In-House Consultation on the 2016–2017 Agenda for Traditional Medicine Integration in the Western Pacific Region

9 November 2015
Manila, Philippines
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

MEETING REPORT

IN-HOUSE CONSULTATION ON THE 2016–2017 AGENDA FOR TRADITIONAL MEDICINE INTEGRATION IN THE WESTERN PACIFIC REGION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
9 November 2015

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NOTE

The views expressed in this report are those of the participants of the In-House Consultation on the 2016–2017 Agenda for Traditional Medicine Integration in the Western Pacific Region and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the In-House Consultation on the 2016–2017 Agenda for Traditional Medicine Integration in the Western Pacific Region in Manila, Philippines on 9 November 2015.
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Keywords: Medicine, Traditional / Complementary therapies / Universal Coverage/ National Health Programs
ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>RCM</td>
<td>Regional Committee Meeting</td>
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<tr>
<td>TCM</td>
<td>Traditional and Complementary Medicine</td>
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<td>UHC</td>
<td>Universal Health Coverage</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>WPRO</td>
<td>WHO Regional Office for the Western Pacific</td>
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SUMMARY

The World Health Organization (WHO) *Traditional medicine strategy: 2014–2023*\(^1\) aims to promote appropriate regulation, evaluation and integration of traditional medicine products and practices into national health systems. The *regional strategy for traditional medicine in the Western Pacific Region (2011-2020)*\(^2\) provides specific guidance for WHO, Member States, collaborating partners and stakeholders to maximize the health potential of traditional medicine to advance primary health care and universal health coverage (UHC).

In November 2015, this In-House Consultation was held in Manila, Philippines, to set a clear agenda for WHO actions for traditional and complementary medicine (TCM) in the Western Pacific Region for 2016–2017. The meeting aimed to identify tangible steps and interventions to enhance the progression of the regional strategy. The meeting acknowledged the importance of a whole-of-system, people-centred approach to the integration of TCM with mainstream health care, using the *Universal health coverage: moving towards better health* regional action framework\(^3\) to guide country-specific activities.

It was agreed that work must be undertaken in the following areas:

- **Regulation** - Develop integrated regulatory systems and requirements to ensure safety of TCM practices and products.
- **Education** - Educate policy-makers, practitioners and consumers on TCM to support the development of pathways for integration with mainstream health services.
- **Information systems** - Gather data to facilitate the integration and understanding of the place of TCM in health systems in the region.
- **Integrated Service Delivery Models** - Engage various stakeholders in rethinking and redesigning service delivery models in integrated and people-centred manner.

A workplan will be developed that builds on the activities and priorities identified during the meeting (see Annex 5). The workplan will guide the activities of the WHO Technical Officer for TCM over the years 2016–2017, supported by the wider Division of Health Systems, collaborating centres and other partners.

Recommendations proposed for Member States are to:

- Identify country-specific challenges and develop strategies for the regulation and integration of traditional and complementary medicine, with support from WHO-WPRO for technical assistance as appropriate.
- Plan actions to scale up the implementation of country plans and activities, congruent with the regional and global strategies, in line with national policies and guidelines.

Recommendations proposed for WHO are to:

- Consolidate a work plan for traditional medicine in WHO-WPRO covering the years 2016-2017, which aligns with the regional framework for universal health coverage.
- Continue to work closely with the WHO-WPRO country offices, WHO collaborating centers, research institutions and other stakeholders to strengthen the integration of traditional medicine with national health systems, with emphasis given to the regulation of products and practitioners.
- Consider the inclusion of prominent regional TCM experts if a technical advisory group on UHC and integrated service delivery is formed.

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\(^{2}\) WHO-WPRO, (2012). *The regional strategy for traditional medicine in the Western Pacific Region*, WHO Western Pacific Regional Office, Manila, Philippines

\(^{3}\) Universal health coverage: moving towards better health, endorsed by the WHO-WPRO Regional Committee in Guam, October 2015, (resolution: WPR/RC66/6)
1. INTRODUCTION

1.1 Meeting organization
Six experts in traditional medicine attended this In-House Consultation, called to further refine and operationalize the recommendations of an Expert Consultation held in Jeju, Republic of Korea in May 2015. The activities set by the consultation will guide the regional workplan of the WHO technical officer, in partnership with the WHO Integrated Service Delivery Unit.

The consultation was held at the WHO Regional Office for the Western Pacific, Manila, Philippines, on 9 November, 2015. The meeting was divided into four sessions, each including a presentation and opportunity for discussion. The agenda and the list of attendees are available in the annexes.

1.2 Meeting objectives
The objectives of the meeting were:
- to take stock of progress achieved in the implementation of global and regional TCM strategies;
- to review and prioritize work on the integration of traditional medicine in national health systems in 2016–2017, to be supported by the WHO Regional Office for the Western Pacific; and
- to establish an expert reference group of high-calibre experts and institutions in support of regional and country TCM integration activities.

2. PROCEEDINGS

2.1 Welcome, opening remarks and introductions
Dr Lin welcomed all distinguished guests and experts to the meeting, acknowledged the diversity between countries and the variation between health systems and TCM practices in the Region. There is no ‘one-size-fits-all’ model to guide the integration of TCM; individual countries must find their own path with the support of WHO and collaborating partners.

Dr Lin delivered a welcome address on behalf of the WHO Regional Director for the Western Pacific, Dr Shin Young-soo. In this address, Dr Shin acknowledged the importance of focusing the TCM agenda for the years 2016–2017. The position of WHO in recognizing the role of TCM in promoting health, well-being and people-centredness in the Region was reinforced (Annex 3).

2.2 Session 1: The implementation of regional and global traditional and complementary medicine strategies: where are we now?
Dr Ahn presented an overview of the progress made towards The regional strategy for traditional medicine in the Western Pacific Region (2011–2020), by comparing activities undertaken by WHO and partners since 2011 with the strategic objectives outlined in the document.

Key themes discussed:
Integration
- For the purpose of this consultation, the focus for ‘integration’ is at the policy, governance and organizational planning level.

Information sharing
- A TCM database or website might be useful for practitioners and policy-makers.
- Fact sheets and clinical practice guidelines might assist clinicians and consumers to make informed decisions.

Workplan development
- The consultation must identify the key priority areas of the regional strategy to focus the 2016–2017 agenda.
The current strategy should not be revised; the strategic actions outlined in the *Universal health coverage: moving towards better health* action framework should be used to leverage priority areas.

Further work is needed to scope the prevalence and practices of TCM, particularly in the Pacific Island countries.

Care must be taken not to attract negative attention from vocal opponents to the integration of TCM.

A strategy for monitoring and evaluating progress towards strategic goals is required.

**Quality in TCM**

- A scientific evidence-base may not be applicable to the evaluation of certain TCM practices; patient-reported outcomes may be more applicable in some cases.
- The development of evidence and the investigation of individual TCM components is not the role of WHO.
- Regulation of the TCM workforce is essential.

**Differences between countries**

- All countries, regardless of economic status, can learn lessons from each other regarding TCM integration.
- The workplan should target subregional group, stratified according to their current levels of integration of TCM in national health system.
- Member States must identify country-specific challenges in the regulation and integration of TCM in national health systems.

**External collaboration**

- Scope for collaboration and information sharing with the WHO Regional Office for South-East Asia was discussed.
- Strong partnerships and channels of communication are needed to strengthen collaboration with external partners, agencies, nongovernmental organizations and WHO collaboration centers for traditional medicine.

**2.3 Session 2: Outcomes and decisions of the expert consultation on the integration of traditional and complementary medicine with national health systems**

Dr Rachel Canaway presented an overview of the Expert Consultation held in May 2015 in Jeju, Republic of Korea. The four priority actions for facilitating integration of TCM with national systems identified at this meeting were: information, regulation, education and integrated service delivery models. Dr Canaway highlighted the importance of assessing the needs of the population when planning integration. For successful integration of TCM, there must be a foundation of trust, respect, strong leadership and governance.

**Key themes discussed**

- The design of a people-centred health service relies on an understanding of the needs and expectations of the population. Certain TCM practices should be assessed by focusing on whether the desired result was achieved rather than whether the practice was scientifically evidence based.
- An area for future work concerns ‘patient choice’: why many people choose or prefer TCM over mainstream health care or use TCM in addition to mainstream health treatments.
- In order to progress the integration of TCM with national systems, education of both biomedical and traditional practitioners is required.
- Information and data regarding the practices, scope and nature of TCM use in many Member States in the Region is insufficient, e.g. in Pacific Island states.

Annex 1 of the regional strategy tabulates the extent to which Member States in the Region have
developed supporting infrastructure for traditional medicine. A ‘spectrum’ of integration of TCM with mainstream health care exists across Member States (Annex 4).

2.4 Session 3: Traditional and complementary medicine and the universal health coverage regional action agenda

Dr Baghirov provided an overview of the Universal health coverage: moving towards better health regional action framework. The attributes and action domains of the UHC framework were discussed in relation to TCM (Annex 5).

Key discussion areas

The discussion aimed to identify regional and country-specific interventions for the Regional Office to include in the 2016–2017 biennium workplan for TCM.

Information

- Create a TCM functional database/information management system for health-care users or providers.
- Encourage and support research in TCM fields.
- Work to improve information sharing, collaboration and communication between WHO Regional Office for the Western Pacific, Member States, WHO collaborating centres and other stakeholders.
- Work is currently being undertaken to develop a TCM tool to enable herbal medical product assessment.
- Promote country-specific information-gathering on consumer needs and expectations.

Regulation

- Support Member States to develop TCM regulatory bodies.
- Create a standardized method for reporting and collecting information on adverse events linked to TCM products and practices.

Education

- Promote inter-professional training and education of the health workforce – for TCM and mainstream health-care practitioners – to facilitate mutual learning and understanding of the role and contribution of both disciplines.
- Ensure the continuing professional development of TCM health practitioners.
- Educate consumers and populations in the proper and appropriate use of TCM.

Integrated service delivery models

- Scoping/mapping exercises are required in countries with limited information on TCM practices.
- Produce health delivery models and data on TCM, particularly in Pacific Island states. Approach the WHO Representative Office in the South Pacific for advice on how to proceed with TCM assessment in that region.
- What is the contribution of integrated medicine (TCM plus mainstream health delivery) in improving quality of life, health outcomes and patient satisfaction?
- It is not the role of the WHO to establish normative clinical guidelines or standards.
- Use conferences and meetings within WHO as an opportunity to promote the consideration and integration of TCM in vertical programmes of work with the WHO Regional Office.

To organize the key ideas presented in this discussion, Dr Lin created two diagrams (Annex 6).

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4 Annex 1: Supporting infrastructure for traditional medicine in the Western Pacific Region in: The regional strategy for traditional medicine in the Western Pacific Region (2011–2020) p.47
2.5 Session 4: Way forward and closing remarks

The meeting aimed to identify tangible steps and interventions to enhance the progression of *The regional strategy for traditional medicine in the Western Pacific Region (2011–2020)*. The meeting acknowledged the importance of a whole-of-system, people-centred approach to the integration of TCM with mainstream health care, using the *Universal health coverage: moving towards better health* regional action framework to guide country-specific activities.

It was agreed that work must be undertaken in the following areas:

- **Regulation** - Develop integrated regulatory systems and requirements to ensure safety of TCM practices and products.
- **Education** - Educate policy-makers, practitioners and consumers on T&CM to support the development of pathways for integration with mainstream health services.
- **Information systems** - Gather data to facilitate the integration and understanding of the place of TCM in health systems in the region.
- **Integrated Service Delivery Models** - Engage various stakeholders in rethinking and redesigning service delivery models in integrated and people-centred manner.

A workplan will be developed that builds on the activities and priorities identified during the meeting (see Annex 5). The workplan will guide the activities of the WHO Technical Officer for traditional medicine over the years 2016–2017, supported by the wider Division of Health Systems, collaborating centres and other partners.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

It was concluded that *The regional strategy for traditional medicine in the Western Pacific (2011–2020)* will not be revised, but will be used as a platform to guide specific and prioritized actions over the coming years.

The consultation identified tangible activities that align with the regional strategy and the WHO Regional Office for the Western Pacific will use these recommendations to guide the development of the 2016–2017 workplan for the integration of TCM with national health systems (see Annex 5).

The consultation did not consider the establishment of an expert reference group. This is an area for future consideration.

3.2 Recommendations

3.2.1 Recommendations for Member States

1. Identify country-specific challenges and develop strategies for the regulation and integration of traditional and complementary medicine, with support from WHO-WPRO for technical assistance as appropriate.


3. Plan actions to scale up the implementation of country plans and activities, congruent with the regional and global strategies, in line with national policies and guidelines.
3.2.2 Recommendations for WHO Secretariat

1. Consolidate a work plan for traditional medicine in WHO-WPRO covering the years 2016-2017, which aligns with the regional framework for universal health coverage.

2. Continue to work closely with the WHO-WPRO country offices, WHO collaborating centers, research institutions and other stakeholders to strengthen the integration of traditional medicine with national health systems, with emphasis given to the regulation of products and practitioners.

3. Consider the inclusion of prominent regional TCM experts if a technical advisory group on UHC and integrated service delivery is formed.
Annex 1. Meeting agenda

IN-HOUSE CONSULTATION ON THE 2016–2017 AGENDA FOR TRADITIONAL MEDICINE INTEGRATION IN THE WESTERN PACIFIC REGION

9 November 2015, Manila, Philippines

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Moderator</th>
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<tbody>
<tr>
<td>8:30-9:00</td>
<td>Welcome, opening remarks and introductions</td>
<td>Dr Vivian Lin</td>
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<tr>
<td></td>
<td>Objectives of the meeting / Administrative announcements</td>
<td>Dr Rasul Baghirov</td>
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<tr>
<td></td>
<td>Introductions</td>
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<tr>
<td>09:00-09:30</td>
<td>Stocktaking presentation</td>
<td>Dr Sangyoung Ahn</td>
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<tr>
<td>09:30-10:30</td>
<td>Feedback – reflections – discussion</td>
<td>Moderated by:</td>
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<td>Prof Charlie Xue</td>
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<td>10:30-10:45</td>
<td>Coffee/Tea break</td>
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<td>10:45-11:00</td>
<td>Session 2: Outcomes and decisions of the Jeju meeting on the integration</td>
<td>Dr Rachel Canaway</td>
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<td>of TCM with national health systems</td>
<td>Moderated by:</td>
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<td>Dr Kwon Ohmin</td>
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<td>11:00-12:00</td>
<td>Discussion on lessons and implications of the Jeju meeting</td>
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<td>12:00-13:00</td>
<td>Lunch</td>
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<td>13:00-13:20</td>
<td>Session 3: TCM and UHC regional action plan, endorsed by RCM 2015</td>
<td>Dr Rasul Baghirov</td>
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<td></td>
<td>Overview presentation</td>
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<td>13:20-16:00</td>
<td>Identification of regional/country-specific (whenever appropriate)</td>
<td>Moderated by:</td>
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<td>interventions for the WHO Regional Office for the Western Pacific work</td>
<td>Prof Alan Bensoussan</td>
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<tr>
<td>16:00-17:00</td>
<td>Session 4: Way forward</td>
<td>Dr Vivian Lin</td>
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<tr>
<td>17:00</td>
<td>Adjourn to hotel</td>
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<tr>
<td>18:00</td>
<td>Dinner at Diamond Hotel</td>
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Annex 2. List of participants

TEMPORARY ADVISORS

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Annex 3. Opening remarks

The opening remarks of Dr Shin Young-soo, WHO Regional Director for the Western Pacific, were delivered by Dr Vivian Lin:

Distinguished experts and colleagues;
Ladies and gentlemen:

1. I would like to extend my sincere and warm welcome to all of you.
2. This consultation is very important for us in this office, as it will set an agenda for the work ahead in TCM.
3. As you know, WHO’s position is clear in acknowledging the contribution of TCM to health, wellness and people-centred health care.
4. The global traditional medicine strategy promotes UHC by integrating traditional and complementary services into mainstream health-care delivery systems, while the regional strategy 2011–2020 provides guidance on how to ‘maximize the health potential of traditional medicine’ with links to primary health care.
5. Many of you took part in our meeting earlier this year in Jeju, the Republic of Korea where we identified priority actions to facilitate integration of traditional medicine with national health systems.
6. Specific recommendations from that meeting were for WHO to facilitate intra- and intercountry discussions and learning in traditional medicine information, regulation and education. WHO was also asked to help review and guide Member State governance strategies for integration of traditional medicine with national health systems, including integrated service delivery models, in the short, medium and longer terms.
7. This In-House Consultation aims to refine the Jeju meeting recommendations, and set a clear agenda for actions in the next two years.
8. We expect this agenda to be fully aligned with regional and global traditional medicine strategies and the UHC regional action framework, recently endorsed by the Regional Committee in Guam.
9. I would also welcome, from this consultation, a clear indication as to how to better involve our collaborating centres in delivering on traditional medicine commitments.
10. Sixteen out of 20 collaborating centres on traditional medicine are from this Region. We need to find a formula for more intimate involvement with the WHO Regional Office and to make the most of this collaborating arrangement.
11. I wish you all success and look forward to hearing the outcomes of your discussion.
Thank you.
### Annex 4. Proposed spectrum of integration of TCM with national health systems

<table>
<thead>
<tr>
<th>Established TCM models and integration strategies</th>
<th>Developing integration strategies and policies</th>
<th>Mixed levels of integration</th>
<th>Indigenous medicine states*</th>
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<tr>
<td>China</td>
<td>Brunei Darussalam</td>
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*It may include Pacific islands: American Samoa, Guam, Niue, Northern Mariana Islands, Pitcairn Islands, Tokelau and Wallis and Futuna.
### Annex 5. Linking traditional and complementary medicine integration to the UHC framework

Dr. Rasul Baghirov

<table>
<thead>
<tr>
<th>Health system attributes</th>
<th>Action domains for UHC</th>
<th>Considerations and relevance to TCM</th>
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</table>
| **QUALITY**              | 1.1 Regulations and regulatory environment | • Regulation of TCM practitioners and products  
• Continuous professional development for TCM providers  
• Clinical guidelines, policies and legislation for TCM  
• Licensing and accreditation of TCM facilities  |
|                          | 1.2 Effective, responsive individual and population-based services | • Monitoring and evaluation of patient experience to guide health service redesign  
• Design and implement integrated service delivery models for TCM with mainstream health care  |
|                          | 1.3 Individual, family and community engagement | • Consumer engagement in the co-production and design of health systems  
• Increase consumer literacy and capacity for TCM  |
| **EFFICIENCY**           | 2.1 System design to meet population needs | • Assessing service packages and including TCM in system design  
• Increase resources available at primary-care level and for disadvantaged population groups  |
|                          | 2.2 Incentives for appropriate provision and use of services | • Use provider-payment mechanisms to set appropriate incentives in TCM  
• Ensuring rational use of medicines in TCM  |
|                          | 2.3 Managerial efficiency and effectiveness | • Information sharing to increase TCM evidence  
• Use of information and communication technology especially for referrals between mainstream and TCM health care  |
| **EQUITY**               | 3.1 Financial protection | • Lack of access to mainstream health services may result in TCM providing primary health to populations  |
|                          | 3.2 Service coverage and access | • Ensuring access for populations to both mainstream and TCM health care  |
|                          | 3.3 Non-discrimination | • Provide legal protection to prevent discrimination  
• Foster respectful care  
• Promoting and respecting consumer choice  |
| **ACCOUNTABILITY**       | 4.1 Government leadership and rule of law for health | • Legal protection for consumers and providers of TCM  
• Build leadership capacities in TCM  |
|                          | 4.2 Partnerships for public policy | • To promote integration and use of TCM  
• Engage communities in decision-making for health  |
|                          | 4.3 Transparency, monitoring and evaluation | • Develop efficient health information systems; strengthen research capacity and translation of evidence into policy for TCM  
• Information should be available to consumers  |
| **SUSTAINABILITY AND RESILIENCE** | 5.1 Public health preparedness | • Educate, collaborate and engaging with TCM practitioners, particularly in regard to emerging-disease outbreak planning and reporting public health concerns  |
|                          | 5.2 Community capacity | • Educating the community in preparation for disasters (e.g. disease outbreaks)  |
|                          | 5.3 Health system adaptability and sustainability | • Develop foresight capabilities between TCM and mainstream health care through information sharing  
• Leverage health resources through integration  |
Annex 6. Health system delivery components to target TCM

Figure 1 represents countries with established traditional medicine systems. The diagram provides a pictorial representation of the components of the TCM system that WHO could target in their activities for the 2016–2017 TCM workplan.

Figure 2 represents countries where little is known about the current service delivery models for TCM and there are limited policies or guidelines for TCM regulation and practice. In these settings, targeting specific actions is a complex task, as little information is available to guide activities.