MEETING ON THE CONTRIBUTION OF TRADITIONAL MEDICINE IN STRENGTHENING PRIMARY HEALTH CARE

14–15 September 2017
Manila, Philippines
MEETING REPORT

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NOTE

The views expressed in this report are those of the participants of the Meeting on the Contribution of Traditional Medicine in Strengthening Primary Health Care 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 Meeting on the Contribution of Traditional Medicine in Strengthening Primary Health Care in Manila, Philippines from 14 to 15 September 2017.
SUMMARY

People in many countries and areas in the Western Pacific Region have widely used traditional medicine as the first response to a variety of health problems, from minor ailments to life-threatening diseases. It thus comprises an important part of primary health care, which is the foundation of universal health coverage (UHC). Many Member States in the Region have accordingly tried to develop national policies and strategies to maximize the health potentials of traditional medicine in primary health care while ensuring its quality, safety and effectiveness and protecting public health.

The level of development of traditional medicine and its role in the national health systems vary substantially across Member States in the Region. Despite significant progress in the development of traditional medicine, Member States are struggling to identify practical approaches to implement the national policies and strategies on traditional medicine to advance primary health care and UHC in resource-limited environments.

Therefore, WHO convened the Meeting on the Contribution of Traditional Medicine in Strengthening Primary Health Care, held in Manila, Philippines from 14 to 15 September 2017, with the following objectives:

1) to share national experiences in implementing national policies on the use of traditional medicine products and practices in primary health care;
2) to identify enabling factors, barriers and priorities in implementing national policies on traditional medicine; and
3) to agree on next steps and practical approaches to strengthen implementation of national policies on traditional medicine in primary health care to advance UHC.

Representatives and experts from 11 Member States – Australia, Cambodia, China, Hong Kong SAR (China), the Lao People’s Democratic Republic, Macao SAR (China), Malaysia, Mongolia, the Philippines, the Republic of Korea and Viet Nam – participated in the meeting.

Though each Member State is at a different stage of development of traditional medicine, there are common key issues in integrating traditional medicine in national health systems to strengthen primary health care. These include establishing or strengthening the regulatory system for traditional medicine practitioners, building evidence for evidence-informed policy development on traditional medicine and establishing an information system for traditional medicine.

Regulation of traditional medicine practitioners will help to ensure public trust and sustain the value of traditional medicine. When Member States try to develop and strengthen the regulatory system for traditional medicine practitioners, considering a risk-based approach depending on potential public health risk of treatment modalities, implications on service delivery and level of health-care services is critical. Since most people pay for traditional medicine services out-of-pocket, governments need to consider replacing this with alternative financing mechanisms including health insurance. For evidence-informed policy decisions to integrate traditional medicine in national health systems, evidence is not limited to clinical efficacy data, but also includes prevalence of usage, information on providers, services and products in use, institutional arrangements and health impacts on the community. Finally, to collect the information, practical approaches in resource-limited environments
can be as follows: using existing national health surveys or mechanisms to collect health-related data, reviewing secondary data on traditional medicine, identifying the right indicators and organizing an expert group to steer actions.

The overall recommendations for Member States to consider are to:

1) establish or strengthen regulatory systems to ensure the quality and safety of traditional medicine practitioners and their practice;
2) include safe, high-quality and effective traditional medicine services in national health services, with consideration for financing incentives;
3) monitor the use of traditional medicine services and their health impacts on the community, using existing mechanisms for collection of health-related data for evidence-informed policy development; and
4) engage with other relevant ministries and stakeholders working for UHC to build mutual understanding and move forward the traditional medicine agenda within UHC.

WHO is requested to:

1) share information on regulatory and education systems for traditional medicine practitioners and health service delivery systems integrating traditional medicine services in Member States of the Western Pacific Region;
2) provide country-specific technical support in establishing or strengthening regulatory systems for traditional medicine practitioners and products and developing policy-makers’ informed decision-making process;
3) support Member States in identifying appropriate indicators to monitor the use of traditional medicine and analysing the data for policy development; and
4) coordinate with WHO collaborating centres and relevant government agencies for country-specific support and capacity-building.
1. INTRODUCTION

1.1 Meeting organization

Traditional medicine has long been widely used as the first response to ill health by families and communities in many countries in the Western Pacific Region. Furthermore, it is sometimes the only health-care service available, especially in remote areas. It thus comprises an important part of primary health care, which is the foundation of universal health coverage (UHC). To achieve UHC, Member States in the Region have recognized the extensive use of traditional medicine products and services and their role in primary health care since the Declaration of Alma-Ata in 1978. Many countries and areas have accordingly tried to develop national policies and strategies to maximize the potential of traditional medicine in primary health care while ensuring its quality and safety and protecting public health.

The level of development of traditional medicine and its role in national health systems varies across countries and areas in the Region. Cambodia, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines, and Viet Nam are countries in the process of actively integrating traditional medicine into the health service delivery system. In Mongolia and Viet Nam, based on the national policies, the governments try to provide integrated services in all levels of health-care services, focusing on primary health care. Malaysia and the Philippines have recently established regulations on traditional and complementary medicine practitioners, and Malaysia is currently developing a road map to integrate traditional and complementary medicine in the health-care system. The development of regulations and education systems for traditional medicine practitioners and integration of their services into primary health care have been priorities in the national policies and strategies on traditional medicine in Cambodia and the Lao People’s Democratic Republic.

Despite significant progress, there are still many challenges in implementing national policies and strategies on integration of traditional medicine in primary health care services. Member States are struggling to identify practical approaches to implement the policies and strategies on traditional medicine and promote public health in resource-limited environments.

In consideration of these developments and challenges, a meeting was held in Manila, Philippines from 14 to 15 September 2017 to discuss and identify mechanisms or options for countries to address implementation challenges and maximize the potential of traditional medicine to strengthen primary health care as part of UHC. The meeting provided an opportunity to share national experiences and lessons, discuss policy options to tackle key challenges, and explore possible areas for collaboration at the country and regional levels.

Representatives and experts from the following countries attended the meeting: Australia, Cambodia, China, Hong Kong SAR (China), the Lao People’s Democratic Republic, Macao SAR (China), Malaysia, Mongolia, the Philippines, the Republic of Korea and Viet Nam. The list of participants is available in Annex 1 and the programme of activities in Annex 2.

1 WHO defines universal health coverage as “all people having access to quality health services without suffering the financial hardship associated with paying for care”. See WHO (2016). Universal health coverage: moving towards better health, Manila: WHO Regional Office for the Western Pacific.
1.2 Meeting objectives

The objectives of the meeting were:

1) to share national experiences in implementing national policies on the use of traditional medicine products and practices in primary health care;
2) to identify enabling factors, barriers and priorities in implementing national policies on traditional medicine; and
3) to agree on next steps and practical approaches to strengthen implementation of national policies on traditional medicine in primary health care to advance UHC.

2. PROCEEDINGS

2.1 Opening session

In his opening address (Annex 3), Dr Shin Young-soo, WHO Regional Director for the Western Pacific, acknowledged the extensive use of traditional medicine by families and communities in the Region and its important role in primary health care, which is the foundation for strengthening health services to achieve UHC. He highlighted achievements in developing national policies on traditional medicine and strengthening the regulatory system for traditional medicine as part of implementing the policies in the participating Member States. To accelerate implementation of the policies and thereby achieve UHC, he encouraged mutual learning among participants through exchange of national experiences and lessons at the meeting.

Dr Vivian Lin, Director, Division of Health Systems, WHO Regional Office for the Western Pacific, provided a presentation on the role of traditional medicine in achieving UHC based on the regional action framework Universal Health Coverage: Moving Towards Better Health. She emphasized that a health system includes a whole continuum of services and a range of providers, including traditional medicine practitioners; a good health system should provide comprehensive integrated health services over time. An ideal health system puts the needs of families and communities at the base for planning and action. She reiterated that traditional medicine is widely used in the Region and that it is the main source of care, with or without a regulatory framework. She emphasized the importance of improving access to traditional medicine services and ensuring its safety and quality through potential policy options including extending financial coverage (health insurance), incorporating it into the mainstream health service delivery system and strengthening the regulatory system for traditional medicine. The bottom line is ensuring the safety and quality of traditional medicine services and products. The regional action framework for UHC suggests concrete actions to improve five attributes of a high-performing health system: quality, efficiency, equity, accountability, and sustainability and resilience. UHC places people and communities at the centre, and the role of traditional medicine is critical in advancing UHC.

2.2 Technical sessions

Session 1: Plenary: Models to integrate traditional medicine in primary health care

Dr Yu Lee Park, technical officer for traditional medicine, WHO Regional Office for the Western Pacific, provided a presentation on the place of traditional medicine in the health systems in the Western Pacific Region. To set the scene, she briefly explained the diverse regulatory status of
traditional medicine in the Region and summarized key issues identified from country profiles of the participating countries. All participating countries have national policies or strategies and regulations on traditional medicine and governance mechanisms for their implementation. However, the level of implementation is diverse, especially in establishing regulatory systems for traditional medicine practitioners. Furthermore, there is limited information on the integration of traditional medicine services in health service delivery.

China, Japan and the Republic of Korea provided three presentations on the history of the development of traditional medicine, critical momentum in integrating traditional medicine in the national health system and current health system in each country:

**China**

Ever since the People’s Republic of China was founded in 1949, the Government has placed emphasis on integration between western medicine and traditional Chinese medicine (TCM) developed in the daily life of the people. This policy was reflected in the 1982 Constitution of the People’s Republic of China. The State Council set up the State Administration of Traditional Chinese Medicine (SATCM) to implement the national policy on TCM in 1986. All provinces, autonomous regions and municipalities directly under the central government, have gradually established their respective TCM administrations. The State Council issued two important policy documents: Regulations of the People’s Republic of China on Traditional Chinese Medicine in 2003 and the Opinions on Supporting and Promoting the Development of Traditional Chinese Medicine in 2009. In December 2016, the Law of the People’s Republic of China on TCM was approved by the National People’s Congress.

Based on these policies, a stringent regulatory system for TCM products and practitioners is in place. Establishing a formal education system for TCM was essential for the development of TCM. Thus, strong efforts have been made to promote the development of TCM education throughout basic medical education, postgraduate medical education and continuing medical education. TCM has been integrated into the national health delivery system from community health centres and village health clinics to tertiary-level TCM hospitals in both urban and rural areas. TCM services and products are covered by national health insurance and have played an important role in the recent health-care reform in China. Furthermore, much progress and achievements have been made in scientific research and development of the industry related to TCM.

**Republic of Korea**

Since traditional Korean medicine was recognized in the Medical Service Act of 1951, right after independence, traditional Korean medicine has been integrated into the national health system in the Republic of Korea. The Act recognized traditional Korean medicine doctors as medical professionals like western medicine doctors and dentists and set the same level of qualifications to be licensed as traditional medicine doctors, which provided critical momentum to develop traditional medicine, including its education system. Based on this Act, the formal education system has been developed at the university level.

Since then, there have been several milestones, including: coverage of the national health insurance on traditional medicine products and services in 1987; establishment of the Korean Institute of Oriental Medicine as the national research institute for traditional medicine in 1994; establishment of the Bureau of Traditional Korean Medicine within the Ministry of Health and Welfare in 1996; and establishment of a division on herbal medicines in the Ministry of Food and Drug Safety in 1998. To
provide strategic direction on the development of traditional medicine, the Korean Medicine Promotion Act was legislated in 2003. The Government has developed the five-year Plan for Promotion of Traditional Medicine based on the Korean Medicine Promotion Act since 2006. Integration of traditional medicine services in the national health promotion programmes since 2005 and the use of the Korean Standard Classification of Disease and Cause of Death for the insurance reimbursement by traditional medicine doctors also provided important momentum in integrating traditional medicine in the national health system.

Japan

Unlike China and the Republic of Korea, Japan has developed its own unique system to integrate traditional medicine into the national health system. Although western medicine has dominated the mainstream health system in Japan, people have continued to seek traditional Japanese medicine (Kampo medicine) services and products, which was the driving force to develop modern Kampo medicine. Key developments of Kampo medicine span three dimensions: regulation of practitioners, regulation of products and coverage of the national health insurance.

Acupuncturists, moxibustion practitioners and massage practitioners have been licensed to practise Kampo medicine since 1874, and Judo therapists have started to be licensed since 1947. However, qualifications for their licence, especially the level of education and training period, are quite different from those for medical doctors.

Kampo medicines are prescribed by western medicine doctors; thus, the Government has developed a stringent regulatory system for those medicines. Kampo herbs have been listed since the first version of the Japanese pharmacopoeia in 1886, and the Pharmaceutical Law regulates all drugs including Kampo medicine.

Kampo medicine has been covered by the national health insurance since 1967. There are ongoing efforts to develop integrative medicine to incorporate and maximize the potential of traditional and complementary medicine in Japan. Experts have made significant efforts to build evidence on the effectiveness and safety of traditional and complementary medicine as well as integrative medicine.

The three presentations were followed by a panel discussion facilitated by Dr Lin, with participation from representatives and experts from Australia, China, Hong Kong SAR (China) and the Republic of Korea.

- Critical elements and moments that made these policies happen and moved implementation forward

Each country has a different history and context in integrating traditional medicine in the national health system and maximizing its potential, especially in primary health care. However, the panel discussion identified the common critical elements that helped make it happen. Firstly, legislation on traditional medicine, either for regulation or for promotion, as well as proper institutional arrangements for its implementation, is essential in developing traditional medicine and integrating it in the national health system.

Secondly, regulation of traditional medicine practitioners to license them to practise helps in maximizing the potentials of traditional medicine while ensuring quality and safety of its services. To initiate it, there can be two approaches: i) a top–down approach in which the government plays a
significant and strong role in regulations, like in China and the Republic of Korea, or ii) a bottom–up approach in which the government responds to the growing society’s concern towards traditional medicine like in Hong Kong SAR (China) in the 1980s. However, even in the top–down approach, the needs in communities are critical driving forces for policy decisions by politicians and the government.

Thirdly, national health insurance coverage for traditional medicine is another critical factor to improve accessibility to traditional medicine services in the national health system.

Finally, critical momentum can be created by politicians or communities, but the needs from the community are the most important driving force for both. To create this and move it forward, consistent engagement with different stakeholders, building trust relationship among them and proper communication skills were identified as critical elements to move from policy into action.

Session 2: World Café: How to design service delivery to integrate traditional medicine

Topics discussed during the session were: which areas benefit from integration, which traditional medicine services can be provided in the national health system, who can provide them, who will pay for them and how they can be monitored.

- **Areas that benefit from integration**

The situations in which people seek traditional and complementary medicine services and products vary widely across the participating countries and areas. Use of traditional and complementary medicine services depends on cultural beliefs, historical use and availability of other health care options. For instance, in Mongolia, people use herbal medicines for children’s chickenpox and measles. In the Philippines, people often use traditional medicine for de-worming and diarrhoea in children, especially in remote islands. In the Lao People’s Democratic Republic, mothers use it for recovery from delivery (postpartum recovery). Participants agreed that other common areas for which use of traditional and complementary medicine can be beneficial at the primary health care level include: health promotion in the community, prevention and management of noncommunicable diseases, pain management in cancer and musculoskeletal problems, and rehabilitation.

- **Which services can be provided in the national health system and who can provide them**

The most common traditional and complementary medicine services identified among the participants were: herbal medicines, acupuncture, moxibustion, cupping, tui na, chiropractic, osteopathy, massage, homeopathy, counselling and health education.

Participants agreed that qualified practitioners should provide traditional medicine services according to the areas for which they are trained, to ensure the quality and safety of their services. Qualifications for them to be registered or licensed can vary depending on the level of service delivery. Qualifications for practitioners who provide primary health care services need to be different from those who deliver tertiary-level health services.

- **Who will pay for it and how can it be monitored**

In many Member States, including Cambodia, the Lao People’s Democratic Republic and the Philippines, health expenditure on traditional and complementary medicine heavily relies on out-of-pocket (OOP) payments. In China, Mongolia, the Republic of Korea and Viet Nam, the national
health insurance covers selected traditional medicine products and services. Most participants agreed that reducing the proportion of OOP payment is important. There are also ongoing efforts to expand coverage of the national health insurance on traditional medicine, but the lack of evidence showing its effectiveness is a big barrier for expansion.

There is limited information on use of traditional medicine since there is a wide range of different traditional and complementary medicine modalities, most of which are not integrated in the national health system. It is difficult for governments to monitor how people use them and how much money they spend for this.

Australia conducted a population-based survey to collect the relevant information on use of traditional and complementary medicine. In Malaysia, the Ministry of Health included a section on use of traditional and complementary medicine in the national health morbidity survey in 2015. China and the Republic of Korea collect data on a yearly basis. The way to monitor use of traditional medicine can be different depending on the level of integration, which was discussed more in detail in session 7.

**Session 3 & 4: Poster walk and group work: Mapping exercise to identify gaps and key issues**

During the poster walk session, countries provided an overview of their current national health system, focusing on the setup for traditional medicine. They shared information on their respective national policies and governance arrangements for their implementation, showing that all countries have legislation and policies on traditional medicine. Furthermore, the participating Member States shared information on their resources, focusing on the budget allocation for traditional medicine from 2012 to 2016. Evidently, Member States are struggling to implement national policies and strengthen their systems due to limited resources.

All of the participating Member States have regulations on traditional medicines in place, though the level of implementation varies significantly. The regulation of traditional medicines is usually integrated into the overall regulatory system for medicines and implemented by the national regulatory authorities in charge of regulation of pharmaceuticals and vaccines. For traditional medicine practitioners, the participating Member States have varying levels of development of a regulatory system, from no regulation in place to the licensing of traditional medicine doctors like western medicine doctors. The level of education also varies substantially, from no formal training to university-level education.

The poster walk session was followed by group work, during which countries identified enablers, gaps and key issues in maximizing the potential of traditional medicine in primary health care. The key findings were as follows:

**Cambodia**

Cambodia has a national policy and strategy on traditional medicine and several laws related to traditional medicine products. A sub decree on traditional medicine practitioners is under development. The National Center for Traditional Medicine under the Ministry of Health oversees the overall implementation of the policy and regulations on traditional medicine, while the Department of Drugs and Food and the National Health Products Quality Control Center are responsible for the regulation of traditional medicines. In addition, there are two associations of traditional medicine practitioners.
Key challenges include: lack of human and financial resources; weak enforcement of regulations on traditional medicines; no local manufacturer of traditional medicines; lack of a formal education system for traditional medicine practitioners; difficulties to collect relevant clinical data on traditional medicine practice; and low recognition of traditional medicine practitioners by western medicine doctors.

Lao People’s Democratic Republic

The Government has developed a national policy and laws related to traditional medicines, including the Pharmaceutical Law. There is a government structure to implement them within the Ministry of Health: Traditional Medicine Division in the Food and Drug Department for regulation of traditional medicine products; Traditional Medicine Management Division in the Health Care Department for traditional medicine services; and the Institute of Traditional Medicine for research. In addition, 12 traditional medicine states or units are located in 12 provinces.

However, limited resources for implementation are a key challenge. Furthermore, there are no clear terms of references of relevant departments, leading to the lack of clear communication and coordination among them. The lack of regulation on traditional medicine practitioners is an important issue, though the government has initiated a five-year curriculum on traditional medicine at the Faculty of Pharmacy in the national university since 2017.

Malaysia

Political support for traditional and complementary medicine was identified as an important enabler in Malaysia, along with the high demand for traditional and complementary medicine. A recent national health morbidity survey by the Ministry of Health in 2015 reported that 29.3% of the population has ever used traditional and complementary medicine with consultation. As in other countries, legislation and regulation for traditional and complementary medicine products, practitioners and their practice, and the government structure to implement them, were also identified as enablers. A formal education system for traditional and complementary medicine, support from the professional body and existence of the national research institute, the Herbal Medicine Research Centre, are other enabling factors.

Key challenges include: the diversity of traditional and complementary medicine practices; lack of experts to train traditional and complementary medicine practitioners in the formal education system; difficulty in identifying appropriate qualification requirements for registration; limited health-care facilities for clinical training; challenges in complying to pharmacopoeia due to limited capacity of manufacturers; lack of data on effectiveness of the products; and lack of expertise in research on traditional and complementary medicine.

Mongolia

The national policy, regulations and governance for traditional medicine are in place in Mongolia. Furthermore, selected traditional medicine services and products are reimbursed by the national health insurance. International support for developing the national health system in Mongolia and efforts to review and update the education curriculum were also identified as enabling factors.

Limited funding support, political instability, heavy focus on products compared to practitioners, quality of education, lack of guidelines on good clinical practice, and lack of integration of traditional medicine at the primary health care level were identified as key challenges.
Philippines

The Traditional and Alternative Medicine Act and other laws on medicines including traditional and complementary medicine products and a recent increased budget for health were identified as enablers. Practitioners are required to be registered and certified by the Philippine Institute of Traditional and Alternative Health Care (PITAHC) to practise. A good number of traditional and complementary medicine practitioners, the associations of the practitioners, and databases of accredited practitioners, clinics and training facilities were also identified as enabling factors.

Key issues include: limited regulatory functions of the PITAHC; lack of development of regulatory standards for quality and safety; lack of a mechanism to handle complaints; limited integration of curriculum on traditional and complementary medicine in education of other health workforce; lack of integration of traditional and complementary medicine services into the service delivery network; lack of coverage by national health insurance; and a weak information system and baseline data on the use of traditional and complementary medicine.

Viet Nam

In Viet Nam, there is strong political commitment to integrate traditional medicine with western medicine at all levels of health service delivery. Based on the national policies and the laws on traditional medicine products, practitioners and services, the Administration Department of Traditional Medicine and Pharmacy in the Ministry of Health was established, and the Government has developed regulatory systems for traditional medicine products and practitioners. In addition, traditional medicine in Viet Nam has been well-documented, and the education system for traditional medicine practitioners is also developed at various levels, including the university level. Selected traditional medicine products are reimbursed by the national health insurance.

However, there are still challenges, including: difficulties in control over non-educated and non-qualified practitioners; quality of education; lack of standardized protocol in integration between traditional medicine and western medicine; difficulties in expansion of the national insurance coverage on traditional medicine services; and lack of an information system.

At the end of the session, there was a brief discussion on the concept of integration, which can be interpreted in many ways. The responsible technical officer clarified that the meeting focused more on how traditional medicine can be integrated in and formalized as part of the national health system, especially primary health care, rather than on integration between western medicine and traditional medicine.

Session 5: Plenary: How traditional medicine practitioners can be integrated in primary health care

Dr Moeung Vannarom shared the experience of Cambodia in the development of a sub-decree on traditional medicine practitioners. He briefly explained the background, process and the key issues of developing the sub-decree. The Law on Regulation of Health Practitioners includes an article on traditional medicine practitioners, which states: “Regulation of health practitioners in traditional medicine shall be prescribed by a Sub Decree”. The working group established to develop this sub-decree has developed a preliminary draft. However, several issues need to be resolved in finalizing the sub-decree, including: defining the scope of traditional medicine practitioners, requirements for registration/licensing and scope of practice; establishment of a professional council like other health
practitioners; budget for implementation of the sub-decree; and regulation of unregistered practitioners.

Dr Goh Cheng Soon, presented Malaysia’s experience in developing and implementing the regulation for traditional and complementary medicine practitioners, which has recently evolved from self-regulation to statutory regulation. The Traditional and Complementary Medicine Act (ACT 775) went into operation on 1 August 2016, and the Traditional and Complementary Medicine Council was established on 16 January 2017. The Government has made significant efforts to implement the regulation but faces key challenges, including: difficulty in establishing the eligibility requirements for each practice area, lack of a formal education system for some of practice areas, and shortage of academic and clinical resources for training.

Dr Pham Thi Van Anh shared how Viet Nam deals with role delineation and safety monitoring for traditional medicine services. She explained the current education system and regulations for traditional medicine doctors compared to western medicine doctors. In addition, she compared the scope of practice of traditional medicine doctors with that of western medicine doctors. Key issues that Viet Nam faces include: defining the scope of practice, matching qualifications of practitioners with scope of their practice and role delineation.

Four discussants – Professor Charlie Xue, Mr Lu Yexin, Professor Rong Shi and Dr Socorro Escalante – provided comments on the three presentations, followed by a discussion on regulation for traditional medicine practitioners. The key points were as follows:

- Traditional medicine practitioners can contribute to strengthening primary health care with several conditions: (i) regulations and education system for the practitioners to ensure safety and quality of their services; (ii) formalization and legalization of the role of the practitioners at the primary health care level; and (iii) the health insurance coverage on their services.
- Regulation is essential in protecting public health. However, it is very costly, and its enforcement is complex and challenging, specifically in the traditional medicine area. As the experience in Cambodia, Malaysia and Viet Nam shows, it is sometimes difficult to define registration requirements, since there is a limited formal education system for traditional medicine. Thus, a risk-based approach, depending on the level of health-care services, type of services provided by the practitioners and implications in service delivery such as delayed referral, will be important.
- To gain trust from the public, understanding the needs of people, why people want traditional medicine, is the starting point. Developing regulations requires more consideration on implementation. Furthermore, it is important to understand the process of policy-making and know the stakeholders and how to manage them.
- Safety monitoring of their services also needs to be a key consideration in regulation and gaining public trust. For this, practitioners should be properly educated in potential adverse events from using traditional medicine treatment modalities, including acupuncture and herbal medicines such as toxic medicinal plants.
- Practitioners need to more effectively communicate information including any available data on the effectiveness and concepts of traditional and complementary medicine to different stakeholders, including their patients. The use of the ICD-11 Traditional Medicine Chapter can help in improving information and communication. Furthermore, more research on the effectiveness of traditional and complementary medicine will be very important.
The experience of China shows that the integration of traditional Chinese medicine in primary health care services can improve community satisfaction about primary health care services, reduce health expenditure and yield the same results as western medicine.

Session 6: Plenary: How traditional medicine services can be integrated into national health systems and what evidence matters for this

Dr Sivong Sengaloundeth shared the national experience in developing a list of essential medicines and inclusion of traditional medicines in the list in the Lao People’s Democratic Republic. Based on the extensive use of traditional medicines for health promotion and treatment of chronic diseases and importance of traditional medicines in public health, 23 traditional medicines are included in the most recent eighth revised edition of the essential medicines list, published in 2015. They were selected among registered traditional medicine products based on considerations of safety, quality, effectiveness, cost (value for money), availability and use at different levels of care. Key challenges in this process include: lack of availability of traditional medicines at the health-care facilities, insufficient laboratory equipment for quality control of traditional medicines, weak enforcement of the existing laws and regulations, and the lack of a regulatory system for traditional medicine practitioners.

Dr Baigali Tumurbaatar presented Mongolia’s experience in integration of traditional medicine services in primary health care. Mongolia has reformed its health services to put more emphasis on primary health care. Traditional medicine services have been integrated in the formal system, but are provided at the secondary- and tertiary-level health-care facilities. In 2007, a pilot project introduced 12 types of essential and effective traditional medicine services in 35 health centres. However, due to lack of support from the Government, it could not be continued. Recent reform efforts include actions on integration of traditional medicine in primary health care: employment of traditional medicine practitioners in community health centres, expansion of national health insurance coverage on traditional medicine services, and capacity-building for human resources and facilities. Next steps will be developing a plantation project, improving the competencies of traditional medicine practitioners to provide primary health care services, and monitoring traditional medicine.

Ms Nilda Silvera provided a presentation on the PITAHC’s efforts to ensure safety, quality and effectiveness of traditional and complementary medicine services through a certificate system for practitioners and integration of traditional and complementary medicine services into the national health sector. As part of their efforts, she highlighted social advocacy and training on traditional and complementary medicine services including acupressure, massage (Hilot), and preparation of medicinal plants at the community level. Traditional and complementary medicine centres have been established in six Department of Health-retained hospitals. Key issues include: lack of cultural acceptability by health-care practitioners in a health-care system dominated by western medicine, lack of evidence on effectiveness, limited resources for training at the community level, and limited incentives for certified practitioners and accredited clinics and training centres.
Dr Veng Chun Lao, Professor Rong Shi, Ms So-young Jung and Dr Wong Wai Ying, Ada provided brief comments on the presentations, followed by a discussion on what evidence is essential for policy decisions to integrate traditional medicine in the national health system. The key points were as follows:

- Critical information for policy-makers in the policy-making process includes: nature and severity of the problem (impact on public health), potential policy options, expected consequences of these options and evaluation of policy intervention.
- Policy-makers also need baseline data on traditional medicine, including the number of primary health centres providing traditional medicine services and the number of traditional medicine practitioners. Such data provide a basis for developing a policy to improve the current capacity to deliver traditional medicine services in primary health care.
- Evidence on the effectiveness of traditional medicine is important, but it is more important to translate evidence into action by simplifying it and making it easier for non-scientists to understand.
- Strong communication channels among the public (end-users of traditional medicine services), the government and practitioners is essential.
- Critical evidence for policy decisions is not limited to clinical efficacy data, but also includes: prevalence of usage; information on practitioners, services and products in use including risk assessment; institutional arrangements for traditional medicine practitioners; and impacts of traditional medicine on the health outcomes of the community.

Session 7: Panel discussion: Can integration of traditional medicine in national health systems be monitored?

Dr Guillermo Sandoval presented the regional monitoring framework for the Sustainable Development Goals and UHC and how indicators for traditional medicine services are incorporated in the framework. He provided an overview of the framework and how it can be used to support policy-making. He also suggested how it can be used to collect useful data on the use of traditional medicine in the national health system. Four indicators in the framework disaggregate data related to traditional medicine: outpatient service utilization rate, hospital readmission rate, patient experience or satisfaction, and average length of hospital stay.

A panel comprising Professor Charlie Xue, Dr Ji-eun Park, Mr Lu Yexin, Professor Seong-Gyu Ko, and Dr Wong Wai Ying, Ada elaborated the issues surrounding monitoring the use of traditional medicine and explored potential solutions to collect the data in resource-limited environments.

How to monitor integration of traditional medicine in the national health system:

- Options to monitor traditional medicine in Member States like China and the Republic of Korea which have well-established systems for traditional medicine include: annual statistics collected by the government or designated institute for annual report on traditional medicine; the national insurance data; and a nationwide household survey on use of traditional medicine services and products, either independently or as a part of national health surveys on health service use.
- Introduction of the ICD-11 Traditional Medicine Chapter will provide a good opportunity to improve the monitoring system for traditional medicine.
For a household survey, designing a systematic and simple questionnaire is important to collect reliable data. Furthermore, traditional and complementary medicine is practiced in different forms in many Member States including Australia, and thus, clear definition and categorization depending on country situation is quite critical.

Governments usually monitor safety issues of traditional medicine services and products through data collected from practitioners and consumers.

Practical approaches to collect data on traditional medicine in resource-limited environments include: using existing national health surveys or mechanisms to collect health-related data; identifying the right indicators to minimize the burden of collection of data; organizing an expert group to steer actions; conducting a cross-sectional survey with an academic institute or any capable institute to do it; and reviewing secondary data on traditional medicine.

Finally, the most important and challenging issue is analysis and use of the data in policy-making and implementation.

How information is used to drive policy decisions:

- Annual reports and statistics often provide baseline information on human resources, education institutes, health-care facilities, research and the industry for traditional medicine for the government’s strategic planning and resource allocation.
- National health insurance data and household surveys can provide information on who uses traditional medicine services and products, which types of services and products they use, why they choose to use traditional medicine and how much they spend. These data will provide information on the needs and demand of the public, which can drive important policy decisions, as in the ongoing pilot project to expand the national health insurance coverage on Chuna in the Republic of Korea.
- Growing concerns among the community over standards of practice and the safety and quality of the traditional medicines in 1980s in Hong Kong SAR (China) has led to the current regulatory system for traditional medicine following a long period of study and consultation with the professions and the trade. This ushered in a new era in the traditional medicine area. Situation analysis and risk assessment are the starting point for understanding what is happening in a country. In addition, setting up committees/working groups composed of scientific advisers and relevant stakeholders is critical in translating this information into policy.

2.3 Help desk and country action plans

A help desk session provided participants the chance to discuss specific country issues with and obtain advice from the experts. The pre-identified topics for the session were: regulation for practitioners and education system, integration of traditional medicine into primary health care, and monitoring and information systems for traditional medicine.

In their action plans, countries identified the following priorities for maximizing the contribution of traditional medicine in strengthening primary health care.

Cambodia

Priorities for actions in Cambodia include finalization of the sub-decree on traditional medicine practitioners and its implementation, specifically establishment of a committee for regulation of
traditional medicine practitioners, development of short-course training for the practitioners, and development of a clear and feasible registration procedure. Development of code of conduct for traditional medicine practitioners and monitoring and control over scope of their practice are also identified as priorities for implementation of the sub-decree. Regulation of traditional medicine facilities to sell the products or provide the services is one of the priority midterm actions. Furthermore, active participation in the revision of the Minimum Package of Activities (MPA) guideline to include traditional medicine services is a key part of the action plan for the short term, as is monitoring of the implementation of the revised MPA guideline and its impact for the medium term.

Development of a survey tool for situation analysis of traditional medicine is suggested as an area for future collaboration.

**Lao People’s Democratic Republic**

Priorities for actions in the Lao People’s Democratic Republic include: organizing an advocacy meeting to integrate traditional medicine in the national health system; mobilizing the traditional medicine committee and working group; conducting a national survey on traditional medicine practice; development of regulation for traditional medicine practitioners; and development of the national traditional medicine treatment guideline and modules for primary health care. While developing training and regulation for traditional medicine practitioners, training of family doctors on traditional medicine, integration of traditional medicine services in the existing health-care services by them at the primary health care and hospital level, and regular monitoring are also priorities for short- and midterm actions.

A study visit to countries with well-established systems for traditional medicine is suggested as an area for regional collaboration.

**Malaysia**

Priorities for next steps in Malaysia include: development of education system for traditional Malay medicine and traditional Indian medicine; conducting an awareness programme on traditional and complementary medicine among primary health care practitioners; and defining a model to integrate traditional and complementary medicine into the national health system for the Malaysian context. A postnatal care programme incorporating traditional medicine services is a key priority, including actions such as an enhancement programme for traditional postnatal practitioners in Kelantan, rolling out of the programme in other districts in Kelantan, evaluation of the impact of the postnatal services in Kelantan and sharing the database with other states in Malaysia.

Representatives from Malaysia suggested education, clinical training, as well as research and development of pharmacopoeia as areas for regional collaboration.

**Mongolia**

To maximize the contribution of traditional medicine in improving primary health care in Mongolia, the following actions were identified: conducting a small-scale survey among traditional medicine doctors, review and update of current curriculum, inviting international experts to share good clinical practice, and conducting research on the impact of multi-interventions including food, lifestyle and traditional Mongolian medicine. In addition, organizing clinical training on traditional medicine services for family group practice teams, increasing the number of primary health care facilities to
provide traditional medicine services, advocating a health promotion programme using traditional medicine, and initiating the plantation of local herbs for sustainable use of traditional medicines were also proposed. Finally, to improve monitoring of traditional medicine services, the following key actions were identified: establishment of a working group to develop a country profile and identify priorities; inclusion of indicators on traditional medicine in the National Health Statistics; and monitoring of quality of traditional medicine services through feedback on a few number of selected traditional medicine services from the public.

Sharing of experiences from countries with similar backgrounds and levels of development in traditional medicine was suggested as an area for regional collaboration.

**Philippines**

Priorities for actions include: revision of the law on PITAHC to have regulatory functions; expansion of membership of Hilots practitioners under the Maternal and Child Care Program; implementation of guidelines and standards for Hilots, osteopathy and tui na; training of community-based health workers on traditional and complementary medicine and development of standardized programme for it; and identification of areas for integration in the service delivery network within the Philippine health agenda. Furthermore, a survey among the public and practitioners of western medicine and development of a framework for monitoring the use of traditional and complementary medicine are also medium-term priorities.

A few areas for regional collaboration were suggested, including: curriculum development, health care financing, and integration at different levels of care with specific Member States including Malaysia, Mongolia and the Republic of Korea.

**Viet Nam**

Priorities for actions in Viet Nam include development of a standardized education programme on traditional medicine for traditional medicine doctors, western medicine doctors and nurses; clinical practice guidelines on examination and treatment of traditional medicine and integration with western medicine; development of a protocol to control the quality and safety of herbal medicines; and development and strengthening of the safety monitoring system for traditional medicine products and services. Development of the national law on traditional medicine was highlighted as one of the key priorities.

Training of traditional medicine practitioners in countries with well-established systems for traditional medicine was suggested as an area for regional collaboration.

## 3. CONCLUSIONS AND RECOMMENDATIONS

### 3.1 Conclusions

Traditional medicine plays a significant role in strengthening primary health care since many people in communities extensively use it as the first-line treatment for their daily health issues. Thus, its role in achieving UHC in the Region was highlighted and it was agreed that moving the traditional
medicine agenda forward within the UHC action framework for the Western Pacific Region is important.

In the Region, there are diverse models to integrate traditional medicine in the national health systems depending on cultural and historical contexts. Though the history of development of traditional medicine and integration varies a lot, there is one key common factor. In Member States with well-established systems for traditional medicine, the critical momentum for implementation of their national policies on traditional medicine and development of current systems for traditional medicine was created based on population needs and demands for traditional medicine. Understanding people’s needs and demands for traditional medicine is the starting point for policies and actions. Consistent engagement with various stakeholders including policy-makers, regulators, health practitioners and public health experts is also critical to translate the population’s needs into action.

Based on the current use of traditional medicine in the participating Member States, participants identified common areas to which traditional medicine can contribute: health promotion, management of chronic diseases, palliative care, and pain management, specifically at the primary health care level.

To maximize the health potential of traditional medicine, the safety, quality and effectiveness of traditional medicine products and services should be ensured. Qualified traditional medicine practitioners should provide traditional medicine services within their scope of practice. Regulation of traditional medicine practitioners is one policy option to ensure the safety and quality of their services. It will also help to gain public trust and sustain the value of traditional medicine. Since establishing regulation requires substantial resources, risk-based approaches depending on potential public health risk of treatment modalities, implications in service delivery including delayed referral and level of health-care services are critical in resource-limited environments.

Furthermore, since most people pay for traditional medicine products and services out of pocket, governments need to consider replacing this with alternative financing mechanisms including health insurance.

For all these policy decisions, evidence on traditional medicine is essential. However, the critical evidence for such policy decisions is not limited to clinical efficacy data, but also includes prevalence of the use of traditional medicine, information on providers, services and products used by the public, institutional arrangement, and health impacts on the community. To collect the information, monitoring the use of traditional medicine is important. In resource-limited environments, practical approaches need to be explored, which include using existing national health surveys or mechanisms to collect health-related data, identifying the right indicators, organizing an expert group to steer actions, and reviewing secondary data on traditional medicine.

Finally, to implement the action plan developed at the meeting, consideration of ongoing broader health reform agenda in each country will be important. Reviewing benefits packages or any financial reform can provide good momentum to integrate traditional medicine services. It is also important to engage more actively with key people at the ministries involved in the implementation of the UHC agenda. It can provide opportunities to move the traditional medicine agenda forward within the UHC agenda and build understanding and communication channels. All these efforts will contribute to achieving UHC in the Region.
3.2 Recommendations

3.2.1 Recommendations for Member States

Member States may wish to consider the following:

1) to establish or strengthen regulatory systems to ensure the quality and safety of traditional medicine practitioners and their practice;
2) to include safe, high-quality and effective traditional medicine services in national health services, with consideration for financing incentives;
3) to monitor the use of traditional medicine services and their health impacts on the community, using existing mechanisms for collection of health-related data for evidence-informed policy development; and
4) to engage with other relevant ministries and stakeholders working for UHC to build mutual understanding and move forward the traditional medicine agenda within UHC.

3.2.2 Recommendations for WHO

WHO is requested to do the following:

1) to share information on regulatory and education systems for traditional medicine practitioners and health service delivery systems integrating traditional medicine services in Member States of the Western Pacific Region;
2) to provide country-specific technical support in establishing or strengthening regulatory systems for traditional medicine practitioners and products and developing policy-makers’ informed decision-making process;
3) to support Member States in identifying appropriate indicators to monitor the use of traditional medicine and analysing the data for policy development; and
4) to coordinate with WHO collaborating centres and relevant government agencies for country-specific support and capacity-building.
### ANNEX 1. List of participants, temporary advisers, observers, secretariat and resource persons

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Title/Publication</th>
<th>Contact Information</th>
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<tbody>
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</table>
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## ANNEX 2. Programme of activities

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td><strong>Day 1: Thursday, 14 September 2017</strong></td>
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<tr>
<td>08:30 – 09:00</td>
<td>Registration</td>
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<tr>
<td>09:00 – 09:45</td>
<td>Opening session</td>
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<td>• Opening and welcome remarks</td>
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<td>• Introduction of the participants</td>
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<td>• Nomination of Chair, Co-chair and Rapporteur</td>
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<td>• Overview of the meeting objectives</td>
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<td></td>
<td>• Universal health coverage and the role of traditional medicine</td>
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<td>• Group photo</td>
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<td>09:45 – 10:00</td>
<td>Coffee/tea break</td>
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<tr>
<td>10:00 – 11:30</td>
<td>Session 1</td>
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<td><strong>Plenary: Models to integrate traditional medicine in primary health care</strong> (PHC) (45 min)</td>
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<td>• Place of traditional medicine in the health systems in the Western Pacific Region (5 min)</td>
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<td>• Integration model in China: integrated service delivery model in PHC (10 min)</td>
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<td>• Integration model in the Republic of Korea: integration of traditional medicine in PHC and quality and safety issues (10 min)</td>
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<td>• Integration model in Japan: regulatory system for traditional medicine practitioners and role of evidence in integration (10 min)</td>
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<td>• Question and answer (10 min)</td>
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<td><strong>Panel discussion: How tipping points can be created to move forward</strong> (45 min)</td>
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<td>• Panel topic</td>
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<td>o What are the triggers and political windows to move the agenda?</td>
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<td>o How can you use them to move from mandates to actions?</td>
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<td>o What are the critical elements in health-care systems for actions?</td>
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<td>o How can you know that you made a difference?</td>
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<td><strong>Panel members:</strong></td>
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<td>Prof Charlie Xue (Australia)</td>
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<td>Mr Lu Yexin (China)</td>
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<td>Dr Wong Wai Ying, Ada, (Hong Kong SAR, China)</td>
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<td>Prof Seong-Gyu Ko (Republic of Korea)</td>
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<td><strong>Moderator:</strong> Dr Vivian Lin</td>
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<td>11:30 – 12:30</td>
<td>Session 2</td>
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<td><strong>World Café: How to design service delivery to integrate traditional medicine</strong></td>
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<td>o Areas that benefit from integration</td>
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<td>o Which services can be provided</td>
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<td>o How can it be monitored</td>
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<td>12:30 – 13:30</td>
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<td>13:30 – 14:30</td>
<td>Session 3</td>
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<td><strong>Poster walk</strong></td>
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### Session 4
**Group work: Mapping exercise to identify gaps and key issues**
- Group work by country
- Plenary: reporting back from group work discussions

### Session 5
**Plenary: How traditional medicine practitioners can be integrated in PHC**
- Country presentations
  - Cambodia: Development of a subdecree on traditional medicine practitioners and challenges in developing the education system (10 min)
  - Malaysia: Development and implementation of a regulatory system for traditional medicine practitioners (10 min)
  - Viet Nam: Role delineation between Western medicine practitioners and traditional medicine practitioners and safety monitoring (10 min)
- Discussion topics
  - Regulation of traditional medicine practitioners
  - Balancing the trade-offs between improving quality and safety and increasing access to services
  - How to develop an education system for traditional medicine practitioners in resource-limited environments
  - Role delineation and trust relationship between Western medicine practitioners and traditional medicine practitioners
  - Safety monitoring for their services
- Discussants:
  - Prof Charlie Xue (Australia)
  - Mr Lu Yexin (China)
  - Prof Rong Shi (China)
  - Dr Socorro Escalante (WHO)

### Session 6
**Plenary: How traditional medicine services can be integrated into national health systems and what evidence matters for this**
- Country presentations
  - Lao People’s Democratic Republic: Inclusion criteria of traditional medicines in essential medicines list and challenges in implementation of the national policy (10 min)
  - Mongolia: Inclusion criteria for integration of traditional medicine services in PHC and challenges (10 min)
  - Philippines: Standardization for traditional medicine services and evidence (10 min)
- Discussion topics
  - What are potential mechanisms to integrate traditional medicine services into national health services?
  - What is the critical evidence needed for an informed policy decision?
  - How to develop and evaluate evidence on traditional medicine in resource-limited environment
- Discussants:
  - Prof Rong Shi (China)
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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>10:15 – 10:45</td>
<td>Coffee/tea break</td>
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<td>10:45 – 12:15</td>
<td>Session 7</td>
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<td>Panel discussion: Can integration of traditional medicine in national health systems be monitored?</td>
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<td>• Regional monitoring framework for UHC and indicators on traditional medicine (15 min)</td>
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<td>o How to monitor integration of traditional medicine in national health systems</td>
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<td>o Inclusion of traditional medicine services in national health surveys</td>
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<td>o Utilization of information for policy development and implementation</td>
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<td>12:15 – 13:30</td>
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<td>13:30 – 14:30</td>
<td>Session 8</td>
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<td>Help Desk: To discuss and identify solutions for key implementation challenges</td>
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<td>- Preliminary list (to be confirmed at the end of Day1)</td>
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<td>• Regulation of traditional medicine practitioners</td>
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<td>• Integrated service delivery model</td>
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<td>o Factors used for decision on services to be integrated</td>
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<td>o Role delineation and relationship between Western medicine and traditional medicine practitioners</td>
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<td>14:30 – 15:00</td>
<td>Coffee/tea break</td>
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<td>15:00 – 16:30</td>
<td>Session 9</td>
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<td>Group work: Country planning for the next steps (action plans)</td>
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<td>• Group work by country</td>
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<td>• Individual country presentations on action plans</td>
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<tr>
<td>16:30 – 17:00</td>
<td>Closing session</td>
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<td>• Meeting conclusions and recommendations</td>
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<td>• Closing remarks</td>
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Good morning and welcome to Manila! I’m very pleased to be able to meet with you at the start of this important meeting.

In many countries in the Western Pacific Region, traditional medicine is where people often go first when they need health care – whether it be for a minor ailment or a life-threatening disease.

In fact for many people, especially in rural and remote areas, traditional medicine is the only health care service available close to where they live. As well as healing those who are sick, traditional medicine can also play an important role in keeping people well.

For these reasons, traditional medicine has a crucially important role to play in primary health care, as part of national health systems.

More broadly, primary health care is the foundation for strengthening health services to achieve Universal Health Coverage – the platform for achieving the health-related targets of the Sustainable Development Goals.

So it is very timely that we are here this week to share different countries’ experiences, discuss challenges and priorities for implementing national policies on traditional medicine, and identify some concrete next steps.

I know that all of the countries represented here already have national policies on traditional medicine. Many of you are working towards strengthening regulation of traditional medicine products and practitioners as part of implementing these policies – which is great to see.

Regulation is crucial for ensuring quality and safety of traditional medicine services, as well as public confidence in these services. I encourage all of you to continue down the path of strong regulation.

We look forward to hearing from you about progress in these areas, and I hope that hearing from each other will be beneficial for all of you too. There is an enormous wealth of experience and knowledge here in this room.

For WHO’s part, we have developed the Regional Strategy for Traditional Medicine in the Western Pacific 2011-2020, as well as the global WHO Traditional Medicine Strategy 2014-2023. These strategies are intended to provide strategic direction to our Member States in maximizing the potential of traditional medicine as part of national health systems.

Here in the Western Pacific Regional Office, we are very focused on providing direct support to countries – in line with these strategies, and based on your priorities and national contexts. We are also eager to help create opportunities for you to exchange with and learn from each other.

Please use the opportunity of this meeting to tell us what you need from us, and how we can best support you.

Thank you for having me here this morning, and I look forward to hearing the outcomes of your discussions over the next two days.

Thank you.