Beijing, People's Republic of China, from 16-20 November 1987.

The purpose of the meeting was to review and discuss the priorities and chief areas of emphasis of the WHO Traditional Medicine Programme; to consider the work of the Collaborating Centres over the past few years; to examine ways in which these Centres might best participate in the activities of the Medium-term Programme on Traditional Medicine and contribute to the attainment of its objectives and targets; and to formulate a joint plan of work for the Collaborating Centres for the next 5-7 years.

The meeting was attended by the Directors of 17 of the 21 Collaborating Centres and by observers from institutions currently under consideration for designation as Collaborating Centres. (Annex 1.)

The first day was devoted to visits to two Collaborating Centres in Beijing, the Institute for Medicinal Plants Development and the Academy of Traditional Chinese Medicine.

At the opening ceremony, an address of welcome was given by Dr Hu Xinming, Vice Minister of Public Health and Director General of the State Administration of Traditional Chinese Medicine. The meeting was formally opened by Dr Hiroshi Nakajima, Regional Director of the World Health Organization, who delivered the inaugural address. Their speeches are given in full.

Dr Cao Xiaoding was nominated as Chairman, Professor A. Tella as Vice Chairman, and Professor N.R. Farnsworth and Professor G.G. Marini-Bettolo as Rapporteurs. The programme is shown in Annex 2.

A general briefing on the meeting by Dr O. Akerele, Manager of the WHO Traditional Medicine Programme, was followed by two presentations on special subjects.

Dr Liu Guo-bin, Director, Drug Policy, Environmental Health and Health Technology, WHO Regional Office, Manila, gave a general account of the Organization's traditional medicine programme in the Western Pacific Region. (Annex 5.)

Professor N.R. Farnsworth, Director of the WHO Collaborating Centre for Traditional Medicine at the University of Illinois at Chicago, spoke on NAPRALERT (Natural products alert), the computerized information system developed by his Centre, and on its availability as a resource for work on traditional medicine. (Annex 6.)

A review of the salient features of the activities and experiences of the Collaborating Centres by their Directors was followed by a presentation and discussion of the WHO Medium-term Programme on Traditional Medicine.

Subsequently, participants and observers divided into two working groups to discuss the opportunities and possibilities for - "An expanded role for Collaborating Centres" - placing special emphasis on their closer involvement in health services, their active participation in operational programmes and on establishing priorities.

The meeting ended with the presentation and discussion of the participants' conclusions and recommendations.

ACKNOWLEDGEMENT

It is a great pleasure to acknowledge the excellence of the arrangements made by the State Administration of Traditional Medicine of the People's Republic of China and to express the deep appreciation of the Organization and the Directors of the WHO Collaborating Centres for Traditional Medicine to all who contributed to the success of the Meeting.

ADDRESS OF WELCOME

Dr Hu Xinming ¹

Dr Nakajima, dear delegates,

Today we begin our meeting of Directors of WHO Collaborating Centres for Traditional Medicine. Holding this meeting in China will greatly support our work in traditional Chinese medicine. As the host, please allow me, on behalf of Ministry of Public Health of the People's Republic of China and the State Administration of Traditional Chinese Medicine to extend a warm welcome to Dr Nakajima, the Director of the WHO Western Pacific Regional Office, to the Directors of Collaborating Centres from all over the world, as well as to the delegates, colleagues and friends present.

With their safety and effectiveness, traditional medicines have been increasingly capturing the attention of governments. Initiated and supported by WHO, and with the common efforts of the Member States, traditional medicine has made encouraging progress in the Western Pacific Region, making its contribution to the health of mankind.

Traditional Chinese medicine has a history of several thousand of years. During its development, it has not only accumulated abundant clinical experience, but has also established a unique and complete theoretical system. Since the founding of the People's Republic of China, the Chinese Government has attached great importance to the development of traditional Chinese medicine. As early as the 1950's, we formulated the policy of integrating traditional and western medicine and set up a number of traditional Chinese medicine hospitals, colleges, and scientific research institutions, including those for traditional Tibetan, Mongolian and Uygur medicine. In order to guarantee the development of traditional Chinese medicine, the wording "developing the traditional medicine of our country" was added to our Constitution in 1982. In 1985, our government decided to place traditional Chinese medicine in a position of the same importance as modern medicine. In 1986, the State Administration of Traditional Chinese Medicine was established by the State Council to act directly under its control, and to take charge of the overall management of traditional Chinese medicine, and its integration with modern medicine, as well as the traditional medicines of minority nationalities in our country. The establishment of the State Administration of Traditional Chinese Medicine is a milestone and will definitely advance the cause of traditional medicine.

Nowadays, there are over 500 000 staff, 1 658 hospitals, and 56 academies or institutes engaged in traditional Chinese medicine. In addition, over 100 000 medical workers of modern medicine have received training in traditional medicine and 95 per cent of the hospitals of western medicine also have traditional medicine departments, and half of these hospitals have beds for traditional Chinese medicine. There are traditional Chinese medicine departments and research institutes in some of the medical colleges and schools of western medicine. Upwards of 1 290 000 rural doctors have mastered the basic knowledge of both systems of medicine, with which they are able to treat common and frequently-seen diseases. Those hospitals, colleges and research institutes, as well as the grass-roots health care organizations, have achieved unprecedented and gratifying success in taking up and developing traditional Chinese medicine.

¹ Vice Minister of Public Health and Director General of the State Administration of Traditional Chinese Medicine, Beijing, People's Republic of China.

In recent years, WHO has attached great importance to it and has designated 7 Collaborating Centres for Traditional Medicine in China. In 1985, WHO organized an inter-regional seminar on the Role of Traditional Medicine in Primary Health Care in China. For all that WHO has done, on behalf of Ministry of Public Health of the People's Republic of China and the State Administration of Traditional Chinese Medicine, I wish to convey my hearty thanks.

Dr Nakajima, Mr president, dear delegates,

As one of the Members States of WHO, we should like to make a sustained effort, with the guidance and support of WHO and the cooperation of other Member States, to further develop traditional medicine. We maintain that to develop traditional medicine is necessary for the health care of the people and that a correct understanding and evaluation of traditional medicine is a subject that should not be neglected in medical circles.

Therefore, we are ready to strengthen our cooperation and exchanges in traditional medicine with countries the world over and will improve the management and the operation of our WHO Collaborating Centres for Traditional Medicine, in light of past experience. It is our hope that all the Member States will jointly make even greater contributions to the further development of traditional medicine, and to the realization of "Health for All by the Year 2000".

Thank you.

INAUGURAL ADDRESS

Dr Hiroshi Nakajima ¹

Dr Hu Xinming, Vice-Minister of Public Health and
Director-General of the State Administration of Traditional Chinese Medicine,
Distinguished Participants,
Colleagues and Friends,
Ladies and Gentlemen.

I have great pleasure in welcoming you all to this opening session and in thanking you, on behalf of the World Health Organization, for your cordial cooperation and participation in this important Second Meeting of Directors of WHO Collaborating Centres for Traditional Medicine.

I wish also to express my sincere thanks to the Chinese Government for agreeing to hold this meeting in China. I am particularly grateful to the staff of the State Administration of Traditional Chinese Medicine for their excellent cooperation and great efforts made in the preparation of the meeting.

Over the past decade, increasing concern has been expressed about traditional medicine. Awareness of the value of traditional medicine has increased rapidly among various sectors, from the scientific research worker to the man in the street.

Traditional medicine has a key role to play in health services, especially in developing countries. Even in the developed countries, its value is being increasingly recognized, particularly for certain diseases which have no effective modern therapy.

WHO's formal involvement in this field began in 1976 when the Twenty-ninth World Health Assembly drew attention to the manpower reserve constituted by practitioners of traditional medicine (resolution WHA29.72). In 1977, the Health Assembly urged Member States to utilize their traditional systems of medicine (resolution WHA30.49). A year later, it highlighted the importance of medicinal plants in the health care systems of many developing countries (resolution WHA31.33). The same year, the Alma Ata Conference on Primary Health Care recommended that governments give high priority to the utilization of traditional medicine practitioners and traditional birth attendants, and incorporate proven traditional remedies into national drug policies and regulations. And, in May this year, the Fortieth World Health Assembly reaffirmed the resolutions of the previous Assemblies (resolution WHA40.33).

I have mentioned these various resolutions, partly because some of the participants may not be aware of them and partly because they constitute the policy basis for the programme. WHO, as you know, is a global organization and although the six Regions have a very large measure of independence and freedom of action on regional matters, their Member States also help to determine the Organization's overall, or global, policies and priorities, and this is done through the Health Assembly's resolutions. (Annex 3.)

So, as you can see, one of the basic characteristics of WHO is that, in spite of the diversity of conditions that prevail in its Member States, it has developed unified policies, common to all. I firmly believe that it is our responsibility, during the next few days, to find a way of bringing into the work of the various Collaborating Centres a degree of cohesion and unity of purpose which, so far, they have lacked.

¹ Director, World Health Organization, Western Pacific Regional Office, Manila, Philippines.

Within the framework of the overall guidelines set by the Governing Bodies, the Organization develops a General Programme of Work covering a specific period. A new one is now in preparation for the period 1990-1995 and, as part of it, there is a Global Medium-term Programme for Traditional Medicine.

As you will readily understand, the Medium-term Programme will have an important bearing on the work of the Collaborating Centres. In this connection, I should mention that, although designation as a WHO Collaborating Centre for Traditional Medicine is, in fact, a form of recognition, it is not done for this reason.

With so many departments and institutions working in this field, it would often be difficult, if not unfair, to select only a few for this distinction. The whole purpose of designating these Centres is to create a worldwide network of institutions to help Member States and WHO implement the programme developed in response to the resolutions of the Health Assembly and the Regional Committees.

Over the past decade, there has been a major reorientation in the work of WHO in general and this change has also influenced the directions and priorities of the Traditional Medicine Programme.

Certain problems however still exist. Recognition of the value of traditional medicine is still slow. The support given by governments and institutions and associations of modern medicine is not enough. Traditional medicine should not be integrated into health systems just because it is fashionable to do so or because other countries have adopted it. It has to be integrated into a country's health system in the light of each country's unique circumstances. The safety and efficacy of traditional medicine have not yet been fully validated. Its rational use has still to be defined. The training of traditional medicine practitioners needs to be strengthened and at the same time the training of modern medicine practitioners in traditional medicine needs to be further promoted. Dissemination and exchange of information are also not well developed. The shortage of human resources inhibits the full use of the material resources of traditional medicine.

As you know, this meeting is being held at a critical juncture, when all Member States of WHO are committed to achieving the goal of Health for All by the Year 2000. All available resources must be mobilized for this aim if a healthy twenty-first century is to be assured. Traditional medicine could be one of the most important of our resources for the attainment of this goal. The role to be played by the WHO Collaborating Centres is therefore vitally important and their resources need to be fully mobilized as a core element of the WHO Traditional Medicine Programme.

Recent years have witnessed the development of WHO Collaborating Centres for Traditional Medicine. The first such Centre was designated in February 1979 in Italy. This was the Istituto Italo-Africano in Rome. In the early 1980s, a number of Collaborating Centres were designated. In the Western Pacific Region, in addition to the six Centres designated in August 1983 in China, one Centre in Tokyo and another in Beijing were designated in February 1986. As of today, we have 21 Collaborating Centres for Traditional Medicine throughout the

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