Regional Strategy for Traditional Medicine in the Western Pacific

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REGIONAL STRATEGY FOR

TRADITIONAL MEDICINE

IN THE WESTERN PACIFIC

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FOREWORD

Traditional medicine is an ancient medical practice which existed in human societies before the application of modern science to health. It has evolved to reflect different philosophical backgrounds and cultural origins. Although modern medicine is widely spread, traditional medicine still exists in all countries and areas in the Western Pacific Region. Interest in traditional medicine has increased over the last decade and seems likely to continue. People in many countries are now more prepared to look for alternative approaches to maintain their health. Demands for traditional medicine from the public and the growing economic importance of traditional medicine have led to increased interest on the part of both governments and academic communities in the Region.

WHO's traditional medicine programme was developed in conjunction with the adoption of the health for all strategy and the primary health care approach. WHO has collaborated with many countries and areas to develop their traditional medicine programme and to bring traditional medicine into the mainstream of the health service system, where appropriate.

This regional strategy for traditional medicine has been prepared to guide national governments, WHO and other partners in the efforts to ensure the proper use of traditional medicine and its contribution for maintaining health and fighting diseases in the Region. The regional strategy has identified strategic directions and actions which provide general principles and guidance for countries and areas to use in responding to the challenges which they may face with consideration of the unique situation in each country and area..

The WHO Regional Committee for the Western Pacific adopted a resolution on traditional medicine during its 52nd session held in Brunei Darussalam in September 2001, which called for a greater political support for traditional medicine and more scientific evaluation, standardization and regulation of traditional medicine. The Committee also adopted the Regional Strategy on Traditional Medicine which establishes a blueprint for the development of traditional medicine in the Region.

Through the preparation and publication of the regional strategy on traditional medicine, WHO remains committed to increasing its support to countries in promoting the proper use of traditional medicine. The application and implementation of the regional strategy on traditional medicine will re-affirm the leading role played by this Region in the development of traditional medicine and its integration with national health service systems.

Shigeru Omi, MD, Ph.D
Regional Director

1
OVERVIEW

Traditional medicine is the knowledge, skills and practice of holistic health care, recognized and accepted for its role in the maintenance of health and the treatment of diseases. It is based on indigenous theories, beliefs and experiences that are handed down from generation to generation.[1]

Traditional medicine is practised in many countries, but it is not always included as part of the health system recognized by the government. It is one of many types of non-standard health services which involve varying levels of training and efficacy. The difference between the origins and nature of more recent forms of alternative medicine and traditional medicine is often not well understood. In some health systems all these therapies, including traditional medicine, are collectively termed "complementary", "alternative" or "non-conventional medicine". In the West, the umbrella term complementary and alternative medicine (CAM) is widely accepted as including both traditional medicine and more recent forms of non-standard medicine. A recent modification of the well-known Cochrane definition described CAM as including: "all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being. Boundaries within CAM and between the CAM domain and that of the dominant system are not always sharp or fixed". The same author defined "mainstream medicine" as the "usual method of treating disease" and "orthodox" medicine as "that taught in the majority of university medical schools".[2] "Mainstream" and "orthodox" medicine are the forms of medicine used and supported by most of the governments in the Western Pacific Region.

Developing standards and regulations for training in and practice of traditional medicine, broadening research so that it encompasses its holistic nature, maximizing the economic potential of traditional medicine, and developing policies and programmes that ensure that traditional medicine benefits the people who need it most are formidable challenges facing traditional medicine.

[1] Development of National Policy on Traditional Medicine. Manila, WHO, 2000.

[2] Zollman C. Vickers A. What is Complementary Medicine? British Medical Journal 1999; 310; 693-696

This regional strategy for traditional medicine is designed to ensure that traditional medicine in the Western Pacific Region is developed and used appropriately, contributes to building healthy populations and communities, and combats ill health. It also identifies the partners who can work together to ensure the use of cost-effective traditional medicine for the benefit of the people of the Region.

WHO will work with countries:

- to ensure the safe and effective use of traditional medicine of an acceptable quality; and
- to promote the recognition of traditional medicine and to support its integration into mainstream health services.

Traditional medicine has an established promotive, preventive, curative and rehabilitative role. It can be the main form of health care, or an integrated component of mainstream health care, or an alternative or complement to the main form of health care.

2

TRADITIONAL MEDICINE IN THE WESTERN PACIFIC REGION

The WHO Regional Committee for the Western Pacific has adopted three resolutions, WPR/RC36.R6 in 1985, WPR/RC38.R16 in 1987, and WPR/RC52.R4 in 2001 recognizing that traditional medicine practices, particularly herbal medicine and acupuncture, constitute appropriate health practices that can be integrated into national health strategies.[3]

The WHO Regional Office for the Western Pacific Region has made significant efforts to increase understanding and to promote the rational use of traditional medicine both regionally and globally. The Regional Office has organized several international meetings on traditional medicine, provided technical support and advice to governments, organized regional and national activities, developed technical guidelines and standards, and published books and documents on traditional medicine. Substantial progress has been achieved, particularly during the last 10 years, in promoting the proper use of traditional medicine and its integration into mainstream health services. One indication of this is the number of countries within the Region that have put in place policies on traditional medicine or have improved existing policies.

The role of traditional medicine in such areas as government and public support, national budgetary expenditure, and market share of traditional medicine products is assessed below.

Countries are encouraged to conduct similar assessments to identify how far traditional medicine has been recognized and integrated into mainstream health services. The formulation of strategic goals, action plans and time frames depends on the level of recognition and integration in each country.

The position of traditional medicine in the Member States of the Region is summarized in Tables 2 and 3 at the end of the document.

[3] At the global level, the World Health Assembly has adopted the following resolutions on traditional medicine: WHA29.72, WHA30.49, WHA31.33, WHA40.33, WHA41.19, WHA42.43, WHA44.34.

Cultural and philosophical background of traditional medicine

Traditional medicine is part of the cultural heritage of each society. Most traditional systems of medicine have evolved as part of particular cultures and life styles.

However, many traditional systems of medicine share common characteristics, including:

- The belief that life is the union of body, emotions, mind and soul or spirit, and that health is a state of balance of several opposing aspects within the human body as well as between the human body and the environment. Illness occurs when an individual falls out of balance, physically, emotionally, mentally or spiritually.
- Traditional medicine applies a holistic approach to diagnosis and treatment. It considers a person in his or her totality within an ecological context and usually will not simply look after the sick part of the body. As well as providing treatment, practitioners of traditional medicine often give advice on lifestyles and healthy behaviour.
- Traditional medicine is based on the needs of individuals. Different people may receive different treatment even if they suffer from the same disease according to modern medicine. Traditional medicine believes that each individual has his or her own constitution and social circumstances which result in different reactions to the "causes of diseases" and treatment.

The different philosophical backgrounds and origins of traditional and modern medicine are still an obstacle to mutual respect and understanding and can lead to a reluctance to initiate activities that support the use of traditional medicine. The potential of traditional medicine to improve health and health services, as well as its possible role in social and economic development, is neglected in many countries.

Social and cultural anthropology are mainly concerned with the way of life of indigenous communities. However, such studies are seldom integrated into the orthodox health care curriculum. Medical schools often consider the culture of indigenous communities to be based on mythology and folklore. The lack of understanding of indigenous ways of life by health practitioners may result in health interventions that are not accepted by indigenous communities and hence to poor public health care compliance. It may also lead to the adulteration or virtual eradication of health-related cultural heritage.

The integration of traditional medicine into the mainstream health care delivery system is a challenge to countries and areas where modern forms of healing predominate. Nevertheless, it is critical that mainstream health care providers be aware of the culture of indigenous people and respect their beliefs and practices.

Range of traditional medicine practices in the Region

Traditional systems of medicine in the Western Pacific Region vary considerably and are in most cases isolated from each other.

Some traditional systems of medicine are highly developed and well documented. They are based on systematized knowledge, a comprehensive methodology and rich clinical experience. Traditional Chinese medicine falls into this category. Traditional Chinese medicine originated in China and was introduced to neighbouring countries, such as Japan, the Republic of Korea, Viet Nam and others, which then developed their own variations. Traditional Indian medicine is another well-developed traditional system of medicine that is practised in parts of the Region, for example Malaysia.

The Region also contains a large number of simpler traditional practices that have been developed within small and isolated ethnic groups. Such practices are based largely on empirical experiences of treatment. Most of the knowledge is never written down and is transmitted orally from generation to generation. Most practitioners do not obtain knowledge through an organized training process. The therapies used by different healers from different communities and islands can be quite different. Even the same plants may be used for different conditions and purposes. In these communities, psychosocial therapies tend to predominate, and often merge with magical and religious practices.

The diversity of the people of the Region means that traditional medical practices differ widely from one country or area to another. It is impossible to have only one approach, one model or one set of standards to deal with all the different traditional systems of medicine in the Region.

Use of traditional medicine in the Region

Since the introduction of modern medicine into the countries of the Region, traditional medicine has in most cases been rejected by mainstream health services. Nevertheless, traditional medicine still exists in all countries and areas of the Western Pacific Region. It provides an alternative option

for people living in developed countries, while for a large part of the population in many developing countries it is the only available, affordable and accessible health service.

Although there is a lack of reliable regional data on usage of traditional medicine, studies from several countries and areas in the Region have shown that it is used extensively.

In Australia, for example, a study has shown that 48.5% of the population used at least one non-medically prescribed alternative medicine which covered a wide range of therapies in 1993.[4]

In China, the number of traditional medicine hospitals, staff and beds increased significantly over the last two decades (Figures 1 and 2).

Figure 1. Traditional medicine hospitals in China (1980-2000)

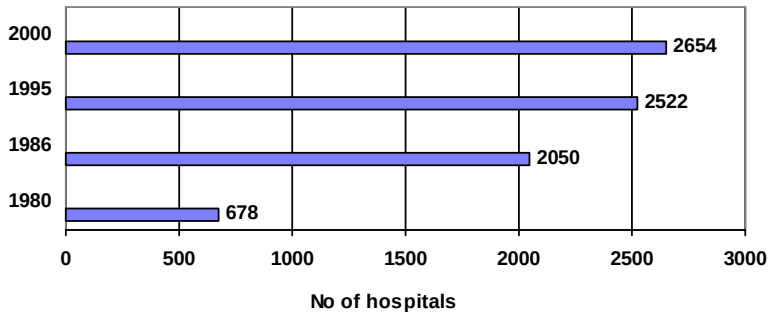
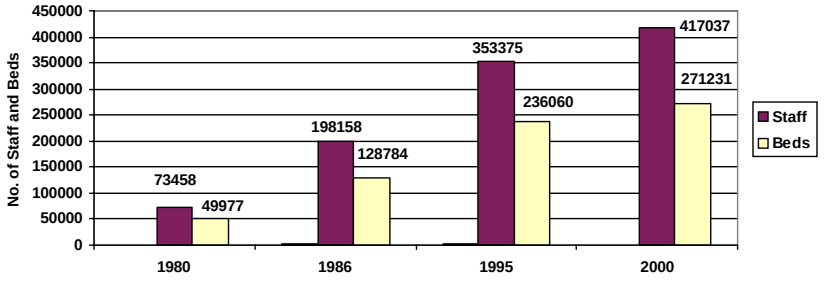
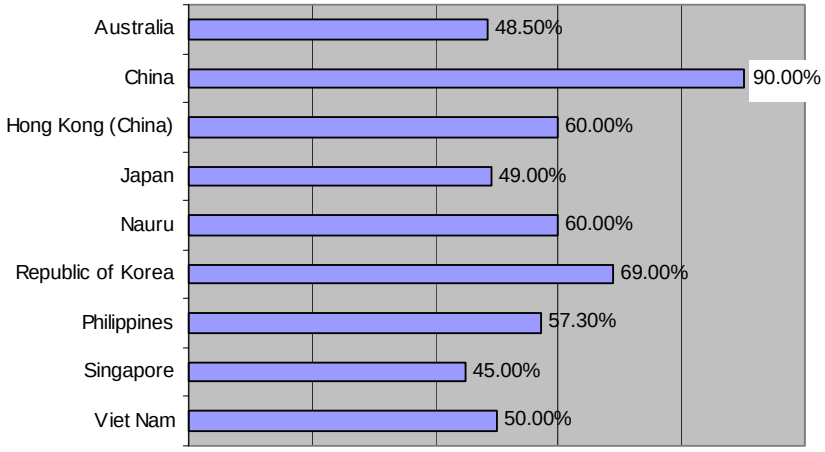


Figure 2. Staff and ward beds in traditional medicine hospitals in China (1980-2000)



[4] Maclennan, et.al. Prevalence and cost of alternative medicine in Australia. *Lancet*, 1996; 347:569-573.

Figure 3. Percentage of population using traditional medicine, selected countries in the Western Pacific Region



In Hong Kong (China), 60% of the population has consulted traditional medicine practitioners at one time or another.[5] In 2000, consultations with traditional Chinese medicine practitioners accounted for about 22% of all medical consultations.[6]

In Japan, a study conducted in Tokyo in 1990 showed that 91% of the survey population considered that oriental medicine was effective for chronic diseases, 49% had used herbal medicines, and 30% had used acupuncture.

In Malaysia, traditional Malay, Chinese and Indian systems of medicine are practised. Cross-cultural utilization of traditional systems of medicine is also popular.[7]

In Nauru, a survey in 1997 showed that 60% of participants and 71% of patients undergoing hospital treatment used traditional medicine.[8]

The Philippines Department of Health has reported that there are approximately 250 000 traditional healers in the country, a ratio of 1 healer for every 300 persons. They instruct their patients on community-based preparations of herbal decoctions, poultices and other preparations for primary health care.[9]

In Singapore, 12% of daily outpatients visit traditional medicine practitioners. A survey carried out by the Ministry of Health in 1994 showed that 45% of Singaporeans had consulted traditional medicine practitioners at one time, and 19% of the population had consulted a traditional medicine practitioner in the last year.[10]

[5] Report of the Working Party on Chinese Medicine. Hong Kong, October 1994.

[6] Figures presented by Dr. P.Y. Lam representing Hong Kong (China) during the Informal Meeting on Strategic Planning for Traditional Medicine, 21-23 May 2001, Manila, Philippines.

[7] Status Report of the Steering Committee on Alternative Medicine. (unpublished), February 1998.

[8] Traditional Medicine Survey, June 1997, Traditional Medicine Workshop "Save Plants that Save Lives" Report of Proceedings (unpublished), Appendix, Page 10.

[9] Gomez, F.W.Z. Traditional Medicine in the Philippines, a country report presented during the Regional Workshop on Traditional Medicine, Hong Kong, November 1995 (unpublished).

[10] *Traditional Chinese Medicine: A Report by the Committee on Traditional Chinese Medicine*. Singapore, Ministry of Health, October 1995.

In Viet Nam, a survey conducted in 1997 showed that 50% of the population preferred to be treated by traditional rather than modern medicine. In 1995, herbal medicines represented 31% of registered drugs. Forty-two traditional medicine hospitals at national and provincial levels and 265 general hospitals provided traditional medicine services.[11]

Utilization patterns

Different reasons bring consumers to traditional medicine. Cultural beliefs may still be the major reason for using traditional medicine. However, people living in rural and remote areas in developing countries often seek first line health service from traditional systems of medicine because they are the only available and affordable form of health care. Some patients may go to traditional medicine after unsatisfactory treatment from modern medicine. In all these cases, the effectiveness of traditional medicine and consumer satisfaction with services plays an important role in maintaining and increasing public interest in traditional medicine.

Traditional medicine and traditional health education, including methods of traditional exercise, make significant contributions to promoting health and improving quality of life in many communities.

Although traditional medicine plays an important role as a first line health service, in some cases, it may cause delay in obtaining treatment by a medical professional. Some cases are also beyond the knowledge and capability of traditional medicine practitioners.

Practice models vary. In some countries, including China, Japan, the Lao People's Democratic Republic, Mongolia, New Zealand, the Republic of Korea, the Philippines, Singapore and Viet Nam, traditional medicine is practised not only at the primary health care level but also in hospitals providing secondary and tertiary care. In other countries, traditional medicine is used mainly as family and community-based practice.

It should be noted that, in the pre-modern era, practitioners of traditional medicine provided services only for patients in the practitioner's community or in communities within walking distance or reached by simple transportation. Following the development of modern transportation and communication methods, the service zone of practitioners in most countries has expanded greatly. Recent changes to the practice of traditional medicine have led to new challenges for practitioners of traditional medicine. They may provide their services to patients outside their own communities and it may not be as easy as in the past for them to monitor their patients. The fact that practitioners may practise outside their own communities increases the need for the public to have access to information on practitioners' qualifications.

[11] Truyen, Le Van. Country Report, Viet Nam (unpublished). Presented during the meeting of the Working Group on Herbal Medicines, Manila, Philippines, 8-12 December 1997.

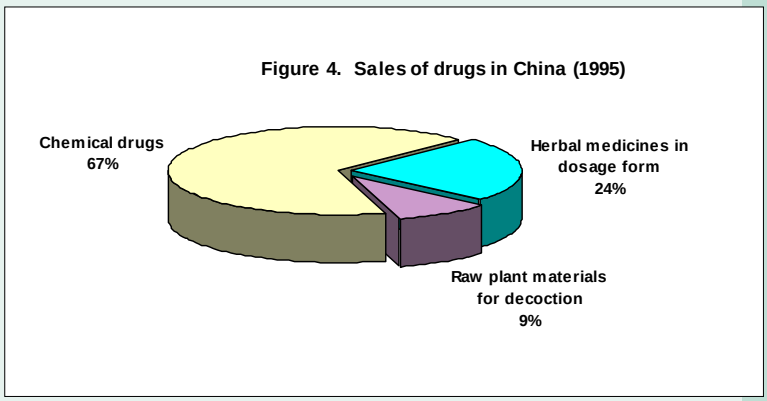
Economic value of traditional medicine

There is significant economic value associated with the provision of traditional medicine in the Region.

In Australia, estimated annual national expenditure on alternative medicines and alternative practitioners is almost A$1000 million. Of this, A$621 million is spent on alternative medicines.[12] A study of the practice of traditional Chinese medicine in Australia, commissioned by the Victorian Department of Human Services, New South Wales Department of Health, and the Queensland Department of Health, showed that the popularity of traditional Chinese medicine was growing strongly. It is estimated that there are at least 2.8 million traditional Chinese medicine consultations each year in Australia. This represents an annual turnover of A$84 million. The increasing popularity of traditional Chinese medicine is also reflected in the four-fold increase in imports of Chinese herbal medicines since 1992.[13]

In China, the total production of herbal medicines was 17.57 billion Chinese yuan (US$ 2.3 billion) in 1995, an increase of 212.6% compared with 1990. Herbal medicines represented 33.1% of the drug market in 1995 (Figure 4).[14]

In Japan, sales of herbal medicine products are estimated to be US$ 1.5 billion per year, 3.5% of the total market for pharmaceutical products.[15]



In the Republic of Korea, annual sales of herbal medicines were US$ 543.5 million in 1996 and the following year the country imported US$ 106 million of herbal medicine materials. Exports of herbal products such as ginseng make a significant contribution to the economy. A Ministry of Health and Welfare document in 1997 reported that there were 300 herbal pharmaceutical companies, 13 733 herbal medicine dealers, 820 wholesalers

[12] Maclennan, et al. *op cit*, Ref 3.

[13] Bensoussan, A. and Myers S.P. *Towards a Safer Choice, the practice of traditional Chinese medicine in Australia*. University of Western Sydney, Macarthur, November 1996.

[14] *Health Newspaper* (in Chinese), 9 January 1996.

[15] *Information on Oriental Medicine* (in Japanese), Tokyo, 1992.

and 10 751 drugstores dealing with herbal medicines in the country. Over 9000 licensed traditional medicine doctors work at 81 oriental medical hospitals and 7172 oriental medicine clinics.[16]

In Malaysia, the market for traditional medicine is estimated to be M$ 1 billion to M$ 2 billion annually, which is larger than the market for modern medicines. [17]

In the Philippines, combined sales of four government and one private herbal medicine manufacturer in 2000 were about US$ 10 million.[18]

In Singapore, the Trade Development Board reported that Singapore imported S$79 million worth of herbs and ginseng and re-exported S$13 million worth of products in 1993. Local consumption of herbs has increased during the last five years.[19]

[16] *Major Programs for Health and Welfare*, Ministry of Health and Welfare, Republic of Korea, 1997.

[17] Dato' Dr Hj Abdul Aziz, presentation given during Technical Briefing on Traditional Medicine, forty-ninth session of the Regional Committee for the Western Pacific, Manila, September 1998.

[18] Lagaya, A.T. Updated presentation during Informal Meeting on Strategic Planning on TRM, Manila, Philippines, May, 2001 (unpublished).

[19] *Op cit*, Ref 9.

3
ISSUES

Need for political support

Levels of recognition and the extent of integration of traditional medicine into mainstream health services vary considerably in the Region. Most countries and areas fall into one of the following categories:

(1) *Integrated* - traditional medicine is an integral part of mainstream health services;

(2) *Supported* – the government recognizes the role played by traditional medicine, supports its proper use, particularly as a community and individual practice, initiates efforts to bring proven traditional medicine into mainstream health services and takes measures to control its safe practice, although it is not part of mainstream health services;

(3) *Recognized* - the government officially announces its awareness of the potential role played by traditional medicine. However, there is no activity relevant to traditional medicine organized or supported by the government;

(4) *Neglected* - the existing traditional medicine system is totally ignored and only the practice of modern medicine by professionals and auxiliaries is recognized and supported.

There are now 14 countries and areas in the Region that have developed official government documents which recognize traditional medicine and its practice,[20] in contrast to a decade ago when only four countries (China, Japan, the Republic of Korea and Viet Nam) officially recognized the role of traditional medicine in their health services.

There has always been strong support for traditional medicine in China. The Constitution of the People's Republic of China makes specific reference to the need to develop both modern and traditional Chinese

[20] China, Hong Kong (China), Japan, the Lao People's Democratic Republic, Macao (China), Malaysia, Mongolia, New Zealand, the Philippines, Papua New Guinea, the Republic of Korea, Singapore, Solomon Islands and Viet Nam.

medicines. In 1997, the Government reiterated that it attached equal importance to both traditional Chinese medicine and modern medicine. The two systems are practised side by side at every level of the health care system.

Japan provides a good example of the integration of traditional medicine into mainstream health services in an industrialized country. Over 140 kinds of herbal medicine are covered by the national health insurance scheme and a large number of physicians use herbal medicine or acupuncture to supplement their practice of modern medicine.

In the Republic of Korea, the national medical law passed in 1952 recognized both modern and traditional medicine. Since 1987, the National Health Insurance System has included traditional medicine. However, the two systems are practised separately. To fulfil national and international demand for traditional medicine, an traditional medicine bureau was established in November 1996 as one of the major bureaus of the Ministry of Health and Welfare.

In Viet Nam, Government policy on traditional medicine is based on a statement by President Ho Chi Minh in 1955 that Viet Nam should "inherit valuable experiences from traditional medicine and at the same time study the possibility of combining traditional medicine with modern medicine in order to establish our own medicine". The Constitution of 1980 calls for the integration of traditional and modern medicine. Traditional medicine is extensively integrated into primary health care as well as secondary health care.

The attitude of governments of other countries and areas in the Region towards traditional medicine has changed slowly during the last few years, mainly in response to ever increasing public demands for traditional and alternative medicines.

In 1996, the Australian Minister of Health pointed out that it was very difficult to argue that an industry that generated A$ 1 billion in turnover and had directly affected 50% of the population in the past year should not be considered an integral part of Australian health care.[21] The Australian Commonwealth Government has recently made available funds to traditional medicine practitioners to assist them in formalizing accreditation standards and developing appropriate regulatory schemes. Tax incentives have been introduced to encourage participation. The government of the state of Victoria has passed legislation and is implementing a regulatory system for practitioners of traditional Chinese medicine.

In Hong Kong (China), Article 138 of the Basic Law of the Hong Kong Special Administrative Region provides that the Government shall formulate policies to develop modern and traditional Chinese medicine and

[21] Wooldridge, Michael. Foreword, *Final Report of the Alternative Medicines Summit*. Canberra, 16 October 1996.

improve medical and health services in both branches of medicine. The Chinese Medicine Ordinance enacted by the Legislative Council in 1999 makes provisions for the registration of practitioners in Chinese medicine, the licensing of traders in Chinese medicine, the registration of proprietary Chinese medicine, and other related matters.

Mongolian traditional medicine has been developed over centuries in response to Mongolia's geographical and climatic conditions and the lifestyles of its people. However, Mongolian traditional medicine was largely ignored from the 1930s until the end of the 1980s. Only a few activities were permitted to be practised for research purposes. In 1990, the Government made development of Mongolian traditional medicine a priority, and in 1996 it announced its support for incorporation of remedies used by traditional medicine into the mainstream health service system.

In New Zealand, Standards for Traditional Maori Healing were released by the Ministry of Health in June 1999. The standards emphasize the role of Rongoa Maori in New Zealand's health sector and provide national standards of practice of traditional Maori healing. Recent legislation established an expert committee to evaluate and provide information and advice on complementary healthcare.

In the Philippines, the "Traditional and Alternative Medicine Act of 1997", was signed in 1997. It states that it is the policy of the State to improve the quality and delivery of health care services to the Filipino people through the development of traditional and alternative health care and its integration into the national health care delivery system. The act also created the Philippine Institute of Traditional and Alternative Health Care to accelerate the development of traditional and alternative health care in the Philippines.

In Singapore, in 1994 the Minister of Health appointed a committee headed by the Senior Minister of State for Health and Education to review the practice of traditional Chinese medicine and recommend measures to safeguard patients' interests and safety. The committee's report published in 1995 recommended that traditional Chinese medicine practice in Singapore should be regulated and recommended steps to upgrade standards of training. In line with the committee's recommendations, the Ministry set up a traditional Chinese medicine unit in November 1995 to coordinate implementation of the Committee's recommendations. In 2000, a Traditional Chinese Medicine Practitioners Act was passed.

WHO collaborates with countries and areas in the Region to develop policies which support the proper use of traditional medicine. For example, support was provided to Papua New Guinea for the drafting of an action plan on traditional medicine as part of the National Health Plan for 2001 to 2010. During a four-day national meeting on traditional medicine sponsored

by WHO in Mongolia in November 2000, existing policies related to traditional medicine were reviewed and recommendations made for future policy development. In Fiji, a WHO-sponsored workshop on traditional medicine policy was held in March 2001.

There is a need for governments to establish clear policies on traditional medicine to clarify the government's role and to establish or update regulations governing traditional medicine. Recognition of the value of traditional medicine needs to be accompanied by strong political, legal and financial support.

Need to establish appropriate standards for traditional medicine

There are many challenges facing standardization of traditional medicine practice and products. For example, herbal medicines differ from chemical synthetic drugs in several very important ways. Herbal medicines usually contain numerous chemical compounds rather than a single active compound. Often not all active components of herbal medicines have been isolated, characterized or quantified. The efficacy of a medicinal plant or mixture of several plants is the result of the pharmacological activity of a blend of one or more species of herb. Even a single plant is not a purified simple chemical compound. Standard techniques for the control of individual purified components may not be applicable to complex herbal medicines, requiring some modifications to existing regulatory systems. Collaboration among countries in the Region will be needed if regulatory standards governing herbal medicine are to be harmonized.

Generally speaking, uncontaminated herbal medicines in recommended doses are safe. However, side effects and adverse reactions to herbal medicines are possible, and these may lead to significant loss of public confidence. For example, the herbal medicine market in Japan dropped by half from 1991 to 1998, probably as a result of reports of adverse reactions to a commonly used herbal medicine. In Macao (China), a traditional medicine product was completely banned in 1996 because it contained excessive amounts of arsenic.

WHO has worked with China, the Republic of Korea, Viet Nam and others to improve the quality of herbal medicine. For example, WHO has supported the control of heavy metals and pesticide residues in herbal medicines in China. WHO has supported activities in China to raise the awareness of adverse reactions to herbal medicine and to collect records of adverse reactions.

Good manufacturing practices (GMP) are designed to ensure that products are consistently produced and controlled to quality standards appropriate for their intended use and as required by the marketing authority. WHO recommends that all procedures for the manufacture of herbal medicine under regulation should be in accordance with GMP. WHO works with Member States in the Region to encourage the application of GMP to the production of herbal medicine.

For practitioners, many of the simpler traditional therapies have been learned through the informal transfer of information from one generation to another. In many cases, practice is purely experiential with no record keeping or standards. Most practitioners have no formal training in primary health care and are not part of formal primary health care services, which makes it difficult to regulate and accredit their practice. Most countries lack inventories of practitioners, their practices or the herbs they use. Proper communication channels need to be established between the government and community healers.

The service zone of practitioners of traditional medicine in most countries has expanded greatly compared with the pre-modern era. This is to a certain extent changing the nature of traditional medicine and leading to calls for improved regulation to ensure the standard and quality of practice.

The establishment of suitable standards is essential to ensure that consumers have access to products and services that are within the acceptable limits of safety and quality.

Need for an evidence-based approach

Demands from the public have led to increasing involvement in traditional medicine by the scientific community. Many medical doctors have begun to use traditional remedies and techniques in their daily practice. Universities and medical schools in Australia, China, Hong Kong (China), Japan, the Lao People's Democratic Republic, Mongolia, the Philippines, Republic of Korea and Viet Nam offer full-time degree courses or short introductory courses on traditional medicine. Research institutes in Australia, Cambodia, China, Hong Kong (China), the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Republic of Korea, Singapore and Viet Nam are engaged in research on traditional medicine. Some researchers are attempting to evaluate the safety and efficacy of traditional medicine, while others are engaged in research into new drugs and other products derived from plants.

However, some health professionals still have doubts about the usefulness of traditional medicine. Many insist on more scientifically-based

evidence if they are to trust its safety and effectiveness. Unfortunately, the different philosophical backgrounds of traditional and modern medicine make it difficult for one system to judge the other. Since the introduction of modern medicine in the Region, a gap has opened between practitioners of traditional and modern medicine. Traditional medicine has been rejected by most medical doctors trained in modern medical schools, because it is not considered to have a scientific basis.

It must be recognized that some practices and substances used by traditional medicine might be found to be unsafe and ineffective.

An evidence-based approach to traditional medicine will be an important step towards in harmonizing traditional and modern medicine and enabling the two systems to work effectively side by side. The wealth of accumulated clinical experience and knowledge within traditional medicine deserves to be acknowledged and combined with methodologically sound research into the extent and limitations of traditional practice. Patients, governments, traditional practitioners and practitioners of modern medicine all stand to benefit from evidence-based practice of traditional medicine. The support of the scientific community and practitioners of modern medicine will be needed if traditional medicine is to be brought into mainstream health services.

Need to protect and conserve indigenous health resources

The natural resources that provide the raw materials for herbal medicines and other natural health care products are becoming overexploited, which may lead to loss of biodiversity, extinction of endangered species, destruction of natural habitats and resources. There needs to be awareness that these supplies will be exhausted if they are not conserved.

The unique contribution of traditional knowledge to humanity and the property rights related to traditional knowledge systems has been raised in several international fora, including the Meeting of Ministers of Health for Pacific Island Countries in Madang, Papua New Guinea in March 2001; the International Conference on Health Research for Development and the Global Forum on Bioethics, both of which were held in Bangkok, Thailand, in October 2000; and the Regional Workshop on Traditional Practice of Medicine and Health Sector Development in Apia, Samoa, in November 2000. However, most current forms of intellectual property rights cannot easily be used to protect traditional knowledge from misappropriation and patenting. This is a critical issue for international health care, as a significant part of the world's population still relies heavily on traditional medicine to meet primary health care needs. If traditional medicine products are

patented and therefore to fall into private ownership, these people would be in danger of being cut off from the only medicine that is accessible and affordable to them. There is also a risk that raw materials may be exploited, species endangered and environments damaged.

WHO organized two Interregional Workshops on Intellectual Property Rights in 2000. Those workshops recognized that existing regulatory regimes for intellectual property rights could not satisfactorily protect traditional knowledge and urged countries to investigate all available ways of protecting such knowledge, such as through documentation and national legislation. The Regional Office is preparing a document on intellectual property rights in traditional medicine.

At the national level, some Member States are already taking action. For example, in the Philippines, a law on Regulating Access to Biological and Genetic Resources in the Philippines was passed in 1995. An inter-agency committee was established, composed of representatives from government agencies on the environment and natural resources, science and technology, agriculture, health, foreign affairs and the national museum. Nongovernmental organizations and the scientific community were also represented on the committee. The committee is responsible for processing applications for research agreements and making recommendations on their approval to government departments. It also ensures that the conditions of the research agreements are strictly observed. If activities are to be conducted within ancestral lands or ancestral domains, the applicant must obtain "prior informed consent" in accordance with the customary traditions, practices and mores of the community, and where appropriate, with the concurrence of the Council of Elders in a public consultation in the site concerned.[22]

Further action needs to be taken at international, national, regional, local and community levels, in order to ensure protection and conservation of indigenous health knowledge and resources.

[22] *Op cit,* Ref 22.

4

STRATEGIC OBJECTIVES

There are seven strategic objectives for the period 2001-2010:

- to develop a national policy for traditional medicine;
- to promote public awareness of and access to traditional medicine;
- to evaluate the economic potential of traditional medicine;
- to establish appropriate standards for traditional medicine;
- to encourage and strengthen research into evidence-based practice of traditional medicine;
- to foster respect for the cultural integrity of traditional medicine; and
- to formulate policies on the protection and conservation of health resources.

To develop a national policy for traditional medicine

Support needs to be generated at different levels of government and from many sectors of the community if understanding of the benefits of traditional medicine is to be deepened and myths eliminated. A consensus needs to be reached among all the key stakeholders.

A policy on traditional medicine can take a number of forms, including a statement from the ministry of health, a cabinet policy or a piece of legislation. A national policy should include a definition of the government's role in the development of traditional medicine in the health care delivery system. Safety and efficacy should be the guiding principles.

Directions

- Support for the appropriate use of traditional medicine should be encouraged by targeting different sectors:
    - The health care policy-maker should target efforts at counterparts in other policy areas such as social welfare and finance. Such advocacy could be in the form of:
        - health education activities targeting different levels of the government;
        - health education activities targeting members of the community;
        - media briefings.
    - Members of the community, including end-users, traditional medicine practitioners and industries, should solicit public support for an explicit policy on the promotion of traditional medicine.
    - Government policies on traditional medicine should be put in place.

Challenges

- The making of sound public health policy is often dependent, among other factors, on the prevailing political environment and political will of the Government. A government's decision on whether to commit itself to an explicit policy on traditional medicine would be influenced by a range of factors, including negative media publicity and uncertainty about the financial implications.
- Another obstacle is the unorganized nature of traditional medicine practitioners and traders in many countries and the lack of reliable channels of communication among different parties.
- Recognition of the value of traditional medicine is not always accompanied by strong political, legal and material support, nor by the development of vigorous programmes at national and subnational levels.

Actions

- Agenda setting
  - Conduct a systematic review of the status of traditional medicine including an assessment of needs in the country.
  - Identify the definition of traditional medicine in the country.
  - Initiate an information campaign to enable the government to assess the role of traditional medicine and to increase awareness of the need for a policy on traditional medicine.
  - Carry out social marketing to inform the public about traditional medicine.
- Policy formulation
  - It is very important that the practice of traditional medicine in each country should receive formal recognition through the formulation and approval of a government policy on traditional medicine.
- Policy implementation
  - Appoint an officer or a focal agency consisting of a few persons as an executive arm of the Government on matters relating to traditional medicine, with the following responsibilities:
    - enhancing understanding of traditional medicine by government officials, members of the public, health care professionals and industries and the mass media;
    - providing a formal channel of communication for issues relating to traditional medicine;
    - fostering cohesiveness among traditional medicine practitioners and industry to empower them to organize themselves.
  - Produce a plan for implementation of the policy.
    - Allocate financial resources for the implementation of the plan.
  - Refine the policy, if necessary.

Detailed recommendations on actions for policy development are contained in *Guidelines for the Appropriate Use of Herbal Medicines*, *Development of National Policy on Traditional Medicine* and the *Apia Action Plan on Traditional Medicine in the Pacific Island Countries* published by the Regional Office.

To promote public awareness of and access to traditional medicine

There is increased public awareness of and access to traditional medicine in both developed and developing countries in the Western Pacific Region. Such awareness depends in part on the government's attitude towards traditional medicine, particularly if traditional medicine is fully integrated into formal health services, as in China, Japan, Republic of Korea and Viet Nam. In other countries such as Australia, Hong Kong (China), Mongolia, the Philippines, Singapore and Solomon Islands, governments have increased their support for traditional medicine in the last decade.

Improved electronic data transmission and global communications open up the potential to improve understanding of traditional medicine. Community-based information exchange systems in developing countries also provide a mechanism for improving public understanding of traditional medicine.

Directions

- A broad basis of traditional medicine knowledge should be provided. The government and nongovernmental organizations should promote traditional medicine knowledge that is safe and effective. They should motivate healers to cooperate and voluntarily share their healing knowledge and practices.
- Access to traditional medicine through informed choice should be facilitated.
- Mutual understanding between practitioners of traditional and modern medicine should be promoted. The Alma-Ata Declaration on Primary Health stated that health workers, both professional and traditional, should work as a team. Harmonization of traditional and modern medicine requires respectful co-existence.

Challenges

- The use of different language, terminology and philosophical outlooks in the two systems may hinder mutual understanding between practitioners of traditional medicine and modern medicine.
- Traditional medicine practitioners tend to keep their knowledge secret, in some cases because of a fear of losing the "power" to heal, as well as perceived or actual competition from other practitioners.

- There is sometimes restricted access to information and knowledge.
- In many countries availability of communications technology is limited.
- Lack of finance can limit the number of activities to increase awareness.

Actions

- To resolve the traditional medicine practitioner's code of secrecy, the Apia Action Plan on Traditional Medicine in the Pacific Island Countries recommended the following strategies:
  - forming organizations, associations or societies where practitioners can gather for professional and personal interaction;
  - facilitating interaction and dialogue between traditional medicine practitioners and modern medical professionals, thus generating mutual respect and benefit-sharing.
- Organize community-based activities.
- Establish information and resource centres.
- Make an inventory of practitioners and treatment methods.
- Conduct data collection and data searches, for example into the numerous publications on traditional medicine in universities, colleges and schools throughout the Region.
- Provide training on traditional medicine for professional health workers, and include traditional medicine in curricula of medical schools and continuing education and skill development programmes.

To evaluate the economic potential of traditional medicine

Health care programmes need to compete with other policy areas for resources. However, there is a general reluctance on the part of governments to finance health programmes for which the health and economic benefits are uncertain. This is important for traditional medicine because there are few economic data to justify its integration into mainstream health services.

However, if properly developed, the traditional medicine industry can generate very significant economic benefits and very significant revenues. For example, as already noted, traditional medicine drugs and herbs account for about one third of total drug expenditure in China.

Directions

- The economic potential of traditional medicine should be demonstrated using established economic appraisal tools such as cost-effectiveness and cost-benefit analysis.
- The impact of regulation should be assessed using regulatory impact assessment (RIA) tools.
- RIA should be used to assess the impact of regulation on traditional medicine practitioners and industry. The assessment should be conducted before a decision is made to regulate. Any obstacles identified by RIA may need to be removed or their impact reduced if regulatory measures are to be successfully implemented and complied with.
- The potential to incorporate traditional medicine into national social and economic development programmes should be explored. For many developing countries, the use of locally available herbal medicines may enable them to reduce the heavy burden of expensive imported drugs. It may be useful to consider links between traditional medicine, poverty alleviation and improved health service delivery.

Challenges

- There may be a lack of basic information on health needs and traditional medicine utilization and availability in some Member States.
- There may be a lack of economic assessment expertise in some countries due to a lack of financial and human resources.
- Controversies may arise regarding the inclusion of traditional medicine in insurance coverage.

Actions

- Conduct economic assessment research using simple and appropriate tools relevant to the country:

  - seek financial resources in order to carry out an economic appraisal;
  - encourage universities, government institutes and private insurance companies to carry out economic assessment research, possibly in collaboration with international bodies;
  - make available results of economic assessment studies to government and stakeholders.
- Conduct regulatory impact assessment in those countries where regulation of traditional medicine is in place.
- Look for and work with partners, including industries and funding agencies, to invest in traditional medicine and develop projects such as the cultivation of medicinal plants and the local production of traditional medicines.

To establish appropriate standards for traditional medicine

Countries of the Region have adopted different approaches to defining standards and regulations to govern traditional medicine. In some countries there is little government involvement in traditional medicine and this leads either to no regulation or to self-imposed regulation of practitioners through nongovernmental organizations. In countries and areas such as China, Hong Kong (China), Republic of Korea, and Singapore, traditional medicine is quite well integrated into mainstream health services and is therefore well regulated.

While regulation in general is to be encouraged, excessive regulation of traditional medicine can lead to suppression of valuable forms of traditional medicine and resistance from traditional medicine practitioners.

Regulatory options range from professional organizations imposing standards on their members, to recognition of these standards, either directly or indirectly, by the government, including statutory support for bodies which impose standards or formal government registration of practitioners by law. However in countries where traditional medicine practitioners are not trained in formal education systems, licensing may not be practical. In such countries, surveys of practitioners, as in Fiji and Samoa, could be an initial step towards regulation.

Improved education, training and research will enforce the professional standards of traditional medicine.

Directions

- The scope of practice and training should be defined. Training practitioners is not easy because many have little basic formal education. However, practitioners can learn new concepts and safe techniques if they are trained appropriately. Responsibility for training and establishing educational standards rests with practitioners themselves, educational institutions and local, provincial and national governments.
- The scope of standardization of traditional medicine materials should be defined. Guidance on standardizing and evaluating herbs can be found in *Research Guidelines for Evaluating the Safety and Efficacy of Herbal Medicines* and *Guidelines for the Appropriate Use of Herbal Medicines* published by the Regional Office. However, efforts to standardize materials are often hindered by a lack of scientific resources and finances.
- The quality of traditional medicine products should be improved.
- Proper mechanisms to regulate traditional medicine practice and products should be set up.
- Training and education on traditional medicine in university medical schools and related educational establishments should be provided.

To ensure the safe and effective use of traditional medicine, medical practitioners, pharmacists and regulators need to be well trained.

Challenges

- There is often a lack of understanding of the needs and requirements of the practitioners, pharmacists, regulators and other stakeholders.
- In many countries, there is a lack of interest in standardization, leading to a lack of resources and investment.
- The variety of practices, remedies and materials used by traditional medicine makes standardization difficult.
- There is often resistance on the part of health care providers or practitioners.

Actions

- Obtain an overview of current usage and methods of practice, conduct surveys and other methods of gathering information (this may require government direction and finance, as in Fiji and Samoa).
- List practitioners, types of practice and products as an initial step on the way to regulation.
- Establish a channel of communication between government bodies and traditional medicine practitioners.
- Use intermediaries including members of the community, end-users, traditional medicine practitioners and industries.
- Establish or strengthen national capacity for standard setting.
- Establish or strengthen regulation.
- Cooperate internationally on standardization of traditional medicine.

To encourage and strengthen research into evidence-based practice of traditional medicine

The evidence base of traditional medicine, established over hundreds of years of practice, needs to be acknowledged and supplemented by modern scientific research. The level of research will depend on the facilities, manpower and financial resources available within countries. Basic scientific research needs to be accompanied by clinical, social, political and economic research.

Directions

- Existing evidence on traditional medicine should be reviewed. There is a need to undertake research into the large amount of published data on traditional medicine already available in countries such as China, Japan and the Republic of Korea, as well as the published material on complementary and alternative medicine available. Information on herbal remedies has been published in several Pacific countries, including Fiji, New Zealand and Samoa.

- Research findings should be communicated in a form that policy-makers and traditional medicine practitioners can use. Governments will need to appoint academic staff and researchers, in addition to representative traditional medicine practitioners, to process the available information in ways that can be assimilated and used by governments, medical services and traditional medicine providers.
- Ways of promoting research should be examined. Research into traditional medicine involves cooperation between the scientific community and traditional medicine practitioners. It may also involve government, business and pharmaceutical companies. Different types of research require different types of research facilities. For example, surveys and epidemiological research can be carried out using limited resources and finances, while complex clinical trials and laboratory research require specialized facilities, trained manpower and significant funding.
- Progress should be made towards evidence-based policy-making and practice. Evidence-based policy-making and practice involves the conscientious, explicit, and judicious use of current best evidence in making decisions on policy or practice. It is important that the wealth of knowledge which exists within traditional medicine be acknowledged (see for example *Traditional and Modern Medicine: Harmonizing the Two Approaches,* published by the Regional Office).

Challenges

- The different cultural backgrounds of modern science and traditional medicine can lead to resistance to research on traditional medicine.
- The lack of standardization of traditional medicine practices can hinder standard research methods.
- Few people have both research and practical experience of traditional medicine.
- Most scientific literature on traditional medicine is not available in English.
- Difficulties arise in publishing material in major peer-reviewed international journals.

Actions

- Build and strengthen national research capacity on traditional medicine.
  - Encourage traditional medicine practitioners, practitioners of modern medicine and scientists involved in research to treat each other as equal partners.
  - Provide training opportunities on research methodology (see *Research Guidelines for Evaluating the Safety and Efficacy of Herbal Medicine* and *Guidelines for Clinical Research on Acupuncture*, published by the Regional Office).
  - Encourage interdisciplinary and intersectoral collaboration and training.
  - Promote international collaboration in research activities.
- Start or strengthen research programmes on traditional medicine in academic institutions.
  - Prioritize research projects initially according to community health and safety, quality and efficacy.
  - Seek funding from government, academic institutions and the private sector to support research on the benefits of traditional medicine.
- Apply research findings to public education programmes.
  - Systematically review and analyse existing literature on safety and efficacy of traditional medicine (see *Traditional and Modern Medicine: Harmonizing the Two Approaches*, published by the Regional Office).
  - Present research findings in language which is easy to understand by the public.
- Translate research findings into government policy and action.
- Strengthen international cooperation for information exchange and academic research, especially concerning the evidence-based approach to traditional medicine.

To foster respect for the cultural integrity of traditional medicine

Traditional medicine developed from centuries of empirical observations of man's experiences with health and illness. These observations have been transmitted from one generation to another, from mentor to student. Some have been written down, as in the case of traditional Chinese, Japanese and Korean medical literature, but much traditional knowledge is expressed in a philosophical or even spiritual way. This does not detract from its value, although it may not conform to scientific and research standards. In the move to modernize and develop the evidence base of traditional medicine, it is important to maintain those essential components without which traditional medicine would lose its identity.

Directions

- Government awareness of the cultural value of traditional medicine should be promoted.
- The indigenous philosophy that underpins traditional medicine should be incorporated into research, education and health programmes.
- Traditional practitioners should be empowered to participate as equal partners in these programmes.

Challenges

- Scientific language and terminology are not always appropriate to traditional medicine. Current research methods often cannot be applied in a holistic manner that is essential for traditional medicine.
- Government policy often tends to favour modern medicine even when the influence of traditional medicine is recognized.
- Unfounded beliefs and practices of some traditional practitioners may hinder effective preservation of traditional medicine. Concepts such as *mana* in Fiji, for example, which is based on a belief that the healing power of practitioners is diminished or lost when passed on to others is common to many other traditional medicine systems. In the same way, some herbalists are protective of their formulae for philosophical and economic reasons.

- Young people to whom secrets have traditionally been passed through apprenticeship rituals are often now reluctant to go through these rites and often select easier and more attractive career options.

Actions

- Encourage governments to preserve cultural healing practices.
- Encourage mainstream health practitioners to consider the health-related cultural backgrounds and beliefs that are usually part of the traditional medicine systems of the communities they serve.
- Designate traditional medicine days.

To formulate policies on the protection and conservation of indigenous health resources

There is growing global awareness of the medicinal and economic potential of the natural resources that provide the raw materials for herbal medicines and other natural health care products. Sooner or later, this needs to be accompanied by an awareness that these supplies will be exhausted if they are not conserved.

Directions

- Baseline assessments of existing indigenous health resources should be conducted.
- An understanding between indigenous communities and academic and commercial enterprises should be established.
- An interagency committee on protection and conservation of biological and genetic resources should be established.[23]
- Policies for the protection and conservation of indigenous health resources should be formulated, monitored and enforced.
- A legally workable framework should be developed so that indigenous societies and individuals retain ownership of their knowledge of traditional medicine or are adequately compensated.
- Appropriate policies for the protection and conservation of the environment should be formulated.

[23] See, for example, Regulating access to biological and genetic resources in the Philippines, a manual on the implementation of executive order no. 247, Department of Environment and Natural Resources, Philippines, 1997.

- Activities should take place to educate and empower the community on the protection and conservation of their indigenous health resources

Challenges

- Natural resources are open to exploitation, both within a country and from outside the country.[24]
- Intellectual property controversies may arise.
- Commercial activity may lead to loss of biodiversity, extinction of endangered species, destruction of natural habitats and resources.
- Chemical contamination and pollution affecting the quality of medicinal materials may occur.
- There may be a lack of efficient monitoring and enforcement of conservation programmes.

Actions

- Governments should ensure that they are fully informed on issues related to intellectual property and protection and conservation of indigenous health resources.
- Educate and empower indigenous people on their rights and the use of their natural health resources.
- Introduce multi-sectoral collaboration among national and international agencies and nongovernmental organizations.
- Develop conservation programmes for natural health resources.
- Mobilize community resources for the monitoring and enforcement of conservation programmes.
- Involve the relevant international agencies in order to facilitate efforts to conserve natural resources and intellectual property aspects of traditional medicine.

[24] See the Earth Summit for the Adaptation of the Convention on Biological Diversity held in Rio de Janeiro in 1992.

5
CONCLUSION

WHO will continue to work closely with Member States of the Western Pacific Region to promote the proper use of traditional medicine. The development of evidence-based policy and management of information are essential to achieving this goal.

This regional strategy is designed to be used by governments to promote the appropriate use of traditional medicine and to integrate it into mainstream health services. Seven major strategic objectives were identified:

- to develop a national policy for traditional medicine;
- to promote public awareness of and access to traditional medicine;
- to evaluate the economic potential of traditional medicine;
- to establish appropriate standards for traditional medicine;
- to encourage and strengthen research into evidence-based practice of traditional medicine;
- to foster respect for the cultural integrity of traditional medicine; and
- to formulate policies on the protection and conservation of health resources.

It is recommended that, where appropriate, Member States should use the regional strategy as a framework for the development of national traditional medicine programmes. It is also recommended that all Member States without a national policy on traditional medicine should formulate such a policy. All Member States are requested to submit a review of progress to WHO before the fifty-seventh session of the WHO Regional Committee for the Western Pacific in 2006.

Table 1. Publications on traditional medicine published by the WHO Regional Office for the Western Pacific

Title	Year
Medicinal Plants in China	1989
Medicinal Plants in Viet Nam	1990
Standard Acupuncture Nomenclature (Part 1 Revised edition)	1991
Standard Acupuncture Nomenclature (Part 2 Revised edition)	1991
Standard Acupuncture Nomenclature (Second edition)	1993
Research Guidelines for Evaluating the Safety and Efficacy of Herbal Medicines	1993
Guidelines for Clinical Research on Acupuncture	1995
Guidelines for the Appropriate Use of Herbal Medicines	1998
Medicinal Plants in the Republic of Korea	1998
Medicinal Plants in the South Pacific	1998
Training Package for Practitioners of Traditional Medicine	1999
Development of National Policy on Traditional Medicine	2000
Traditional and Modern Medicine: Harmonizing the Two Approaches	2000
Apia Action Plan on Traditional Medicine in the Pacific Island Countries	2001

Table 2. Development of policies on traditional medicine in the Western Pacific Region.

COUNTRY	POLICY DEVELOPMENT
Australia	The Australian Commonwealth Government has recently made available funds to traditional medicine practitioners to assist them in formalizing accreditation standards and developing appropriate regulatory schemes. Tax incentives have been introduced to encourage participation. The government of the state of Victoria has passed legislation and is implementing a regulatory system for practitioners of traditional Chinese medicine.
Cambodia	Establishing quality, safety and efficacy criteria in collaboration with WHO
China	Infrastructure for traditional medicine service has been established. Each county is equipped with a traditional medicine hospital. Altogether there are more than 2600 traditional medicine hospitals in China
Cook Islands	Growing interest in the importance of traditional medicine among the public and the government
Fiji	Integration of traditional medicine within the national health care system is planned, including a policy framework, training of practitioners, development of standards of practice, regulations, safety and research
French Polynesia	Health authority is likely to revise its policies on education of herbalists, control of practice, regulations for new medicines and validation of the annual list of medicinal plants
Hong Kong (China)	The Chinese Medicine Ordinance was passed by the Legislative Council in July 1999. Government policy includes development of a statutory framework and education and scientific research
Kiribati	The Ministry of Health recognizes traditional medicine and provides traditional medicine practitioners with training on hygienic and safe practices. An attempt is being made to integrate traditional medicine practitioners into the public health system
The Lao People's Democratic Republic	A Research Institute of Medicinal Plants (RIMP) was established in 1997. A traditional medicine hospital was established in 1991. New laws on traditional medicine are planned
Macao (China)	The practice of traditional Chinese medicine is registered and legally protected
Malaysia	A committee on traditional and complementary medicine was formed in 1998 to advise and assist the Ministry of Health on policies and strategies for monitoring traditional and complementary medicine in Malaysia. Traditional medicine importers have been licensed since 1989

Table 2. Development of policies on traditional medicine in the Western Pacific Region (continued)

COUNTRY	POLICY DEVELOPMENT
Marshall Islands	Traditional medicine is often used as initial treatment because of the cost of modern medicine. The Government has no policy on traditional medicine
Micronesia (FSM)	Traditional medicine is often used by patients before they resort to modern health care. Traditional healers do not have to be licensed there.
Mongolia	A policy was developed in 1996. The document approved by parliament in 1999 includes strategies to develop traditional medicine hospitals, traditional medicine manpower, and to produce safe medicinal drugs. A national advisory council on traditional medicine was organized in 2000
New Zealand	Maori and traditional Polynesian medicine is widely used in these communities. There are a large number of other alternative and complementary therapies used by the general population. The Ministry of Health published Standards for Traditional Maori Healing in 1999
Niue	Traditional medicine is practised at home. A seminar was organized in order to ascertain views on the issue. A working committee has been formed, comprising eight persons representing a cross-section of community, to formulate plans for traditional medicine. There is no Government policy on traditional medicine
Palau	A national action plan is being developed on the basis of the framework that has been formulated at a regional workshop in Apia, Samoa, in November 2001.
Papua New Guinea	A policy in support of the proper use of traditional medicine will be developed soon and will be embodied in the new national health plan (2001-2010). Particular attention will be paid to using traditional medicine as complementary therapy
Philippines	The Institute of Traditional Alternative Health Care was established in 1997. A guiding principle of the Traditional and Alternative Medicine Act of 1997 is the development of traditional and alternative health care and its integration into the national health delivery system
Republic of Korea	The Oriental Medicine Division in the Ministry of Health and Welfare was upgraded to bureau level in 1996. The Korean Institute of Oriental Medicine was established in 1994. Some traditional medicine services are covered by National Health Insurance System. These are eleven traditional medicine colleges
Samoa	The Health Sector Reform Strategy includes traditional medicine. There is at present no legislation on traditional medicine

Table 2. Development of policies on traditional medicine in the Western Pacific Region (continued)

COUNTRY	POLICY DEVELOPMENT
Singapore	New regulations were developed in 1998 requiring documentation, labelling and quality control of Chinese proprietary medicines. The Traditional Chinese Medicine Practitioners Act was passed by the Parliament in November 2000
Solomon Islands	Traditional medicine is not regulated, although it is recognized by the government
Tonga	Traditional medicine is practised in all the islands. There is no Government policy on traditional medicine, but the Government is investigating two areas (acute mental conditions and terminal illness) where traditional medicine could be applied
Vanuatu	Traditional medicine is not accepted in hospitals where Western medicine is prescribed for free. Traditional medicine practitioners have to charge their patients for services
Tuvalu	Traditional medicine is widely practised, especially massage. The Government has no policy on traditional medicine
Viet Nam	Attempts have been made to combine traditional and modern medicine and to bring traditional medicine into nationwide public health care

Source: *Development of National Policy on Traditional Medicine*. Manila, WHO, 2000, *Apia Action Plan on Traditional Medicine in the Pacific Island Countries*. Manila, WHO, 2000.

See also the discussion on traditional medicine in the report of the fifty-second session of the Regional Committee for the Western Pacific, 10-14 September 2001.

Table 3. Supporting infrastructure for traditional medicine in the Western Pacific Region

Country	Government policy documents	Government bodies for traditional medicine	National programme managers	Advisory Com-mittees	Regulation of practice of traditional medicine	Regulation of herbal medicines	Research institutes	Courses on traditional medicine in universities	Association of traditional medicine
Australia						Yes	Yes	Yes	Yes
Cambodia			Yes				Yes		
China	Yes	Yes			Yes	Yes	Yes	Yes	Yes
Hong Kong (China)	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Fiji			Yes					Yes	Yes
Japan	Yes				Yes	Yes	Yes	Yes	Yes
Lao People's Democratic Republic	Yes		Yes				Yes	Yes	
Macao (China)	Yes				Yes	Yes		Yes	Yes
Malaysia	Yes			Yes		Yes	Yes		Yes
Mongolia	Yes		Yes				Yes	Yes	Yes
New Zealand	Yes (Maori)								Yes
Papua New Guinea	Yes		Yes						
Philippines	Yes	Yes				Yes	Yes	Yes	Yes
Republic of Korea	Yes	Yes			Yes	Yes	Yes	Yes	Yes
Samoa									Yes
Singapore	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Solomon Islands	Yes								Yes
Viet Nam	Yes	Yes			Yes	Yes	Yes	Yes	Yes

Table 4. Strategic goals, actions and time frame for the Western Pacific Region by level of recognition and integration of Traditional Medicine.

GOALS	ACTIONS	LEVEL			
		Not Recognized	Recognized	Supported	Integrated
GENERATE NATIONAL POLITICAL / LEGISLATIVE SUPPORT	NATIONAL POLICY STATEMENTS	< 5 yrs	< 3 yrs	Refinement related to directions (2-3 yrs)	Refinement related to directions (1-2 yrs)
	GOVERNMENT TECHNICAL, ADMINISTRATIVE AND FINANCIAL SUPPORT		2-3 yrs	2-3 yrs	1-2 yrs
	DESIGNATION OF A NATIONAL OFFICER-IN-CHARGE OR NATIONAL FOCAL AGENCY			3-5 yrs	2-3 yrs
EVALUATE OF TRADITIONAL MEDICINE'S ECONOMIC POTENTIAL AND SUPPORT AWARENESS CAMPAIGNS	SUPPORT AWARENESS CAMPAIGN ON TRADITIONAL MEDICINE'S ECONOMIC POTENTIAL TO ENCOURAGE ECONOMIC RESEARCHES	5-10 yrs			
	CONDUCT SIMPLE TOOLS ON ECONOMIC APPRAISAL OF TRADITIONAL MEDICINE		3-5 yrs	1-3 yrs	On-going
	USE REGULATORY IMPACT ASSESSMENT TOOLS			5-10 yrs	When necessary
SET APPROPRIATE STANDARDS ON SAFETY, QUALITY, EFFICACY, TRAINING AND REGULATION	PRE-SURVEY ON CURRENT TRADITIONAL MEDICINE USAGE AND METHODS OF PRACTICE	< 5 yrs			
	SURVEY; INVENTORY; LISTING OF PRACTITIONERS, MODALITIES AND PRODUCTS		< 5 yrs		
	ESTABLISH COMMUNICATION CHANNELS BETWEEN GOVERNMENT BODIES AND TRADITIONAL MEDICINE PRACTITIONERS		3-5 yrs		
	STRENGTHEN COMMUNICATION CHANNELS BETWEEN GOVERNMENT BODIES AND TRADITIONAL MEDICINE PRACTITIONERS			1-3 yrs	1-3 yrs

Table 4. Strategic goals, actions and time frame for the Western Pacific Region by level of recognition and integration of Traditional Medicine (continued...)

	GOV'T. INITIATIVE TO ENCOURAGE INPUTS FROM EXPERTS ON RESEARCH, MANUFACTURING, TRAINING AND REGULATIONS. ESTABLISHING/ STRENGTHEN A GOVERNMENT SYSTEM FOR REGULATION			5 yrs	3-5 years 5-10 years
PROMOTE SHARING OF KNOWLEDGE & ITS PUBLIC ACCESS	COMMUNITY-BASED ACTIVITIES ON PRIMARY HEALTH CARE RENDERED BY TRADITIONAL MEDICINE PRACTITIONERS AND ITS ORGANIZATIONS AND PUBLICIZE THEIR IMPORTANT ROLE	1-2 yrs	On-going	On-going	On-going
	COMMUNITY INFORMATION PROGRAMME ON THE SAFE AND EFFECTIVE USE OF TRADITIONAL MEDICINE	5-10 yrs	3-5 yrs		
	NATIONAL INFORMATION BODY ON THE SAFE AND EFFECTIVE USE OF TRADITIONAL MEDICINE		5-10 yrs	5-10 yrs	1-5 yrs
	WHO RESOURCE CENTRE FOR COUNTRIES WITHIN THE REGION				5-10 yrs
STRENGTHEN EVIDENCE-BASED RESEARCH	RESEARCH CAPABILITY-BUILDING INTO TRADITIONAL MEDICINE BY THE SCIENTIFIC COMMUNITY IN COOPERATION WITH THE TRADITIONAL MEDICINE PRACTITIONERS	5-10 yrs	5-10 yrs	1-5 yrs	1-5 yrs
	START RESEARCH PROGRAM IN ACADEMIC INSTITUTION		5-10 yrs	3-5 yrs	1-3 yrs
	APPLICATION OF RESEARCH FINDINGS IN PUBLIC EDUCATION PROGRAMMES		5-10 yrs	3-5 yrs	1-3 yrs
	TRANSLATION OF RESEARCH FINDING INTO GOVERNMENT POLICIES			5-10 yrs	3-5 yrs

Table 4. Strategic goals, actions and time frame for the Western Pacific Region by level of recognition and integration of Traditional Medicine (continued...)

INCREASE RESPECT FOR CULTURAL INTEGRITY	GOVERNMENT AWARENESS PROGRAMMES ON CULTURAL VALUES OF TM	3-5 yrs	1-3 yrs	On-going	On-going
	INCORPORATION OF TRADITIONAL MEDICINE PHILOSOPHY INTO PUBLIC RESEARCH, EDUCATION AND HEALTH PROGRAMMES		1-3 yrs	3-5 yrs	1-3 yrs
	GOVERNMENT SUPPORT FOR A TRADITIONAL MEDICINE DAY		5- 10 yrs	3-5 yrs	1-3 yrs
IMPLEMENT POLICIES ON PROTECTION/ CONSERVATION	BASELINE ASSESSMENT / SURVEYS OF POTENTIAL NATURAL HEALTH RESOURCES AVAILABLE IN A PARTICULAR GEOGRAPHICAL AREA	5-10 yrs	3-5 yrs	1-3 yrs	On-going
	COMMUNITY INVOLVEMENT IN POLICY FORMULATION	5-10 yrs	5-10 yrs	1-3 yrs	1-3 yrs
	CONSERVATION FRAMEWORK POLICY FORMULATION		5-10 yrs	3-5 yrs	1-3 yrs
	POLICY STATEMENT FORMULATION AND IMPLEMENTATION		5-10 yrs	5-10 yrs	3-5 yrs
	LEGAL FRAMEWORK FORMULATION AND IMPLEMENTATION			5-10 yrs	5-10 yrs